



## WisCare: A Path to Expanded Health Coverage Monday, April 6, 2026, Madison Public Library

### Questions for the Candidates:

1. Health care affordability is essential, but so is access. How will you improve access to health care coverage and care for currently insured people?

We need to stop the bleed of existing resources and make the investments that create new ones. I'll work with the legislature and attorney general to build aggressive antimonopoly regulations and scrutinize consolidations, closures, and supply-shifting, and I'll work with the University of Wisconsin to offer tuition reimbursements for healthcare workers of all types — primary care providers, nurses, dentists, and more — who work in areas of need. I will also lead the fight for hospital districts, letting communities issue state-backed bonds to purchase existing or construct new healthcare facilities.

2. How will you propose expanding BadgerCare against the existing Republican Resistance??

Locking in a Democratic trifecta is an absolute priority this November. With fairer maps and high Republican turnover, this election gives us the opportunity we need. I'll be hitting the road as aggressively as I have all campaign to help Democratic candidates win the districts we need to pass policies Wisconsinites deserve. The passage of Gail's Law and extended postpartum Medicaid expansion indicate that Republican legislators recognize the growing support of and urgency for fairer, cheaper healthcare. On the minuscule chance that we don't capture the trifecta, we can leverage that recognition and the imminent threat to their seats to advance Badgercare expansion.

3. What strategies might your administration include to provide direct consumer assistance to Medicaid/BadgerCare Plus enrollees?

We need to examine our relationship with BadgerCare Plus MCOs both as a function of cost effectiveness and also to ensure they're providing the level of quality and service recipients need. If they're not, we should explore options for building that workforce or bringing these services in-house.

4. Many folks are unaware of hospital financial assistance programs. What steps could your Administration take to strengthen outreach and awareness of such programs?

My plan to revoke nonprofit status if hospitals fail to invest commensurate funding into community care will incentivize hospitals to make financial assistance more accessible. However, I'm not going to rely solely on their good will: if hospitals create an undue administrative burden on patients eligible for financial assistance, they will be penalized.

5. Would you support legislation to strictly limit debt collection lawsuits and posting credit scores against low-income patients by non-profit hospitals that receive tax breaks?

Yes. See above.

6. Surprise billing still has gaps in Wisconsin. Will enforcement "teeth" change things for state agencies? Are there other solutions? How will you ramp up enforcement of insurance rules?

One of the problems with federal No Surprises legislation is the extremely expensive arbitration cold war between provider and insurer: I support municipal ratesetting or fixed formulae to make the process more efficient. As part of my focus on consumer protections, I support a variety of resources to make enforcement easier and higher-quality; including enlisting the services of contracted public intervenors and expediting and simplifying the process for consumer claim denial appeals.

7. OCI has proposed a contracted public intervenor for insurance to help promote enforcement and compliance with most insurance requirements. Is this something that you support and why?

Yes, see above. I prefer to keep regulatory capacity in-house as much as possible, but certainly welcome partnership with institutions around the state interested in consumer and patient protection.

8. What are your plans for preventive health and public health in Wisconsin?

I propose investing in a statewide pilot for a preventive care workforce (or expanding upon these workforces where they already exist) — bringing nurses, social workers, community health workers, and navigators into the homes of targeted communities statewide. While the net expenditure tradeoff between a high volume of preventive service and a moderate volume of acute care is less straightforward than is sometimes presented, it's obviously an essential and much more sustainable public health solution than a sole focus on sick care.

9. What improvements can we make in Wisconsin to better protect women's health?

I support doing what previous Democratic trifectas failed to do and making abortion access a constitutional right, but questions of women's and reproductive health are much greater than abortion access alone. Access to reproductive care is often gated by lack of childcare or paid leave, leaving beleaguered abortion funds to fill the gaps — my universal childcare and paid leave bills will make it much easier for patients to get the care they need whenever they need it. Additionally, I intend to invest in maternal health well before pregnancy — services like lead remediation and environmental safety; increasing doula access and municipal doula support; and investment in OUD and mental health services.

10. Rural, northern county jails of the state don't offer medication for opioid disorder (MOUD) mainly due to cost to run the program including staffing. MOUD is proven to work by evidence. Would you support state resources for these counties?

Absolutely. MOUD is evidence-based medicine. lifesaving care. Additionally, I will push to guarantee that the private insurers the state can regulate eliminate time limits and prior authorization for a wider range of buprenorphine products and will follow New Mexico's

example in eliminating cost-sharing for all behavioral health services in commercial insurance, including medications for OUD.

11. How could the state help fund/support medical debt relief? Recent legislation called for purchasing debt. Is there a better way to relieve debt without paying the collectors and perpetuating the industry? What about debt prevention?

I appreciate community organizing efforts to relieve medical debt but believe state purchasing of medical debt is an abdication of responsibility to prevent that debt from being generated in the first place. As noted above, I believe we have an obligation to pressure hospitals to expand eligibility to and accessibility of financial assistance programs and make enrollment in coverage programs like Medicaid (including retroactive coverage), the Basic Health Plan, and the public option easy and well-communicated. I also support removing medical debt from credit reporting.

12. Beyond expanding Medicaid to more people, do you envision adding covered services to Medicaid?

Yes, including reproductive care — though my first priorities are finding ways to mitigate OBBBA cuts and reallocating health spending savings into higher Medicaid reimbursement rates.

13. Would you support making a state exchange vs using the federal exchange [HealthCare.Gov](https://www.healthcare.gov)?

Owning our own ACA/public option infrastructure gives us more flexibility and tools to get as many people enrolled as possible. I support building our own exchange and portal.

14. While comprehensive, the current state plan is very expensive compared to BC+. How do you get costs and related rates down to get the people in to make the plan more affordable?

The primary value proposition of a public option is consolidating purchasing power to bring costs down. I believe combining the purchasing power of the state employee plan, the Basic Health Plan, and the BadgerCare Public Option will help us put a ceiling on cost growth. Any changes to the state health plan coverage or costs, though, should be made in collaboration with state employee representatives.

15. What strategies can we use to be more proactive, and have hospitals do a better job assessing patients for coverage, thereby saving charity care/financial assistance for our most needy?

See above.

16. If the first thing in office was to expand BadgerCare, how would you ensure there would be staff processing the casework when it does take up to 6 months to train staff to do this job?

Great question — the months between election day and inauguration offer us the time and resources to build the budgets, staffing plans, expertise, and administrative personnel to make these decisions intelligently and proactively.

17. As Governor, would you pledge to end the archaic medical collection practice called Birth Cost Recovery? Wisconsin is one of only 2 states that still collects birthing costs from low-income unmarried parents.

Yes, absolutely. I appreciate the communities that have led the fight to end birth cost recovery and would see it carried across the state.

18. What strategies can we use to expand consumer assistance and support for our families across Wisconsin that have children with disabilities – and a lifetime of care needs ahead of them? We have an ADRC system for adults with disabilities and seniors, but no substantial, or state funded equivalent for kids.

I believe Wisconsin should invest in Paid Parent Caregiving programs that let Wisconsin families receive compensation for the care they provide children with disabilities.

19. The State currently funds several “Ombuds” programs through a fiscal intermediary, Gainwell. The state lacks numbers or reports on services or outcomes. How will your administration revitalize direct consumer assistance to Medicaid/BadgerCare Plus enrollees?

I agree: not only in patient service, but also in patient outreach and enrollment navigation, Wisconsinites are not being taken care of. A top priority of mine is an audit of services like the Medicaid Ombud program (and the MCO infrastructure altogether) that Wisconsin contracts out to the private sector and a comprehensive assessment of whether Wisconsinites are being well (and efficiently) served by that relationship. Performance metrics drawn from a broad range of industry and patient experts are a critical tool in making that assessment.

20. Wisconsin had \$1.8 billion in uncompensated hospital health care in 2024 and is likely to grow by 30% in 2025. This is mostly medical debt. With 99% of medical debt consumers currently unrepresented in court, how can you help balance the scales of justice for the unrepresented? As Governor, would you support civil legal services for low-income families facing medical debt collection lawsuits?

Yes. Similar to the Right to Counsel legislation I support for people facing eviction, I'd be interested in exploring a pilot to provide representation for Wisconsinites facing unfair debt collection practices. As mentioned above, I also support removing medical debt from credit reports.