

## **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?

I believe healthcare is a right, not a privilege. The best system would be a single payer system that covers everyone, but how do we get there from here, given all the challenges and constraints? I have developed a plan that builds upon what is working in our healthcare system, and that will drive down costs by pooling risk, that is politically feasible because it is voluntary and saves money, and that is attractive because it will provide high quality nonprofit insurance at lower cost than what most employers and individuals can access now. My plan, KeldaCare, opens Wisconsin's state employee health insurance plan – the same coverage I enjoy as a senator – to allow individuals, small businesses, and even large companies, unions, and school districts to buy in and get the same competitive, nonprofit, premium rates as state workers. This plan does not rely on funding or permission from the Trump regime, and as we expand coverage, we will save taxpayer dollars and lower premiums for everyone by reducing uncompensated care, expanding the risk pool, spreading the administrative costs across more people, and ensuring that the doors of rural clinics and hospitals stay open with competitive reimbursement rates.

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

While I fought for 16 years for BadgerCare expansion, and led the successful effort in 2009 to expand it to childless adults for the first time, covering 80,000 previously uninsured Wisconsinites, expanding BadgerCare is off the table right now. In last year's federal budget (the Big Ugly Bill), Republicans in Congress and Trump made BadgerCare expansion unfeasible with punitive fiscal and policy changes that would jeopardize coverage for the existing BadgerCare insured and decimate the state's budget. I will advocate for federal changes to restore expansion as an option for Wisconsin and the other states that have so far failed to expand Medicaid. The best case scenario requires Trump regime approval before being able to expand OR offer a public option, which is unlikely to occur though I will pursue a BadgerCare public option. My plan to lower the cost of health insurance and improve quality of health care throughout the state does not rely upon permission from Trump, but on building on Wisconsin's high quality state employee plan. As KeldaCare expands coverage and lowers costs, we may be able to offer state subsidies to allow more individuals to buy in directly or via the ACA exchange as a public option.

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

Wisconsin should fund patient advocates and navigators to assist Medicaid/BCP patients with questions and coverage. Patient advocates can help ensure that enrollees are able to access the healthcare they need and make full use of their insurance benefits. There are several existing

nonprofit organizations that are already well equipped to do this but which need funding to build capacity and serve a larger population of patients. In addition, I will empower OCI to take a more aggressive role in policing insurance company denials and anti-consumer practices, to help all insureds, whether public or private. More broadly, my vision for state government is to use technology to streamline the way the public interacts with state government, making it easy and seamless to do “one stop shopping” when interfacing with any government agency – so you could check eligibility for Badgercare, renew your driver’s license, register to vote, find out where to get your kids immunized, and get a fishing license with just a few clicks, thereby freeing up our state employees to help Wisconsinites with more substantive challenges, rather than fighting with a 40-year old barely functional mainframe.

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

We have to make sure people know what our government can do for us. For decades, Republican politicians have been reducing public services and refusing to invest in either services or outreach, making it as difficult as possible to access services and benefits. Overhauling the state’s many outdated databases and agency websites to provide a single, easy to use interface powered by modern technology, will dramatically improve people’s ability to get what they need more easily. Health care providers, systems, payers, and patient advocates – those who directly interface with patients – are well situated to connect patients to resources available for them, and it should be mandatory for hospitals to share that information with patients along with information about healthcare advocates and navigators. Strategic partnerships, with some funding from the state, can improve awareness of these programs and increase utilization.

Every agency in my administration will be oriented to the principle of better customer service, proactive outreach, and facilitating access to high quality public services. We will use evidence-based practices and modern communications to improve uptake for programs designed to deliver better public health outcomes and safer communities.

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. This is a basic consumer protection that is necessary in a country that still rations health care based on one’s employment and wealth.

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?

In a dire health situation, the last thing you should have to worry about is whether your insurance will cover the costs of life-saving care. There should be no delays in care or questions about prior authorization, but unfortunately, surprise billing, prior authorization denials, and wrongful insurance denials are routine in today’s health insurance system.

Aggressive enforcement of pro-consumer, pro-patient regulations, paired with significant penalties, will change the calculus for insurers, who right now have very few checks on their anti-consumer practices. I authored legislation to require health insurance plans to cover services provided at an emergency department, regardless of a prior authorization approval or if the department is in network. It will also require providers or facilities to negotiate on the payment that is provided after services are provided. I also authored legislation to prohibit insurers from using AI to issue blanket denials of prior authorization, a disturbing and increasingly common practice nationwide.

Healthcare is a right, and federal law protects your right to receive care in emergency rooms, to guarantee public access to emergency services regardless of ability to pay. Health insurance companies should be working in the best interest of patients and members of their plans, not preventing access or creating more worries about coverage in a sensitive, life-threatening state. If you need emergency healthcare, it should be covered without out of network charges, regardless of where you are.

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, I strongly support this effort, as robust enforcement is necessary to improve compliance, and ultimately, benefit Wisconsin patients.

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

One important step is included in my answers to Questions 3 and 4. Accurate, reliable, easy to understand public health information is essential, especially at a time of rampant disinformation and misinformation from public figures and the federal government. False or deceptive advertising should be regulated and penalized, and WDHS should partner with local and tribal public health agencies and health care providers to promote accurate information to the public about timely public health issues. To increase immunization rates, I'd like to see health care providers able to bill for their time to discuss vaccines with vaccine-hesitant patients, as this is one of the most effective interventions we have to increase our falling herd immunity. Expanding access to preventive care, mental health, comprehensive sex education, violence intervention and prevention, and treatment for substance use disorder will pay dividends in terms of public health, productivity, and reduced crime and incarceration. For too long, our prisons and jails have been a primary way we address behavioral health challenges, which is both expensive and ineffective. We also need responsible gun safety laws to reduce the incidence of firearm injuries and deaths. I will also prioritize closing the disparities in health outcomes among populations in Wisconsin.

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

Women – not politicians – should make our own decisions about our bodies and our health. As Governor, I will ensure that every single person in our state has access to the full range of reproductive healthcare services, and the freedom to decide her own destiny. From 2004-2008, I served as executive director of NARAL Pro-Choice Wisconsin. In that capacity, I built the organization into a political powerhouse, traveled our state and developed innovative, successful efforts to expand

reproductive healthcare access, and successfully advocated for pro-choice policies and elected pro-choice politicians. I garnered Republican support for the Compassionate Care for Rape Victims Act, ushering it through an anti-choice, Republican-controlled Assembly to passage and signing into law. I also helped set the stage for flipping the legislature to a pro-choice, Democratic majority, and when I stepped down in 2008 and was elected to the Assembly myself, NARAL's Wisconsin affiliate was stronger than it ever had been in its history.

In 2009, as a newly elected Assembly member, I authored the Healthy Youth Act, which became law, guaranteeing medically accurate, comprehensive, age appropriate sex education for young people in Wisconsin (it was later repealed, unfortunately, but we will pass an updated version in 2027). I also helped pass laws on the Right to Breastfeed, Contraceptive Equity, and the Birth Control Protection Act, which stopped the spate of pharmacy refusals that had been plaguing women trying to get contraception prescriptions filled. I tried unsuccessfully to get my colleagues to repeal Wisconsin's 1849 abortion ban. In 2011, when the GOP took control of state government, I was one of the leaders in opposing their anti-choice, anti-birth control agenda. When I ran for governor in 2018, I pledged to pardon anyone who is charged with any crime related to abortion or reproductive health care.

In the State Senate, I have been fighting to secure abortion rights in Wisconsin since before *Roe v. Wade* was overturned. Since *Dobbs*, I have used my platform to encourage people to order advance prescriptions of abortion medication to have on hand before it's needed – because we cannot rely on judges or politicians to take care of our health. I have personally facilitated access to abortion for several Wisconsinites during the period when abortion was unavailable in Wisconsin, at personal legal risk.

Co-leading the legislature's Reproductive Freedom Workgroup, I have built the strongest pro-choice, pro-freedom caucus in the legislature's history and am the lead author of many pieces of pro-choice legislation, including the Abortion Rights Restoration Act. Wisconsin needs to repeal our many abortion bans and restrictions that put politicians in charge of your life, and put doctors in legal jeopardy. We also need to expand access to contraception, IVF and fertility treatment, and to pass universal paid family leave. I have led the legislative fight on all of these issues and will prioritize them as governor. I've also taken the lead on prohibiting shackling and other dangerous practices for pregnant and birthing women who are incarcerated. I authored the nation's first legislation to prohibit women from being investigated, harassed, or criminalized due to a pregnancy outcome. I've cosponsored many laws to assist victims of domestic violence and sexual assault, crimes which disproportionately affect women, and helped secure funding for services for survivors.

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. Every person in our justice system should be getting comprehensive, evidence-based healthcare. This will not be an unfunded mandate, though. We will need to provide resources to counties to ensure everyone gets the dignity they deserve.

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?

Reducing the cost of healthcare is very important, and I'd rather prevent debt than use public dollars to pay it off. While transparency measures can be helpful, it's necessary to cap procedure and prescription drug costs if we actually want to drive down the cost of healthcare. Ultimately, I support a single payer universal healthcare system that is not for profit, but to get there from here, we need to increase the so-called medical loss ratio to ensure that our healthcare dollars are being used to provide care, not to line the pockets of billionaire investors and corporate healthcare executives. Counterintuitively, one of the best things we can do to reduce the cost of healthcare is to expand coverage – a key driver of premium increases and high hospital bills is the amount of uncompensated care, the cost of which is redistributed among patients with private insurance. Likewise, raising reimbursement rates for Medicaid is important to ensuring access, particularly in rural areas and in high need fields like mental health, OB/GYN, and dental care.

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

Wisconsin should expand coverage for community health workers and doulas, which would ensure people get the care they need in a culturally competent manner that fits into their lives and schedules. This is critical to bridge gaps in language and also builds on comfort and trust to ensure everyone gets the care they need before they get to a level where they are experiencing an emergency. This approach will reduce the need for emergency services and will reduce hesitancy to get medical care around the state. Doulas and birth support workers improve outcomes for women and babies and reduce the need for higher cost and more risky interventions during labor.

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

Yes. In the Assembly, as vice-chair of the health committee, I worked on legislation to make Wisconsin ready to set up our own state exchange. When Walker was elected in 2011, he unfortunately scrapped it and we have been using the federal exchange ever since. State-based exchanges generally perform better than the federal system, because we could more easily integrate with state plans like BadgerCare and KeldaCare, get lower and more stable premiums, enable stronger consumer protections, expand enrollment periods, and improve customer experience. Especially given the chaos and cruelty of the Trump regime, it is more important than ever to have a state-based exchange to protect Wisconsinites from potential cuts, policy changes, and failures of the federal government.

We now have the benefit of seeing which state exchanges are the most effective, and we can build off the successful way state employees select and purchase insurance. One of the benefits of KeldaCare is that we are building on an existing system that functions well for the people it insures. While we need a new, modern, public portal that can handle additional traffic and provide accurate information about rates and coverage, Wisconsin is well positioned to be able to leapfrog over several generations

of earlier technology in creating a robust, well functioning state exchange with strong consumer protections, stable and competitive rates, and high quality coverage.

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?

Opening up the state health plan is a middle-out, bottom-up approach. Let's start with the middle out: While more expensive than BadgerCare, it's less expensive – often significantly so – than the for-profit insurance that organizations, businesses, municipalities, schools, etc. currently have. As we expand the pool, the costs will decrease for taxpayers and plan participants alike. The larger the pool, the greater our purchasing power, and the more insurers will want to compete to provide coverage to pool members – leading to lower premium prices. It's also important to note two reasons why BC+ is cheaper – the reimbursement rates are low, often below the cost of actually providing the care, and the pool is much bigger. BC+ is in a very real way subsidized by private insurance, so expanding it *without increasing reimbursement rates* will exacerbate, not alleviate, the high cost of private insurance, and accelerate, not stop, the collapse in rural healthcare access.

And that brings us to the bottom-up approach: the money saved can be reallocated to subsidize people not poor enough for BadgerCare Plus but too poor to buy into the state health plan. Furthermore, depending on the fiscal position the state is in, and accounting for the fact that we have a massive “rainy day” fund, we can provide additional subsidies to help the people in the gap between qualifying for BadgerCare Plus and being able to pay premiums for the state health plan.

Ultimately, merging these risk pools is the best way to lower costs, as laid out in the elegant WisCare Plan; in my political judgment, the fastest and most politically feasible way to do that is by allowing voluntary buy-in on both ends – via a BadgerCare public option if we can get a waiver, and KeldaCare direct buy-in for all entities and individuals.

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?

Presumptive eligibility screening is perhaps the most important tool we have for helping patients get coverage via BadgerCare or other assistance. This screening should be built into the workflow of hospitals and clinics on the front end, to help reduce the strain on charity care funds, and can be facilitated by organizations already doing this work on the back end. Staff – especially schedulers and check in staff – should be trained as coverage navigators to help identify and connect patients with coverage at first contact. The state can help make this easy by creating a “one stop” web portal that pre-identifies people as potentially eligible for benefits or coverage, and makes it seamless to apply and receive that coverage.

Better partnerships between large hospitals and clinics, standalone providers, and our existing network of free and charity care clinics can help allocate healthcare resources more efficiently as well.

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?

At every step of the way, I will consult with patient advocates and health policy experts as to how to expand coverage, increase capacity (staff and otherwise), and lower healthcare costs. Successful implementation of any significant policy change requires careful planning, adequate funding, staffing, and training, and sustained political support. I will rely on experts in the field to ensure that our initiatives are set up to succeed and meet the needs of Wisconsinites as soon as they are implemented.

Unfortunately, expanding BadgerCare can no longer be the first priority in our effort to improve healthcare in Wisconsin. To your point about needing additional staff, we also would incur massive administrative costs to check eligibility for Medicaid recipients every 6 months under Trump and Tiffany's "OBBBA." We would lose out on the enhanced hospital assessment dollars that are required to help pay for the cost to continue Medicaid coverage, and there are no longer incentive payments or enhanced cost sharing to make it financially feasible, and the caps on state directed reimbursement payments will make it hard for us to maintain providers given our low rates. I will advocate hard with our federal delegation to restore this possibility, but I will not commit to jeopardizing our existing BadgerCare programs to score political points in an election.

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. This is an outrageous assault on the ability of vulnerable families to survive, at a critical moment. On the contrary, I have authored legislation to automatically give every baby born to a Medicaid-eligible family a \$3,000 "baby bond" account, invested by SWIB, that can be used for any specific purpose when the child is 18-30. Since 2011, I've also authored legislation on universal paid family leave, so that every baby gets a healthy start in life, regardless of the job or wealth of their parents. These initiatives will do far more to help the state of Wisconsin economically, and our low-income families, than a punitive, borderline abusive practice of "cost recovery" from the poorest parents in 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.

Kids with disabilities need a dedicated system for resources throughout their lives. That plan starts with providing DHS with more robust funding for our birth defect registry to ensure we maintain contact with families whose children are born with disabilities, a bill I authored. From there, we need a handoff to a program that can connect families with specialists because no two circumstances are the same, and as a kid ages, the needs will change too. Rather than build a new infrastructure, it makes the most sense to expand on what we already have, like the Wisconsin Wayfinder (Children's Resource Network), and by adding state funding and staff to ADRCs dedicated to helping families of

children with disabilities tap into resources that are available to them. These coordinators should partner with public schools, health care providers, local nonprofits, and peer support groups to support families as their children grow. Housing these resources at ADRCs will help ensure a smoother transition to adulthood, from caregiver resources to IRIS to vocational services and housing/transit support, since clients will already be connected with the ADRC and familiar with their offerings.

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?

My administration will work to eliminate reliance on for-profit intermediaries and save money by bringing ombuds functions in house, or contracting with a state-based independent nonprofit with expertise in the field. Intermediaries skim taxpayers dollars and create new inefficiencies, and have conflicting loyalties (seeking profit rather than advocating for patients). When not possible to cancel existing contracts, we will hold them accountable for overcharging or providing lackluster services.

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. I’ve championed funding for civil legal services as a member of the Joint Finance Committee, and as an attorney through my service on the State Bar’s Access to Legal Services committee. I’ve also authored legislation to provide a right to counsel in housing court, which is important to keep people safely housed when struggling with financial insecurity. Funding civil legal services, including a right to counsel when facing medical debt, is essential to helping vulnerable Wisconsinites and holding debt-holders accountable and preventing abuse and predatory practices. We also need stronger consumer protections and real enforcement by OCI, DFI, DATCP, the Attorney General, and private rights of action to stop bad actors from preying on people struggling with medical debt.