HEALTHCARE REFORM
CORE PRINCIPLES

While many have gained coverage under the Affordable Care Act (ACA) too many Americans have lost their coverage, or have seen their premiums skyrocket while their choices dwindle. Thousands of pages of regulation implemented under the ACA have stifled competition and innovation in the health insurance marketplace rather than unleashed them. We can do better, but in doing so we must be careful not to repeat some of the same mistakes that plagued the ACA, by acting too quickly or with too broad a brush.

With this context, we put forth the following core principles:

- **Replace** must be simultaneous with **repeal.**
- **States are equity partners in Medicaid** and must be at the table as substantive reforms are developed and implemented. The nature of the federal relationship needs to fundamentally change toward outcomes and value-based care.
- **Significant state flexibility** must accompany any structural finance changes.
- We must **ensure that people do not have the rug pulled out from under them** and are not left without access to care, especially during the transition.
- **Stabilizing the insurance market** should be the first priority for Congress and the Administration while recognizing the interconnectivity between the Marketplace and Medicaid.
- **It is better to get it right than to go too fast** – both legislatively and programmatically. Congress should ensure that any reform allows states an appropriate transition period to make the structural changes necessary for success.
- **Equity across states should be a key guiding principle.** All states, regardless of expansion status, should have equal access to federal resources to meet state-specific coverage goals.
- Long-term sustainability and stewardship are critical. **Medicaid involves people's lives and livelihoods.**

MEDICAID AND THE SUCCESS OF THE HEALTHY MICHIGAN PLAN

Healthy Michigan is unique in its emphasis on personal responsibility and healthy behaviors for enrollees. HMP enrollees pay a share of the cost of the program- in the form of contributions to an account that pays a portion of the cost of services they use. Six months after enrolling, each enrollee begins to pay co-pays for care through a savings account called a MI Health Account.

The state has enrolled nearly 625,000 people in the Healthy Michigan plan.

590,337
ENROLLEES RECEIVED A PRIMARY CARE VISIT

)251,797
MAMMOGRAMS HAVE BEEN COVERED

321,816
ENROLLEES RECEIVED A DENTAL VISIT

465,449
PREVENTIVE VISITS HAVE BEEN COVERED

55,762
ENROLLEES WERE SCREENED FOR COLON CANCER

15,477
ENROLLEES RECEIVED AN OB VISIT)ANTEPARTUM, DELIVERY, POSTPARTUM)

86% 86 percent of enrollees reported their **ability to pay medical bills has been better** since Healthy Michigan.

71% Among the HMP enrollees who are employed, over two-thirds (71 percent) reported that getting HMP coverage helped them do a better job at work.

70% 70 percent of enrollees reported that **they were more likely to contact their doctor's office before going to the emergency room**. Far fewer enrollees reported that the emergency room was a regular source of care after enrolling in the Healthy Michigan Plan, decreasing from 16 percent to 1.7 percent.

50% Comparing data from 2013 and 2015 for a consistent set of hospitals, **uncompensated care costs decreased by almost 50 percent.**

In addition, 49% of enrollees reported better physical health, 40% reported better mental health, and 43% reported better dental care.

HISTORICAL COSTS OF HEALTHCARE