

05hr_SSC-HCR_Misc_pt03b



Details: Informational hearing to discuss GAO report 05-856 and health care cost, quality and access in Southeastern Wisconsin. Hearing held in Milwaukee, Wisconsin on April 11, 2006.

(FORM UPDATED: 08/11/2010)

WISCONSIN STATE LEGISLATURE ... PUBLIC HEARING - COMMITTEE RECORDS

2005-06

(session year)

Senate

(Assembly, Senate or Joint)

Select Committee on Health Care Reform...

COMMITTEE NOTICES ...

- Committee Reports ... **CR**
- Executive Sessions ... **ES**
- Public Hearings ... **PH**

INFORMATION COLLECTED BY COMMITTEE FOR AND AGAINST PROPOSAL

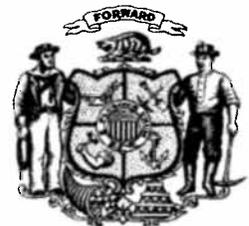
- Appointments ... **Appt** (w/Record of Comm. Proceedings)
- Clearinghouse Rules ... **CRule** (w/Record of Comm. Proceedings)
- Hearing Records ... bills and resolutions (w/Record of Comm. Proceedings)
 - (**ab** = Assembly Bill) (**ar** = Assembly Resolution) (**ajr** = Assembly Joint Resolution)
 - (**sb** = Senate Bill) (**sr** = Senate Resolution) (**sjr** = Senate Joint Resolution)
- Miscellaneous ... **Misc**

* Contents organized for archiving by: Stefanie Rose (LRB) (August 2012)

2004 articles in
response to the
2004 C-10 report



WISCONSIN STATE LEGISLATURE



HMO News Release **Wisconsin Association of Health Plans**

10 E. Doty St., Suite 503, Madison, WI 53703 608-255-8599 Fax: 608-255-8627

Contact: Phil Dougherty, Deputy Director 608-255-8599 or 608-255-8761

GAO Analysis of Milwaukee Suggests Tradeoffs Necessary to Control Health Care Costs

(Madison) – The U.S. Government Accountability Office (GAO) preliminary report, *Milwaukee Health Care Spending Compared to Other Metropolitan Areas*, provides evidence that purchasers must make important choices about provider networks in order to bring costs under control.

“Health plans have experienced first hand the strong demand from the Milwaukee market for access to broad health care provider networks,” said Association Executive Director Nancy Wenzel. “The GAO analysis confirms that having access to more providers has consequences-- higher health care costs and ultimately higher health insurance costs.”

According to the report, health care spending in Milwaukee was 27 percent higher than spending in other metropolitan statistical areas (MSAs). Further, hospital inpatient prices were 63 percent higher and physician prices were 33 percent higher. Providers in the area hold a stronger market position relative to providers in other markets, according to the report. The GAO suggests that this market power gives physician and hospital networks leverage over insurers in negotiating contracts and may contribute to the area’s higher health care costs.

“It is important for all stakeholders to understand the impact of various market forces and the tradeoffs that are necessary to bring costs under control,” Wenzel said.

(more)

Recent studies have suggested that health care purchasers need more information and incentives to make better health care choices that will lower costs. Health plans in the Milwaukee area have begun offering products that allow purchasers to differentiate between providers and make choices based on cost and quality.

Consumer choice is a cornerstone of a set of proposals to improve Wisconsin's health care delivery system and reduce health care costs called *Wisconsin's Healthier Choices for Affordable Health Care*. *Healthier Choices* was introduced in January 2004 by the Wisconsin Association of Health Plans as well as the Wisconsin Hospital Association and Wisconsin Manufacturers and Commerce.

The GAO report on health care spending in Milwaukee can be found at <http://www.gao.gov/new.items/d041000r.pdf>. Wenzel applauded Congressman Paul Ryan and Milwaukee Mayor Tom Barrett for recognizing the need for an independent analysis of health care costs in Milwaukee and calling for the GAO study. The request was made at the time Barrett was a U.S. Representative in Congress.

###

The Wisconsin Association of Health Plans represents 20 HMOs caring for nearly 1.5 million people, including approximately 350,000 Medicaid and BadgerCare recipients. Association members have improved quality and consumer satisfaction and expanded access to health care. They are leaders in public accountability through data collection, analysis and reporting.



Original URL: <http://www.jsonline.com/news/metro/aug04/253483.asp>

Medical care is pricey here, study confirms

Barrett, Ryan warn of business exodus

By JOE MANNING
jmanning@journalsentinel.com

Posted: Aug. 23, 2004

Milwaukee-area hospital and physician prices were shown again Monday to be dramatically higher than national averages, hamstringing local businesses trying to compete.

The reason, according to a study released by the Government Accountability Office, is that area health care providers flex more muscle in negotiations than insurance companies do.

Hospital inpatient charges are 63% higher in the Milwaukee area than the average of 239 metropolitan statistical areas across the country, the study found.

The government report, released Monday by Mayor Tom Barrett and U.S. Rep. Paul Ryan (R-Wis.), also showed that physicians' prices were 33% higher than the average of 331 metro areas.

Overall, Milwaukee-area hospitals rank fifth in price and area physician fees rank 16th.

Health care spending locally was 27% higher than the average across all the metro areas in the analysis, said the study, which did not name the other cities. Other studies over the years have shown health care costs are considerably higher in Milwaukee than in most other areas.

Reimbursements not to blame

Barrett and Ryan released the report together because they had requested it two years ago when Barrett was in Congress. Ryan represents the 1st Congressional District in southeast Wisconsin.

At a City Hall news conference, both men said health care costs have to be reined in or southeastern Wisconsin faces job losses as businesses move away or refuse to locate in the region.

Neither the study, nor Barrett and Ryan, proposed ways to slow the soaring costs, which they said threatened the viability of area businesses. The two said the report should "spur discussions" among purchasers of health care, and called for "a dialogue" among hospitals, physicians, employers and insurers to try to resolve the problem.

"Purchasers have to be more aggressive. As long as we have purchasers willing to pay those prices, the providers will charge those prices," Ryan said.

The report shoots down the long-held belief that Milwaukee's high prices are, in part, the result of under-reimbursement from Medicare, the federal health coverage for senior citizens. Although Milwaukee physicians are paid about 3% less than the Medicare median, area hospitals' Medicare payments are generally above the median, according to the report.

A final GAO report examining in more detail why areas of the country have higher or lower health care prices will be released in February.

Soaring Costs

A comparison of health care costs in the Milwaukee area with the average of 239 metropolitan statistical areas across the country:

+27% Health care spending overall.

+63% Hospital costs.

+33% Doctor prices.

Source: Government Accountability Office

Related Coverage

 [Report: Government Accountability Office \(pdf\)](#)

 [Video: TMJ4 report](#)

Finger-pointing

But some parties think they already know why hospital prices are so high.

"You have a marketplace that is not as well-functioning as it should be," said George Quinn, Wisconsin Hospital Association senior vice president, a trade group based in Madison.

There's a lot of finger-pointing:

- Hospitals blame health care users for the crisis because employees want to be able to go to any hospital or physician they choose rather than being restricted to specific systems for the sake of volume discounts.
- Health insurance brokers blame businesses that buy health insurance plans that permit employees to visit any physician or hospital, thus eliminating discounts for steering patients to specific providers.
- Health insurance companies blame businesses for wanting to provide rich benefits and broad provider networks, while businesses say health insurance companies don't work hard enough at negotiating discounts.

All agree that consumers need more price information to help them select care.

"The biggest single factor is the fact that every employer allows every employee to access services at every health care facility," Quinn said. "As long as I can remember, it has been that way."

A new desire to attack prices has emerged within the business community, said Larry Rambo, chief executive officer for Humana's Wisconsin and Michigan markets. The Business Health Care Group of Southeast Wisconsin has set caps on what member employers will pay for health care to physicians, he said.

The Business Health Care Group was formed in January 2003 to respond to soaring health insurance premiums. The group would provide employees with price and quality information and establish a schedule of the maximum fees that the companies would pay physicians and hospitals.

Rambo sees price transparency as the most effective way to get hospitals and physicians to reduce prices in a competitive marketplace driven by consumer choice.

"It is important to get those price differences out there and let consumers make their own choices," he said.

Wisconsin Manufacturers & Commerce said the report firms up the need to get consumers involved in purchasing decisions.

Consumers, business purchasers and insurance companies should begin to direct employees to those providers demonstrating "a commitment to patient safety, improving quality, and reducing unnecessary or inappropriate treatment. That's the best way to lower overall costs," said James Haney, Manufacturers & Commerce president.

Shed a light on pricing

Monday's federal report comes at a time when employers and politicians are calling for greater transparency in health care pricing.

Hospitals are responding to the demand for price and quality information.

This fall the Wisconsin Collaborative for Healthcare Quality will release the costs of normal infant deliveries in its 16 participating hospitals as well as the costs of a visit to a doctor's office, which will allow consumers to make selections on price.

The Wisconsin Hospital Association's CheckPoint program offers limited quality information now at its 125 hospitals statewide. Both groups promise to release additional price and quality information over time.

Consumers of health care need to know what they will be paying for so they can make apples-to-apples comparisons, Ryan said.

"The purpose of this report is to shed light on prices so we can have an honest dialogue among health care providers and consumers," he said.

G. Edwin Howe, president of Aurora Health Care, the largest health care network in the state, was not certain that hospitals have the kind of negotiating power the GAO report indicates.

But, Howe said, "As a community, we cannot ignore the high costs of care. And to the extent that Aurora can step up to the table and help, we will get engaged in that dialogue."

From the Aug. 24, 2004, editions of the Milwaukee Journal Sentinel
Get the Journal Sentinel delivered to your home. [Subscribe now.](#)



Very few providers cause high health care costs

By David Steinkraus

MILWAUKEE - Compared to the rest of the nation, health care costs are above average in southeastern Wisconsin, and the reason is the concentrated bargaining power of a few health care providers, says a federal government report released Monday morning.

The Government Accountability Office - which used to be the General Accounting Office and is the investigative arm of Congress - undertook the study at the request of U.S. Rep. Paul Ryan, R-Janesville, and Tom Barrett, now the mayor of Milwaukee but at the time a Democratic congressman from the city.

The report says that: * Milwaukee area health care spending was about 27 percent higher than in the rest of the nation.

* Inpatient hospital prices were 63 percent higher.

* Physician prices were 33 percent higher.

* Those numbers gave the Milwaukee area the nation's fifth highest hospital prices and the 16th highest physician prices.

* There is no justification for the claim by care providers that lower Medicare reimbursement rates and a large amount of charity care for uninsured people requires hospitals and doctors to charge other customers more. Medicare payments to Milwaukee hospitals were above the national median, and the percentage of uninsured people was half that of other metropolitan areas.

* There is nothing unusual about the area's population that would explain a need for more care.

Balance of power Costs are high, the report says, because employers,

citizens and insurers don't have the combined bargaining power to force down the prices set by a limited number of health care providers. This is evidenced by the fact that Milwaukee is far below the national average in the number of physicians who are paid a fixed sum to care for each patient.

The GAO report applies only to the Milwaukee metro area - Milwaukee, Ozaukee, Washington, and Waukesha counties - because there wasn't enough data for other Wisconsin counties. But the lessons from this area are applicable to the rest of southeastern Wisconsin because the situation is like Milwaukee's, Ryan said at a news conference in the Milwaukee City Hall.

"This is a problem that plagues us in southeastern Wisconsin. It makes it much more difficult for us to be competitive in the marketplace, to recruit companies, to keep jobs in Wisconsin. High health care prices are another form of tax increase that takes money out of the disposable income of workers, of families, and of businesses who need to be more competitive in this era of global competition," he said.

Barrett talked about a medical oligopoly - a situation in which there are few sellers. What's needed are purchasing groups, perhaps through unions or employer associations, that would counter the power of limited numbers of hospitals and physicians' practice companies, he said. "I believe a lot of this has to

come from outside government."

Yes and no "I think we've got enough providers around Racine," said Roger Caron, president of Racine Area Manufacturers and Commerce.

"In fact, I think some of the for-profits take some of the profitable areas of service away from the hospital." That's where the system is weak, he said, because all hospitals need to offer services on which they can make money in order to offset other services on which they don't.

Rep. Bonnie Ladwig, R-Mount Pleasant, agreed that doctors and health care services are too concentrated in a few groups. "Racine is an absolute prime example of that, and that I think they're (the GAO) completely right on. We no longer have physicians in private practice."

Consumers need health savings accounts, which would allow them to choose where to spend their money, or purchasing pools which would allow businesses or others to form bargaining groups to buy health care, she said.

"Right now it's pretty much of a monopoly. You have to go where your insurer tells you," Ladwig said.

Caron, too, favors purchasing pools and testified in favor of a bill Ladwig co-sponsored that would have done precisely that. The bill didn't survive the legislative process.

Cost controls Dr. Nick Turkal, senior clinical vice president of Aurora Health Care, said he questioned the GAO's conclusions because of the age of the information it used. The report was based on 2001 data, whereas Aurora has spent a great deal of time and money in the last three years on controlling its costs. It has stressed reducing hospital stays, administering flu shots as a preventative, and installing new technology, he said, and the result has been a rate of cost increase below the national average.

He also questioned the conclusion that Medicare reimbursements and charity care don't drive costs; anyone providing the service knows that's a factor, he said.

Yet Aurora also welcomes the report because it stimulates discussion, and the upward spiral of health costs will not be solved by one part of the marketplace, he said. The organization stands ready to help however it can, he said.

Nor does the prospect of purchasing pools, which could affect revenue, disturb him. "I think as a health care system we need to be responsive to what's going on. If that's the direction the market moves, then we need to find ways to adapt to that."

No one at All Saints Healthcare System in Racine could be reached for comment.

More to come Monday's report is an interim result. The full report, which will compare more than 200 metropolitan areas across the country, is set for release in February.

The interim report was delayed for two years because it was hard to get the federal employee health care information, Ryan said. Administrators were worried about breaching patient confidentiality. And although he had asked the GAO to look particularly at Racine and Kenosha counties, there were too few federal employees in that area to provide reliable numbers.



Wisconsin Hospital Association, Inc.

NEWS



For Information: Mary Kay Grasmick 608-274-1820 (office) 608-575-7516 (cell)
George Quinn 608-274-1820

Report Suggests No Simple Solution to Health Care Costs *"Hospital Association Embraces Call for Dialogue"*

MILWAUKEE (AUGUST 23, 2004) ---The U. S. General Accounting Office (GAO) today released some preliminary findings of a report on health care costs in Southeast Wisconsin. Wisconsin Congressman Paul Ryan and Milwaukee Mayor Tom Barrett requested the report almost two years ago. The findings indicate that health care costs in Southeast Wisconsin are higher than in other parts of the country. The findings further imply that a number of factors influence these higher costs.

"The Wisconsin Hospital Association (WHA) notes that the report suggests there are several cost 'drivers' influencing health care costs in Southeast Wisconsin," said WHA President Steve Brenton. "Both the provision of health care and its financing are complex issues, and solving the problem of escalating costs requires multifaceted approaches that must involve all stakeholders."

There are at least two major factors mentioned in the report that WHA believes require more analysis and discussion:

- ✓ The study confirms that the Southeast Wisconsin healthcare market trails other metropolitan markets that have embraced change in how health care is purchased. According to the report, insurers asserted that because of consumer demands they had to contract with multiple networks. This "restricted their ability to direct enrollees to specific networks for care, thereby limiting insurers' leverage to negotiate lower prices for health care services."

A 2003 study by the Milwaukee-based Public Policy Forum reached a similar conclusion, stating that payers and employers in Southeast Wisconsin need to become better purchasers of health care "by gaining knowledge of the cost and quality of services from providers."

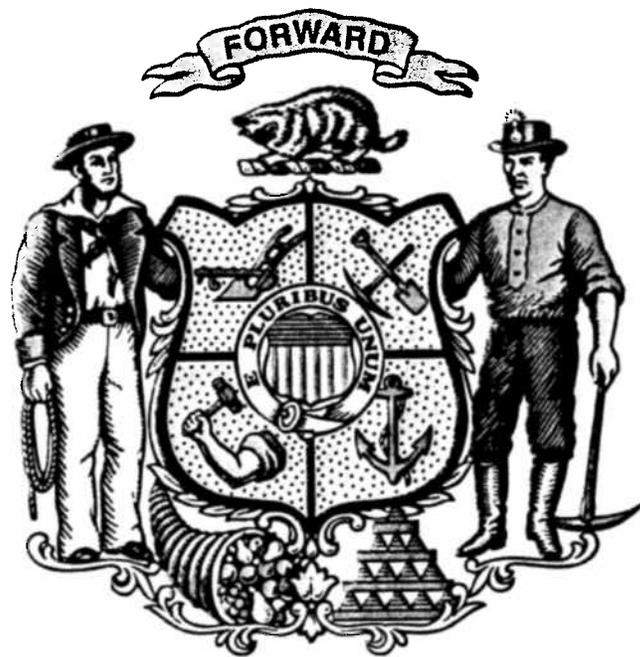
Wisconsin hospitals and physicians have been proactive in helping to make that information available. With CheckPoint (www.wicheckpoint.org) and the Wisconsin Collaborative for Healthcare Quality (www.wiqualitycollaborative.org), information on quality and patient safety is readily available to consumers and payers. These programs have already gained national attention. In addition, the WHA Information Center is taking the lead in making cost and pricing information available. The evolution of these programs will provide consumers and purchasers with information necessary to revitalize the health care marketplace and achieve cost savings through improving quality and efficiency.

- ✓ There is a "hidden tax" on health insurance because of government program (Medicare and Medicaid) underpayment and growing levels of uncompensated care. This is a major cost driver affecting hospitals and physicians in Southeast Wisconsin. In 2003, that hidden tax for hospitals alone amounted to over a half billion dollars, a 90 percent increase from 2000 to 2003. In addition, hospitals in Southeast Wisconsin annually provide over \$200 million of uncompensated care represented by bad debt and charity services.

While the GAO report does not specifically examine the significant and growing role that Medicaid underpayment has on Southeast Wisconsin providers, WHA notes that Wisconsin is anchored at the bottom of national rankings comparing state payments. Recently available data reveals that Wisconsin hospitals receive less than sixty cents on the dollar for treating Medicaid patients.

"Policy makers at both the state and national levels need to recognize that when government doesn't pay for its health care programs, the direct result is higher health care costs," WHA Senior Vice President Eric Borgerding noted.

"We are pleased that Mayor Barrett and Representative Ryan have called for honest dialogue about the best ways to lower costs and strengthen the hand of consumers," said WHA Senior Vice President George Quinn. "We agree. Hospitals are eager to be part of the solution in wrestling with this important and difficult challenge."



FOR IMMEDIATE RELEASE
FOR FURTHER INFORMATION, CONTACT:
R. J. Pirlot, (608) 258-3400

August 23, 2004

NEWS RELEASE

**Federal Report Shows Need for Better Health Care Consumers
Government Underfunding Shifts Costs to Private Sector**

MILWAUKEE—A new federal report that found Milwaukee health care costs dramatically higher than the national average demonstrates the need to get patients more involved in health care decisions, Wisconsin Manufacturers & Commerce said Monday.

The report, released today by the U.S. General Accounting Office (GAO) confirms the need to reform health care by reengaging consumers in health care purchasing decisions and promoting healthier lifestyle choices, allowing benefit flexibility, and minimizing cost shifting.

“Employers and employees must take the initiative to aggressively manage their costs by becoming more active, engaged consumers of healthcare,” said James S. Haney, president of Wisconsin Manufacturers & Commerce. “Consumers, business purchasers, and insurance companies should be encouraged to direct resources to providers that demonstrate a commitment to patient safety, improving quality, and reducing unnecessary or inappropriate treatment. That’s the best way to lower overall costs.”

The Wisconsin Collaborative for Healthcare Quality and the Wisconsin Hospital Association’s *Checkpoint* initiative have taken steps to improve the collection and analysis of health care outcome data to educate consumers.

“Informed consumers, given adequate cost, safety and quality information, and a financial stake in their purchasing decisions, will prove to be an effective driver of quality improvement and cost containment in our health care system.”

WMC also cited the need to expand benefit plan flexibility to allow more options of insurance plans and to create a state tax deduction for health savings accounts. Haney also said Wisconsin must limit government insurance mandates which lead to higher health insurance costs and jeopardize access to affordable health care.

Wisconsin’s high health care costs are also attributed to government underfunding and growing levels of uncompensated care. Wisconsin’s Medicaid program pays far less than what it costs to provide care, and as a result, artificially inflates prices businesses pay for health care.

“When the government does not pay its bills, the costs are shifted to businesses and consumers,” Haney said. “Cost shifting is a hidden tax that affects businesses and consumers.”



Wisconsin Medical Society

Your Doctor. Your Health.

For Immediate release

For Information Contact:

Steve Busalacchi

(800) 762-8977

(608) 442-3746

Steveb@wismed.org

Wisconsin Medical Society Statement on GAO Report *Healthcare Costs in Southeast Wisconsin*

Statement Attributable to:

Susan L. Turney, MD, MS, FACP, CMPE

CEO/EVP Wisconsin Medical Society

Madison (August 23, 2004)—“The 10,000 members of the Wisconsin Medical Society applaud Congressman Ryan and Mayor Barrett for their leadership in requesting today's GAO preliminary report. The Society strongly supports the goal of providing high quality, affordable health care to all Wisconsin citizens, and looks forward to working with Congressman Ryan, Mayor Barrett and all policy leaders to further that goal. While it is immensely difficult to identify and model all the variables affecting health care spending and prices, the Society appreciates this preliminary report — we hope to build upon it as we move forward.”

The Wisconsin Medical Society is the largest association of medical doctors in the state with 10,000 members dedicated to the best interests of their patients. With that in mind, *wisconsinmedicalsociety.org* offers patients a unique source for reliable, physician-reviewed medical information. The Wisconsin Medical Society, a trusted source for health policy leadership since 1841. Your Doctor. Your Health.

xxx

www.jsonline.com[Return to regular view](#)Original URL: <http://www.jsonline.com/news/editorials/aug04/253668.asp>

Editorial: GAO's health cost alarm

From the Journal Sentinel

Posted: Aug. 24, 2004

A long-awaited federal study on health care prices in the Milwaukee area released Monday told local health care providers what they probably didn't want to hear but needed to: Much of the blame for the high costs rests on their shoulders because they exert more muscle in negotiations than do insurance companies.

The result, according to the Government Accountability Office - which conducted the study at the request of U.S. Rep. Paul Ryan (R-Wis.) and Milwaukee Mayor Tom Barrett - is that hospital inpatient charges are 63% higher here than the average of 239 metropolitan areas across the country and that physicians' prices are 33% higher than the average of 331 metro areas.

While the high cost of health care in southeastern Wisconsin is not a new story, these latest statistics are staggering. Why should costs be so much higher here than in other metropolitan areas where the cost of living is higher? Quite obviously, something in the dynamics of the health marketplace in this area is out of line.

Fixing it won't be easy, but fixed it must be. One way to do that is to give consumers as much information as possible about prices of medical procedures, tests and examinations so they can make informed, apples-to-apples decisions about their health care.

If these costs are not reined in, the area's economic health surely will suffer.

Fortunately, Wisconsin has a relatively low percentage of uninsured residents compared with the rest of the United States; a state study last September showed that only about 6% of Wisconsin residents didn't have insurance. Even so, the steep cost of health care takes a higher financial toll both on the uninsured and on hospitals located in poor neighborhoods because they end up caring for more of the indigent.

In what may or may not prove to be a significant finding, the GAO report also tended to downplay the long-held belief that the high health care prices in this region are the result of lower Medicare reimbursement rates in Wisconsin.

At a news conference, Barrett and Ryan did not suggest how to rein in costs. But they did call for a dialogue among hospitals, physicians, employers and insurers. That's a good start, but it needs to go much further than just talking and everyone needs to be brought to the table, including public and private employee unions, business groups such as Wisconsin Manufacturers & Commerce and civic groups, including the Greater Milwaukee Committee.

Those involved also should take a good, hard look at the amount of money being spent on new health care construction. Surely someone has to pay for all that brick and mortar, not to mention the duplication of high-end medical equipment.

In short, everyone, including local consumers who often demand unlimited access to health care providers as part of their insurance plans, must realize that these soaring prices are a symptom that something is dreadfully wrong. And that it needs to be remedied soon.

From the Aug. 25, 2004, editions of the Milwaukee Journal Sentinel
Get the Journal Sentinel delivered to your home. [Subscribe now.](#)



Original URL: <http://www.jsonline.com/news/editorials/aug04/253668.asp>

Editorial: GAO's health cost alarm

From the Journal Sentinel

Posted: Aug. 24, 2004

A long-awaited federal study on health care prices in the Milwaukee area released Monday told local health care providers what they probably didn't want to hear but needed to: Much of the blame for the high costs rests on their shoulders because they exert more muscle in negotiations than do insurance companies.

The result, according to the Government Accountability Office - which conducted the study at the request of U.S. Rep. Paul Ryan (R-Wis.) and Milwaukee Mayor Tom Barrett - is that hospital inpatient charges are 63% higher here than the average of 239 metropolitan areas across the country and that physicians' prices are 33% higher than the average of 331 metro areas.

While the high cost of health care in southeastern Wisconsin is not a new story, these latest statistics are staggering. Why should costs be so much higher here than in other metropolitan areas where the cost of living is higher? Quite obviously, something in the dynamics of the health marketplace in this area is out of line.

Fixing it won't be easy, but fixed it must be. One way to do that is to give consumers as much information as possible about prices of medical procedures, tests and examinations so they can make informed, apples-to-apples decisions about their health care.

If these costs are not reined in, the area's economic health surely will suffer.

Fortunately, Wisconsin has a relatively low percentage of uninsured residents compared with the rest of the United States; a state study last September showed that only about 6% of Wisconsin residents didn't have insurance. Even so, the steep cost of health care takes a higher financial toll both on the uninsured and on hospitals located in poor neighborhoods because they end up caring for more of the indigent.

In what may or may not prove to be a significant finding, the GAO report also tended to downplay the long-held belief that the high health care prices in this region are the result of lower Medicare reimbursement rates in Wisconsin.

At a news conference, Barrett and Ryan did not suggest how to rein in costs. But they did call for a dialogue among hospitals, physicians, employers and insurers. That's a good start, but it needs to go much further than just talking and everyone needs to be brought to the table, including public and private employee unions, business groups such as Wisconsin Manufacturers & Commerce and civic groups, including the Greater Milwaukee Committee.

Those involved also should take a good, hard look at the amount of money being spent on new health care construction. Surely someone has to pay for all that brick and mortar, not to mention the duplication of high-end medical equipment.

In short, everyone, including local consumers who often demand unlimited access to health care providers as part of their insurance plans, must realize that these soaring prices are a symptom that something is dreadfully wrong. And that it needs to be remedied soon.