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Testimony Before the Legislatures Joint Committee on Finance

Michael D. Schafer, CEO
Spooner Health System
Spooner, WI

March 28, 2001

I would like to thank the members of the Joint Finance Committee for hosting hearings on the biennial budget throughout the state areas, and allowing me a chance to speak of this important topic.

I am Michael Schafer, CEO of Spooner Health System in Spooner, Wisconsin. Spooner Health System consists of a rural hospital, a 90 bed skilled nursing facility, a home health agency, and co-sponsors a hospice agency along with four other rural hospitals.

I am hear to voice support for two key provisions in Governor McCallum's budget. The first of these areas is his increase to Medicaid outpatient reimbursement for hospitals. Governor McCallum has recommended that payment levels for outpatient reimbursement be brought to 100% of costs for a rural health care facility. Health care delivery has switched dramatically from an inpatient setting to an outpatient setting. For years we have received reimbursement far below our costs to provide this care for our area residents. Spooner Health System currently receives .68 cents on the dollar for outpatient Medicaid reimbursement. A few examples of the cost of procedures and their reimbursement are as follows:

	Cost	**Paid**	**% of Cost**
C-Spine X-Ray	$155.81	$121.93	78%
Level 3 Emergency Room Visit	$232.95	$121.93	52.3%
Nuclear Medicine Study	$1091.81	$121.93	11.1%
Typical Outpatient Surgery	$1227.13	$121.93	10%

As we receive payments far below our cost, it causes us to cost shift to our private pay and our insurance patients. This has created a snowball effect on the cost of their health insurance premiums and the price individuals pay for health care. It has created a situation where area businesses can no longer afford to offer health insurance to their employees, or require employees to carry a higher burden of their health care costs. I believe Governor McCallum's budget reflects the knowledge that this discrepancy cannot continue in order for our hospitals to provide high

quality care to all patients.

Another area that I strongly support in Governor McCallan's budget is the 11% increase to nursing home reimbursement rates. Spooner Health Systems average medical assistance daily room rate for our nursing home is $4.60 below our cost to provide a days care to that patient. We cannot continue to pass on these costs to our private pay patients in order to provide care to these residents. We are facing dramatic shortages of certified nursing assistants and down the road are looking at shortages of other key nursing professionals as well. If we are not paid a fair rate to care for these residents, we will no longer be able to retain staff, and will see a crisis in nursing homes in Wisconsin.

This all leads to the other main area of concern I would like to speak about today, and that is the potential work force shortage faced in health care. As we look at our future work force, things look grim. We will be losing a large number of nurses and other professionals to retirement within the next 10 years. The number of students opting for health care careers is not nearly adequate to cover these retiring professionals. If we are not able to pay a fair competitive wage, we will continue to see this problem worsen. We are not only seeing these effects in our nursing staff, but with our non-professional staff as well. We have recently lost one of our two billings clerks to an auto glass company, and we have lost a receptionist/admitting person to a secretarial position for Washburn County. We are not able to pay a fair competitive wage to keep our non-professionals in our employment. If we can correct some of the short falls of the system and receive reimbursement at our cost levels for our medical assistance patients, it will assist us in staying competitive with salaries and benefits with other area employers. Without the increases that are proposed in Governor McCallum's budget, we will continue to operate at a major disadvantage to other employers in the retaining of staff.

Once again, I urge you to support these areas of Governor McCallum's budget. I thank you for your time.

Respectfully submitted.

Michael D. Schafer

Chippewa Valley Free Clinic

I am a volunteer for the Chippewa Valley Free Clinic, an agency that provides free primary health care to uninsured individuals. I am not here to request funding for our agency, we are supported by the communities we serve through United Way, grants, and donations. I am here to advocate for the patients served by the Free Clinic, who are unemployed or under-employed individuals with no health insurance to help pay for their medical needs. They are individuals who are struggling to live with financial means at or usually below 150% of the current Federal Poverty Guidelines. They are individuals who need housing, clothing, mental health care, and support to find their way through the meager services for which they might be eligible. They are:

> The 32 individuals who came to the Free Clinic last night for diagnosis and treatment of diabetes, hypertension, flu, back pain, depression, and other ailments.
>
> They are the 2280 individuals who use the Free Clinic for primary health care, of which nearly 400 are new patients in the past year.
>
> They are the 1208 adults not eligible for BadgerCare, Medical Assistance, SSI, or unemployment benefits. They need medications which on average cost the Free Clinic $44 per patient visit per month, without which they cannot be healthy.
>
> They are the immigrants who are not eligible for any other services because of the lack of U.S. citizenship, the elderly whose retirement income provides for food and shelter (barely), but not for necessary medications.

Our state has programs which address the needs of children, but nothing for the single or married adult who is not caring for children. Our state budget must expand human services to include these individuals, not shrink to exclude these valuable members of our communities. Our state must provide opportunities to help these individuals improve their lives through education, housing, employment, transportation, and adequate medical care.

They are our own young adult sons and daughters, our parents and grandparents, aunts and uncles, our neighbors from throughout the Chippewa Valley.

Please do not reduce the budget for human services. Please consider the needs of all citizens of Wisconsin for support for the most basic components of a healthy life.

Lorraine Henning
March 28, 2001
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Center for Independent Living
for Western Wisconsin, Inc.

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March 28, 2001

PUBLIC TESTIMONY

Joint finance committee

I would like to thank the members of the Joint Committee on Finance for taking this testimony today on issues important to individuals with a disability in Western Wisconsin.

My name is David Lato, I am a Resource Counselor with the Center for Independent Living for Western Wisconsin (CILWW). I would like the committee to consider two issues that have a serious impact on the quality of life for literally thousands of people in our part of the state. Unfortunately, while some of those individuals are not present here today, many, many more, are not here because they do not have adequate supports to access their communities and ultimately, their dreams.

I would first like to talk about an important initiative being proposed jointly by the Coalition of Independent Living Centers, including CILWW, and the Wisconsin Coalition for Advocacy.

I am asking the committee to consider funding the State Assistive Technology Initiative. I greatly appreciate the seriousness of the committee's tasks in developing a biennial budget under existing financial constraints. But if it is efficiency and cost-effectiveness the committee is looking for in budget proposals, there is little question the benefit to individuals and communities through effective use of assistive technology far outweighs the modest investment the committee is being asked to consider.

As you are aware, assistive technology can literally mean the difference between living in your own home and being forced into an institution such as a nursing home. To be clear on what I mean by assistive technology, allow me to provide you with some examples. Assistive technology can be as simple as a customized eating utensil that allows an individual with very little hand function to accomplish the very simple task of feeding him or herself without assistance. Assistive technology can also mean electronic equipment that can control and operate various household appliances, heat and electricity through voice activation that allows an individual with a significant disability to live independently. It can also mean a range of adaptive equipment and assistive devices used by caregivers to aid such tasks as bathing and transferring. The use of such technology reduces the necessity for additional care staff, reduces the risk of injury and burnout. It is much more cost effective and safe to use assistive technology than to recruit, hire, train, and rehabilitate care workers.

Wisconsin has a rich and successful history of building a successful infrastructure for providing quality, cost-effective assistive technology to individuals with a disability. For more than a decade, Wisconsin has effectively operated the WisTech program by subcontracting through the eight independent living centers. However, the funds used to start this innovative program are dwindling and is scheduled to be completely phased out in two years. Without new resources, this important infrastructure will whither on the vine. Funds are needed to augment other state priorities such as DVR; Department of Workforce Development one-stop-shops; former Governor Thompson's Pathways to Independence initiative; implementation of the Work Incentives Improvement Act; and Family Care, all of which have assistive technology components.

You all have received a brochure detailing this initiative, and two have been provided today to the co-chairs. Please give this important initiative due consideration. If you have any questions, or require additional information, do not hesitate to contact any of the eight independent living centers.

Waiting Lists Initiative

Secondly, I would ask the committee to entertain a few comments on a nagging issue that is eroding Wisconsin's reputation as an innovator in provision of community based services that allows individuals to remain in their homes rather than live their lives in institutions.

The staggering and growing number of individuals who are currently waiting to receive services through the various components of the Community Options Program is a shame upon this state. There are currently nearly 10,000 Wisconsin residents waiting for vital services that could enable them to live their lives much more independently. While they wait, many in institutions, and others who just sit idly, Wisconsin commits millions of dollars to expanding prisons, supporting institutions like nursing homes, and continues to operate three state centers to house state citizens with developmental disabilities.

In light of what can honestly be said it is not only a moral but legal mandate to provide services to individuals in the setting of their choice. Advocates across the state have identified solutions to reverse the bias in current state practice away from institutions toward communities and supporting people.

With these advocates I also propose:

An increase of $55 million on an annual basis specifically aimed at eliminating the known waiting lists. This amount of GRP revenue also helps to address the workforce and labor market issues. Providing these funds will allow the state to capture additional federal matching funds.

- $40 million in state funds for developmental disability waiver programs will generate a total of $100 million combined with federal match funds to eliminate the adult with developmental disabilities waiting lists and increase wages and benefits to support workers;
- $8 million in state funds for COP will accrue to a total of $20 million with federal match and address the physical disability waiting list;
- $5 million in state funds needed to eliminate the Family Support Program waiting lists;
- $2 million in state funds are needed for the Birth to 3 Program for increased costs.

The state has an ongoing obligation to address the issues raised by the United States Supreme Court decision in the Olmstead case. Addressing the waiting list issues is a good faith demonstration that Wisconsin believes individuals with disabilities have a right to live in the community of their choice.

Testimony to Joint Finance Committee

Eau Claire - March 28, 2001

"Support for Public Health System Funding"

My name is Jim Ryder, Director, Eau Claire City-County Health Department. I am speaking on behalf of **Wisconsin Association of Local Health Department and Boards** to encourage you to add initial funding of $8,000,000 ($2.5 million GPR dollars into the first year and $5.5 million dollars during the second year of the biennium) to support the health assessment and planning activities of local health departments as required by State Statute 251.05 and consistent with 3 of the 12 essential services and system priorities identified in the 2010 State Health Plan. Currently, these activities are supported primarily with local tax levy dollars and minimal Federal dollars. A recent study conducted by three Wisconsin Public Health organizations, (WPHA, **WALHDAB**, and WEHA) concluded that local health departments need adequate funding to fulfill the primary activities of Public Health. Local Public Health is seeking a state partnership in the process of building healthier communities!

In his presentation of the Budget to the Legislature, Governor McCallum expressed a goal of "reducing Wisconsin's overall tax burden" and "improving the quality of life of all citizens" by "helping others reach their full potential in life, meeting our commitments and protecting the environment." Public health services at the local level can play a significant role in reaching these goals. Long term success in the resolution of health problems is achievable if public and private sectors collaborate, assess, and plan strategies to address health problems in a cost effective manner. Local units of government are carrying the financial burden in the delivery of public health services. State support is required to expand the capacity of local government and to partner with the private sector in the effort to keep all persons healthy.

The recently completed work of the Kettl commission recommends that "strong incentives be created for governments to collaborate on behalf of their citizens" and that "state-local partnerships" will play a key role in enabling Wisconsin to be a leader. Wisconsin's State Health Plan for 2010 specifically **supports assessment and planning** in the 3 key provisions of the 12 essential services, and indicates that public and private partnerships need to occur in every community. I am requesting that you make a commitment to the health of Wisconsin's citizens by supporting a state-local partnership with the inclusion of state funding for public health into the forthcoming budget cycle. Thank You.

arch 28, 2001

: Joint Finance Committee Members

FROM: Suzanne Matthew, Ph.D.

RE: Wisconsin AHEC System request for $1.5 million annual appropriation for the 2001-03 biennium

I am here to speak on behalf of the Wisconsin AHEC System and their request for an increase in funding. In the last biennial budget cycle (1999-2001) the legislature approved an annual appropriation of $1.5 million for the operation of the Area Health Education Center System in Wisconsin. We were most gratified to receive this vote of confidence from the legislature for our programs. Unfortunately, Governor Thompson used his line item veto to reduce the amount by $350,000, to $1,154,000 annually. Governor McCallum's budget proposes an annual appropriation for AHEC of $1,158,200 for the 2001-03 biennium. **AHEC is requesting an increase of $341,800 over the governor's proposal, for a total annual appropriation of $1.5 million for the 2001-03 biennium.**

AHEC and What It Does

- Wisconsin Area Health Education Center System aims to improve the distribution, supply, quality, utilization and efficiency of health personnel in rural and underserved communities
- It is administered through the UW Medical School with the work of AHEC being done through the four regional, community-based organizations
- Local AHECs act to join together the resources of the UW Medical School with communities that have a health-related need

AHEC's Impact on Communities

- Brought medical and health professional student training to local communities
- Facilitated continuing education opportunities
- Functioned as a facilitator to address health care access and workforce needs
- Provided training and technical assistance for accessing computer-based health information and library resources
- Northern AHEC has brought $363,000 in federal funds into northern Wisconsin through a National Library of Medicine Grant
- Provided timely access to health information that has helped improve patient care
- Set up interdisciplinary training which benefits patients and students
- Provided technical assistance for community health improvement projects

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Why AHEC is Needed for the Future

- Enhances the learning experience for all health professions students at community-based sites, with an emphasis on interdisciplinary programs, developing cultural competence and technology support.
- Supports health careers recruitment programs in underserved rural and urban areas, to assist high school and college students from underrepresented populations prepare for entry into health professions schools.
- Supports faculty mentors and preceptors at community-based training sites with continuing education, technology support and other services to enhance the practice environment and maximize the ability of health professionals in underserved communities to provide high quality health care.
- Partners with local organizations for outreach activities to improve the health of the community.

Relevant Facts about the Wisconsin AHEC

AHEC's federal funding for core programming ($2.26 million at its peak in FY97) ended on September 30, 1999. The federal AHEC program expects the states to maintain their AHECs after federal core funding ends, but Wisconsin AHEC did not expect state funding to completely replace the federal dollars. We did expect a base level of state funding that would enable us to:

- maintain our statewide program office and four regional centers,
- retain staff adequate to ensure a minimal level of continuing programming in each region,
- provide support for several targeted statewide initiatives, and
- provide an organizational base adequate for seeking additional public and private grant funds targeted at new projects to improve the delivery of health care in Wisconsin's communities.

The AHEC System Board calculated that an annual appropriation of $1.5 million was the minimum amount needed in continuing state support to be able to meet these goals. With a lower appropriation, we feared that we would have to close one of the regional Centers. However, because we had the final three months of federal core support remaining in state fiscal year 2000, we were able to maintain all four Centers in FY00 and initiate some new statewide programs even with the $350,000 reduction resulting from the Governor's line item veto. In FY01, however, we have had to eliminate some of our statewide project funding, reduce regional programming and hold key staff positions vacant in order to cover a full twelve months of operating costs for our Centers. If the AHEC appropriation remains at the current level, we will have to revisit the question of either closing a Center or eliminating statewide projects. **To enable the AHEC System to continue to address, on a regional level and through statewide initiatives, the problems of access to quality health care in our underserved communities, we are looking to the legislature to restore the full $1.5 million annual appropriation requested by AHEC.**

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each of these program areas, the regional Centers provide the network to bring together the resources of our ademic, community and employer partners in a collaborative effort to improve access and quality of health care in consin's communities. Overall, during the first year of the current biennium (July 1999-June 2000), AHEC Centers pported or enhanced community-based training opportunities at 239 community-based sites for over 1500 health professions students (including medical students and medical residents, and students in dentistry, nursing and nurse practitioner, pharmacy, physician assistant, allied health, social work and dental hygiene programs). Health careers programming included large group informational sessions to K-12 audiences reaching approximately 4600 students, 425 K-12 staff and 42 high schools, including 36 high schools in underserved areas. In addition, Centers provided support, encouragement and enrichment programming for 143 college students, 177 high school students and 354 elementary and middle school students from minority or underserved populations who are interested in health careers. Centers also sponsored continuing education programs reaching over 2000 providers. Eight of these programs were offered via distance technology. Approximately 1500 people attended AHEC-sponsored conferences and health education programs for the general public. The attached pages provide additional detail about the activities of each Center in 1999-2000 and the communities affected in each region.

In December 1999, the AHEC Board identified four areas for statewide initiatives. These are areas where the Board determined that AHEC was uniquely able to bring together partners and resources to focus attention statewide on several areas of need:

- Oral Health/Access to Dental Care
- Telecommunications Access Initiatives
- Innovative Partnerships with Local Health Departments
- Health Care Workforce Development

The **Oral Health Initiative** addresses Wisconsin's problems providing adequate access to dental care for all its residents. Through this initiative, AHEC has worked to facilitate training more dental students at sites in underserved areas through site development and a tele-dentistry program. The program also includes a symposium to introduce students to Medicaid programs and development of an outreach plan to address the barriers Medicaid recipients face in accessing dental care. In addition, an oral health website is being developed for use by K-12 students. A variety of regional initiatives also address Wisconsin's dental care crisis.

The **Telecommunications Access Initiative** seeks to expand Internet access and videoconferencing capability at various training sites to enable programs to continue to place students in community sites while assuring consistency in the educational program for all students. The broad goal of the initiative is to create a community of learning that overcomes barriers of distance and allows core curriculum and teacher/learner consultation to be available at community-based clinical training sites everywhere in Wisconsin.

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Work began on the **Innovative Partnerships with Local Health Departments Initiative** following a joint conference with local health departments and the Division of Public Health in October 1999, as we began to pursue several areas o collaboration. One of the most exciting outcomes was the initiation of the *Community Health Internship Program*, a summer program matching students with county health departments for service-learning projects. The first program w developed in summer 2000 by Milwaukee AHEC in partnership with the UW Medical School- Milwaukee Clinical Campus and the City of Milwaukee Health Department. Students participated in field work, clinical shadowing opportunities, lectures and presentations by medical personnel. This program provided the health department with assistance in several important projects while students gained valuable experience. Plans for 2000-2001 projects with local health departments focus on building on the success of the Milwaukee summer intern program by providing continuing support for that program and facilitating development of similar programs in other regions.

The Wisconsin AHEC system has traditionally focused its activities on development of Wisconsin's primary care physician, physician assistant, pharmacist, dentist and advanced practice nursing workforce. The **Health Care Workforce Development Initiative** was designed to take a broader focus on emerging needs for bachelors-prepared nurses, personal care and long term care workers, and public health and allied health professionals. Our goal is to develop Wisconsin's healthcare workforce at all levels so that it

- is sufficient in number and training to provide high quality care in all areas of the state
- is distributed so that it meets the needs of individual communities, institutional settings, and larger geographic areas that are currently underserved,
- reflects the diversity of the state's population, and
- is skilled at meeting the needs of patients from various cultural backgrounds.

AHEC's October 2000 conference *Developing Wisconsin's Health Care Workforce* provided participants with an overview of Wisconsin's current health care workforce, health status indicators and emerging health needs; current workforce planning effort and innovative strategies for addressing recruitment, retention, diversity and distribution of the health care workforce. To begin to address these issues, AHEC embarked on several new programs, including organization of the *Health Careers Consortium*, a group of health careers professionals who work to develop better outreach programs to the schools; and co-sponsorship of the *Health Care Workforce Coalition* which works with various government, employer and professional groups, including the Wisconsin Hospital Association, the Wisconsin Nurses Association, the Department of Workforce Development, the Governor's Work-Based Learning Board and the Department of Public Instruction to develop broader support for health professions programming in the schools, articulation of career opportunities for health care workers, and a forum for discussion of policy issues affecting development of an adequate health care workforce for Wisconsin.

There is still much work to be done in all these areas. With a full budget of $1.5 million, we plan to continue our commitment to new programming focused on these four initiatives. Without it, AHEC's ability to continue to develop innovative programs to improve the distribution, supply, quality, utilization and efficiency of health personnel in underserved communities will be seriously compromised.

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GROUP HEALTH

COOPERATIVE OF EAU CLAIRE

Testimony Presented
To The
Joint Committee On Finance

By
Peter Farrow
General Manager,
Group Health Cooperative of Eau Claire
March 28, 2001

Thank you Chairpersons Burke and Gard and members of the Committee for the opportunity to present testimony regarding the biennial state budget. And thank you for taking the time to travel to Western Wisconsin to gather input from around the state.

Over 25 years ago, Group Health Cooperative of Eau Claire was started as a community-owned and member-governed purchasing pool with the goal of helping employers and individuals control their health care costs. Although the health care market has changed in many ways since the mid '70s, Group Health remains true to the mission of improving health care coverage to residents of Western Wisconsin. Today Group Health Cooperative delivers nationally recognized quality, with below average administrative costs and the 4th highest overall HMO member satisfaction in the country (according to independent surveys).

There are two items in the budget particular that I would like to bring to your attention. The first is a proposed ban on the use of management contracts by HMOs. This measure changes a 20-year position in state statutes that has allowed HMOs to outsource certain management activities. This measure is not a fiscal item and I ask you to support removing it as part of the policy list. The language is opposed by the Wisconsin Association of Health Plans. I would like to share with you some perspective.

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- Group Health Cooperative of Eau Claire has used management contracts for twenty years. The practice has allowed Group Health to maintain its administrative costs at least 10 percent below the statewide average. At the same time, we have maintained a complaint ratio that is one of the best in the state and far lower than the statewide average.
- Management contracts are used by a majority of HMOs to outsource certain activities to reduce administrative costs and keep premiums lower for policyholders. This budget provision likely would affect a majority of the 1.3 million people covered by HMOs in Wisconsin by increasing their premium costs.
- Many contracts with medical professionals to conduct programs like disease management or utilization review would be affected by this change - an effect counter to the policy goal of having appropriate medical professionals involved when necessary.
- HMOs that use management contracts file the same financial statement and financial information as other health insurers.
- The insurance commissioner reviews and approves these contracts, and has in the past rejected certain contracts that were filed or required modifications.
- There have been claims that a management contract was the cause of the demise of Family Health Plan in Milwaukee. The insurance commissioner has said that in her opinion the management contract they used was not the cause of the financial weakness of that HMO.

I also would like to share our perspective on Medicaid funding.

In addition to our traditional commercial and individual membership, Group Health was one of the first HMOs in Wisconsin to participate in a Medicaid managed care pilot initiated in 1986. The experiences gained by the state in those pilot counties formed the groundwork for the statewide Medicaid managed care expansion in 1997.

Throughout the growth of the Medicaid managed care program, Group Health Cooperative and the state have formed an effective working relationship. That relationship was tested and reaffirmed with the creation of BadgerCare. As other insurers pulled out over concerns in funding levels, the Group Health Board of Directors remained committed to the program, viewing it as a necessary component of the Cooperative's commitment to the community it serves. Locally, our key provider partners, Marshfield Clinic, Sacred Heart Hospital, and Saint Joseph's Hospital stepped up by taking lower fees and staffing up to guarantee access for Medicaid and BadgerCare.

Today Group Health Cooperative is the second largest administrator in the BadgerCare managed care program, and has been able to maintain BadgerCare as a stand-alone program without direct subsidy from our commercial members – an important initial concern of our Board.

The Medicaid managed care program has been a successful experiment. It has improved the care received by enrollees. For example, HMOs have more than tripled the rate that children receive the recommended number of regular health-checks. The efficiencies we have brought to the program have both expanded the level of care received and saved the State literally millions of dollars. The overall success would not have been achieved without a commitment from the Department of Health and Family Services to work with HMOs to make this program work.

As a non-profit cooperative serving both commercial and Medicaid business, we see two sides of health care funding issues. In particular, low Medicaid reimbursement rates for providers are increasingly creating problems throughout the industry:

- In Western Wisconsin, many of our border-status providers in Minnesota and Wisconsin are threatening to pull out of Medicaid over low reimbursement rates. Significant changes in provider participation could threaten the ability to provide adequate networks to Medicaid/BadgerCare enrollees.

- As Medicaid reimbursement levels decrease in comparison to charges, they compound the cost-shifting problems created by Medicare funding. These costs are shifted by providers to commercial businesses and are a significant cause of rapidly increasing premiums in the small and medium employer health insurance markets.

This budget contains necessary provisions to increase reimbursements for providers, especially in outpatient hospital costs and physician reimbursements. At the same time, estimates must include the approximately 5% increase in costs that HMOs in the Medicaid programs will experience as a result of the changes in these provider reimbursements. I urge you to maintain those funding levels to help stabilize provider participation in government-funded programs. Doing so will also move toward stabilizing the cost increases shifted to employers.

I recognize the challenge facing this committee and the Legislature this year. With a revenue picture tighter than the state has seen in many years, your decisions are difficult. The answers are neither easy, nor obvious. Along the way, Group Health would be happy to provide any information we can to assist you in your task.

Thank you for allowing me the time to present these comments. I'd be happy to answer any questions you may have.

TESTIMONY TO WISCONSIN JOINT FINANCE COMMITTEE
March 28, 2001

Ruth A. Gullerud for The Wisconsin Council on Developmental Disabilities

Good morning! I am Ruth Gullerud, Executive Director of United Cerebral Palsy of West Central Wisconsin. Today I am addressing you with concerns of the Wisconsin Council on Developmental Disabilities, of which I am a member.

Your neighbors in Wisconsin who are challenged with disabilities are facing a major crisis of dwindling and disappearing funds in several arenas. It is difficult to summarize the scope of all of them in limited time, so I have chosen one to discuss today: Waiting Lists.

WAITING LISTS

It is difficult to find a dark enough color with which to present this picture. Today, at best count, there are over 14,000 citizens having special, but quite simple, needs waiting for one or more community-based services. As I describe a few of these services, I'd like to have you each imagine yourself 200 years ago as an immigrant arriving at Ellis Island, tingling with excitement about your new adventure, and then, being told that you must wait in a holding area for 5 years or more.

Let me outline just a few of the waiting lists on which people are finding themselves. And remember, many of these individuals are not here today because they lack the ability to speak for themselves.

- 5000 adults with developmental disabilities are waiting for critical services.
- 2200 people with physical disabilities are waiting for support to live in the community through COP.
- 2400 families are waiting for Family Support services.
- Birth to 3 services are guaranteed in Wisconsin but underfunded.
- Chronic underfunding of Personal Care, CIP and COP has created a crisis in the current support system for people with disabilities. In practical terms, that means that we have numerous individuals in Eau Claire County who either have no homecare or lie in bed until noon to receive help. Three homecare agencies have closed in the past 2 years due to lack of funding to retain sufficient personal aid assistance.
- Birth to 3 programs, the primary support to minimize future disability AND public assistance, have been neglected in several past budgets and counties have not picked up the slack.

The current proposed budget includes $0 for all waiting lists and all forms of community care. Can you begin to solve the problem? It has been carefully estimated that:

- To eliminate Family Support waiting list, it would require $2.5 million GPR in Year 1 and $5 million in Year 2.
- To service all children current needing 0-3 intervention, $4 million, stretched across 2 years would assure service.
- Let's start accessing Federal matches—e.g. $40 million in GPR money will generate $100 million in Federal funds, enough elimi8nate waiting lists for all developmentally disabled in Wisconsin.

Time does not allow listing further strategies, but I invite you to call me for several additional strategies. Do the dollar figures seem large? I encourage you to go back and compare them to allowance for DOT and Tourism, and then let your mind drift back to your undefined stay at Ellis Island.

Testimony Submitted for Joint Finance Hearing March 28, 2001

By Dianne Rhein, AgeAdvantAge Area Agency on Aging, Inc.

Wisconsin's populations of frail older adults and family caregivers assisting them continue their steady incline. The "Graying of Wisconsin" is more a reality every day. The impact of the aging of the baby boomers is looming. **Will Wisconsin remain a "great state to grow old in?"** We are at a critical juncture. Where we as a state put our fiscal resources now will have both an immediate and lasting impact on one of Wisconsin's greatest treasures-our senior citizens.

Just ask co-workers, friends and neighbors and you will hear the voices of concern. They are all around us. Tales of older loved ones whose health is diminishing to the point where they need more help than family can provide to remain safely at home. Stories of elders whose finances are strained past the breaking point due to the impact the rising costs of prescription drugs and energy on their fixed incomes. Vignettes of isolated, vulnerable seniors suffering from dementia, depression, anxiety, self neglect or abuse.

Calls about situations such as these come in daily to offices on aging and social service organizations statewide and the resources to assist are, tragically, not always available. Increasingly calls for help are met with responses about waiting lists, staffing shortages, and unavailable or very limited services.

The option to remain in one's home with adequate supportive help is rapidly becoming a "non-option". Is this the best Wisconsin can do for our elders? I urge additional fiscal resources for these critical needs. Thank you.

Dianne Rhein

TESTIMONY OF ROLAND SOLBERG

Member, AARP Wisconsin Government Affairs Committee

Before the Joint Committee on Finance
March 28, 2001
Eau Claire, Wisconsin

Good morning. My name is Roland Solberg. I live in La Crosse and I'm a volunteer member of AARP's Government Affairs Committee.

I'm here today to ask you to include the prescription drug benefit in the bill known as Wisconsin Care in the state budget. Wisconsin Care is also known as Senate Bill 1 and Assembly Bill 53.

There are many, many compelling reasons for the budget to include the provisions of Wisconsin Care, but I'd like to focus on one in particular.

No one disputes the need to help seniors with the costs of prescription drugs. AARP has received dozens of cards from Wisconsin seniors that describe in detail how the cost of drugs has become so high that many have to choose between buying groceries and buying medication. Just about everyone elected to office a few months back recognized the need and made a commitment to help.

What some people are saying now, though, is that Wisconsin should wait for the federal government to act before enacting a program of its own.

That argument just won't hold up.

About twenty-six other states have already enacted a prescription drug benefit of some kind to help their seniors with the cost of medication. No one representing these states in Washington will vote for a prescription drug benefit that penalizes states that have taken initiatives of their own.

The fact of the matter is, Wisconsin seniors simply cannot afford to wait for Washington to act. This is a crisis that just keeps getting worse. Prescription drug costs are forcing people to think seriously about whether they can get away with not treating specific conditions or undertreating others.

One of the great virtues of Wisconsin Care is that it offers help not just to low-income seniors but also to middle- and moderate-income seniors who don't have coverage. These folks are seeing their savings accounts dribble away from one month to the next.

Wisconsin Care is the right thing to do.

On behalf of AARP Wisconsin's 734,000 members, then, I'd say, put Wisconsin Care in the budget, then do whatever you need to do to keep it there. Thank you.

1430 Liberty St
La Crosse WI

March 28, 2001

TO: Joint Finance Committee Members

FROM: Suzanne Matthew, Ph.D.

RE: Wisconsin AHEC System request for $1.5 million annual appropriation for the 2001-03 biennium

I am here to speak on behalf of the Wisconsin AHEC System and their request for an increase in funding. In the last biennial budget cycle (1999-2001) the legislature approved an annual appropriation of $1.5 million for the operation of the Area Health Education Center System in Wisconsin. We were most gratified to receive this vote of confidence from the legislature for our programs. Unfortunately, Governor Thompson used his line item veto to reduce the amount by $350,000, to $1,154,000 annually. Governor McCallum's budget proposes an annual appropriation for AHEC of $1,158,200 for the 2001-03 biennium. **AHEC is requesting an increase of $341,800 over the governor's proposal, for a total annual appropriation of $1.5 million for the 2001-03 biennium.**

AHEC and What It Does

- Wisconsin Area Health Education Center System aims to improve the distribution, supply, quality, utilization and efficiency of health personnel in rural and underserved communities
- It is administered through the UW Medical School with the work of AHEC being done through the four regional, community-based organizations
- Local AHECs act to join together the resources of the UW Medical School with communities that have a health-related need

AHEC's Impact on Communities

- Brought medical and health professional student training to local communities
- Facilitated continuing education opportunities
- Functioned as a facilitator to address health care access and workforce needs
- Provided training and technical assistance for accessing computer-based health information and library resources
- Northern AHEC has brought $363,000 in federal funds into northern Wisconsin through a National Library of Medicine Grant
- Provided timely access to health information that has helped improve patient care
- Set up interdisciplinary training which benefits patients and students
- Provided technical assistance for community health improvement projects

Suzanne Matthew, Ph.D., Executive Director
Northern Wisconsin AHEC
719 North Third Ave., Wausau, WI 54401
715-675-7899

Why AHEC is Needed for the Future

- Enhances the learning experience for all health professions students at community-based sites, with an emphasis on interdisciplinary programs, developing cultural competence and technology support.
- Supports health careers recruitment programs in underserved rural and urban areas, to assist high school and college students from underrepresented populations prepare for entry into health professions schools.
- Supports faculty mentors and preceptors at community-based training sites with continuing education, technology support and other services to enhance the practice environment and maximize the ability of health professionals in underserved communities to provide high quality health care.
- Partners with local organizations for outreach activities to improve the health of the community.

Relevant Facts about the Wisconsin AHEC

AHEC's federal funding for core programming ($2.26 million at its peak in FY97) ended on September 30, 1999. The federal AHEC program expects the states to maintain their AHECs after federal core funding ends, but Wisconsin AHEC did not expect state funding to completely replace the federal dollars. We did expect a base level of state funding that would enable us to:

- maintain our statewide program office and four regional centers,
- retain staff adequate to ensure a minimal level of continuing programming in each region,
- provide support for several targeted statewide initiatives, and
- provide an organizational base adequate for seeking additional public and private grant funds targeted at new projects to improve the delivery of health care in Wisconsin's communities.

The AHEC System Board calculated that an annual appropriation of $1.5 million was the minimum amount needed in continuing state support to be able to meet these goals. With a lower appropriation, we feared that we would have to close one of the regional Centers. However, because we had the final three months of federal core support remaining in state fiscal year 2000, we were able to maintain all four Centers in FY00 and initiate some new statewide programs even with the $350,000 reduction resulting from the Governor's line item veto. In FY01, however, we have had to eliminate some of our statewide project funding, reduce regional programming and hold key staff positions vacant in order to cover a full twelve months of operating costs for our Centers. If the AHEC appropriation remains at the current level, we will have to revisit the question of either closing a Center or eliminating statewide projects. **To enable the AHEC System to continue to address, on a regional level and through statewide initiatives, the problems of access to quality health care in our underserved communities, we are looking to the legislature to restore the full $1.5 million annual appropriation requested by AHEC.**

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In each of these program areas, the regional Centers provide the network to bring together the resources of our academic, community and employer partners in a collaborative effort to improve access and quality of health care in Wisconsin's communities. Overall, during the first year of the current biennium (July 1999-June 2000), AHEC Centers supported or enhanced community-based training opportunities at 239 community-based sites for over 1500 health professions students (including medical students and medical residents, and students in dentistry, nursing and nurse practitioner, pharmacy, physician assistant, allied health, social work and dental hygiene programs). Health careers programming included large group informational sessions to K-12 audiences reaching approximately 4600 students, 425 K-12 staff and 42 high schools, including 36 high schools in underserved areas. In addition, Centers provided support, encouragement and enrichment programming for 143 college students, 177 high school students and 354 elementary and middle school students from minority or underserved populations who are interested in health careers. Centers also sponsored continuing education programs reaching over 2000 providers. Eight of these programs were offered via distance technology. Approximately 1500 people attended AHEC-sponsored conferences and health education programs for the general public. The attached pages provide additional detail about the activities of each Center in 1999-2000 and the communities affected in each region.

In December 1999, the AHEC Board identified four areas for statewide initiatives. These are areas where the Board determined that AHEC was uniquely able to bring together partners and resources to focus attention statewide on several areas of need:

- Oral Health/Access to Dental Care
- Telecommunications Access Initiatives
- Innovative Partnerships with Local Health Departments
- Health Care Workforce Development

The **Oral Health Initiative** addresses Wisconsin's problems providing adequate access to dental care for all its residents. Through this initiative, AHEC has worked to facilitate training more dental students at sites in underserved areas through site development and a tele-dentistry program. The program also includes a symposium to introduce students to Medicaid programs and development of an outreach plan to address the barriers Medicaid recipients face in accessing dental care. In addition, an oral health website is being developed for use by K-12 students. A variety of regional initiatives also address Wisconsin's dental care crisis.

The **Telecommunications Access Initiative** seeks to expand Internet access and videoconferencing capability at various training sites to enable programs to continue to place students in community sites while assuring consistency in the educational program for all students. The broad goal of the initiative is to create a community of learning that overcomes barriers of distance and allows core curriculum and teacher/learner consultation to be available at community-based clinical training sites everywhere in Wisconsin.

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Work began on the **Innovative Partnerships with Local Health Departments Initiative** following a joint conference with local health departments and the Division of Public Health in October 1999, as we began to pursue several areas of collaboration. One of the most exciting outcomes was the initiation of the *Community Health Internship Program*, a summer program matching students with county health departments for service-learning projects. The first program was developed in summer 2000 by Milwaukee AHEC in partnership with the UW Medical School- Milwaukee Clinical Campus and the City of Milwaukee Health Department. Students participated in field work, clinical shadowing opportunities, lectures and presentations by medical personnel. This program provided the health department with assistance in several important projects while students gained valuable experience. Plans for 2000-2001 projects with local health departments focus on building on the success of the Milwaukee summer intern program by providing continuing support for that program and facilitating development of similar programs in other regions.

The Wisconsin AHEC system has traditionally focused its activities on development of Wisconsin's primary care physician, physician assistant, pharmacist, dentist and advanced practice nursing workforce. The **Health Care Workforce Development Initiative** was designed to take a broader focus on emerging needs for bachelors-prepared nurses, personal care and long term care workers, and public health and allied health professionals. Our goal is to develop Wisconsin's healthcare workforce at all levels so that it

- is sufficient in number and training to provide high quality care in all areas of the state
- is distributed so that it meets the needs of individual communities, institutional settings, and larger geographic areas that are currently underserved,
- reflects the diversity of the state's population, and
- is skilled at meeting the needs of patients from various cultural backgrounds.

AHEC's October 2000 conference *Developing Wisconsin's Health Care Workforce* provided participants with an overview of Wisconsin's current health care workforce, health status indicators and emerging health needs; current workforce planning effort and innovative strategies for addressing recruitment, retention, diversity and distribution of the health care workforce. To begin to address these issues, AHEC embarked on several new programs, including organization of the *Health Careers Consortium*, a group of health careers professionals who work to develop better outreach programs to the schools; and co-sponsorship of the *Health Care Workforce Coalition* which works with various government, employer and professional groups, including the Wisconsin Hospital Association, the Wisconsin Nurses Association, the Department of Workforce Development, the Governor's Work-Based Learning Board and the Department of Public Instruction to develop broader support for health professions programming in the schools, articulation of career opportunities for health care workers, and a forum for discussion of policy issues affecting development of an adequate health care workforce for Wisconsin.

There is still much work to be done in all these areas. With a full budget of $1.5 million, we plan to continue our commitment to new programming focused on these four initiatives. Without it, AHEC's ability to continue to develop innovative programs to improve the distribution, supply, quality, utilization and efficiency of health personnel in underserved communities will be seriously compromised.

Suzanne Matthew, Ph.D., Executive Director
Northern Wisconsin AHEC
719 North Third Ave., Wausau, WI 54401
715-675-7899

March 28, 2001

To: The Joint Finance Committee-State of Wisconsin
From: Cara Iverson, legal guardian and parent of Spencer Iverson, Menomonie WI

Spencer Iverson is 20 years old, mentally retarded, and a senior at Menomonie High School. Spencer will graduate at the end of May, 2001. He needs a place to live and a place to work. Spencer is on a WAITING LIST for receiving these services, which he has a right to by law.

Spencer has stayed at a group home on weekends for the past two years. This respite care has been provided by Dunn County Human Services and CIP funding. Spencer has made great progress in socialization and living with other people. At school, Spencer and other students have had a work/study plan that has enabled them to work at Indianhead Enterprises, an adult sheltered workshop. This has been paid for by the Menomonie Public Schools to promote these students employability and usefulness to society after graduation from high school. These students have been taught daily living skills, too, to help them live more independently in the world.

Now those students are on waiting lists, unable to fully utilize their knowledge or participate as fully as they can in our society.

Due to the above experiences, Spencer has made amazing progress in the last two years, and is ready to live in a group home and work at sheltered workshop after graduation. Dunn County Human Services, Spencer, and I had a plan that Spencer would live full-time at the group home where he goes for respite and work full-time at Indianhead Enterprises.

Spencer cannot do this because he is on a waiting list due to lack of funding. Dunn County has INCREASED its funding for services to the developmentally disabled each year. The State of Wisconsin has actually DECREASED its funding in this area over the past several years. There is federal money in 58% matching funds available that is not currently being used.

I have filed a complaint with the Federal Department of Health and Human Services, Office of Civil Rights, who wrote me that the State of Wisconsin is in violation of the most integrating setting mandates of the Olmstead Decision, American Disabilities Act.

Please listen to the needs of people with developmental disabilities. Please remove the waiting lists in Wisconsin and comply with the Olmstead Decision.

Thank you.

Cara Iverson

Cara Iverson
222 11th Avenue West
Menomonie WI 54751
715-235-9453
email: ccollect@pressenter.com

3-28-01
Testimony for Northern Wisconsin Area Health Education Center
Susan Diemert Moch, RN, PhD
School of Nursing, UWEC
Eau Claire, WI 54701

The Wisconsin Area Health Education Center System aims to improve distribution, supply, quality, utilization and efficiency of health personnel in rural and underserved communities.

AHEC Impact in the Eau Claire area

AHEC has impacted our community in several ways. Through funding from AHEC our community has been able to link together educational institutions and clinical agencies to learn more about interdisciplinary health care. Funding from AHEC has contributed to great awareness of how we can work better with the Hmong community in providing health care services.

In Eau Claire, we have obtained funding from AHEC to work with the Hmong Mutual Assistance Association to help health professional know more about the Hmong community. We knew there were problems with access to health care for Hmong community members. We heard providers say things like "I spent the whole day trying to get a consent for surgery from a Hmong patient." We knew providers felt overwhelmed when they saw an interpreter coming in with a Hmong client because they knew the time with the patient would double, putting them behind in their care for the day. We thought health professionals needed to learn more about the culture. But we found out that Hmong clients also needed to take responsibility to learn more about western health care. We found out through AHEC sponsored discussions between Hmong leaders and health care providers that Hmong persons did not know very much about western health care. So we started a two pronged approach to improving access to health care for the Hmong community. We taught providers through discussions with Hmong leaders and we taught the Hmong community through radio and television programs directed toward the Hmong.

We feel very thankful to AHEC for what they have done to help us learn more about providing services to the Hmong community. We think we have a model that will serve other communities and AHEC is helping us to share this model. In addition, through the funding provided through AHEC, we have partnered with the School of Nursing, UWEC, Family Medicine Clinic, the Eau Claire City/County Health Department and the Hmong Mutual Assistance Association to try to obtain funding from foundations and federal agencies.

Future funding

Future AHEC funding is essential. AHEC support can help health providers increase access to health care and also provide more efficient health care. Also, through AHEC pilot funding, other more substantial grants from national agencies can be obtained.

AHEC provides a structure for linking with other communities in the state regarding health care education/service issues. For instance, if a model is developed that works with one part of the state, AHEC staff know contacts in another partsof the state to share the information. Also, if a problem is identified in one area, staff can direct providers to someone who is working on that problem in another part of the state.

The AHEC staff also assist in sharing information about funding sources. Health providers in rural areas find it very difficult to keep up with where there are state moneys to tackle certain health-related concerns. AHEC is essential in keeping us informed in an easy manner. In addition to providing the information, they provide the support and incentive to work on health problems. They call to encourage us and to share information. AHEC staff help us to feel like we can make a difference in our rural areas and they keep us connected with the state and national levels.

Continued funding for AHEC is important for communities. We rely on AHEC to help us find out answers to our health care problems. They assist us with support, information and financial resources to identify solutions to our concerns. They connect us with other agencies and other parts of the state.

Please consider an increase in $700,000 state funds for AHEC.

Thank you very much for your attention.

Feel free to contact me for further information
Susan D. Moch 715-836-4889, smoch@uwec.edu

March 28, 2001

Joint Finance Committee,

Nearly twenty-four years ago a baby was born to me and my husband. She was born with a little something extra, that something was an extra chromosome, she has Down Syndrome.

When Tammy was born we were told, that she should be placed in an institution, she would never walk, talk or be of value. Tammy came home and became one of the first citizens in Chippewa County to receive Birth to Three services. In spite of many chronic health problems, Tammy was walking, talking and potty-trained before the age of two. Birth to Three made a big difference in her life and in the enabling of her family.

Tammy started school at the age of three years and three months, she rode a bus six miles to school (in the basement of a church). By the age of seven she had outgrown this program, and the school district had nothing to offer. We insisted that she be educated in the Eau Claire district. The program in this system was the best available, yes she rode the bus twenty-four miles to school, on the bus for one and a half hours. Her home school could not afford a program so there was no choice! Through these school years Tammy learned, slower yes, but she moved forward. Tammy's medical problems did not go away, and by the time she was thirteen, she had died three times, as a survivor she is at the top!

As Tammy grew into a young adult, she loved school, her opportunity to do job training in the community, and the transitioning programs to help her become an adult living in the community.

Someone must have forgotten to tell the community that she was coming! We as Tammy's family have always believed in her and her ability to achieve all she hopes for. Tammy works at Petco, her health only permits three hours a day, one day a week. (She has Meniere's Disease and gets so dizzy she falls to the ground without warning). This does not prevent her from wanting to work, She says "I have to pay taxes, so I can help people". Tammy also votes, she was taught this is important, and we spend hours on the computer checking out voting records. She needs community supports to survive.

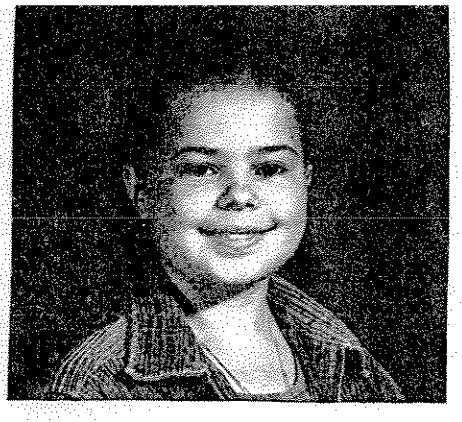
We as her parents, care for her, see that we arrange our schedule to get her to work. We spend hundreds of hours in the doctors office, hospital or clinic. She is involved in Special Olympics and in a recreation activities. Someday she hopes to move out (just like her sisters), she would love her own apartment.

For nearly twenty-four years we have cared for our daughter, because we chose to do this. Now we are like everyone else aging. We find that the citizens that live at the "Centers" have a funding of approximately $450.00 per day. Citizens who are living and working in the community can only receive $48.33 in services if CIP slots are available. We need more funding of the programs that enable our "children", if we want to give all an opportunity to become "taxpayers"

Please take another look at the budget, we need your help. Last year CIP funding allowed our daughter to have respite care (Tammy stayed with someone, so we could attend funerals and other events). We had approximately twelve days, because we have only that many days approved. We love and enjoy our daughter, what we don't enjoy is the inequities of this system that has not had a noticeable increase in nearly ten years.

Thank you for your time,

Donna Loew
3672 125th Av.
Colfax, WI. 54730
(715) 568-1732



Joint Finance Committee
Public Hearing on 2001-2003 State Budget
Chippewa Valley Technical College – Eau Claire
03-28-01

Dear Senator Burke, Rep. Gard and Joint Finance Committee Members:

My name is Terri Larson-Baxter. I am here to talk to you about the Governor's Proposed Education Budget specifically, **Special Education** funding. My husband and I have three children. Our oldest daughter has a learning disability and our son has multiple disabilities. All of our children attend public school. My husband and I would like our children to have an appropriate education so that they will develop to their fullest potential and succeed in world as adults.

I am really concerned about the lack of funding that has been allotted to **Special Education** over the years. Since my children have received **Special Education**, funding has continually decreased at an alarming rate. In 1985-86 school districts received a reimbursement rate of 59.8 percent which has went to an all time low of 33 percent currently for **Special Education** Categorical Aids. **Under Federal Law the Individuals with Disabilities Education Act (IDEA) mandates that States shall reimburse school districts at 60 percent of the cost of special education services. Wisconsin lags behind nationally the state average of reimbursement, which is about 50 percent.** Schools are very strapped financially in providing children with disabilities a free an appropriate public education. As parents we are continually told by school staff if we provide what your children need in **Special Education** we have to take it from what we provide children in regular education. **The State of Wisconsin needs to stop pitting regular education against special education for the use of the limited dollars**. The Governor's proposed education bill will continue to erode public education. In addition, I would like to point out to the committee members, that **State Special Education law does not supersede Federal law. The language needs to be removed from the State Budget that grants school administrators the authority to determine placement of children in Special Education.** Parents like myself fought nationally to get language into IDEA that allows parents to be part of the decision making on their child's educational needs. As I understand the law the state will be putting itself in legal jeopardy if this stays in the state budget language.

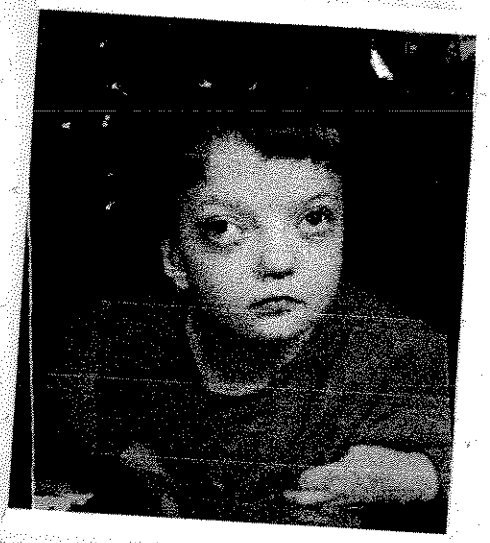
I would be in favor of the state funding Special Education categorical aids to reimburse local special education costs at a rate of 50 percent in both years of the biennium. In regard to high cost children in special education, the State of Wisconsin has never reimbursed local school districts at a higher rate when they have children whose special education costs are extraordinary. My son is one of the children. He requires full time one on one assistance, multiple therapies, and assistive technology in order for him to benefit from his individualized education program. **I support state funding of children in special education whose cost exceed three times the state average per pupil expenditure at a rate of 90 percent of the excess cost over three times the state average in both years of the biennium. In addition, I support a one-time revenue cap exemption for the unreimbursed school district expenses for these costs.**

I would like to thank the members of the committee for your time today.

Respectfully,

Terri Larson-Baxter

Terri Larson-Baxter
4838 N. Town Hall Road
Eau Claire, WI 54703
715-874-4961



Joint Finance Committee Members

I'm here today because I am a mother of a Special Needs child. Our son is 10 years old. He has a chromosomal defect,his diagnosis is Wolfe Hirschorne Syndrome, Luke has a seizure disorder, chronic renal failure, failure to thrive. Luke weighs 32 pounds, and is 38 inches long. Now you might think that is really small for a 10 Year old and it is but that kid has a heart as big as Paul Bunyan and the spirit to go with it.

Luke is adopted, his biological parents couldn't handle the stress of having a handicapped child. Some people see handicapped children as distorted limbs and slow minds and odd movements, I think the biggest handicap is the inability to love and help other people. Luke gives us unconditional love, he trusts and believes that we will do all we can to make his life as meaningful as ours. When things were really bad for him and we knew he was in more pain than any of us could have handled, he would still look at us and have a slight twinkle in his eye, or grab for our finger and hold on so tight that it would make you feel like you were his life line.

I know many of you have never had the opportunity to have a life with a child like Luke and even though times are tough and some days you would like to throw the towel in, I feel like we have been blessed.

Luke had the help from Birth to Three, this program helped us in so many ways, they helped us get therapies, support, needed equipment, they kept in touch with us when we needed to be a Life Support Unit, they were our angels to help guide us and do all we could for our son.

Luke now has a CIP slot ,but because of limited funding we can't always get what we need to make Lukes life a little better. Right now we get 8 hours a week respite, Luke is allowed 1 hour of horseback riding therapy. We were told that we could have the equivalent of $48 a day, but that never happens. I'm satisfied and grateful for what we do get, but what about all of the families that are on waiting lists they need the help as much as we do and they are being told there is no money.

I can guarantee you all that my child will never be a threat to society and some of you think our children are not productive citizens. We are we support doctors, hospitals, hospital supply companies, pharmaceutical companies, the companies that make the supplies our children need, we keep therapist in their jobs, teachers, social workers, our children do more than their share to society and the industrial world.

It costs $68 a day to keep a felon off the streets and in prison, these people made bad choices in their lives, our children made no choices they were given the life of a handicapped person, and each and everyone of them does the best they can to live their lives to the fullest, please help them by funding the programs that can give them daily needs.

Our son is our pride and joy and no matter how much we give him he always gives more in return. Someday he will shine as one of Gods Greatest Creations, and I am honored that I got the chance to be a part of his life and I would not give up one precious moment of it.

Thank you for taking the time to read or hear this testimony

Vonnie Bathke

Wisconsin
SURVIVAL COALITION
600 Williamson Street, P.O. Box 7851, Madison, Wisconsin 53707-7851
(608) 266-7826 ■ FAX (608) 267-3906 ■ TTY (608) 266-6660

Permission to Use Photographs and Stories

I hereby give my consent to use my photograph(s) and/or personal or family story, which will be used by the Survival Coalition at the "People Can't Wait", Rally on April 25, 2001.

I authorize the use of these materials for general educational purposes until which time they are no longer needed by the Survival Coalition in order to advocate for the end to the waiting lists for people with disabilities. My name, likeness, and story may be used for publicity and promotion of this issue.

I hereby release the Survival Coalition, showing or distributing the above-named materials or portions thereof, from any claim by me or my family for damage to my person, property, reputation, or for invasion of privacy.

I further affirm that the Survival Coalition is the owner of all rights in and said materials and that no monetary consideration is due and owing my family or myself.

Date: 3-28-01

Signature: Vonnie L Bathke

Print Name: Vonnie L. Bathke

Address: 16036 190th Ave
Bloomer WI 54724

If applicable, Guardian Information:

Signature: _____

Print Name: _____

Address _____

Chippewa Valley Tobacco-Free Coalition

March 28, 2001

Dear Joint Finance Committee Members:

I am writing you in behalf of the 93 member Chippewa Valley Tobacco-Free Coalition. I would like for all of you to stand strong on recommending to Governor McCallum that we do not want to balance the state budget using tobacco funding. **We do not want the tobacco funds to be securitized.** We want the 5.9 billion dollars to be come to the state of Wisconsin over the next 25 years to provide for a statewide, comprehensive, and long range plan to decrease the sharp increase of lung cancers and prevent youth tobacco initiation. We also want the Wisconsin Tobacco State Control Board to be automatically funded at least at the $35, 462,000 amount without having to go back every biennium to lobby for the funding that is needed to accomplish what the state of Wisconsin needs to do to protect their residents from the effects of tobacco.

We currently have a high rate of youth smoking. In Wisconsin 38% of youth smoke which is higher than the national average of 34.8 %. We have one out of four adults smoking who are role modeling to our youth that tobacco use is the "gateway to other drugs and at risk behaviors" because of the tobacco industry tactics. 70 % of smokers want to quit. The tobacco companies have already spent 8.5 billion dollars in advertising to combat the efforts of people who do not want to see any more unnecessary deaths to lung cancers and people who have asthma and bronchitis from exposure to second hand smoke. We will have failed greatly in Wisconsin by not protecting our youth and future generation if we do not use the tobacco monies from the deaths of people who suffered from the fatal cardiovascular and pulmonary effects of tobacco use.

Nicotine is addictive and these tobacco companies spend large amounts of money to attempt to convince people they should smoke. Look at how the movies are portraying characters today. Consider what the advertising has done to convince our vulnerable youth that to be "cool" you smoke. Also, what about the less educated here? If a person has not graduated from high school or just has a high school diploma, they show an increase in cigarette consumption. A college graduate or above has a much less chance of having a tobacco habit. Are we protecting those most vulnerable here? Don't we have a social, health, and financial responsibility to protect these people in Wisconsin from the devastating cardiovascular and pulmonary effects of tobacco? Your money spent on prevention will pay in the long run by not having to pay for the costly medical costs as people need oxygen, lung and heart transplants, chemotherapy, radiation, and surgeries to treat their illnesses. Consider the unborn infants that would be protected from premature delivery by mothers who do not smoke as well as children and other nonsmokers whose lives would be saved because we have utilized our money as it was intended for. Consider the states of Florida, Oregon, Massachusetts, and California who have experienced

711 North Bridge Street, Room 222 • Chippewa Falls, WI 54729
(715) 726-7900 • FAX (715) 726-7910

significant decreases in smoking. In Florida and Oregon they have had middle school students rates drop 40%! Why can't we learn from the successful states and have Wisconsin be a forerunner of showing a strong commitment to their people by protecting their health? Have you seen the ads of the older gentleman who lost his wife to second hand smoke? 53,000 people die from second hand smoke ? Why? Cigarette smoking is the single most preventable cause of premature death in the United States. We lose more lives to the effects of tobacco than combining the deaths from AIDS, alcohol, motor vehicle, homicide, drug induced and suicide.

In closing, I hope that this information will help you make a decision to advise to Governor McCallum that we need to use the money to support the Wisconsin Tobacco Control Board. We must obtain the 5.9 billion dollars over the next 25 years to ensure a comprehensive long range plan. We have thousands of deaths to save in the state of Wisconsin; it may include yours, your spouse, your children, your grandchildren and other loved family members and friends. We can't escape this issue. It affects all of us. We have billions of dollars to save by prevention of tobacco use and promoting tobacco cessation.

Thank you for your time and consideration in the tobacco issue. I would be happy to discuss the tobacco issue further if any of you as members have questions or concerns. Again, thank you for your courtesy and hard work in making the best decision possible for the people in Wisconsin.

Sincerely,

Pamela L. Guthman RNC

Pamela L. Guthman R.N.,C.
Chippewa Valley Tobacco-Free Coalition

Eau Claire County Partnership for Tobacco-Free Living

Position Statement
March 28, 2001

Submitted by Marian Smith
Eau Claire City-County Health Department
230 Garfield
Fall Creek, WI 54742

The Eau Claire County Partnership for Smoke-Free Living was formed in 1999 to work on educational projects specific to Eau Claire. The Partnership has been expanded this year to collaborate the anti-tobacco efforts for Eau Claire County. We ask that as the governor and legislators work on the next biennial budget, that they consider the positive influence this organization can have on the community and recognize the continued need for funding for anti-tobacco community coalitions throughout the state.

The mission of the Partnership is to promote a healthy tobacco-free lifestyle supported by collaboration. Health care providers, community members, public health staff, law enforcement officials, school staff, organizations serving youth, and youth leadership in the county are represented by the Partnership. The Partnership also includes health care providers, physicians, dentists, pharmacists, and nurses. The B-Free Youth Coalition, the Chippewa Valley Free Clinic, and the local chapters of the American Heart Association and the American Cancer Society are also represented. The Partnership currently has 56 members from 29 organizations.

The Partnership's work is funded with money from the Wisconsin Tobacco Control Board (WTCB), with funds that come from Wisconsin's portion of the national tobacco settlement. The Partnership has developed a comprehensive anti-tobacco plan to fulfill the requirements of the WTCB, focusing on three priority areas: eliminating second-hand smoke, promoting tobacco cessation, and preventing youth from starting smoking.

The anti-tobacco plan includes local tobacco monitoring activities, including tracking current smoke-free restaurants and the number of smoke-free work sites in the county. Projects targeting special populations will also be worked on, including Hmong youth and adults, 18- to 24-year-olds, and pregnant smokers. School-based and school-linked projects are included in the plan as well. Education and awareness, cessation promotion, and policy advocacy initiatives are interwoven in the plan.

The end of 2001 will complete the first stage of the plan, with additional steps toward the targeted outcomes planned for implementation during the following two years. The Partnership's objectives will help provide a prioritized focus on tobacco control and prevention efforts in Eau Claire County. The Partnership will have the opportunity to have a significant impact on the quality of health in Eau Claire County.

The important work of the Partnership is planned to continue into the future. We urge the governor and state legislators to continue funding for the WTCB from the state tobacco settlement at the present, or increasing, levels in the next biennial budget.

PORTAGE COUNTY
HEALTH AND HUMAN SERVICES DEPARTMENT

JUDY A. BABLITCH, DIRECTOR
(715) 345-5350
FAX (715) 345-5966

RUTH GILFRY HUMAN RESOURCES CENTER
817 WHITING AVENUE
STEVENS POINT, WI 54481-5292

MEMO

TO: Members of the Legislative Joint Finance Committee

FROM: James G. Canales, Director
Community Care of Portage County

DATE: March 30, 2001

RE: Family Care Testimony

Thank you for the opportunity to comment on the State of Wisconsin's 2001-2003 proposed budget. I will speak directly to the impact of Family Care on Portage County and its residents.

Family Care in Portage County funds the operation of an Aging and Disability Resource Center, run by the Portage County Department on Aging, and Community Care of Portage County (CCPC), a Care Management Organization operated by the Portage County Health and Human Services Department. Our primary objectives in applying for pilot status in 1998 were:

- To better serve eligible county residents,
- To actively participate in the development of a redesigned long term care system in Wisconsin,
- To enhance our local long term care operating systems through state technical assistance and resources, and
- To prove that counties can operate community based long term care programs within a risk-based managed care environment.

Portage County began complete operation of Family Care on April 1, 2000, serving seniors and adults with physical and developmental disabilities. After one full year of operation, we have found that:

- The level of interest in Family Care is very high. Our enrollment in Family Care has grown from approximately 210 members on April 1, 2000, to nearly 400 members as of March 1, 2001. There is no waiting list for long term care services for these targeted populations, and we are seeing an average of 12 to 15 new members enroll on a monthly basis. In addition, our Aging and Disability Resource Center has consistently seen much higher than expected contact numbers from Portage County residents interested in some facet of long term care.
- Providers of long term care services are willing to operate under the guidelines of Family Care. Our own service network has grown from approximately 70 providers prior to Family Care, to nearly 150 providers today.
- Technical assistance and additional state resources have allowed Community Care of Portage County to greatly enhance its infrastructure. Information technology, service coordination, quality assurance, and claims processing have all been dramatically improved, which has translated into higher quality services for county residents.
- State staff have been willing to work cooperatively with pilot counties in designing the Family Care system as we move forward. There was no blueprint for how this long term care redesign would work. Family Care has literally been a work in progress. It has tested (successfully) the ability of state and county governments to work together.
- Counties can be successful in operating in a risk-based environment such as Family Care. Community Care of Portage County operated in the black in calendar year 2000, and expects to continue to operate successfully in future years.

I urge you to maintain Family Care funding as proposed by the State Department of Health and Family Services. In particular, I hope that you will be able to find funding to expand Family Care to Kenosha and the tri-county region of Forest, Vilas, and Oneida as originally planned in this biennium. Long term care is a major issue for many Wisconsin residents who are growing older or live with chronic disabilities. Wisconsin has historically been seen as a model for the nation in terms of its operation of long term care programs. I believe Family Care will build upon the past successes we have seen through legislative support of programs such as the Community Options Program and other long term care initiatives.

Thank you.

JOINTFIN.JUN

RETIRED AND SENIOR VOLUNTEER PROGRAM

Request for Increase in State Supplemental Funding

Current Status of Wisconsin RSVP projects (October 2000)

Number of Projects:	17 serving 29 counties
Funding Sources	
Corporation for National Service (Federal)	$1,019,169
WI Department of Health and Family Service	502,654
Other(Includes local funding, grants and inkind)	816,085
Total	$2,337.908

RSVP needs increased financial support from the state to:

- Maintain volunteer services, especially in rural areas
- Expand projects into additional counties
- Respond to increased requests from nonprofit and public agencies

Additional state funding would generate an increase in numbers of volunteers who would mentor at-risk youth, tutor students who are struggling in reading, math and other areas, provide kindergarten readiness, support single parent and minority families, help in after-school programs and Headstart. In addition volunteers will assist other seniors in care facilities, in crime and consumer prevention, transportation and other needed services. Volunteers serve all ages.

REQUEST

Current Projects: $15,000 per county annually	$435,000
Expansion: Current projects into contiguous counties (Long range goal of expansion into all counties) 5 counties added at a cost of $20,000 annually	$100,000
Expansion: Add one new project in un served, Non-contiguous county at a cost of $40,000 annually	$ 40,000
Total Annual Request	$575,000

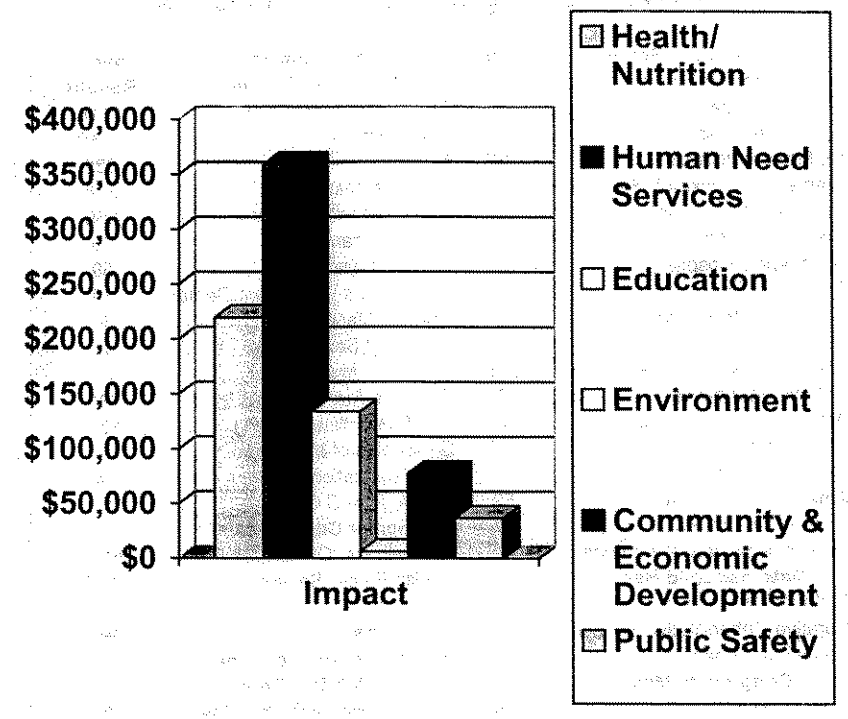
Currently, there are:

17 projects serving 29 counties	11,697 RSVP volunteers 1,271,314 Hours of Service 1,581 Volunteer Stations

The value of volunteer service is reported by the National Independent Sector to be $14.83 an hour
RSVP volunteers in Wisconsin generated $18,853,586 worth of service to their communities in 1999

RSVP Senior Corps

Interfaith Older Adult Programs, Inc
600 W. Virginia St, Suite 300, Milwaukee, WI 53204
414-291-7500 FAX 414-291-7510 rmuller@interfaithmilw.org



Basic Human Needs Impact in 2000
of
RSVP Senior Corps
Sharing the Experience of a Lifetime
in Milwaukee Co
470 RSVP Members Serving 92 Organizations
with
61410 Hours of Results
An Impact of $859,740!

Impact valued at $14.00 per hour of results

RSVP Meeting Basic Human Needs

Organization Served	Hours of Results
Health Service	
Sinai Samaritan Medical Ctr.	1609
St Michael Hospital	1225
St. Francis Hospital	996
Clement Zablocki VA Hospital	760
St Lukes Medical Center	523
Columbia Hospital	425
St Joseph's Hospital	155
The Blood Center/North	3
Health Education	
March of Dimes	776
Endometriosis Association	468
Arthritis Foundation	231
American Diabetes Assn. WI	220
American Cancer Society WI	219
Cystic Fibrosis Foundation	61
American Lung Association	52
United Cerebral Palsy	37
Leukemia Society of America	5
Maternal/Child Health	
Children's Hospital of WI	3965
Curative Rehabilitative Service	323
Ronald McDonald House	301
Congregate Meals	
SDC Sr Meal Program	2983
Interfaith Older Adult/WA	49
Physical Disabilities	
Eisenhower Cerebral Palsy	4
Food Distribution/Collection	
Interchange Food Pantry	149
VNA Partners in Care	5
Disaster Preparation/Relief	
American Red Cross	11

Organization Served	Hours of Results
Companion/Outreach	
Telephone Reassurance	7116
Luther Manor	4740
St John's Home Milwaukee	332
Village at Manor Park	278
Villa Clement/Clement Manor	266
The Lutheran Home	76
Sunrise Care Center	59
Laurel Oaks Retirement Center	13
Colonial Manor	9
Waters of Seven Oaks	2
Mentoring	
Salvation Army	881
RSVP Heartlines Writing	181
Girl Scouts of Milwaukee	151
Golf Foundation of WI	24
YMCA John C.Cudahy	10
Senior Citizen Assist	
Interfaith Inc. Older Adult Pro	8917
Jewish Family Services	1197
Alexian Village	121
S E T Ministry	96
Havenwood Nursing Home	80
Adult Day Care	
St Anne's Home for the Elderly	981
Milwaukee Protestant Home	536
Milwaukee Catholic Home	391
Alexian Village	172
St Ann Adult Day Care Inc.	87
Bay View Community Center	39
Regional/State/City Planning	
U.S. Bureau of the Census	275
Social Service Planning/Del	
Interfaith Conference of Milw.	162

Through Alliances with 92 Organizations

Organization Served	Hours of Results
Elementary Education	
Milw School Intergenerational Fair	331
St Francis Children's Center	47
Franklin Public Schools	34
Tutoring	
Milwaukee Public Seniors in Schools	298
Rosalie Manor	104
Boys & Girls Club of Milwaukee	2
Vocational Education	
Milwaukee Ctr. for Independence	3
Library Services	
Finney Library	40
Milwaukee Public Library	32
Literacy	
Literacy Services of WI Inc.	286
Milwaukee Achiever Program	65
Adult Education	
Franklin Senior Citizens Center	451
La Farge Lifelong Learn. Inst.	124
Bay View Community Center	28
Interfaith Inc. Older Adult Pro	3
Other Education	
Channel 10/36 Friends/Inc.	2651
Environmental Awareness	
DNR- St. Fair	400
Keep Greater Milw. Beautiful	27
Indoor Environment	
Alexian Village	16
Consumer Education	
Travelers Aid	1243
Board on Aging & Long Term Ca	35
Parent Support Education	
THE Parenting Network	21
Family Service of Milwaukee	13

Organization Served	Hours of Results
Volunteer Programs	
RSVP	624
Volunteer Ctr of Greater Milw.	5
Community & Economic Dev	
United Performing Arts Fund	1382
Gr. Milw. Convention & Vis. Bur	1294
St Mary's Nursing Home	476
Nonprofit Center	51
Crime Awareness	
Triad	71
Victim/Witness Assist	
Courtwatch Milw. Cty. DA	545
Community Policing	
Oak Creek Police Department	521
Whitefish Bay Police Dept.	474
Elder Abuse/Neglect	
Milwaukee Women's Center	343
Other Public Safety	
Wisconsin Humane Society	694
Cultural Heritage	
Marcus Ctr for the Perform. Art	3024
Milwaukee Public Museum	643
Milwaukee Symphony Orchestra	393
Mitchell Gallery of Flight	337
Zoological Society	303
Pabst Mansion	190
Milwaukee Chamber Theatre	86
Charles Allis and Villa Terrace	63
Interfaith Older Adult/WA	32
Human Needs Services	
Catholic Charities Aging	376
United Way of Gr. Milwaukee	141
Interfaith Older Adult/WA	140
Project Equality of Wisconsin	54

RSVP Senior Corps Members
Sharing the Experience of A Lifetime
To Meet the Basic Human Needs of Milwaukee County

Ted Stroiman
1818 E Shorewood Blvd #313
Shorewood, WI 53211
He was retired and, after working all his life, needed something to help him keep busy. And where did **Ted Stroiman find** that something? In volunteering, of course. He says that being a member of the RSVP Volunteer Corps not only offers him opportunities to keep busy, but, because it gives him a chance to help others, it gives him a great deal of satisfaction.
Ted can speak Yiddish, which helps him in his volunteering at the **Jewish Home**, where he was named "Volunteer of the Year" in 1999. He feels that working with people in the Jewish Home is especially rewarding when you can bring a little sunshine into their lives.

Beatrice Stepner
1818 E Shorewood Blvd #301
Shorewood, WI 53211
An ad requesting telephone volunteers caught the attention of **Angie Spanier-Otis** and introduced her to the RSVP Telephone Corps. Twenty years later she still telephones two persons at their homes each day to make sure that they're all right.

Angie encourages others to volunteer as a way to help others, which, in turn, offers tremendous personal satisfaction to the volunteer. Because she speaks and reads German, Angie adds to the "flavor" of 2001, the International Year of the Volunteer.

Beatrice Stepner
1818 E Shorewood Blvd #301
Shorewood, WI 53211
Beatrice Stepner said that her first experience with volunteering came after she retired and learned about a training opportunity doing blood pressure screening. After completing her training, she provided screenings until 1997. She then went to **Columbia Hospital** where she spends every Thursday from 8:00 a.m. to 4:30 p.m.. On Tuesday evenings she works through Jewish Family Services to tutor new immigrants in conversational English. She herself was an immigrant in 1921. Because she speaks Hebrew, she can have great rapport with the immigrants. She believes that working with the immigrants "brings the world to her." Beatrice believes that everyone can have a fuller, more rewarding life by volunteering.

Mary Evans
3601 N 24th Pl
Milwaukee, WI 53206

Mary Evans was at a group meeting at Martin Luther King Center when she decided to volunteer as a **Telephone Reassurance** caller for the frail and elderly to check on their welfare daily. Mary had training of a sort when her mother was ill and Mary called her every day to be sure that she was all right. She gets a great deal of satisfaction from her telephoning to check on older persons who live alone. Mary encourages everyone to volunteer. She believes that it is important for people to keep in touch with and care for each other.

Mae Turner
4063 N 60th St
Milwaukee, WI 53216

Mae Turner is a volunteer at **Sinai Samaritan Medical Center**. Mae is a key volunteer reporting for work daily. She accumulates over 1000 hours annually helping the Medical Center maintain their linens.

Thelma Martin
2121 N 2nd St #226
Milwaukee, WI 53212

Thelma Martin is the leader of a group that makes therapeutic dolls for Children's Hospital. Also, since she loves to be with others, volunteering allows her to meet many great friends. Bette Keskitalo extends Children's Hospital grateful thanks for her leadership and service.

Marcella Gindt
3515 West Hadley Street
Milwaukee, WI 53210

Marcella Gindt, became an entrepreneur as a volunteer opened a gift shop at St. Mary's Nursing Home upon her retirement. Marcella also is known as the plant doctor. Approximately one-third of her volunteer time last year was spent in taking care of the indoor environment at St. Mary's Nursing Home. Marcella feels that volunteering is definitely a worthwhile pursuit. Judy Figol extends a grateful thank you to Marcella for her years of enthusiastic work. We also want to wish Marcella good luck in her hard work to recover from Cancer.

RSVP Senior Corps
600 W. Virginia, Suite 300
Milwaukee, WI 53204
414-291-7500, Fax 414-291-7510

INTER FAITH
OLDER ADULT PROGRAMS

NATIONAL SENIOR SERVICE CORPS

The Guillotine and McCallum's Budget Bill

Guillotine *n.* 1. **A machine with a heavy blade that falls freely between two upright guides to behead a condemned prisoner**

Total weight of a Guillotine is about 1278 pounds.

The blade with weight is over 88.2 pounds.

The heights of the posts average about 14 feet.

The blade drop is about 88 inches.

The falling blades rate of speed is about 21 feet/ second.

The actual beheading takes 2/100 of a second.

The time for the blade to fall down where it stops takes 70th of a second.

The power when the blade stops at the bottom is 888.5 pounds

McCallum Budget Bill *n.* 1. **A government document with an enormous effect on people's lives that could fall freely between a two-year period to cut off help for frail, disabled citizens.**

This budget totals $23.18 billion in FY02 and $23.45 billion in FY03.

This budget drops the promise of Family Care by merely funding the current five county pilots with no plan for expansion.

This budget reneges on the accords of Family Care, reached after years of deliberation and negotiation between the advocates and the administration have been dropped from this budget by eliminating the Long Term Care Council and the external advocacy.

This budget undermines the effectiveness of Family Care in current counties by eliminating planning dollars, cutting essential information technology funding and slashing inflationary increases for the Resource Centers.

This budget only funds Community Options Program at current levels with no increases in either year, leaving 11,000 people on wait lists in non-Family Care counties.

This budget smirks at the needs of poor elderly with an unfunded prescription drug benefit that would serve a minimum number of people if funding can be found.

This budget fails to increase funding for elder abuse services in spite of enormous increases in reports of this problem.

This budget expands the dreaded and mean-spirited Estate Recovery program, which already excludes hundreds of people from obtaining the long term care services they need and deserve.

The power of this budget to hurt older people is enormous unless the Joint Committee on Finance is able to reverse the guillotine effects of the McCallum proposal.

Columbia St. Mary's Testimony in Support of the Governor's Budget

Doing the Right Thing for the Community

My name is Bill Solberg and I am the Director of Community Services for Columbia St. Mary's Hospitals and Clinics. I am here to speak in support of the Governor's Budget, specifically the increase in the rate of Medicaid payments for Outpatient Services.

Hospitals in Milwaukee such as Columbia St. Mary's know what is good to do to improve the health of the community, particularly the vulnerable people in the community: work in partnership with community health centers, provide outpatient care rather than inpatient care whenever appropriate, increase the utilization of prenatal care. So we do that. We are the primary hospital for Sixteenth Street Community Health Center admissions. We direct our patients to outpatient procedures and care as opposed to inpatient treatment whenever appropriate. We provide an OB/GYN Clinic which cares for many Medical Assistance clients and for people without any insurance.

What has been increasingly clear, however, is that what is the right thing for the community is not the right thing for the financial health of Columbia St. Mary's. The current rate of reimbursement for outpatient procedures is 67% of our costs to provide the service. That is not "charges" that is cost, the actual expense. So we lose a significant amount of money each time we "do the right thing". We are increasingly penalized for doing the very things that are most helpful to improve the community's health. Hospital margins are so thin these days that the shortfall in outpatient areas does, in fact, impact our ability to work in partnerships with community health centers and provide OB Clinics and parish nursing and medical and dental clinics for the homeless. The role of wise government is to put incentives in the right place so that the most beneficial things are the most likely things to be done. You have that opportunity to set such policy through support of a wise budget.

Governor McCallum's budget proposes increasing the Medical Assistance rate to approximately 95% of the cost of providing the service. At that level, we can afford to continue our partnership with community health centers and we can afford to provide ultrasounds and other outpatient procedures to pregnant women through our OB Clinic. We can continue our community service programs. Support the Medicaid Outpatient rates as in Governor McCallum's budget so we don't have to choose between doing the right thing for community health and doing the right thing to survive financially.

ARCW

AIDS RESOURCE CENTER
OF WISCONSIN

LEADING WISCONSIN'S RESPONSE TO AIDS

NEW AIDS, HIV CASES GROW IN WISCONSIN

Numbers alarm health experts who fear epidemic rebounding

– Milwaukee Journal Sentinel, 1/28/01

After years of decline, **AIDS is on the rise again in Wisconsin.**

New figures show a **4 percent increase in HIV infections,** a **10 percent increase in AIDS cases** and an **11 percent increase in AIDS deaths** in 2000 – the **first time in three years** that HIV infections have increased, the **first time in five years** that AIDS deaths have increased, and the **first time in eight years** that AIDS cases have increased.

- Time is running out on the first generation of effective treatments for AIDS.
- "AIDS complacency" has weakened prevention efforts.
- HIV is mutating into more deadly, infectious strains that are resistant to drugs.

In response to the renewed threat of HIV/AIDS, the AIDS Resource Center of Wisconsin recommends a $1.7 million **AIDS ACTION PACKAGE** emphasizing **HIV prevention, care and treatment** to regain the upper hand in the fight against AIDS.

Full funding for prevention ($1.1 million)

Under federal law, a statewide community planning council establishes an HIV prevention plan for high-risk populations in each state. *Wisconsin's effective plan has never been fully funded.* A comprehensive response to AIDS can't wait any longer. Impact:

- 15 new full-time prevention professionals
- 100,000 additional contacts each year with persons at high risk of AIDS
- one-on-one testing, counseling, education, and referrals to anti-drug programs
- rapid access to care and treatment
- 50-50 funding split between AIDS service organizations and minority community-based organizations

(over)

820 NORTH PLANKINTON AVENUE 53203 PO BOX 510498 53203-0092 MILWAUKEE WISCONSIN
414-273-1991 800-359-9272 FAX 414-273-2357 www.arcw.org

APPLETON EAU CLAIRE GREEN BAY KENOSHA LA CROSSE MADISON MILWAUKEE SUPERIOR WAUSAU

Enhanced care for people with AIDS ($200,000)

AIDS becomes exponentially more difficult and costly to treat as the disease progresses. The new growth in HIV/AIDS populations will require an enhanced investment in services to keep people with AIDS healthy as science formulates increasingly effective treatments. Impact:

- 5 percent increase in community-based HIV care and treatment services
- access to health, legal, social and housing assistance for 2,000 people with HIV/AIDS
- critical support services for AIDS-impacted families

Statewide information campaign ($250,000)

The renewed AIDS threat is a direct result of complacency. Each new generation must understand the grave threat posed by HIV. ARCW proposes a multimedia campaign to send a clear message via TV, radio, newspapers and billboards across the state. Impact:

- public awareness that AIDS is still incurable and fatal
- youth awareness that age is no shield against AIDS
- awareness among high-risk groups that testing and counseling are imperative
- awareness of information, referrals and other services via the Wisconsin AIDSline

Youth education program ($150,000)

Youth under 25 account for more than half of new HIV infections. Too many teens and young adults think their age protects them from a "disease of the '80s." ARCW's youth education program aims to change their minds. Impact:

- HIV education seminars at 250 Wisconsin high schools
- technical assistance for school teachers, counselors and administrators
- outreach to churches, clubs, youth organizations
- reach 200,000 young people across the state

The public saves up to $150,000 for each AIDS case the state prevents.

Preventing just 6 HIV infections per year pays the cost of AIDS ACTION 2001 in full.

The battle against AIDS is far from over.
Your support is critical.

ARCW

AIDS RESOURCE CENTER
OF WISCONSIN

LEADING WISCONSIN'S RESPONSE TO AIDS

Wisconsin 1999 to 2000 HIV and AIDS Increases

	1999	2000
Cumulative HIV and AIDS cases	6,856	7,242
Cumulative AIDS Cases	4,326	4,662

	1999	2000	% change
AIDS Deaths	88	98	+ 11 %
Diagnosed AIDS Cases	157	172	+ 9.5 %
New HIV Infections	374	389	+ 4 %
New HIV Infections among African Americans	157	168	+ 7 %
New HIV Infections among Hispanics	31	42	+ 35 %
New HIV Infections among Women	78	97	+ 24 %

Source, *Wisconsin HIV/AIDS Quarterly Surveillance Summary, Cases Reported 1982 through December 31, 2000*

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The AIDS Resource Center of Wisconsin is a private, non-profit health and social service agency that works to confront and alleviate the effects of HIV disease in Wisconsin. ARCW provides aggressive HIV education and prevention; access to comprehensive services for people living with HIV and AIDS; clinical research on HIV treatment; and HIV advocacy.

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