38j

April 19, 2001

Joint Committee on Finance
Attn:
Senator (D) Brain Burke, Senate Chair
Senator (R) Alberta Darling
Senator (D) Gwendolynne Moore

We, Social Workers, which happen to work for agencies that are contracted by the State of Wisconsin to provide protective services for the children in this great state are immensely concerned by the increasing reduction in funding to our agencies. We often find ourselves working on a minimal budget with minimal staff having to perform enormous tasks. We must vanguard the rights of the child in this state; however, the funding for the services we provide to the families is continuously in question. Lack of funds does more long-term damage to the families in the community than anything. The negative ramifications of reduced funds not only effect the families in question, but the larger society as well. We, the workers that stand the line to protect this state's children and families, plead with you; our honorable elected officials, to increase funding to help make our children safe.

Sincerely,

Tamika Johnson

April 19, 2001

Joint Committee on Finance
Attn:
Senator (D) Brain Burke, Senate Chair
Senator (R) Alberta Darling
Senator (D) Gwendolynne Moore

We, Social Workers, which happen to work for agencies that are contracted by the State of Wisconsin to provide protective services for the children in this great state are immensely concerned by the increasing reduction in funding to our agencies. We often find ourselves working on a minimal budget with minimal staff having to perform enormous tasks. We must vanguard the rights of the child in this state; however, the funding for the services we provide to the families is continuously in question. Lack of funds does more long-term damage to the families in the community than anything. The negative ramifications of reduced funds not only effect the families in question, but the larger society as well. We, the workers that stand the line to protect this state's children and families, plead with you; our honorable elected officials, to increase funding to help make our children safe.

Sincerely,

April 19, 2001

Joint Committee on Finance
Attn:
Senator (D) Brain Burke, Senate Chair
Senator (R) Alberta Darling
Senator (D) Gwendolynne Moore

We, Social Workers, which happen to work for agencies that are contracted by the State of Wisconsin to provide protective services for the children in this great state are immensely concerned by the increasing reduction in funding to our agencies. We often find ourselves working on a minimal budget with minimal staff having to perform enormous tasks. We must vanguard the rights of the child in this state; however, the funding for the services we provide to the families is continuously in question. Lack of funds does more long-term damage to the families in the community than anything. The negative ramifications of reduced funds not only effect the families in question, but the larger society as well. We, the workers that stand the line to protect this state's children and families, plead with you; our honorable elected officials, to increase funding to help make our children safe.

Sincerely, Jon Ed

April 19, 2001

Joint Committee on Finance
Attn:
Senator (D) Brain Burke, Senate Chair
Senator (R) Alberta Darling
Senator (D) Gwendolynne Moore

We, Social Workers, which happen to work for agencies that are contracted by the State of Wisconsin to provide protective services for the children in this great state are immensely concerned by the increasing reduction in funding to our agencies. We often find ourselves working on a minimal budget with minimal staff having to perform enormous tasks. We must vanguard the rights of the child in this state; however, the funding for the services we provide to the families is continuously in question. Lack of funds does more long-term damage to the families in the community than anything. The negative ramifications of reduced funds not only effect the families in question, but the larger society as well. We, the workers that stand the line to protect this state's children and families, plead with you; our honorable elected officials, to increase funding to help make our children safe.

Sincerely,

April 19, 2001

Joint Committee on Finance
Attn:
Senator (D) Brain Burke, Senate Chair
Senator (R) Alberta Darling
Senator (D) Gwendolynne Moore

We, Social Workers, which happen to work for agencies that are contracted by the State of Wisconsin to provide protective services for the children in this great state are immensely concerned by the increasing reduction in funding to our agencies. We often find ourselves working on a minimal budget with minimal staff having to perform enormous tasks. We must vanguard the rights of the child in this state; however, the funding for the services we provide to the families is continuously in question. Lack of funds does more long-term damage to the families in the community than anything. The negative ramifications of reduced funds not only effect the families in question, but the larger society as well. We, the workers that stand the line to protect this state's children and families, plead with you; our honorable elected officials, to increase funding to help make our children safe.

Sincerely,

Bellaze Jones

April 19, 2001

Joint Committee on Finance
Attn:
Senator (D) Brain Burke, Senate Chair
Senator (R) Alberta Darling
Senator (D) Gwendolynne Moore

We, Social Workers, which happen to work for agencies that are contracted by the State of Wisconsin to provide protective services for the children in this great state are immensely concerned by the increasing reduction in funding to our agencies. We often find ourselves working on a minimal budget with minimal staff having to perform enormous tasks. We must vanguard the rights of the child in this state; however, the funding for the services we provide to the families is continuously in question. Lack of funds does more long-term damage to the families in the community than anything. The negative ramifications of reduced funds not only effect the families in question, but the larger society as well. We, the workers that stand the line to protect this state's children and families, plead with you; our honorable elected officials, to increase funding to help make our children safe.

Sincerely,

April 19, 2001

Joint Committee on Finance
Attn:
Senator (D) Brain Burke, Senate Chair
Senator (R) Alberta Darling
Senator (D) Gwendolynne Moore

We, Social Workers, which happen to work for agencies that are contracted by the State of Wisconsin to provide protective services for the children in this great state are immensely concerned by the increasing reduction in funding to our agencies. We often find ourselves working on a minimal budget with minimal staff having to perform enormous tasks. We must vanguard the rights of the child in this state; however, the funding for the services we provide to the families is continuously in question. Lack of funds does more long-term damage to the families in the community than anything. The negative ramifications of reduced funds not only effect the families in question, but the larger society as well. We, the workers that stand the line to protect this state's children and families, plead with you; our honorable elected officials, to increase funding to help make our children safe.

Sincerely,

Mashawnda Austin Bell

Susan Mingesz
8214 Red Arrow Court
Wauwatosa WI 53213

Senators Darling and Burke
C/O Wisconsin Legislative Fiscal Bureau
Madison, WI 53207

April 19, 2001

Dear Senators Darling and Burke;

I am writing to express my concern for the lack of priority funding in the state budget for children and families. I work at the Bureau of Milwaukee Child Welfare. Everyday I see the dedicated efforts of social workers helping some of the most unfortunate children in our community. Children who have been abused, neglected, or simply have no adult to care for them. Although funding may be cut, the needs of these children will not go away.

The social workers who help these children are already working in a very stressful environment, just by the very nature of their work. Heavy caseloads and staff shortages are a constant problem. Fewer dollars will only add to these problems and more and more good people will burn out and leave for easier and more lucrative jobs.

So I again urge you to consider the needs of the thousands of abused and neglected children in Milwaukee County. Please consider, that children who are not helped today, often become criminals or child abusers tomorrow. As a society, we will pay for them one way or another. These children cannot stand up for themselves but they do desperately deserve your help.

Sincerely,

Susan Mingesz

Susan Mingesz

Joint Finance Committee

April 19, 2001

Dear Legislator:

Yes, Committee member, there is something that you can do. In Milwaukee County, thousands of people with disabilities cannot wait any longer for greater independence and the ability to live in full partnership in our communities. But without your leadership and full support their dreams, and ours, may be placed on hold.

During your public service, you have championed the rights and provided for the needs of people denied access to the benefits of our society. We need you to reassert and reaffirm that commitment to people, now. Please work with your colleagues on both sides of the aisle because dignity and independence deserve bipartisan support. We should leave no one behind.

We ask you to take the following actions in support of people with disabilities:
Provide adequate funding to support existing FamilyCare initiatives including Independent Advocacy and the State Long Term Care Committee.

Provide funding to expand FamilyCare in Kenosha and other Counties. Through Family Care, COP, and the COP Waiver programs community living is cheaper than residential care. This investment in people pays financial dividends, too.

Provide adequate COP funding in the interim to eliminate waiting lists. Wisconsin leaders must summon the will and find the dollars. Other States have done this much and more. For example, Florida invested $336 million, Virginia added $44 million, Indiana assigned 9.5 million and Maryland budgeted 36.4 million to name a few of, at least, 20 states that have recently allocated funding for waiting lists. More than the right thing to do, it is also the fiscally prudent thing to do.

There is also a legal basis supporting this action. In the Olmstead Decision, the U.S. Supreme Court required the State of Georgia to place institutionalized people with disabilities into the community. Without a legislative solution, we may find Wisconsin embroiled in similar adversarial legal maneuvering.

We can give you the personal and private stories of people who are waiting. Some of them are infants with very severe disabilities. Others are aging parents no longer able to carry their daughter up the stairs of a family home. Some of them live in institutions and yearn to be out.

The question before us is not so much about dollars, but it is about people and the value or contempt we hold for them. So, member of the Joint Finance Committee there is something you can do. Now, I need to know if you will.

Sincerely,
Donald Natzke
1909 E. Beverly
Shorewood, WI 53211

ADAPT
Southeastern Wisconsin April 20, 2001

Good Morning

Mr. Tyler and I are here representing ADAPT of Southeast Wisconsin. ADAPT is an organization of Americans with Disabilities supporting our right to live in our communities alongside our brothers and sisters without disabilities. Members of ADAPT range in age from childhood through retirement age. We come in both sexes and all national origins. We have many types of disabilities. We come together to ask you to support services that allow us to remain in or return to our homes as a priority.

We join the Survival Coalition of Disability Organizations in our support for the "Waiting List Initiative" and CIP1A / CIP2 improvements. The "Waiting List Initiative" is a program by the major disability organizations to eliminate waiting lists for home and community-based services.

We would like you to add $6 Million in new funds to Community Integration Program (CIP) IB, $2 Million to Community Options Program (COP) Waiver, $2.5 Million to the Family Support Program (FSP), $2 Million for Birth to 3 (B-3) programs, and $450,000 for Community Support Programs (CSPs) for a total increase in year 1 of $13 Million. We also ask you to add $32 Million to CIP-IB, $6 Million to COP Waiver, $5 Million for FSP, $2 Million for B-3, and $1.5 Million for CSPs for a total increase for the second year of $46.5 Million. The "additional" funds actually save the state money because community services are cheaper to provide than the same services from residential service providers as shown in the attached chart for the Department of Health and Family Services. You can decrease the MA budget for institutional care to realize these savings.

Intermediate Care Facilities for the Mentally Retarded (ICF-MRs) are nursing homes for people with developmental disabilities. They provide "active treatment" in addition to standard nursing home services. CIP-IA and CIP-IB are programs that fund home- or community-based services for people leaving ICF-MRs. These "slots" are created when an ICF-MR closes a bed and a slot is budgeted. Generally one slot serves one person. CIP-IA provides funds for people leaving state centers for people with developmental disabilities (state-run ICF-MRs). CIP-IB provides funds for people leaving other ICF-MRs in the state.

We pay $00/day to keep each person in a DD center bed. Increasing the CIP-IA rate to $300/day for people leaving developmental disabilities centers during the biennium and increasing the rate for those who left or will leave before July 1, 2001 to $160/day will allow the centers to be down-sized or closed.

The State should save money by closing institutions that are no longer necessary. The facilities at the centers can be used for other purposes such as the woman's prison in Union Grove and the geriatric prison to be built on the grounds of the northern center. We support the Survival Coalition goal of closing two of the three DD centers within five years.

We also believe that the CIP-II rate should be increased and artificial limits on the number of "slots" should be removed. CIP-II funds services for people leaving regular nursing homes. CIP-II slots are created when a nursing home closes a bed and the state has budgeted the slot. COP-W is also for people (elderly and those with physical disabilities) who meet a nursing home "level of care." When a bed is closed behind a person leaving a nursing home, the MA cost of $100/day is replaced by an average cost of about $40/day. The Department of Health and Family Services should continue to use CIP-II to allow people with mental illness living in nursing homes to return to community settings, where possible.

We believe that the governor's proposal to spend Intergovernmental Transfer funds to increase payments to the Nursing Home industry is ill-advised and should only be allowed if the funds can be used for long term care services of the consumer's choice. State Medical Assistance budgeting policies should be changed so that funds may follow a person from an institution to the community. Community-based services are required under the ADA and allow a flexible response to the increasing number of nursing homes closing. Increasing CIP slots when beds close does not increase state spending and therefore should not require legislative approval. We also support funding the Family Care Alternative Model to simplify funding of community care.

The Family Support Program funds respite care and other services for families of people with developmental disabilities. The Birth to Three programs fund enrichment and other services for children from birth to three with severe disabilities.

Community Support Programs are Medical Assistance programs which provide services for people with mental illness in the community. Historically, counties have paid the share of MA funds not paid by the federal government. Some counties have not fully funded the programs denying some people services to which they are entitled.

We also support the "Families are Worth It" Children and Families Package. This package includes a proposal to provide new funding to begin piloting the Children's Long Term Support (LTC) Redesign to serve 20% of the state's eligible children. This would require $1.3 million in year 1 and and $3.3 million in the second year. It also includes $1.575 for "lifespan respite" projects for each year and increased funding for special education.

While the governor's proposal would decrease the state special education reimbursement rate from 35.7% to 33.2% Survival and the Quality Education Coalition would like the rate increased to 50%. "Families are Worth It" also includes increased reimbursement for children who are extraordinarily expensive to serve, $5 Million Year 1 and $10 Million Year 2 increases for alternative education programs, $4 million to expand "integrated services"/wraparound programs to serve children with emotional disturbances, and changes to the medical assistance reimbursement formula that would return local special education funds to the local districts.

We believe that the long-term care system in the state is too complex. Many people

require advocacy in order to access services that are safe, healthy, less expensive and recognize the potential of the person. The state should provide advocacy for residents of care institutions and those who need community services. We support full funding of the long term care Ombudsman program and the Survival proposals to fund Family Care Independent Advocacy ($550,000 each year) and MH Advocacy, including advocacy on assisting transition services.

We support delivery of consumer-controlled Mental Health services. We endorse the Survival Mental Health Package. Recovery of people with mental illness can be increased by increasing funding of consumer and family support programs by $250,000 in year 1 and $500,000 in year 2 and increasing the consumer relations coordinator position in the Bureau of Community Mental Health to full time ($24,000). In addition to these components and the ISP/wraparound services referred to above, the flexible wraparound services provided by the comprehensive community service benefit should be funded. In addition, $160,000 for year 1 and $928,000 for services in each year of the biennium should be provided for the Blue Ribbon Commission demonstration projects. These projects are intended to provide more consumer and family directed, managed mental health care.

$1 million per year in new DVR funding & reforms are necessary to ensure that people with disabilities can gain real employment opportunities.

Special transportation is necessary for many people with disabilities to go shopping, go to the doctor or a job. Urban areas with mass transit systems are required to provide paratransit service for those unable to ride the bus due to their disability. Because of inadequate state support for this service, many systems provide inadequate services or rely upon county property tax levies. Other areas of the state lack any significant transportation service for people with disabilities. We support the Survival proposal to increase "85.21" funding by $7.5 Million in each year of the biennium.

Assistive Technology (AT) helps many people with disabilities to live in the community. Federal funding for resources, technical assistance and advocacy related to AT has decreased in recent years while the need has increased. We support the Independent Living Assistive Technology Initiative for $800,000 in each year.

The proposed prescription drug benefit should be expanded to people with disabilities.

Thank you for your attention. Please Free Our People!

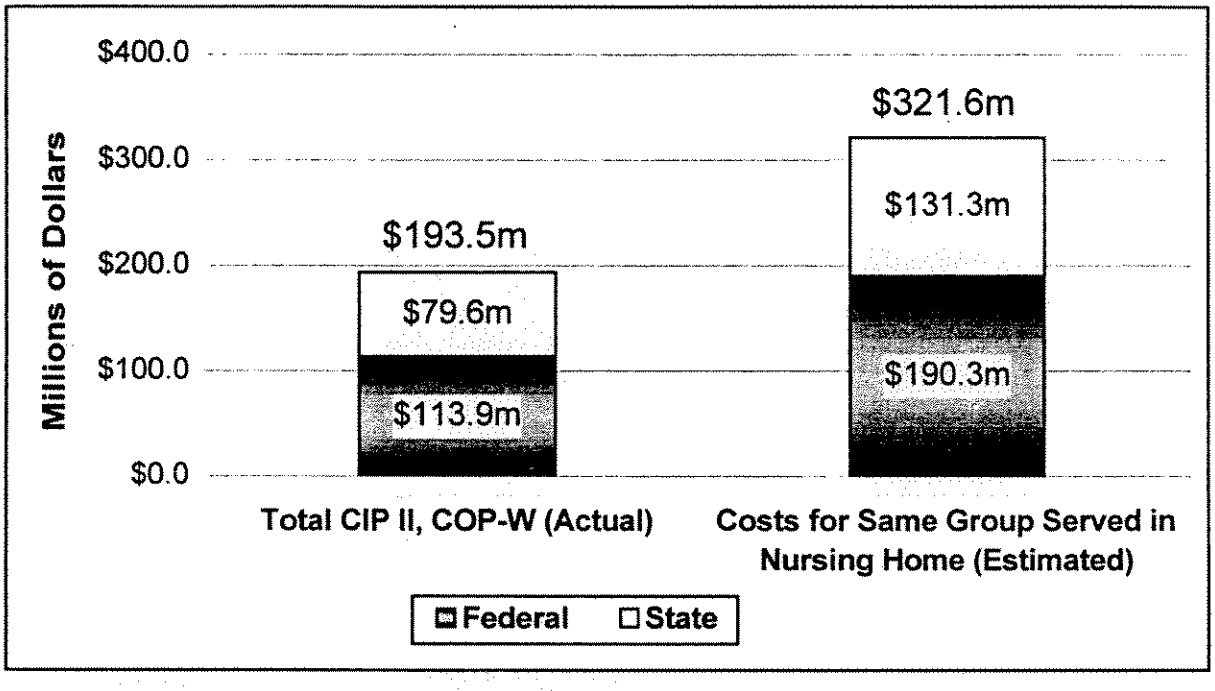
On behalf of ADAPT - SE Wisconsin

Mike Bachhuber
1240 E. Chambers St.
Milwaukee, WI 53212
bachuber@execpc.com
(414) 372-8609

Tobie Tyler
N17 W26860 E. Fieldhack Dr. A
Pewaukee, WI 53072
tobielaw@aol.com
(262) 695-9428

Comparing COP-Waiver Participants' Costs to their Costs if They Would Have Received Nursing Home Care

This graph illustrates the costs for participants served in the COP-Waiver and compares those costs for these same participants if they would have been served in a nursing home. If COP-Waiver participants at the same level of care were served in a nursing home the total state and federal costs are compared below.



April 20, 2001

TO STATE LEGISLATURE

Dear Ms. Rosa Cameron:

We have a son, Brian Hannes, 23 years old, who has Downs Syndrome and is moderately mentally retarded. He has almost always been a member of the Milwaukee Community. We were living together as a family in Nashotah, Wisconsin for 4 and a half years and came back to Milwaukee to live about 4 and a half years ago. Our family consists of dad, Joe, mom, Mary Ann and son, Brian. We all still live together.

Brian had always tried to be a good student in school, but he had some emotional problems about five years ago, which interfered with his motivation towards schoolwork. He is a loving member of the community.

When we came back to Milwaukee, we immediately got his on waiting lists for services. I was very surprised to find out that Brian even had to wait for a caseworker with the County.

After graduation from High School there were very few choices as far as Day Programs were concerned. He has been at O.I.C., a Day Program, for the two years he has been out of school. The O.I.C. Program has improved during that time, but much of that two years I saw the clients with a lot of time on their hands with nothing to do. Brian has been on a waiting list for over a year to get to be on a Day Program provided by Milwaukee Center for Independence. They offer more services, which we consider, would be a plus for Brian.

The respite hours we get from United Cerebral Palsy are very few; only 25 hours for a three-month period. We pay the provider $7.00 per hour. Brian out of his SSI pays $3.75 of that amount and U.C.P. pays $3.25. We have not been able to use the provider because we cannot afford to take the $3.75 out of Brian's SSI, and we cannot afford it ourselves because of family expenses. So we haven't used the provider's services since December, 2000 with the exception of one afternoon.

We live in a duplex here in Milwaukee. We are currently renting the upstairs flat out. We have thought about making the upstairs into living quarters for Brian and having a care provider there for him and maybe another developmentally disabled young man. We feel that this would be a good situation for Brian because he would have a degree of independence; yet my husband and I would be close at hand. Even to begin to develop this project, this idea, we need to know there would be funds for it.

We are also interested in starting a Circle of Friends for Brian which also would need funding. The Circle of Friends would be perhaps a Social Worker, other professional people and interested family and friends who could help Brian and us develop a plan for Brian for his future and his independent living skills.

Brian deserves these opportunities. Would you want anything less for Brian than all these things which are rightfully his. People who are able to advocate for themselves are able to get funding for very expensive luxury items. The items I have listed in this letter are not luxury items, but what Brian needs for his well-being and for his life on this earth.

Brian is going to undergo heart surgery this summer for a re-replacement of his aortic valve. His own aortic valve was replaced in 1992. Let us all fight for this courageous young man and for others who can't fight for themselves. They are so deserving of our support and our love.

Yours in the fight,

Mary Ann Hannes
3152 N. 39th St
Milwaukee, Wis. 53216
414-875-1363

TESTIMONY TO JOINT COMMITTEE ON FINANCE

WASHINGTON HIGH SCHOOL

MILWAUKEE, WISCONSIN

10:00 A.M.

APRIL 20, 2001

Senator Burke, Representative Gard, Members of the Joint Finance Committee:

Thank you for bringing this hearing to Milwaukee to hear our concerns. I am here to represent Plymouth Manor Nursing and Rehabilitation Center at 6th and Walnut here in Milwaukee. My name is Mary Gofoe Director of Nursing at Plymouth Manor. I am joined today with Arthur Uselding the Administrator at Kilbourn Care Center and their Director of Nursing Tina Henson. Kilbourn Care Center is located at 2125 West Kilbourn Avenue.

We appreciate having the opportunity to speak with you today about a nursing home funding crisis so serious that it may very well lead to the closing of both of our facilities unless some immediate help can be found.

First, let me give you a very quick snapshot of these two inner-city facilities.

Plymouth Manor Nursing and Rehabilitation Center is a skilled nursing facility owned and operated by Extendicare Health Services, Inc. It is located in the City of Milwaukee at 619 West Walnut Street. It operates 109 licensed and certified beds and predominantly

services an inner-city Medicaid population. The facility also employs approximately 140 people most of whom live relatively close to the facility.

Kilbourn Healthcare Center is also a skilled nursing facility in the City of Milwaukee. It operates 91 certified nursing home beds and also predominantly services an inner-city Medicaid population. The facility also employs approximately 90 care workers from the area.

These two facilities are remarkably similar in terms of occupancy, resident characteristics and financial status. In the interest of time I will give you a quick picture of our residents at Plymouth Manor.

2. Our actual Medicaid occupancy is 92.7%. This Medicaid percentage is one of the highest in Milwaukee County.

3. Our residents also have the following characteristics:
   - 91% have behavioral symptoms that affect others
   - 32% have conditions or diseases that make the resident unstable
   - Only 11.4% have Medicare Part A
   - Only 6.8% have Medicare Part B

3. The truth of the matter is our two facilities take referrals that no other homes will, and if we don't accept these referrals, they usually end up on the streets.

Kilbourn Healthcare Center has the following vital statistics:

1. The actual Medicaid occupancy is approximately 96%.

2. The residents also have the following characteristics:
   3. 68% have behavioral symptoms that affect others
   4. 70% have conditions or diseases that make the resident unstable

5. Approximate Medicaid Reimbursement Information:
   - Current Medicaid reimbursement is $95.80 per patient day.
   - Actual cost of Medicaid residents is $133.63 per patient day.
   - Actual losses due to inadequate Medicaid reimbursement are $37.83 per patient day.
   - The Kilbourn Center lost $776,825 in 2000.

When you combine an extremely high Medicaid occupancy with a lack of Medicare coverage and a very sick population you get a recipe for financial disaster – unfortunately that is exactly what we have at Plymouth Manor, a financial disaster.

Let me be specific about the numbers: During calendar year 2000, Plymouth Manor had revenue of nearly $3.8 million (or $112.79 per patient per day) and expenses of nearly $4.3 million (or $127.33 per patient per day). In short, this facility showed a pretax loss of $925,778 or $27.56 per patient per day. No one can stay in business with numbers like this! And the numbers are similar at Kilbourn Care Center.

It is interesting to note that the Milwaukee County Medicaid nursing home rate for 1999 averaged $126.65 per patient day. We believe that Plymouth Manor is very similar to a county operated facility and should have comparable funding.

The hard facts are that we are absolutely plagued by a low level of Medicaid reimbursement that limits our ability to be competitive in the labor market. As we look at Plymouth Manor year 2000 financial reports it is clear that $15.00 per patient per day is attributed to labor dollar shortfalls alone. Further, this facility as reflected in a recent BDO Seidman analysis (which I would be glad to make available to you) is even more severely affected by Medicaid shortfalls than most other facilities. In fact, most of the other remaining overages can be directly tied to labor related issues.

Given the plight of these two facilities it is very clear that immediate Medicaid relief is a necessity. Based on last year's numbers I believe that Plymouth Manor needs an

additional $1.1 million per year with future years adjusted for inflation just to keep its doors open and break even.

We believe it is important and in the best interests of the State of Wisconsin and the community to keep these two facilities open and viable. Both facilities provide important services to Milwaukee inner-city residents and are regarded as valuable community resources. We urgently need your help. Thank you.

4/20/01

Attention: Members of the Health Finance Committee:

I come to you today as a Diabetes Care Pharmacist residing in Milwaukee and practicing in Racine. Large portions of my patients are using State and Federally funded Medicaid and Medicare programs. I would like to thank the State for allowing me the opportunity to serve my patients by providing reimbursement for pharmacy services. The state has been innovative in updating the Medicaid on-line claim submission to include more pharmacist involvement for using and documenting clinical interventions. Medicare reimbursement for diabetic test strips has increased the access for patients with diabetes to properly monitor their blood sugars and interact with the pharmacist in interpreting their results. However, the cuts in funding and utilization of pharmacists and pharmacies in Governor McCallum's budget proposal would hamper the progress that we are making in patient care.

As a reminder, the decrease in Medicaid reimbursement to pharmacies to the lowest in the country would not cut drug costs and may decrease patient access to pharmaceutical care. Many pharmacies will not be able to provide the care needed at these reimbursement rates. Also the current Senior Rx plan in Governor McCallum's budget needs to be updated to a workable system that utilizes and compensates pharmacists for managing our patients drug regimens. Finally, any state sponsored medication mail order program would encourage poly-pharmacy and lead to increases in adverse drug interactions. Also mail order pharmacy would allow state funding of non-Wisconsin pharmacies filling our seniors prescriptions.

I would like to thank-you for your efforts in listening and working with our state organization, The Pharmacy Society of Wisconsin (PSW), to come up with better solutions to the budget cuts. I encourage you to seek us out in the future for ideas to improve senior health care in cost efficient manners through better utilization of the pharmacist and pharmacies.

Thanks for your time.

Dean Gruber RPh.
Diabetes Care Pharmacist
Osco Drug
1122 West Blvd.
Racine, WI,
262-637-5603

Members of the Finance Committee:

Speaking as a retail pharmacist, Pharmacy Society of Wisconsin (PSW) Director-at-Large, and resident of Milwaukee, I would like to thank you for your willingness to work with PSW in finding alternative solutions to the medicaid reimbursement reduction and the Senior Rx and Discount Program proposed by Governor McCallum in this years state budget. I understand you are well versed on these proposals, and the numerous reasons pharmacists and their patients across the state are opposed to them.

The health of our state is at great risk if these proposals are to go through. Initially, a decrease in drug costs may be seen, but the additional money spent on total health care will increase far more as hospitalizations increase due to improper medication use (as studies have indicatied). Time lost at work will result in employers losing money, not to mention the decrease in the quality of life of our states residents.

Nobody wins.

It is imperative that pharmacies are not punished for the rising cost of prescriptions. A Senior RX plan with funding from "unidentified departmental savings" is unfounded and needs to be stricken from the budget. A "discount program" for all Wisconsin residents serves nothing more than a means of price control and needs to be stricken from the budget. A reduction in medicaid reimbursement to pharmacies will result in decreased availability of one the most trusted professions to the people who need pharmacists the most. We are seeing this happening in Illinois right now. This too needs to be stricken form the budget.

Once again, thank you for your efforts in working with PSW, and for your time today. Together, we will find alternative solutions.

Please feel free to contact me with any questions or concerns.

Chrissy Brueckbauer RPh

Chrissy Brueckbauer RPh (Osco Drug), PSW Director-at-Large
730 N Plankinton Ave 2A
Milwaukee, WI 53203
414-213-3538

Public Issues Intergenerational Consortium
...dedicated to supporting policies that make for a better life for all generations

4906 W. Fond du Lac Ave., Milwaukee WI 53216 Ph. 414-449-4777

MEMORANDUM

TO: **Members of Joint Finance**

FROM: **Ted John**
STAFF
Public Issues Intergenerational Consortium

DATE: **April 20, 2001**

RE: **Written material**

Attached is written material addressing the issues supported by the Public Issues Intergenerational Consortium.

Thank you.

Public Issues Intergenerational Consortium
... dedicated to supporting policies that make for a better life for all generations

1906 W. Fond du Lac Ave., Milwaukee WI 53216 Ph. 414.449.4777

MEMORANDUM

TO: Members, Joint Committee on Finance

FROM: Members, Public Issues Intergeneration al Consortium

DATE: April 20, 2001

RE: **Input for the 2001-2003 State Budget**

The Public Issues Intergenerational Consortium includes twelve networks serving citizens of all generations in the greater Milwaukee area. Please refer to the list at the bottom of this page. At a Legislative Breakfast for Milwaukee area state legislators on March 19th, the following issues were presented for consideration in the upcoming budget. The consortium strongly believes that these issues impact people of all generations throughout the state of Wisconsin. These issues should not be seen as mutually exclusive but need to be approached as priority legislative issues for the new biennium. Individual networks will be presenting these issues in much more detail. For the record, the Public Issues Intergenerational Consortium supports the following legislative issues to receive priority consideration:

Family Care and Long Term Care Services

The new pilot program which combines the State's current long term care programs into one system is seriously being hampered by the proposed cuts in funding from $33.5m requested by DHFS to $10.8m. Funding only the five counties prohibits any statewide system development of the Family Care program and leaves the five pilot counties in a very precarious position. PIIC supports efforts to reinstate the Statewide Long Term Council and external advocacy efforts, reinstate the pilot project in Kenosha County, include essential Information Technology (IT), include planning dollars for expanding Family Care and include inflationary increases for the Resource Centers

SPONSORING NETWORKS

Child Abuse Prevention Network • Coalition of Wisconsin Aging Groups • Interfaith Conference of Greater Milwaukee Milwaukee County Department on Aging • Milwaukee Jewish Council for Community Relations • Older Adult Service Providers' Consortium • Start Smart Milwaukee! • UCP of Southeast Wisconsin • Wisconsin Council on Children and Families • Wisconsin Student Public Interest Group - UWM • St. Ann's Intergenerational Center • School-Community Integrated Services Network (SCISN) of MPS

Community Options Program (COP)

Currently around 11,000 people continue to wait for home and community based services in the non-Family Care counties. Currently, the budget bill does not provide any new funding for COP; funding is only proposed to support cost to continue current levels of COP slots. PIIC supports an increase of resources to address this waiting list.

Prescription Drug Benefit Program

Currently, over one-third of the elderly in Wisconsin, the disabled on Medicare and all of the 604,000 uninsured Wisconsin residents have no protection for the cost of prescription drugs. Medicare does not cover outpatient prescriptions and drug companies are averaging nearly 20% profit margins and many elderly are struggling to keep up with out of pocket costs for their medications, at times going without other necessities (like food and heat). It is vital that this budget address the issue and not wait for federal action. PIIC supports a prescription drug program that at a minimum includes individuals and couples with annual incomes at or below 300% of the federal level, that persons with income above 300% of poverty level could "spend down" to become eligible for assistance by subtracting out-of-pocket prescription drug costs from their income, that there would be a $500 deductible for persons above 175% of the poverty level with no deductible for persons below 175% of poverty, have discounts whereby persons eligible would qualify for reduced prices of approximately 18% while meeting their deductible requirement, and have a $5.00 co-pay for each generic prescription and $10.00 for each brand name prescription. These actions would cover 335,000 elderly than the 82,600 proposed by the Governor's budget.

Survival Coalition Legislative Issues

The Public Issues Intergenerational Consortium supports the following issues addressed by the Survival Coalition for the 2001-2001 State Budget:

- The Waiting List Initiative: Includes eliminating lists for persons with developmental disabilities by including $6m GPR in year one and $32m in year two for CIP IB and Brian Injury Waiver. Eliminate list for persons with physical disabilities by including $2m GPR year one and $6m in year two for COP-Waiver. Eliminate list for Family Support Program by including $2.5m GPR in year one and $5m in year two. Increase funding for the Birth to 3 Program by including $2m GPR in year one and $2m in year two. Eliminate list for Medicaid Community Support Programs for adults with mental illness by including $450,000

GPR in year one and $1.5m in year two.

- Crisis In Community Services: Provide $30m GPR in year one and $60m in year two to increase wages for community services workers by 30%.

- "Families Are Worth It" Children & Families Package: Begin piloting Children's LTC Redesign - $1.3m GPR year one and $3.3m in year two. Add 7 more projects to the Lifespan Respite Initiative @ $225,000 each year. Increase funding for Special Education.

- State Institutions: Increase CIP IA rate to $300/day for new placements and $160/day for people who previously moved to the community.

- Mental Health Package: Fund comprehensive Mental Health/Substance Abuse Parity legislation.

Child Care and Early Childhood Initiatives

The Public Issues Intergenerational Consortium supports the following child care and early childhood initiatives:

- Expand eligibility to 225% of poverty, reduce maximum co-payments to 10% and provide that families below the poverty level pay the minimum co-payment.

- Require only part-time work for parents of children under a year and exempt from all work requirements for the first six months.

- Restore eligibility for cash assistance to women in their seventh month of pregnancy and to minor parents for whom an adult-supervised setting is unavailable or inappropriate as determined by the local agency.

Environmental Issues: Basic Family Farm Protection Act

The Public Issues Intergenerational Consortium supports The Wisconsin Student Public Interest Group - UWM's environmental issues, especially as it relates to the Basic Family Farm Protection Act. Major policy components include appropriately regulating livestock factories of over 1,000 animal units as industry rather than as farms. Also increase annual funding to the ADD Grant program and ban animal factories in floodplains.

Thank you for the opportunity to present these intergenerational public policy issues.

WISCONSIN FEDERATION OF NURSES & HEALTH PROFESSIONALS

9620 West Greenfield Avenue
West Allis, WI 53214-2645
414-475-6065
1-800-828-2256
FAX 414-475-5722

AFT, AFL-CIO

Joint Finance Public Hearing

Testimony of Stephanie Bloomingdale

Wisconsin Federation of Nurses and Health Professionals

April 20, 2001

Good Morning, my name is Stephanie Bloomingdale and I am here on behalf of the Wisconsin Federation of Nurses and Health Professionals, a union of 3,000 nurses in Wisconsin. Thank you Chairman Burke and the members of the committee for allowing me this opportunity to speak to you about our concerns with the State Budget. Although there are many items of the budget we are concerned with, I will focus my remarks on two areas: Community Aids and the Nursing Home Staffing Bill.

The funding for Community Aids, as you know, goes to help the most needy people in our community. People with mental illnesses, developmental and physical disabilities, and the elderly rely on services which are funded from Community Aids. The governor's budget offers a zero percent increase for these critical services. Governor Scott McCallum says we can't afford to increase these services, I am here to tell you we cannot afford not to increase these

programs. As it stands now the waiting list for people with developmental disabilities is years long. How long are we comfortable allowing the neediest of needy to wait for services? One year, two years? Right now a person with a physical disability must wait three years before they can access care. You might ask what happens to someone who languishes on a waiting list? Our nurses have told me that many suffer beyond belief. Because many are vulnerable, they fall prey to persons who abuse or mistreat them. Some suffer from self-abuse. Some are neglected and some even die, they die waiting for help. Must they now suffer from the neglect of our State Government? A zero percent increase to Community Aids is just one more form of neglect.

The Milwaukee County Mental Health Complex is overcrowded partly because Community Aids is underfunded. There is a severe shortage of housing and services for persons with mental illness in the community. Many times people receive treatment in the inpatient units and are ready to transition into the community, but are not able to because there is no place to go. These people then remain in inpatient units at the Mental Health Complex for longer than necessary. This is both needlessly costly to Milwaukee County and unbelievably unfair to persons with mental illnesses.

The state budget should be balanced on the backs of the neediest people in our community. I urge you to do all you can to bring the help and care to the people who need it most, I urge you to increase the allocation for Community Aids.

I would also like to bring to your attention the serious need for staffing standards in Wisconsin Nursing Homes. A study by the Health Care Financing Administration found that Wisconsin's staffing ratios are among the worst in the nation. In fact Wisconsin ranks 48th in the nation in RN and LPN staffing levels. The institute of Medicine says that, "Inadequate nurse aid staffing leads to increased risk of medical complications and expense, intermittent discomfort from hunger and thirst, escalated need for even more nursing care, and sensory and psychological deprivation." I strongly urge you to stand up for nursing home residents, to take a step in the right direction for nursing home care givers and fund safe staffing ratios in Wisconsin's nursing homes.

Testimony to the Joint Finance Committee
Support for Public Health System Funding
April 20, 2001

My name is Doug Gieryn. I am speaking on behalf of the Wisconsin Environmental Health Association (WEHA) to encourage your commitment to the health of your constituents by supporting Public Health in Wisconsin. Public Health is primarily focused on prevention; prevention of disease, prevention of unhealthy lifestyles, prevention of exposure to environmental contamination. As such, public health professionals partner with civic groups, businesses and the medical community to assure that all segments of the population have access to adequate health care, as well as education about health risks related to lifestyles or environmental conditions.

While every county in Wisconsin has access to public health nursing programs, only 31 of the 72 counties (and 6 additional cities) also have access to local environmental health programs. Environmental health is an integral part of a full-service Public Health program. Environmental issues of local concern include indoor and outdoor air problems, lead and asbestos exposure, general nuisances, insect and rodent problems, rental property and building hazards, solid waste problems, cleanup of drug houses, food protection, groundwater protection, as well as increased surveillance and education for licensed establishments such as restaurants, swimming pools, and lodging establishments. An Environmental Health program is recognized as a valued service in all communities, a fact that is reflected by the recommendation for an environmental health presence in all communities by the State Health Plan for 2010.

The state of Wisconsin currently does not provide any general purpose revenue funding for Public Health services. Therefore all of the wonderful public health services available to the residents of Wisconsin, such as immunizations, communicable disease monitoring, foodborne & waterborne disease investigations, etc. are the result of local tax support or fees for service. Residents that do not live in a community with local environmental health programs must call to state agencies for answers to their immediate concerns, and all too often must wait days or weeks for answers or investigations into the problem.

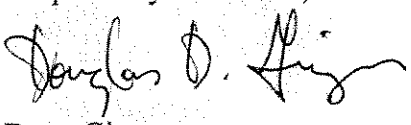
Although the public health system has been adequate in the past, there is a need to modernize, revitalize and transform the system in Wisconsin to address the current and emerging health problems in this state. This includes the need for environmental health services. The best way to provide these services cannot be determined without a comprehensive community assessment.

The Wisconsin Turning Point initiative was developed by the Department of Health and Family Services as a means of addressing the challenges to the public health system in the 21st century. A key element of this initiative is a comprehensive community assessment and planning process. This process is an integral component of determining what resources are available in every community, linking those resources and assuring access to every segment of the community.

The public health funding that is provided at the local level is not adequate to support the necessary planning process in addition to supporting the actual day-to-day public health services. The changing role of public health cannot be achieved without funding from the State. Assessment and planning is a critical step in improving the health of Wisconsin's citizens, those folks back in your districts.

Therefore, I am asking you to make a commitment to the health of Wisconsin's citizens for now and the future by investing 50 cents per capita in the first year and 1 dollar per capita in the second year of the biennial budget to fund the Public Health assessments and planning that will provide the basis for allocating the local efforts and resources to best use, and to the benefit of the health of all Wisconsinites.

Respectfully Submitted,



Doug Gieryn
Southeast Region Vice President
Wisconsin Environmental Health Association
841 North Broadway, Third Floor
Milwaukee, WI 53202

Older Adult Service Providers' Consortium

TO: Members of Joint Committee on Finance

FROM: Lisa Kallmann, Chair, Advocacy Committee
Representing all members of the Older Adult Service Providers' Consortium
Email: lkallmann@interfaithmilw.org
Mailing address: 600 W. Virginia Street, Suite 300, Milwaukee, WI 53204

DATE: April 20, 2001

RE: Input on the 2001-2003 State Budget

The Older Adult Service Providers' Consortium represents a multi-faceted group of professionals who provide a vast array of service s to seniors in the greater Milwaukee area. These services range from community-based care to intuitional based care; from durable medical equipment to personal care services. It is the mission of the Consortium to ensure quality services and to advocate for the needs of seniors in the greater Milwaukee area.

The proposed budget presented by Gov. Scott McCallum has brought forward multiple concerns. We ask that you, the Joint Committee on Finance, consider the needs of seniors as you move forward in the budget process.

Family Care

The notion of providing one-stop convenience to the elderly and disabled who need assistance to remain independent in the community is one that has been agreed upon for many years. The implementation of the Family Care Pilots was a huge step in making sure that the person in need is in control of how their needs are met. The proposed cut in funding of the Family Care Pilot from $33.5M requested by DHFS to $10.8M will prohibit the development of this program outside to current five pilot counties. The dismantling of the Statewide Long Term Care Advisory Council will eliminate a process for allowing consumer input and statewide oversight of the progression of Family Care. Another crucial element in the success of Family Care is the requirement of external advocacy. This component ensures Family Care participants the right to quality service and a place to go if that is not happening.

We ask that the Statewide Long Term Care Council and the External Advocacy components of Family Care remain funded in the 2001-2003 Budget. We further ask that at a minimum, the pilot for Kenosha County be funded to proceed as the sixth county to implement the Family Care CMO pilot.

Prescription Drug Benefit Program

It is imperative the 2001-2003 Budget include significant funding for the coverage of Prescription Drugs. Gov. McCallum's proposal is not adequate.

We ask the Joint Committee on Finance recommend the funding of Senate Bill 1 version of Prescription Drug Coverage. This includes individuals at or below 300% of the federal poverty level; approximately 335,000 seniors in Wisconsin would meet this eligibility. This plan also includes enrollment fees, deductibles and copays. It also offers a "spend down" component for those over 300% of poverty.

Thank you for allowing us this opportunity to provide you with this vital information. We implore you to take it to heart and help the seniors of not only Milwaukee County, but the entire state of Wisconsin, live out their lives in the best possible manner.

Milwaukee County
Long Term Care Council

Testimony Before the Joint Committee on Finance
Friday, April 20, 2001

Good Morning, my name is Josephine Henderson and I am Secretary to the Milwaukee County Long Term Care Council. I am speaking in behalf of that Council which represents the interests of older adults and people with physical and developmental disabilities.

I am here today to share the concerns of the Council regarding funding for Long Term Support Services in the proposed State budget.

As you know the Milwaukee County Department on Aging is a pilot site for Family Care, a program you unanimously supported in the previous State budget. In the 9 months that Family Care has been operating in our county:

* We have seen the wait list for service decrease from 3,435 people in July of 2000 to 1,966 people today. That wait list will end by August of this year.

* We have seen 53 institutionalized elders return to the community using Family Care funds and

* We have responded to over 40,000 requests from older adults and those who care for them for information about programs and benefits to assist them.

We know that Family Care is working for older adults in our county! Given this preliminary success, we are puzzled as to why the proposed budget slows down the momentum for this important program. Funds to bring Kenosha into the Family Care fold are imperative to forward movement. With other counties eager to share our success, we urge you to restore funds that will help them plan to bring Family Care to their citizens as well.

We understand the need to review such a new and radical benefit carefully. Our Long Term Care Council shares that oversite function with you locally. But while Family Care is being tested, we cannot stand by and ignore the 11,000 or more people waiting for help in non-family care counties. The Community Options Program is the Lifeline for elderly and disabled people in the 67 non-family care counties. You must give them hope and assistance too while Family Care is piloted. We urge you to allocate resources to address the needs of those who are waiting throughout the State.

We know that keeping people healthy will ultimately prevent or delay their need for public assistance. Yet this budget pays lip service to a benefit that is key to wellness efforts – that is prescription drug coverage. It seems penny wise and pound foolish to address the care needs of the frail and disabled without assuring that people have the medication they need to prevent their reliance on the Long Term Care system. We urge you to include a meaningful prescription drug benefit in the upcoming budget.

Finally, we ask you to reconsider the elimination of consumer and independent oversite of Family Care. Our local Long Term Care Council has benefited from the expertise of those who actually participate in the day-to-day operations of the long term care system. Those who receive services and those who provide services are in a unique position to assure that Wisconsin's Long Term Care programs remain national and international models. We cannot afford to design and operate such life-sustaining programs in a vacuum. We urge you to restore the dollars that would support both the statewide Long Term Care Council as well as the independent advocates.

I want to conclude my remarks with a story, which I hope, will illustrate the reason for my appearance before you today.

As you know, Long Term Support programs in Wisconsin are about choice. They are about receiving the right amount of service, in the right place and at the right time. This was certainly the case for Joanne and James. Joanne had lived in a nursing home in Milwaukee for 5 years. In January, she learned that that nursing home was closing. Instead of contemplating more time in institutional care, Joanne and her friend James decided that they would test the promise of "choice" and "dollars following the person" that Family Care promised. They asked their care manager to investigate the possibility of public housing for them. Despite their need for help with housekeeping, baths and transportation – despite the years they had lived in the nursing home they decided to take a chance. When the nursing home tempted them with placement in another facility, they asked for help from the independent advocate. With everyone acting as a team and with the easily available Family Care dollars, Joanne and James will move into their new apartment on May 1st.

This is one of hundred's of success stories possible because together as a State, we decided we could make a bold statement through our Long Term Support Program's.

Please do not weaken in your resolve now. We are so very close to success.....

Date: April 20, 2001

Covenant HEALTHCARE

To: Members of the Joint Finance Committee

From: Robert D. Speer, Covenant Healthcare System
Director of Community Partnerships

My name is Bob Speer, Regional Director of Community Partnerships, Covenant Healthcare System, Inc. I am here today representing the 5 hospitals of the Covenant Healthcare System, all located in the Milwaukee area: St. Joseph's Hospital, St. Michael Hospital, St. Francis Hospital, Elmbrook Memorial Hospital and St. Joseph's Hospital Bluemound.

I am happy to report to you that I am not here to advance a budget amendment. Rather I am here to ask you to preserve what's there and resist the temptation during this tight budget to raid an appropriation to fund something new.

Specifically, we are asking you to preserve the Governor's proposal to fully utilize federal dollars available to provide an increase in Medicaid funding for hospital outpatient services for the poor. The proposal would fund 94% of our costs to deliver outpatient services. While this still leaves us 6% to "eat", i.e., cost transfer to paying customers, it is making a much overdue adjustment to a rate that has not changed for years.

To give you an idea of how dismal the current reimbursement rate is, a cardiac stress test at St. Joseph's Hospital costs us $1,067 to perform. Our Medicaid reimbursement is $116. A cardiac catherization procedure at St. Michael Hospital costs us $1,675, but our Medicaid reimbursement is $108. Similarly, a tonsillectomy at St. Francis Hospital costs $1,364 but the Medicaid reimbursement is a meager $107. These examples are not aberrations. The simple fact is it is common to receive a payment of approx. 100 dollars for service that costs closer to a thousand.

The absence of an increase for outpatient care for four years coupled with a major growth in outpatient services compounds our financial woes. While it is positive to move to less costly outpatient care, we are also battling major labor shortages which makes us even more financially strapped.

The Covenant Healthcare commitment to the Milwaukee community is central to our mission and is, indeed, the very essence of our existence. We are particularly committed to the poor and underserved. Toward that end, last year alone, we provided $66.4 million dollars in service to our community. This is the net amount we spent (without being reimbursed) for services to the poor, medically indigent and community as a whole. It includes community education, in kind donations, charity care and unpaid cost of public programs.

To put this in perspective, we spent 4 times more than that distributed by United Way to Milwaukee County agencies, twice as much as the City of Milwaukee Health Dept. and 17% more than the Milwaukee County Aging Dept. (Please don't misunderstand; in no way do we mean to diminish the significance of these agency's contributions.) We are proud of our contributions to the community and intend for it to continue. Our support is compromised and threatened, however, by the ever widening gap between our outpatient costs and reimbursement from government programs.

The national trend to shift services from inpatient hospital settings to outpatient is great, but public policy and reimbursement should facilitate such a trend – not retard it. We urge you to support the Governor's recommendation to support the proposed outpatient Medicaid appropriation in the existing bill.

COVENANT HEALTHCARE SYSTEM, INC.
1126 S. 70TH STREET, SUITE S306 · P.O. BOX 14970 · MILWAUKEE, WISCONSIN 53214-0970
TELEPHONE 414/456.2300 · FACSIMILE 414/456.2363

Sponsored by the Wheaton Franciscan and Felician Sisters
Member of the Wheaton Franciscan System

Wisconsin Renal Care Group, LLC

April 20, 2001

Dear Sir or Madam:
My name is Christina Buerosse and I am a Registered Dietitian with Wisconsin Renal Care Group, Milwaukee, Wisconsin. I am writing to express my concern about the possible changes in the benefits of the Wisconsin Chronic Renal Disease Program. For many of my patients these changes would render them without adequate reimbursement for medications, treatments, and dietary supplements.

Exploring the culture and population of dialysis patients is crucial when considering the potential cutbacks in WCRDP. In our clinic, 60% of the patients report their household income is less than $800 per month. This is the case in many inner city clinics; poverty, unsuitable living conditions, and poor social support interfere with accessibility to medications, dietary supplementation, and adequate medical care. Most renal patients are complicated with frequent hospital visits and multiple medical problems. Some are without public or private insurance. The reality is that many dialysis patients rely on the Wisconsin Chronic Renal Disease Program to stay alive.

Of great concern to me as a Registered Dietitian, is the possibility that nutritional supplements will be discontinued under the WCRDP reimbursable services. End stage renal disease causes specific and numerous changes in dietary requirements. An ESRD patient on dialysis has highly increased calorie and protein needs due to the strenuous nature of dialysis and loss of protein in the dialysis process. However, the ability to obtain adequate nutrition is complicated by dietary restriction of potassium, sodium, phosphorus, and fluid. In addition, dialysis patients experience taste changes, fatigue and weakness which cause further difficulties in obtaining adequate nutrition. Couple this with poverty and you discover an average dialysis patient with limited resources to attain adequate nutrition. This scenario is common, consider D.L., a patient at our clinic.

D. L. has been on hemodialysis a little over the year now and has had poor nutritional status since his initiation. D. L. also has been diagnosed with diabetes mellitus, hepatitis C, hypertension, and congestive heart failure. Until recently, D.L. did not have insurance even to cover his medications. The specific needs of dialysis patient are numerous and expensive, therefore the monthly budget left a small fraction for food. Being at high risk for malnutrition, we supplied him with sample dietary supplements but that too was unreliable. He applied for Wisconsin Chronic Renal Disease coverage recently and has been able to obtain medications and dietary supplements. As a result, D. L. is nutritionally and medically stable, which decreases his risk of developing infections and possible hospitalizations. His protein stores are outstanding; in fact they reflect that of a generally healthy individual. In essence, his participation in and the services provided by the Wisconsin Chronic Renal Disease Program, has offered him a second chance.

I urge you to consider carefully the repercussions of cutting the reimbursement for dietary supplements. These supplements are a necessary part of the treatment for dialysis patients.

Sincerely,

Christina L Buerosse, RD

Christina L. Buerosse, RD
Registered Dietitian, Wisconsin Renal Care Group Inc.

1000 N. 92nd Street
Milwaukee, WI 53226
(414) 454-4500 • (414) 454-4543 Fax

Testimony of Debbie Zwicky
In Support of the UW-Extension
Best Practices Partnership for Children, Youth & Families
Friday, April 20, 2001

Hello. My name is Debbie Zwicky. I am a Treatment Counselor Supervisor at St. Rose Residence here in Milwaukee. The St. Rose Residence serves at-risk female adolescents. I am here to speak in support of the UW-Extension "Best Practices Partnership for Children, Youth and Families".

I'm affiliated with the Child and Youth Care Learning Center, which is part of UW-Extension/Milwaukee. The Child and Youth Care Learning Center fulfills an important niche in serving children, youth and families. The center provides education and professional development for child and youth care workers on a statewide basis.

Providing those who work directly with children and youth with education on "Best Practices" is critical to the success of the programs that employ them, and most importantly to the children and youth they work with. Many jobs in child and youth care programs do not require any kind of formal education. A 1991 study funded by the Carnegie Corporation of New York found that paid and volunteer staff "frequently enter the field without the necessary skills, and face limited opportunities to gain those skills...Many entry level youth workers bring little or no relevant academic or occupational training...Because of low pay and difficult working conditions, some agencies are pressured to hire anyone who likes youth and is willing to do the job."

Recently, a 10-year analysis of a model approach in youth work was completed by the Center. In partnership with a youth and family service program, Learning Center staff implemented and evaluated an innovative organizational approach that focused on increasing youth work productivity through increased training, incentives, and teamwork. The results, which have implications for many other agencies, indicate that there are both cost and service benefits to an approach that focuses training and resources on youth workers.

The human face behind this work is the face of thousands of children and youth who will be nurtured and encouraged by well-trained, supportive staff and who will be engaged in activities and programs that have been designed to provide the very best outcomes.

Your support of this proposal will permit the Child and Youth Care Learning Center to further develop resources for this important area of education and allow the University to contribute important research and knowledge to the every day practice of human service providers around our state.

Thank you for your consideration.

Fred Lindner
Testimony before the
Joint Committee on Finance

Public Hearing

April 20, 2001

My name is Fred Lindner, and I am the current chair of District 2A of the Coalition of Wisconsin Aging Groups, which represents the many individual and group members within Milwaukee County. I am genuinely shocked by the lack of concern Governor has shown to the older adults in Wisconsin, but one area of particular concern is the state mandated program for elder abuse victims. In spite of a continued growth in elder abuse reports in recent years, the budget proposal offers no new funding to meet this challenge. I am, therefore, urging you to support a proposal for additional funding, which has been developed by the Wisconsin Area Agency on Aging Association.

Currently, the state is spending a mere $625,000 per year for elder abuse services, which is woefully inadequate for services such as assessments and case management. These services are vital in the fight against elder abuse since they are needed to remove victims from extremely dangerous situations. To continue funding at this minimal level is insensitive and ultimately cruel.

Furthermore, additional funding is need to train community partners such as the police and health care professionals about the insidious problem of elder abuse. Additional funding is needed to provide elder abuse professionals with the tools they need to do their jobs. Additional funding is needed to pay for professional legal and financial services to remedy financial exploitation. Additional funding is needed to increase community awareness about all types of elder abuse and provide early identification and prevention.

While public awareness is high for many other types of family violence, the public understanding of elder abuse lags behind. Although the number of reported cases has increased 139% in the last fifteen years, the general community remains relatively uninformed about this threat to our elderly citizens. It is only through additional funding for this problem that a community understanding will occur.

As I mentioned earlier, the Wisconsin Association of Area Agencies on Aging has developed a proposal for Elder Abuse Reform and Funding, which I am hoping you will adopt for the 2001 – 2003 Biennial Budget. This proposal requests funding to

provide direct services, staff, and public awareness and education. The proposal also recommends numerous statutory language changes to enable investigators, law enforcement agencies and others to better protect this vulnerable population.

As the philosopher Rousseau once said, "Government originated in the attempt to find a form of association that defends and protects the person and property of each with the common force of all." I hope you will use the force of the biennial budget to protect the person and property of abused older adults in Wisconsin.

Thank you.

BlueCross & BlueShield United of Wisconsin

An independent licensee of the Blue Cross and Blue Shield Association

401 West Michigan Street
P.O. Box 2025
Milwaukee, WI 53201-2025

Testimony Presented to the
JOINT COMMITTEE ON FINANCE

April 20, 2001

By Coreen Dicus-Johnson
Director of Government Relations
Blue Cross & Blue Shield United of Wisconsin

Good afternoon Chairman Burke and Chairman Gard and members of the Committee. My name is Coreen Dicus-Johnson and I am Director of Government Relations for Blue Cross & Blue Shield United of Wisconsin. Thank you for providing this opportunity to testify on health related issues in the 2001-2003 biennial budget.

Clearly, the budget in front of the Legislature's Joint Committee on Finance is one of the leanest budgets in recent years. The slowing economy has forced the Governor to look at other funding to meet the state's obligations. There are four points that I would like to summarize for you today:

- First, the Legislature should fully fund the HIRSP and Medicaid and BadgerCare program;
- Second, the State should do everything possible to tap available federal funds and segregate tobacco settlement monies;
- Third, the Legislature should tighten HMO regulations, which will reduce pressure on state programs and also raise needed tax revenue.
- Finally, the custom computer tax must be removed from the budget because it will discourage businesses from expanding or moving operations to Wisconsin.

I. Background

At a time when the economy is slowing down, Wisconsin is seeing a rise in enrollment in many of its public health programs, which subsequently leads to higher program costs. In only eight months, BadgerCare enrollment has gone up by nearly ten thousand people and HIRSP enrollment has gone up over two thousand individuals since March of 2000. Not since 1994 has the HIRSP population exceeded 10,000 and it appears that the program enrollment is on course for exceeding its highest year ever, 12,707 in 1992. A rash of HMO cancellations in the Metro-Milwaukee and Madison regions have more than likely contributed to the rise in enrollment in these state health programs.

Following the success of the mid-1990s when Wisconsin had the lowest uninsured rate in the U.S., in year 2000 for a second straight year, Wisconsin has a double digit uninsured rate (11%). Unfortunately, in this difficult economic environment where health care costs are rising, the budget includes cuts for some of the key health programs intended to address these public needs. In 1998, the state became a partner in the HIRSP funding mechanism by providing $12 million in GPR each year for HIRSP program costs. Now, the budget reneges on the state's commitment by reducing the state's GPR subsidy for HIRSP by $3.8 million over the biennium. With HIRSP enrollment climbing, there has never been a worse time for a cut in funding. The brunt of this cut would affect HIRSP policyholders, who would pay over $2.2 million in higher premiums. This affects all small business health plan costs. It is a hidden sales tax on health private care plans.

The budget also fails to fully fund Medicaid administration and program costs, nor does it address the growing budget needs for General Assistance Medical Program (GAMP) in Milwaukee County. The Legislature can play a key role in ensuring that the health of Wisconsin's citizens does not fall by the wayside during these unpredictable economic times.

II. How can these programs be fully funded?

First, all available opportunities to draw down federal dollars must be fulfilled. The IGT for nursing homes and the S-CHIP funding for children's and now adult health care are useful vehicles for states to get federal health care dollars that Wisconsin taxpayers help fund. Although the budget taps federal funds for nursing home costs, it fails to do so for other health costs. The GAMP in Milwaukee County is a worthy recipient of these funds. Lessons in funding worthy programs while reducing local tax burdens can be learned from other states that have developed innovative methods for attracting federal dollars.

Second, the Legislature must be mindful of the way that the tobacco monies are spent. Clearly, the settlement dollars have intent in mind: to improve the health of citizens in our country. The job for the Legislature is to preserve a portion of the funding for intended health purposes. Helping to fund insurance costs for high risk individuals or paying for programs to encourage Medicaid or BadgerCare recipients to engage in healthier living is an appropriate and legitimate use of the tobacco monies.

III. Tighter HMO Regulation

Another budget item of interest constitutes one way that the Legislature can reform HMO regulation in this state. First, I would ask that you support the ban on management contracts for HMOs. This ban already applies to all other lines of insurance. In her early years as a partner with LaFollette, Sinykin, Anderson, Davis and Abrahamson and as a professor, Chief Justice Shirley Abrahamson co-authored a study of management contracts in the insurance industry per the request of the Governor. Chief Justice Abrahamson made the best case for the ban on management contracts when she said:

IV. Custom Computer Tax

More than any other budget provision, this tax would do the most to discourage Wisconsin business expansion and business relocation to Wisconsin. This provision reverses any positive effects that grew out of the personal property tax exemption two years ago. Major Wisconsin companies would be faced with a tax increase well over a million annually. Additionally, the fiscal impact of this tax is grossly underestimated because if fails to consider consulting fees that businesses pay to out of state software companies. For these reasons, this tax should be removed from the budget.

Thank you for your time today Chairman Burke, Chairman Gard and members of the Committee. I welcome the opportunity for any questions.

MARGARET F. TOLLAKSEN
2840 South Root River Parkway
West Allis, WI 53227
(414) 327-4898

APRIL 20, 2001

JOINT COMMITTEE ON FINANCE

Mr. chair and members of the committee. Thank you for the opportunity to come before you today.

My name is Peg Tollaksen. I currently serve as chair of the Board On Aging and Long-Term Care. I am asking the committee to consider the following 3 issues which the Board and I feel must be addressed:
(1) The Long Term Care Ombudsman Program; (2) The Volunteer Ombudsman Program; and (3) External Advocacy For Family Care.

The Governor's proposed budget reduces the funding for the first two programs by 5% each and eliminates funding for the third program entirely. We feel that funding for each of the programs must, at the least, be maintained.

The Long Term Care Ombudsman's Program is stretched to the limit. Our 28 employees are faced with increasing demands from closed or severely deficient long term care facilities. It is predicted that 12% or more of our State nursing homes will close this year. This does not included assisted living or community based residental facilities to which the Ombudsman must respond when there is a need. In 1996 there were 6,732 complaints brought to the attention of the Ombudsman program. In the year 2000, there were 14,941 complaints. If the 5% cut proposed by the Governor is applied to this program, it will jeopardize the safety of our most vulnerable citizens. It means we will have to layoff at least one if not two Ombudsmen to comply with this funding reduction.

The Volunteer Ombudsman Program has been in existence for 6

years. These Volunteers are well trained and supervised and maintain a weekly presence in nursing homes. They identify potential diffi-culties and have been highly successful in solving problems before en-forcement is needed. We propose expanding the program into the full southeastern quadrant of the State and up through the Fox Valley. Both areas have a high concentration of nursing facilities that present some of our greatest challenges. Started by long time board member Louise Abrahams Yaffe, this program is a winner but cannot fulfill its potential without additional resources. NONE is provided for in the Governor's proposed budget.

The third issue deals with the removal of the External Advocacy for Family Care. While it is very early in the project, data is already indicating that consumers benefit from this service. Without this watchdog, who will protect the consumer's rights? As the baby boomers age the amount of needed help from advocates will increase. Eliminating the External Advocacy for Family Care would leave at risk long term care citizens with no place to turn. I implore you not to let this happen.

Finally on a personal note. I am a registered nurse with 28 years experience. (13-plus years in long term care). My mother spent 21 years in a long term care facility. I witnessed abuse that will be forever etched in my memory. That abuse lead me to enroll in nursing school and to pursue the position on the Board of Aging and Long Term Care. Please assure me and the Board that the funding will be provided so that we continue to make progress for those powerless citizens.

Thank you for your time and attention to these crucial issues.

Marion Murray

Written Testimony for the
Joint Committee on Finance

Public Hearing

April 20, 2001

Hello, My name is Marion Murray, and I am the Chair of the Advocacy Committee of the Milwaukee County Commission on Aging. I want to take a few moments today to discuss a very unkind program called Estate Recovery. Estate Recovery is a federal law, which requires older adults to forfeit their homes when they die if they have used federal support for their long term care. Unfortunately, Wisconsin goes beyond the federal requirement and applies this tax to other state funded long term care programs as well. Moreover, in Acting Governor McCallum's proposed budget, the Estate Recovery tax for middle and low income older adults would be expanded even further.

Portions of the law first became effective in 1991, but the law had a chilling effect on client usage of community based long term care, causing clients to drop from or not enroll in critically needed programs. Therefore, the legislature ultimately repealed any care other than nursing home services. Yet, since 1995, the Estate

Recovery program has been expanded far beyond anything the federal government requires. In fact, Wisconsin's program is one of the most aggressive and insensitive Estate Recovery programs in the country. Consequently, fear of this dreaded program has resulted in significant self-denials of cost effective community based care, resulting—ironically and tragically—in premature, unnecessary, and costly institutionalization. During 1999 in Milwaukee County alone, 224 people declined community-based services because of estate recovery.

In addition to failing to stem long term care costs, Wisconsin's Estate Recovery Program is unstable, mean-spirited, and actually hostile toward the most vulnerable of our citizens. For example, program provisions have been changed five times since initial enactment in 1991, producing an incredibly unstable environment for clients and caregivers to make decisions.

Now, Estate Recovery seriously constrains the newly created long term care program in Wisconsin, Family Care, which creates incentives for more cost-effective community based care. Estate Recovery is a profound disincentive for eligible clients. Family Care has become a loan rather than an entitlement, in spite of the fact that the clients have paid taxes to support other during their

entire working lives. Estate Recovery is the death tax, and by continually expanding its reach, the State of Wisconsin has become the "grim reaper."

On behalf of the Advocacy Committee of the Commission on Aging I am asking you to eliminate Acting Governor McCallum's proposed expansion of the Estate Recovery program.

As a once prime minister of Canada, William Lyon Mackenzie King, once said, "I really believe that my greatest service is in the many unwise steps I prevent." Please prevent this unwise proposal.

Wisconsin Legislature Joint Finance Committee Hearing
April 20, 2001

Proposed Reduction in Medical Assistance (MA) reimbursement to pharmacists (p. 243 of Governor's Budget) would be disastrous to Wisconsin's Pharmacists and the patients we serve!

Key Points

This is NOT a reduction in MA spending on prescription drugs, in fact, the Governor projects an increase in spending of 22% in 2001, 18% in 2002, and 16% in 2003. It IS a 40% reduction in reimbursement to Wisconsin pharmacists. This will have a terrible impact on Wisconsin pharmacists filling MA prescriptions. Most MA recipients populate inner cities and rural areas. Pharmacists in those areas will suddenly see their MA business become unprofitable, causing them to go out of business or stop filling MA prescriptions. Thus many urban neighborhoods and rural towns may be denied access to pharmacist's care. Pharmacist's care not only includes the dispensing of medications but instructions on their safe and effective use! Pharmacist's care also includes the diagnosis and treatment of many minor ailments such as cold and flu, athlete's foot, ring worm, strains, sprains, cuts, bruises, eye irritations and many others. Many of Wisconsin's pharmacists are current providers of immunizations, diabetic, cholesterol and asthma screening, AIDS counseling and a myriad of other services.

This MA reduction in pharmacist reimbursement is not a reduction in prescription expenditures, it is an attack on the only people working to make MA drug expenditures more cost effective: Wisconsin's pharmacists.

The Governor's budget calls for an increase in MA drug expenditures of $110 million over the biennium while slashing reimbursement, i.e. working capital, to Wisconsin pharmacists by $30 million. Worse, while giving an additional $110 million to out of state pharmaceutical manufactures and threatening the financial viability of Wisconsin's pharmacies and the Wisconsin residents they employ, this plan only saves Wisconsin $12 million! Although $30 million is taken from Wisconsin pharmacies, only $12 million is General Purpose Revenue. The other $18 million is federal money. This reduction in MA reimbursement is a terrible attack on Wisconsin residents who depend on pharmacists for health care services and on the hard working Wisconsin pharmacists who care for them. It does nothing to reduce rising medication costs and is a prescription for disaster.

Jeffrey P. Fox, RPh
Walgreens Pharmacy
1600 Wisconsin Avenue
Milwaukee, WI 53233
(414) 344-1833