

### Joint Finance Committee:

I have been working as a PCW for 7 years. Without my help the people I care for could not live at their home.

Many agencies have closed because they can't afford the cost of a PCW program. The same is why good PCW's are quitting - we just can't afford to work off these wages.

The agency I work for has committed the increase in wages and benefits to the PCW's.

Please support the \$4.00 rate increase to agencies for MA Personal Care.

Date: 04/05/99

PCW Signature: Talyana Sterenzon

## Joint Finance Committee:

I have been working as a PCW for 7 years. Without my help the people in care for could not live at their home.

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The agency I work for has committed the increase in wages and benefits to the PCW's.

Please support the \$4.00 rate increase to agencies for MA personal care.

Date: 04/06/99

PCW signature. L. Geif-

## Joint Finance Committee:

I have been working as a PCW FOR 3 years. Without my help the people I care for could not live at their home.

many agencies have closed because they can't afford the cost of a PCW program. The same is why good PCW's are quitting - we just can't afford to work at these wages.

The agency I work for has committed the increase in wages and benefits to the PCW

Please support the \$4.00 rate increase to agencies for MA Personal Care.

04/07/99

Vitaliy Borshuk

## Joint Finance Committee:

I have been working as a PCW for 5 years. Without my help the people I care for could not live at their home.

Many agencies have closed because they can't afford the cost of a PCW program. The same is why good PCW's are quitting - we just can't afford to work at these wages.

The agency I work for has committed the increase in wages and benefits to the PCW's. Please support the \$4.00 rate increase to agencies for MA Personal Care.

04-7-99

PCW Ylana Borek

## Todd Palkowski PCW Testimony

April 8<sup>th</sup> 1999

Dear Legislators,

I am writing to you to encourage you to support the rate increase for Medical Assistance Personal Care, which will allow a \$4.00 hourly increase for Personal Care Workers.

For the past nine years, I have been using personal care workers on and off to increase my independent living functioning. When they are available, I am able to work full-time and live a full productive life. Some of the duties they have assisted me with are as follows: activities of daily living: bathing, hygiene cleaning, going to bed, getting me up, etc.

When they are not available, I struggle to make ends meet, I miss work, and I end up staying in a hospital longer than I should because a personal care worker is unavailable to assist me when I return home. In most cases, when workers have not been able to be secured it is because the worker found employment elsewhere for more money.

In conclusion, you can clearly see how Personal care workers are a vital part to me and many others in keeping us as tax paying, independent, productive members of our community. Therefore, I urge you to support the rate increase for Medical Assistance Personal Care, and raise PCW hourly wage by \$4.00 so we can decrease the shortage of PCW's and eliminate the "on-and-offs."

Thank you.

A handwritten signature in black ink, appearing to read 'T. Palkowski', with a large, sweeping flourish at the end.

Todd A. Palkowski

Joint Finance Committee;

I have been working as a PCW for 6 yrs. without my help the people I care for could not live at their home.

Many agencies have closed because they can't afford the cost of a PCW program the same is why good PCW's are quitting we just can't afford to work at these wages.

The agency I work for has committed the increase in wages and benefits to the PCW's. Please support the \$4.00 rate increase to agencies for MA Personal Care.

April 7, 1999  
Herethy Thomas

## Joint Finance Committee:

I have been working as a PCW for 2 years. Without my help the people I care for could not live at their home.

Many agencies have closed because they can't afford the cost of a PCW program. The same is why good PCW's are quitting - we just can't afford to work off these wages.

The agency I work for has committed the increase in wages and benefits to the PCW's.

Please support the \$4.00 rate increase to agencies for MA Personal Care.

Date: 04/06/99

PCW signature: Polina Mulitsa



## Independence First

The Resource For People With Disabilities

Dear Joint Committee on Finance:

One of our duties as Care Coordinators for Independence First is to supervise the work of Personal Care Workers. In our experience, the personal care workers are diligent and compassionate caregivers.

Through their efforts many individuals that are elderly or have a disability are able to live independently. We are concerned that the reimbursement rate to providers is not sufficient to provide a decent wage to retain quality caregivers in this field. A four dollar per hour increase in the provider's rate would allow our agency to compensate the personal care workers in a manner befitting the quality of their work. Our agency is committed to the premise that the increase be passed on directly to the personal care workers through wages and benefits.

The ability to live independently is a great privilege which the state of Wisconsin has generously supported in the past. Please continue to show concern and compassion for individuals with a disability and their caregivers, and support a four dollar per hour increase in MA Personal Care.

Sincerely,

Stacy Spence RN  
Amalia Heftler RN  
JODI HOSALE RN  
Marge Schmidt RN

Shirley Munk RN  
Margaret Caby RN  
M. Pyle RN  
Herda Osburn RN





## Joint Finance Committee:

I have been working as a PCW for 8 years. Without my help the people I care for could not live at their home.

Many agencies have closed because they can't afford the cost of a PCW program. The same is why good PCW's are quitting - we just can't afford to work at these wages.

The agency I work for has committed the increase in wages and benefits to the PCW's. Please support the \$4.00 rate increase to agencies for MA Personal Care.

Date 4/7/99

PCW Signature Angela Harris

## Joint Finance Committee:

I have been working as a PCW for 5 years. Without my help the people I care for could not live at their home.

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Please support the \$4.00 rate increase to agencies for MA personal care.

Date:

PCW signature: Eugene Shikhman

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The agency I work for has committed the increase in wages and benefits to the PCW's.

Please support the \$4.00 rate increase to agencies for MA Personal Care.

04/07/99  
PCW Sign. Yeva Krey



# KENOSHA ACHIEVEMENT CENTER, INC.

1218-79TH STREET / KENOSHA, WISCONSIN 53143-6199

PHONE: (414) 658-1687 FAX: (414) 658-1562

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## MISSION STATEMENT

The K.A.C., Inc. enables people with disabilities to achieve a way of life that includes work and community integration.

Public Hearing  
Case High School  
Racine, Wisconsin

April 8, 1999

Dear Wisconsin Political Leadership,

Your acceptance of budget cuts in community aids funding is a travesty. You are hiding behind political strategies that align with party rhetoric. Tax relief is always verbalized. It is at the expense of babies, children, persons with disabilities and other groups of persons too weak politically to be effective.

There is no **REAL** reason that the State of Wisconsin is even talking about less for its people. If a need is fulfilled, others arise. Ask any local United Way volunteer. The priority changes. **Responsibility** to the people does not.

Newspaper headlines during the last two years in Kenosha County included: "Toddler Killed in Home, Mother and Live In Arrested for the Offense". This child had to have the courage to face death. This may have been prevented if appropriate community aid allocations were in place. To allow reductions thereby reducing foster care allocations, etc. for that little bit of tax relief is not acceptable. The entrance fee is incredible courage, one by one, of human beings who do not have the means to make a change.

Another headline involved a cocaine addicted woman in the prenatal stage being arrested and tried for drug addiction of the fetus. These women subsequently give birth. Have you held a cocaine-addicted infant in your arms? Recently in Kenosha one was born deaf with other multiple neurological implications. The child is in Birth to 3 services. The child will need future adequate community aids funding. You need to use some of the courage you require of these innocent victims to prevent them from facing incredible consequences. Leadership is responsibility to all citizens. Reinstate community aids funding and increase it.

Long Term Care Redesign is buried in a 2,000 plus page document. I believe the process is driven to save the taxpayer money. Again, leadership for the people requires the courage to say adequate funding levels must be attached. This country is separating those that 'have' from those that 'have not' through its political process, hour by hour. You, our current leadership, are required to stop this.

Sincerely yours,

Paula Williams

Executive Director, Kenosha Achievement Center, Inc.

Past President, Council for Not for Profits of Kenosha County

Member Long Term Care Redesign Committee, Kenosha County

Vice President, The Arc of Kenosha County

ACCREDITED BY:  
*Commission on Accreditation of Rehabilitation Facilities*

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*A financial statement of the Kenosha Achievement Center, Inc. will be provided upon request.*

# Racine Council

on Alcohol and Other Drug Abuse, Inc.  
818 - 6th Street • Racine, Wisconsin 53403  
Phone: (414) 632-6200 • Fax: (414) 632-2141

To: Joint Finance Committee

From: Francie McGuire Winkler  
Executive Director

Date: April 8, 1999

Re: Reduction in Community Aids Funding

Earlier this year, Wisconsin communities were faced with cutting programs due to a 2.9% reduction in Community Aids Funding. Now we are looking at further reductions which will result in an even greater decrease in prevention programs and early intervention services, programs for persons with substance abuse problems, residential treatment, and a variety of community based alternatives.

This is a time to increase services for our most vulnerable populations—victims of substance abuse, abused and neglected children, the mentally ill, the physically and developmentally disabled, and the elderly—not decrease them.

Throughout the state, many community-based agencies such as the Racine Council on Alcohol and Other Drug Abuse are working collaboratively to bring research-based programs using best practices to support and assist those in need. Please make every effort to see that the Wisconsin Budget for 2000-01 includes an increase, not a decrease, in Community Aids Funding.

Thank you for your consideration.



**DATE:** APRIL 8, 1999

**FROM:** HOWARD YANDELL  
1619 FRANKLIN ST. #A  
RACINE, WI. 53403

**TO:** JOINT FINANCE COMMITTEE

**RE: PUBLIC TESTIMONY TO SUPPORT \$4.00 PER HOUR  
INCREASE IN MEDICAL ASSISTANCE (MA)  
PERSONAL CARE RATE**

My name is Howard Yandell. I live in Racine County. Thank you for having this hearing today. I am speaking to ask you to please support a rate increase for MA Personal Care of \$4.00 per hour in this budget. This program helps me stay at home at a much lesser cost than if I had to go to a nursing home. And I would have to go to a nursing home if I did not have help with my personal cares everyday.

I am 73 years old and have been disabled all my life. I have a loving family who cared for me as long as they could. My sister, Mary, who is older than I am, still cares for me and helps me stay at home, in my apartment. But I cannot survive at home without the daily help of MA Personal Care Workers.

I have a Personal Care Worker (PCW) who comes in the A.M. to get me up, cleaned and dressed, feed me breakfast, and brush my teeth. The PCW also makes my bed and straightens my room. About 3:00 P.M. another PCW comes to fix my supper, do dishes and make me comfortable. Then about 8:00 P.M. an aide comes, feeds me a snack, dresses me for bed, makes me comfortable, sets me up for the evening – making sure I can reach the phone and the glass of water by my bed. Then I am fine until the next morning when the PCW comes again.

I know how hard it is for the agency that sends the PCW's to get workers and keep them because they cannot pay them good enough wages and benefits. I know the agency only gets \$11.50 per hour and has to pay the PCW, Registered Nurses who must supervise this program, training for the PCW's, workers' compensation costs, costs for gloves and other OSHA

required equipment, scheduling and 24 hour on-call costs, and a lot of other expenses needed to run this program.

I know there was no increase in the Medicaid rate for this service from 1990 to 1997 which is one of the reasons the agencies doing this type of work cannot compete with other businesses.

I am grateful that I have been able to receive MA Personal Care Services all these years. This program has allowed me to live independently in my own apartment and not have to go to a nursing home. Please do whatever you can to help this program continue to send all the wonderful PCW's to the homes of the elderly and people with disabilities to help keep them in their own homes.

Thank you for your time.

Joint Finance Testimony- 4/8/99

My name is Eugene Dunk. Thank you for this opportunity to speak. I am the Vice President of the ARC of Racine, an advocacy organization for individuals with developmental disabilities and their families. I am also the parent and step parent of 7 children. The youngest in our home is a delightful fun loving 14 year old , Dan who also has Down Syndrome. This involvement in the ARC has awarded me an opportunity to redeem myself. Over 30 years ago I remember being in school and a young woman with developmental disabilities walked into our class to deliver a note to our teacher. One child yelled out here comes Debbie Mental and all the children, including me, hid underneath our desks. Like society, I am learning every day about the respect all Gods children and our citizens deserve as a birthright. My shame remains as do my obligations to help eliminate the barriers to communication and understanding.

We recognize the tough job you have deciding among many deserving programs all needing additional funding. I am here to remind of the difficulties families and individuals with disabilities have often without a voice to express them. As you know most individuals with developmental disabilities now live, work, and receive services in the community. We applaud these successes and thank the State and the legislature for helping turn inclusionary ideals into reality. Also please consider the cost savings of de-institutionalization when you look at community service costs.

Community Aids are essential to full democratic functioning and a quality of life for these citizens in our state. The federal governments failings need to become a state priority. The counties need continued assistance in providing these essential services.

Respite Care- there is a new respite Care program seeking state funding. This cradle to grave program would allow family caregivers temporary relief providing normalcy and enhancing the quality of care by reducing stress. We urge your support.

Finally, Family Support- This wonderful program provides funding for families to retain disabled children in their homes. Families with a county caseworker are able to determine the services most needed and the state provides up to \$3000 in annual funding.

As a parent of a teenager this program has proven invaluable. The funding has allowed my son proper after school and summer supervision and has provided opportunities for recreational therapy and social support. This has allowed both my wife and me to work and contribute back to the state. I am grateful and thank you for providing this funding. I only wish all families with the need could also have this opportunity. There is a large waiting list for services in Racine and around the state. Approximately \$3 million are needing to serve eligible, waiting families in need.



Most of you know the challenges parenting brings- congratulations and good wishes to Senator Plache and her new baby. Parenting a child with disabilities adds to these challenges. And yet Daniel's step-father is perhaps the most rewarding factor in my life. He gives out true unconditional love. I urge your support of programs for our state residents most in need and least as likely to have benefited from the economic growth and prosperity in our state.

*Eugene J. Dool*

# Racine Council

on Alcohol and Other Drug Abuse, Inc.  
818 - 6th Street • Racine, Wisconsin 53403  
Phone: (414) 632-6200 • Fax: (414) 632-2141

TO: Joint Finance Committee

FROM: John Kidd, Aftercare Coordinator  
JK AC

DATE: 4/8/99

RE: Cuts in Community Aids

I am the coordinator for the Aftercare Program funded by the Racine County Human Services Department. I work with people in early recovery and as well as women and men who are in homeless shelters hoping to turn their lives around. They are in desperate need of alcohol and other drug abuse services, including relapse prevention.

Some of my clients recently learned that cuts in community aids would likely result in less service for people with substance abuse issues. Although they could not be here today, they wrote letters about how this program has helped them and can continue to help them.

Please take time to read the attached letters. It is vital that we retain services for this population. If we are to be effective in reducing alcohol/drug problems, we need to support the entire continuum of care: prevention, early intervention, treatment, and relapse prevention.

Research shows that as more people move from addiction to recovery, the community benefits through a lower crime rate, less health problems, reduced violence, fewer incidences of domestic and child abuse, and more positive contributing members of society.



This program has brought me to realize how I got in the situation I am in. I really do have a problem with drugs and alcohol. I have also connected back with my higher power Thank God. I feel this has been a positive thing in my life.

CASSANDRA JOHNSON

4-7-98

THANK you John and Gwen. I really appreciate having you guys in my life.

THANK you  
Again

To whom it may concern.

April 7, 1999

The Books of the NA, A.A. program has helped me out alot, and I really do appreciate Mr Kidd for helping me out with getting me some books.

The aftercare program helped me out far as good suggestions and my feelings, and with my steps.

Also I believe the aftercare program should continue on, I believe that it will help people deal with self and life, and to let them know that they will always have a helping hand.

I am very grateful  
for the aftercare program  
And it's a pleasure working  
with Mr Kidd

From A Colvert  
King, M. Todd  
4/17/99

I thank god for everyone who I encounter who is sober and who ever is resourceful far as keeping me on the right track, god knows that I'm doing my best the desire and determination is in me from the day I decided to turn my will and my life over to god. you and Ewen are a good source of strenght to me and I thank you me and Ewen have been through a lot and I want to acomplish the goals that she has done and I'm striving to be the best that I can be today and You or her haven't once told me anything wrong maybe pointed out something I didn't like so I thank You guy

from the bottom  
of my heart stay  
in close contact  
with me because if  
you want I will

miss J. ....

Jessica

4-7-99

This AODA group has helped me  
w/ issues by being able to  
open up and support each other  
as a group & learning different  
things about addiction & John  
& Gwen being there for  
support. I think its a  
good program.

To whom it may concern:

The book of the NA, A.A. program has helped me a lot and I appreciate John for helping with getting books through his aftercare program. The aftercare program help me with suggestion on things I could do to better my life. And for that I am grateful.

From a Client,  
Marie F.

4/8/99

## TESTIMONIAL TO THE JOINT FINANCE COMMITTEE

Thank you for allowing me the opportunity to speak to you today. I ask for your support for a \$4.00 increase in the Medical Assistance (MA) Personal Care rate.

Personal Care Services are provided to people with disabilities and illnesses of all ages by certified Personal Care Workers (PCW's). PCW's provide basic assistance with activities of daily living which include bathing, dressing, eating and toileting. Personal Care Services are provided to thousands of people in Wisconsin on a daily basis. Without these vital services which provide quality of life for the frail elderly and adults and children with disabilities, many people would be institutionalized.

As Director of Home Care Services for Society's Assets, Inc., an Independent Living Center, I administer a Personal Care Program to over 600 residents of southeastern Wisconsin on an annual basis. Over 60% of the consumers are older people and the average care provided to each person is approximately 1.5 hours of personal care services daily. This currently amounts to an estimated \$17.25 per day per person or approximately \$6,296 per person on a yearly basis. It would cost more than six times this amount for nursing home care. The cost effectiveness and sensibility of this program speaks for itself.

Programs like the one I manage need your help if they are to survive. **There is a crisis in Personal Care Services.** Many home health agencies that provided this service in the past have discontinued this program entirely or limit service to existing clients. It has been necessary for home health agencies to do this because the reimbursement rate of \$11.50 an hour is well below the average cost of providing this service which is \$16.40 per hour based upon a survey of home health agencies conducted in 1998 by the Wisconsin Homecare Organization (WHO).

Personal Care only agencies, like the one I work for, are also having difficulty continuing to provide personal care services under the current reimbursement rate. Personal Care Agencies surveyed throughout the state estimated their actual cost of providing this service at \$14.00 per hour in



1998. The rate for this service was frozen at \$11.05 from 1990 through June of 1997, seven years. In July of 1997 and in July of 1998, this service was given a 2% increase which results in a 4% increase over 9 years. There is only a 1% increase in the budget earmarked for this program and scheduled to go into effect 2001. Most Personal Care only agencies will not be able to survive with only an 11 cent increase in the year 2001. Any business would have difficulty surviving in this environment.

Currently agencies like mine are not able to recruit and retain enough qualified Personal Care Workers. Because of the current low reimbursement and unemployment rates, we are not able to provide competitive wages and benefits and have difficulty staffing new referrals for service as well as staffing existing consumers. Many of our Personal Care Workers are single parents who have to leave this type of work because they need a living wage and benefits.

Personal Care Workers are at the heart of community-based long-term care. We must pay them better wages and benefits in order to keep them. Wisconsin has made a commitment to assist the elderly and people with disabilities to live independently in their own homes. This service is vital to the success of the Family Care initiative.

I appreciate your support on this issue and thank you most sincerely for your time and consideration regarding the need for a \$4.00 increase in the MA Personal Care Program.



Jean Rumachik  
Director of Home Care Services

SOCIETY'S ASSETS, INC.  
5200-Washington Ave. Suite #225  
Racine, Wisconsin 53406

Wisconsin Personal Services Alternatives, Inc. (WPSA)

**Member Survey**

on

**PCW Services**

August 25<sup>th</sup>, 1998

Respondents = 56% of Membership (20 Organizations)

1. **Is your agency certified to provide Medicaid PCW services?**  
Yes = (85%)      No = (15%)
  
2. **Are you a:**    **Personal Care only Agency?**    (55%)  
                  **Home Health Agency?**                    (20%)  
                  **County Agency?**                            (25%)
  
3. **Do you currently provide Medicaid PCW Services?**  
Yes = 100%                      No = (0%)  
  
**RN Supervision?**  
Yes = (90%)                      No = (10%)
  
4. **How many hours of service per month does your agency provide for the Medicaid Personal Care Worker Program?**  
Total # of hours = 156,279      7,814 Average # Hrs./month
  
5. **How many consumers do you provide personal care services to on an annual basis?**  
Total # of consumers 2507
  
6. **What are your average # of hours per visit?**  
1 - 2 = (15%)      2 - 4 = (55%)      4 - 6 = (25%)      +6 = (5%)
  
7. **What is your current cost per hour to provide this service?**  
\$13.96 = Average cost per hour  
Note: This is the best estimate available; however, the majority of agencies do not provide many benefits.
  
8. **What rate of pay on average do you offer for this level of work?**  
\$7.29 = Average wage
  
9. **Are you considering or planning to discontinue Medicaid PCW participation?**  
Yes = (0%)                      No = (75%)    Don't Know = (25%)
  
10. **Have you received referrals from Home Health Agencies who have discontinued to provide MA PC services?**  
Yes = (50%)    no = (45%)  
How many times?    Average 16 per year  
Note: Agencies receive many referrals directly from discharge planners, county human service departments and consumers because these referral sources know that many home health agencies are not taking new referrals or have discontinued the provision of MA PC services.

**WISCONSIN MEDICAL ASSISTANCE PERSONAL CARE (MAPC) SERVICES  
FACT SHEET**

**WHAT REIMBURSEMENT RATE HAS BEEN PAID BY THE WISCONSIN MAPC PROGRAM TO PROVIDERS SINCE THE INCEPTION OF THIS PROGRAM?**

JULY 1, 1988	\$9.00 Per Hr. PCW	\$38.72/Supervisory Visit
JULY 1, 1989	\$9.33 Per Hr. PCW (4% increase from 1988)	\$38.72/Supervisory Visit
JULY 1, 1990	\$11.05 Per Hr. PCW (18% increase from 1989)	\$38.72/Supervisory Visit
JULY 1, 1997	\$11.27 Per Hr. PCW (2% increase from 1990)	\$39.49/Supervisory Visit
JULY 1, 1998	\$11.50 Per Hr. PCW (2% increase from 1997)	\$40.28/Supervisory Visit

**WHAT ARE OTHER STATES CURRENTLY PAYING FOR MAPC SERVICES?**

- ILLINOIS           \$41.45 PER VISIT
- INDIANA           \$14.70 PER HOUR
- MICHIGAN       \$12 - 13.00 PER HOUR
- MINNESOTA      \$12.36 PER HOUR
- MISSOURI       \$15.50 PER HOUR (in 1996)

**WHAT ARE THE REASONS WHY THE NUMBER OF INDIVIDUALS RECEIVING MAPC SERVICES HAS NOT SUBSTANTIALLY INCREASED BUT THE UNITS OF SERVICES ARE INCREASING?**

If this is indeed true as the State of Wisconsin reports, although we have not seen statistics to support this theory, the following are all reasons for the increase in MAPC units of service:

- The population of MAPC consumers is aging and needing more service. The MAPC population of recipients is chronically ill, getting older and sicker as the disability progresses.
- Consumers are referring themselves directly to MAPC agencies. They have already been in the system.
- The Balanced Budget Act of 1997 will see more consumers utilizing MAPC

- services/cost shifting as Medicare pays for less and less.
- The changes in the MA PC regulations from 1992 at which time more and more home health aide hours were “bumped” down into the MAPC category.
  - Natural support systems are aging, gone, dying.
  - Some counties have such high waiting lists for county services, MAPC services have been maximized.
  - Counties have expanded MAPC services and to Group Homes and CBRF’s the last couple of years. Most of these individuals have already been in the Medical Assistance system.
  - Most counties have always encouraged full utilization of MAPC services involvement to maximize MA card usage.
  - The move towards cost containment by counties have cost shifted waiver costs to MA card costs.
  - Agencies and counties have attempted to maximize the use of family members to provide increased services needed to existing cases. Agencies have difficulty opening new cases due to serious staff shortages in all parts of the state.

**WHY IS THERE A DESPARATE NEED FOR A RATE CHANGE IN THE MEDICAL ASSISTANCE PERSONAL CARE RATES?**

1. Home Health agencies, Personal Care agencies, County agencies currently have costs on the average which are higher than the MAPC reimbursement rate of \$11.50/hr.(costs to provide services on average range from \$13.96 to \$16.40/hr).
2. There have been home health agencies who have discontinued their MAPC programs or will take no new MAPC referrals making it difficult for consumers to receive services.
3. Low unemployment rates throughout the state are causing serious personal care worker staff shortages and higher wages and more comprehensive benefits are needed in order for agencies providing personal care services to stay competitive in this labor market.

Prepared by: Jean Rumachik  
 Legislative Chairperson  
 Wisconsin Personal Services Alternatives, Inc. (WPSA)  
 9/30/98



## **Birth Defects Surveillance and Prevention**

*Position Supported by the March of Dimes Birth Defects Foundation*

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### **Background**

Each year in Wisconsin approximately 2,000 babies are born with birth defects. Although a state statute exists for birth defects surveillance, Wisconsin's system is not adequately funded or staffed to track these babies. Wisconsin must invest in a *comprehensive* system which can be used to:

- Provide data on the incidence and prevalence of birth defects
- Develop baseline data for research on long-term effects of birth defects
- Target public health resources
- Evaluate public health programs and services

### **Economic Impact of Birth Defects**

Birth defects cost billions of dollars per year for health care and special education services in the United States. A state investment in birth defects surveillance would work to reduce future state health care costs through birth defects prevention. Some facts about birth defects:

- Children with birth defects account for 25-30% of all pediatric hospital admissions.
- The National Centers for Disease Control and Prevention (CDC) cites birth defects systems (and resulting targeted prevention/education services) as a leading contributor to reducing birth defects.
- Accurate data are essential for estimating the economic impact of birth defects.

### **Cost Savings of Preventing Birth Defects**

#### *How Folic Acid Can Prevent Some Birth Defects*

Each year, approximately 4,000 pregnancies in the United States are affected by a defect of the spine (spina bifida) or brain (anencephaly), also known as NTDs (neural tube defects). The B-vitamin folic acid can help to prevent 40 to 70 percent of these birth defects every year. However, according to the Centers for Disease control and Prevention (CDC), most women do not consume enough folic acid daily to protect against these serious birth defects. Public health education is needed.

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### ***Lifetime Cost for Neural Tube Defects***

Based on a lifetime per patient cost of \$294,000 for spina bifida, the 31 Wisconsin cases reported in 1995 would cost \$9,114,000. While aggressive public health education is needed to prevent neural tube defects, Wisconsin lacks a surveillance system that would aid in monitoring and evaluating the success of such an effort.

***Preventing even one case of spina bifida annually would pay for an active birth defects surveillance system in Wisconsin.***

### **Birth Defects Surveillance and Prevention in Wisconsin**

#### **The Past**

Wisconsin's Birth Developmental Outcome Monitoring Program (BDOMP) was established by law in 1988, based on the 1984 Healthy Birth Task Force recommendation to "strengthen current efforts to collect, analyze and utilize maternal and child health data." In the ten years since Wisconsin's BDOMP was established, the state has not fully invested in this important program.

#### **The Present**

BDOMP currently resides in the Division of Public Health within the Program for Children With Special Health Care Needs with GPR funding for one FTE position. Work is underway to rewrite the current legislation to more adequately meet this growing public health need, however, a major financial commitment must be made to ensure that state public health planners have accurate data for health prevention and service planning to prevent birth defects.

#### **The Future**

An active case-find Birth Defects Surveillance system would require a total staff of 6-8 to support data collection, analysis, data quality improvement, and education and prevention activities. Also needed are enhanced computer hardware/software including notebooks for personnel reviewing medical records at hospitals on-site, funding professional consultation and technical assistance.

**March of Dimes Recommendation** - Commit \$400,000 - 500,000 in the state budget for birth defects surveillance to support data collection, analysis, data quality improvement, and education/prevention activities.

*For more information contact:*

*Russell S. Kirby, Ph.D., MS, Associate Professor and Coordinator of Research  
University of Wisconsin Medical School - Department of Obstetrics and Gynecology  
Sinai Samaritan Medical Center - Milwaukee - Phone: 414-219-5610 Email: r.kirby@whin.net*

*Amy L. Richardson, March of Dimes - Phone 414-886-8977 Email: amymod@aol.com*

**Congenital Anomalies**

In 1997, reported congenital anomalies included:

<b>Total Births With Reported Anomalies</b>	<b>1,038</b>
<b>Central Nervous System, Head</b>	<b>49</b>
Anencephalus	7
Spina Bifida/Meningocele	19
Hydrocephalus	16
Microcephalus	5
Other Central Nervous System	9
<b>Heart, Circulatory, Respiratory</b>	<b>142</b>
Heart Malformations	110
Other Circulatory/Respiratory	37
<b>Gastro-Intestinal</b>	<b>82</b>
Rectal Atresia, Stenosis	10
Tracheo-Esophageal Fistula	11
Omphalocele, Gastroschisis	44
Other Gastrointestinal	18
<b>Genito-Urinary</b>	<b>233</b>
Malformed Genitalia	128
Renal Agenesis	14
Other Urogenital	92
<b>Musculoskeletal/Skin</b>	<b>448</b>
Cleft Lip, Palate	75
Polydactyly, Syndactyly, Adactyly	115
Club Foot	63
Diaphragmatic Hernia	23
Other Musculoskeletal/ Integumental	196
<b>Malformation Syndromes</b>	<b>65</b>
Down Syndrome	43
Other Chromosomal	22
<b>All Other</b>	<b>98</b>

Notes: These numbers reflect only those congenital anomalies that can be discerned at birth and are reported on the birth certificate. Many are not detected before the newborn is discharged from the hospital. Since more than one anomaly may be reported for each infant, the column does not add to total. This table is not comparable with congenital anomalies data published prior to 1989; see Technical Notes for explanation.

## Testimony on Birth Defects Surveillance

Wisconsin Joint Finance Committee - April 8, 1999

presented by Amy L. Richardson, Associate for State Public Affairs

### March of Dimes Birth Defects Foundation

Senator Burke, Representative Gard and members of the committee.

My name is Amy Richardson. Thank you for the opportunity to present testimony today on behalf of the March of Dimes Birth Defects Foundation. As you know, the March of Dimes is a national voluntary health organization with a mission to improve the health of babies by preventing birth defects and infant mortality. I am here today to speak on the issue of increased state funding for comprehensive birth defects surveillance in Wisconsin.

But first -- speaking of babies -- I would like to congratulate Senator Kim Plache on the adoption of her baby daughter Eve. And while Senator Plache's baby was not born in Wisconsin, every year approximately 65,000 healthy babies are born in our state. That's the good news. The challenging news is the number of babies born with birth defects and the Wisconsin's limited capacity to collect and use that information for prevention.

Consider these facts:

- Birth defects are the leading cause of death and disability among children of all races and socioeconomic status.
- While we know what causes some birth defects, such as substance abuse, environmental factors, and poor prenatal care, 65% of all birth defects in the country are of unknown origin.
- 150 Wisconsin babies die each year with birth defects as a cause
- It is estimated that 2,000 babies are born with birth defects each year in Wisconsin. I say the *estimated number is 2,000* because the truth is, as a state we simply do not know.

What does that mean - to have a comprehensive birth defects surveillance system? We are talking about data. Collecting the data and using the data as an investment in prevention.

A strong birth defects surveillance program would include:

- active surveillance of some or all areas of the state
- routine analysis of data
- investigation of clusters
- use of information in planning prevention and treatment services
- published reports to share with others
- provision of information to families and communities

What is the current status of the program which is called the Birth and Developmental Outcome Monitoring Program? The program was established by law in 1988. It is underfunded and understaffed with only one full-time staff position. In fact, twice the state has applied for CDC grant dollars for surveillance, and twice we were turned down due to the



weakness of our existing program. The March of Dimes supports the proposed language revision for this program in the state budget which strengthens the program; however, without funding this work is dependent upon information collected on birth certificates - which is not specific enough and cannot account for those babies diagnosed following hospital discharge..

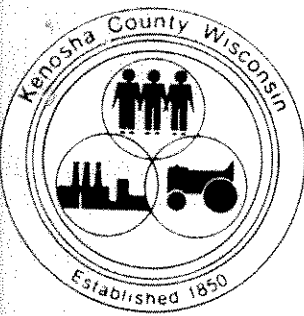
In the recently released report entitled Wisconsin Birth and Infant Deaths 1997, on the page listing congenital anomalies, there is a disclaimer at the bottom of the page stating that "these numbers only reflect those anomalies that can be determined at birth and are reported on the birth certificate. Many are not detected before the newborn is discharged from the hospital." It is tough to hold report writers responsible for this lack of information; but we must hold the state accountable for not providing funds to support this important, baseline data collection and analysis.

Wisconsin is clearly behind the 40 other states who are making birth defects surveillance a priority. There are model programs that show how surveillance and research can be combined to study the relationship of birth defects to factors such as nutrition, tobacco use, occupational hazards, and toxic substances in the environment. Only quality state birth defects surveillance system will accurately identify birth defects and provide data that can be used to study causes.

The parents of children born with birth defects want answers. They don't ask "why me," but why did it happen. Until causes are known, prevention strategies cannot be developed and the cost to you, to the families affected by birth defects and to the residents of Wisconsin will be significant, both financially and emotionally. For \$8 per birth, we could fund the Wisconsin program and begin to collect and use this data.

In closing, I would like to give you an example of how an annual state investment of \$400,000 - \$500,000 could result in cost savings. As you can see, this is a stalk of broccoli - a great source of folic acid. Research shows that folic acid consumed prior to conception and during the first weeks of pregnancy can reduce the incidence of neural tube defects by 40 - 70%. That's spina bifida and anencephaly (born without all or part of the brain) Furthermore, women who have one child with a neural tube defect are many times more likely to have a second. A conservative estimate for the lifetime cost of a child born with spina bifida is in the vicinity of \$300,000. In 1995, the 31 Wisconsin babies born with spina bifida will have a combined lifetime total cost of \$9,114,000. If we could save just one family from this tragedy, we could just about pay for one year of surveillance. And with a comprehensive surveillance system, we would be in a position to identify clusters of such birth defects and prevent them. It happened in Brownsville, Texas. It could happen here.

The March of Dimes urges you to protect communities throughout the state with first-class birth defects surveillance and research program. Additional funding is needed to get Wisconsin where we need to be.. The March of Dimes thanks Senator Plache for her



**KENOSHA COUNTY**  
**DEPARTMENT OF HUMAN SERVICES**  
**DIVISION OF HEALTH**

714 52nd Street, Kenosha, WI 53140

Office (414) 605-6700 / (800) 472-8008 FAX (414) 605-6715

Director-Human Services  
Seymour J. Adler, ACSW, CISW

Director - Health Division  
Frank G. Matteo, H.O., M.A.

April 8, 1999

Senator Brian Burke  
Co-Chair  
Joint Committee on Finance  
Room 316 South, State Capitol  
Madison WI 53707

Re: Local Public Health Issues  
Joint Finance Committee Governor's Budget Hearing

Dear Senator Burke:

I appreciate this opportunity to present this information to your committee today.

As the Kenosha County Health Officer, I have some comments regarding the proposed budget, **first** with the intended public health allocation of the tobacco settlement funds by Governor Thompson and **secondly**, with the lack of adequate funding to local public health departments for childhood immunization outreach and for the creation of a statewide/local central immunization registry.

My first issue is that the distribution of Wisconsin's \$338 million tobacco settlement over the biennium grossly underfunds public health prevention activities to halt childhood/adult tobacco usage in Wisconsin.

Governor Thompson has set aside \$5 million in his 1999-2001 budget, which is **less than 1%** of the total available settlement monies, to reduce our most preventable cause of death in the nation. Furthermore, of the \$5 million allocated, only \$1 million is going directly into prevention activities at the local public health level.

To achieve positive health outcomes in the reduction of tobacco usage in Wisconsin, I am a firm believer that the TRUST Coalition Campaign's concepts will succeed.

The TRUST Coalitions programs are based on the Centers for Disease Control and Prevention formula for the distribution of tobacco monies that is required for each State to overcome the challenges of reducing tobacco usage and they are the route that Wisconsin needs to pursue if we can expect to have a healthier population.

The TRUST Campaign's goal is to earmark up to \$50 million per year (over the life of the funds) for a broad-based action plan that would allocate monies for:

- Annual Funding of Prevention Efforts to Sustain Long Term Efforts
- Prevent Children from Beginning Tobacco Usage
- Assist Smokers Who Want to Quit
- Protect Non-Smokers from Hazardous Effects of Second-Hand Smoke
- Dedicate Significant Funding to Statewide Efforts to Prevent and Reduce Tobacco Usage in Wisconsin
- Monitor Smokers for Symptoms of Tobacco Related Disease and Provide Access to Health Services

Specifically, these dollars from the coalition would go to the media sector, for counter advertising, to research and education (school health education programs for tobacco and cessation programs for adults), and into community-wide interventions, (utilizing community-based organizations) and in ensuring that tobacco users have access to the monitoring of their symptoms and health services, if needed.

A report recently released by the CDC on April 2, 1999, relates that the State of Florida had a 19% drop in youth smoking from March 1998 to March 1999 (the largest teen smoking decline since 1980) from an intense \$70 million anti-tobacco media campaign aimed at children. Other States such as Massachusetts and California, have had similar reductions in teen smoking from their counter-advertising programs.

We know that one in three teens in Wisconsin smoke, that in Kenosha County our teen smoking rate is 37% and our County tobacco usage rate is 29% of our population, which is much too high.

It is also known that since eighty percent (80%) of smokers start by age 18, our most powerful tool is to prevent this from occurring.

Tobacco usage costs Wisconsin 8,000 lives each year and an additional \$1.4 billion in increased health care costs to our residents per year.

The Kenosha County Division of Health would utilize the dedicated monies to target our school-aged children by working in conjunction with school officials. Our school public health nursing staff would conduct education classes (elementary/middle/high school level) on the health risks of tobacco usage, and of environmental tobacco (second hand) smoke, we would enhance our current tobacco cessation classes and would expand that program to include off-hour classes (evenings, Saturdays) throughout Kenosha County, we would partner with local tobacco coalition programs in conducting media counter advertising programs, and we would distribute literature on the negative health effects of tobacco usage.

We would also be able to screen and refer residents, who show symptoms of tobacco related diseases, to our local medical providers for assessment and care, if needed.

My second concern is that if Wisconsin fails to contribute more resources into the local public health departments for childhood immunization outreach activities and the development of local immunization central registries, then we will begin to lose all the positive inroads that we have made in increasing our children's immunities to childhood diseases.

Thanks to our excellent national medical research, we now have ten (10) recommended childhood preventable vaccines that the Kenosha County Division of Health administers on a countywide basis. All of these must be coordinated by public health nurses & staff since they require multiple inoculations at the age appropriate times to ensure the maximum protection of our kids from the likes of measles, mumps, rubella, polio, hepatitis B, tetanus, pertussis, to name a few of our common childhood diseases.

Currently, one in four American children are not fully immunized against childhood diseases. Our public health objective is to have ninety percent (90%) of our children immunized from these diseases by age two. The outreaching into all areas of the community and into all populations is vital to accomplishing this goal.

Because the immunization reporting system is only developed for local public health, we currently only are aware of the percentage of immunized children that utilize our clinics; and in order to have truly accurate numbers, we need to have a central immunization registry that all local providers report data into. The Kenosha County Division of Health would be the Central County registry and all physicians, the schools, our Federally Qualified Health Center and managed care organizations would input data and have access to the data. This system would further be linked regionally and finally Statewide with the Wisconsin Division of Public Health.

We would utilize the funding for the central immunization registry system maintenance, upgrades, and data entry staffing.

When this central immunization system is fully completed, we would then have true assessment and the assurance capabilities so that we could attain the maximum immunization levels for our children's and the community's improved health.

Thank you for the opportunity to appear before you today.

Respectfully Submitted,



Frank G. Matteo, H.O., M.A.  
Health Officer

FGM/nlr

cc: Allan K. Kehl, Kenosha County Executive



April 7, 1999

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**Position Statement to  
THE JOINT COMMITTEE ON FINANCE  
In Opposition To  
PROPOSED CUTS IN BASE COMMUNITY AIDS FUNDING**

Transitional Living Services, Inc. is a nonprofit provider of housing, employment and other community support services for Wisconsin residents with mental illness, most of whom are of low income status. TLS has been in business since 1976, and currently serves over 450 consumers in Milwaukee, Ozaukee, Waukesha and Racine counties in residential and rehabilitative programs. It is not an overstatement to say that for the majority of TLS consumers, the services we provide not only offer their last best hope for a meaningful existence, without those services many would likely lead a life of hopelessness or worse.

Our primary source of funding is the revenues we are paid by the counties with which we contract. Our volunteer Board of Directors raises an additional \$150,000 per year to supplement the Base Community Aids and local tax levy contract dollars we receive, but over 65% of our budget comes from those contract revenues. We are a fiscally responsible and efficient operation dedicated to fulfilling our mission. For example, for the cost of *ten days* hospitalization at the Milwaukee County Mental Health Complex, TLS is able to provide CSP services to a consumer *for an entire year*.

Because of the cuts to Base Community Aids (BCA) dollars, TLS has been faced with reducing services in our residential, Community Support and Targeted Case Management programs. In the most direct ways, reductions in funding inevitably mean waiting lists for people who need medication, housing and treatment, and ultimately will mean making unwanted discharges into the community. In less direct ways, TLS consumers will also be impacted by the curtailment of day treatment services at the Mental Health Complex and the closing of the Outpatient Pharmacy. Moreover, TLS' ability to attract and retain the staff it requires to provide services will be significantly impaired. For TLS, the effects of the BCA cuts are especially harsh as they come on the heels of fiscal year 1998 in which TLS had already agreed to forego a cost to continue increase in its Milwaukee County Contract.



**Position Statement**  
**Joint Committee on Finance**  
**April 7, 1999**  
**Page 2**

The BCA cuts seem particularly unfair given the lack of any forewarning to those most effected by the cuts. Indeed, when objections were raised at the time of the last biennial budget to supplementing State General Purpose Revenue with Federal TANF funds because of the risk of future federal fund cuts, Governor Thompson assured the agencies involved that future federal would not diminish their funding levels. It is now up to the legislature to replace the lost federal funds with GRP revenues.

To those of us involved in helping those who suffer from mental illness, the shortsightedness of the BCA cuts is obvious. People with mental illness who do not receive community services most likely end up in the hospital or in jail, options that are considerably more expensive to the taxpayers. To voters, such budgetary slight of hand smacks of politics as usual. More importantly, in this time of unparalleled prosperity, it is unconscionable to ignore the needs of those people who so desperately need and so greatly benefit from our services in the name of de minimis individual tax relief. For these reasons we urge to use the General Purpose Revenue to restore the BCA cuts in the proposed budget.

Robert E. Wrenn  
President, Board of Directors

**PROJECT: RETIRED & SENIOR VOLUNTEER PROGRAM  
OF RACINE CO.  
CHRIS UDELL-SOLBERG, DIRECTOR**

**SPONSORING AGENCY: CENTER FOR COMMUNITY CONCERNS  
SR. MICHELLE OLLEY, EX. DIRECTOR**

<b>FUNDING FOR 1999</b>	Federal	\$ 8,962
	State	36,437
	Local	<u>22,296</u>
	1999 Budget	\$67,695

**SERVICE AREA: RACINE COUNTY**

**LEGISLATORS:** Senator Kimberly Plache, 21st District  
Senator Robert Wirch, 22nd District  
Senator Mary Lazich, 28th District  
Representative Robert Turner, 61st District  
Representative John Lehman, 62nd District  
Representative Bonnie Ladwig, 63rd District  
Representative Cloyd Porter, 66th District  
Representative Jeff Stone, 82nd District  
Representative Scott Gunderson, 83rd District

**STATISTICS ('98)** Number of active volunteers: 386  
Total number of volunteer hours: 38,672  
Total number of stations: 136

The Retired & Senior Volunteer Program of Racine County has its office housed in the City of Racine, at the Center for Community Concern, 1501 Villa Street. The greater number of our volunteers are from the city of Racine and the adjacent communities which are all part of the heavier populated urban area between Interstate 94 and Lake Michigan. We also serve a fairly large rural area on the west side of Interstate 94.



The focus of RSVP of Racine Co. has been on Intergenerational Programs with the schools and youth serving agencies, connecting senior volunteers with at-risk youth in a variety of ways. Currently we have 76 volunteers serving as tutors and mentors in schools, assisting in school libraries, computer labs and other special areas. Each year RSVP provides 7 Intergenerational Fairs for schools throughout the county serving over 3300 students in 1998, where 30+ volunteers share their skills, crafts, hobbies with the children through demonstration and hands-on activities. Last year we added a special after-school program called Self Care/Safe Smart, which teaches "home alone safety and self care skills" to at-risk children who are often home alone.

RSVP works very closely with the many non-profit agencies of Racine County to fill the ever changing volunteer needs of the community. Our volunteers serve clients from newborn to the dying, such as: babies, at-risk children and youth, foster children, students of all ages, low-income families, physically disabled, hungry and homeless, incarcerated, unwed mothers, homebound elderly, hospital patients, nursing home residents and the terminally ill. At any one time we list between 300-400 volunteer job requests.

The RSVP of Racine County plans to strengthen our focus on intergenerational activities. Additional money will enable our program to develop more volunteer stations connecting RSVP volunteers with at-risk youth, such as Head Start, after-school reading programs, volunteer resource bank for schools, pen pal program, etc.

**RACINE/KENOSHA  
COMMUNITY ACTION AGENCY, INC.**

72 Seventh Street, Racine, WI 53403  
Phone: (414) 637-8377

2000 63rd Street, Kenosha, WI 53140  
Phone: (414) 657-0840

April 8<sup>th</sup>, 1999

**Attention:** State of Wisconsin Joint Finance Committee  
**Concerning:** Wisconsin State Budget... Public Hearings  
**Place:** Racine, Wi ... J. I. Case High School... Thursday April 8, 1999

There are too many low-income Wisconsin residents, period! While the past attempts in our society of addressing impoverished people have been valiant, we as a country have not seen the kinds of successes that we hoped for. That long pursuit of helping poor folks can begin to be realized with the passage of this budget, along with a possible amendment.

The Individual Development Program that I speak of will help create the successful beginning that this program needs for success. **More importantly**, the low-income Wisconsin residents that our agencies serve, will enjoy the same opportunities that you and I have had; a decent paying job, an affordable home, and an economic opportunity to send their children to college.

The kind of economic freedom that the IDA Program in this current proposed budget, brings to the low-income residents of our state, is the same economic freedom that some of us take for granted. Admit it, many of us in this room take the economic opportunities I just mentioned as a simple matter of fact. Some of us have never experienced, nor can even imagine the feeling of very little, or no economic opportunity in our family structure. Please do not allow your own past experiences to formulate your opinion about the proposed IDA Program. Caregivers and social service staff who are members of CAA's all over the state of Wisconsin, can attest to the lack of economic freedom that exists for our poorest residents.

THANK YOU VERY MUCH FOR LISTENING

NAME: Paul Kristoffersen, Planner/Personnel Director

*Paul Kristoffersen*



## City of Racine Health Department

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# Comments Regarding the Need for Additional GPR Funds to Prevent Childhood Lead Poisoning in the State of Wisconsin

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### Key reasons why the City of Racine Health Department supports increased state funding to prevent childhood lead poisoning.

Our situation is critical.

Too many children in the state of Wisconsin are lead poisoned or at risk of lead poisoning. Elevated blood lead levels are associated with harmful effects on our children's learning and behavior, and tragically may result in coma or death. Our state and local health departments have done an admirable job fighting the disease. In the City of Racine alone, the number of lead poisoned children has decreased from 601 to 413 since 1995. Unfortunately, future advances are in jeopardy. Ever decreasing resources are inadequate to address the task set before us. During the last few years in the City of Racine, a reduction of funding has resulted in the elimination of staff positions and supplies dedicated to the fight against lead poisoning. There simply is not enough money allocated to prevent the disease in the state of Wisconsin.

The City of Racine Health Department strongly urges Wisconsin to invest in our children's future. Lead poisoning is a preventable disease, but only if adequate funds are made available and directed to where they are needed most. Resources are needed for local public health departments where there is an identified lead problem. In 1998, \$879,100 in state GPR money was designated for childhood lead poisoning prevention programs. This works out to 17 cents per capita. Surely we can invest more to prevent the devastating health consequences of lead poisoning.

Resources are not only needed by local public health departments, but by property owners as well. In 1998, there were no state dollars available for property owners in the form of grants or loans to use for lead hazard reduction work. Identification of lead poisoned children and potential lead hazards is only part of the equation. Our fight against lead poisoning will truly never be won until resources are made available to abate lead hazards identified in our children's homes. In the City of Racine, lead poisoned children are often displaced because property owners cannot afford to conduct necessary lead hazard reduction work. This results in one lead poisoned child after the other moving from house to house and never being given the opportunity to heal in a lead safe environment.

We have fought the good fight against lead poisoning, but we need to redouble our efforts. Now is the time to invest in the future health of our children. The City of Racine Health Department implores the State Legislature to make available adequate funding for local health departments and property owners to prevent childhood lead poisoning. This burden does not necessarily have to fall entirely on the shoulders of our taxpayers; paint manufacturers could help the fight for as little as a dime surcharge on every gallon of paint sold in the state. Creative measures may need to be enacted.

We are at a turning point. We need to take action. History *should* remember us as the generation who took a stand and accepted the difficult responsibility of preventing lead poisoning. Anything less is failure – for our children and us all.

The state budget in its present form promises a 295 million dollar tax cut without promising to pay for state mandated services. The most distressing underfunding in my opinion occurs in the Youth Aids appropriation which impacts on counties' budgets in three ways: first it fails to reasonably increase state funding for mandated services dictated by courts; second, it increases institutional rate costs; and last and most important, it effectively stifles the ability of counties to develop prevention programs. Kenosha County in 1998 was allotted 3.0 million dollars for juvenile placement costs but we spent 4.1 million.

Meanwhile shared revenues decrease, counties are under a tax cap, and the state curbs the ability of counties to raise revenues by such devices as computer tax exemption and increasing the amount of money retained by the state for administering the county sales tax program OVER AND ABOVE the already inflated cost. I am already hearing outrage about an increase in taxing Social Security income.

Other people will, I am sure, inform you as to how cuts in Community Aids will impact some of our most vulnerable citizens; they will remind you of local Transportation needs and problems; they may even remind you that the courts collect a lot of money and a great deal of it -- three million dollars, I am told -- stays in Madison. Kenosha County contributes 2,195,720 dollars alone.

I urge you members of the Legislature's Joint Finance Committee to work with the counties for the benefit of all of the citizens of Wisconsin and concentrate on our mutual welfare rather than promote a show-off tax cut which will wreak havoc in local budgets.

Presented to the Legislature's Joint Finance Committee at a Public Hearing in Racine on April 8, 1999 by Anne C. Bergo, County Board Supervisor, Kenosha, Wisconsin.

## Department of Health

Diane S. Muri, DPA, MPH  
Public Health Administrator



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Environmental Health Division  
414-636-9203  
FAX 414-636-9165

April 8, 1999

Senator Brian Burke, Co-Chairperson  
Representative John Gard, Co-Chairperson  
Members, Joint Committee on Finance

**WRITTEN TESTIMONY  
ON  
GOVERNOR'S PROPOSED BUDGET  
4-8-99  
BY  
DIANE MURI  
PUBLIC HEALTH ADMINISTRATOR**

On behalf of the Public Health Community and the City of Racine Board of Health, I wish to advocate for adequate funding for tobacco use reduction programs. Tobacco use remains the leading cause of preventable illness and death in our state. Each year the taxpayers of Wisconsin pay over \$200 million in Medicaid costs for tobacco related illnesses. These illnesses and subsequent costs to taxpayers are 100 percent preventable. We know that providing support to currently addicted tobacco users to help them quit smoking effectively reduces the personal and community costs of smoking. We know that targeted community education to teenagers reduces smoking rates in the young. All that is lacking is the funding necessary to allow such programs to work.

The governor's budget proposal would allocate a mere \$2.5 million per year to tobacco research and prevention. Only \$1 million of those funds are allocated for actual prevention programs. Each year tobacco companies spend \$100 million in advertising their products in Wisconsin. What a disparity! Is it any wonder that here in Racine County an estimated 4,110 under-age children, ages 14 to 17 years, smoke? We need to spend more to get the anti-smoking message out.

Fortunately, we have a unique opportunity to fund effective anti smoking campaigns. Wisconsin's share of the tobacco settlement funds is estimated at \$160 million annually for twenty years. The TRUST campaign (Tobacco Reduction Using the Settlement)

*"Caring for the Community"*

requests that \$80 million annually, or approximately 50 percent of the settlement funds, be dedicated to preventing and reducing tobacco use in our state. This money would be used to fund a four pronged approach to reducing tobacco use:

1. counter advertising to de-glamorize the image of tobacco
2. community based programs and initiatives
3. services to help people quit and
4. tobacco-related research and evaluation

A resolution by the City of Racine Board of Health, dated March 8, 1999, in full support of the TRUST campaign is attached. It supports the dedication of \$80 million annually for tobacco use reduction and tobacco use prevention in Wisconsin. The board members recognize tobacco use as a serious problem in our community. Also attached is the written testimony of the president of the Wisconsin Public Health Association concerning the lack of adequate tobacco prevention funding in the governor's proposed budget. The Wisconsin Public Health Association has focused on support of the TRUST campaign as its sole public health legislative issue this year. They recognize that tobacco use is the most important preventable public health problem in our state.

When you consider the allocation of the tobacco settlement dollars, remember these figures:

1. Wisconsin taxpayers currently spend \$200 million in Medicaid dollars alone for tobacco related disease.
2. Tobacco companies spend \$100 million in Wisconsin promoting their products.
3. TRUST is asking for \$80 million in tobacco settlement dollars to prevent the social and economic expenses associated with smoking- the most important, most preventable, health problem in Wisconsin.

Please support the TRUST campaign. Please dedicate \$80 million to preventing our children from becoming addicted to tobacco. Please dedicate \$80 million to preventing premature death due to heart disease and cancer.



March 11, 1999

Senator Rodney Moen  
Health, Utilities  
Veterans & Military Affairs  
PO Box 7882  
Madison, WI 53707-7882

WRITTEN TESTIMONY  
ON  
GOVERNOR'S PROPOSED BUDGET  
3-10-99  
BY  
KATHLEEN M NEWMAN, PRESIDENT

On behalf of the Wisconsin Public Health Association (WPHA) representing over 350 public health professionals throughout the State, I wish to express concern regarding the *tobacco settlement*. The Governor's proposal allocates less than 2 % of tobacco settlement monies to help smokers quit or on measures to keep our young people from taking up the deadly, addictive habit.

We urge the Legislature to take a hard look at what the Governor is proposing. By committing so few dollars to anti-smoking, the taxpayers of Wisconsin will continue to *pay out \$200 million a year in Medicaid expenses* to treat people with tobacco related illnesses. In addition, we will all continue to pay higher insurance rates and higher prices for products due to the high cost of illness care.

This is a *once-in -a-lifetime opportunity to prevent* our young people from getting hooked on tobacco, to reduce the high cost of illness care, and to prevent premature deaths due to heart disease and cancer.

The tobacco settlement is meant to be directed against the Number 1 preventable health problem. *WPHA supports the TRUST campaign and requests \$80 million be dedicated annually to the comprehensive prevention plan* outlined in the TRUST campaign.

**Department of Health**

Diane S. Muri, DPA, MPH  
Public Health Administrator



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**DEDICATION OF TOBACCO SETTLEMENT DOLLARS TO  
TOBACCO CONTROL AND PREVENTION INITIATIVES**

City of Racine Board of Health Resolution March 8, 1999

WHEREAS, Wisconsin has actively participated in a national coalition of states involved in the historic \$206 billion lawsuit settlement with the tobacco industry; and

WHEREAS, the settlement money will be allocated to states on a per capita basis over the next 25 years; and

WHEREAS, Wisconsin's total share of the settlement is expected to total \$5.9 billion; and

WHEREAS, Wisconsin's tobacco settlement provides a once-in-a-lifetime opportunity to invest in prevention to significantly reduce the harmful consequences of tobacco; and

WHEREAS, the Centers for Disease Control and Prevention (CDC) has made state-specific recommendations to fund an innovative, long-range, broad-based plan of action that will prevent and reduce tobacco use in Wisconsin; and

WHEREAS, a coalition of Wisconsin citizens are joining together behind the TRUST campaign, (Tobacco Reduction Using the Settlement) in support of funding for statewide, comprehensive programs of services that will reduce the addiction, disease, disability, and premature death caused by the use of tobacco; and

WHEREAS, TRUST requests the dedication of \$80 million annually, or approximately 50 percent of Wisconsin's settlement funds, to preventing and reducing tobacco use in Wisconsin; and

WHEREAS, the City of Racine Board of Health, supports the TRUST campaign and funding of the four cornerstones of the campaign:

- counter-advertising to de-glamorize the image of tobacco
- community-based programs and initiatives,
- services to help people quit, and
- tobacco-related research and evaluation

THEREFORE, BE IT RESOLVED, that the City of Racine Board of Health supports the dedication of \$80 million annually to fund a comprehensive plan to reduce and prevent tobacco use in Wisconsin.

BE IT FURTHER RESOLVED, that the City of Racine Board of Health forward this resolution to Assembly Members Lehman and Turner, Senator Plache, Secretary Leean, and Governor Thompson for their review and support.

*Bette J. Lasch*

Alderman Bette J. Lasch  
President Board of Health

*Mary Kaprelian*

Alderman Mary Kaprelian

*Frank Tingle*

Alderman Frank Tingle

*Gary E. Becker*

Alderman Gary E. Becker

*William J. Little*

Dr. William J. Little

*John Berge*

Mr. John Berge

*Sherri King*

Ms. Sherri King





of Racine

818 Sixth Street Racine, Wisconsin 53403  
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April 8, 1999

To: Members of the Joint Finance Committee

The Arc of Racine is an organization that advocates on behalf of children and adults with developmental disabilities and their families. I am writing on behalf of our board of directors and members to comment on several areas of the governor's proposed budget and urge your support for much needed change.

**Family Care:** We believe that the reform of the current system is needed but we urge caution in making sweeping changes. We believe that building on what already works should be the approach. We especially believe that the system should *not* be privatized but should remain part of county based services. An alternative proposal written by disability groups is available and we urge that you adopt it.

**Community Aids:** The proposed cut in community aids, added to the lack of any increase in such funding in recent years, has put a burden on counties. Our county's ability to adequately meet the needs of people with disabilities will be lessened. Unfortunately there are many adults that live in Racine County that are cared for by families, rather than institutions and they are most at risk when community aids funding is decreased.

**Family Support:** Even though there are over 1,800 families on a waiting list statewide (over 100 in Racine County) no increase is proposed. Families, that once institutionalize their children with disabilities, need supports so that children can continue to live at home. We ask that the program be fully funded so that no family must "wait" for services.

**School Funding:** The burden on local schools to provide special education services continues to grow. Even with the federal and state laws mandating services, school districts are not able to meet the needs of children who need special education. **The nationwide average**

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- Sandra Engel



Racine Area United Way

The Arc of Racine  
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reimbursement rate is 56%. With the proposed "freeze" of funding, it is expected that our rate will be 25%. We are asking that the reimbursement rate be 50%. We also urge that the statutory language requiring the state to reimburse at 63% be retained.

*Lifespan Respite Care Initiative* Families biggest need is respite care and finding people who will provide such care. We are asking the this new initiative be added to the budget to address the needs of families who are in desperate need of help in caring for children with severe disabilities.

*CIP/COP*: The governor's budget proposes no new COP slots, no new CIP 1B and 1A slots and no increases in rates. The same is true for the brain-injury waiver program. We ask that funds be added and allocated the way the citizens of Wisconsin want--services which enable people to be part of community life.

Several other states have recently invested substantial funds in legislation that has been aimed at ending waiting lists and providing much needed services in the area of disabilities. We ask that you find ways in the budget to make Wisconsin more responsive to the needs of citizens with disabilities.

Sincerely,



Sandra Engel  
Executive Director