Health Services

Public Health

(LFB Budget Summary Document: Page 279)

LFB Summary Items for Which an Issue Paper Has Been Prepared

Item #	Title
2	Communicable Diseases -- Grants to LPHDS (Paper #355)
3	Black Women and Infants' Health (Paper #356
4, 5, 8, 9, 12, & 17	Community Health Center Grants, Grants to Free and Charitable Clinics, Windows Plus Lead Exposure Prevention Program, Tobacco and Vaping Prevention, EMS Funding Assistance Program, and Hearing Aid Assistance (Paper #357)
6, 13, & 15	Bureau of Communicable Diseases Staff -- Epidemiology, Bureau of Communicable Diseases Staff -- Harm Reduction, and Health Data Analysis and Predictive Modeling Team (Paper #358)
10	Health Information Exchange Grants (Paper #359)

LFB Summary Items Removed From Budget Consideration

Item #	Title
1	Health Equity Grants
14	Family Planning and Women's Health Block Grant
23	Drug Repository Program

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June, 2021 | Joint Committee on Finance | Paper #355

Communicable Disease Prevention and Control by Local Health Departments (Health Services -- Public Health)

[LFB 2021-23 Budget Summary: Page 279, #2]

CURRENT LAW

Wisconsin's public health system relies on local health departments (LHDs) to prevent and control the spread of communicable diseases, with support and coordination from state and federal agencies. Wisconsin has 97 LHDs, organized at the city, county, multi-county partnership, or tribal level. They receive funding from several sources, including local levies, state grants that primarily target specific health issues or programs, and federal grants including grants from the Centers for Disease Control and Prevention (CDC).

In recent years, the Department of Health Services (DHS) has allocated approximately $5.2 million in GPR funding and $30.3 million in federal grant funding per year to LHDs through consolidated contracts. This funding comprises approximately two dozen distinct programs offering a wide range of services, including maternal and child health, immunization, nutrition and education services under the women, infants and children (WIC) supplemental food program, lead poisoning prevention, and reproductive health.

However, local levies are the primary source of funding for LHDs. In 2013, the last year for which DHS collected survey information, LHDs reported local tax levy-supported expenditures totaling approximately $78.3 million. In addition, LHD budgets often include significant grants from non-governmental sources, as well as direct charitable contributions and revenue from fees for services.

2017 Wisconsin Act 59 (the 2017-19 biennial budget act) established the state's first GPR-funded grant program that explicitly supports LHD efforts to prevent, trace, and mitigate the spread of communicable diseases, and provided $500,000 GPR annually, beginning in 2017-18, to fund grants under the program. LHDs may use this grant funding for a variety of activities, including

testing for and tracking disease activity, contact tracing, staff development and training, improving communication among health care professionals, public education and outreach, and other infection control measures. DHS allocates approximately half of the total funding as a flat grant of $2,500 to each LHD (97 x $2,500 = $242,500), and awards the remaining funds ($257,500) in proportion to the population in each LHD's jurisdiction. The median annual grant award LHDs receive is approximately $4,000.

Independent of this grant funding and contracts related to other fund sources, current law mandates that every LHD provide the following core services: (a) surveillance and investigation of communicable disease; (b) communicable disease control, including vaccination and outbreak response; (c) interventions to prevent chronic disease and injury; (d) coordinated emergency response; (e) guidance and promotion of practices that support public health; (f) identification and control of health hazards; (g) policy coordination and information assessing the health of their communities; (h) leadership and competent organization; and (i) public health nursing services applied to the preceding requirements. Wisconsin LHDs spend considerably more than their state communicable disease grant amount to meet the first two requirements by supporting this function with local levy and federal funds from the CDC.

The requirements related to communicable diseases apply to approximately 100 different diseases, including food-borne illnesses, sexually-transmitted infections, diseases spread by mosquitos, ticks, and other vectors, influenza, and many others. Diseases of particular concern must be reported to the DHS Division of Public Health, and in some cases the CDC. The state publishes data on around 30 of these, ranging from those that affect fewer than 50 Wisconsinites each year, such as malaria, mumps, and meningitis, to diseases that infect thousands, such as Lyme disease and hepatitis C.

DISCUSSION POINTS

1. Over the past decade and prior to the COVID-19 pandemic, local, state and federal public health spending has generally remained flat or declined, which has limited state and local public health agencies' ability to prevent the spread of communicable diseases. In an April, 2021, article published in *Health Affairs*, the authors researched state and local spending trends in eight categories of public health activity from 2008 through 2018. The authors concluded that the mean and median per capita population-weighted state spending for public health was $80.40 and $62.37, respectively in 2008, but had decreased to $75.83 and $54.28 in 2018. The authors found that per capita mean spending for the control of communicable diseases increased slightly during this period, from $8.73 in 2008 to $9.32 in 2018.

2. LHD staffing levels have followed similar trends, generally decreasing or remaining flat over the past decade. A nationwide study conducted by the National Association of County and City Health Officials indicates that staffing for LHDs decreased by 16% from 2008 to 2019. Public health nurses, which fill key roles for communicable disease control and prevention by conducting testing and providing immunizations, among other services, accounted for most of the staffing decreases during this period.

3. Most of the federal funding related to communicable diseases LHDs receive is provided through CDC grants for public health emergency preparedness (PHEP) and immunizations and vaccines for children. Wisconsin's awards under both these programs have remained roughly flat over the last decade. In 2019, Wisconsin received $11.3 million from PHEP and DHS distributed $5.2 million of this grant to LHDs, allocating the remainder to support public health activities at the state level. Wisconsin's 2019 immunizations award was $7.5 million, of which DHS distributed $1.5 million to LHDs.

4. Several of the federal acts passed in response to the COVID-19 pandemic provided one-time supplements to the PHEP grant and the CDC's epidemiology and laboratory capacity for infectious diseases (ELC) grant. The three large federal response acts passed in 2020 provided a total of $161.1 million to the state in supplements to these two grants. From that amount, DHS has distributed $88.8 million to LHDs. Both federal response acts passed in 2021, the Coronavirus Response and Relief Supplemental Appropriations Act and the American Rescue Plan Act, also provided supplements to the ELC grant. The CDC has allocated $510.5 million to Wisconsin from these acts to date, and it is anticipated that DHS will make further distributions to LHDs. These funds support measures LHDs have taken in response to the COVID-19 pandemic, including testing, hiring and training many new contact tracers to alert people to exposure to the virus and provide guidance to limit its spread, and administering vaccinations. Despite the one-time increase in federal funding, DHS indicates that LHDs have had to reduce or terminate some efforts to prevent and control other communicable diseases, as well as other public health work, to meet the demands of the COVID-19 response.

5. In recent years, the CDC has distributed one-time supplemental funding for state and local health departments to respond to several major communicable disease outbreaks, including Zika, Ebola, and H1N1. Increasing reliance on these grant supplements, which states received after the outbreaks became known, shifts the public health system away from proactive and sustained spending on communicable disease control and prevention. Increasing the ongoing GPR grant would enable LHDs to focus on preventing epidemics and building capacity to mobilize quickly when diseases begin to spread.

6. Some evidence suggests these trends in spending and staffing have had negative impacts on public health outcomes. Wisconsin LHDs and national research, including the article previously cited in *Health Affairs* and articles published in the *Milbank Quarterly* in June, 2020, and *Kaiser Health News* in July, 2020, report that currently available resources are insufficient to deliver the needed level of service, including communicable disease prevention and emergency preparedness.

7. Further, life expectancy has declined and mortality increased for some demographic groups, particularly in connection to the opioid epidemic. The opioid epidemic suggests a need for funding to address broader weaknesses in public health capacity. Opioids, however, also pose threats in the area of communicable diseases: infections such as HIV and hepatitis C can be spread by shared needles and syringes, and controlling outbreaks among injection drug users is a key public health concern. The COVID-19 pandemic has also brought to light weaknesses in the public health system.

8. Aside from historical trends, the primary argument in favor of increasing state support for local communicable disease prevention and control is based on the demonstrated connection

between public health spending and health outcomes. Analysis published in *Health Affairs* in August, 2011, on differences in public health spending and outcomes across jurisdictions finds that a 10% increase in public health spending can be expected to reduce mortality rates from preventable causes, such as heart disease and infant mortality, by 1% to 7%. In Wisconsin, this corresponds to an expected 18 lives saved per year per $1 million in increased public health spending.

9. Investment in public health can create significant cost savings, primarily because public health interventions tend to prevent disease at a lower cost than treatment would require. A systematic review of various public health interventions at the local level published in the August, 2017, issue of the *Journal of Epidemiology and Community Health* found them to typically achieve a return of $4 for every $1 invested. A separate study in the October, 2020, issue of *Health Economics* focusing only on savings to Medicaid in one state found that every $1 invested in LHDs yielded an average reduction of $3 in Medicaid benefits costs. In Wisconsin, after considering the federal share of Medicaid expenditures, this would still suggest a net GPR savings from increased investment in public health.

10. Finally, population growth, rising numbers of elderly residents, and increasing responsibilities of LHDs are trends that would support increasing public support for LHDs.

11. Assembly Bill 68/Senate Bill 111 would provide an additional $5,000,000 GPR annually to increase, from $500,000 GPR to $5,500,000, the funding DHS provides to LHDs as a means of increasing state support for services LHDs provide to prevent and control communicable diseases.

12. The bill contains no statutory changes to the current program. However, current law requires DHS to determine an appropriate formula for allocating the $500,000 in annual grant funding among the LHDs, with the requirement that at least some base level of funding is provided to each LHD and that the remainder is distributed in consideration of population size, target populations, risk factors, and the size of the service area. DHS has not determined the formula the agency would use if additional funding is budgeted for the program. As discussed above, the current formula provides approximately half of the funding as a flat base payment and allocates the remainder in proportion to the total population of each LHD's jurisdiction. Under the current methodology and funding level most of the state funding is provided to LHDs with jurisdictions with fewer than 65,000 residents.

13. Although LHDs would continue to rely on funds from local levies to prevent and control communicable diseases, increasing state support for these activities would improve the consistency of available funding across jurisdictions. Outbreaks in one part of the state quickly affect others, making this consistency in capacity particularly valuable in the area of communicable diseases.

14. This paper presents several funding options the Committee could consider if it wishes to increase state support to LHDs to prevent and control the spread of communicable diseases, including adopting the Governor's recommended funding increase of $5,000,000 GPR per year (Alternative 1), increasing the program by $2,500,000 GPR annually (Alternative 3), and increasing the program by $1,000,000 annually (Alternative 5).

15. Alternatively, in light of the availability of one-time federal funds to assist LHDs in preventing and controlling communicable diseases, the Committee could increase funding for the

grant program by $5,000,000 (Alternative 2), $2,500,000 (Alternative 4), or $1,000,000 (Alternative 6) beginning in 2022-23, rather than 2021-22, which would reduce the amount of GPR required in the 2021-23 biennium to support the program but establish a base funding level increase for the program for the 2023-25 biennium.

16. Finally, given the significant amount of recent federal funding provided to LHDs in the state, the Committee could decide not to provide additional state support in 2021-23.

ALTERNATIVES

1. Provide $5,000,000 annually to increase, from $500,000 to $5,500,000, GPR grant funding DHS provides to local public health departments to prevent and control communicable diseases.

ALT 1	Change to Base
GPR	$10,000,000

2. Provide $5,000,000 in 2022-23 to increase, from $500,000 to $5,500,000, GPR grant funding DHS provides to local public health departments to prevent and control communicable diseases.

ALT 2	Change to Base
GPR	$5,000,000

3. Provide $2,500,000 annually to increase, from $500,000 to $3,000,000, GPR grant funding DHS provides to local public health departments to prevent and control communicable diseases.

ALT 3	Change to Base
GPR	$5,000,000

4. Provide $2,500,000 in 2022-23 to increase, from $500,000 to $3,000,000, GPR grant funding DHS provides to local public health departments to prevent and control communicable diseases.

ALT 4	Change to Base
GPR	$2,500,000

5. Provide $1,000,000 annually to increase, from $500,000 to $1,500,000, GPR grant funding DHS provides to local public health departments to prevent and control communicable diseases.

ALT 5	Change to Base
GPR	$2,000,000

6. Provide $1,000,000 in 2022-23 to increase, from $500,000 to $1,500,000, GPR grant funding DHS provides to local public health departments to prevent and control communicable diseases.

ALT 6	Change to Base
GPR	$1,000,000

7. Take no action.

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June, 2021 Joint Committee on Finance Paper #356

Black Women's Health and Reducing Disparities in Infant and Maternal Mortality (Health Services -- Public Health)

[LFB 2021-23 Budget Summary: Page 280, #3]

CURRENT LAW

The Centers for Disease Control and Prevention (CDC) indicates that health equity is achieved when every person has the opportunity to attain their full health potential, with no one disadvantaged from achieving this potential because of social position or other socially determined circumstances. Health inequities are reflected in differences in length of life, quality of life, rates of disease and disability, severity of disease, and access to treatment. Health disparities are differences in the incidence, prevalence, and mortality of a disease and the related adverse health conditions that exist among population groups.

The Department of Health Services (DHS) administers several programs that can play a role in increasing health equity and reducing health disparities in Wisconsin.

The Division of Public Health is currently budgeted $383,600 GPR annually to fund minority health grants. This program awards grants of up to $50,000 for activities to improve the health of economically disadvantaged minority group members. Grant recipients are required to provide at least 50% in matching funds from other sources. In addition, DHS is required to allocate up to $50,000 of this funding to provide as a grant to a private nonprofit corporation to conduct a public information campaign on minority health. Recently-funded projects include expansions of community health worker services in rural and urban areas, outreach by a local YWCA to promote youth fitness, interventions to reduce the burden of youth tobacco use, and culturally competent mental health outreach and screenings. A list of the 2020-21 grant recipients, along with DHS descriptions of the project goals, is provided as Attachment 1 to this paper.

Several other current state and federally-funded programs also contribute to the promotion

of health equity. The CDC reports that, in 2018, 6.8% of non-Hispanic White adults in Wisconsin were diagnosed with diabetes, compared to 12.5% for Black adults and 12.3% for Hispanic adults. To address these disparities, DHS has funded several organizations that use community health workers (CHWs) to coordinate diabetes care, with a focus on high-risk populations. CHWs specialize in bridging the gaps between healthcare systems and populations they serve. During each of the past several years, DHS has provided approximately $960,000 FED from CDC grants for diabetes prevention and management and $20,000 GPR for these grants.

State and federal funding that supports maternal and infant health care also supports programs that foster health equity, as some of these programs explicitly address gaps in the healthcare system by targeting underserved geographic areas and low-income populations. Wisconsin currently receives $10.8 million per year from the federal Maternal and Child Health Services Block Grant to support a variety of services, including improving access to healthcare for mothers and children, family planning services, and outreach and interventions to promote prenatal and postnatal health. DHS distributes approximately $2.8 million of this funding to local health departments to promote women's and children's health in local communities.

The medical assistance program offers a prenatal care coordination benefit, using federal block grant funds for administrative coordination and outreach. This benefit provides care planning and coordination, health education, nutrition counseling, and connections to services for women with high risk of adverse pregnancy outcomes.

Several other programs administered by DHS are intended to address women's health and infant mortality. The well-woman program, with base funding of $2,428,200 per year, provides preventative health screenings to uninsured or under-insured women and provides $1.4 million annually to local health departments. The state's women's health block grant provides $1,742,000 GPR annually for women's healthcare, including reproductive healthcare, education and counseling, preventative screenings, and family planning services. Two other GPR-supported programs also support maternal and infant health -- $222,700 per year is budgeted annually to reduce fetal and infant mortality and morbidity in the City of Racine, and $188,200 annually supports a statewide outreach and referral program for low-income pregnant women.

DISCUSSION POINTS

1. Different communities in Wisconsin experience significantly different conditions and treatment affecting health, resulting in disparities in a wide variety of health outcomes. This inequity is the product of many interacting factors, including economic inequality, environmental health hazards, and discrimination based on race and ethnicity in the health system and elsewhere. Every community is impacted by these factors in unique ways that cannot be attributed simply to identifiers such as race, but statistical analysis on the basis of race suggests the scale and prevalence of the disparate benefits and harms experienced statewide.

2. The state health plan, *Healthiest Wisconsin 2020,* models health as the product of four factors: a person's behaviors and habits, the direct healthcare services they receive, social and economic conditions they experience, and their physical environment. Attachment 2 illustrates this

model. Health disparities between two groups can arise and be reinforced by disparities in each of these factors. Increasing funding for the current minority health grant program, or approving new initiatives, could support a wide variety of interventions to address disparities in any of these four factors determining health -- as illustrated by the array of funded programs listed in Attachment 1.

3. Social and economic disparities make significant contributions to racial disparities in health in Wisconsin, but the state health plan also identifies these determinants as opportunities for cost-effective interventions. Relatively small investments in programs that counteract social and economic risk factors can yield larger savings by preventing the need for costly medical care. Research cited in the health plan finds strong links between health and access to employment, education, income, housing and social support.

4. Life expectancy is a useful indicator of general health, and the table below shows certain measures of disparities in life expectancy. State death records indicate that White residents in Wisconsin live an average of 15 years longer than Black residents.

Disparities in Life Expectancy at Birth in Wisconsin by Race, 2018

White	76
Asian American	65
Native American	62
Black	61
All Races	75

5. Heart disease serves as an example of a more specific health disparity between communities. In Wisconsin, Black women are seven times as likely as White women to die from a premature stroke (before age 65), and Black men are at four times the risk of White men to die from a premature stroke. CDC data compiled by the Kaiser Family Foundation indicate that Wisconsin has the third-highest racial disparity in the rates of death by stroke in the country.

6. The CDC identifies HIV/AIDS, sexually-transmitted diseases (STDs), and tuberculosis as other health conditions that show significant racial disparities. In Wisconsin, Black residents represent 7% of the population but account for 38% of AIDS deaths; the AIDS death rate among White residents is less than one twelfth as high as the rate among Black residents, the 47th largest White-Black disparity, by state, in the nation. The CDC reports that Black residents diagnosed with HIV are less likely than members of other racial groups to receive care.

7. Wisconsin has similarly large Black-White racial disparities in rates of chlamydia and gonorrhea. The CDC reports that, nationwide, Black men and women are five and seven times as likely as White men and women, respectively, to contract chlamydia. In Wisconsin, Black residents have ten times the risk of White residents; only Pennsylvania has a larger disparity. The CDC reports the rate of cases of gonorrhea among Blacks in the United States was 7.7 times the rate among Whites. In Wisconsin, the rate among Black residents is 24.8 times the rate among White residents. At over three times the national average, this disparity is the largest in the country.

8. Infant mortality also reveals distinct racial disparities. State death records indicate that, in Wisconsin, Black babies die before their first birthday three times as often as White babies, and Native American babies die at twice the rate. The table below shows the infant mortality rates for each racial and ethnic group tracked by the state.

Disparities in Infant Mortality in Wisconsin by Race and Ethnicity, 2016–2018

Race or Ethnicity	Infant Deaths per 1,000 Live Births
Hispanic	6.3
Non-Hispanic	6.1
Non-Hispanic White	4.8
Non-Hispanic Lao or Hmong	6.6
Non-Hispanic Native American	9.1
Non-Hispanic Black	14.6
All Races and Ethnicities	6.2

9. Research cited by the state health plan identifies burdens on the state's economy arising from racial and ethnic health disparities. Poor health, specifically when concentrated in particular communities, negatively affects workforce participation, productivity, and household income, among other economic inputs.

10. AB 68/SB 111 would provide $1,750,000 GPR annually, beginning in 2021-22, to address the racial disparities in women's health by providing targeted grants to organizations led by Black women in Racine, Dane, Milwaukee, Rock, and Kenosha Counties to improve Black women's health. In addition, the bill would provide $1,750,000 annually for DHS to award to organizations that work to reduce racial disparities related to infant and maternal mortality, and one time funding of $500,000 GPR annually in the 2021-23 biennium for DHS to provide as a grant to an entity to connect and convene efforts between state agencies, public and private sector organizations, and community organizations to support a statewide public health strategy to advance Black women's health.

11. Grants focusing specifically on Black women's health provide an opportunity to address health inequities that disproportionately affect women. As previously indicated, race affects women's experience of heart disease much more severely than men's. As another example, Black women are more than three times as likely as White women to die from diabetes in Wisconsin, while the disparity for men is slightly less than a factor of two.

12. Wisconsin's statewide Black infant mortality rate is the highest of any state in the nation, over 30% above the nationwide average of 10.5 deaths per 1,000 live births, according to CDC data for 2018.

13. Wisconsin has significant racial disparities in pregnancy outcomes for mothers as well. Black mothers experience 1.75 times the risk of significant complications from labor or delivery facing White mothers, and five times the risk of dying in childbirth or from complications, based on

DHS data.

14. Infant mortality is an important measure of mothers' health, and another indicator of significant racial disparities particular to women. The table below shows the disparity in infant mortality between Black and White mothers in the state as a whole as well as five selected counties for which the Governor recommends targeting funds.

Racial Disparities in Infant Deaths per 1,000 Live Births, 2009–2018

County	White Infant Mortality Rate	Black Infant Mortality Rate	Ratio
Rock	5.1	17.4	3.4
Racine	5.4	17.3	3.2
Dane	4.2	12.4	3.0
Milwaukee	4.9	14.3	2.9
Kenosha	5.0	12.5	2.5
Statewide	4.8	14.1	2.9

15. AB 68/SB 111 would provide one-time funding of $500,000 GPR in both 2021-22 and 2022-23 as a one-time grant for an organization to act as a statewide coordinator of efforts to promote Black women's health. This entity would bring together state agencies, public and private sector organizations, and community organizations to support a statewide public health strategy. The administration indicates that this funding would be used to respond to the complexity of racial disparities in health and facilitate interventions across different systems and agencies. The funding level of $500,000 per year reflects an estimated need to hire multiple staff to achieve this coordination.

16. While this paper discusses health disparities affecting Black women specifically, disparities exist between other groups in the state as well. Several options are presented for the Committee's consideration, including some or all of the three initiatives recommended by the Governor (Alternatives A1, A2, and A3). However, based on the broad purposes for which funding is currently provided under the minority health grant program, the Committee could instead increase funding for grants under the current minority grant program, so that these initiatives could be evaluated by DHS staff along with other grant proposals (Alternatives B1 through B6).

17. The American Rescue Plan Act provides approximately $2.5 billion to Wisconsin's state government and $2.3 billion to cities and counties in Wisconsin for expenditures made from March 3, 2021, to December 31, 2024, to respond to the public health and economic impacts of the COVID-19 pandemic. The U.S. Department of the Treasury specifies that, because the COVID-19 pandemic deepened health disparities, these funds may be used to improve health outcomes among disproportionately impacted populations. The Treasury provides examples of eligible activities, including funding community health workers, benefits navigators, housing supports, remediation of lead paint hazards, community violence intervention programs, and programs supporting children's mental health. Although there are some differences in target populations and eligible activities, this potential use of federal funds overlaps somewhat with goals of the grant expansions discussed in this

paper. In light of the one-time nature of these federal funds, the Committee could delay providing a GPR grant increase until 2022-23 (Alternatives B2, B4, and B6), thereby reducing GPR expenditures in the biennium, but still providing an ongoing funding increase for the Division of Public Health to address health disparities in the future.

ALTERNATIVES

A. Governor's Proposals

Approve one or more of the following:

1. Provide $1,750,000 annually to award grants to organizations led by Black women to improve Black women's health in Racine, Dane, Milwaukee, Rock, and Kenosha Counties. Modify the current appropriation from which DHS funds minority health grants to contain references to this ongoing allocation.

ALT A1	Change to Base
GPR	$3,500,000

2. Provide $1,750,000 annually to award grants to organizations that work to reduce racial disparities in infant and maternal mortality. Modify the current appropriation from which DHS funds minority health grants to contain references to this new ongoing allocation.

ALT A2	Change to Base
GPR	$3,500,000

3. Provide one-time funding of $500,000 per year in the 2021-23 biennium to an entity to coordinate efforts between state agencies, public and private sector organizations, and community organizations and support a statewide public health strategy to advance Black women's health.

ALT A3	Change to Base
GPR	$1,000,000

4. Take no action.

B. Minority Grant Program

1. Increase funding for the minority grant program by $4,000,000 per year.

ALT B1	Change to Base
GPR	$8,000,000

2. Increase funding for the minority grant program by $4,000,000 per year, beginning in 2022-23.

ALT B2	Change to Base
GPR	$4,000,000

3. Increase funding for the minority grant program by $3,000,000 per year.

ALT B3	Change to Base
GPR	$6,000,000

4. Increase funding for the minority grant program by $3,000,000 per year, beginning in 2022-23.

ALT B4	Change to Base
GPR	$3,000,000

5. Increase funding for the minority grant program by $1,000,000 per year.

ALT B5	Change to Base
GPR	$2,000,000

6. Increase funding for the minority grant program by $1,000,000 per year, beginning in 2022-23.

ALT B6	Change to Base
GPR	$1,000,000

7. Take no action.

Prepared by: Carl Plant
Attachments

ATTACHMENT 1

2020-21 Minority Health Program Grant Recipients

Community Grants

- **F.O.S.T.E.R. of Dane County, Inc.** *Increasing Black Health Equity During Tumultuous Times*
  Recommended Funding Amount: **$48,900**
  The primary goal of this health equity project is to promote the overall wellness and mental health of Black girls ages 11-17, and their families, through a two-generation approach using an innovative online platform. Objectives include enrolling up to 250 Black girls from Dane, Milwaukee and Waukesha counties in the program, providing tools and strategies for resilience to promote healthy living and increase mental and emotional wellbeing, along with supplemental wraparound social services, and developing a statewide dissemination plan for the program. The outcomes of the project are to decrease suicidal thoughts, decrease anxiety or depression and promote overall mental wellbeing in Black families.

- **Lussier Community Education Center** *Pick Up the Mic: Madison Youth Name and Address Racial Disparities*
  Recommended Funding Amount: **$42,700**
  Pick up the Mic encourages Black youth to share their perspectives on racial disparities in education in Madison. In a podcast produced from project interviews, 24 Black high school students and 8 teachers/community leaders will tell the truth about their experience and advocate for change. LCEC will partner with Madison Metropolitan School District to recruit students, teachers and community leaders as well as with Media 22 LLC, an African American owned multimedia company providing high quality audio production and instruction, to produce the podcast recordings.

- **Planned Parenthood of Wisconsin** *Promotores de Salud – Reaching Latinx Families Statewide*
  Recommended Funding Amount: **$50,000**
  The *Promotores de Salud* program will use their existing Latinx networks in multiple WI communities, primarily in southeast Wisconsin, to expand the program's social networks approach to health into four new target geographic areas – La Crosse, Platteville, Wood County and Green Bay. Supporting Latinx community members during COVID-19 and beyond, 20 Community Health Promoters (Promotores) will address Latinx health disparities through outreach, discussions and workshops with 750 Latinx individuals (3,000 friends/family). Goals are to support Latinx communities in accessing basic needs/health resources.

- **Jump at the Sun Consultants, LLC** *Wisconsin We're Better than this: Anti-Racism Public Health Initiative*

  Recommended Funding Amount: **$50,000**

  The primary goal of the project is to design and pilot-test anti-racism learning circles and an anti-racism media campaign to help dismantle structural racism that contributes to tobacco disparities in African Americans. Based in Mequon, the project intends to engage the general public, African Americans in the community and decision makers and employers from various sectors across Wisconsin. The expected outcome is to reduce the prevalence of tobacco use in African Americans by positively changing personal beliefs, social norms, institutional practices and policies.

- **Muslim Community and Health Center**

  Recommended Funding Amount: **$30,500**

  The Muslim Community and Health Center (MCHC) will implement a Minority Health Community Grant to increase awareness and address stigmas regarding tobacco use in the African and Asian Community. The initiative seeks to provide community education to 200 Middle and High School students at Salam School -- an Islamic school located in the city of Milwaukee dedicated to quality academic education in an Islamic environment. MCHC will educate students about prevention of substances including cigarettes, vaping products and hookah utilizing the Wisconsin Department of Health Services information on *Tobacco is Changing*, as well as, the Stanford Medicine Tobacco Prevention Toolkit.

- **Health Connections Incorporated** *COVID-19 Testing & Community Outreach Program*

  Recommended Funding Amount: **$50,000**

  The main goal of this project is to provide targeted onsite COVID-19 testing and contact tracing plus mental health and basic needs assessments with Black/African American populations in Milwaukee County -- the most disproportionately impacted by COVID-19 in Wisconsin. The expected outcome is to fill trust gaps and thereby improve their health and service systems by identifying isolated COVID-19 cases and connecting citizens to clinical, mental health and social services as needed.

- **Aurora UW Academic Medical Group, Inc./Walker's Point Community Clinic** *Walker's Point Community Clinic Hispanic Women's Stress Management Program*

  Recommended Funding Amount: **$30,800**

  Aurora Walker's Point Community Clinic, Wisconsin's largest free clinic located in Milwaukee, intends to expand its evidence-based, Hispanic women's stress management programs -- Venga y Relajese (Come and Relax) and Venga y Siga Creciendo (Come and Keep Growing). Funds will support an increase in programmatic frequency and participant capacity, as well as offer new programs, and allow the Clinic to hire a bilingual Community Health Worker in services of the program expansion. AWPCC patients include a large, non-English speaking Hispanic and immigrant population, many of whom are uninsured and living at or below 200 percent of the poverty line and for whom there is a significant lack of stress reduction programs.

- **YWCA Green Bay-De Pere** *Fitness Exploration for Minority Middle Schoolers*
  Recommended Funding Amount: **$33,500**
  This program by YWCA Greater Green Bay (YWCAGGB) aims to help low-income minority middle school students try many different styles of physical fitness activities in an effort to help kids connect with a fitness activity they can take with them their entire lives. YWCAGGB will introduce 80 low income, American Indian, African American and Latino middle school students in the Greater Green Bay area to 10 fitness activities, with the ultimate long-term goal of cultivating an interest in physical activity and gaining lifelong healthy habits.

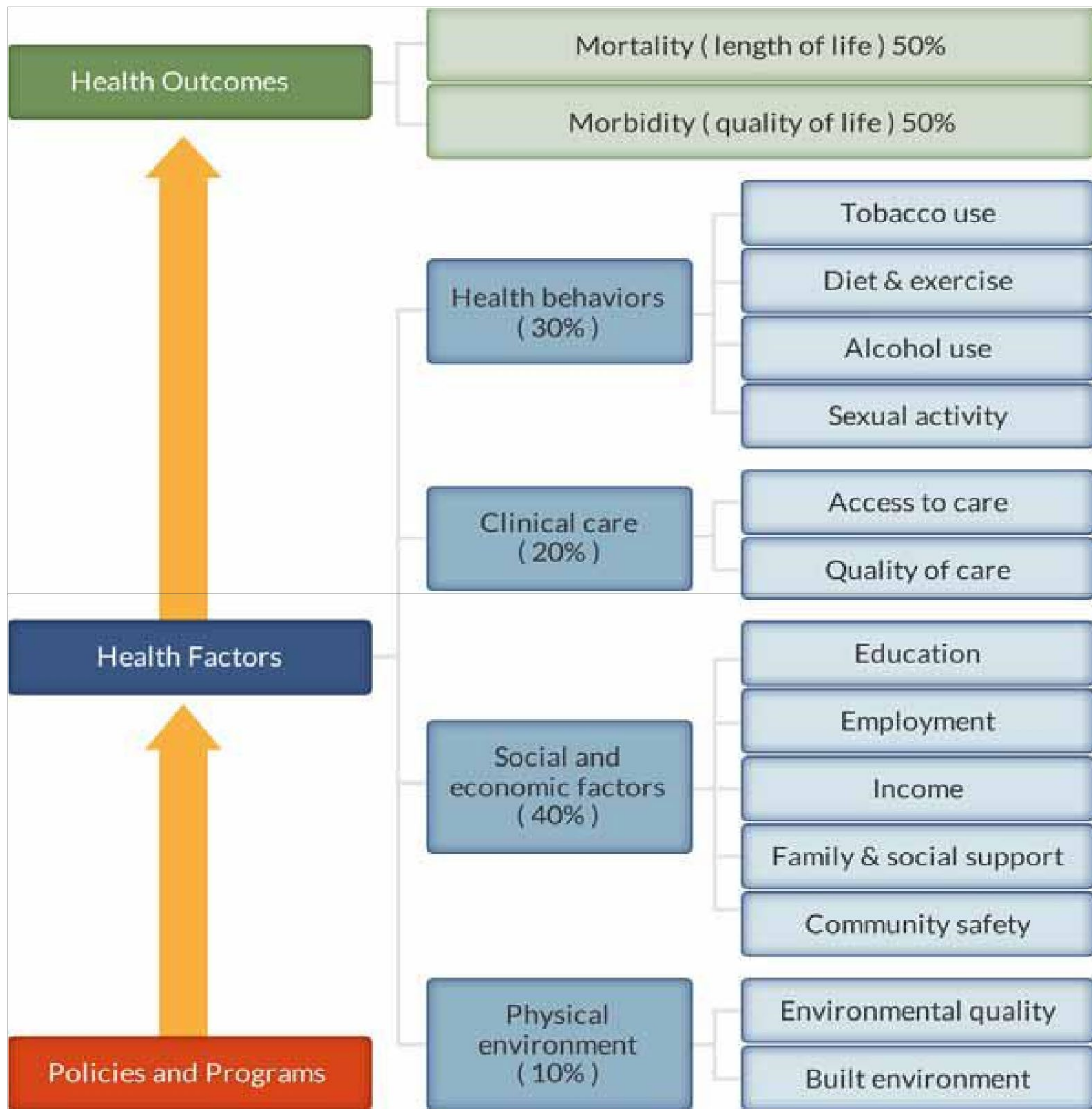
- **One RBN Wellness, Inc.** *The RBN (Relate, Build, Nurture) Project*
  Recommended Funding Amount: **$13,600**
  One RBN Wellness, Inc. is a non-profit organization located in Shawano, WI. The RBN (Relate, Build, Nurture) Pilot Project is aimed at improving community and family relationships, increasing mental health awareness, and improving outcomes for at risk American Indian youth. The project will engage youth and adult support in activities that will promote healing and education, including family education sessions aimed at mental health screening, awareness, education and resource provision, as well as sessions focused on traditional American Indian arts with a local artist.

Public Health Information Campaign

- **Centro Hispano of Dane County** *ACEs Prevention among Latino Immigrant families in response to the COVID-19 Pandemic*
  Recommended Funding Amount: **$33,600**
  This project will create and disseminate culturally and linguistically appropriate videos to prevent risk of ACEs in Latinx immigrant community during the COVID-19 pandemic. Two licensed bi-cultural and bilingual mental health providers and an experienced community health promoter will develop 6 training videos in Spanish to provide current information and resources around mindfulness, healthy communication, mental, emotional and spiritual health and child development.

ATTACHMENT 2

Model of the Determinants of Public Health



Source: University of Wisconsin School of Medicine and Public Health, *Mobilizing Action Toward Community Health, County Health Rankings.* Accessible at http://www.countyhealthrankings.org/about-project/background.

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June, 2021 Joint Committee on Finance Paper #357

Public Health Grant Programs (Health Services -- Public Health)

[LFB 2021-23 Budget Summary: Page 280, #4, Page 280, #5, Page 283, #8, Page 283, #9, Page 284, #12 and Page 287, #17]

CURRENT LAW

The Department of Health Services, Division of Public Health (DPH) administers several state-supported health programs for which the Governor has recommended funding increases.

Community Health Centers and Free and Charitable Clinics. In 2020-21, the Department of Health Services (DHS) is budgeted $5,990,000 GPR to fund four types of grants to community health centers and free and charitable clinics. First, DHS is budgeted $5,390,000 GPR annually to provide grants to federally qualified health centers (FQHCs) in amounts proportional to grants these FQHCs receive from the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA). Second, 2019 Wisconsin Act 9 directed DHS to allocate $500,000 GPR annually, beginning in 2019-20, to free and charitable clinics, which are not defined in statute. Third, DHS is directed to allocate $50,000 GPR annually to a community health center in the City of Milwaukee (currently the Sixteenth Street Health Center receives this grant). Finally, DHS is directed to allocate $50,000 GPR annually to HealthNet of Janesville, Inc. (now HealthNet of Rock County).

Windows Plus Lead Exposure Prevention Program. Under this program, initiated in 2019-20 but suspended during the COVID-19 pandemic, DHS provided funding to renovate homes built before 1950 that were inhabited or frequently visited by low-income families with children. The program focused on high-risk components, such as windows, porches, floors, and siding.

Tobacco and Vaping Prevention. DHS funds a tobacco use control program, which supports grants for a variety of tobacco and cessation activities. Base (GPR) funding for this program is $5,315,000 GPR.

EMS Assistance. The emergency medical services (EMS) funding assistance program

provides annual grants to all public ambulance service providers, including volunteer fire departments, nonprofits, and counties or municipalities that operate their own ambulance service or contract with a private provider. Grants consist of a uniform base allocation to each provider, an additional amount based on population served, and funding for providers who apply for assistance with training, examinations, and licensure. Base funding for the program is $1,960,200 GPR.

Hearing Aid Assistance Program. The program provides up to $250 per device towards the cost of a telecoil, Bluetooth-enabled hearing aid, or cochlear implant external processor to Wisconsin residents who; (a) have income under 200% of the federal poverty line; (b) are not enrolled in the MA program; and (c) complete a hearing loss certification form. Base funding for the program that supports interpreter services and telecommunications aids for individuals who are hearing impaired is $178,200 annually. DHS uses this funding to reimburse hearing interpreters and, subject to availability of funds, operate several financial assistance programs for telecommunication equipment for low-income people with hearing impairments, including the hearing aid assistance program.

DISCUSSION POINTS

This paper provides information on the items in Assembly Bill 68 and Senate Bill 111 that would increase funding for current grant programs.

Federally-Qualified Health Centers -- State Supplement

1. AB 68/SB 111 would provide $2,000,000 annually to increase, from $5,490,000 to $7,490,000, annual funding for grants DHS distributes to community health centers. This funding increase is identical to the funding increase that would be provided under 2021 Assembly Bill 66 and a companion bill, 2021 Senate Bill 59. Both bills have bipartisan sponsorship. Consequently, this item could be addressed as separate legislation, apart from the state budget bill.

2. FQHCs are nonprofit or public organizations that provide comprehensive primary health care services to underserved areas and populations, including migrant agricultural workers and people experiencing homelessness. All FQHCs must meet federal requirements, such as offering services to all persons, regardless of ability to pay, charging patients for services based on a sliding fee scale, and providing services that promote access and engagement in health, such as patient and community health education. Although many health centers provide similar services -- including free and charitable clinics, rural health centers, and 'FQHC look-alikes' -- FQHCs are health centers that qualify for federal grants under Section 330 of the federal Public Health Service Act. The U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA) provides federal funding and oversight of FQHCs.

3. There are 17 FQHCs in Wisconsin that received a total of $47.5 million in awards under section 330 in federal fiscal year 2019-20, as shown in the second column of Attachment 1. DHS is directed to make supplementary GPR-funded grants to each FQHC in amounts that are

proportional to the amount of their federal Section 330 award, totaling $5,390,000 each year. These awards for state fiscal year 2020-21 are shown in the first column of the attachment.

4. Together, these state and federal grants account for approximately 10% of FQHCs' revenue in 2018. In that year, 69% of FQHC revenue was provided through medical assistance reimbursement, 12% from private insurance and self-pay; 4% from Medicare, and 5% from other grants, such as the Ryan White HIV/AIDS program. In 2018, revenues to all FQHCs totaled $500.7 million from all sources.

5. In response to the COVID-19 pandemic, several state and federal programs have provided financial assistance to FQHCs, as shown in the final four columns of Attachment 1. The Coronavirus Aid, Relief, and Economic Security (CARES) Act granted $2,257.7 million to Wisconsin as reimbursement for certain COVID-19–related costs from the Coronavirus Relief Fund (CRF), DHS allocated part of this funding to reimburse healthcare providers for COVID-19–related losses, creating the CARES Act Provider Payment Program and reserving $20 million specifically for FQHCs, rural health clinics, and free clinics. As shown, FQHCs received a total of $11.9 million.

6. The federal government made similar reimbursements to healthcare facilities through the Provider Relief Fund, granting Wisconsin FQHCs a total of $15.4 million to date. Authorized through various federal Acts, the Health Resources and Services Administration (HRSA) also made three separate grants to support FQHCs and their COVID-19 testing efforts. Together, these grant programs provided $22.2 million to Wisconsin FQHCs in 2020. Subsequently, the American Rescue Plan Act (ARPA) authorized HRSA to provide additional supplemental grants, including $59.1 million received by FQHCs in Wisconsin. Finally, the federal Paycheck Protection Program provided $27.1 million in forgivable loans to support FQHCs in Wisconsin, as of December 2020. For FQHCs, generally the entire loan amount will be forgiven.

7. The additional funding FQHCs received as part of the federal COVID-19 legislation is one-time funding that was provided specifically to address FQHC costs related to the COVID-19 pandemic. The Governor, in his budget bill, and legislators that authored AB 66 and SB 59 support a permanent, ongoing increase in state funding to support the work of FQHCs.

Free and Charitable Clinics -- State Grant Program

8. AB 68/SB 111 would provide $2,000,000 annually to increase, from $500,000 to $2,500,000, annual funding for grants DHS distributes to free and charitable clinics and specify this annual allocation amount in statute.

9. In addition, AB 68/SB 111 would create a statutory definition of "free and charitable clinics" as health care organizations that: (a) are nonprofit and tax exempt or are a part of a larger nonprofit, tax-exempt organization; (b) are located in Wisconsin or serve Wisconsin residents; (c) serve only people who are uninsured, underinsured, or have limited or no access to primary, specialty, or prescription care; (d) provide one or more of medical care, mental health care, dental care, or prescription medications; (e) use volunteer health care professionals, nonclinical volunteers, and partnerships with other health care providers to provide these services; and (f) are

not federally qualified health centers (FQHCs) or reimbursed by Medicare or medical assistance as FQHCs.

10. Free and charitable clinics are not currently defined in statute. However, for purposes of administering the $500,000 GPR annual grant program created in Act 9, DHS used the definition of "free and charitable clinics" that the Governor proposes in the bill. Free and charitable clinics have the same mission as FQHCs, but are not regulated and funded under HRSA's FQHC program. The Committee could include the statutory language definition as proposed in AB 68/SB 111 (Alternative B5). However, given that DHS will likely continue to administer the program without the statutory changes, the Committee could decide not to include it in their version of the bill (Alterative B6).

11. Attachment 2 to this paper lists the current free and charitable clinics, as they appear on the website of the Wisconsin Association of Free and Charitable Clinics.

Windows Plus Lead Exposure Prevention Program

12. AB 68/SB 111 would provide $961,800 in 2021-22 and $1,054,800 in 2022-23 and 1.0 position, beginning in 2021-22, to resume the Windows Plus lead exposure prevention program that DHS initiated in 2019-20 with one-time funding that was provided for lead abatement projects in 2019 Act 9. The program provided lead-safe renovation in homes built before 1950 that were inhabited or frequently visited by low-income families with children and focused on high-risk components, such as windows, porches, floors, and siding

13. A lead hazard is present if a home has wood or metal that has lead in it that is able to come off of the wood or metal. Often, a hazard is created when lead-based paint is chipping or peeling. Opening doors and windows can create lead dust from these sources, a source of lead poisoning, especially among children. Abatement may involve removing and replacing the hazardous material or applying a coating to the surface of the material that seals the lead into the hazardous material.

14. Currently, DHS provides related lead abatement services through the lead safe homes project (LSHP), funded in part by federal funds from a children's health insurance program (CHIP) health services initiative. However, participation in the LSHP is limited to housing units that meet certain requirements that do not apply under the Windows Plus lead exposure prevention program. For example, under the LSHP program, the unit must be inhabited by children enrolled in medical assistance, a formal lead risk assessment must be conducted by a certified assessor, and all workers on the site must be certified as lead abatement workers or supervisors. The Windows Plus lead exposure prevention program would fund renovation projects that are ineligible for funding under the LSHP program.

15. Attachment 3, prepared by DHS, shows the difference between the LSHP and Windows Plus Program.

16. As of September 2020, 132 homes had been enrolled in the LSHP program. The costs of lead abatement work average between $25,000 and $35,000, including contractor costs and

additional costs of family relocation, grant administration, lab tests and property assessment activities.

17. DHS estimates that the funding amount in the bill would provide lead-safe renovations to approximately 47 homes in 2021-22 and 53 homes in 2022-23. The cost estimate includes indirect costs such as administration and relocation of resident families

18. In late September, 2020, the U.S. Department of Housing and Urban Development (HUD) awarded Wisconsin a $3.4 million lead hazard control and healthy homes grant to fund lead poisoning prevention work for three years. DHS intends to use the grant to identify and control lead-based paint hazards in 125 eligible privately-owned rental or owner-occupied homes, reach at least 500 people through educational events, add a website dedicated to preventing lead poisoning that provides information and referrals, and provide training to 80 individuals in lead risk assessment or lead hazard control activities. Kenosha County was also awarded $4.0 million under the HUD program to address 204 housing units for low-income families with children.

Tobacco and Vaping Prevention

19. AB 68/SB 111 would provide $2,000,000 GPR in 2021-22 to fund a new public health campaign aimed at preventing initiation of tobacco and vapor product use. The bill would authorize DHS to include in the new public health campaign grants for local and regional organizations working on youth vaping and providing cessation services. In addition, the bill would require DHS to include the new public health campaign in a required annual report to the Legislature detailing and evaluating the tobacco use control grants, beginning April 15, 2022.

20. Tobacco is the leading cause of preventable death in the United States. The Centers for Disease Control and Prevention (CDC) estimates that:

- Cigarette smoking causes about one of every five deaths in the United States each year (approximately 480,000 deaths annually);

- The life expectancy of smokers is at least 10 years shorter than for nonsmokers; and

- Quitting smoking before the age of 40 reduces the risk of dying from smoking-related diseases by about 90%.

The adverse health consequences of smoking are well documented in a 943-page, 2014 report from the Surgeon General, *The Health Consequences of Smoking -- 50 Years of Progress*, which is available at The Health Consequences of Smoking - 50 Years of Progress: A Report of the Surgeon General (nih.gov).

21. In March, 2015, the American Journal of Preventive Medicine published an article, *Annual Healthcare Spending Attributable to Cigarette Smoking: an Update*, in which the authors estimated health care spending attributable to cigarette smoking by using data from the 2006-10 Medical Expenditure Panel Survey (MEPS). MEPS is a set of large-scale surveys of families and individuals, their medical providers, and employers across the United States that is considered to

be the most complete source of data on the cost and use of health care and health insurance coverage.

Using statistical analytic methods, the authors estimated that 8.7% of annual healthcare spending in the United States could be attributed to cigarette smoking, (with a 95% confidence interval (CI) of between 6.8% and 11.2%), and that 15.2% of Medicaid expenses were attributable to cigarette smoking (with a 95% CI of between 6.2% and 27.4%). By applying the 8.7% estimate to total annual healthcare spending in 2010, the authors estimated that, nationally, approximately $170 billion of healthcare spending was attributable to cigarette smoking.

By applying the estimate of the percentage of total Medicaid spending attributable to cigarette smoking (15.2%) with the current (all funds) estimate of gross Wisconsin MA benefits spending in 2020-21 ($11.4 billion), it is estimated that approximately $1.7 billion of Wisconsin Medicaid benefits costs in this year may be attributable to cigarette smoking.

22. DHS estimates that approximately 7,000 Wisconsin residents die each year from smoking-related illnesses, and that the direct health care cost of smoking, including physician visits, hospitalizations, and medications is approximately $3.0 billion per year across all public and private payors.

23. Nearly all tobacco use begins during youth and young adulthood. Responses from the Department's 2019 Youth Risk Behavior Survey indicate that 46% of high school students have tried an electronic vapor product. Electronic cigarettes, little cigars, smokeless products, sweet candy flavors and new products designed to hide addition are targeted at young people, and are commonly accessible. The minty flavor of menthol makes tobacco appealing to youth and it is widely believed that the industry uses sweet flavorings and menthol to target young people.

Further, many products containing tobacco are produced to disguise their contents, such as electronic smoking devices with toy-like shapes and colors that may look like a makeup compact, a USB drive, a writing pen, or highlighter. Wearable products may have secret pockets, hidden tubes, and mouthpieces that enable youths to use e-cigarettes without being noticed.

24. The use of electronic smoking devices has significantly increased, both nationwide and in Wisconsin. DHS reports that current e-cigarette use among Wisconsin high school students increased 154 percent between 2014 and 2018. In 2014, nearly 8 percent of Wisconsin high school students were using e-cigarettes. In 2018, that number had increased to 20 percent. Further, the age of initiation is also getting younger. DHS survey information suggests that 96 percent of middle schoolers who have ever used an e-cigarette first tried one before the age of 13.

25. DHS indicates that, of the $2.0 million in one-time funding recommended by the Governor, it would allocate approximately 70 to 75% of the funding to support a public health media campaign and 25 to 30% to fund grants to fund private media efforts that promote treatment options and access to cessation programs. The Department would begin reviewing market research to determine what campaign materials are currently available that would likely be effective in preventing youth from using e-cigarettes, including materials from the CDC's Media Campaign Resource Center. This work may include using focus groups or surveys with teens, using current

materials. If DHS determines that the current materials would be effective, most of the media campaign would be focused on buying media time.

26. If DHS determines that existing campaign materials would not be effective, DHS would develop an original e-cigarette youth prevention campaign. This would involve using focus group and online research to determine what youth need to hear about the topic and what messages they would find most effective. It would likely build on the current "Tobacco is Changing" campaign, which educates Wisconsin parents on e-cigarettes, flavored tobacco products, and other issues.

27. The outreach grants would be provided to local community Alliances, FACT groups, community based-organizations serving youth and young adult populations most affected by the targeting and use of e-cigarettes, and state-wide programs such as the Quit Line. The goals of these grants would be to extend the message of the paid media campaign by engaging members of the community in that educational outreach. The messaging will focus both on the youth e-cigarette prevention campaign and the promotion of cessation resources available in Wisconsin such as the Quit Line and Not on Tobacco (N-O-T), a school-based program to assist youth quit smoking.

28. The DHS Division of Public Health currently administers the tobacco use control grant program, funded at $5,315,000 annually. Attachment 4 provides information on the grants DHS supported with its base funding in 2020-21.

29. Several options are available to the Committee to address this issue, including adopting the provisions in AB 68/SB 111 (Alternative D1), providing less funding than would be provided in AB 68/SB 111 (Alternative D2), providing an ongoing increase to funding DHS provides under the current tobacco use control and prevention program (Alternatives D3 and D4), or maintaining base level funding of $5,315,000 (Alterative D5).

EMS Assistance

30. AB 68/SB 111 would provide $239,800 annually to increase, from $1,960,200 to $2,200,000, annual funding for grants DHS distributes to public ambulance service providers. This funding increase is identical to the funding increase that would be provided under 2021 Assembly Bill 96, which has been recommended for passage on a vote of 16-0 by the Assembly Committee on Health, and 2021 Senate Bill 88, which has been referred to the Senate Committee on Government Operations, Legal Review and Consumer Protection. Both bills have received bi-partisan sponsorship. Consequently, the Committee could address this item as separate legislation, apart from the state budget bill.

31. The Division of Public Health administers the emergency medical services (EMS) funding assistance program (FAP) by distributing funds for several purposes.

DHS distributes funds to ambulance service providers that are public agencies, volunteer fire departments or nonprofit corporations to purchase ambulance service vehicles, vehicle equipment, EMS supplies and equipment, and emergency medical training. DHS disburses these funds under a formula that ensures that each ambulance service provider receives an identical base

amount, plus a supplemental amount based on the population of the ambulance service provider's primary service or contract area. If a public agency has contracted for ambulance service with a provider that operates for profit, DHS distributes the funds to the public agency. The state funds are meant to supplement, rather than supplant, local funding for ambulance services.

The funding is also available to purchase training required for the initial licensure and licensure renewals for the providers' emergency medical technicians (EMTs), for initial certification and renewals of emergency medical responders (EMRs), and to pay for the administration of examinations for EMTs and EMRs.

32. As a condition of relicensure, ambulance providers are required to submit financial reports of expenditures of funds each ambulance provider received under the program. In addition, DHS may require financial reports from ambulance services contracted by public agencies, volunteer fire departments, and nonprofit corporations.

The state's EMS Board provides recommendations to DHS relating to the state's emergency medical services programs, including the recommended formula for allocating funding under the FAP. In 2019-20, DHS distributed funding as follows:

- For EMS support and improvement, each ambulance service provider received a base rate of $3,588 plus an additional award of $0.03 per capita for the population of the provider's primary service area.

- For EMS training, the total amount available equaled the total funding budgeted for the program ($1,960,200 GPR), less the amount allocated for the support and improvement activities component of the formula. Each qualified service received a base distribution, equal to half of the funds available for training divided by the number of qualified services that applied, with the remaining half allotted to services based on run volume, the number of EMTs and responders on the ambulance provider's service roster, and the population of the service area.

33. Attachment 5 lists the 2019-20 grant amounts DHS awarded to the EMS providers participating in the program.

34. The program was created in 1989 Wisconsin Act 102, which provided $2,200,000 ($1,100,000 GPR and $1,100,000 SEG from the transportation fund), beginning in 1990-91 to support EMS services. Since that time, there have been several programmatic and funding changes. However, the amount of assistance the state has provided to these EMS units has not exceeded the 1990-91 appropriation amount (30 years). Further, as over 300 EMS units are currently eligible for assistance under the program, the amount each unit receives is relatively modest. For these reasons, the Committee could provide a funding increase greater than proposed by the administration or in separate legislation. Alternative E2 would increase funding for the assistance program to $3.0 million GPR per year.

Hearing Aid Assistance Program

35. AB 68/SB 111 would provide $321,800 GPR annually to increase from $25,000 to $346,800 funding DHS would be allocated for the hearing aid assistance (HAA) program. DHS created the program in February, 2021, as part of the telecommunications assistance program (TAP). The statutes currently provide DHS with broad authority to provide assistance to hearing impaired persons to secure telecommunication devices capable of serving their needs, but limits this assistance to individuals who: (a) are certified as deaf or severely hard of hearing by a physician or audiologist; and (b) live in families with adjusted gross income less than 200% of the federal poverty level.

36. TAP currently provides four types of assistance. First, the TAP copay program funds the $100 copay costs required by the telecommunications equipment purchase program available through the Public Service Commission for the purchase of approved distance communications devices. Second, the program funds up to $150 toward an applicant's purchase of an approved device when there are additional out-of-pocket costs that would be a hardship for the applicant to pay. Third, up to $250 is available to cover the costs of approved specialized telecommunications equipment for individuals who do not apply under the first two programs. Finally, the TAP HAA program provides funding towards the purchase of new hearing aids and cochlear implant external processors to increase the efficiency and use of telecommunications devices for distance communications. TAP HAA can provide up to $250 towards the cost of a telecoil or Bluetooth-enabled hearing aid or cochlear implant external processor. TAP HAA is available to eligible applicants with an out-of-pocket expense.

37. DHS rules (HS 78) provide additional guidance regarding eligibility and benefits under TAP. For example, the rules specify that individuals who are eligible for or receiving services from the Department of Workforce Development's Division of Vocational Rehabilitation (DVR) are first evaluated by DVR to determine whether a telecommunications device can be provided through that program, in which case the individual can apply for assistance under the program. The rules specify that all assistance is provided on a first-come, first-serve basis, and are subject to the availability of funds. The program is administered through vouchers DHS issues, which can be redeemed with DHS-approved vendors.

38. TAP is funded by a sum certain GPR appropriation which also partially supports hearing interpreter services. The following table summarizes funding budgeted for DPH's hearing-impaired services, including base funding and funding that would be provided under AB 69/SB 11.

Services for Hearing Impaired Persons Program Funding

	Base	Governor Change to Base	Total Under Bill
GPR			
Interpreter Services*	$96,200	$0	$96,200
Telecommunications Assistance Program (TAP)			
Hearing Aids Assistance	25,000	321,800	346,800
Other Assistance**	57,000		57,000
GPR Total	$178,200	$321,800	$500,000
PR			
Interpreter Services	$129,900	$0	$129,900
Total (All Funds)	$308,100	$321,800	$629,900

*Excludes $90,000 GPR DHS has allocated for this purpose under the treatment program grants program created in Act 9, which is not directed specifically for services for hearing impaired persons.

**Includes copayment assistance, equipment purchase assistance, and TAP Plus (specialized telecommunications assistance).

39. As the HAA program is relatively new, it is not known what the potential demand for program benefits will be. However, the program is not an entitlement program, so DHS will continue to administer the program on a first-come, first serve basis. The funding increase in the Governor's budget appears to be based on a goal of providing $500,000 GPR annually to support all benefits under the TAP program.

ALTERNATIVES

A. Federally Qualified Health Centers

1. Increase grant funding for FQHCs by $2.0 million GPR per year.

ALT A1	Change to Base
GPR	$4,000,000

2. Increase grant funding for FQHCs by $1.0 million GPR per year.

ALT A2	Change to Base
GPR	$2,000,000

3. Take no action.

B. Free and Charitable Clinics

Funding

1. Increase grant funding for free and charitable clinics by $2.0 million GPR per year.

ALT B1	Change to Base
GPR	$4,000,000

2. Increase grant funding for free and charitable clinics by $1.0 million GPR per year.

ALT B2	Change to Base
GPR	$2,000,000

3. Increase grant funding for free and charitable clinics by $0.5 million GPR per year.

ALT B3	Change to Base
GPR	$1,000,000

4. Take no action.

Statutory Change

5. Add the statutory definition of "free and charitable clinics," as described in Discussion Point 9.

6. Take no action.

C. Windows Plus Lead Exposure Prevention Program

1. Provide $961,800 in 2021-22 and $1,054,800 in 2022-23 and 1.0 position, beginning in 2021-22, to resume the Windows Plus lead exposure prevention program.

ALT C1	Change to Base	
	Funding	Positions
GPR	$2,016,600	1.00

2. Provide $461,800 in 2021-22 and $505,800 in 2022-23 and 1.0 position, beginning in

2021-22, to resume the Windows Plus lead exposure prevention program.

ALT C2	Change to Base	
	Funding	Positions
GPR	$1,016,600	1.00

3. Take no action.

D. Tobacco and Vaping Prevention

1. Provide $2,000,000 GPR in 2021-22 to fund a new public health campaign aimed at preventing initiation of tobacco and vapor product use. Authorize DHS to include in the new public health campaign grants for local and regional organizations working on youth vaping and providing cessation services. Require DHS to include the new public health campaign in a required annual report to the Legislature detailing and evaluating the tobacco use control grants, beginning April 15, 2022.

ALT D1	Change to Base	
	Funding	Positions
GPR	$2,000,000	1.00

2. Provide $1,000,000 GPR in 2021-22 to fund a new public health campaign aimed at preventing initiation of tobacco and vapor product use. Authorize DHS to include in the new public health campaign grants for local and regional organizations working on youth vaping and providing cessation services. Require DHS to include the new public health campaign in a required annual report to the Legislature detailing and evaluating the tobacco use control grants, beginning April 15, 2022.

ALT D2	Change to Base	
	Funding	Positions
GPR	$1,000,000	1.00

3. Increase funding for tobacco use control and prevention program by $2,000,000 GPR annually.

ALT D3	Change to Base
GPR	$4,000,000

4. Increase funding for tobacco use control and prevention program by $1,000,000 GPR annually.

ALT D4	Change to Base
GPR	$2,000,000

5. Take no action.

E. EMS Assistance Program

1. Increase funding for the EMS assistance program by $239,800 GPR annually so that $2,200,000 GPR annually would be budgeted for the program.

ALT E1	Change to Base
GPR	$479,600

2. Increase funding for the EMS assistance program by $1,039,800 GPR annually so that $3,000,000 GPR annually would be budgeted for the program.

ALT E2	Change to Base
GPR	$2,079,600

3. Take no action.

F. Hearing Aid Assistance Program

1. Increase funding for the TAP hearing aid assistance program by $321,800 GPR annually so that $500,000 GPR annually would be budgeted for the TAP program.

ALT F1	Change to Base
GPR	$643,600

2. Increase funding for the TAP hearing aid assistance program by $121,800 GPR annually so that $300,000 GPR annually would be budgeted for the TAP program.

ALT F2	Change to Base
GPR	$243,600

3. Take no action.

Prepared by: Charles Morgan
Attachments

ATTACHMENT 1

State and Federal Funding Allocations to Wisconsin Federally Qualified Health Centers

		Ongoing Programs		One-Time COVID-19 Related Supplements				
Federally Qualified Health Center	Headquarters*	State FQHC Grant Awards SFY 2020-21	Federal Section 330 Grant Awards FY 2019-20	State CARES Act Provider Payments	Federal Provider Relief Fund	HRSA Supplemental Funding for Health Centers	Paycheck Protection Program	ARPA Supplement
Access Community Health Centers	Madison	$385,949	$3,583,781	$1,127,236	$642,276	$1,722,699	$3,676,771	$5,476,625
Bridge Community Health Clinic	Wausau	149,299	1,493,934	518,467	913,316	903,590	0	1,715,250
Community Health Systems, Inc.	Beloit	243,898	2,275,467	356,918	125,182	1,066,705	929,019	2,437,750
Family Health Center of Marshfield, Inc.	Marshfield	786,004	6,053,092	3,716,994	3,899,023	3,259,430	0	11,549,000
Family Health/La Clinica	Wautoma	291,614	2,507,414	1,221,005	748,338	1,222,023	1,764,435	3,614,500
Gerald L. Ignace Indian Health Center	Milwaukee	101,408	977,500	196,319	405,544	728,764	677,577	858,125
Kenosha Community Health Center, Inc.	Kenosha	249,541	2,366,889	636,232	145,903	1,189,407	1,277,829	2,949,750
Lake Superior Community Health Center	Superior	158,821	1,640,999	0	226,993	1,017,225	1,122,831	0
Lakeshore Community Health Center	Sheboygan	181,259	1,830,144	186,478	279,098	1,100,030	1,301,507	2,553,875
Milwaukee Health Services, Inc.	Milwaukee	299,864	2,620,101	249,957	164,010	1,215,191	1,655,900	3,463,500
N.E.W. Community Clinic	Green Bay	298,795	2,575,921	117,518	0	819,510	0	1,459,875
Northlakes Community Clinic	Iron River	490,964	4,668,420	1,845,414	4,727,480	1,362,073	4,845,687	4,672,500
Outreach Community Health Centers	Milwaukee	351,190	3,119,345	0	8,435	991,669	1,777,150	2,147,625
Partnership Community Health Center	Appleton	290,015	2,228,196	923,579	270,089	1,263,705	1,704,319	3,338,750
Progressive Community Health Centers	Milwaukee	408,695	3,060,748	471,837	538,346	1,166,970	1,044,941	2,609,750
Scenic Bluffs Community Health Center	Cashton	223,824	1,845,131	361,037	1,414,147	925,150	903,172	1,828,000
Sixteenth Street Community Health Center**	Milwaukee	478,860	4,614,912	0	895,873	2,214,976	4,452,793	8,451,500
Total		$5,390,000	$47,461,994	$11,928,990	$15,404,053	$22,169,117	$27,133,931	$59,126,375

*Several FQHCS operate clinics in multiple locations.
**In addition to the amount shown, $50,000 GPR is statutorily earmarked for this clinic from the DHS GPR appropriation.

ATTACHMENT 2

Free and Charitable Clinics in Wisconsin

WI Free or Charitable Clinic	Address	Phone #	Website	Services
Affordable Dental Care	2110 Fordem Ave, Madison, WI 53704	608-622-4002	http://www.affordablesmiles.org/	Dental
Albrecht Free Clinic	908 W Washington St. West Bend, WI 53095	262-334-8339	http://www.albrechtfreeclinic.org/contact-us.html	Medical & Dental
American Community Wellness Center	1421 S Park St, Madison, WI 53715	608 957-3000	http://acmedicalcenters.org/	Medical
Ascension Angel of Hope Clinic Medical clinic	209 W. Orchard St., 2nd Fl., Milwaukee, WI 53204	414-647-7466	https://healthcare.ascension.org/Seton-Dental-Clinic	Medical
Ascension Seton Dental Clinic	1730 South 13th Street, Milwaukee, WI 53204	414-383-3220	https://healthcare.ascension.org/Seton-Dental	Dental
Ascension St. Ben's Clinic	1027 North 9th St Milwaukee, WI 53233	414-765-0606	http://www.columbia-stmarys.org/St_Bens_Clinic	Medical & Dental
Aurora Walker's Point Community Clinic	130 W Bruce St Ste 200, Milwaukee, WI 53204	414-225-4200	https://www.aurorahealthcare.org/locations/clinic/	Behavioral Health & Chiropractic
Back to Basics Community Clinic	1370 S Commercial St suite a, Neenah, WI 54956	920-840-0188	https://www.facebook.com/pg/back2basicsclinic	Chiropractic
Bella Medical Clinic	1484 W South Park Ave, Oshkosh, WI 54902	920-231-6006	https://www.bellamedicalclinic.org/free-services	Medical
Benevolent Specialist Project-Free Clinic (BSP)	2711 Allen Blvd #300, Middleton, WI 53562	608-827-2308	https://www.bspfreeclinic.org/	Medical & Behavioral Health
Brady East STD Clinic (BESTD) - BESTD Clinic	1240 E. Brady St., Milwaukee, WI 53202	414-272-2144	http://www.bestd.org/	Medical
Bread of Healing - Cross Lutheran Church	1821 North 16th Street Milwaukee, WI 53205	414-977-0001	http://www.breadofhealingclinic.org/	Medical & Dental & Behavioral Health
Bread of Healing - Florist	5975 North 40th Street Milwaukee, WI 53209	414-216-3459	http://www.breadofhealingclinic.org/	Medical & Dental
Bread of Healing Inc - Eastbrook Church	5385 North Green Bay Ave. Milwaukee, WI 53209	414-228-5220	http://www.breadofhealingclinic.org/	Medical & Dental & Behavioral Health
Chippewa Valley Free Clinic	1030 Oak Ridge Dr, Eau Claire, WI 54701	715-839-8477	http://cvfreeclinic.org/	Medical & Dental & Behavioral Health
Church Health Services, Inc.	115 N. Center St, Beaver Dam, WI 53916	920-887-1766	http://www.churchclinic.org/	Medical & Dental & Behavioral Health
City on a Hill, Inc.	2224 W Kilbourn Ave, Milwaukee, WI 53233	414-931-6670	https://www.cityonahillmilwaukee.org/	Medical
Community Connections Free Clinic	101 E Fountain St, Dodgeville, WI 53533	608-930-2232	http://ccfcwi.org/	Medical
Community Outreach Health Clinic	W180N8085 Town Hall Rd, Menomonee Falls, WI 53051	262-257-3393	https://www.froedtert.com//outreach-health-clinic	Medical & Behavioral Health
Coventry Care	10547 Koessl Lane Sister Bay, WI 54234	800-937-6824	https://www.facebook.com/coventrycare/	Medical
Door County Dental Care, S.C.	30 N 18th Ave #2b, Sturgeon Bay, WI 54235	920-743-6911	https://www.doorcountydentalcare.com/about-us/	Dental
Eagles Wing Free Clinic	555 Bayview Rd #4, Mukwonago, WI 53149	262-385-9211	https://www.eagleswingfreeclinic.org/	Medical
First Care Clinic (Fitchburg)	2924 Fish Hatchery Rd. Fitchburg, WI 53713	608-259-1605	https://firstcareclinic.org/medical-services/	Medical
First Care Clinic (Madison)	1350 MacArthur Rd. Madison, WI 53714	608-259-1605	https://firstcareclinic.org/medical-services/	Medical
First Care Clinic (Sun Prairie)	1632 W. Main St. Sun Prairie, WI 53590	608-259-1605	https://firstcareclinic.org/medical-services/	Medical
First Care Clinic (West Madison)	5701 Raymond Rd. Madison, WI 53711	608-259-1605	https://firstcareclinic.org/medical-services/	Medical
First Care Clinic (Wisconsin Dells)	50 Wisconsin Dells Parkway, Wisconsin Dells, WI 53965	608-259-1605	https://firstcareclinic.org/medical-services/	Medical
First Presbyterian Church Free Clinic	406 Grant St, Wausau, WI 54403	715-571-3418	http://firstpreswausau.org/	Medical
Fowler Dental Clinic	411 22nd Ave, Monroe, WI 53566	608-328-9404	https://fowlerclinic.org/	Dental
Free Clinic of Pierce St. Croix Counties	1687 E Division St. River Falls, WI 54022	414-999-1099	https://sites.google.com/site/sppfreeicinic4/about-us	Medical
Free Clinic of the Greater Menomonie Area Inc	2321 Stout Rd. Menomonie, WI 54751	715-308-3808	http://www.menomoniefreeclinic.org/	Medical
Good Neighbor Free Clinic	95 Lincoln Ave, Prairie Du Sac, WI 53578	608-643-4749	https://goodneighborclinic.org/	Medical
Health Care Clinic of Ashland	313 3rd St W, Ashland WI 54806	715-682-9596	http://www.hcclinic.org/#meet-our-staff;	Medical
Health Care Clinic of Superior	69 N 28th Street East Suite 9, Superior WI 54880	715-394-4117	http://www.hcclinic.org/;	Medical
Health Care Network, Inc	500 Wisconsin Avenue, Suite#102 Racine, WI 53403	262-632-2400	https://healthcarenetwork.org/	Medical & Dental
Health Care Network, Inc	818 Forrest Lane Waterford, WI 53185	262-632-2400	https://healthcarenetwork.org/	Medical
Health Connections Inc.	4655 N Port Washington Road Ste 325, Glendale, WI 53212-	414-999-1099	https://www.healthconnectmke.org/	Medical & Behavioral Health
HealthNet Rock County, Inc	23 W Milwaukee St Suite 201, Janesville, WI 53548	608-756-4638	https://www.healthnet-rock.org/	Medical & Dental & Behavioral Health
HealthNet Rock County, Inc	1344 Creston Park Drive, Suite #2 Janesville, WI 53545	608-314-1940	https://www.healthnet-rock.org/	Dental
Hope Clinic and Care Center Inc	1814 Appleton Rd, Menasha, WI 54952	920-931-1150	https://hopeclinic.care/	Medical & Behavioral Health
InHealth Community Wellness (Free) Clinic	109 1/2 East Bluff St Boscobel, WI 53805	608-375-4328	https://www.inhealthcwc.com/	Medical
Lake Area Free Clinic	856B Armour Rd Oconomowoc, WI 53066	262-569-4990	http://www.lakeareafreeclinic.org/	Medical & Dental & Behavioral Health

WI Free or Charitable Clinic	Address	Phone #	Website	Services
MacCanon Brown Homeless Sanctuary	2461 W. Center St. Milwaukee, WI 53206	414-305-8997	https://www.mbsanctuary.org/	Medical
MACH OneHealth	520 University Ave Suite 155 Madison, WI 53703	608-676-7826	http://machonehealth.org/	Medical
Marquette Community PT Clinic	604 N 16th St, Cramer Hall, Room 215, Milwaukee, WI 53233	414-288-2121	https://www.marquette.edu/physical-therapy-clinic/	Physical Therapy
MCHC - Muslim Community & Health Center	803 West Layton Avenue Milwaukee, WI 53221	414-939-4411	http://mchcwi.org/	Medical & Behavioral Health
MEDiC UW Medical School	750 Highland Ave, Madison, WI 53726	608-263-4900	https://www.med.wisc.edu/education/medic/	Medical & Behavioral Health
MEDiC Grace Clinic	750 Highland Ave, Madison, WI 53726	608-263-4901	https://win.wisc.edu/organization/medic	Medical
MEDiC Mental Health Clinic	750 Highland Ave, Madison, WI 53726	608-263-4905	https://win.wisc.edu/organization/medic	Behavioral Health
MEDiC Michele Tracy Preventative Health Clinic	750 Highland Ave, Madison, WI 53726	608-263-4904	https://win.wisc.edu/organization/medic	Medical
MEDiC More Smiles Wisconsin	630 E Washington Ave, Madison, WI 53703	608-665-2752	https://www.moresmileswi.org/	Dental
MEDiC Rise Pediatric Clinic	750 Highland Ave, Madison, WI 53726	608-263-4906	https://win.wisc.edu/organization/medic	Medical
MEDiC Salvation Army Clinic	750 Highland Ave, Madison, WI 53726	608-263-4902	https://win.wisc.edu/organization/medic	Medical
MEDiC Southside Clinic	750 Highland Ave, Madison, WI 53726	608-263-4903	https://win.wisc.edu/organization/medic	Medical
Neighborhood Free Health Clinic	1520 Vernon St. Stoughton, WI 53589	608-205-0505	http://www.neighborhoodfreehealthclinic.org/	Medical & Behavioral Health
Open Arms Free Clinic, Inc.	205 East Commerce Court Elkhorn, WI 53121	262-379-1401	https://openarmsfreeclinic.org/	Medical & Dental & Behavioral Health
Open Door Free Clinic-Unity Church	1025 E. Oklahoma Ave. Milwaukee WI, 532007	414-481-1778	http://opendoorfreeclinic.org/index.html	Medical
Oral Health Partnership (Howe)	526 S. Monroe Ave. Green Bay, WI 54301	920-965-0831	https://www.smilegb.org/	Dental
Oral Health Partnership (kroc)	1315 Lime Kiln Road Green Bay, WI 54302	920-965-0832	https://www.smilegb.org/	Dental
Oral Health Partnership (Main)	1245 Main Street Green Bay, WI 54302	920-965-0831	https://www.smilegb.org/	Dental
Oral Health Partnership (West)	2247 Fox Heights Rd. Green Bay, WI 54304	920-965-0833	https://www.smilegb.org/	Dental
Our Lady of Hope Free Clinic	6425 Odana Road, Suite 13, Madison, WI 53719	608-819-8544	https://www.ourladyofhopeclinic.org/	Medical
Philippine Center - The Free Medical Clinic (FMC)	3717 W Howard Ave. Greenfield WI 53221	414-342-1400	http://www.philippinecenter.com/	Medical
Repairers of the Breach Medical Clinic	1335 W. Vliet Street Milwaukee, WI 53205	414-935-9304	https://www.repairers.org/	Medical
Rice Lake Area Free Clinic	1035 N Main St, Ste G02, Rice Lake, WI 54868	715-736-3733	http://rlafc.org/	Medical
Richland Community Free Clinic	301 East Second Street Richland Center, WI 53581	608-647-6161	https://www.richlandhospital.com/about/resources/	Medical
Rock River Community Clinic (Fort Akinson)	520 Handeyside Lane Fort Atkinson, WI 53538	920-563-4372	https://www.rockriverfreeclinic.com/	Dental
Rock River Community Clinic (Jefferson)	1541 Annex Rd, Jefferson, WI 53549	920-674-7442	https://www.rockriverfreeclinic.com/	Medical & Dental
Rock River Community Clinic (Watertown)	415 S 8th St, Watertown, WI 53094	920-206-7797	http://watertownareacaresclinic.org/	Medical & Behavioral Health
Rock River Community Clinic (Whitewater)	1461 W Main St. Whitewater WI, 53190	262-472-6839	https://rockrivercommunityclinic.com/	Medical
Ruby's Heart - Ruby's Well Care	210 E Park Ave Luck, WI 54853	715-472-7770	https://www.myfreeclinic.org/	Medical & Dental
Salvation Army Homeless Medical Clinic	1730 N 7th St. Milwaukee, WI 53205	414-265-6360	https://centralusa.salvationarmy.org/milwaukee/	Medical
Salvation Army Red Shield Clinic of Manitowoc	415 N 6th St, Manitowoc, WI 54220	920-684-7117	https://centralusa.salvationarmy.org/manitowoc/	Medical
Saturday Clinic for the Uninsured (MCW)	1121 E. North Ave. Milwaukee, WI 53212	414-588-2865	https://www.mcw.edu/community-medicine/	Medical
Shawno Area Matthew25	P.O. Box 147 Shawano, WI 54166	715-851-7252	https://www.sam25.org/contact-us	Medical & Behavioral Health
Silver Spring Neighborhood Center Inc.	5460 N. 64th St Suite 143 Milwaukee, WI 53218	414-535-0432	https://uwm.edu/nursing/community/silver-spring/	Medical
St Vincent De Paul Society Free Clinic Marshfield	149 N Central Ave Marshfield, WI 54449	715-387-0395	http://www.volunteermarshfield.org/	Medical
St. Ann Center for Intergenerational Care	2450 W. North Ave. Milwaukee, WI 53205	414-210-2430	https://stanncenter.org/	Medical & Dental
St. Clare Health Mission Free Clinic	916 Ferry St, La Crosse, WI 54601	608-519-4633	http://www.stclarehealthmission.org/	Medical
St. Clare Mission Monroe County	310 W. Main St., Sparta, WI 54656	608-366-5343	https://www.stclaremonroecounty.org/	Medical
St. Francis Community Clinic	1000 N Koeller St. Oshkosh, WI 54902	920-230-2273	https://fathercarrs.org/free-clinic/	Medical
St. Vincent de Paul Merrill	1004 E Main St. Merrill, WI 54452	715-536-6903	https://stvincentdepaulmerrill.com/	Medical
St. Vincent de Paul Pharmacy	2033 Fish Hatchery Rd	608-268-0355	https://svdpmadison.org/need-help/pharmacy/	Pharmacy
The Open Door Free Clinic, Inc.	PO Box 271 Chippewa Falls, WI 54729	414-481-1778	https://www.chippewaopendoor.org/	Medical

WI Free or Charitable Clinic	Address	Phone #	Website	Services
Tri County Dental	9 Tri-Park Way, Appleton, WI 54914	920-882-5500	https://www.tricountydental.org/	Dental
Twin Counties Free Clinic	1301 Cheri Blvd, Ste 116 Marinette, WI 54143	715-732-1349	http://www.twincountiesfreeclinic.org/home.aspx	Medical
UWM Silver Spring Nursing Center & House of peace	House of Peace 1702 W Walnut St, Milwaukee, WI 53205	414-933-1300	https://www.capuchincommunityservices.org/	Medical
Vida Medical Clinic	526 W. Wisconsin Ave. Appleton, WI 54911	920-731-4354	https://vidamedicalclinic.org/	Medical
Vivent Health (Appleton)	633 W Wisconsin Ave. Appleton, WI 54911	920-733-2068	https://viventhealth.org/	Medical
Vivent Health (Beloit)	136 West Grand Ave. SUite #290 Beloit, WI 53511	608-364-4027	https://viventhealth.org/	Medical
Vivent Health (Eau Claire)	505 South Dewey Street Suite#107 Eau Claire, WI 54701	715-836-7710	https://viventhealth.org/	Medical
Vivent Health (Green Bay)	445 South Adams Street. Green Bay, WI 54301	920-437-7400	https://viventhealth.org/	Medical
Vivent Health (Kenosha)	1212 57th St. Kenosha, WI 53140	262-657-6644	https://viventhealth.org/	Medical
Vivent Health (LaCrosse)	811 Rose Street LaCrosse, WI 54603	608-785-9866	https://viventhealth.org/	Medical
Vivent Health (Madison)	600 Williamson Street Suite H Madison, WI 53703	608-252-6540	https://viventhealth.org/	Medical
Vivent Health (Milwaukee)	820 North Plankinton Ave. Milwaukee, WI 53203	414-223-6800	https://viventhealth.org/	Medical
Vivent Health (Superior)	1507 Tower Ave. Suite #230 Superior, WI 54880	715-394-4009	https://viventhealth.org/	Medical
Vivent Health (Wausau)	1105 Grand Ave. Suite #1 Schofield, WI 54476	715-355-6867	https://viventhealth.org/	Medical
Water City Care Mission	1512 County Road I Oshkosh, WI 54902	920-279-6473	https://watercitycaremission.org/	Medical & Behavioral Health
Waukesha County Community Dental Clinic (MF)	N81 W15062 Appleton Ave. Menomonee Falls, WI 53051	262-522-7645	https://www.wccdentalclinic.org/	Dental
Waukesha County Community Dental Clinic (Wauk)	210 NW Barstow St #305, Waukesha, WI 53188	262-953-4699	https://www.wccdentalclinic.org/	Dental
Waukesha Free Clinic	237 Wisconsin Waukesha, WI 53186	262-544-6777	https://waukeshafreeclinic.org/	Medical
				Updated 9-10-2020

ATTACHMENT 3

Comparison of DHS Lead Hazard Reductions Programs

Activity	**Health Service Initiative: Lead Abatement**	**Windows Plus Lead-Safe Renovation**
Scope of Work	• Goal: Abatement of lead hazards • Objective: All surfaces, components and fixtures identified as a lead hazard during lead risk investigation will be abated. • Eligible costs include any abatement work to address an identified lead hazard (including soil) with the exception of replacement of lead laterals. The cost of minor repairs to ensure the integrity of the abatement work are allowable as well.	• Goal: Lead-safe renovation • Objective: Renovation of common high-risk components. Under this option, all chipping and peeling paint, as well as friction and impact surfaces were renovated. • Eligible costs include lead-safe renovation of surfaces identified as deteriorated or friction/impact surface, including windows, doors, porches, floors, and siding.
Lead Risk Assessments	• Required to define scope of work. Any lead hazard identified must be remediated. • Conducted by a state certified lead risk assessor	• Not required. Areas requiring lead-safe renovation are identified by visual assessment.
Property Eligibility	• Property constructed before 1978 • Occupied or visited by MA/CHIP eligible children and/or pregnant women • Current on all property taxes • Property is properly insured • Lead poisoning not required for participation (EBLL or no EBLL)	• Property constructed before 1950 • Occupied or visited regularly by low income families • For non-lead poisoned eligible individuals (no EBLL)
Workforce	• Everyone on the crew must: o Be certified by the state as either lead abatement workers or supervisors; o Have completed Lead Renovator and Lead Abatement Worker Training; o Be supervised by a Lead Abatement Supervisor; and, o Work for a certified lead company.	• Work can be conducted by state certified lead-safe renovators or abatement crews. • Trained to work safely with lead hazards. • Lead-safe renovators must complete a one-day lead-safe renovator training initially and then refresher training periodically. • Any company working with pre-1978 housing must be certified as a lead company with DHS. • Only one person on team must have training rather than whole team.

ATTACHMENT 4

Tobacco Prevention and Control Program GPR Grants, 2020-21

Recipient	Amount	Purpose of Grant
Cessation:		
UW-Center for Tobacco Research and Intervention (WI Quit Line)	$672,792	Provides free counseling services and nicotine replacement therapy to all tobacco users in Wisconsin
UW-Center for Tobacco Research and Intervention (Outreach)	194,000	Provides outreach to health systems and community health centers to support the implementation of the Tobacco Clinical Practice Guidelines
UW-Center for Tobacco Research and Intervention (WiNTiP, Wisconsin Nicotine Treatment Integration Project)	42,680	Provides outreach support to behavioral health providers to address tobacco dependence as part of other addiction treatment and mental health treatment
Wisconsin Women's Health Foundation - First Breath	300,000	Manages cessation program for pregnant people and their families
Wisconsin Wins program:		
Chippewa County Health Department	4,350	All Wisconsin Wins grants: address youth access through retail compliance inspections and retailer education
Clark County Health Department	2,400	
Eau Claire City/County Health Department	4,350	
Fond du Lac County Health Department	9,375	
Juneau County Health Department	8,625	
La Crosse County Health Department	16,650	
Marathon County Health Department	15,225	
Oneida County Health Department	15,038	
Ozaukee Health Department	2,625	
Public Health Madison & Dane County	19,050	
Richland County Health Department	825	
Winnebago County Health Department	7,200	
City of Franklin Health Department	900	
American Lung Association (Dodge, Jefferson, Waukesha Counties)	20,850	
American Lung Association (Northwest Alliance)	12,825	
Arbor Place (Dunn County)	2,250	
Community Action Healthy Living	32,700	
Family Services of Rock County	15,450	
Hope Council	23,475	
Jump At the Sun (Suburban Milwaukee County)	12,000	

Recipient	Amount	Purpose of Grant
Lodi School District (PARCC) - Columbia County	3,525	
Medical College of Wisconsin - City of Milwaukee	35,625	
Northeastern WI Area Health Ed Center (NEWAHEC)	10,275	
Elevate - Washington County Agency	5,025	
Youth Programs		
American Lung Association (N-O-T, Not On Tobacco)	38,800	Manages school based cessation program to help youth quit tobacco
American Lung Association (FACT)	189,344	Manages youth led education group
American Lung Association - (SPARK)	96,000	Manages program to change social norms and prevent young adult initiation of other tobacco products on college campuses
Department of Public Instruction	60,000	Implements activities to support tobacco-free school policies and statewide surveillance data surveys
Media & Counter Marketing		
KW2	325,800	Conducts media campaigns that support other program components across the state
Community Interventions		
Eau Claire City/County Health Department	50,000	All community intervention grants: Conduct educational outreach through engagement of community members impacted by the burden of tobacco to implement best practice initiatives to prevent tobacco use and exposure
Fond du Lac County Health Department	121,000	
City of Franklin Health Department (FACT)	3,500	
Juneau County Health Department	121,000	
La Crosse County Health Department	121,000	
Marathon County Health Department	121,000	
Oneida County Health Department	121,000	
Polk County Health Department	121,000	
Public Health Madison & Dane County	121,000	
American Lung Association (Northwest Alliance)	121,000	
Building a Safer Evansville - FACT	3,500	
Community Action Healthy Living	121,000	
Family Services of Rock County	121,000	
Focus on Community-FACT	3,500	
Great Lakes Inter Tribal Council	250,000	
Hope Council	121,000	
Jump At the Sun (Suburban Milwaukee County FACT)	3,500	

Recipient	Amount	Purpose of Grant
Lodi School District (PARCC)	50,000	
Medical College of Wisconsin - City of Milwaukee	500,000	
Northeastern WI Area Health Ed Center	50,000	
Training and Technical Assistance		
American Lung Association - Training and Technical Assistance Program	90,000	Both grantees provide trainings, technical assistance and resources to local and state agencies to ensure the most effective strategies are used correctly
University of Wisconsin Population Health Institute	300,000	
Surveillance Evaluation & Research		
University of Wisconsin - Milwaukee	432,000	Monitors tobacco use prevalence and exposure and conducts program evaluation
Total	$5,267,029	

ATTACHMENT 5

Fiscal Year 2019-20 Ambulance Service Assistance Program Funding Awards

Ambulance Service	Total Award	Ambulance Service	Total Award
Aegis Group Inc. DBA County Rescue Service Inc.	$13,327	Camp Douglas Rescue Inc.	$5,778
Albany Area Emergency Medical Service	5,301	Cassville Rescue Squad	5,108
Algoma Fire and Rescue	5,264	Cedarburg Fire Department Rescue Squad	6,272
Amherst Fire District	6,198	Central Fire and EMS District	6,252
Antigo (City of) Fire Department	6,427	Central Price County Ambulance Service	5,369
Arcadia Ambulance Service	5,589	Chetek Ambulance Service	5,983
Arena Emergency Medical Services	5,281	Chippewa Falls Fire and Emergency Services	6,875
Argyle Emergency Medical Service	5,664	Chippewa Fire District	4,091
Ascension Calumet Hospital Ambulance	4,022	Clear Lake Ambulance Service	5,362
Ashland Fire Department	5,965	Clintonville Area Ambulance Service	6,002
Ashwaubenon Public Safety	7,201	Coleman Area Rescue Squad Inc.	5,539
Athens Area Ambulance Service	5,497	Colfax Rescue Squad	5,713
Avoca and Rural Emergency Medical Service	5,057	Community Ambulance Service	5,116
Baldwin Ambulance Service	6,651	Conover Ambulance Service	5,055
Baraboo District Ambulance Service	6,598	Cornell Area Ambulance Service	5,614
Barnes Ambulance Service	5,111	Crivitz Rescue Squad Inc.	5,445
Barneveld Area Rescue Squad	5,384	Cross Plains Area Emergency Medical Service	5,740
Bay Area Medical Center Paramedic Service	7,368	Cudahy Fire Department	7,011
Beaver Dam Fire Department	7,197	Cumberland Memorial Hospital Ambulance Service	5,848
Belmont Ambulance Service	5,282	Dallas Area Ambulance Service	5,486
Beloit (Town Of) Fire Department	5,908	Dane County EMS District #14	5,728
Berlin Emergency Medical Service	6,153	De Pere Fire Rescue	7,848
Big Bend (Village of) Fire Department	5,311	Deer-Grove EMS District	6,242
Birchwood Four Corner Emergency Services District	5,203	Delavan (Town of) Rescue Squad	5,541
Birnamwood Area Ambulance Inc.	5,600	Dells-Delton Emergency Medical Service	3,976
Black Creek Rescue Service	5,455	Dickeyville Rescue Squad	5,410
Black River Falls Emergency Medical Service	7,279	Divine Savior Emergency Medical Service	4,080
Blanchardville Fire Department	5,345	Dodgeville Area Ambulance Service	5,840
Bloomer Community Ambulance Service	5,992	Door County Emergency Medical Service	8,568
Bloomfield Genoa City Fire and Rescue	5,716	Eagle Fire Department	5,819
Boscobel Rescue Squad Inc.	5,883	Eagle River Memorial Hospital Ambulance Service	5,798
Boulder Junction Volunteer Fire Department	5,095	Eau Claire Fire Department	13,922
Boyd Edson Delmar Fire Dept. Ambulance	5,701	Edgar Volunteer Fire Department Inc.	5,866
Brazeau (Town of) Ambulance	5,154	Edgerton Fire Protection District - EMS Division	5,980
Bristol Fire and Rescue	5,648	Elcho Emergency Medical Service	5,082
Brodhead Area EMS Inc.	5,599	Elkhorn Fire Department, EMS Division	6,634
Brookfield (City of) Fire Department	8,150	Ellsworth Area Ambulance Service	5,971
Brookfield (Town of) Fire Department	3,780	Elmwood Area Ambulance Service	5,383
Brooklyn Emergency Medical Service District	5,629	Elroy Area Ambulance Association Inc.	5,360
Burlington Rescue Squad Inc.	6,522	Emergency Rescue Squad Inc.	8,115
Butler Volunteer Fire Department	5,380	Evansville Emergency Medical Service	5,820
Cadott Community Ambulance	5,587	Fennimore Rural Fire Department Rescue Squad	5,562
Caledonia Fire Department	7,095	Fitch-Rona EMS District	8,524
Cambria Community Ambulance Service	5,193	Flambeau Hospital Ambulance	5,978
Cambridge Area Emergency Medical Service	5,929	Florence County Rescue Squad	5,228

Ambulance Service	Total Award
Florence County Rescue Squad	$5,329
Fond du Lac (City of) Fire Department	9,689
Fontana Fire Rescue Department	5,086
Footville Fire Department EMS	5,236
Franklin Fire Department	7,995
Fredonia Fire Department Ambulance	5,433
Germantown Fire Department	6,593
Gillett Area Ambulance Service Inc.	5,660
Glenwood City Ambulance Service	5,384
Gold Cross Ambulance Service Inc. - Brillion	5,613
Gold Cross Ambulance Service Inc. - Menasha	26,105
Goodman-Armstrong Rescue Squad Inc.	5,277
Gordon - Wascott Emergency Medical Service	5,465
Grafton Fire Department	6,776
Great Divide Ambulance Service	5,644
Green Bay Metro Fire Department	15,982
Green County Emergency Medical Service Inc.	6,599
Greendale Fire Department	6,332
Greenfield (City of) Fire Department	8,542
Greenwood Area Ambulance Service	5,776
Hales Corners Fire Department	3,818
Hartford Fire and Rescue	6,980
Hatley Area Ambulance Service	5,314
Hazel Green Area Rescue Squad	5,443
Highland (Village of) Ambulance Service	5,362
Hillsboro Area Ambulance Service	5,487
Horicon Emergency Medical Services	5,604
Howard Young Medical Center Ambulance Oneida County EMS	7,334
Iola Ambulance Service	5,409
Iron River Ambulance	5,503
Ixonia (Town of) Emergency Medical Service	3,766
Jackson Fire Department	5,955
Janesville Fire Department Ambulance Service	11,789
Jefferson Emergency Medical Services	6,415
Johnson Creek Emergency Medical Service	5,538
Joint Fire/EMS Department of the Village and Town of Darien	3,686
Kaukauna Fire Department Ambulance Service	4,290
Kenosha Fire Department	15,526
Kewaskum Fire Department	6,180
Kewaunee Area Ambulance Service	6,231
Kickapoo Valley Rescue Squad	5,446
Kiel Fire Department Ambulance Service	5,598
Lac Du Flambeau Ambulance Service	5,324
La Farge Area Emergency Medical Service	5,546
Lake Country Fire and Rescue	3,862

Ambulance Service	Total Award
Lake Geneva Fire Department - EMS Division	$6,066
Lakes Region EMS D/B/A St. Croix Valley EMS	6,687
Lakeview Medical Center Ambulance Service	6,879
Lancaster EMS Inc.	3,772
Land O' Lakes Ambulance Service	5,021
Laona Rescue Unit Inc.	5,345
Lauderdale-LaGrange Fire Department	5,252
Lebanon Fire Department - EMS	5,484
Lincoln County EMS - Merrill	6,501
Lincoln County EMS - Tomahawk	5,667
Lisbon Fire Department	6,239
Lodi Area Emergency Medical Service	5,549
Long Lake Volunteer Fire Department Dba Long Lake Fire Department EMS	5,029
Long Lake-Tipler Rescue Squad	5,205
Loyal Ambulance Service	5,498
Luxemburg Emergency and Rescue Association	5,469
Lyons (Town of) Ambulance Service	5,339
Madison (Town of) Fire Department	5,595
Manawa Rural Ambulance	5,219
Manitowish Waters Fire Co.	4,995
Manitowoc Fire Department	8,545
Marquette County EMS-Montello Branch	7,034
Marshfield Fire and Rescue Department	7,665
Mauston Area Ambulance Association Inc.	5,903
Mayo Clinic Ambulance	3,777
Mayville Emergency Medical Service	5,712
McFarland Emergency Medical Service	6,753
Menominee Tribal Rescue Service	5,446
Menomonee Falls (Village of) Fire Department	8,389
Menomonie Fire Department	4,397
Mequon (City of) Fire Department	7,753
Mercer Area Ambulance and Rescue Inc.	5,134
Merton Community Fire Department Inc.	5,678
Middleton Emergency Medical Service	6,865
Milwaukee Fire Department	67,012
Minong Area Ambulance Service	5,280
Mishicot Area Ambulance Service	5,664
Mondovi Ambulance Service	5,923
Monona Emergency Medical Service	3,822
Montfort Rescue Squad Inc.	5,728
Mount Calvary Ambulance Service	6,038
Mount Horeb Fire Department EMS	6,147
Mountain Ambulance Service	5,428
Mukwonago Fire Department	6,404
Municipal Ambulance Service	5,962

Ambulance Service	Total Award
Muscoda Rescue Squad	$5,300
Neillsville Municipal Ambulance Service	5,886
New Berlin (City Of) Fire Department	4,798
New Glarus Area Emergency Medical Service	5,436
New Para-Medic Rescue Inc.	5,920
New Richmond Area Ambulance and Rescue	7,106
Newburg Fire Department Ambulance	5,796
North Crawford Rescue Squad Inc.	5,312
North Fond du Lac Fire and EMS	5,792
North Land Municipal Ambulance Inc.-Luck	6,182
North Memorial Ambulance-WI Region	7,811
North Prairie Fire Department	5,226
North Shore Fire Department	11,858
Oak Creek Fire Department	8,174
Oconto (City of) Ambulance Service	5,562
Oconto Falls Area Joint Ambulance Service	5,796
Ocooch Mountain Rescue	5,462
Oneida County Ambulance-Rhinelander	6,497
Oostburg Ambulance	6,323
Orange Cross Ambulance Inc.	9,225
Oregon Area Fire EMS District	6,498
Orfordville Fire Protection District EMS	5,518
Osceola Area Ambulance Service	5,532
Oshkosh (City of) Fire Department	6,271
Owen-Withee-Curtiss Fire and Ems District Commission	5,883
Palmyra (Village Of) Fire Rescue	5,430
Pardeeville Dist. Ambulance Service	5,416
Paris (Town of) Rescue and Fire	5,194
Pembine-Dunbar-Beecher Rescue Squad	5,197
Pewaukee Fire Department	6,976
Pickerel Volunteer Fire and Rescue Squad	4,995
Pittsville Fire Department Inc.	5,431
Plain Fire District Ambulance Service	5,550
Pleasant Prairie Fire and Rescue	4,223
Plum Lake Ambulance Service	5,050
Plymouth Volunteer Fire Dept. Ambulance Squad	5,961
Port Washington Fire Department Ambulance	6,069
Portage County / Stevens Point Fire Department	12,381
Potosi Rescue Squad	5,237
Poynette Dekorra Emergency Medical Service	5,662
Prentice Volunteer Fire Dept Ambulance Service	5,532
Presque Isle Volunteer Fire Department	5,066
Racine Fire Department	13,751
Randolph Ambulance Association	5,455
Random Lake Fire Department Ambulance	5,621

Ambulance Service	Total Award
Raymond (Town of) Fire and Rescue	$5,291
Reedsburg Area Ambulance Service Commission	6,424
Rhinelander Fire Department	5,777
Richfield Volunteer Fire Co.	6,427
Richland County Ambulance Service	5,939
Rio Ambulance Service	5,421
Ripon Guardian Ambulance Service	6,817
River Falls Area Ambulance Service	7,601
Riverside Fire District	5,752
Rochester Volunteer Fire Department	5,112
Rural Medical Ambulance Service, Inc.	5,215
Rusk County Ambulance Service	7,065
Ryan Brothers Ambulance Service - Fort Atkinson	4,141
Salem Lakes (Village of) Fire and Rescue	6,950
Sauk Prairie Ambulance Association	6,210
Saukville Ambulance	5,409
Sawyer County Ambulance	4,093
Scenic Valley Emergency Medical Service	5,254
Seymore Rescue Squad	5,497
Sharon Fire and Rescue	5,239
Shawano Ambulance Service	6,998
Sheboygan (City of) Fire Department	9,480
Shiocton-Bovina Fire Department	5,216
Shullsburg Ambulance Service	5,215
Silver Cliff Rescue Squad Inc.	5,247
Somers Rescue Squad	6,234
South Area Fire and Emergency Response District	7,684
South Milwaukee Fire Department	7,354
South Shore Area Ambulance Service	5,292
South Shore Consolidated Fire Department	8,082
Southwest Health Emergency Medical Service	6,312
Sparta Area Ambulance Service, Ltd.	4,278
Spring Green Fire Protection District	5,618
Spring Valley Area Ambulance	5,608
St. Francis Fire Department	6,089
St. Germain Fire/Rescue Ambulance	5,236
Stone Bank Volunteer Fire Department	5,754
Stoughton Area Emergency Medical Service	6,599
Sun Prairie Emergency Medical Service	4,735
Sussex Fire Department	5,818
Taylor Co. Ambulance Service-Gilman	5,337
Taylor Co. Ambulance Service-Medford	6,060
Taylor Co. Ambulance Service-Rib Lake	5,259
Tess Corners Volunteer Fire Department	7,146
Theresa Ambulance Service	5,456

Ambulance Service	Total Award
Thiensville Volunteer Fire Department	$5,473
Thorp Area Ambulance District	5,790
Tichigan Volunteer Fire Company Inc.	5,337
Tigerton Area Ambulance Service Association	5,309
Tomah Area Ambulance Service	4,165
Town of Linn Fire Department	5,251
Tri County Ambulance Service	5,440
Tri State Ambulance Inc. - La Crosse	14,169
Tri State Regional Ambulance	6,177
Twin Bridge Rescue Squad Inc.	5,258
Twin Lakes Volunteer Fire Dept. and Rescue Squad	6,011
Two Rivers Fire Department	5,832
Union Grove-Yorkville Fire Department	5,696
United Emergency Medical Response	6,076
Valders Fire Department Ambulance Service	5,793
Vernon Fire Department EMS	5,785
Village Of Plover Fire Department	6,709
Wales-Genesee Fire Department	3,864
Washburn Area Ambulance Service	5,745
Waterford Rescue	6,000
Waterloo Fire Department	$5,495
Watertown Fire Department	7,003
Waubeka Fire Department	5,316
Waukesha (City of) Fire Department	5,764
Waukesha (Town of) Fire Department	5,724
Waunakee Area Emergency Medical Service	7,059
Wausau Fire Department	9,288
West Allis (City of) Fire Department	11,480
West Bend (City of) Fire Department	8,169
Western Buffalo County Ambulance Service	5,480
Western Lakes Fire District	9,157
Williamsbay Rescue Squad	5,192
Wilton (Village of) Ambulance Service	5,371
Winchester Volunteer Ambulance Service	4,985
Wind Lake Volunteer Fire Co. Inc.	5,970
Wisconsin Rapids Fire Department	7,419
Wittenberg Area Protective Services District	5,272
Wonewoc Area Fire and Ambulance Association	5,253
Total	$1,960,200

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June, 2021 | Joint Committee on Finance | Paper #358

Staffing for Communicable Disease Prevention, Response, and Analysis (Health Services -- Public Health)

[LFB 2021-23 Budget Summary: Page 281, #6; Page 284, #13; and Page 286, #15]

CURRENT LAW

The Division of Public Health (DPH) in the Department of Health Services (DHS) is responsible for a wide array of programs and services that protect and enhance the health of Wisconsin's population. Statutes require DHS to monitor and control outbreaks of disease, act to reduce occupational and environmental hazards, investigate threats to maternal and child health, study and evaluate the health and vital statistics of the state, promote healthy practices and services, and educate the public and policymakers on health. DPH also leads state efforts to ensure access to immunizations, oral healthcare, healthy food, dementia services, family planning services, tobacco prevention and control interventions, and services to prevent and treat opioid abuse, among others.

DPH works directly with the state's 97 local health departments (LHDs) and administers financial assistance to them totaling approximately $35 million per year in state and federal grant funds. These funds consist of approximately two dozen grant programs focused on particular outcomes and services. DPH also provides grants to community-serving organizations, offers consultation and technical assistance, coordinates public health efforts across jurisdictions and organizations, enforces statutes that protect health and safety, operates the State Laboratory of Hygiene to analyze patient samples for pathogens, and leads statewide public health efforts.

DPH employs 426.3 full-time equivalent (FTE) positions, of which 259.7 (61%) are supported by federal funds, 91.6 (22%) by program revenue, 73.0 (17%) by GPR, and 2.0 (less than 1%) by segregated revenue. These positions staff ten offices and bureaus in DPH. The largest, the Bureau of Community Health Promotion, leads the state's efforts on chronic disease prevention, family health, and the administration of the federal special supplemental nutrition program for

women, infants, and children (WIC). The other large bureaus and offices within DPH include the Bureau of Communicable Disease (BCD), which conducts disease prevention, control, and management; the Office of Health Informatics (OHI), which measures state health indicators and vital statistics and administers the state's vital records program; the Bureau of Aging and Disability Resources, which oversees a variety of services for elderly residents and people with disabilities; and the Bureau of Environmental and Occupational Health, which administers programs to reduce environmental health hazards such as lead, asbestos, and radiation.

The following table shows the current structure and staffing within the DHS Division of Public Health.

Current Structure and Staffing of the Division of Public Health

Bureaus and Offices	GPR Positions	All Funds Positions
Bureau of Community Health Promotion	8.8	92.9
Bureau of Communicable Disease	3.6	69.0
Office of Health Informatics	4.8	68.9
Bureau of Aging and Disability Resources	28.0	58.8
Bureau of Environmental and Occupational Health	5.7	58.6
Office of Preparedness and Emergency Health Care	6.3	28.1
Regional Offices	2.5	16.0
Bureau of Operations	2.7	15.0
Office of Public Health Policy and Practice Alignment	4.4	11.0
Office of the Administrator	6.2	8.0
Total	73.0	426.3

BCD divides its staff roughly evenly among three core functions -- epidemiology, harm reduction, and immunizations, coordinated by 3.0 FTE in the office of the director. Epidemiologists (8.0 FTE positions) and researchers (3.0 FTE) work to monitor and limit how diseases spread within the state and detect and trace outbreaks. They work with 2.0 FTE public health nurses and 2.8 public health educators to inform communities and conduct training in outbreak prevention and response. The epidemiology section also includes 8.0 FTE in other position types. Harm reduction staff conduct outreach to those who have already been infected or are at risk, offering services and education to minimize the negative health effects of disease. This team consists of other public health educators (6.0 FTE), researchers (3.0 FTE), epidemiologists (2.6 FTE), and staff fulfilling other functions (11.0 FTE). Finally, 7.0 FTE public health educators and 3.6 FTE epidemiologists are assigned to BCD's immunization efforts, along with 9.0 FTE performing other functions.

BCD and other sections within DPH also make use of contracted positions when needed. Of note, BCD currently employs 5.0 infection preventionists, supported by federal funds from a temporary grant supplement made by the Centers for Disease Control and Prevention (CDC) in response to COVID-19. These staff work with healthcare providers across the state to prevent

disease transmission within healthcare facilities.

Almost half of the staff in OHI, 33 FTE positions, work in the State Registrar/Vital Records section, which manages the state's birth, death, marriage, and divorce records and issues vital records certificates. OHI's health analytics section comprises 21.0 FTE staff who work to maintain databases on certain public health threats, conduct population health surveys, and analyze and report on health data. In addition, 11.6 FTE staff support information architecture and coordination of the Public Health Information Network (PHIN), allowing public health providers across the state to submit and retrieve patient-level public health data. PHIN includes the Wisconsin Immunization Registry, which has played a key role in the state's COVID-19 immunization effort.

DISCUSSION POINTS

Epidemiology Staff in BCD

1. The Governor's budget bill would provide $1,564,300 in 2021-22 and $2,044,100 in 2022-23, and 23.0 positions (17.0 permanent positions and 6.0 four-year project positions), beginning in 2021-22, for BCD to prevent and respond to future outbreaks of communicable diseases.

2. The administration's primary argument for the need to increase BCD staffing is based on evidence of increasing communicable disease threats, both worldwide and in Wisconsin, and the need for an immediate public health response. The CDC reports that the number of human diseases borne by mosquitos, ticks, and fleas worldwide more than tripled from 2004 to 2016. Further, the rapid worldwide spread of the SARS-CoV-2 virus and its variants, which are responsible for the current COVID-19 pandemic, demonstrate the need for increasing resources to prevent and respond to these outbreaks.

3. Other increases in communicable disease threats have been observed in Wisconsin. *Elizabethkingia* are bacteria that are rarely reported to cause illness in humans. However, in 2016, BCD began investigating an outbreak of infections caused by *Elizabethkingia anophelis.* There were 67 total cases reported to DHS during this outbreak, of which 63 were confirmed cases and 18 confirmed deaths. During this outbreak, DHS staff identified effective antibiotic treatment for the disease and alerted health care providers, infection preventionists and laboratories statewide.

4. In 2018, DHS, in collaboration with the CDC and Public Health Madison and Dane County worked with UW Health to respond to an outbreak of Legionnaires Disease (a disease caused by *Legionella* bacteria) associated with the University Hospital in Madison. Fourteen cases were confirmed.

5. Recent and current outbreaks and DHS investigations are listed on the DHS website at https://www.dhs.wisconsin.gov/outbreaks/index.htm.

6. In Wisconsin, the incidence of Lyme disease remains a health concern, with 1,121 confirmed cases in 2018. Other types of communicable disease pose growing threats as well. DHS surveillance data indicate that the incidence of hepatitis C, which can be spread by shared needles and

syringes, has risen in Wisconsin in connection with the opioid epidemic, from 42 acute cases in 2013 to 142 in 2018. Rates of chlamydia, gonorrhea, and syphilis infections among Wisconsin residents have increased from 483 per 100,000 residents in 2014 to 702 cases per 100,000 residents in 2019. Moreover, rates of infections resistant to known antibiotic drugs appear to be increasing in health facilities due to changes in protocols and patient censuses necessitated by the COVID-19 epidemic.

7. While some of these threats follow nationwide trends, others are particular to Wisconsin. DHS argues that BCD's current reliance on federal funding to support 93% of its staff (a greater percentage than 61% for the entire Division of Public Health) may leave gaps in its response. For example, according to CDC, the incidence of confirmed cases of Lyme disease in Wisconsin in 2018 (19.3 per 100,000) was more than twice the national average (7.2 per 100,000). Similarly, the incidence of confirmed cases of acute hepatitis C in Wisconsin (2.3 per 100,000) was nearly twice the national average (1.2 cases per 100,000).

8. In supporting staff increases for BCD, the administration makes several additional arguments. First, DHS indicates that, during the past year and a half, BCD has had to direct resources away from many non-COVID-19 priorities, and argues that the need to increase staffing in BCD is immediate, as providing additional positions as soon as possible would allow these other services and responsibilities to resume. DHS indicates that BCD has re-assigned epidemiologists away from other diseases to focus exclusively on COVID-19. Infection preventionists who usually work to prevent and control the spread of antibiotic-resistant infections have suspended this work to develop COVID-19 control measures in healthcare facilities. Other projects related to foodborne and waterborne illnesses, tuberculosis, and a variety of other priorities have been delayed or canceled.

9. Second, DHS argues that hiring additional permanent epidemiologists and public health educators offers the benefit of increased specialization. The current workforce in the epidemiology section includes 8.0 epidemiologists and 2.8 public health educators, who must perform the monitoring, prevention, control, outreach, and health partner training necessary to respond to over 80 different diseases of concern in the state. That level of workload prevents any of these staff from developing or maintaining expertise in specific diseases. Increasing staffing, and hence increasing specialization, may permit BCD to respond more quickly and effectively to future outbreaks of any of these communicable diseases.

10. Another long-term concern is BCD's capacity to respond to the spread of antibiotic-resistant infections, which pose a growing, evolving threat that the CDC describes as one of the most significant global public health challenges today. As previously indicated, BCD is currently using one-time supplemental grant funding from the CDC to support 5.0 infection preventionists. Although currently working on preventing the spread of COVID-19 in healthcare facilities, if maintained with GPR funds these positions would be able to aid in BCD efforts to prevent the spread of antibiotic-resistant infections. Each of the five staff have been assigned to one of the five regions of the state, allowing these positions to establish relationships with the healthcare providers and facilities in their area. The administration argues that these relationships would be lost if the positions are terminated when the grant supplement expires in May 2022.

11. Finally, DHS argues that, as BCD's workload has increased during the past several years, staff capacity has not increased correspondingly. The last staff increase for BCD occurred five years

ago, when BCD was authorized 6.0 federally funded positions to address the Elizabethkingia outbreak.

12. The Committee could adopt the Governor's recommendation to increase staff capacity devoted to BCD's epidemiology efforts by enabling DPH to hire 4.0 permanent epidemiologists, 6.0 epidemiologists on a four-year project basis, 3.0 public health educators, 5.0 infection preventionists, and 5.0 disease intervention specialists, beginning in 2021-22 (Alternative A1) or approximately half of the additional positions recommended by the Governor, beginning in 2021-22 (Alternative A2). The attachment shows staffing and funding under four staffing options presented in this paper.

13. As previously indicated, the one-time increase in CDC funding has supported BCD's COVID-19 related efforts. The availability of these one-time funds suggests that there may not be a short-term need to increase state support for BCD to address the COVID-19 pandemic. Accordingly, Alternatives A3 and A4 defer providing any new positions until 2022-23.

14. Based on recent guidance provided by the Department of Treasury, it appears that federal funds the state will receive as part of the State Fiscal Relief Fund created under the federal American Rescue Plan Act (ARPA) could also be used to support public health staff, but only to the extent that the staff time is spent mitigating or responding to the COVID-19 public health emergency. Using ARPA funds to provide positions dedicated to COVID-19 response could allow BCD staff to return to some pre-pandemic priorities and activities, but ARPA funds cannot be used to provide the expanded capacity proposed by the Governor. The positions discussed in this paper may spend a portion of their time responding to COVID-19, but have the primary goals of increasing epidemiological capacity to respond to other diseases, improving response to complex infections, and reducing the spread of antibiotic-resistant infections.

15. By providing additional positions in 2021-22, BCD could immediately assign staff to work relating to antibiotic-resistant infections, even while maintaining the surge capacity necessary to respond to COVID-19. Observation in Wisconsin in recent months of increasing resistance in carbapenem-resistant *Acinetobacter baumannii* (CRAB) offer one argument for providing these positions without delay.

16. The five disease intervention specialists that would be funded under the Governor's proposal would perform testing, case investigation, and contact tracing within BCD's harm reduction section, focusing on diseases that require specialized training and response, including syphilis, co-infections of syphilis and HIV, antibiotic-resistant gonorrhea, and others. Prevention and control of these diseases is currently performed by five CDC employees who have been assigned to Wisconsin. The CDC indicates that the agency will no longer replace these employees as they retire or otherwise depart, creating a gradual need for state employees to take on these responsibilities if they are to continue. Considering that these employees are not expected to depart immediately, the Legislature could consider staffing increases for this work in the future. As previously noted, Alternatives A3 and A4 would defer providing any of these positions in 2021-22, and Alternatives A2 and A4 would provide 2.0 disease intervention specialists, so that the remaining three positions could be phased in as needed in future biennia.

17. As noted above, the expiring infection preventionist positions are currently assigned one

to each of five regions, and have developed relationships with the providers and facilities in their region. Alternatives A2 and A4 maintain 3.0 of these positions; the Committee could provide an additional $188,900 in 2022-23 and 2.0 additional positions, beginning in 2022-23 (Alternative A5), to allow BCD to maintain the current team in their assignments to each of the five public health regions of the state.

Harm Reduction Field Team in BCD

18. The Governor's budget would provide $189,300 GPR in 2021-22 and $246,000 GPR in 2022-23 to support 3.0 GPR additional positions, beginning in 2021-22, to create a "strike team" in the harm reduction section of BCD to provide services related to communicable diseases and opioid use directly in locations accessible to individuals with unmet needs. Under the proposal, the team would use a mobile clinic or other vehicle to bring harm reduction expertise and essential services to locations across the state with spikes in opioid overdoses and outbreaks of diseases such as hepatitis C and HIV, which can be spread through shared needles and syringes. The team would consist of 1.0 public health nurse, 1.0 behavioral health specialist, and 1.0 benefits navigator and income determination specialist. These staff would provide opioid-related services, including overdose rescue using naloxone, training in naloxone use, and referrals to medication-assisted treatment providers; communicable disease prevention and harm reduction services, including COVID-19 testing and vaccination, HIV and hepatitis C counseling and testing, harm reduction materials distribution, hepatitis A and B vaccination, and mobile syringe exchange; and other services such as wound care, insurance enrollment, and assistance with housing instability, utility needs, interpersonal violence, and transportation needs.

19. DHS reports that similar efforts focused only on hepatitis A vaccination in locations such as homeless shelters, tent cities, and other non-typical vaccination sites where people with elevated risk congregate have proven successful in several states, including Indiana, Tennessee, Kentucky, California, and Utah. These efforts are consistent with recommendations from the CDC's Advisory Committee on Immunization Practices to incorporate hepatitis vaccination into settings that provide services to adults.

20. The harms associated with the opioid epidemic and related rise in diseases transmitted among injection drug users suggest the need for additional resources devoted to a harm-reduction response, as proposed by the Governor. However, focusing efforts on preventing opioid use, as opposed to treating the harms resulting from it, also carries distinct advantages. Research published in the *Journal of Infectious Diseases* in July, 2019, concludes that a combined approach dedicating resources to both prevention and harm reduction is most effective. This team would complement existing preventative programs.

21. The administration indicates that the field team could also contribute to controlling the spread of the SARS-CoV-2 virus. The team could increase capacity to provide COVID-19 vaccinations in certain locations, such as homeless shelters or congregate housing for agricultural workers, where high-risk populations may be disconnected from other healthcare providers and be less likely to seek out the vaccinations from other sources. While ARPA funds could be used to support these initial activities of the team, the primary goal of these positions is to respond to other communicable diseases and the opioid epidemic, activities that cannot be supported with ARPA

funds.

22. The option to provide these positions is offered under Alternative B1.

Health Data Analysis and Predictive Modeling Staff in OHI

23. The Governor's bill would provide $162,400 GPR in 2021-22 and $213,500 GPR in 2022-23 to fund 2.0 positions, a senior statistician and a modeler, to form a data analysis team in the Office of Health Informatics (OHI). This team would develop statistical, visualization, and communication tools to analyze trends over time, geography, and demographic groups for a wide variety of health conditions. It would also provide modern modeling capabilities to predict future developments.

24. These positions would assist the Division in responding to the current COVID-19 pandemic, and improve the Division's understanding of how to address other public health threats, such as opioid use, mental health conditions, health disparities, and environmental threats, such as per- and polyfluoroalkyl substances (PFAS). DHS believes that if it could interpret the geographic patterns and trends exhibited by public health threats over time, it would enable the state's response efforts to preemptively target areas with the greatest need.

25. According to DHS, the COVID-19 pandemic has demonstrated the utility of indicators such as disease activity burden and predictions of coming surges, and believes that, had it already had this analytic capability, it could have more quickly produced indicators and predictions to address the COVID-19 pandemic. Further, DHS argues that increasing this capability in OHI could also offer better analysis of health threats in areas with small populations, such as rural counties or villages, for which modern statistical techniques are better able to identify trends with limited data.

26. DHS does not currently have resources for predictive modeling of disease outbreaks. This team would include a modeler, allowing for precise understanding of how an outbreak or other public health threat is expected to evolve, based on complex current and historical data. Modern modeling capabilities would also allow the division to investigate the predicted effects of various interventions, providing guidance to policymakers responding to new and evolving situations.

27. Research published by the CDC in May, 2021, finds that Utah used statistical models early in the decision-making and implementation process of their COVID-19 response strategy, which achieved a relatively high level of control over the virus without requiring aggressive social distancing mandates. The study identifies advantages of state-specific modeling teams with knowledge of local context and direct avenues for feedback and discussion with policymakers, as opposed to reliance on national or other external models that were produced for COVID-19.

28. As with the other positions discussed in this paper, ARPA funds could not be used to support these positions in OHI because their primary role is not to respond to COVID-19 but to improve DPH's capabilities and performance in response to other threats.

29. The option to provide these positions is offered under Alternative C1.

ALTERNATIVES

A. Epidemiology Staff in BCD

1. Provide $1,564,300 in 2021-22 and $2,044,100 in 2022-23, and 23.0 positions (17.0 permanent positions and 6.0 four-year project positions), beginning in 2021-22, for BCD to prevent and respond to future outbreaks of communicable diseases.

ALT A1	Change to Base	
	Funding	Positions
GPR	$3,608,400	23.00

2. Provide $801,700 in 2021-22 and $1,047,500 in 2022-23, and 12.0 positions (9.0 permanent positions and 3.0 four-year project positions), beginning in 2021-22, for BCD to prevent and respond to future outbreaks of communicable diseases.

ALT A2	Change to Base	
	Funding	Positions
GPR	$1,849,200	12.00

3. Provide $2,044,100 in 2022-23 and 23.0 positions (17.0 permanent positions and 6.0 four-year project positions), beginning in 2022-23, for BCD to prevent and respond to future outbreaks of communicable diseases.

ALT A3	Change to Base	
	Funding	Positions
GPR	$2,044,100	23.00

4. Provide $1,047,500 in 2022-23 and 12.0 positions (9.0 permanent positions and 3.0 four-year project positions), beginning in 2022-23, for BCD to prevent and respond to future outbreaks of communicable diseases.

ALT A4	Change to Base	
	Funding	Positions
GPR	$1,047,500	12.00

5. Provide $188,900 in 2022-23 and 2.0 positions, beginning in 2022-23, for BCD's infection preventionist team. If combined with Alternative A2 or A4, this Alternative would increase the total number of infection preventionist positions in 2022-23 to 5.0 positions, allowing BCD to maintain the current team in their assignments to each of the five public health regions of the state.

ALT A5	Change to Base Funding	Positions
GPR	$188,900	2.00

6. Take no action.

B. Harm Reduction Field Team in BCD

1. Provide $189,300 in 2021-22 and $246,000 in 2022-23, and 3.0 positions beginning in 2021-22, to create a field team in BCD dedicated to harm reduction.

ALT B1	Change to Base Funding	Positions
GPR	$435,300	3.00

2. Take no action.

C. Health Data Analysis and Predictive Modeling Staff in OHI

1. Provide $162,400 in 2021-22 and $213,500 in 2022-23, and 2.0 positions, beginning in 2021-22, to create a data analysis team in OHI consisting of a senior statistician and a modeler, dedicated to analyzing health metrics and creating predictive models to inform public health responses.

ALT C1	Change to Base Funding	Positions
GPR	$375,900	2.00

2. Take no action.

Prepared by: Carl Plant
Attachment

ATTACHMENT

Alternative Staffing Increases for Bureau of Communicable Diseases

	Positions		Funding		
	2021-22	2022-23	2021-22	2022-23	2021--23
Alternative A1 (Governor)					
Epidemiologists	4.00	4.00	$259,500	$338,400	$597,900
Four-Year Project Epidemiologists	6.00	6.00	389,200	507,500	896,700
Public Health Educators	3.00	3.00	194,600	253,800	448,400
Infection Preventionists	5.00	5.00	360,500	472,200	832,700
Disease Intervention Specialists	5.00	5.00	360,500	472,200	832,700
Total	23.00	23.00	$1,564,300	$2,044,100	$3,608,400
Alternative A2					
Epidemiologists	2.00	2.00	$129,800	$169,200	$299,000
Four-Year Project Epidemiologists	3.00	3.00	194,600	253,800	448,400
Public Health Educators	2.00	2.00	116,800	152,300	269,100
Infection Preventionists	3.00	3.00	216,300	283,300	499,600
Disease Intervention Specialists	2.00	2.00	144,200	188,900	333,100
Total	12.00	12.00	$801,700	$1,047,500	$1,849,200
Alternative A3					
Epidemiologists	0.00	4.00	$0	$338,400	$338,400
Four-Year Project Epidemiologists	0.00	6.00	0	507,500	507,500
Public Health Educators	0.00	3.00	0	253,800	253,800
Infection Preventionists	0.00	5.00	0	472,200	472,200
Disease Intervention Specialists	0.00	5.00	0	472,200	472,200
Total	0.00	23.00	$0	$2,044,100	$2,044,100
Alternative A4					
Epidemiologists	0.00	2.00	$0	$169,200	$169,200
Four-Year Project Epidemiologists	0.00	3.00	0	253,800	253,800
Public Health Educators	0.00	2.00	0	152,300	152,300
Infection Preventionists	0.00	3.00	0	283,300	283,300
Disease Intervention Specialists	0.00	2.00	0	188,900	188,900
Total	0.00	12.00	$0	$1,047,500	$1,047,500

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June, 2021 Joint Committee on Finance Paper #359

Health Information Exchange (Health Services -- Public Health)

[LFB 2021-23 Budget Summary: Page 283, #10]

CURRENT LAW

Health information exchange makes patient information -- such as a digital electronic health record -- from one healthcare provider or network available to a different healthcare provider. When a patient first sees a specialist or is admitted into a facility, for example, a health information exchange network can quickly provide that patient's new care team with their medical history, prescription information, laboratory and test results, immunization history, and more. Such a network relies on a centralized hub to maintain connections with each individual provider and facility that may contribute information about a patient, thereby enabling providers to make a single query for patient information instead of relying on individual relationships with each other provider or health network in the state.

Federal legislation passed in 2009 provided funding to plan and implement state-based health information exchange networks. 2010 Wisconsin Act 274 established terms and criteria under which DHS would select a nonprofit organization to create and maintain this network. The Wisconsin Hospital Association, Wisconsin Medical Society, Wisconsin Collaborative for Healthcare Quality, and Wisconsin Health Information Organization collaborated to form a nonprofit entity meeting these terms, the Wisconsin Statewide Health Information Network (WISHIN). DHS designated WISHIN to receive the federal grant funds, which supported implementation activities through 2014.

WISHIN currently connects approximately 1,800 healthcare facilities in the state, including hospitals, health systems, clinics, and other providers. Medical professionals at each of these sites can access patient health information generated at any other connected site, while maintaining compliance with HIPAA and other regulations. Since the initial federal implementation grant, WISHIN has been primarily supported by annual subscription fees paid by each connected facility.

DISCUSSION POINTS

1. The Governor's budget bill would provide one-time funding of $655,000 in 2021-22 and 2022-23 only for the Department of Health Services (DHS) to provide as a single grant in each year to support health information exchange activities. DHS would be authorized to transfer moneys provided for this purpose between the two fiscal years (Alternative A1). Although not specified in the bill, the administration indicates that the grantee would use these funds to support the connection of skilled nursing facilities and community health centers to the health information exchange network.

2. Connecting providers in these facilities with more complete patient information can improve the quality of care they deliver. A connection to the exchange network can also facilitate coordination of a patient's care between facilities and reduce unnecessary duplication of procedures or tests. The network also helps integrate other data sources directly into healthcare provider's patient charts, facilitating and increasing use of resources such as the prescription drug monitoring program (PDMP), which helps prevent opioid abuse by monitoring prescriptions.

3. Currently, most skilled nursing facilities (nursing homes) are not connected to WISHIN. Consequently, they cannot import medical information from the network for a newly-admitted patient, and other providers on the network can only access basic information on the date and reason why a patient was admitted into or discharged from a skilled nursing facility, but not detailed information on the care given, tests conducted, and medications prescribed. A small number of skilled nursing facilities that are part of larger health networks do have full connections to WISHIN because their network integrates patient health records with WISHIN.

4. Similarly, many community clinics are not currently connected to WISHIN. This includes federally qualified health centers, free and charitable clinics, and other "safety net" clinics that provide care to underserved communities and people who cannot otherwise afford care. In 2017, the Greater Milwaukee Business Foundation on Health (GMBFH) provided grant funding to connect eight community clinics in the Milwaukee area. GMBFH has maintained funding for the annual costs of these connections, although these funds are not expected to be renewed again.

5. WISHIN charges facilities a one-time fee to cover the costs of creating the connection between the facility's patient records system and the WISHIN network, and an annual membership fee to support the costs to maintain the connection and WISHIN's general operating costs. The one-time implementation costs vary significantly, depending on the size and type of the facility as well as their current health records infrastructure. WISHIN estimates that implementation for a typical facility may cost up to $11,500, although many facilities already use cloud-based health records management tools that make connection to WISHIN significantly less expensive. For example, approximately 40 community clinics in Wisconsin currently manage their patient records using OCHIN, a nationwide nonprofit organization that provides health information technology and services to community health centers and other safety net clinics. WISHIN already has a connection in place to transfer information to and from OCHIN's network, so costs to add facilities that use OCHIN to the WISHIN network are low.

6. Annual membership costs vary depending on facility size and other factors. WISHIN reports that they typically charge small facilities, which would include most community clinics and

small skilled nursing facilities, approximately $3,000 per year.

7. The administration estimates that the proposed funding level of $655,000 per year could support the grantee connecting 50 skilled nursing facilities and 27 community clinics to the exchange network over the biennium (Alternative A1). DHS has not yet determined the specific allocation of funds or terms that would apply to the grant, such as whether the funds would be used to offset the implementation charges in whole or in part, pay the annual membership costs for newly-connected facilities for one or more years, support health information exchange activities in other ways, or some combination of these.

8. If the Committee wished to provide funding for this purpose, it could further specify the intended use of the grant funds in statute. Based on the one-time nature of the proposed funding, the funding could be directed to support only one-time costs, such as implementation charges, rather than recurring membership costs. Alternative A2 would require the grantee to use all grant funds to connect nursing homes and community clinics to the exchange network, and prohibit the grantee from charging these facilities implementation fees. This restricted use of the funding may enable it to serve more than the 77 facilities estimated under the Governor's proposal; based on the typical implementation fees discussed above, $655,000 per year would be sufficient to connect 100 to 125 facilities to the exchange network over the biennium.

9. The Committee could increase or decrease the amount of funding provided, which would increase or decrease the number of facilities that could be connected. Alternatives A3 and A4 provide $300,000 per year, slightly less than half of the Governor's proposal; Alternative A3 otherwise mirrors the Governor's proposal, while Alternative A4 includes the same added restriction as Alternative A2 requiring that the funds be used to cover implementation fees.

10. In addition to the one-time funding to establish new connections to the exchange network, the Committee could also provide ongoing funding to cover the annual membership costs for newly-connected facilities. These fees may pose a particular barrier for community clinics, which typically have limited ability to generate revenue from the patients they serve and rely on charitable contributions and grants that may be restricted to certain eligible uses. Alternative B1 would provide $120,000 per year in ongoing grant funding to cover the annual costs of operating and maintaining community clinics' connections to the exchange network. This funding level could cover annual membership fees for approximately 30 to 40 community clinics.

11. Finally, as a means of increasing the number of facilities that could receive one-time or ongoing assistance, the Committee could establish a match requirement for the facilities that receive assistance from the grantee. If the Committee chose this option, the match percentage could be established at any percentage. Alternatives C1 and C2 would establish the matching percentage at 25% and 50%, respectively.

ALTERNATIVES

A. One-time Funding

1. Provide $655,000 GPR in 2021-22 and 2022-23 as one-time funding for DHS to provide as a grant to support health information exchange activities. Prohibit DHS from encumbering moneys for this purpose after June 30, 2023. Authorize DHS to transfer moneys appropriated for this purpose between the two fiscal years.

ALT A1	Change to Base
GPR	$1,310,000

2. Adopt all of the provisions in Alternative A1, but specify that the grantee must use the funds to connect facilities that are skilled nursing facilities, federally qualified health centers, free and charitable clinics, or other clinics serving underserved communities to the health information exchange network, and that the grantee may not charge implementation fees to facilities connected using funding from this grant.

ALT A2	Change to Base
GPR	$1,310,000

3. Adopt all of the provisions in Alternative A1, but reduce the amount of funding that would be available for the grantee by providing $300,000 GPR in 2021-22 and 2022-23 in one-time funding for DHS to provide as grants to support health information exchange activities.

ALT A3	Change to Base
GPR	$600,000

4. Adopt the funding provisions in Alternative A3. Specify that the grantee must use the funds to connect facilities that are skilled nursing facilities, federally qualified health centers, free and charitable clinics, or other clinics serving underserved communities to the health information exchange network, and that the grantee may not charge implementation fees to facilities connected using funding from this grant.

ALT A4	Change to Base
GPR	$600,000

5. Take no action.

B. Ongoing Funding

1. In addition to any of the Alternatives listed under A, provide $120,000 GPR annually, beginning in 2021-22, to provide as a grant to an entity to support health information exchange activities. Specify that the grantee must use the funds to cover the annual costs of operating and maintaining connections to the exchange network for facilities that are federally qualified health centers, free and charitable clinics, or other clinics serving underserved communities, and that the grantee may not charge annual fees to organizations whose connections are supported by grant funds.

ALT B1	Change to Base
GPR	$240,000

2. Take no action.

C. Match Requirement

1. In addition to any of the Alternatives listed under A or B, specify that the grantee must require all facilities that receive financial assistance under the program to fund 25% of the total one-time or ongoing costs of participating in the health information exchange.

2. In addition to any of the Alternatives listed under A or B, specify that the grantee must require all facilities that receive financial assistance under the program to fund 50% of the total one-time or ongoing costs of participating in the health information exchange.

3. Take no action.

Prepared by: Carl Plant

Health Services -- Public Health

LFB Summary Items for Which No Issue Paper Has Been Prepared

Item #	Title
7	Spinal Cord Injury Research Grants
11	Wisconsin Chronic Disease Program
16	Surgical Quality Improvement Grant
18	Trauma Program Staffing
19	Translate DHS Web Pages
20	Health in All Policies Staff
21	Lead Screening And Outreach Grants
22	Ambulance Inspection Program