



February 5, 2018

Dear Senate Committee on Public Benefits, Licensing and State-Federal Relations, and Assembly Committee on Public Benefit Reform:

The Wisconsin Primary Health Care Association (WPHCA) is the member association of Wisconsin's 18 Community Health Centers. Community Health Centers represent a valuable source of comprehensive primary medical, dental, and behavioral health care to some of Wisconsin's most vulnerable residents, including the uninsured, underinsured and those receiving benefits through Medicaid.

On behalf of our members, we are writing to express our questions and concerns regarding the recent Welfare Reform package.

Community Health Centers share the goals that motivated this package:

- **Ensure Wisconsinites can participate in the workforce.** Health Centers believe in helping patients improve their health and economic conditions and become more self-sufficient. We strive to reduce the number of people who need public assistance by addressing health-related barriers to employment and partnering with job centers and other employment groups to connect our patients to available jobs when their health conditions are under control.
- **Remove barriers to work & make it easier to get a job.** In addition to partnering with workforce agencies, Health Centers actively work with patients to determine other health, social, or economic factors that may stand between them and family-sustaining wages. Health Centers set incremental, achievable goals with patients in order to reduce, and eventually eliminate those barriers. Through the association's advocacy function, we address structural barriers, such as access to affordable housing, food, childcare, or safe environments, that can only be resolved through policy change.
- **Ensure public assistance is available for those who truly need it.** Over half of Health Center patients live below the poverty level. They are regular people who have fallen on hard times, or for whom better times have been just outside of their reach despite them doing everything in their power to change it. These people are our neighbors, friends & family members; and they are taking responsibility for their own health and the health of their families by accessing safety net services.

We have focused our comments on the bills having the greatest potential impact on the patients and families that our Health Centers serve:

- Special Session Bill 1: Relating to: required hours of participation in the FoodShare employment and training program.
- Special Session Bill 2: Relating to: statewide FoodShare employment and training program requirement for able-bodied adults.
- Special Session Bill 4: Relating to: employment screening of and employability plans for residents in public housing.
- Special Session Bill 8: Relating to: requiring child support compliance in the Medical Assistance program.
- Special Session Bill 9: Relating to: creation of a savings account program in the Medical Assistance program.
- Special Session Bill 10: Relating to: photo identification cards for FoodShare recipients.

Generally speaking, WPHCA supports policies that improve access to health care; and support individuals to improve their health and overall condition. We address health broadly, considering an individual's physical, oral, and behavioral health; and as something that originates within our family, neighborhood, workplaces, and social lives.

We are concerned that the bills listed above may not meet their intended goals of removing barriers to work, and maintaining public assistance for those that truly need it. In addition, while we promote personal responsibility and work, we are concerned that there is no transition plan, transition resources, nor transition timeline for these major shifts in program rules. Without carefully considered plans, the result may be a loss of benefits without a corresponding gain in employment and independence.

Our brief response reflects the limited information provided by the authors on the potential effects of this package and limited information on implementation.

---

***SPECIAL SESSION BILL #1 AND #2: Relating to: required hours of participation in the FoodShare employment and training program, and statewide FoodShare employment and training program requirement for able-bodied adults.***

---

- WPHCA believes that FoodShare is first and foremost a food assistance program that helps people with limited resources buy the food they need for sustaining and promoting good health, and are concerned with the tension caused by treating it as a workforce program.
- Over 64,000 Wisconsinites lost access to food when the FoodShare program instituted the 20hr FSET requirement; and we're concerned that further increasing those requirements will decrease the number of people who can access the program without improving their circumstance.
- Childcare is expensive, and a steady childcare schedule can be complicated for families who aren't able to find a job that offers them flexibility when it comes to childcare.

---

*Special Session Bill #4: Relating to: employment screening of and employability plans for residents in public housing.*

---

- WPHCA is concerned that these practices could lead to housing discrimination and loss of housing benefits.
- There are not enough treatment providers nor options to offer it to every public housing resident that may need it.
- Community Health Centers have long wait lists for treatment services. The most recent DHS Medicaid Access study suggests that there is not adequate behavioral health provider capacity across the state to meet existing demand, especially for substance use services. Members promised treatment will likely need to wait, thus exacerbating their addiction issues. Timeliness of treatment is paramount if this intervention is to have any success at addressing this public health crisis.
- There are multiple public housing authorities across the state – how will they comply with this unfunded mandate?
- How will housing authorities comply with the Americans with Disabilities Act when assessing whether a resident is able-bodied?
- How are able-bodied, underemployed, and an “employability” plan defined?
- Where will individuals receive treatment for substance abuse?

---

*Special Session Bill #8: Relating to: requiring child support compliance in the Medical Assistance program.*

---

- WPHCA is concerned that this would reduce access to Medicaid, and therefore access to primary health care.
- Even if a child’s Medicaid status is not affected by this rule, numerous studies have shown that children’s access to insurance is closely tied to their parents. A custodial parent losing coverage could also have a negative impact on their children’s coverage.
- In instances of violence, trafficking, it may not be safe, possible, or reasonable to cooperate in child support enforcement or paternity determinations
- How many custodial parents will be impacted?
- How many non-custodial parents will be impacted?
- Does this place undue stress on the custodial parent to establish/enforce a support order/paternity—even with good cause exemptions (i.e. fear of abuse)

---

*Special Session Bill #9: Relating to: creation of a savings account program in the Medical Assistance program.*

---

- Will HSA contributions be required? For whom?
- Will childless adult premium payments go into the HSA?
- Will parents be exempt from a contribution requirement?
- How much will it cost to administer?
- Where will HSA contributions come from? BC enrollees? The State?

---

*Special Session Bill #10: Relating to: photo identification cards for FoodShare recipients.*

---

- This requirement may be particularly challenging for homeless populations, further reducing their ability to access food, and therefore exacerbating health conditions.
- Does the cost of implementing photo ID requirements outweigh the purported levels of fraud and abuse in the program?
- How does this affect those with limited mobility, transportation barriers?
- What is the likely impact on low-income families, seniors and disabled individuals' ability to access food?

Finally, should this package advance, we strongly encourage the Legislature to exempt the same populations that the Department of Health Services proposed to exempt from certain requirements proposed in the latest amendments to the 1115 BadgerCare Waiver Demonstration. If the individual falls into the following categories, we encourage that they be exempted from the new rules related to Medicaid, FoodShare & Public Housing benefits:

- The individual is a parent or caretaker
- The individual is pregnant
- The individual is diagnosed with a mental illness.
- The individual receives Social Security Disability Insurance (SSDI).
- The individual is a primary caregiver for a person who cannot care for himself or herself.
- The individual is physically or mentally unable to work.
- The individual is receiving or has applied for unemployment insurance.
- The individual is taking part in an alcohol or other drug abuse (AODA) treatment program.
- The individual is enrolled in an institution of higher learning at least half-time.
- The individual is a high school student age 19 or older, attending high school at least half-time.

WPHCA also believes these additional groups should be exempted from the new requirements created for Medicaid, FoodShare & Public Housing benefits. The rules may cause harm our patient's ability to manage their health conditions:

- Individuals with two or more chronic conditions
  - Individuals with co-occurring chronic diseases are a higher risk for depression and substance abuse and require more complex care and treatment. Consistent access to appropriate preventative and primary care for these individuals will improve their health and may save the health care system money.
- Individuals in active treatment for cancer or a life threatening disease; individuals with a terminal illness
  - People with life-threatening or terminal illnesses often are unable to work, and may already have extensive medical bills. Any additional barriers to care is beyond what is reasonable to expect under such circumstances.
- Individuals who have communicable diseases including HIV/AIDS, Hepatitis B/C, etc.
  - For purposes of public health and safety, it is critical that people with communicable diseases retain coverage, access to medications, and access to care, including behavioral health and mental health care.
- Women who experienced a fetal or infant death, and are therefore at risk for a subsequent poor birth outcome
  - Beyond the trauma associated with a fetal or infant death, women who have experienced this trauma are at increased risk for future low birthweight or preterm babies, which are at greater risk for complication, morbidity, and mortality. In addition, continuous inter-partum care would ensure that mothers receive appropriate care and treatment to increase the odds of a healthy baby in the future, if desired, or access to contraceptive care if that is preferred. Continuous primary and behavioral health care is also critical for this population.
- Refugees
  - Refugees face numerous challenges as they arrive in the country: they often arrive with little to no financial support, they are fleeing traumatic situations, they often have low-English proficiency, and may struggle to find work immediately. Medicaid coverage, without undue barriers like premiums, is a practical and cost-effective way to ensure that refugees have access to immunizations, public health screenings, and other basic health care services.
- Individuals who are homeless or at risk for homelessness:
  - Given their transient nature, it can be difficult to maintain a consistent relationship with a primary care provider. The homeless, by nature of their circumstances, will also have difficulty establishing an account with a financial institution to even attempt a premium payment.
- Individuals with >3 Adverse Childhood Experiences (ACEs) and are at risk for a mental health and/or substance use disorder
  - ACEs have been shown to contribute to poor mental health and/or substance use disorders. The costs would be lower and the benefits higher of addressing ACEs early and often in a care setting.
- Victims of domestic or other forms of interpersonal violence

- Victims of violence face incredible barriers to their health and personal safety on a regular basis. DHS should prioritize making access to care as simple as possible for this population.
- People with disabilities
  - People with disabilities often have complex health situations, and can be most productive in the community when they have unrestricted access to health care services. People with disabilities also benefit from stable, long-term relationships with providers, and are better able to engage with their care plan and health when they maintain a relationship with a trusted provider. Any interruption to that relationship and to their care would likely negatively impact their health, and increase the cost of their care long-term.

Thank you in advance for your consideration of these recommendations.

Sincerely,



Stephanie Harrison, CEO  
WPHCA