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Information for E-news is compiled from several sources, including websites and lists from the *Wheeler Report*, Wisconsin Council on Children and Families, Agency for Healthcare Research and Quality, Kaiser Family Foundation, Commonwealth Fund, *Milbank Quarterly*, *Health Affairs*, Urban Institute, *Wisconsin Medical Journal*, Wispolitics.com, Blue Cross/Blue Shield, *The New York Times*, *Milwaukee Journal-Sentinel*, *Milwaukee Business Journal*, *Wisconsin State Journal*, Wisconsin Technology Network and others.

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STATE NEWS

[BadgerCare Plus Basic Coverage Signed by Governor](#)

The BadgerCare Plus Basic Bill, [SB 484](#) was signed into law on April 29, 2010. This bill creates a new, entirely self-funded health care plan option for nearly 43,000 adults without dependent children who are on the BadgerCare Plus Core Plan waiting list. An amendment passed along with the bill puts an "end date" on the BadgerCare Plus Basic program, scheduled for December 31, 2013. The bill also included two enhancements to the BadgerCare Plus Benchmark Plan relating to transportation reimbursement and periodic screening, diagnosis and treatment. The [Legislative Fiscal Bureau summarizes the bill](#), and amendments are described in a [Legislative Council Memo](#).

[Legislature Approves Matching Funds for Rural Dental Education Facility](#)

The Legislature has authorized \$10 million in general fund supported borrowing for the construction of a rural dental education outreach facility in Marshfield. Final approval of the bond is contingent upon the Marshfield Clinic raising half of the funding needed for the \$20 million facility. Read the [Legislative Fiscal Bureau memo](#) about this funding.

New Laws: [Mental Health Parity](#), [Critical Access Hospitals](#), [Electronic Medical Record](#)

The [Mental Health Parity Act](#) requires that group health insurance policies cover mental health, alcoholism and other drug abuse treatment services at the same level as other types of treatment. The bill also eliminates the minimum annual amounts of coverage that a group health insurance policy must provide for individuals with those conditions. The federal parity law only applies to companies with 50 or more workers, while the new Wisconsin law requires parity in insurance plans offered by employers with 10 or more workers.

[AB 770, Critical Access Hospitals Bill](#), now law as Act 190, authorizes DHS to impose an assessment on critical access hospitals (CAHs), generating about \$10.6 million in segregated revenue in 2010-11 and \$18.1 million in federal matching funds. That funding would be used to increase MA reimbursement rates for CAHs, provide additional funding for the provider loan assistance program, and establishes a new rural physician residency program. Read more in the [LFB paper](#).

[Electronic Medical Record Bill](#), the WIRED for Health Act, authorizes creation of a public-private entity to coordinate planning and implementation of a statewide health information exchange system. Read more in the [LFB paper](#).

Other new laws:

Wisconsin Act 209, [AB 659](#) promotes HIV testing by treating it like other tests, where people are tested unless they decline the test. It also strengthens patients' rights by ensuring that patients who are HIV positive cannot be denied treatment, and it strengthens privacy provisions by doubling the previous penalties for illegal disclosure of HIV test results.

Wisconsin also joins 23 other states with a new law to [Ban Texting while Driving](#).

Fiscal Bureau Summarizes Federal Reform Law Provisions for WI

Wisconsin's Legislative Fiscal Bureau, on May 13th, released a new memo titled "Federal Health Care Legislation: Summary of Major Insurance and Medical Assistance Provisions." The document addresses the major provisions of those parts of the legislation related to insurance and medical assistance (MA) and how these provisions may affect Wisconsin.

BadgerCare Drops Mental Health, Abuse Coverage Limits

The *Milwaukee Business Journal* reports that the Wisconsin has eliminated all dollar amount and service limitations for mental health and substance abuse treatment for patients who are covered by the BadgerCare Plus Benchmark Plan. The decision brings mental illness and substance use disorder to parity levels — equal to the treatment provided for medical care — for the 14,496 children and pregnant or postpartum women enrolled in the Benchmark Plan.

Audit Released on Wisconsin Medical Education, Research and Public Health Grants

The Legislative Audit Bureau has released its evaluation of public health programs and medical education and research initiatives established by the Medical College of Wisconsin and the University of Wisconsin (UW) School of Medicine and Public Health. The schools established these programs and initiatives with the \$630.4 permanent endowment they received in trust in conversion of public assets when Blue Cross Blue Shield United of Wisconsin became a for-profit corporation. Through December 31, 2008, the Medical College expended \$32.1 million and the UW School of Medicine and Public Health expended \$44.1 million. [Report highlights here](#).

School of Medicine and Public Health Excels in Family Medicine, Rural Health Training

The University of Wisconsin School of Medicine and Public Health (SMPH) ranks among the top 10 nationally in both family medicine and rural medicine, according to U.S. News & World Report's 2011 edition of America's Best Graduate Schools.

Tobacco Tax Increases Not Funding Smoking Prevention

According to a CDC report, fourteen states (including WI) and Washington, D.C., hiked cigarette taxes in 2009, but not enough of that money is going toward public health efforts.

Wisconsin Home Care Costs Among the Nation's Highest

According to Genworth's 2010 Cost of Care Survey, home care costs, as well as costs of most other long term care services, are higher in Wisconsin than they are nationally.

Wisconsin Scores Mixed Grades For Air Quality

People living in Wisconsin counties that border Lake Michigan are still breathing unhealthy levels of ozone air pollution, although in other parts of the state air quality is improving. The State of the Air report provides an annual national air quality "report card."

Family Planning Waiver Enrollment for Men begins May 1st

The Department of Health Services has received federal approval to extend the Family Planning Waiver to Men. Starting May 1, 2010, the Family Planning Waiver and Temporary Enrollment / Presumptive Eligibility for the Family Planning Waiver will extend eligibility to men, provided they meet the same financial and non-financial eligibility rules in place for females. Family Planning Waiver program (FPW) provides limited benefits for family planning services for women with income at or below 200% of the Federal Poverty Level (FPL) and who are: between the ages of 15 years of age and 44, and not enrolled in BC+ without a premium or receiving other full benefit Medicaid. Information about FPW is found in the BadgerCare Plus Handbook, [Chapter 40](#).

WI Receives \$90,000 To Enroll American Indian & Alaska Native Kids In Health Care

41 grants will go to the health programs operated by the Indian Health Service; tribes and tribal organizations; and urban Indian organizations. The grants will help improve outreach and enrollment of American Indian and Alaska Native (AI/AN) uninsured children eligible for, but not enrolled in, their state's Medicaid and the Children's Health Insurance Programs (CHIP).

RESEARCH AND PROGRAM TOOLS

New Materials from the [Evidence-Based Health Policy Project](#)

Federal Health Care Legislation: What Do Wisconsin Policymakers Do Now?

[Agenda](#) ; [Resources](#); [Webber presentation](#); [Witgert presentation](#)

[Johnson-Wilson presentation](#)

[Video Coverage from WisconsinEye](#)

Resource list on Patient Protection and Affordable Care Act

- [Health Reform GPS](#)
- [Council of State Governments - Federal Health Care Reform Page](#)
- [Kaiser Family Foundation Health Reform Portal](#)
- [National Conference of State Legislatures](#)
- [National Health Reform Law and Policy Project](#)
- [White House Health Reform Page](#)
- [Wisconsin Office of Health Care Reform](#)

New and Updated Resources from the Commonwealth Fund

- [Health Care Reform Implementation: Health Insurance Provisions](#)
- [Health Care Reform Implementation: System and Delivery Reform Provisions](#)
- [Health Care Reform Implementation: Revenue Provisions](#)
- [A Guide to Achieving High Performance in Multi-Hospital Health Systems](#)
- [2010 Survey of Health Care Opinion Leaders](#)
- [Minnesota's Health Care Delivery Innovations](#)
- [Chartbook: Health System Comparisons Across Nine Nations](#)
- [Issue Brief: Measuring the Quality of Developmental Services for Young Children](#)
- [Issue Brief: Group Employed Model as a Foundation for Health Care Delivery Reform](#)
- [Case Study: Lessons from Health IT in Nursing Homes](#)
- [Study: Improving Personal Health Records for Patient Centered Care](#)
- [Issue Brief: Evidence-Based Pediatric Care: What Are We Missing?](#)

New and Updated Resources from the Kaiser Family Foundation

- [A Reporter's Guide to U.S. Global Health Policy](#)
- [Summary of New Health Reform Law](#)
- [Health Reform Implementation Timeline](#)
- [Health Status](#)
- [Health Coverage & Uninsured](#)
- [Medicaid & CHIP](#)
- [Health Costs & Budgets](#)
- [Providers & Service Use](#)
- [Minority Health](#)
- [Medicare: A Primer](#)

New and Updated Resources from the Urban Institute

- [What if All Physician Services Were Paid Under the Medicare Fee Schedule?](#)
- [How Will Comparative Effectiveness Research Affect the Quality of Health Care?](#)

New and Updated Resources from the Wisconsin Council On Children and Families

- [Wisconsin Budget Project Website](#)
- [Brief: How Does Wisconsin Compare in Spending and Expenditure Growth?](#)

- [Brief: Recovery Act Benefits in Wisconsin](#)

New and Updated Resources from the [Robert Wood Johnson Foundation](#)

- [Toolkit: Integrating Care for Dual Eligibles](#)
- [Health Care Reform GPS Portal](#)
- [Implementing State Health Reform: Lessons for Policymakers](#)

EVENTS AND ANNOUNCEMENTS

Health Insurance Exchanges: Goals, Options, and Considerations for Wisconsin

Briefing by the [Evidence-Based Health Policy Project](#)
May 27, 2010, 9:00-11:00 am, 411 South State Capitol

Monday Population Health Seminar Series

Every Monday, 12:00 - 1:00 PM, Room 1309 HSLC

2010 Wisconsin Rural Health Conference

June 23rd-25th, Kalahari Resort in Wisconsin Dells, Registration Required

Lecture/Discussion: Food for Thought: Food Science and Your Health

July 13th, 7pm-9pm, 1100 Grainger Hall

READING ROOM

National Healthcare Quality Report

This annual report to Congress examines the progress and challenges associated with improving the quality of the nation's health care system: "Health care quality needs to be improved, particularly for uninsured individuals, who are less likely to get recommended care. Some areas merit urgent attention, including patient safety and health care-associated infections (HAIs). Quality is improving, but the pace is slow, especially for preventive care and chronic disease management".

National Healthcare Disparities Report

This annual report to Congress examines health care disparities for different racial, ethnic or income groups, and tracks changes in such gaps over time. The authors report, "Findings from the 2009 NHDR show that disparities in care for cancer, heart failure, and pneumonia exist across populations. Although quality of hospital care for heart failure and pneumonia has improved overall, care for Whites continues to improve at a higher rate than for minority populations. Thus, quality improvement has not necessarily translated to disparities reduction, which is critical for high-quality care".

Racial And Ethnic Disparities In Health And Health Care Of Children

The authors review 111 studies and find that "racial/ethnic disparities in children's health and health care are extensive, pervasive, and persistent, and occur across the spectrum of health and health care. Methodologic flaws were identified in how such disparities are sometimes documented and analyzed."

Obama Extends Hospital Visitation Rights to Same-Sex Partners of Gays

The president directed the Department of Health and Human Services to prohibit discrimination in hospital visitation in a presidential memorandum. Administration officials said the new rule will affect any hospital that receives Medicare or Medicaid funding, a move that covers the vast majority of the nation's health-care institutions. Obama's order will start a rule-making process at HHS that could take several months, officials said.

HHS Launches Implementation of Medical Loss Ratio Requirements

Health and Human Services Secretary Kathleen Sebelius took the first steps toward implementing the new health care law's provisions dealing with medical loss ratios — how much insurers must spend on paying out medical claims, as opposed to other expenses such as administration, ads, or salaries

Federal Cancer Research Is 'At A Breaking Point,' IOM Study Finds

The "system for conducting cancer clinical trials in the United States is approaching a state of crisis," according to this report on inefficiencies and funding issues faced by the NCI's Clinical Trials Cooperative Group Program -- which comprises 10 groups, more than 3,100 institutions, 14,000 investigators and more than 25,000 patients in clinical trials each year. The report's recommendations include an appeal for NCI to increase the amount it reimburses clinicians for the costs of managing patients and an appeal for private and public health plans to cover all nonexperimental costs of participation in clinical trials.

Study: Is Better Patient Safety Associated With Less Malpractice Activity?

A reduction in the number of preventable patient injuries in California hospitals between 2001 and 2005 was associated with a decrease in the volume of malpractice claims within California counties, according to this study. The study suggests that options that promote better patient safety may offer a new avenue for reducing malpractice pressure on physicians, at the same time that they improve clinical outcomes.

Study: Streamlining Administration in Health Care Would Save Billions

The U.S. system of billing for health care is complex, expensive, and inefficient. Excessive administrative complexity costs physicians nearly 12 percent of their net patient service revenue, according to a Commonwealth Fund–supported study. Streamlining administrative processes associated with the billing and payment of medical providers could save \$7 billion annually, and save four hours per week of physicians' time and five hours of support staff time.

CMS Needs to Step Up Oversight of Nation's Worst Nursing Homes, GAO Says

A Government Accountability Office report says the nation's worst nursing homes are in some cases improving, but the government could do a better job in identifying them and tracking their deficiencies.

Easing the Adoption and Use of Electronic Health Records in Small Practices

A new study identifies lessons learned by organizations that help small physician practices adopt and use electronic health records (EHRs), providing important insight for a new \$643 million federal initiative to create a program of regional extension centers that will help practices convert to EHR technologies to improve patient care and safety.

The Effect Of Health Information Technology On Quality In U.S. Hospitals

This study examines the effects of electronic health records and computerized physician order entry on the quality of care.

Health Care Expenses Are Growing Burden for Many Americans

The percentage of Americans facing high out-of-pocket health care expenses and insurance premiums continues to increase. In all income brackets, people with private insurance experienced an increase in their health care–related financial burden between 2004 and 2006, with the greatest increase occurring among middle- and higher-income individuals.

Primary Care and Prescription Drug Coverage Abroad, Lessons for the U.S.

This issue brief explores the provisions of health coverage and cost-sharing for primary care and prescription drugs in Denmark, England, France, Germany, the Netherlands, and Sweden and draws lessons for policy reform and insurance design in the United States. Although none of the six countries spends more than 11 percent of gross domestic product on health care—compared with 16.2 percent in the United States—they are able to provide a level of access to and financial protection for primary care and prescription drugs that far exceeds what is available in this country.

Soda Taxes, Soft Drink Consumption, And Children's Body Mass Index

Using data on state sales taxes for soda and individual-level data on children, the authors report existing taxes on soda fail to substantially affect overall levels of soda consumption or obesity rates. However, the authors also found statistically significant and substantively larger effects of differential soda sales taxes among children who are heavier, have lower family income, are African American, or watch a great deal of TV. This was particularly pronounced for children for whom sugar-sweetened beverages are available at school.

Taxing Soft Drinks And Restricting Access To Vending Machines To Curb Child Obesity

This study examines the effectiveness of policies aimed at reducing childhood obesity by taxing soft drinks and outlines changes that may increase their effectiveness, such as implementing comprehensive restrictions on access to soft drinks in schools and imposing higher tax rates than are currently in place in many jurisdictions.

Physician-Ownership Of Surgery Centers Linked To Higher Volume Of Surgeries

The authors analyzed data from Florida and find "a significant association between physician-ownership of surgery centers and greater use" of certain outpatient procedures. "[D]ata reveal that the acquisition of ownership status coincided with significant increases in a physician's use of carpal tunnel release, cataract excision, colonoscopy, and knee arthroscopy."

Quality Of Care Among Obese Patients

The authors examined 8 different quality measures relating to diabetes management, adult vaccinations, and cancer screening from large samples of Medicare and Veterans Hospital patients and found: "...being obese or overweight was associated with marginally higher rates of recommended care for several measures."