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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 Basic Enrollment Frozen ; HIRSP Enrollment Increasing](#)**

The WI Department of Health Services has frozen enrollment for the BadgerCare Basic program, effective Friday March 18<sup>th</sup>, due to cost overruns. The [BadgerCare Basic](#) program is a self-funded health care program for adults without dependent children who were unable to enroll in

[BadgerCare Core](#), which reached maximum enrollment last fall 2009. Nine months after the first individual was enrolled in Basic, expenditures are outpacing premium revenues by nearly \$2 million. Basic members currently pay \$130 a month for the self-funded program. The actual cost of the program is closer to \$300 a month. A federal grant that helped subsidize premiums has been exhausted. The \$130 monthly fee will increase to \$200 in May.

Enrollment for BadgerCare Basic is currently 5,300 persons. Meanwhile, Wisconsin's high risk insurance pool [HIRSP](#), experienced a 17% increase in enrollment from January 2010 to January, growing from 16,577 to 19,480 enrollees.

### **WI Payment Reform Initiative Seeks Pilot Sites**

A coalition of over 100 payer and provider group, advancing the [Wisconsin Payment Reform Initiative](#) and working under the auspices of the [Wisconsin Health Information Organization \(WHIO\)](#), recently sent a letter to health care provider organizations inviting them to serve as a pilot site. These pilots, are designed to test: how bundling of payments and other strategies will work; how changes in reimbursement methods can be complemented by changes in physician, healthsystem, employer and consumer decision making; and how to best facilitate wide spread transition from volume-based reimbursement to value-based reimbursement.

### **Wisconsin Granted Federal Exchange Innovator Award; Walker Accepts Funding**

The State of Wisconsin is receiving a \$37.8 million early innovator grant as one of seven that federal officials say are leading the way in designing the information technology needed to run the health insurance exchanges under the federal Patient Protection and Affordable Care Act. Grantees are to use the funds to create exchange IT models that can be adopted and tailored by other states. All of the states labeled as early innovators have committed to ensuring that whatever technology they develop can be reused and transferred to other exchanges.

### **Walker Releases Capital Budget, Adds Nursing School Funding**

Governor Walker released his [2011-2013 Capital Budget](#), detailing \$1.1 billion for construction and maintenance of state buildings. Health care-related projects include:

- \$67 million for the University of Wisconsin-Madison Institute for Medical Research
- \$8 million for a 40,000 square-foot addition to the Marquette University - School of Dentistry
- \$12 million for the University of Milwaukee School of Public Health to purchase a building within the former Pabst Brewery
- \$1.4 million for an addition to the Mendota Mental Health Institute

He subsequently recommended adding [funding for the Nursing School at UW-Madison](#).

### **Wisconsin in National Spotlight for U-Turn on Health Reform Approach**

*The Washington Post* featured Governor Walker and Wisconsin's health reform debate in a story about how a change in state leadership has dramatic impact on the implementation of federal health from. The story notes that former Wisconsin Gov. Jim Doyle (D), immediately after the signing of the federal [Patient Protection and Affordable Care Act](#), created the state Office of Health Care Reform, and moved quickly to carry out the federal law. When leadership changed in January 2011, Governor Scott Walker quickly issued his own executive order, dissolving the health reform office and replacing it with the Office of Free Market Health Care.

DHS Secretary Smith describes how Wisconsin hopes to apply the ACA selectively: Create, as the statute envisions, one or more marketplaces called exchanges to help individuals and small businesses buy insurance. But every health plan sold through an exchange should not be required to cover a list of “essential benefits” defined by HHS. The Walker Administration also objects to enforcement of “qualified health plans” —that insurers in an exchange must provide specific benefits and levels of coverage.

### **Governor’s Budget Re-Directs SeniorCare Enrollees into Medicare Part D**

Wisconsin’s prescription drug plan, [SeniorCare](#), covers 91,000 low-income seniors, providing an alternative to the federal Medicare Part D program. Under Walker's budget, in order to save the state \$15 million over two years, SeniorCare recipients who qualify for Medicare Part D would have to enroll in Medicare Part D as their primary coverage. [SeniorCare supporters](#) say it is often less expensive and simpler than Medicare Part D.

### **A La Carte Mandate-Free and Cross-State Health Insurance Bills Proposed**

Senator Leah Vukmir, R-Wauwatosa, and Representative John Nygren, R-Marinette have been working on bills to lift state mandates for certain individual health insurance policies and allow out-of-state insurers to offer plans in Wisconsin. The ["Health Choices and Opportunities" bill](#) authorize insurer to offer individual “a la carte” policies that do not include any of the state's mandates. A second bill would [allow out-of-state health insurers to offer plans in Wisconsin](#) that comply with their own state's health insurance coverage mandates. In order to maintain the competitiveness of Wisconsin insurers, the insurance commissioner could waive state mandates to allow a Wisconsin insurer to offer comparable policies.

However, [Wisconsin Health News](#) reports these bills are in "a holding pattern" as the Wisconsin Association of Health Plans and others have expressed concerns: "Allowing out-of-state selling would enable insurers to become licensed in states with the most lenient rules which could lead to a loss of key consumer protections for Wisconsin residents," states an association memo urging legislators to oppose out-of-state selling. "... insurers from other states could cherry-pick the healthiest individuals from established Wisconsin insurers."

### **Legislative Council Health Care Access Committee Completes Work**

The Joint Legislative Council's Study Committee on Health Care Access has completed its work and approved the following proposals:

- [WLC: 0058/2](#), relating to the administration of vaccines by pharmacists
- [WLC: 0066/2](#), relating to collecting workforce survey information from health care providers
- [WLC: 0091/1](#), relating to dental licensing exceptions.
- [WLC: 0095/1](#), relating to the creation of a matching grant program for the physical expansion of existing teaching institutions related to health care.
- [WLC: 0096/1](#), relating to duties of local health departments.
- [WLC: 0097/1](#), relating to repayment of state aid by medical school graduates.
- [WLC: 0098/1](#), relating to the expansion of the health care provider loan assistance program to include public health professionals.
- [WLC: 0088/1](#), relating to report on health education.

### **[Budget Amendment Places Deadline on Medicaid Changes](#)**

An [amendment to the budget repair bill](#) places a deadline on changes Governor Scott Walker's administration can make to the Medical Assistance program. Changes or waivers approved by Joint Finance or the federal government would sunset January 1, 2015. Also at that time people dropped from BadgerCare Plus because of too high of an income could become eligible again for the program. The bill calls for reducing eligibility for non-disabled, non-pregnant adults with family income greater than 133% of the federal poverty level on July 1, 2012, unless the state receives certain waivers from the federal government.

### **[Budget Proposal: Insurance No Longer Required to Cover Birth Control](#)**

The Governor's proposed [2011-13 biennial budget](#) includes a [provision that](#) eliminates a law whereby insurance plans that cover prescription drugs to also cover prescription birth control. Walker's [budget summary](#) says the requirement is an "unacceptable government mandate on employers with moral objections to these services," and that it "increases the cost of health insurance for all payers." Opponents to the provision cite statistics from [The National Business Group on Health](#), which estimates that failing to provide contraception coverage actually costs employers 15 to 17 percent more than providing it.

### **[Milwaukee's Infant Mortality Rate Shows a Drop](#)**

The City of Milwaukee experienced a 14% reduction in the infant mortality rate in 2010, reports the City of Milwaukee Health Department. Last year, 96 infants died in their first year, compared with 121 the previous year. That decline in the raw number put the city's infant mortality rate at 9.44 deaths per 1,000 live births, compared to 11 per 1,000 in 2009. [Read the Milwaukee Journal Sentinel report](#). As well, health officials in Milwaukee have outlined their [plans to further reduce infant mortality rates](#). The Wisconsin Legislative Council Study Committee on Infant Mortality has [drafted several potential bills](#) that are currently being voted on by members through mail ballot.

### **[Wisconsin Receives \\$7 Million Grant to Fight Lead Poisoning](#)**

Wisconsin received \$7 million in grants from the U.S. Dept. of Housing and Urban Development from the Lead Based Paint Hazard Control Grant, the Healthy Homes Production and the Lead Based Paint Hazard Reduction Demonstration Grant Programs to conduct a wide range of activities intended to protect children and families from potentially dangerous lead-based paint and other home health and safety hazards in Wisconsin.

### **[Wisconsin Medical Schools Ranked in U.S. News and World Report](#)**

U.S. News & World ranks the UW School of Medicine and Public Health 10<sup>th</sup> for primary care, and 27<sup>th</sup> for research, among more than 145 fully accredited medical schools reviewed. The Medical College of Wisconsin was ranked 37<sup>th</sup> in primary care and 45<sup>th</sup> for research. *U.S. News* bases its rankings on several indicators including the amount of National Institutes of Health research funding and the proportion of graduates entering primary-care residencies.

### **[Statewide Smoking Ban Law Associated with Improved Bartender Health](#)**

A [new study](#) by researchers at University of Wisconsin-Milwaukee Study shows decreases in secondhand smoke exposure and respiratory symptoms among Wisconsin bartenders after

Wisconsin enacted its statewide smoking ban. Eight smoking-related upper respiratory health symptoms were reduced by as much as 36 percent.

### **State Cancer Rates Show Decline**

"Wisconsin Cancer Facts & Figures 2011," released by the WI Department of Health Services and the American Cancer Society, reports that cancer rates have declined 14 percent for men and 7 percent for women from 1997 to 2007. The overall cancer mortality rates for both men and women also declined about 11 percent and 8 percent, respectively.

### **UW Stem Cell Pioneer Shares America's Largest Prize for Medicine and Science**

The Milwaukee Journal-Sentinel reports: James Thomson, the groundbreaking University of Wisconsin-Madison researcher who became the first person to isolate and grow human embryonic stem cells in 1998, has been honored as co-recipient of the 11th annual [Albany Medical Center Prize in Medicine and Biomedical Research](#). The \$500,000 prize is the largest award in science and medicine in the U.S.

### **Mobile Dental Clinic Turns its Focus to Prevention**

The [Ronald McDonald Care Mobile](#) clinic, serving southcentral Wisconsin since 2003, has a new mission. Instead of providing only fillings and extractions, it now offers sealants and fluoride varnish, which help prevent cavities. The 40-foot truck, which used to go to clinics, health departments, shopping centers and other places in 11 counties, now visits only schools in Dane County. Some 26 percent of children in Head Start programs in the 2008-09 school year had untreated decay, as did 20 percent of third-graders in 2007-08, according to the [Wisconsin Department of Health Services. Rates](#) among black and Hispanic students were higher.

### **Obesity in WI is Increasing Risk for Life-Threatening Illnesses**

The number of obese people in Wisconsin is increasing and causing financial strain. Throughout the 1980s, the prevalence of obesity among residents was less than 15 percent. In 2009, nearly 29 percent of Wisconsinites were obese and another 36 percent were overweight. [U.S. Centers for Disease Control and Prevention](#) estimates that medical costs associated with obesity in Wisconsin are \$1.5 billion every year. That comes out to an average of \$924 a year per obese individual in doctor visits, prescription drugs and treatment.

### **Officials Warn Consumers Not to Eat Some Hazelnuts Sold During Holiday Season**

In-the-shell hazelnuts (filberts) or in-the-shell mixed nuts that contain hazelnuts purchased since Nov. 2 at certain Wisconsin grocery stores have been recalled. Wisconsin food safety officials report that they may be contaminated with E. coli O157:H7. A list of the stores that sold the recalled products in Wisconsin and other Midwest states is [available online](#).

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  - [BadgerCare Plus Evaluation Results from UWPHI](#)
    - [Wisconsin's ACCESS Internet Portal: The Target Efficiency of Online Medicaid/CHIP Enrollment: An Evaluation of](#)
    - [Report #1: Executive Summary Findings on Enrollment, Take-Up, Continuity, Target Efficiency, and Participation in Employer-Sponsored Insurance Coverage](#)
    - [Report #2: Enrollment, Take-Up, Exit, and Churning: Has BadgerCare Plus Improved Access to and Continuity of Coverage?](#)
    - [Report #3: Target Efficiency and the Displacement of Private Insurance: How Many New BadgerCare Enrollees Came from the Uninsured?](#)
    - [Report #4: Wisconsin's Lessons about the Potential of Medicaid Auto-Enrollment](#)
    - [Report #5: Wisconsin's On-Line System for Medicaid Application and Enrollment: Who Uses It? And Does it Increase Take-Up of Benefits?](#)
    - [Report #6: Has Wisconsin Achieved the Policy Goal of 98% Access to Health Insurance?](#)
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## **EVENTS AND ANNOUNCEMENTS**

### **Goal 2 Response-Level Communications Workshop**

March 22<sup>nd</sup>, Eau Claire, WI

### **WI Interoperability Symposium**

March 23<sup>rd</sup> – 24<sup>th</sup>, Eau Claire, WI

### **Wisconsin Oral Health Coalition**

March 23<sup>rd</sup>, Steven Point, WI

### **Bioethics Symposium: "Physician Assisted Dying: Patient Right or Wrongful Death?"**

Thursday, April 7, 2011

1:00 p.m. - 5:30 p.m.

1306 Health Sciences Learning Center, 750 Highland Avenue, Madison, WI

### **Down to Earth: Sowing the Seeds for Healthy Communities**

Wisconsin Medical Society Foundation

April 7, 2011, 5:00 pm Monona Terrace Convention Center, Madison

### **4th Biennial Wisconsin Health Literacy Summit**

April 12<sup>th</sup> – 13<sup>th</sup>, Madison, WI

## **2011 Wisconsin Health Education Network (WHEN) Annual Meeting**

April 12th, Middleton, WI

## **Wisconsin Hospital Association Advocacy Day**

April 27<sup>th</sup>, Madison, WI

## **Wisconsin Primary Health Care Association Annual Conference**

April 26-28, Madison, WI

## **6th Annual Wisconsin Stem Cell Symposium**

April 27<sup>th</sup>, Madison, WI

## **READING ROOM**

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### **Piloting Payment Reform: PROMETHEUS Payment Toolkit Released**

**PROMETHEUS Payment** has released a promising model for payment reform through a value-driven payment engine that evaluates specific “episodes of care” and rewards well-coordinated, high-quality, high-value care. Launched in 2006 with support from the Robert Wood Johnson Foundation, PROMETHEUS Payment and the Health Care Incentives Improvement Institute has developed a “how-to” toolkit, informed by lessons from pilot sites, that captures all of the essential elements to plan, test and deploy the PROMETHEUS model in a variety of settings.

### **Study: Massachusetts Health Reform Has Not Averted Medical Bankruptcies**

Research published this month in the *American Journal of Medicine* reports that, while Massachusetts' 2006 health law decreased the number of uninsured persons, it did not make a significant difference the number of medical bankruptcies. The total number of medical bankruptcies in Massachusetts increased by more than one-third during the period 2007-2009. In 2009, 89% of debtors and all their dependents had health insurance at the time of filing, whereas one quarter of bankrupt families had experienced a recent lapse in coverage.

### **State Variation in Primary Care Physician Supply: Implications for Medicaid Expansions**

A new study finds that in much of the country, Medicaid enrollment expansion under health reform is likely to greatly outpace growth in the number of primary care physicians (PCPs) willing to treat these new patients. Nationwide, PCP supply varies considerably by region. States with the largest number of PCPs per capita are concentrated almost entirely in the Mid-Atlantic and Northeast. Conversely, states with the smallest number of PCPs per capita are concentrated largely in the South and Mountain West—those regions that will potentially see the largest percentage increases in Medicaid enrollment in the years ahead.

### **The Basic Health Program Option under Federal Health Reform: Issues for States**

The Basic Health Program (BHP) is an option under the Affordable Care Act (ACA) that allows states the option to develop an insurance plan for individuals with incomes between 133 and 200 percent of the federal poverty level (FPL) and for low-income legally resident immigrants whose immigration status prevents them from receiving Medicaid. Under the law, states could opt to receive 95 percent of the federal subsidy amount that would have been offered in the health

insurance exchange to devise a state-run program. This new Issue Brief outlines potential benefits and pitfalls.

### **[New Report on ACA's Impact on States](#)**

The Urban Institute recently released [Health Reform Across the States: Increased Insurance Coverage and Federal Spending on the Exchanges and Medicaid](#). Using the Health Insurance Policy Simulation Model (HIPSM), the study estimates important effects of the Affordable Care Act (ACA) at the state level: the increase in insurance coverage, coverage and subsidies in the new non-group health benefit exchanges, Medicaid enrollment and costs under the expansion, and total new federal spending on Medicaid and subsidies. They provide results by state, by region and by two useful groups of states. Key results are also displayed on maps.

### **[Federal CMS Clarifies Medicaid Maintenance of Effort and Waivers Requirements](#)**

The federal Centers for Medicare and Medicaid Services (CMS) released a letter to State Medicaid Directors providing guidance on the maintenance of effort (MOE) requirements of the Patient Protection and Affordable Care Act (ACA). The ACA required states to maintain eligibility within Medicaid at no less than the current state levels for parents and childless adults through 2014 and for children through 2019. If a state is able to demonstrate a budget shortfall, the ACA grants some flexibility to reduce eligibility, but only for higher income, non-disabled, non-pregnant adults.

### **[CBO: Blocking Health Care Reform Would Add \\$5.7 Billion to Deficit](#)**

The Congressional Budget Office (CBO) said that blocking funding for the health care law would mean some short-term gain—a cut in the deficit of \$1.4 billion for the rest of the fiscal year. But it would add \$5.7 billion to the deficit over a decade. The CBO said all these numbers are "highly uncertain," however, because the reality would depend on how the Obama administration interpreted the defunding provisions of the fiscal 2011 spending bill (HR 1)—"in particular, how broadly or narrowly the administration would define what is meant by 'carrying out' the provisions of those laws."

### **[Coordination Between Emergency and Primary Care Physicians](#)**

An examination of emergency and primary care physicians' ability -- and willingness -- to communicate found that haphazard communication and poor coordination can undermine effective care, according to a new study conducted by HSC for the nonpartisan, nonprofit National Institute for Health Care Reform (NIHCR).

### **[Long Term Care Needs Changes](#)**

Obama administration officials now say that one of the new health care laws provisions, intended to allow the chronically ill and people with disabilities to continue living in their homes, is too costly to survive without major changes. Republican lawmakers, who have vowed to repeal the health care law, cite the administration's acknowledgment as yet another reason to do so. But the health and human services secretary, Kathleen Sebelius, says the law gives her plenty of authority to make the necessary changes to the program without Congressional action.

### **Insurance Coverage and Access to Care in Primary Care Shortage Areas**

As both federal and state governments gear up to implement the Patient Protection and Affordable Care Act (ACA), concerns about the supply and distribution of physicians, particularly primary care physicians, are being raised. In many areas of the country, there is a shortage of primary care physicians, and some worry about whether the current workforce can meet the growing demand for services that will likely accompany coverage expansions.

### **Pharmacists Fight the Rise of Mail Order**

A struggle is emerging between pharmacists and mail-order companies over where people should be able to fill their long-term prescriptions. Community pharmacists in New York are lobbying state lawmakers to pass legislation that would prevent health plans from requiring patients taking medications for chronic ailments to fill their prescriptions through the mail.

### **Drug Firms Face Billions in Losses in '11 as Patents End**

At the end of November, Pfizer stands to lose a \$10-billion-a-year revenue stream when the patent on its blockbuster cholesterol drug Lipitor expires and cheaper generics begin to cut into the company's huge sales. The loss poses a daunting challenge for Pfizer, one shared by nearly every major pharmaceutical company. This year alone, because of patent expirations, the drug industry will lose control over more than 10 megamedicines whose combined annual sales have neared \$50 billion.

### **Toward a Fourth Generation of Disparities Research to Achieve Health Equity**

This article, published in this month's *Annual Review of Public Health*, examines a conceptual framework of three generations of health disparities research to understand (a) data trends, (b) factors driving disparities, and (c) solutions for closing the gap. The authors propose a new, fourth generation of research grounded in public health critical race praxis, utilizing comprehensive interventions to address race, racism, and structural inequalities and advancing evaluation methods to foster the ability to eliminate disparities. The authors assert that this new generation demands that researchers address their own biases as part of the research process.