



UNIVERSITY OF WISCONSIN

**Population Health Institute**

*Translating Research for Policy and Practice*

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

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## STATE NEWS

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### **[BadgerCare Changes Receive Federal Approval; Take Effect July 1](#)**

The WI Department of Health Services has received federal approval to amend BadgerCare Plus for Families and the BadgerCare Plus Core Plan. The changes will affect income-eligible non-pregnant, non-disabled adults above 133% of the Federal Poverty Level and do not apply to children. The changes, taking effect July 1, 2012, are summarized on the [DHS BadgerCare Updates Page](#). They include the following:

- Extending premiums to adults in BadgerCare with incomes between 133% and 150% of the federal poverty level (premiums currently start at 150% of FPL).
- Increasing premiums for non-pregnant, non-disabled adults over 150% of FPL, by applying new sliding-scale premiums.
- Dropping adults for a year, rather than six months, if they fail to make a premium payment.
- Ending BadgerCare coverage of adults if they have access to employer-sponsored insurance and their premium for employee-only coverage would cost less than 9.5% of family income (regardless of deductibles and co-pays for that coverage).

- Ending eligibility of the spouse of an employee who has an offer of employer coverage that meets the condition noted above, even if inclusion of the spouse would raise the premium above the 9.5% standard.
  - Terminating coverage within 10 days, rather than at end of enrollment month, for members determined to be ineligible.
  - End of retroactive eligibility/three-month backdating of coverage for non-pregnant, non-disabled adults above 133% FPL.
- [Video: Update on Medicaid and Health Reform by DHS Secretary Dennis Smith](#)
  - Resources from the Wisconsin Council on Children and Families:
    - [Q&A Summary of Upcoming Changes to BadgerCare](#)
    - [Overview of BadgerCare Changes](#)
    - [Inconsistencies between the BadgerCare Changes and the Affordable Care Act](#)
    - [Options for Closing the Shrinking Medicaid Deficit](#)
    - [By the Numbers: A Closer Look at the BadgerCare Cuts](#)

Media Coverage about rate hikes; letters to 111,000 current BadgerCare enrollees; [Milwaukee Journal Sentinel](#); [Wisconsin State Journal](#)

### [BadgerCare Adult Coverage: Freezes Keep Enrollment Low, Core Plan Declines Persist](#)

The WI Department of Health Services reports that BadgerCare Plus Basic, enrollment has declined to only 2,165 members, down from a peak of 6,013 in April 2011. Due to cost overruns, program enrollment has been frozen since March 2011 and premiums have increased from their original \$100/month to current \$325 a month.

The Basic plan was originally created in 2009 as a temporary solution for those on the waiting list of the Badger Plus Core Plan, for which enrollment was closed in October 2009. Core Plan enrollment has declined from its peak of over 65,000 to last month's 25,808, with a waiting list of 128,600. [Advocates and some Democratic legislators](#) have asked federal officials to consider whether the State's continued cap on Core Plan violates the federal waiver or the federal health reform law's maintenance of effort requirements.

### [Report: WI Adults' Access to Health Care Declines](#)

A report released by the Robert Wood Johnson Foundation (RWJF) and [published in Health Affairs](#) shows that the ability of adults to obtain basic health care services in the United States has declined in nearly every state over the last decade, especially among those without insurance. For Wisconsin, the report shows:

- The share of adults in the state with unmet medical needs due to cost increased by 4.5 percentage points from 2000 to 2010, to 13.0 percent. In 2010, an estimated 448,000 adults had an unmet medical need due to cost. Uninsured adults were 31.4 percentage points more likely than insured adults to have an unmet need due to cost in 2010.
- The share of adults in the state who had a routine check-up increased by 3.6 percentage points from 2000 to 2010, to 62.8 percent. Uninsured adults were 34.0 percentage points less likely than insured adults to have had a routine check-up in 2010.

- The share of adults in the state who had a dental visit decreased 6.5 percentage points from 2000 to 2010, to 71.3 percent. Uninsured adults were 38.8 percentage points less likely than insured adults to have had a dental visit in 2010.

[See Milwaukee Journal-Sentinel coverage here.](#)

### **Wisconsin Hosts Health “Hack-a-Thon” to Generate Data-Based Solutions**

For 28 hours, from April 14-15, more than 30 volunteer “hackers” from Wisconsin and nationally gathered in Milwaukee with experts from the health care field collaborated to solve contemporary health care problems. Participants used federal data from [www.data.gov/health](http://www.data.gov/health), and created a working proof of concept that was presented to a panel of judges. Cash prizes were awarded to the top four winners, with the first place winner invited to present at the US Department of Health and Human Services [Health Data Initiative Forum III – The Health Datapalooza](#) June 5-6, 2012, in Washington, D.C.

### **HHS: Two Assurant Health Insurance Companies Rate Increases Deemed Unreasonable**

Two Assurant Health-owned companies, Time Insurance Company and John Alden Life Insurance Company, have proposed rate increases (to start May 1, 2012) that the U.S. Dept. of Health and Human Services deems unreasonable. The new health law requires insurance companies to have a projected medical loss ratio below the federal standard of 80 percent – these two companies’ rate increases did not fit this requirement. Assurant has 10 days to lower the rate or post a justification on its web site. Wisconsin has not yet met regulatory criteria to review rates from the individual association plan market

### **Wisconsinites to Receive Insurance Rebates under MLR; OCI Questions Figures**

Kaiser Family Foundation [reports](#) that over 365,000 Wisconsin health insurance consumers will receive over \$16 million in rebates from health insurance companies that violated caps on excessive profits and overhead, or Medical Loss Ratio (MLR), that are now regulated under the Affordable Care Act. [Wisconsin Health News](#) reports that the Office of the Commissioner of Insurance (OCI) spokesman J.P. Wieske rejects these numbers: “Wieske does not know what the final number will be or when it will be ready. Kaiser said the rebate estimates are based on insurer filings with the National Association of Insurance Commissioners. In a memo, the NAIC said those are estimates and not final numbers.”

### **Wisconsin Planned Parenthood Clinics Stop Drug-Induced Abortions**

Planned Parenthood of Wisconsin has announced that it will no longer provide drug-induced abortions for women in their first nine-weeks of pregnancy as it has in the past in about a quarter of their abortions. Planned Parenthood says that the new legislative-prescribed procedure is vague, requiring physicians to inform a woman that she must return to the abortion facility for a follow-up visit 12 to 18 days after she takes the medication, and the physician prescribing the drug also must perform an examination before giving the drug and must be physically present in the room when the woman receives the drug, making the use of the drug potentially illegal.

### **[DHS: Report on FoodShare](#)**

The Dept. of Health Services (DHS) has released a [report](#) on FoodShare, Wisconsin's program for assisting low-income individuals and families with food purchases. The report was conducted to address concerns about the growth of program costs, participation, accuracy of timeliness of benefit determination, and the extent to which fraud occurs in the program. The report recommends that DHS report to the Joint Legislative Audit Committee by December 3, 2012 on a number of issues that the report details.

### **[WCCF: Increased Access to Preventive Care for Children in Wisconsin](#)**

Wisconsin Council on Children and Families reports that children in Wisconsin are already benefiting from health care reform: many are receiving preventive care because of the reduced financial barriers so as no co-pays, deductibles or co-insurance, that some insurance companies are already enacting in preparation for the law that goes into effect in 2014. The [Georgetown Center for Children and Families](#) reports that, in Wisconsin, approximately 281,500 children are now receiving new preventative care benefits, almost 209,000 children are benefiting from preventative care at no-cost, and about 713,500 children are now receiving preventative care (including 432,000 on Medicaid).

### **[Wisconsin Teachers Health Insurance Plans Shift](#)**

Many Wisconsin school districts, enabled by Act 10 legislation that ended teachers' ability to negotiate for health benefits, are now moving to high-deductible health plans more often found in private businesses. Many teachers' new health insurance plans have annual deductibles of \$2,000 for individuals and \$4,000 for a family, but many also provide wellness programs that fund health accounts that help cover much of teacher's out-of-pocket expenses. Meanwhile, [WEA Trust](#), the nonprofit insurer that covered about two-thirds of Wisconsin school districts last year, has experienced a nearly \$70 million decline in revenue because of these health insurance switches.

### **[Community Clinics and Access to Care](#)**

In Milwaukee, two urban zip codes, 53224 and 53225, contain no primary care physicians who accept patients on state health care programs (Medicaid). The Milwaukee Health Care Partnership focuses on increasing health care access and expanding the city's community health centers to provide better primary care and access to care in low-income neighborhoods. The [Wisconsin Medical Journal](#) writes about community clinics in their most recent addition.

### **[Wisconsin Community Health Centers Awarded \\$16.1 Million Federal Capital Funding](#)**

Five Wisconsin community health centers are receiving \$16.1 million in grants from the U.S. DHHS. These funds will allow CHCs to serve more than 29,000 new patients. The awarded centers are Access CHC in Madison, Family Health Center of Marshfield, Progressive CHC in Milwaukee, and Primary Connection Health Care of Wausau, The funding is part of a total \$728 million in grants awarded across the country to support renovation and construction projects as part of the Patient Protection and Affordable Care Act (ACA).

### **[Community Health Center Quality Varies within Milwaukee](#)**

Hundreds of the nation's nearly 1,200 community health centers, which serve millions of mostly poor people, fall short on key measures such as vaccinating children and helping diabetics control blood sugar, federal data show. Lower-performing centers typically have a higher proportion of uninsured patients and treat sicker patients. The federal data are not risk-adjusted. Wisconsin's 16 health centers [are on par with national standards](#) for child immunization and management of hypertension and diabetes. In Milwaukee, 16th Street Community Health Center beat U.S. averages for all six quality indicators. Nearby Milwaukee Health Services was below average for five of six measures.

### **[Teen Birthrate Drops 16% in Wisconsin](#)**

A recent [report from the CDC](#) shows teen birth rates fell 9% nationwide and reaching historic lows, with a 16% decrease in Wisconsin which recorded 26.2 births per 1,000 girls from ages 15 to 19 in 2010, down from 31.2 in 2007. The report shows Wisconsin's decline in teen pregnancy closely mirroring a drop in Milwaukee's teen birthrate, which has fallen 13.6% from 2009 to 2010 (for girls between 15-17 years of age). Nationally, Wisconsin has the 10<sup>th</sup> lowest teen birthrate. The authors of the CDC report assert that the decline in teen birthrate can be attributed to pregnancy prevention efforts noting a recent government survey showing more use of contraception by teens.

### **[Black Infant Mortality Rate Remains High](#)**

Dane County Public health officials are puzzled by the continued increase in black infant mortality last year after a successful period of decline between 2002 and 2007. There are huge disparities between black infant mortality rates and white and Hispanic infant mortality rates in Dane County: in 2011, the county had 16.70 deaths per 1,000 births for blacks, compared to 5.67 deaths per 1,000 births for whites and among Hispanics, infant mortality rates have been declining with a three-year average for 2009 to 2011 was lower than for whites at 2.80 deaths per 1,000 births.

Meanwhile, in [Milwaukee, black infant mortality rates are increasing](#). After a decrease in black infant mortality rates in Milwaukee last year, the rates have recently increased again, with black infants dying at nearly three times the rate of white infants. In 2011, the white infant mortality rate was 5.0, the black rate for 2011 was 14.5, and the Hispanic rate was 8.0. Milwaukee hasn't yet analyzed the cause of these most recent infant mortalities, but historically, about 50% of Milwaukee's infant deaths are related to premature birth, unsafe sleep accounts for about 19%, and non-preventable congenital abnormalities account for about 18% of infant deaths in the city. According to the Milwaukee Journal Sentinel who tried to find reasons for the disparity between black and white infant mortality, the disparities cannot be fully explained by social and economic differences: they assert that a married, college-educated African American women is much more likely to have a premature, low birth weight infant than a white, unmarried high school drop-out.

### **[Health Care Systems: Mergers & Partnerships](#)**

The Medical College of Wisconsin (MCW) and seven local health systems (Agnesian Healthcare, Aspirus, Bellin Health, Centegra Health System, Columbia St. Mary's, Froedtert Health, Wheaton

Franciscan Healthcare) are joining together to create an “accountable care strategy” which is intended to create an entity that works together as a single cohesive group. The seven health care systems that have teamed up with the MCW represent 28 hospitals in Wisconsin and the Upper Peninsula of Michigan as well as northern Illinois with 4,000 affiliated physicians and a combined net revenue of almost \$6 billion. Meanwhile, [a group of independent doctors](#) in central Wisconsin plan to merge services this year.

### **Health Care Co-op for Small Businesses**

The [Common Ground Healthcare Cooperative](#) was recently formed in southeastern Wisconsin to help small businesses and non-profits provide their employees with affordable health insurance and was recently approved along with six other such co-ops nationwide to receive a \$56.4 million loan from the U.S. Department of Health and Human Services. The co-op will be based in Milwaukee to serve the seven county area (Milwaukee, Waukesha, Racine, Kenosha, Ozaukee, Washington and Walworth counties). The organization’s goals are to keep costs affordable to members while also helping those members receive high-quality care.

### **Possible Trend: Clinic's Decision to Stop Taking New Medicare Patients**

A small independent clinic in Madison, [Wildwood Family Clinic](#), has recently decided to stop taking on new Medicare patients and some wonder if this is the sign of a new trend in health care. The ten doctors who manage and own the clinic assert that they can no longer afford to provide care to more individuals on Medicare who already make up a quarter of their patients because Medicare only pays between a quarter and a third of every dollar the clinic charges, about half of what private insurers pay.

### **Medical School and Clinic Expansions & Changes**

The Medical College of Wisconsin (MCW) is continuing to look at eight different locations in Wisconsin for the location of up to two new medical schools and there is still the potential for an osteopathic medical school in Wausau, though it is currently seeking \$20 million in funding. Plans are also being considered for [a campus in Green Bay](#) that would start with 25 students in a condensed three-year academic program.

Meanwhile, [MCW](#) recently received a five-year, \$1.1 million grant from the U.S. Department of Health and Human Services’ Health Resources and Services Administration to train primary care physicians as educators.

Four University of Wisconsin campuses have joined together to offer a new on-line program to help students earn a bachelor’s degree in health information. The program offers [a Bachelor of Science in Health Information Management and Technology](#) (HIMT) and is coordinated by the University of Wisconsin Extension.

[UW-Madison](#) has announced its dual Law and Public Health Degree starting this fall, offering students substantive training in both law and public health.

The [new nursing school](#) at the UW Madison campus [broke ground](#) recently. The school will allow for an increase in nursing student enrollment to help the state deal with the projected nursing shortage in the near future. Meanwhile, [UW Madison](#) has decided to end its nursing program with Gunderson Lutheran in La Crosse and focus on consolidating the program in Madison.

[Aurora Health Care](#) has opened a new outpatient cancer center in Grafton, that will offer chemo and radiation therapy.

[Marshfield Clinic's new facility](#) in Steven's Point is scheduled to begin construction later this year while [St. Elizabeth Hospital's](#) in Appleton starts work on a new \$65 million update focusing on newborns.

The new [Marshfield Clinic Rhinelander Dental Center](#) will be providing care to low income families in northeastern Wisconsin, the eighth dental clinic of its kind in their statewide system and offers a full range of dental care to patients of any income.

[The Saturday Clinic for the Uninsured](#), a joint venture of the Medical College of Wisconsin and Columbia St. Mary's will expand its services to include pediatric patients not covered by health insurance.

#### **[Home Health Care & Long-Term Care Costs More in WI](#)**

According to a recent survey from Genworth Financial, the cost of home health care nationwide has risen only slightly compared with other types of long-term care, though in Wisconsin these rates are higher than the national average. Nearly 15,500 long-term care providers in 427 regions throughout the country and 384 metropolitan areas were surveyed and found that in Wisconsin, the median cost for homemaker services \$19 compared to \$18 nationally, and home health aide services cost \$21 in Wisconsin, but only \$19 nationally.

#### **[Office of the Inspector General: Website for Public Assistance Fraud & Abuse](#)**

The Office of the Inspector General (OIG), an office within the WI Department of Health Services (DHS), recently announced [a new website](#) for reporting possible public assistance fraud. Those who suspect anyone of fraudulent activity in public assistance programs can report fraud online at [dhs.wisconsin.gov](http://dhs.wisconsin.gov) or by calling the Office of the Inspector General Fraud Hotline at 1-877-865-3432. The OIG is responsible for DHS fraud detection efforts, implementing fraud prevention budget initiatives and any final recommendations made by the Governor's Commission on Waste, Fraud and Abuse and the public assistance programs it oversees include Medicaid, FoodShare, the Women, Infants and Children (WIC) supplemental food program and the state portion of Supplemental Security Income (SSI).

#### **[UW Madison: Research & Funding Continue to Grow](#)**

According to [recent statistics](#) from the [National Science Foundation](#) (NSF), the University of Wisconsin, Madison, ranks third among all U.S universities in the nation for successfully securing support for their research. Fiscal year research totals for 2010 were more than \$1

billion - an increase of about \$15 million over the 2009 fiscal year. The NSF surveyed 742 universities in the U.S. and looked at all disciplines. UW Madison trailed only Johns Hopkins University and the University of Michigan.

#### **Madison: Stem Cell Researchers Make Breakthroughs**

Companies and research institutions in Madison, such as WiCell Research Institute and the Waisman Center, both connected to the university, and Cellular Dynamics International, a company at University Research Park, are growing stem cells to help researchers around the country prepare for clinical trials and combined, are producing more than 2 billion stem cells a day, selling most to pharmaceutical companies for drug testing.

#### **VA Awards Nearly \$800,000 to Wisconsin Veterans Home**

The Wisconsin Veterans home in Union Grove has received nearly \$800,000 from the Dept. of Veterans Affairs for renovations and repairs to their Fairchild and Shermanske Halls. This grant will cover approximately 65% of the cost of the projects. The VA operates major medical centers in Madison, Milwaukee and Tomah, with outpatient clinics and Vet Centers across the state and last year the VA provided nearly \$2.2 billion to Wisconsin's 408,000 Veterans.

Meanwhile, a [new veteran's facility](#) in Green Bay is nearly complete. When complete, the facility will serve as a centralized care location for many of the roughly 20,000 northeastern Wisconsin military veterans who now must travel to Milwaukee or elsewhere for certain types of VA care.

#### **UW Hospital Part of National Study to Reduce Infections**

The Benefits of Universal Gown and Gloving (BUGG), a \$5.7 million study supported by the Centers for Disease Control and Prevention (CDC), the Agency for Health Care Research and Quality (AHRQ) and the Joint Commission, is conducting a study with 20 academic medical centers across the nation, one of which is the University of Wisconsin Hospital and Clinics, to determine if using gowns and gloves by health care workers for all patient care in the trauma and life support center (TLC) reduces health care-acquired infections.

### **LEGISLATIVE UPDATE**

- **Enacted Bills**
  - [Act 191, SB 297 Eliminates the Ability to Impose Assessment on Ambulatory Surgical Centers](#)
  - [Act 160, SB 383 Creates Licensure Requirements and Practice Standards for Anesthesiologist Assistants](#)
  - [Act 217, SB 306 Requires Doctors to Confirm Abortion Request is Voluntary](#)
  - [Act 189, SB 487 Relates to the provision of information regarding health care benefits provided to certain assistance program recipients](#)
  - [Act 161, SB 421 Authorizes Medically Related Actions by Physician Assistants](#)

- [Act 159, SB 317](#) [Schedule II Substance can be Dispensed with Electronic Prescription](#)
- [Act 192, SB 474](#) [Relating to matching financial records for Medical Assistance eligibility and providing a penalty](#)
- [Bills that Passed One House](#)
  - [AB 147](#) Passed Assembly: [Relating to inadmissibility of a statement of apology or condolence by a health care provider.](#)
- [Proposed Bills](#)
  - [LRB 3917](#) to strengthen Third party Liability (TPL) database
  - [AB 154](#): [Would prohibit coverage of abortions through health plans sold through exchanges](#)
  - [SB 273](#): [Proposed Plan for Implementing Medicaid Reform](#)
  - [AB 487](#): [Would Create Licensure Requirements and Practice Standards for Anesthesiologist Assistants](#)
  - [AB 409](#) & [SB 305](#): [Would Require 60 Days Prior Notification to Changes in Eligibility or Benefits to MA Recipients](#)
  - [AB 512](#) [Would Authorize Medically Related Actions by Physician Assistants](#)
  - [SB 389](#) & [AB 469](#): [Would Exempt Electronic Smoking Devices from the Types of Smoking Devices that may not be Used in Certain Locations](#)
  - [AB 475](#) & [SB 371](#): [Would Allow for Medical Use of Marijuana](#)
  - [SB 360](#): [Would Eliminate the Minimum Sale Price of Prescription Drugs](#)
  - [AB 371](#): [Would Require Doctors to Confirm Abortion Request is Voluntary](#)
  - [SB 420](#): [Would Change Requirements for Membership on the Medical Examining Board](#)
  - [AB 408](#): [Would Eliminate the Ability to Impose Assessment on Ambulatory Surgical Centers](#)
  - [AB 440](#): [Schedule II Substance could be Dispensed with Electronic Prescription](#)
  - [SB 101](#) & [AB 151](#): [Bill would eliminate costly difference between oral, IV chemotherapy](#)
  - [AB 530](#): [Would Require State Agencies to Submit Cost Reports for Implementing PPACA](#)
  - [AB 554](#): [Relates to the provision of information regarding health care benefits provided to certain assistance program recipients](#)
  - [AB 564](#) & [SB 419](#): [Relates to a pupil's possession and use of an epinephrine auto-injector](#)
  - [SB 103](#): [Relating to inadmissibility of a statement of apology or condolence by a health care provider](#)
  - [SB 471](#) & [AB 540](#): [Relating to training in traumatic brain injury awareness for first responders and granting rule-making authority.](#)
  - [AB 553](#): [Relating to matching financial records for Medical Assistance eligibility and providing a penalty](#)

- [AB 531](#): [Relating to requiring legislation for agencies to take an action to, request federal moneys to, and use state moneys to assist the federal government to implement federal health reform](#)
- [SB 551](#): [Relating to external review process of health benefit plan decisions](#)
- [SB 549](#): [Relating to fees for dental services](#)

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- [2012 Wisconsin Health Education Network \(WHEN\) Annual Meeting](#), April 19<sup>th</sup>, Middleton
- [HIPPA COW 2012 Spring Conference](#), April 20<sup>th</sup>, Madison, WI
- [Raising Childhood Immunization Rates: Working Together to Cut Through the Barriers](#), April 24<sup>th</sup>, Dodgeville, WI
- [WHA Advocacy Day](#), April 24<sup>th</sup>, Madison, WI
- [5<sup>th</sup> Annual Healthy Classrooms Symposium](#), April 25<sup>th</sup>, Madison, WI
- [A Medicaid Update with Secretary Smith](#), May 2<sup>nd</sup>, Madison, WI
- [Wisconsin Women's Health Foundation: 13<sup>th</sup> Annual Spring Gala](#), May 5<sup>th</sup>, Madison, WI
- [Preparedness Training Conference](#), May 11-12<sup>th</sup>, Wausau

- [Stephen Jencks, MD, MPH Former Assistant Surgeon General of the United States & Senior Fellow with The Institute for Healthcare Improvement, "The Worst Hospital in the Healthiest Community? Provider- vs. Population-Based Quality of Care Measures"](#)  
May 14, 2012, Madison
- [3rd Annual Wisconsin Women's Health Policy Summit](#), May 15, Madison
- [WI Public Health Association Annual Conference](#), May 21-23, Wisconsin Dells
- [The Digital Healthcare Conference 2012](#), May 22<sup>nd</sup>, Madison, WI
- [From Chaos to Calm: Managing a Medical Practice in a Complex Environment](#)
  - May 23<sup>rd</sup>, Wausau, WI
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- [Rural EMS in 2012: What You Need to Know](#), May 24<sup>th</sup>, Sauk City, WI
- [Hospice & Palliative Care](#), June 4-6<sup>th</sup>, La Crosse, WI
- [4<sup>th</sup> Community Engagement in Research \(CEnR\) Conference: Collaboration to Improve Rural Health](#), June 7<sup>th</sup>, Wausau, WI
- [Wisconsin Wound Care Prevention and Treatment Program](#)
  - May 21<sup>st</sup> – 25<sup>th</sup>, Madison, WI
  - June 11<sup>th</sup> – 15<sup>th</sup>, King, WI
  - July 16<sup>th</sup> – 20<sup>th</sup>, Chippewa Falls, WI
  - August 20<sup>th</sup> – 24<sup>th</sup>, Manitowoc, WI

## **READING ROOM**

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### **Oregon Plans to Implement Medicaid 'Global Budget' Plan Saving \$11 Billion**

Oregon state officials recently announced that they've received tentative federal approval for a plan that would save \$11 billion over five years by setting a "global budget" for the state's Medicaid program and lowering the percentage it will grow each year. All the various funding streams that make up Medicaid outlays will be combined and paid to local "community care organizations." [The federal government has tentatively agreed to contribute \\$1.9 billion over five years toward this program](#) Global budgets look much like a capitation rate that's risk-adjusted for that community. Communities with a greater number of sick people would receive more, while healthier communities would receive less The global budget will no longer grow at medical inflation but will be held to a fiscally sustainable rate. Goldberg said Oregon officials are committed to lowering the historical cost trend by 2 percentage points.

### **Study Finds Effort to Pay Hospitals Based on Quality didn't Cut Death Rates**

A recent study from the New England Journal of Medicine reports that the Hospital Value-Based Purchasing Program, Medicare's largest attempt at pay-for-performance, modeled on a six-year project called the [Medicare Premier Hospital Quality Incentive Demonstration \(HQID\)](#), did not lead to fewer deaths among hospital patients treated at participating hospitals. The new study opens the door for questions about the health law's central premise to rework hospital's financial incentives while saving money and improving patient care.

### **[Gender Gap in Health Insurance Costs Persist](#)**

A report recently released by the National Women's Law Center asserts that gender variation in health care costs for the same coverage persists. The federal health reform law will prohibit such gender pricing variation in 2014. Insurers claim they charge women more than men for the same coverage because women tend to use health care services more than men through regular checkups, prescription drugs and chronic illnesses.

### **[Results from a Scorecard on Local Health System Performance, 2012](#)**

The findings from the Scorecard on Local Health System Performance found large variations in access, quality, costs and health outcomes among different local communities, with top performing areas concentrated in the upper Upper Midwest and Northeast. The Scorecard allows local communities to compare their health care systems to 306 local health care systems on the basis of 43 indicators that span four dimensions of health care system performance: access, prevention and treatment, costs and potentially avoidable hospital use, and health outcomes.

### **[Annual County Health Rankings Confirm: More Education Means Better Health](#)**

The 3<sup>rd</sup> annual [County Health Rankings](#), a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute shows a correlation between more education and better health. Areas with the highest number of residents having attended at least one semester of college had the fewest premature deaths and fewer reports of being in poor or fair health. More than 3,000 counties and the District of Columbia were ranked based on their physical environment, social and economic factors, access to quality medical care and health behaviors and how counties compare against either other, in its own state and against national benchmarks.

### **[Study: Higher U.S. Costs For Cancer Care May Be 'Worth It'](#)**

A recent study published in Health Affairs found that the additional cost of cancer care in the United States (compared to Europe) paid off in nearly two additional years of life for American cancer patients. The comparison comes from the translation of longer lives into dollar amounts based on a conservative estimate of the value of a human life year (not taking into account quality of life or individuals' earnings). Researchers assert that the value of survival greatly outweighs the additional costs of care though cautioned that the findings don't prove that all cancer treatments are cost-effective or that there is a causal link between spending more on cancer care and survival gains.

### **[Physicians Try to Curb Unnecessary Treatments](#)**

Several prominent physician groups recently released a list of 45 common test and treatments they claim are often unnecessary and might even cause harm to patients. The effort is an attempt to help reduce unnecessary treatments which are purported to account for 1/3 of the \$2.6 trillion spent on health care in the U.S. annually. Each of the nine physical groups selected five procedures they think patients and their doctors should question based on medical evidence showing they have little or no value for certain conditions – the list is meant to provide a set of guidelines for patients and doctors.

### **[International Study: Patients Actively Engaged in Their Care Fare Better](#)**

Studies have shown that when patients have an active role in their own health care, both their quality of care and their care experiences improve, therefore, efforts to increase patient participation in healthcare have increased globally. The current study looks at an international survey of adults with complex health care needs and found that there was wide variation in the level of engagement in patients own care, but that across countries, engaged patients reported fewer medical errors, higher care ratings and more positive view son the health system overall.

### **[A State-By-State Look at Public Health Funding & Key Health Facts](#)**

The Trust for America’s Health, supported by the Robert Wood Johnson Foundation, has released its annual [Investing in America's Health](#) report to examine public health funding and key health facts in states around the country. The report finds large variation in both disease rates and public health funding across the country. The report notes differences in federal funding for states, differences in state funding, and differences in health statistics by state, with a consistent decline in public health funding everywhere. The report recommends more emphasis on public health funding in order to reduce health care costs and increase productivity through a healthy work force.

### **[IOM Panel Proposes a New Tax to Pay for Public Health](#)**

A panel of experts at the Institute of Medicine (IOM) has released a proposal for a new tax on health care to help pay for much need public health initiatives. The proposed tax, not yet determined but possibly around 0.5%, would be used to fund state and local public health agencies that have been losing funding of late due to the current economic situation. Currently, the U.S. spends about 3% of the \$2.5 trillion it spends annually on health care on public health – the IOM panel asserts that in order for public health measure to be effective, every public health agency will need to be able to deliver a minimum set of services which would require at least twice as much as public health is currently getting in funds (\$11.6 billion).

### **[Surgeon General: Preventing Tobacco Use Among Youth and Young Adults](#)**

The Surgeon General’s Report reiterates that the idea that preventing smoking and smokeless tobacco use among young people is critical to ending the epidemic of tobacco use. More than 80% of adult smokers begin smoking by 18 years of age with 99% of first use by 26 years of age. This report examines the social, environmental, advertising, and marketing influences that encourage youth and young adults to initiate and sustain tobacco use.