

A Summary of Recent Legislative Action on Health Care

After enactment of the budget bill last summer, most of the legislative action on health care focused on three issue areas: behavioral health, dementia, and family planning. Behavioral health and dementia are two areas where legislators have been able to come together and develop legislation with broad bipartisan support. That stands in marked contrast to the very polarized debate over family planning.

Another area of deep partisan differences relates to the merits of the Affordable Care Act, including the opportunity it gives state lawmakers to expand Medicaid eligibility to all adults up to 138% of the federal poverty level (which for a single parent with one child is equivalent to earning \$8.86 per hour). A bill authored by Senator Erpenbach and Rep. Riemer would take advantage of the federal funding for states that expand coverage of adults up to that level, and it would save state taxpayers roughly \$200 million per year. However, the Governor and many Republican legislators still oppose that idea, and the bill did not even get a public hearing.












In light of the stark partisan divides on the Medicaid expansion issue and family planning, it's a relief to see legislators work together in areas like behavioral health and dementia. Unfortunately, a recent reduction in the state's revenue projections, coupled with the continued resistance to accepting federal funding for expansion of BadgerCare, severely constrained how much could be accomplished in the issues areas where there was bipartisan agreement.

BEHAVIORAL HEALTH

Mental health and other behavioral health issues have been one area where lawmakers in both parties have worked closely over the last several years. The progress that began during the 2013-14 session continued in the 2015-17 budget and in the just-concluded 2015-16 session. However, even though four noteworthy bills were approved by the Assembly, only two were voted on and passed by the Senate.

One bill approved by both houses is now Act 153, which will provide some funding to develop behavioral health care coordination pilot projects to test alternative, coordinated care delivery and Medicaid payment models designed to reduce costs for patients with significant or chronic mental illness.

That new law also directs DHS to develop and award a 3-year pilot project testing new Medicaid payment models that encourage the provision of psychiatric

Proposals Affecting Health Care 2015-16 Wisconsin Legislative Session	
OUTCOME	PROPOSAL
Passed	
	Funding to develop behavioral health care coordination pilot projects for Medicaid recipients with behavioral and chronic disease diagnoses (Act 153)
	DHS to prepare a report on individuals with dementia and placed in crisis situations and a proposed pilot for dementia crisis units
	Creation of a dementia specialist program
	\$1 million for respite care under the Alzheimer's Family and Caregiver Support Program
	Blocks federal Family Planning and Preventive Services funds from Planned Parenthood (Act 151)
	Significantly lowers the Medicaid reimbursement Planned Parenthood clinics receive through the 340B program (Act 152)
Did not pass	
	Expanding Medicaid coverage for adults, saving roughly \$200 million per year
	Simplification of prior authorization rules for adult and child mental health treatment services in Medicaid
	Increasing access in Medicaid to mental health providers by facilitating use of qualified treatment trainees
	Reducing obstacles to mental health services being provided in schools
	Increased funding for additional dementia health specialists, training and other dementia related proposals

consultations by psychiatrists to primary care providers to help those providers manage and treat adults with mild to moderate mental illness and physical health needs.

The other bill that was approved by both houses is AB 664, which is intended to make it easier and less costly for schools to offer mental health services for students. Assuming the governor signs it, this legislation will permit licensed treatment professionals, including qualified treatment trainees, to provide mental health services in schools without establishing a branch office in the school. It also eases the current limitation on Medicaid reimbursement for mental health services provided by schools.

Two Assembly-approved bills that would help expand mental health treatment services did not pass. These include a bill (AB 713) that would make several changes to simplify requirements related to prior authorizations (PA) for mental health treatment under the Medicaid program. For example, it would allow 15 days of adolescent and child day treatment services per year before requiring PA for additional days. The proposed changes would be a positive step in ensuring that children and adults in the Medicaid program can begin important mental health treatment without having to delay due to prior authorization requirements. Despite passing easily in the Assembly, AB 713 died in the Senate.

Another bill that stalled in the Senate is a measure that would have helped expand access to mental health providers by requiring that managed care organizations that contract with DHS to serve Medicaid recipients must allow and pay for qualified treatment trainees (graduate students in psychology, counseling, marriage and family therapy, social work, nursing or other closely related field). That change would help alleviate the shortage of mental health services for people participating in Medicaid.

DEMENTIA RELATED BILLS

Legislators introduced a package of bills related to increasing services and awareness around individuals with dementia. Topics of those bills include increased grant funding training, a new dementia specialist certification program, and increased funding for DHS for additional dementia care specialists in aging and disability resource centers. Although a few of the bills bogged down, three ultimately passed in both houses:

- One would direct DHS to prepare a report describing where individuals who have dementia are currently placed in crisis situations and proposes a pilot program for coalitions of two or more counties to create dementia crisis units.
- Another bill would provide grants to counties or regions of counties for their mobile crisis teams to obtain training on recognizing and serving individuals with dementia.
- The final bill provides \$1 million for respite care under the state's Alzheimer's Family and Caregiver Support Program. A Democratic amendment that would provide \$50,000 to the Alzheimer's Disease Research Center at the University of Wisconsin was rejected by Republicans.

The bills that were not approved included increased funding to DHS for additional dementia care specialists, training for those specialists, and the creation of a dementia specialist certification program.

FAMILY PLANNING

One of the most contentious debates this session was on two bills relating to family planning services, both of which were approved and have been signed into law by the Governor. These bills could substantially reduce the preventive care provided by Planned Parenthood clinics in Wisconsin and cost the organization about \$7.5 million next year:

- Act 151 would essentially block federal funds from Title 10 (the Family Planning and Preventive Service Grant) from going to Planned Parenthood. It directs DHS to apply for the federal funding and distribute it to public entities, including state, county and local health departments and health clinics as well as the well-woman program. Remaining funding may be distributed to non-public entities such as hospitals and federally qualified health care centers (FQHCs).

- Act 152 would significantly lower the Medicaid reimbursements Planned Parenthood clinics receive through the federal 340 B prescription drug program, which helps provide low cost drugs for individuals in need.

Both bills need federal action before going into effect.

CONCLUSION

This session was marked by sharp partisan differences in some areas, such as funding for Planned Parenthood, and by bipartisan cooperation in at least a few other areas, such as legislation relating to behavioral health issues and dementia.

Unfortunately, even in the issue areas where there is bipartisan agreement, the progress this session was relatively modest. Because the legislature decided to end the session ahead of schedule, time ran out on a couple of positive bills that had passed easily in the Assembly. A few other bipartisan bills, such as increased funding for dementia care specialists, appear to have been shelved because of concerns that even a very small increase in spending would be unwise at a time when the state budget is so tight.

The state's fiscal constraints could be similar, and perhaps even worse, in the next biennium. If that's the case, and if the Affordable Care Act is not repealed by Congress and the next president, there will be additional pressure on state lawmakers to reconsider their rejection of the federal Medicaid expansion funding. If they don't reverse that decision and continue to make tax cuts a top priority, the state's very tight budget is likely to continue to block important legislation next session, even in areas where legislators in both parties agree that additional spending is needed.