



## Comparing Health Care Changes Proposed by the Governor and the Legislature's COVID-19 Response Bill

Governor Evers has proposed temporary changes to Medicaid and broad investments for health providers, public health, and health systems to help mitigate the calamitous impact COVID-19 is having on the health and well-being of Wisconsin people and businesses. In addition to necessary changes to Medicaid, it included about \$450 million in new funding for public health systems, health care providers, and insurers.

On April 13, the Republican-controlled legislature released a much more modest response to the pandemic. It did however allow Wisconsin to capture much-needed additional federal Medicaid dollars, request approval from the federal government to adapt Medicaid to better respond to the public health crisis, and make some positive changes to private health insurance and prescription drugs. Notably, the legislature's COVID-19 response bill does not allocate any new state funding to aid in the public health crisis.

This summary compares the governor's proposed legislation to the legislature's bill, which was passed and signed into law on April 15 as 2019 WI Act 185. It focuses on the sections related to Medicaid, health care, health insurance, and prescription drugs.

Topic	Governor's Proposal	Legislature's Bill
<b>Adjustments to Medicaid</b>		
Qualifying for enhanced federal funding for Medicaid authorized by Congress	Temporarily suspending recent changes to BadgerCare, including requiring certain adults to pay premiums and halting involuntary disenrollment to qualify for about \$50 million per month in additional federal Medicaid funding.	Included
Allowing DHS to seek waivers to adapt Medicaid to respond to the public health crisis	Enable DHS to apply for wide-ranging changes to help make Medicaid a more flexible tool to use against the pandemic.	Allows DHS to seek federal approval for a long list of specific changes, but does not include everything proposed by the governor.

Topic	Governor's Proposal	Legislature's Bill
Incentives for Medicaid providers	Not included	Requires DHS to create Medicaid incentive payments to encourage providers to take part in health information exchange
<b>Funding for Health Care Providers</b>		
Increasing Medicaid rates for providers	Provides \$274 million (including \$94 million in state GPR) to increase rates Medicaid providers likely impacted by the coronavirus	Not included
Supporting temporary sites and increased staffing	Includes \$100 million in GPR for providers to build temporary sites and increase staff capacity to respond to coronavirus testing and treatment	Not included
Expanding nursing home caregiver workforce	\$13 million to increase funding for the WisCaregiver Career program to increase caregiver capacity for nursing homes.	Not included
Reimbursing providers for uncompensated care	\$10 million GPR for providers to cover diagnosis, testing, and treatment for people without health insurance.	Not included
<b>Investments in Public Health, Insurance Companies, and Enrollment Assistance</b>		
Support for county public health departments	\$17 million funding increase for county public health departments that can be used to support staffing, supplies, and other resources	Not included
Funding for state Department of Public Health	\$10 for WI Department of Public Health to respond to increased staffing demands	Not included

Topic	Governor's Proposal	Legislature's Bill
Funding for insurance companies	Use \$30 million of unspent funds from the WI Health Insurance Stability Plan to cover increased costs associated with treating COVID-19	Not included
Funding to support enrollment assistance	\$1 million GPR to Covering Wisconsin to support enrollment assistance and health insurance literacy	Not included
Creation of a public health emergency dashboard	Not included	Requiring hospitals and surgery centers to participate in public health emergency dashboard and report to data to aid in emergency response planning
<b>General Health-Related Funding</b>		
Non-specific investments in health-related spending to respond to COVID-19	Proposed a temporary, unlimited appropriation for DHS to use to support staffing, supplies, resources, and other flexibility to respond to the public health crisis	Allows the Joint Finance Committee to transfer up to \$75 million of existing funds from sum sufficient appropriations to other areas for 90 days following the end of the declared public health emergency.
<b>Private Health Insurance and Prescription Drugs</b>		
Consumer protections for people with private health insurance	Mandating coverage, with no out-of-pocket costs, for testing, diagnosis, treatment, prescriptions, and vaccines related to COVID-19	Similar coverage mandates, but only requires that testing be included with no additional out-of-pocket costs. Other services related to COVID-19 can include copays and other cost-sharing.
	Require insurers to cover telehealth for any service they would cover in-person	Not included
	Ban surprise and balance billing for care related to COVID-19 and out-of-network care if preferred providers aren't available due to the public health emergency.	Requires insurers to cover care provided by out-of-network providers related to COVID-19 and specifies that they be paid no more than 225% of current Medicare rates.

Topic	Governor's Proposal	Legislature's Bill
	Not allow insurance companies to cancel policies during this public health crisis	Included, but limited to a prohibition on cancelling policies related to COVID-19
Increasing access and availability of prescription drug	Precludes insurers from imposing limits on certain prescriptions during a public health crisis.	Included
	Allows pharmacists to extend refills of most medication by 30 days without prior approval from a physician.	Included
	Expands SeniorCare drug assistance program to cover CDC recommended vaccines	Included
<b>Licenses, Renewals, and Liability Changes</b>		
Modifying licensing, credentialing, and renewal requirements and deadlines	Suspends renewal and credentialing deadlines for certain health care providers and allows former providers temporary license to practice.	Included with minor modifications
Temporary changes to liability requirements within the health care sector	Relaxes liability insurance requirements for providers during the public health crisis	Also includes immunity from civil liability for health providers and medical supply manufacturers under limited circumstances

The Republican-led legislation, which passed with strong bipartisan support, includes no new state funding. It is a small first step in the right direction. It allows the state to qualify for enhanced federal Medicaid funding, which will be critical as more and more people need to rely on BadgerCare for health coverage. It gives the Department of Health Services limited authority to make changes to Medicaid to better respond to COVID-19, and includes positive reforms for insurance and prescription drugs. It also temporarily gives the Legislature's Joint Finance Committee the ability to reallocate up to \$75 million from current funding amounts for up to 90 days following the end of the public health emergency.

Regardless of when the Safer at Home order is lifted and Wisconsin's curve flattens, the health and economic consequences will reverberate throughout the state. More than 100,000 people have filed for unemployment and many thousands of those families will also likely lose their health insurance. Those who work in essential services or cannot work from home are at much greater risk of getting sick and increasing exposure to those with whom they live. These burdens have and will continue to fall disproportionately on black and brown communities.

Neither the governor nor the legislature have proposed investments aimed at directly supporting those most impacted.

The governor's proposals included broad investments in Wisconsin's health system, but none of those were part of the final legislation. As this crisis goes on, Wisconsin legislators will likely have to come back to work to provide more funding for health care providers, caregivers and other essential workers, public health systems, and others to mitigate the impact of this crisis.

Wisconsin would be better served if the governor's office and both parties of the legislature worked together in good faith to determine how we invest in our present so that we all can have a more hopeful future. Essential to that response, is recognizing the inequitable impact this crisis is having on communities of color and making targeted investments and improvements to protect the health of those most directly affected.

There is much more work to be done.

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