

Wisconsin

State and Local Health Equity Policy Checklist

APRIL 2021

KEY

-  = state requires/mandates
-  = some local and/or state policies, but there is room for improvement
-  = no state/local requirements
-  = n/a

Legislative Reform

POLICY	SCORE	NOTES
Implement Racial Equity Impact Statements for legislation at the state or local levels, including environmental, health and criminal justice areas.		In 2013, Wisconsin considered legislation (SB 538 and AB 752) that would have required racial impact statements for all legislation that creates a new crime, modifies an existing crime or changes the penalty for an existing crime; however, neither bill passed. ^{1,2} Madison uses a Racial Equity and Social Justice Initiative (RESJI) tool to consider how communities of color and low-income populations will be affected by city policies, plans, programs and budgets. ³

Expand Health Impact Assessments attached to state and local legislation to include equity considerations.		The City of Eau Claire conducted a health impact assessment in 2017 to understand the impact of community development in the Cannery District on health. ⁴ In addition, Wood County Health Department and the City of Wisconsin Rapids conducted a health impact assessment in 2018 to determine the impact of a downtown senior housing development on health. ⁵
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State Health Planning & Programs

POLICY	SCORE	NOTES
Declare racism a public health crisis and implement steps to address it.		In June 2020, Wisconsin's governor declared racism a public health crisis and urged the legislature to pass a bill that would restrict the use of deadly force by law enforcement officers. ⁶ The governor also established a Health Equity Council to "address the various factors that exacerbate health disparities by creating a comprehensive plan to achieve long-lasting and equitable health outcomes for all Wisconsinites. The plan will address health disparities based on race, economic status, education level, history of incarceration and geographic location." ⁷ In addition, Milwaukee County Board of Supervisors, Dane Board of Health, Dane County Board of Supervisors, Kenosha County Board, Madison County Board of Health, Milwaukee Common Council, Rock County Board of Supervisors and the Cudahy Common Council declared racism a public health crisis and are taking steps to address it. ⁸

Summary and scoring methodology reports are available at www.HealthValueHub.org/Health-Equity-Checklist.

If you know of a policy we overlooked, please contact hubinfo@altarum.org.

State Health Planning & Programs *(continued)*

POLICY	SCORE	NOTES
<p>Develop a ‘Health in All Policies’ strategy at the state or local level.</p>		<p>In December 2017, Appleton passed an ordinance to implement and maintain a Health in All Policies strategy at the local level. The strategy includes integrating health considerations into the city’s strategic, operational and business plans and establishing an interdepartmental Health in All Policies team.⁹</p>
<p>Establish Health Equity Zones to better address social determinants of health.</p>		
<p>Create an Equity Strategic Plan to lay out how the state (or local entity within the state) will reduce health disparities.</p>		<p>Wisconsin’s Healthiest Wisconsin 2020 report describes how the state will improve and eliminate health disparities. Key objectives are developing and enforcing policies and procedures to collect comprehensive data to track health disparities and funding efforts to eliminate disparities in chronic diseases, alcohol/drug use and other health conditions.¹⁰</p> <p>Milwaukee County uses a health and equity framework to ensure that its strategic plan addresses the root causes of racial inequities: institutional policies and practices.¹¹ Strategic focus areas include creating intentional inclusion, bridging the gap and investing in equity.¹²</p>
<p>Fund community-driven health equity action plans.</p>		
<p>Implement participatory budgeting at the state and/or local level for initiatives that focus on health and social determinants of health.</p>		<p>The City of Eau Claire’s 2021 Proposed Operating Budget allocated \$500,000 over five years towards participatory budgeting.¹³</p>
<p>Emphasize health disparities and equity when developing State Health Assessments & State Health Improvement Plans.</p>		<p>Eliminating health disparities is an overarching focus of the Healthiest Wisconsin 2020: State Health Plan. Complementary reports include the Healthiest Wisconsin 2020 Baseline and Health Disparities Report, Health Disparities profile and Social, Economic and Educational Factors that Influence Health profile.¹⁴</p>
<p>Fund community-based organizations operating in the state to reduce disparities and/or provide culturally competent health-related supports.</p>	 <p><i>The state provides funding to community-based organizations to reduce disparities and/or provide culturally competent health-related supports within the state</i></p>	<p>The Wisconsin Department of Health Services awards up to \$50,000 each fiscal year through the Minority Health Grant Program for activities that improve the health status of economically disadvantaged minority groups and contribute to reducing or eliminating health disparities.^{15,16}</p>

State Health Planning & Programs *(continued)*

POLICY	SCORE	NOTES
Implement strategies to address specific health outcomes related to inequality in social determinants of health, such as asthma, diabetes, heart disease and maternal mortality, among others.		Wisconsin’s Healthiest Wisconsin 2020 report describes specific goals and strategies for reducing disparities in obesity rates; unhealthy and risky alcohol and drug use; chronic diseases; infant mortality and other birth outcomes; injury and violence; and suicide and mental health disorders. ¹⁷
Participate in the Government Alliance on Race & Equity (GARE), a national network of local and regional governments to address racial equity.		The City of Middleton, Milwaukee County, Dane County and Madison participate in GARE . ¹⁸

Data & Reporting

POLICY	SCORE	NOTES
Create equity reporting requirements for state and local government agencies.		Of note, Wisconsin requires all hospitals and ambulatory surgical centers to collect and report data on race and ethnicity to the Department of Health Services. ¹⁹
Use the state’s Office of Health Equity/Disparities/Minority Health to analyze and report on existing health disparities and/or equity concerns within the state.		Wisconsin’s forthcoming 2020 Baseline and Health Disparities Report will provide data on disparities in the state for people with disabilities; lesbian, gay, bisexual and transgender populations; people with lower incomes or less education; people of color; and by level of urbanization (rural/urban). ²⁰
Require nonprofit hospitals to incorporate an equity component into their community health needs assessments and community health improvement plans and/or establish a minimum percentage of non-profit hospitals’ Community Benefit that must be invested in programs targeted at reducing health disparities by addressing root causes.		
Increase the validity, use and standardization of data on race, ethnicity and/or languages spoken for state reporting requirements.		
Include socioeconomic status, race, ethnicity and/or languages spoken in All-Payer Claims Database data.		Wisconsin has an all-payer claims database that was voluntarily created by a coalition of providers, employers, payers and state government officials in 2005. ²¹ As of April 2021, no information on reporting by socioeconomic status, race, ethnicity and/or languages spoken is publicly available.

Health Reform – Coverage

POLICY	SCORE	NOTES
<p>Expand Medicaid eligibility requirements to include all adults with incomes at or below 138 percent of the federal poverty level.</p>		
<p>Provide high-quality, affordable coverage options for people whose incomes are too high to qualify for Medicaid, e.g., Basic Health Plan, reinsurance or augmented premium subsidies.</p>		<p>In 2018, Wisconsin received federal approval from the Centers for Medicare & Medicaid Services to implement a reinsurance program for the next five years. The state pays 50% of claims that cost between \$50,000 and \$250,000. In 2019, the reinsurance program decreased individual marketplace premiums by an average of 4.2%.²²</p>
<p>Provide one-year continuous eligibility for Medicaid and CHIP.</p>		
<p>Provide coverage options to undocumented and recent immigrants.</p>	 <p style="font-size: small; text-align: center;"><i>The state provides coverage options for undocumented children, undocumented pregnant women, or undocumented adults</i></p>	<p>Wisconsin’s Emergency Services Plan provides short-term medical coverage for individuals who have an emergency and cannot get Badgercare Plus or Medicaid due to their immigration or citizenship status. In addition, the Badgercare Plus Prenatal Plan provides healthcare coverage to pregnant women who cannot get Badgercare Plus due to their immigration or citizenship status.²³</p>

Health Reform – Delivery

POLICY	SCORE	NOTES
<p>Develop Medicaid Managed Care Organization (MCO) contract options for advancing health equity and recommend or require MCOs to complete specific health equity responsibilities.</p>		<p>The Wisconsin Department of Health Services requires Medicaid health maintenance organizations (HMOs) to incorporate Culturally and Linguistically Appropriate Services (CLAS) standards into their organizational practices and healthcare delivery services. As part of their certification and re-certification processes, HMOs must submit policies and procedures showing how they implemented the CLAS standards.²⁴</p>
<p>Encourage or require Accountable Care Organizations (ACOs) and/or Coordinated Care Organizations (CCOs) to collect equity-focused data, adopt culturally appropriate programs, implement partnerships with community-based organizations in areas with larger minority populations and/or focus on addressing social determinants of health.</p>		<p>Wisconsin does not have ACOs or CCOs in the Medicaid program.²⁵</p>

Health Reform – Delivery *(continued)*

POLICY	SCORE	NOTES
<p>Employ Medicaid 1115 and/or 1915 waivers to better address the social determinants of health.</p>		<p>Wisconsin has used 1915(c) waivers to address social determinants of health for individuals who are dual eligible or have physical disabilities, developmental disabilities, intellectual disabilities and/or autism. These waivers provide services such as employment support, community integration, housing counseling and specialized transportation.²⁶</p>
<p>Require or incentivize providers participating in Medicaid value-based programs to report on measures related to health equity/disparities.</p>		<p>BadgerCare Plus HMOs are required to measure and improve disparities in post-partum care. In addition, Medicaid Supplemental Security Income HMOs are required to conduct a performance improvement project to improve disparities as a clinical priority area, such as chronic condition management and behavioral health.²⁷</p>
<p>Hold providers participating in Medicaid value-based programs responsible for reducing health disparities by evaluating/scoring performance in this area.</p>		<p>The Wisconsin Department of Health withholds 1.5% of payment from HMOs that can be earned back depending on their performance on a health disparities reduction performance improvement project.²⁸</p>
<p>Create or expand Accountable Communities for Health with a focus on increasing health equity.</p>		
<p>Prioritize funding for communication infrastructure development, including broadband and cellular access, in underserved rural and urban areas.</p>		<p>In 2013, Wisconsin created the Broadband Expansion Grant program to encourage broadband development in unserved and underserved areas. The state has awarded approximately \$44 million to fund 210 grant projects since the start of the program.²⁹</p> <p>Wisconsin allocated \$5.3 million received through the federal Coronavirus Aid, Relief and Economic Security (CARES) Act to fund the expansion of high-speed internet services in rural areas in 2020.³⁰</p>
<p>Subsidize internet access to expand opportunities for telehealth.</p>		
<p>Expand coverage for telehealth services.</p>		
<p>Establish or strengthen telehealth reimbursement parity laws to incentivize providers to deliver these services.</p>		

Health Reform – Delivery *(continued)*

POLICY	SCORE	NOTES
Establish cost-sharing parity for telehealth services.		
Adopt a global budget system for paying hospitals to better enable them to focus on prevention, care coordination, community-based integration and social determinants of health.		
Require workplace-based cultural competency and implicit-bias training for clinicians and other providers.		

COVID-Specific Reforms

POLICY	SCORE	NOTES
Collect racial equity data to better understand the disparate impact of COVID-19.		Wisconsin collects and reports COVID-19 case and vaccine administration data by age, gender, race and ethnicity. ³¹
Implement changes to Medicaid or Marketplace enrollment, including but not limited to presumptive eligibility, cost-sharing provisions, Marketplace special enrollment periods, increased enrollment assistance and improvements to application processing in response to COVID-19.		Beginning in April 2020, Wisconsin eliminated monthly premiums for children and childless adults enrolled in the Medicaid program (BadgerCare Plus). ³² The state also extended hospital presumptive eligibility to non-modified adjusted gross income (MAGI) eligibility groups and extended the reasonable opportunity period to verify immigration status. ³³
Leverage the Emergency Medicaid program to extend COVID-19 testing, evaluation and treatment coverage to undocumented immigrants.		Wisconsin covers COVID-related testing and treatment, regardless of immigration status, through Emergency Medicaid . ³⁴
Waive or limit cost-sharing for COVID-19 testing and treatment by private insurers.		The Wisconsin Insurance Commissioner requires private health insurers to cover cost-sharing for COVID-19 testing and office visits. ³⁵
Provide COVID-19 testing to residents free of charge.		Wisconsin residents may order free, at-home, self-administered COVID-19 saliva tests , with laboratory confirmed results returned within 24-48 hours of receipt of the sample. The tests are free irrespective of exposure risk, presence of symptoms and insurance status. ³⁶

Notes

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With support from the Robert Wood Johnson Foundation and Arnold Ventures, the Healthcare Value Hub provides free, timely information about the policies and practices that address high healthcare costs and poor quality, bringing better value to consumers. The Hub is part of Altarum, a nonprofit organization that creates and implements solutions to advance health among at-risk and disenfranchised populations.

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