



May 19, 2017

Linda Seemeyer, Secretary
Michael Heifetz, Medicaid Director
Department of Health Services
1 West Wilson Street
Madison, WI 53703

Dear Secretary Seemeyer and Mr. Heifetz,

On behalf of the American Heart Association (AHA) and the American Stroke Association, I would like to thank you for the opportunity to provide written comments on the application your department is submitting to request certain changes to its Section 1115 Demonstration Waiver, otherwise known as the BadgerCare Reform Demonstration Waiver. As the nation's oldest and largest organization dedicated to fighting heart disease and stroke, we would like to express concern over the proposed changes to this waiver.

In order to treat and prevent heart disease and stroke, it is important to ensure that all Wisconsin citizens have access to affordable, quality healthcare and we applaud the department's stated goal of this amendment to do just that. However, this waiver request imposes multiple hurdles to an individual or family's ability to attain coverage by including cost-sharing provisions, premiums, drug testing, time limits, and work requirements. While these various provisions are intended to increase the sustainability of the program, evidence shows that provisions like these restrict coverage and access and can negatively affect patient care.¹ We are concerned that moving in a direction that seems to limit service through systems known to create barriers to care is likely to have a detrimental impact on patients in our state.

Of significant concern to the AHA is the requested authority to charge a copayment for emergency department (ED) use. Heart attacks, sudden cardiac arrest and stroke are serious, life-threatening conditions that require immediate emergency care. This provision is likely to deter patients from seeking emergency care when needed. The AHA devotes a great deal of resources to educating the public about the warning signs of heart attack and stroke and encouraging them to call 9-1-1 immediately if they or someone nearby is experiencing any of these symptoms. When patients do experience a symptom of a heart attack or stroke, such as acute chest pain, shortness of breath, a sudden, severe headache, or difficulty seeing, they should not try to self-diagnose their condition or worry that they can't afford to seek care. Instead, they must have access to quick diagnosis and treatment in the ED. In some cases, these patients may ultimately be diagnosed with a non-emergency medical condition, but they should not be penalized because they followed the instructions of public campaigns and sought emergency treatment.

Additionally, research suggests cost sharing may not result in the intended cost-savings. What research does suggest, is that low-income individuals served by Medicaid are more price sensitive compared to others, more likely to go without needed care, and more likely to experience longer-term adverse

¹ Hannah Katch and Judith Solomon, "Are Medicaid Incentives an Effective Way to Improve Health Outcomes?" Center on Budget and Policy Priorities, January 2017.

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outcomes.² A study of enrollees in Oregon's Medicaid program demonstrated that implementation of a co-pay on emergency services resulted in decreased utilization of such services, but did not result in the intended cost savings because of subsequent use of more intensive and expensive services, suggesting the policy may cause inappropriate delays in needed care.³

The AHA supports promoting healthy behaviors and advocates for healthy lifestyles. However, we do not feel that implementing practices such as work requirements and drug testing into this program are beneficial as they add a layer of complexity to healthcare that could have adverse effects. We recognize that the Department has been nationally recognized for programs that coordinate health services and would encourage the state to continue to invest in evidence-based strategies to improve access to health services, better coordinate care while also improving health and social service integration.

In closing, the AHA values the Department's stated goal of the amendment, to "ensure that every Wisconsin resident has access to affordable health insurance to reduce the state's uninsured rate." However, we again express our concern over many specific provisions in the BadgerCare Reform Demonstration Waiver and hope that our comments will be taken into account when submitting the final application. If you have any additional questions please feel free to reach out to our organization at any time.

Sincerely,

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² See for example: Chernew M, Gibson TB, Yu-Isenberg K, Sokol MC, Rosen AB, Fendrick AM. Effects of increased patient cost sharing on socioeconomic disparities in health care. *J Gen Intern Med.* 2008. Aug; 23(8):1131-6. Ku, L and Wachino, V. "The Effect of Increased Cost-Sharing in Medicaid: A Summary of Research Findings." *Center on Budget and Policy Priorities* (July 2005), available at <http://www.cbpp.org/5-31-05health2.htm>.

³ Wallace NT, McConnell KJ, et al. How Effective Are Copayments in Reducing Expenditures for Low-Income Adult Medicaid Beneficiaries? Experience from the Oregon Health Plan. *Health Serv Res.* 2008 April; 43(2): 515-530.