

Alberta Darling
Wisconsin State Senator
Co-Chair, Joint Committee on Finance

Testimony before the Assembly Committee on Medicaid Reform and Oversight

Assembly Bill 162

Wednesday, May 22, 2019

Thank you Chair Summerfield and committee members for taking the time to hear Assembly Bill 162. This bill will ensure that volunteer health providers who serve the homeless are covered under the state's liability insurance program.

In Wisconsin, the Volunteer Health Care Program (VHCP) provides liability insurance for licensed health professionals who volunteer their services to provide outpatient care at free clinics. In order for a clinic to be eligible for this program, they must serve primarily low-income persons who are uninsured and not recipients of Medicaid or Medicare. This program is very successful in protecting our volunteer doctors who serve in free and charitable clinics.

As a state, we have made significant strides at reducing and eliminating homelessness. Our free and charitable clinics are often the first line of defense by providing necessary medical care to the homeless who enter their doors. Additionally, many clinics provide outreach and mobilize their clinics to begin the path to treatment and stability for our homeless. Unfortunately, the restrictive language in an administrative rule for the Volunteer Health Care Program limits free clinics' ability to serve the homeless without jeopardizing the liability insurance their doctors need to practice.

Homeless individuals in Wisconsin are often enrolled in Medicaid. As such, when free and charitable clinics serve this population, they are no longer eligible for the Volunteer Health Care Program. Assembly Bill 162 changes the eligibility for participation in the VHCP so that providers who serve the homeless in free and charitable clinics can still maintain their liability insurance through the state.

This bill removes a serious disincentive for our qualified health professionals to serve our state's homeless population. Assembly Bill 162 streamlines the process for healthcare professionals to donate their time and services to a meaningful cause by providing the assurance that their liability insurance is still covered.

Thank you committee members for taking the time to hear Assembly Bill 162. I'd like to also thank Representative Thiesfeldt and the many advocates in the Wisconsin Association for Free and Charitable Clinics who brought this issue to my attention. I hope to count on your support for this important initiative.



Madison Area Care for the Homeless (MACH) OneHealth
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Assembly Committee on Medicaid Reform and Oversight
Testimony in support of AB-162
Provided by Ann Catlett, MD
May 22, 2019

Dear Chairman Summerfield and members of the committee:

Thank you for the opportunity to speak in support of Assembly Bill 162 related to the Volunteer Health Care Provider program. I am Dr Ann Catlett, a palliative care physician at the UW School of Medicine and Public Health (UWSMPH), and co-founder of Madison Area Care for the Homeless (MACH) OneHealth.

At MACH, which was founded four years ago, we are best known for our bimonthly Foot Care Clinics held at The Beacon, and for the Madison Street Medicine Initiative (MSMI), a grant-funded collaboration between MACH and the Department of Medicine at UWSMPH. We aim to reduce health disparities and increase access to care for those experiencing homelessness. We provide a controlled scope of direct clinical services *on the street*, and as a result, gain the trust of homeless patients while we strive to improve their health literacy.

We work in teams made up of a street team "manager," a prescriber, a mental health expert, and an RN – all volunteers. Since starting weekly rounds just over one year ago, MSMI has had 130 patient encounters. We have prescribed medication for pneumonia and cellulitis; performed wound dressing changes; and advised on a myriad of health conditions. We estimate that we have prevented at least seven emergency department visits.

The MSMI program design relies on volunteer health care providers but currently the Volunteer Health Care Provider program stipulates that more than 50 percent of the patients served must be uninsured if our providers are going to participate in the program. However, we know through surveying our patients and through interactions with other providers doing similar work, that most of these patients are covered by BadgerCare. That makes the 50+ percent threshold impossible to meet so volunteer providers are required to provide their own malpractice insurance. This poses a significant barrier to recruiting volunteers and thus expanding services to more patients. To date, we have received support from UWSMPH to provide malpractice insurance to our volunteers who are affiliated with the medical school and/or UW Health. There is some uncertainty about future coverage when the grant funding comes to an end later this fall which adds a layer of urgency to this issue for us.

Please know that we genuinely applaud our patients who have successfully enrolled in BadgerCare, but we see every day on the street that access to health care *insurance* does not ensure access to health care *services*. Homeless individuals face tremendous challenges in seeking care and our street initiative is in many cases, the best way for them to receive the medical help that they need. This simple amendment to the Volunteer Health Care Provider program authored by Rep. Thiesfeldt and Sen. Darling opens the door to accessing the state's liability coverage for more providers. Please join me in supporting Assembly Bill 162 so we can expand our

volunteer base and continue to provide access to highly skilled and committed health care providers who are driven to improve the lives of our homeless population.

Thank you for your consideration.

Ann Catlett, MD