



# WISCONSIN LEGISLATURE

P.O. BOX 8952 • MADISON, WI 53708

March 2, 2015

Dear Editors:

We're writing to request that you use the attached Op-Ed pieces side-by-side or in series as we wish to foster an open and bipartisan discussion on long-term care issues in Wisconsin.

The 2015-17 budget includes provisions to change the way we organize and deliver long-term care services, potentially affecting thousands of individuals who rely on these services.

As leaders of the Assembly Committee on Aging and Long-Term Care, we feel that bringing attention to this issue will go a long way toward making good decisions about the future of long-term care services.

Please feel free to contact either of us should you have questions or comments.

Sincerely,

A handwritten signature in black ink that reads "Thomas R. Weatherston".

---

Rep. Thomas Weatherston  
Chair, Assembly Aging and Long-Term Care  
Committee

A handwritten signature in black ink that reads "Melissa Sargent".

---

Rep. Melissa Sargent  
Ranking Minority Member, Assembly  
Committee on Aging and Long-Term Care



# THOMAS WEATHERSTON

STATE REPRESENTATIVE • 62<sup>ND</sup> ASSEMBLY DISTRICT

## Rep. Weatherston: Long-Term Care for the Long Term

A Wisconsin Department of Administration demographics report states that Wisconsin's elderly population—age 65 and over—will increase rapidly in every five-year interval, from 777,500 in 2010 to 1,535,500 in 2040, nearly doubling in 30 years. Moreover, the very elderly population—age 85 and over—will rise steadily from 118,500 in 2010 to 145,500 in 2025, then nearly double to 283,500 in the following fifteen years. From 2010 to 2040, this age group will increase 140 percent. Overall, the group aged 65 & over will grow from 14% in 2010 to 24% of the total population in Wisconsin by 2040. Due to this unchangeable fact, demand for long-term care services in Wisconsin will grow. The National Center for Health Statistics (NCHS) cites an estimate that over two-thirds of individuals who reach age 65 will need long-term care services during their lifetime. At the same time the 65 and over population is increasing, fewer family members will be available to support the elderly and disabled. NCHS recognizes that finding a way to pay for long-term care services is a growing concern for older adults, persons with disabilities, and their families, and is a major challenge facing state government.

We're already seeing the budgetary strain here in Wisconsin. Look at the 2015-17 Executive Budget, and it becomes clear. Personal and corporate income taxes along with sales and use tax dollars paid to the state are called General Purpose Revenue (GPR). GPR appropriations for health services increase by \$662.7 million over the biennium. Where does the offset for this increase occur? GPR appropriations decrease by \$297.4 million for the UW-System, and by \$146.5 million for corrections. Natural Resources GPR appropriations decrease by \$42.2 million, and we still have to come up with \$176.6 million to offset the increase in health services. The crowding out effect of the growth in health services, including long-term care services, on other priorities is strikingly clear. It also becomes clear that accepting Medicaid expansion dollars is nothing more than a quick-fix approach to a long-term problem. We need a different approach, and we need it now.

Where will future budgets get the money to pay for growth in health services, including long-term care? The picture is becoming clearer, and it is stark if we do nothing. It's obvious that in order to sustain the viability of long-term care services for the foreseeable future, we must be responsible and efficient with the resources we have available, and make changes that ensure they will be available to those who need them in the future.

The 2015-17 Executive Budget takes steps to address this issue through Family Care Reform. Family Care is a comprehensive and flexible long-term care service system, which strives to foster people's independence and quality of life, while recognizing the need for interdependence and support. Reforms include covering people in all counties of the state, and introduction of market forces to foster competition among providers and choice to consumers. Providers must offer primary and acute care services to members, including self-directed care that is currently



---

# THOMAS WEATHERSTON

STATE REPRESENTATIVE • 62<sup>ND</sup> ASSEMBLY DISTRICT

---

attained through IRIS (Include, Respect, I Self-Direct). People who choose IRIS design a waiver-allowable Individual Services and Supports Plan to meets their functional, vocational, and social long term care needs. Additionally, more resources are provided to the Office of Commissioner of Insurance and the Board on Aging and Long Term Care to improve patient advocacy and to ensure rights are protected.

The budget provides an opportunity for discussion and action on how Wisconsin should move forward in delivering long-term care services. As decision makers, we need to take this opportunity to make the right decisions for the long-term health of our citizens. With good information and mutual cooperation we can do the right thing for all our citizens, and especially those elderly and disabled who depend on long-term care services.

#### Sources cited:

Wisconsin's Future Population: Projections for the State, Its Counties and Municipalities, 2010-2040:

[http://www.doa.state.wi.us/Documents/DIR/Demographic%20Services%20Center/Projections/FinalProjs2040\\_Publication.pdf](http://www.doa.state.wi.us/Documents/DIR/Demographic%20Services%20Center/Projections/FinalProjs2040_Publication.pdf)

Long-Term Care Services in the United States: 2013 Overview

[http://www.cdc.gov/nchs/data/nsltcp/long\\_term\\_care\\_services\\_2013.pdf](http://www.cdc.gov/nchs/data/nsltcp/long_term_care_services_2013.pdf)

State of Wisconsin 2015-17 Executive Budget:

[http://www.doa.state.wi.us/Documents/DEBF/Budget/Biennial%20Budget/2015-17%20Executive%20Budget/2015-17\\_Executive\\_Budget.pdf](http://www.doa.state.wi.us/Documents/DEBF/Budget/Biennial%20Budget/2015-17%20Executive%20Budget/2015-17_Executive_Budget.pdf)

#### Other sources:

America's Long-Term Care Crisis: Challenges in Financing and Delivery

[http://bipartisanpolicy.org/library/americas-long-term-care-crisis/?\\_cldee=dmluY2VrQGJodGluZm8uY29t](http://bipartisanpolicy.org/library/americas-long-term-care-crisis/?_cldee=dmluY2VrQGJodGluZm8uY29t)



### **Representative Sargent: Taking Care of Wisconsin Families**

Here in Wisconsin, we have worked hard to provide a system that will support and provide care for our parents and grandparents. We believe in taking care of each other and our families, and we have worked together to create programs we can all be proud of. Not only has our system been conceived through public participation, but our efforts have been achieved through bipartisan support and cooperation.

It isn't a secret that with the Baby Boom generation turning 65, the size of our aging population in our country is steadily growing. Since 2000, our aging population in Wisconsin alone has increased by 21 percent. In working to develop an infrastructure that could endure and account for our aging population, Wisconsin has created a community-based aging and long-term care services system that has been a model for the rest of the nation.

People who are aging or have disabilities are some of the most vulnerable members of our communities. We all have friends, parents, and grandparents that we care for and who are affected by these services and programs every day. People in our communities and in our families count on these services; we all have personal stories about these issues, and we all share important fundamental values about taking care of each other.

Unfortunately, however, Governor Walker's budget poses a serious threat to the system we have been building for decades. Not only are there significant cuts to some of our state's most important aging and long-term care resources and services, but the proposal leaves aging and disabled people and service providers around Wisconsin wondering what our programs will look like if we pass this budget (assuming they will still exist at all).

- Our families depend on Family Care and similar programs offered by providers to survive, and we shouldn't have to wonder what they'll look like next year. Due to the expansion of Family Care and significant changes to the Department of Human Services (DHS), people in Wisconsin could lose their choice of health care providers and will take up services under a completely different model of care than the Family Care package they signed up for.
- The Include-Respect-I-Self-Direct (IRIS) program for folks who want to continue living independently shouldn't have to worry about having access to the same services they do now. IRIS services over 11,000 older adults and adults with disabilities will be completely eliminated, causing many to wonder how they'll receive services.
- We created our Aging & Disability Resource Centers (ADRCs) to be "one-stop shops" for services for our seniors. At a time when they have the highest needs for services that are accessible and easy to take up this budget splinters these services to different entities, making it harder for our seniors to have access to the services they need and deserve by allowing the DHS to contract with private organizations for all or some of these services.



## STATE REPRESENTATIVE MELISSA SARGENT

WISCONSIN STATE ASSEMBLY

48th DISTRICT

- This budget also erodes local city and county control and involvement in overseeing our ADRCs and their services by eliminating the ADRC governing boards and the Long-Term Advisory Committees.
- Folks over the age of 65 who will be forced onto Medicare Part D shouldn't have to choose between affording their prescriptions and putting food on the table. SeniorCare, Wisconsin's program for prescription drugs for people over 65, will face a \$15 million cut, forcing more of our seniors to rely on Medicare Part D for their prescriptions thereby increasing rates and co-pays.

In Wisconsin, we've made bipartisan efforts to provide pragmatic solutions for aging and long-term care in our state, and we worked hard to create and develop cost-savings programs that have life-saving benefits. We should be having conversations about strengthening and providing further support for these programs and services, not dismantling care for our most vulnerable communities piece by piece.

These budget cuts are bad for our families and our communities. As a ranking member on the Committee on Aging and Long-Term Care, I look forward to the important work we will undertake this session and I am committed to working together with my colleagues across the aisle to fight for and defend these programs and services for Wisconsin families.