



MEDICAID: WISCONSIN'S HEALTH CARE SAFETY NET

INTRODUCTION

Wisconsin's bishops have long advocated for a just system of health care that provides quality, affordable access to all. While just distribution of our health care resources is a goal not yet realized in our state and in our nation, Wisconsin's health care safety net, the Medicaid program, has served a critical role in securing the well-being of our most vulnerable citizens.

Wisconsin's Medicaid program is facing a serious funding shortfall for the 2005-07 biennium. Maintaining Wisconsin's commitment to Medicaid and the people it serves must be a priority as the legislature sets the state's budget for the coming years.

HEALTH CARE AS A MORAL ISSUE

The Catholic contributions to the public discussion of health care are many. Our teaching and our witness emphasize key principles that classify health care as a moral issue. As a major health care provider, the Catholic health care system offers practical insight based on first hand experience. As an employer, the Church itself contends with the escalating costs of providing quality coverage for those who serve in a variety of its ministries.

In a 1993 resolution on health care reform, the US Bishops articulated a fundamental principle:

"Health care is more than a commodity; it is a basic human right, an essential safeguard of human life and dignity. We believe our people's health care should not depend on where they work, how much their parents earn or where they live."

As a basic human right, the justice of our health care delivery system should be evaluated primarily by the degree to which the poor and vulnerable are cared for. To truly build a "culture of life," the health care safety net must affirm that those at the margins have a claim on our care. The common good -- the dignity of our whole human family -- rests on the quality of our care for those in need.

What is Medicaid?

Medicaid is Wisconsin's health care safety net. It is funded with state and federal dollars that pay health care providers to deliver medically necessary health care services, including long-term care, to aged, blind or disabled individuals, members of families with dependent children, certain other children and pregnant women.

Wisconsin's "Medicaid" programs (also referred to as "medical assistance") are essentially broken into three separate areas:

- Medicaid – serves low income families with children, pregnant women, elderly and disabled;
- BadgerCare – serves children and families with children that are low income but do not qualify for Medicaid; and
- SeniorCare – provides prescription drug assistance to seniors.

As of November 2004, Medicaid enrollment totaled 807,693, or 15% of Wisconsin's population. Over two-thirds of Wisconsin's Medicaid budget goes to provide care for the elderly and disabled.

Access to Health Care Services Affirms Human Dignity

Wisconsin's health care safety net compares favorably to that of many other states. We can take pride in the fact that we have made medical assistance a priority. However, there is more that can and should be done.

Provide prenatal care for undocumented immigrant women. Under current law, many low-income pregnant women receive care through the state's Medicaid program. However low-income, undocumented immigrant women are currently only eligible to receive prenatal care once they reach their seventh month of pregnancy. This emergency medical coverage leaves the mother and the child exposed to an increased risk of negative birth outcomes.

By qualifying the unborn child of the undocumented woman for the BadgerCare program, the state will be able to provide prenatal coverage throughout the nine months of pregnancy. It is anticipated that by qualifying these children and their mothers for services, the state will actually save money, because the BadgerCare program is "matched" by federal dollars at a higher rate than Medicaid, and because mothers and their children will experience improved birth outcomes.

Extend Medicaid coverage for children aging out of the state foster care system. Every year children under the care of the state's foster care system "age out" of the protections of the system as they turn 18. Once they leave the foster care system, they are unable to receive Medicaid coverage for their health care. By extending coverage, the state will soften what may now often be a harsh transition for foster care youth moving from the protections of the state system out into the world. Some of the challenges facing foster care youth include:

- Entry level jobs for which some of these youth may be qualified do not provide health care coverage.
- If they pursue higher education, they do not have access to a parental health care plan, unlike many of their peers who receive health insurance from their parents. This problem is exacerbated by the fact that many colleges are now requiring students to have health care coverage – a significant additional financial burden.
- Studies show that foster care children experience higher than average rates of mental health issues requiring counseling, prescription medication and/or inpatient care.

Prioritizing Funding

The Governor has proposed to fund the increasing Medicaid budget, in part, by moving state monies from "segregated" funds and borrowing. Others have suggested that increasing the state tobacco tax could cover the costs. While the WCC does not endorse any specific revenue sources, it is reasonable and prudent for the legislature to consider all existing funds as well as just forms of taxation to meet the funding needs of this critical program.

There is no disputing that medical assistance is a significant cost center for the state and that it is prudent for government to look for ways to provide these services efficiently. However, even in tight fiscal times, our obligation as citizens to provide care for the most vulnerable does not abate. In fact, it is at these times when our care for poor, elderly and disabled individuals is even more critical.

One of the failings of the American health care system is the significant imbalance between our financial investment in health care and our ability to provide a just distribution of health care services. The escalation of health care costs affects all sectors of the economy and is perhaps the biggest factor impacting the state's current budget deficit. The crisis in Medicaid is a crisis in our nation's health care system in general.

At a time when we are spending more than any other country in the world on health care while still failing to cover all of our citizens, it is wrong to seek to balance the state's budget by removing services for the most vulnerable. Taking care and coverage away from those at the margins is not the solution.

ACTION REQUESTED

Urge legislators to:

- Maintain funding sufficient to provide services to those currently eligible for the state's Medicaid programs;
- Expand the state's BadgerCare program to cover undocumented immigrant women who are pregnant; and
- Extend Medicaid coverage to youth aging out of the state's foster care system.

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Prepared by the Wisconsin Catholic Conference, www.wisconsinatholic.org, April 2005