



WISCONSIN CATHOLIC CONFERENCE

March 4, 2022

The Honorable Tony Evers
Governor of Wisconsin
115 East Capitol
Madison, WI 53702

Dear Governor Evers,

On behalf of the Catholic bishops of Wisconsin, we respectfully urge you to veto Assembly Bills 934, 935, and 936, which limit access to programs that allow vulnerable persons to receive medical care and food assistance. Now, more than ever, we must ensure that people have the resources necessary to recover from the pandemic.

The WCC has opposed efforts to condition food or health care supports upon a person's productivity. Public assistance programs exist to aid vulnerable individuals and families whose situation prevents them from being able to meet basic needs. Frequently, those who most need FoodShare and Medicaid benefits are facing a myriad of challenges, some of which may be lifelong. Addiction, trauma, illness, accidents, and the loss of family, housing, or employment can all stymie efforts to build stability, but public assistance can help to lift vulnerable individuals out of poverty.

Assembly Bill 935. Our Catholic food pantries, Society of St. Vincent de Paul Conferences, and other charities assisting families in need know that underlying and untreated mental health issues often prevent individuals from seeking and maintaining work and lead them to self-medicate with drugs and alcohol. Assembly Bill 935 would require that these individuals, struggling to return to normalcy, dedicate further time, transportation, and resources towards compliance with drug testing, treatment, and FSET requirements.

Assembly Bills 934 and 936. In a similar way, AB 934 and AB 936 make it more difficult to retain health care coverage. Assembly Bill 934 would require that the Wisconsin Department of Health Services (DHS) determine an individual's eligibility every six months. Currently, most Medicaid recipients must complete a program renewal at least once a year to determine ongoing eligibility.

Health care is a basic human right and access to health care for all has been a policy goal of the U.S. bishops since 1919. It is important to remember that those who currently receive Medicaid are individuals who, by definition, need services and do not have access to the resources necessary to receive treatment and medications without Medicaid. These are individuals who are struggling to meet home and transportation expenses, as well as meeting the basic needs of their loved ones. They frequently must transition from one home to another, as well as from one employment situation to another, changing addresses, phone numbers, and earnings along the way.

Without the follow-up and case management needed to help Medicaid recipients better assess how to exit poverty and manage the demands of daily life, repeated six-month eligibility reviews become

administratively burdensome to both the State and Medicaid participants. The requirement will lead to missed deadlines, treatments, and medications, rather than a meaningful path towards self-improvement. Many will not even realize that their coverage has lapsed until care is needed.

Assembly Bill 936 would punish able-bodied, adult Medicaid participants up to age 65 who do not accept an offer of legal, paid employment or an offer of increased work hours or wages. There is no accounting for when those hours are scheduled, the benefits that may accompany the offer, or whether it is a position that offers any kind of long-term advancement. There is no exception for those who may have retired spouses living at home who do not meet the definition of being “dependent,” but may still require greater attention and care. The bill does not acknowledge those who might not be able to hazard the added anxiety or responsibility that comes with increased hours and wages. Still others may be coping with life-limiting conditions or progressive illnesses and may wish to opt for less than a 40-hour workweek.

Under both AB 934 and AB 936, a failure to disclose information in a timely manner can result in a six-month suspension from the Medicaid program. In effect, these bills will force individuals to place immediate employment considerations above family and health commitments and long-term employment strategies. These bills place productivity above individual health and family responsibility and force vulnerable people to take the best short-term offer placed in front of them, regardless of other considerations.

Finally, it is important to note the impact all three bills will have on private charitable actors. Depriving the poorest among us of needed food and health care will only shift the burden to the hundreds of private charities, Catholic and other, which are already overwhelmed. While as Catholics we stand ready to serve the common good, we cannot be expected to serve more with less.

In conclusion, reforming public assistance programs to reduce poverty and dependency requires the involvement of government and the private sector working cooperatively. Reforms must ensure that people in poverty do not become targets, but rather that they receive the supports and services appropriate to their needs. Self-sufficiency and self-determination require that those in poverty be listened to and respectfully engaged. Overly bureaucratic and punitive measures to reduce fraud and encourage responsibility all too often have the opposite effect of deepening hopelessness and further impoverishing the most vulnerable. The problem of poverty requires a holistic approach, something that our Catholic Charities agencies and Society of St. Vincent de Paul councils are adept at doing. Everyone has an interest in reducing drug dependency, improving health, and encouraging labor force participation. We urge you not to tie the hands of our state’s most vulnerable individuals by enacting laws that limit their recovery, but instead work together to improve the lives of all of Wisconsin’s residents.

Thank you for your priority consideration of the poor and vulnerable in the state of Wisconsin.

Sincerely,



Kim Vercauteren
Executive Director