WISCONSIN LEGISLATIVE COUNCIL
STAFF MEMORANDUM

Memo No. 5

TO: MEMBERS OF THE SPECIAL COMMITTEE ON PERFORMANCE-BASED DISEASE MANAGEMENT PROGRAMS FOR LARGE POPULATIONS

FROM: Rachel Letzing and Mary Matthias, Senior Staff Attorneys, and Lindsay Read, Intern

RE: Options for Legislation

DATE: November 17, 2008

This Memo presents legislative options for consideration by the Special Committee on Performance-Based Disease Management Programs for Large Populations. These options are based on the committee's discussion at its October 17, 2008 meeting.

The purpose of the Memo is to assist the committee in determining which legislative options it would like to pursue as possible committee recommendations to the Legislature. At the committee's direction, staff will prepare draft legislation on those selected topics for the committee's review at subsequent meetings.

The legislative options are grouped according to general topic area. Those topics are:

A. Statewide Public Awareness Programs

B. Pre-School

C. K-12 School

D. Nutrition Policies and Walkable Communities

E. Health Care Providers

F. Workplace Wellness and the Elderly

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A. STATEWIDE PUBLIC AWARENESS PROGRAMS

1. Establish a Statewide Public Awareness Initiative on the Issues of Obesity and Healthy Lifestyles

Background

The statewide Thomas T. Melvin Youth Tobacco Prevention and Education Program was cited by committee members as an example of a successful public health awareness campaign which could serve as a model for a healthy lifestyle public awareness campaign. The Department of Health Services (DHS) administers the Youth Tobacco Prevention and Education Program. The primary purpose of the program is to reduce the use of cigarettes and tobacco products by minors. DHS awards grants for the purposes of community education provided through local community initiatives, a multimedia education campaign directed at encouraging minors not to begin using tobacco, motivating and assisting adults to stop using tobacco and changing public opinion on the use of tobacco, public education through grants to schools to expand and implement curricula on tobacco education, and research on methods by which to discourage use of tobacco. DHS was directed to create administrative rules establishing criteria for grant recipients. DHS was also directed to provide a clearinghouse of information on matters related to tobacco use and continue implementation of a strategic plan for a statewide tobacco use control program.

According to the National Conference of State Legislatures (NCSL) Innovations in State Policy publication entitled *Childhood Obesity: Update of Policy Options and Research,* dated June 2007, state health officials frequently turn to media-based public education campaigns to address public health issues of all kinds, including childhood obesity. Enclosed with Memo No. 6 are brief descriptions of several statewide healthy lifestyle promotional efforts described in the Association of State and Territorial Health Officials (ASTHO) Compendium of State Healthy Lifestyle Initiatives.

Options

a. Create an obesity prevention and healthy lifestyle education program in DHS similar to the youth tobacco prevention and education campaign.

b. Require one or more state agencies to develop and execute a statewide public awareness campaign incorporating elements such as those contained in one or more of the state programs described in the excerpts from The Association of State and Territorial Health Officials (ASTHO) Compendium of State Healthy Lifestyle Initiatives, which are enclosed with Memo No. 6.

Comment: It appears that DHS may be the appropriate agency to undertake or serve in a lead position for this type of initiative. Existing statutes designate DHS as the state lead agency in coordinating state activities involving the collection, retrieval, analysis, reporting, and publication of statistical information and other information related to health and health care. DHS must also initiate, conduct, and periodically evaluate a process for planning to use the resources of the state to meet the health needs of residents and provide technical assistance to local units of government for the development of local public health plans.

c. Integrate this initiative into one of the related initiatives or programs already underway at DHS. These two initiatives are the State Health Plan and the Wisconsin Nutrition and Physical Activity State Plan, which are described in greater detain under item 3., below.

2. Promote the Establishment of Local Programs Similar to "Building a Healthier Chicago"

Background

Building a Healthier Chicago (BHC) is a collaborative initiative between the American Medical Association, the Chicago Department of Public Health, and the Office of the Regional Health Administrator of the U.S. Department of Health and Human Services.

The website for BHC states that its vision is integrated, effective, and sustained community-wide partnerships for health promotion that can be replicated nationwide.

The stated goal of BHC is to improve the health of Chicago's residents and employees through the integration of existing and new public health, medicine, and community health promotion activities.

These promotion activities include:

- Promoting and tracking the adoption of selected programs, practices, policies, and supportive environments throughout the health care organizations, worksites, schools, faith-based organizations, homes, and neighborhoods of Chicago.

- Creating a system of interventions that complement and reinforce each other to maximize reach and effectiveness.

- Increasing community resources for health and well-being and, when requested, to assist with effective utilization of those resources.

- Integrating community resources with healthcare systems.

- Improving access to health promotion and health care.

Options

a. Designate a state agency such as DHS to coordinate and support local and regional programs similar to BHC.

Comment: The coordinating agency could be authorized or required to any of the following:

- Develop and maintain a website devoted to the program that has information and strategies to develop and operate these programs, including suggested activities, models to encourage collaboration between local stakeholders, and best practices for collaboration.

- Implement a promotional campaign to publicize the local programs, including public service announcements, encouraging development of initiatives, and various competition among local programs.

- Sponsor a contest to develop a logo and materials for participating programs to use, including awards or other types of recognition that local organizations can give out to local businesses and organizations that participate in a program or achieve certain benchmarks.

b. Direct the coordinating agency to promulgate rules to establish requirements for local programs to be "certified." The legislation could specify that for a program to obtain certification, a certain number of local organizations such as schools, day cares, local government, local chamber of commerce or businesses, local restaurants and grocery stores, the local public health department, health care providers, local Wisconsin Technical College System (WTCS) or University of Wisconsin (UW) campus must be involved.

The legislation could require submission of a program plan including elements such as: methods for promoting healthy food purchasing at grocery stores and farmers markets; promoting healthy eating in the workplace, dining out, and at school; efforts to promote and enable exercise, such as pedestrian-friendly planning and promotion of exercise such as opening the schools or malls for walking in inclement weather, identifying safe routes to school, and sponsoring community walks and runs.

The legislation could provide that if a local program registers with the state coordination agency and meets certain requirements, the local program becomes eligible for certain benefits such as materials and technical assistance; inclusion on state website devoted to the initiative; awards and recognition, mini-grants to preschools and schools for student wellness programs; appearances by a state spokesperson or celebrity, and priority status for various pre-existing state funding programs.

The legislation could direct the Department of Public Instruction (DPI) to establish a program to provide mini-grants to schools and day cares in participating communities and appropriate general purpose revenue (GPR) funding for this purpose.

3. Establish a Permanent or Semi-Permanent State-Level Body to Oversee and Promote Healthy Lifestyle Initiatives and Programs Throughout the State

Background

It appears that DHS, in particular Division of Public Health, is already engaged in the type of activities contemplated in this recommendation.

First, DHS has developed the State Health Plan, which is a statutorily required document. Section 250.07 (1), Stats., requires DHS to develop a public health agenda by January 1, 2010, and at least every 10 years thereafter. The current state health plan contains 11 health priorities. One of these is overweight, obesity, and lack of physical activity.

Second, DHS's Division of Public Health has developed the Wisconsin Nutrition and Physical Activity State Plan. Its goal is to prevent obesity and reduce chronic disease in the state. It provides a

statewide focus for obesity prevention, management, and health promotion through nutrition and physical activity strategies.

A Centers for Disease Control and Prevention (CDC) grant provided support for the planning process that resulted in the Wisconsin Nutrition and Physical Activity State Plan.

The stated goals of the Wisconsin Nutrition and Physical Activity State Plan are to:

- Promote and support lifestyles that reflect the Dietary Guidelines for Americans.
- Promote and support at least 30 minutes of moderate physical activity per day for adults.
- Promote and support at least 60 minutes of moderate physical activity per day for children and adolescents.
- Prevent and manage overweight and obesity and reduce related chronic disease.

The plan contains strategies to achieve these goals. Many of the strategies correspond to recommendations that have been made to the committee. These include the following:

- Expand or strengthen the network of community coalitions to implement strategies to prevent and control obesity through improved nutrition and increased physical activity.
- Promote consistent nutrition and physical activity messages through a variety of channels such as healthcare providers, insurers, schools, work sites, and media.
- Make environmental changes to promote and support healthy eating, daily physical activity, and a healthy weight.
- Increase the number of restaurants that offer and identify healthy eating options by 25%.

DHS has released the Wisconsin Nutrition and Physical Activity State Plan 2007 Progress Report, which is included as an enclosure with Memo No. 6.

Third, s. 15.197 (13), Stats., establishes the Public Health Council within DHS. The council was created by 2003 Wisconsin Act 186, which directed it to monitor implementation of the state health plan and to advise the Governor, the Legislature, DHS, and the public on progress in implementing the plan and coordination of responses to public health emergencies. [s. 250.07 (1m), Stats.]

The council consists of 23 members, nominated by the Secretary of Health Services, and appointed for three-year terms. The council must include representatives of health care consumers, health care providers, health professions educators, local health departments and boards, federally recognized American Indian tribes or bands in Wisconsin, public safety agencies, and, if created by the Secretary of Health Services under s. 15.04 (1) (c), Stats., the public health advisory committee.

Options

a. Enact statutory language requiring the Division of Public Health to continue its development and implementation of the Wisconsin Nutrition and Physical Activity State Plan.

b. Develop legislation to support or enhance the implementation of the Wisconsin Nutrition and Physical Activity State Plan, or to require additional or different elements in the plan. For example, the legislation could require relevant state agencies to cooperate with the DHS Division of Public Health in implementing the plan, to maintain liaison with and periodically report to the DHS Division of Public Health concerning progress in achieving objectives in the state plan that are relevant to the agency's mission.

c. Create a new state body to do develop and implement a state plan to promote healthy lifestyles. There are several types of governmental bodies that could be established to perform these functions, including executive branch bodies and a long-term legislative council committee. Legislation would also have to set forth the membership and duties of the body.

Comment: The types of state bodies that could be created to carry out this task include boards, commissions, and councils. These are permanent entities created by statute within a state executive branch agency.

A board is a part-time body functioning as the policy-making unit for a department or independent agency or a part-time body with policy-making or quasi-judicial powers.

A commission is generally a three-member governing body in charge of a department or independent agency or of a division or other subunit within a department.

A council is a part-time body appointed to function on a continuing basis for the study, and recommendation of solutions and policy alternatives, of the problems arising in a specified functional area of state government.

Any of these bodies may be created in a department or attached to a department for limited purposes. A body created in a department performs its functions under the direction of the head of the department. A body attached for limited purposes performs its functions independently. These units are sometimes referred to as "15.03 units" because of the statutory section number that defines them. The larger agency is expected to provide various services, such as budgeting and program coordination, but the 15.03 unit exercises its statutory powers independently of the department or agency to which it is attached.

Chapter 15, Stats., contains separate provisions for these different types of bodies, in varying detail and coverage, regarding the body's powers, selection of officers, terms, appointments, memberships, meeting frequency, quorum requirements, reimbursement, and reports. These provisions apply to any such body that is created in the statutes unless a specific exemption is created.

By way of example, the 2007-09 Biennial Budget Bill, as originally introduced (2007 Senate Bill 40), would have created a health care quality and patient safety council attached to the Department of

Health and Family Services (which has since been renamed as DHS) under s. 15.03. The bill specified the membership and duties of the council.

Another type of governmental entity that could be considered is a long-term Joint Legislative Council study committee. A permanent or long-term Joint Legislative Council committee may be established by statute. The statutes currently establish two permanent Joint Legislative Council committees and one committee that functions from June 2006, until the end of 2010.

The permanent committees are the Law Revision Committee and the Special Committee on State-Tribal Relations. The long-term committee is the Special Committee on Strengthening Wisconsin's Families, which was created by 2005 Wisconsin Act 467 (2005 Senate Bill 655).

Legislation establishing this type of committee should specify the issues the committee must study and other duties it must perform and may specify the composition of the committee. This type of committee is of limited capability. It cannot carry out any initiatives but can only review and recommend legislative proposals.

4. Establish a Telephone Hotline That Provides Advice and Support to Callers Trying to Make Lifestyle Changes Related to Weight Loss, Nutrition, and Exercise, Modeled After the Wisconsin Tobacco Quit Line

Background

The Wisconsin Tobacco Quit Line is managed by the UW Center for Tobacco Research and Intervention (CTRI). The hotline services are provided by a private company, Free and Clear, Inc., under contract with the UW-CTRI. Free and Clear, Inc. is located in Seattle, Washington.

According to Katie Kobinsky UW-CTRI Quit Line Coordinator, the annual budget for the Quit Line is approximately $800,000. The Quit Line serves about 9,000 callers annually.

The Quit Line offers a variety of services, including:

- One-on-one practical telephone counseling. Quit Line tobacco addiction treatment specialists provide specific strategies on quitting for good.

- Free information for friends, family and tobacco users, the Quit Line provides information on tobacco use, dependence, and addiction treatment. Friends and family members can get information on how to help someone they know quit using tobacco.

- Referrals to local tobacco addiction treatment programs and services. Quit Line tobacco addiction treatment specialists have a list of resources from all over Wisconsin so they can refer callers to established programs within their own area.

Option

a. Establish and fund a weight loss, nutrition and exercise hotline either operated directly by the state or operated by a private vendor under contract. Following the Quit Line model, the

hotline could provide one-on-one counseling and referrals. It is unclear to what programs the hotline would make referrals. Printed material or referral to online material could be provided. Funding, staff, and lead time for development of materials and identification of potential referral agencies or programs would have to be provided.

Comment: Free and Clear, Inc. is in the process of developing a weight loss and healthy lifestyle hotline-based program, which will be called "Mind and Body." It will consist of telephone counselors or coaches and dieticians as well as online educational materials. Participants will also have access to other online resources including an online community with chat rooms. Free and Clear, Inc., plans to pilot this new program with commercial clients early next year. The program will not be available to states until sometime in 2010.

B. PRE-SCHOOL

1. Promote the Purchase of Locally Grown Products in Schools and Early Childhood Programs – Farm to School

Background

There is no state law governing farm to school programs. However, several initiatives exist in Wisconsin. The most recent state budget included funding for the Buy Local Buy Wisconsin initiative, including a full-time position. This does not explicitly specify school partnerships but provides grants to increase partnerships between local food growers and buyers. The Wisconsin AmeriCorps Farm to School Program began in 2008. The program provides 10 sites with two half-time AmeriCorps members who work with food service staff on food procurement and in classrooms with nutrition education.

Federal laws passed in 2008 have encouraged local food procurement and the consumption of fresh produce. The 2008 Farm Bill amended previous school food service contracting rules. Schools receiving federal meal reimbursement can now apply a geographic preference within their food contract negotiation process in order to encourage competition from local farmers. The Farm Bill also expanded the U.S. Department of Defense (DOD) Fresh Fruit and Vegetable program to include all fifty states. In 2008-09, Wisconsin received $871,000 to supply fresh fruit and vegetable snacks to all students in 56 schools across Wisconsin. Schools receiving DOD funding must serve at least 50% free and reduce-priced lunches under that National School Lunch Program. The Farm Bill's geographic preference for food contracts also applies to schools receiving DOD funding. DPI administers the DOD program.

Options

a. Create an appropriation for the Department of Agriculture, Trade and Consumer Protection (DATCP) and DPI and require that the funds be directed to the Buy Local Buy Wisconsin program at DATCP to develop farm to school partnerships and directed to DPI to provide resources on procuring, serving, and marketing local foods.

b. Create an appropriation for DATCP for the Farm to School AmeriCorps program and direct DATCP to use the money to provide matching funds necessary to receive additional federal funding for this program.

c. Create an appropriation for DPI to increase meal reimbursement rates for locally sourced foods as part of school meals. This could be linked to schools participating in the Fresh Fruit and Vegetable Program, which would target children with low-income households.

d. Create an appropriation to fund grants to be administered by DPI. The grants could be part of a competitive application process within school districts to support the development of farm to school programs.

2. Nutrition Standards, Nutrition Education, and Physical Education in Early Childhood Programs

Background

Current law does not provide nutrition standards for foods and beverages served in licensed or certified child care centers. The Department of Children and Families (DCF) licenses child care centers. Current law requires anyone caring for four or more children, unrelated to the provider, under age seven, to be licensed. The two types of licensed child care are: family child care (up to eight children in care at any give time) and group child care (nine or more children at any given time). Under current law, an individual who provides child care for fewer than four children is not required to be licensed as a child care provider. However, if such a provider is reimbursed for child care services through the Wisconsin Shares Child Care Subsidy program ("Wisconsin Shares"), the provider must be certified. Every county department of social or human services must certify providers who are reimbursed for services through Wisconsin Shares.

Federal U.S. Department of Agriculture (USDA) dietary guidelines are the standard for child care centers participating in the Child and Adult Care Food Program. Child care centers participating in this USDA program receive free and reduced-priced meals and snacks to qualifying children. In return, child care centers serve meals and snacks that adhere to federal nutrition standards set by the USDA. Centers and child care homes may be approved to claim up to two reimbursable meals (breakfast, lunch, or supper) and one snack, or two snacks and one meal, to each eligible participant, each day. USDA standards also specify that the number of meals served corresponds to the amount of time a child is present at the child care center as well as the amount of time since the last meal or snack was served. [s. HFS 46.07 (5), Wis. Adm. Code.]

Both family child cares and group child cares are required to submit written policies on nutrition to the department and to parents. Group child care providers must plan meals a week in advance, post menus, and keep menus on file for review for no less than three months. [s. HFS 46.07 (5) (a) 5., Wis. Adm. Code.] Group child care providers are also required to serve meals that include diverse types of food, meaning menus shall not repeat within a one-week time frame. [s. HFS 46.07 (5) (a) 5. d., Wis. Adm. Code.]

DCF and county certifying agencies must provide child care operators with material on nutrition. [s. 48.653, Stats.; s. DWD 55.04 (7) (b) 2. c., Wis. Adm. Code.] The DPI Child Care Information Center provides child care operators information on the Child Care Food Program Meal Requirements.

DCF is currently drafting a licensed child care rating system.

Current law does not provide physical education or nutrition education standards for child care centers.

Options

a. Specify that DCF administrative rules must require group child care providers to serve "nutritious foods" instead of "diverse types of food." The committee could define what nutritious foods should mean or direct DCF to create a definition of nutritious foods in administrative rule.

b. Require DCF to include a wellness component within its child care rating system which includes ratings on the nutrition of foods and beverages provided by the child care center, nutrition education provided at the child care center, and/or physical education provided at the child care center.

c. Create nutrition education standards for child care centers in statute.

d. Direct a state agency such as DCF or DPI to create nutrition education standards for child care centers.

e. Create a statute which specifies physical education standards for child care centers or requires child care centers to provide a certain amount of physical activity per day or per week.

f. Direct a state agency such as DCF or DPI to create physical education standards for child care centers.

Comment: The committee could apply these options to all licensed and certified child care centers, only licensed centers, only group child care centers, or any combination.

3. Create a Governor's Health Award for Preschools

Options

a. Create a governor's health award for preschools in statute to be awarded to child care providers and preschools which satisfy the award criteria established by DPI.

b. Direct DPI to create a governor's health award for preschools. This option could include creating an appropriation to DPI to fund the award and/or to enable DPI to include a monetary component of the award.

C. K-12 SCHOOL

1. Farm to School

Please see item B. 1. on page 8 for an explanation of farm to school options, which could also apply to K-12 school.

2. Nutrition Education

Background

Nutrition education guidelines created by DPI are currently available to and optional for schools to use. DPI is also currently drafting nutrition education standards for schools, which will provide a scope and sequence that teachers may use to teach age-appropriate, accurate information about nutrition, which can be built upon as students progress from kindergarten through high school. The nutrition education standards will remain optional for schools.

Options:

a. Direct DPI to create nutrition education standards for schools and specify that the standards are mandatory.

b. Specify the nutrition education standards in statute and mandate that schools use the standards.

3. Create School Health Advisory Councils

Background

School districts are not required to have health advisory councils to advise districts on physical education and health curricular policies. However, school districts that participate in a USDA school meal program must establish a local wellness policy. A wellness policy must include a statement on nutrition guidelines, using the USDA guidelines as a minimum, set goals for nutrition education and physical education, receive input from community stakeholders, and include a plan to measure implementation. USDA policy stipulates that the wellness policy must be adopted through a participatory process that includes input from community stakeholders, including parents, the local food industry, vendors, and the school food service. The wellness policy must be adopted by the district school board.

Option

a. Direct each school district to create a school health advisory council and require that each council advise the district regarding issues including nutrition education, physical education curriculum, health education curriculum, nutrition standards, and physical activity programs. Specify that the council must include representatives from the school, the community, parents, and the food industry.

4. Nutrition Standards for School Foods and Beverages

Background

DPI administers the National School Lunch and School Breakfast Programs, which provide federal funding to schools to serve free and reduced-priced meals and snacks. In exchange for receiving federal funds, schools must serve meals and snacks that adhere to federal nutritional requirements set by

the USDA. USDA requires that school lunches must meet the applicable recommendations of the 1995 Dietary Guidelines for Americans, which recommend that no more than 30% of an individual's calories come from fat, and less than 10% from saturated fat. Regulations also establish a standard for school lunches to provide one-third of the recommended dietary allowances of protein, Vitamin A, Vitamin C, iron, calcium, and calories. Although school lunches must meet federal nutrition requirements, decisions about what specific foods to serve and how they are prepared are made by local school food authorities. Schools may also choose to adopt nutrition standards beyond those set by USDA. Federal guidelines do not limit the sale of *à la carte* items and other foods sold in addition to federally funded meals and snacks.

Options:

a. Direct DPI to set nutrition standards for food sold in school. The standards could be applied to all food sold in schools, only to *à la carte* items sold in school, only to free and reduced school meal programs, only to food sold in vending machines, or a combination of these.

b. Create nutrition standards in statute for healthier foods and beverages at school and require schools to follow them. The standards could be applied to all food sold in schools, only to *à la carte* items sold in school, only to free and reduced school meal programs, only to food sold in vending machines, or a combination of these. Examples of specific nutrition standards for school foods include the following:

(1) Specify minimum nutrition standards for foods and beverages, such as sugar, sodium, fat, calories, saturated fat, and artificial trans fat. For example, Indiana law requires that at least 50% of food items sold in schools qualify as "better food choices" and specifies that better food choices are those in which: (a) not more than 30% of their total calories are from fat; (b) not more than 10% of their total calories are from saturated and trans fat; and (c) not more than 35% of their weight is from sugars that do not occur naturally in fruits, vegetables, or dairy products.

(2) Specify the types of food and beverages sold in schools. For example, California law requires that elementary schools sell only full meals during breakfast and lunch periods. Items available for individual sale include nuts, nut butters, seeds, eggs, cheese packaged for individual sale, fruit, vegetables that have not been deep-fried, legumes, dairy products and whole grain food items, if they meet the following standards: (a) not more than 35% of their total calories are from fat (excluding nuts and seeds); (b) not more than 10% of their total calories are from saturated fat; and (c) not more than 35% of their total weight is from sugar, including naturally occurring and added sugar; and (d) not more than 175 calories per individual food item. Similar requirements apply to snacks, except food sold as part of a USDA meal program, sold in California middle, junior, and high schools.

(3) Specify the types of beverages sold in schools. California law specifies that the only beverages that may be sold are water, milk, and juice that is at least 50% juice with no added sweeteners. Restrictions on soda are discussed under item B. 5., below.

4. Require Schools to Provide Nutrition Content Information for Foods Available in School

Background

Current law does not require schools to post nutrition content information about food sold or available in school.

Option

a. Require schools to post information on nutritional content of foods sold by or available at school, on the school website, on school menus sent home with students and/or by posting the information in a visible place at each school. This requirement could apply to free and reduced school means, *à la carte* items, items sold in vending machines, or a combination.

5. Ban or Restrict Soft Drinks in School

Background

Current law does not prohibit or restrict the availability of soft drinks in school. Current law specifies that school contracts with soft drink vendors may not prohibit the sale of milk.

Options

a. Prohibit the sale of soft drinks to students in elementary, middle, and/or high school.

b. Restrict the availability of soft drinks in elementary, middle, and/or high school to certain hours of the day or to certain times of the day. For example, California law specifies that middle schools may not offer carbonated beverages from one-half hour before school to the end of the last lunch period.

6. Prohibit Foods Containing Artificial Trans Fat in School

Background

California law bans schools from selling meals with artificial trans fats or fried foods as part of the free and reduced-price meal programs and, beginning July 1, 2009; will ban trans fats from à *la carte* and snack foods. Oregon law bans trans fat in à *la carte* foods sold in schools.

Options

a. Prohibit schools from selling à *la carte* and snack foods containing artificial trans fat.

b. Prohibit schools from selling food containing artificial trans fat in the free and reduced price meal programs.

c. Prohibit schools from selling food in containing artificial trans fat in vending machines.

d. Require schools to phase-out foods with artificial trans fats in school foods by a certain date.

7. Prohibit the Sale of Foods of Minimal Nutritional Value

Options

a. Prohibit the sale of foods with minimal nutritional value at school at specified times, such as during designated meal periods, between the start of the school day and the end of the last lunch period, or between the start and end of the school day. Foods of minimal nutritional value could include foods that contain artificial trans fat, a high level of saturated fat, sugar, sodium, a high calorie content, or specific foods such as candy and gum.

b. Prohibit schools from offering foods of minimal nutritional value as identified by DPI in administrative rule.

These prohibitions could apply to free and reduced school meal programs, à *la carte* and snack foods, items in vending machines, or a combination.

8. Require That the Availability of Nutritious Foods in Vending Machines be Increased

Option

a. Enact a provision similar to a Colorado proposal, under which each school district is required to adopt a policy which provides that at least 50% of all items offered in vending machines located in public schools meet acceptable nutrition standards. The committee could specify nutrition standards in statute or direct DPI to create nutrition standards in administrative rule.

9. Require That Schools Charge a Lower Price for Healthier Food and Beverages

Options

a. Direct school districts to charge a lower price for healthier food items, such as fresh fruit and vegetables, whole grains, skim or lower fat milk, foods lower in sodium, foods lower in fat, or foods lower in calories. This requirement could apply to free and reduced school meal programs, à *la carte* and snack foods, items in vending machines, or a combination of these.

b. Direct school districts to charge a lower price for healthier food and beverages as identified by DPI in administrative rule.

10. Require That Schools Charge a Higher Price for Foods and Beverages of Minimal Nutritional Value

Options:

a. Direct school districts to charge a higher price for food and beverages such as foods high in fat, saturated fat, sodium, sugar, or high in calories. This requirement could apply to free and

reduced school meal programs, à *la carte* and snack foods, items in vending machines, or a combination of these

b. Direct school districts to charge a higher price for less healthy food and beverages, as identified by DPI in administrative rule.

11. Increase Access to Fruits and Vegetables

Background

In 2008-09, Wisconsin received $871,000 from the DOD Fresh Fruit and Vegetable Program to supply fresh fruit and vegetable snacks to all students in 56 schools across Wisconsin. Schools receiving funding must serve at least 50% free and reduced price lunches under the school lunch program.

In California, the Fresh Start Pilot Program includes a $.10 per meal reimbursement to schools for the purpose of increasing the servings of fruits and vegetables offered to school children at breakfast.

Colorado created a program to make free fruits and vegetables available to public school students and requires that schools receiving funding must serve at least 50% free and reduced price lunches under the school lunch program.

Options

a. Direct schools to offer fresh fruits and vegetables at all meal times or at certain, specified times such as lunch, breakfast, or snack.

b. In addition to the above option, create an appropriation for DPI and direct that the funding must be used to reimburse school districts for additional servings of fruit and vegetables in the school day.

12. Establish a Centralized Clearinghouse for Information on School Nutrition, Physical Activity, Including Providing Schools With Manuals, Training, and Awards

Background

Staff members in Community and School Nutrition Teams in DPI currently provide nutrition information and program guidance to sponsors of the National School Lunch Program, the School Breakfast Program, Child and Adult Care Food Program, the Summer Food Service Program, the Special Milk Program, and the USDA Commodity Food Distribution Program. The teams are also responsible for a variety of nutrition education initiatives that involve collaboration with other state agencies, UW-Extension, and regional and statewide child nutrition advocacy groups.

Option

a. Create an appropriation to expand current on-going school information and outreach efforts at DPI.

13. Create an Appropriation to Fully or Partially Fund the Governor's School Health Award

Option

a. Create an appropriation for DPI and specify that the money be used to fund the Governor's School Health Award.

14. Create an Appropriation to Enable the Governor's School Health Award to Award a Cash Prize to Winning Schools

Option

a. Create an appropriation for DPI and specify that the money be used to provide a cash award to Governor's School Health Award recipients in addition to the current recognition levels.

15. Body Mass Index (BMI) Measurement

Background

In 2003, Arkansas began requiring annual BMI screenings for all public school students, with the results reported to parents confidentially by letter via U.S. mail. In 2007, Arkansas changed the student BMI screenings to every other year, beginning in kindergarten and then in even-numbered grades. Parents may refuse to have their child's BMI percentile for age assessed and reported by providing a written refusal to the school. Students in grades 11 and 12 are exempt from BMI requirements.

Delaware law requires physical fitness testing for students and includes measuring BMI as part of the testing in some school districts on a piloted basis.

Texas law requires reporting student BMI to parents as part of a confidential health report card and providing parents with basic information about what BMI means and what they can do with the information.

Option

a. Create a pilot program in DHS or DPI under which elementary, middle, and/or high schools are required to conduct BMI measurement and fitness testing for students and send the data to parents in a confidential health report. Direct DHS and DPI to develop administrative rules which include how schools should weigh and measure children, how to interpret the results, what to do with the results, and intervention recommendations.

16. Physical Education and Physical Activity

Background

Students in grades K-6 are currently required to have physical education class three times per week by or under the direction of a licensed physical education teacher. Students in grades 7 and 8 are required to have regular instruction in physical education each week for the entire school year in order to

meet the school district's sequential curriculum plan. In grades 9-12, physical education must be offered each year; students are required to fulfill 1.5 credits of physical education over three separate years.

Options

a. Require that the physical education requirements for grades K-6 (three times per week) be expanded to apply to grades K-8.

b. Require physical education to be offered at a certain frequency during the week.

Comment: For example, require elementary schools to have daily physical education class.

c. Require physical education to be offered for a minimum amount of time per week. For example, Oregon requires school districts, within the next decade, to provide a minimum of 150 minutes per week of physical education in elementary schools and 210 minutes per week in middle schools. Florida requires 150 minutes of physical education each week for students in grades K-5.

d. Require that a certain amount of physical activity be provided.

Comment: For example, Indiana requires each school district to provide daily physical activity for elementary school students. The physical activity must be consistent with developed curriculum and programs and may include the use of recess. Tennessee requires each school district to integrate a minimum of 90 minutes of physical activity per week into the instructional school day for elementary and secondary school students. Connecticut requires school districts to adopt plans for engaging students in daily physical exercise during regular school hours and strategies for engaging students in daily physical exercise before and after school.

17. Require That Certified Specialists Teach Physical Education

Background

Current law requires in grades K-6, classes must be taught three times weekly by or under the direction of a licensed physical education teacher. In grades 7-12 (or 6-12 if middle school has grade 6), classes are taught by a licensed physical education teacher.

Option

a. Remove the authorization in the statute for physical education to be taught "under the direction of" a licensed physical education teacher.

D. NUTRITION AND WALKABLE COMMUNITIES

1. Strengthen the Nutrition Education Components of the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) and Ensure That Healthier Food is Available Through FoodShare

Background

The USDA-funded WIC program currently has a nutrition education component. The USDA is currently in the process of promulgating new nutritional standards for the WIC food packages, which will include more produce, less juice, less cheese, authorizing whole milk only for children under age two, allowing dairy substitutes, fewer eggs, more whole grains, a greater emphasis on breastfeeding, and the availability of smaller denomination instruments to purchase fresh fruit and vegetables.

Wisconsin is also currently participating in the FIT WIC/FIT Families Initiative, which provides more intensive education and counseling to families enrolled in the initiative than WIC resources provide. The current FIT WIC/FIT Families project is funded through a three-year UW Partnership Fund grant which began in 2007. The initiative is being piloted in six counties (Brown, La Crosse, Marathon, Portage, Sheboygan, and Waupaca) and targets three-year olds and their families. The family is enrolled in the pilot initiative for one year. During this year, the family has approximately two hours of individual counseling with a Registered Dietitian above what WIC normally provides. Other components of the program include: media messages (radio, TV, print), incentives for the participating families, staff training and clinic changes for good role modeling, and work within the community to encourage consistent messages and collaboration. An evaluation of the FIT WIC/FIT Families project has begun.

Food Stamp Nutrition Education (FSNE), part of the Federal Supplemental Nutrition Assistance Program (SNAP) (formerly, the Food Stamp Program), is an optional federal and state partnership that supports nutrition education for people eligible for food stamps. USDA requires that all education be behaviorally focused, with a goal of encouraging participants to voluntarily make healthful, economical food choices for themselves and their families. Wisconsin has chosen to participate in FSNE and does so through the Wisconsin Nutrition Education Program. WNEP is a partnership of the USDA Food and Nutrition Services, DHS and UW-Extension. WMEP provides nutrition education programs in partnership with community agencies, including government agencies, schools, private non-profits and other service agencies. Nutrition education is optional for FoodShare recipients (SNAP is called FoodShare in Wisconsin).

California recently enacted a law directing the California Department of Health Services to develop a “healthy food purchase” pilot program to increase the sale and purchase of fresh fruits and vegetables in low-income communities. Part of the pilot program involves giving food stamp recipients a rebate for purchasing fresh produce, so that when a food stamp recipient buys fruit or vegetables with his or her electronic benefits transfer card, a rebate is credited to the card for future food purchases. This pilot program has not been implemented due to lack of funding.

Options

a. Create an appropriation for DHS and direct the department to create a pilot program in the FoodShare program similar to the California healthy food purchase pilot program.

b. Direct DHS to seek grant funding from the USDA to fund nutrition projects, including projects to increase the availability of fruits and vegetables under the FoodShare program.

c. Require that FoodShare recipients participate in the Wisconsin Nutrition Education Program.

2. Prohibit Trans Fat in Restaurant Foods

Background

California law, beginning in 2010, will prohibit oil, shortening, or margarine containing trans fats from being stored, distributed, or served by, or used in the preparation of any food within, a food facility. Beginning in 2011, California law will prohibit any food containing artificial trans fat from being stored, distributed, or served by, or used in the preparation of any food within, a food facility. Food sold or served in a manufacturer's original, sealed package will be exempt.

Options:

a. Create a phased-in prohibition on foods containing artificial trans fat in statute similar to the California law.

b. Direct DHS to provide technical assistance to restaurants to develop healthy alternatives or choices such as portion size options, fruit, or vegetable side dishes, and food preparation choices.

3. Create a Wisconsin Health Seal for Restaurants

Background

The Wisconsin Restaurant Association (WRA) currently offers a Healthy Lifestyles listing, which is a searchable dining guide comprised of healthy food categories and the restaurants that offer these options.

Gundersen Lutheran in LaCrosse created the 500 Club, under which meals and individual food selections may use the "500 Club" logo if the selections meet the nutrition requirements specified by Gundersen Lutheran after being analyzed by Gundersen Lutheran registered dietitians. To participate in the 500 Club, all selections must contain 500 calories or less and 15 grams of fat or less. 500 Club snacks include products that are approximately 200 calories and 8 grams of fat per serving. Snacks that are just above 200 calories and 8 grams of fat will be accepted as 500 Club choices if they provide a source of heart healthy fat, such as peanuts and trail mixes. Restaurants, vending companies, and food retailers are eligible to participate in the program.

The Colorado Department of Public Health and Environment and its partner organizations created a Smart Meal Seal, under which participating restaurants may identify and advertise meals or individual foods that meet nutrition requirements specified by the Colorado Department of Public Health and Environment. The guidelines for a meal to qualify for the Smart Meal Seal include a maximum of 700 calories, no more than 30% of total calories from fat and no more than 1,500 milligrams of sodium. All participating restaurants are charged a minimal fee for menu analysis. Participating restaurants are able to choose from a variety of promotional material formats including table tents or flyers, posters, menu inserts, and/or small signs and receive added publicity through the department's Smart Meal Seal media outreach.

Option

a. Create a Wisconsin Health Seal, and direct DHS to administer it, to enable participating restaurants to identify and advertise meals or individual foods that meet nutrition requirements specified by the department. Authorize DHS to charge a minimal fee for menu or food analysis. This option could also include an appropriation to DHS to create and staff the program.

4. Tax Foods and/or Beverages With Minimal Nutritional Value

Background

Wisconsin does not currently tax foods or beverages with minimal nutritional value. 2005 Assembly Bill 1168 would have imposed a tax on the wholesale sale of soft drinks and used the revenues to create a dental access trust fund to supplement reimbursement for dentists' services under the Medical Assistance program and fund grants from DHS for dental public health and dental education projects. The excise tax would be $2 for each gallon of soft drink syrup, $.21 for each gallon of bottled soft drinks and on the sale of a package or container of soft drink syrups, simple syrups, powders, or other base products, and $.21 for each gallon of soft drink that may be produced from each package or container according to the manufacturer's instructions. A copy of this bill and the fiscal estimates are enclosed with Memo No. 6.

Option

a. Create a tax on the retail sale of minimally nutritious foods and beverages such as soda, foods that are high in sugar or fat, or foods that contain artificial trans fat. Direct the resulting revenues to be used to fund public health programs, such as a healthy lifestyles awareness campaign, providing money for grants to schools to create farm to school programs, create free fruit and vegetable programs at school, programs to encourage physical activity at school, or another type of public health program.

5. Require Restaurants to Post Nutrition Information in Menus

Background

Current Wisconsin law does not require restaurants to post nutrition information on menus or menu boards, or to make that information available upon request. WRA encourages restaurants to voluntarily provide nutrition information to customers.

The City of New York requires posting of calorie information in any food service establishment that is one of a group of 15 or more food service establishments doing business nationally, offering the same menu items in standardized servings, that operate under common ownership or control or as franchises or do business under the same name.

A California law, enacted in September 2008, applies to similar food facilities as the New York ordinance. The California law phases in the requirement to post calorie information. From 2009 to the end of 2010, food facilities may make nutritional information available in a brochure instead of on the menu or menu board. Starting in 2011, each covered food facility must post the calorie content of each menu item on the menu or menu board in a size and typeface that is clear and conspicuous.

Under the California law, a food facility that violates the requirements to post information may be fined $50 to $500. Only one fine may be assessed per inspection.

Copies of the New York City ordinance and the California law are enclosed with Memo No. 6.

Option

a. Enact legislation to require restaurants to post calorie or nutrition information on menus or menu boards, or to make that information available upon request.

6. Develop Legislation to Enable and Encourage Development of Walkable and Bikeable Communities

Background

Current law (s. 66.1027, Stats.) requires the UW-Extension, in consultation with any other UW System institution or with a landscape architect, or with independent planners or any other consultant with expertise in traditional neighborhood planning and development, to develop a model ordinance for a traditional neighborhood development and an ordinance for a conservation subdivision. The model ordinance was completed on January 1, 2001.

"Traditional neighborhood development" means a compact, mixed-use neighborhood where residential, commercial, and civic buildings are within close proximity to each other.

"Conservation subdivision" means a housing development in a rural setting that is characterized by compact lots and common open space, and where the natural features of land are maintained to the greatest extent possible.

Current law also requires every city and village with a population of at least 12,500 to enact an ordinance that is similar to the model traditional neighborhood development ordinance by January 1, 2002.

A city or village whose population reaches at least 12,500, after January 1, 2002, must enact an ordinance that is similar to the model traditional neighborhood development within a year after the city's or village's population reaches at least 12,500.

Options

a. Require all communities subject to current law to report whether they are in compliance with the statutory requirement to enact an ordinance that is similar to the model traditional neighborhood development ordinance.

b. Impose penalties on communities that are not in compliance with the statutory requirement to enact an ordinance that is similar to the model traditional neighborhood development ordinance.

c. Require communities with populations smaller than 12,500 to enact ordinances similar to the model traditional neighborhood development ordinance.

d. Require the development of a model ordinance incorporating walkabilty and form-based zoning principles by a certain date. Require communities to enact an ordinance that is similar to the model ordinance by a certain date.

Comment: Traditional neighborhood development ordinances typically apply only to new developments, not to redevelopment or infill development. A recent trend within the urban planning community is the development of "form-based codes." Instead of focusing on how land can be used, as traditional zoning does, form-based zoning regulates the form and type of a building, and how it relates to the street and the surrounding neighborhood in general. Form-based zoning encourages mixed-use, higher-density, walkable, pedestrian friendly, and transit oriented development.

e. Provide explicit statutory authority for cities to adopt zoning ordinances that allow for mixed-use development districts.

f. Require the Department of Commerce (Commerce) to review its building codes to identify any impediments to the development of walkable communities.

g. Require the Department of Transportation to include consideration of walkabilty and bikeability, as well as integration of public transit, in all phases of transportation planning.

h. Require the inclusion of bicycle and pedestrian oriented design in residential and mixed-use developments that receive any state financial assistance or tax benefits.

E. HEALTH CARE PROVIDERS

1. Establish Standards for Health Care Information (HIT) Interoperability

Background

There are currently no standards in state law pertaining to HIT interoperability. The federal Center for Medicaid Services (CMS) requires all health care providers that participate in its demonstration projects to utilize electronic medical records systems that are certified by the Certification Commission for Healthcare Information Technology (CCHIT). CCHIT is an independent, nonprofit organization that has been awarded a contract by the U.S. Department of Health and Human Services (HHS) to develop, create prototypes for, and evaluate the certification criteria and inspection process for electronic health records.

Option

a. Require CCHIT standards to be met in order for HIT to be eligible for the state electronic medical records tax credit that will go into effect in 2010. The tax credit available will be equal to 50% of the amount paid by a health care provider in a tax year for information technology hardware or software that is used to maintain medical records in an electronic form.

2. Specify That to be Designated as a Health Care Home in Wisconsin the Standards for Certification of Health Care Homes Established by the National Committee on Quality Assurance (NCQA) Must be Met

Background

Current state law does not specify standards that must be met by for designation of a health care home in Wisconsin. The state does not provide any special benefits or payments to be provided to health care homes.

NCQA has established standards for certification of health care homes, referred to by NCQA as "patient-centered medical homes." The NCQA standards are used to determine eligibility for a number of programs and demonstration projects.

The NCQA standards measure the following aspects of care provided by a health care home:

- Access and communication.
- Patient tracking and registry functions.
- Care management.
- Patient self-management support.
- Electronic prescribing.

- Test tracking.
- Referral tracking.
- Performance reporting and improvement.
- Advanced electronic communications.

The NCQA standards provide for three possible levels of certification of a health care home. Practices seeking certification must complete a web-based survey and provide documentation that validates their responses. The NCQA evaluates the practice data and scores the practice using a point system.

Option

a. Specify that in order to be designated as a health care home in Wisconsin, the NCQA standards must be met.

Comment: It is not clear what incentive a health care provider in Wisconsin would have to become NCQA-certified. Currently, there are no benefits attached to this designation. The committee may wish to consider the development of incentives to encourage the development of NCQA-certified health care homes.

3. Enact Legislation Designed to Alleviate the Shortage of Primary Care Providers

Background

According to the Robert Wood Johnson Foundation, recent surveys project that the United States could fall short by close to half a million registered nurses by 2025 absent of aggressive action. Currently, the supply of new nurses is failing to keep pace with rising patient demand, in part because a significant number of interested and qualified nursing school applicants have been turned away in recent years due to a growing shortage of nursing faculty.

Wisconsin has a shortage of 374 primary-care doctors, and that number is expected to increase in coming years, according to a new report from the Wisconsin Council on Medical Education and Workforce. The shortage is primarily in rural areas, but the report estimates that Milwaukee's inner city could use an additional 20 doctors.

Under current law, the Higher Educational Aids Board (HEAB) administers various student loan programs under which certain percentages of the loans are forgiven for each year that a loan recipient is employed in certain professions after the completion of the recipient's program of study. Those include programs under which loans are forgiven after the recipient has been employed in this state as a nurse, a teacher in the Milwaukee Public Schools, a teacher of visually impaired pupils or as an orientation and mobility instructor, and a teacher in a school district with a high minority population.

The Nursing Student Loan Program provides loans to Wisconsin resident undergraduates or graduate students who are enrolled at least half-time at an eligible in-state institution that prepares them

to be licensed as nurses, either RN or LPN. The maximum loan amount per year is $3,000 with an overall maximum of $15,000. A student who participates in this program must agree to be employed as a licensed nurse in Wisconsin. For each of the first two years the student works as a nurse or nurse educator and meets the eligibility criteria, 25% of the loan is forgiven. The balance remaining after forgiveness must be repaid at an interest rate of 5%. If the student does not work as a nurse or nurse educator and meet the eligibility criteria, the loan must be repaid at an interest rate of 5%.

The 2007-09 Biennial Budget Bill appropriated $450,000 GPR in each year of the biennium for the Nursing Student Loan Program. According to HEAB, there are 35 institutions in Wisconsin with nurse training programs. These include UW system schools, private independent colleges, and Wisconsin technical colleges. For the 2008-09 academic year, each school is assigned $13,235 under the program.

Options

a. Increase capacity of medical and nursing schools by providing financial assistance to schools for the purpose of attracting and retaining faculty.

b. Provide incentive programs such as loans and loan forgiveness programs for nurses enrolled in masters or doctoral programs who intend to teach after graduation.

c. Provide financial assistance and incentives to entry level nursing staff who are already in the nursing setting and interested in moving up the career ladder.

d. Establish programs to address and prevent fatigue and burnout among the nursing profession. These include requiring hospitals to use nurse staffing plans or to meet specific nurse-to-patient ratios.

e. Establish other loan and loan forgiveness programs targeted to achieve desired outcomes. For example, loan programs can be targeted to students who are from rural areas or agree to work in specific fields such as primary care or at specific locations such as medically underserved areas.

Comment: 2007 Assembly Bill 90, which was introduced in the last legislative session, would have created a medical student loan forgiveness program. The bill would have required HEAB to establish a loan program for Wisconsin residents enrolled in a program at the UW School of Medicine and Public Health or at the Medical College of Wisconsin leading to the degree of Doctor of Medicine and who agree to practice medicine for not less than six years in Wisconsin in a health professional shortage area designated by HHS.

Under the bill, the maximum amount of a loan that a person could receive during any fiscal year is $10,000 and the maximum amount that a person may receive under the program is $50,000.

The bill specified that after a loan recipient had completed his or her program of study, HEAB would forgive a percentage of the loan's principal and interest after each succeeding full year that the recipient was employed full time as a doctor of medicine in a health professional shortage area. A total of 80% of the loan could be forgiven.

An amendment to the bill would have added pharmacists to the provision of the bill. Another amendment would have required repayment of loan balances, plus a penalty, by any loan recipient who breached the agreement by not practicing in a health professional shortage area. The bill appropriated $450,000 GPR in each year of the biennium.

The bill appropriated $450,000 GPR in each year of the biennium. It was recommended for adoption by the Assembly Committee on Public Health on a vote of Ayes, 8; Noes, 0, but did not progress any further. A similar provision was added to the 2007-09 Biennial Budget Bill by the Assembly, but was deleted by the Joint Committee on Finance.

A copy of 2007 Assembly Bill 90 is enclosed with Memo No. 6.

The federal government, through the National Health Service Corps, provides a loan repayment program for licensed health professionals to provide primary health services in selected Health Professional Shortage Areas (HPSAs). It also operates a scholarship program that awards scholarships to students in training to be allopathic and osteopathic physicians, dentists, certified nurse-midwives, certified family nurse practitioners, and physician assistants. Students agree to provide one year of service in the HPSA of greatest need to which they are assigned for each school year or partial school year of scholarship support received.

f. Expand the role of health care professions such as nurse practitioners and physician assistants in primary care. Consider expanding the authority of these professions to carry out various tasks that can now be performed only by physicians or other more scarce providers.

Comment: Under current law, the authority of various health care workers to prescribe medications, and perform other tasks is set forth in statute and administrative rules. These could be reviewed to determine whether the authority of any of these types of workers should be expanded. For example, Vermont is considering eliminating the requirement that advance practice nurses work in collaboration with a licensed physician.

The following health care professions that engage in direct patient care in the primary care setting are currently regulated in Wisconsin:

- Advanced practice nurse prescriber.
- Licensed midwife.
- Licensed practical nurse.
- Nurse-midwife.
- Physician.
- Physician assistant.
- Registered nurse.

g. Promote the use of community health workers throughout the health care system, including the Medicaid system. Develop a pilot program to demonstrate the efficacy of using these workers in the management of chronic diseases. Develop training and certification programs for these workers.

Comment: From 2004 through 2007, a comprehensive national study of the community health worker workforce was conducted under the auspices of HHS, Health Resources and Services Administration, Bureau of Health Professions. For purposes of that study, the following description of "community health worker" was used:

> Community health workers are lay members of communities who work either for pay or as volunteers in association with the local health care system in both urban and rural environments and usually share ethnicity, language, socioeconomic status and life experiences with the community members they serve. They have been identified by many titles such as community health advisors, lay health advocates, "promotores(as), "[1] outreach educators, community health representatives, peer health promoters, and peer health educators. CHWs offer interpretation and translation services, provide culturally appropriate health education and information, assist people in receiving the care they need, give informal counseling and guidance on health behaviors, advocate for individual and community health needs, and provide some direct services such as first aid and blood pressure screening.

h. Undertake efforts to recruit physicians from out-of-state, particularly former state residents.

F. WORKPLACE WELLNESS AND THE ELDERLY

1. Provide Tax Credits for Employer Wellness Programs That Include Health Risk Assessments and Follow-up Services

Background

Current law does not provide tax credits for employee wellness programs. Legislation to create an employee wellness tax credit was considered in the last legislative session. 2007 Assembly Bill 235 would have created a nonrefundable income and franchise tax credit for workplace wellness programs. The bill defined a workplace wellness program as a health or fitness program, defined by administrative rule by Commerce, which provides health risk assessments and the following programs or services:

- Smoking cessation.
- Weight management.
- Stress management.
- Worker injury prevention programs.

- Health screenings.

- Nutrition education.

A claimant could claim the credit, in each taxable year for three years, in an amount equal to 30% of the amount the claimant paid in the taxable year to provide a workplace wellness program to any of the claimant's employees who are employed in the state. The maximum amount of credits available in any taxable year was $2,500,000 for all claimants who employed 50 or fewer employees in the taxable year and $2,500,000 for all claimants who employed more than 50 employees in the taxable year.

The Department of Revenue estimated that all available tax credits under the program would be claimed and therefore enactment of the bill would result in a reduction in revenue of $5 million per year.

The bill was recommended for passage by the Assembly Committee on Small Business on a vote of Ayes 8; Noes, 0. The bill did not progress any further.

A copy of 2007 Assembly Bill 235, and the accompanying fiscal estimate, is enclosed with Memo No. 6.

Option

a. Provide tax credits for employee wellness programs. The legislation establishing the tax credit could specify elements of the program that would be required for the program to be eligible for the credit.

2. Direct WTCS to Provide Training for Health Risk Assessment Administration, Including Motivational Interviewing and Follow-up Coaching

Background

According to WTCS, the current educational curriculum for associate degree and licensed practical nurses includes instruction on the administration of health risk assessments. WTCS does not offer any stand alone training for this purpose.

Option

a. Direct WTCS to develop a short-term certificate in administration of health risk assessments.

Comment: WTCS could either charge students tuition and fees for this program, or provide training under contract with the employer for a fee.

The committee may wish to consider whether using a person other than a qualified health care provider to administer an assessment would be efficient if the outcomes of the assessment need to be reviewed by a professional such as an RN, nurse practitioner, or physician. This review may be necessary to ensure that the person being assessed can safely participate in suggested follow-up activities such as an exercise program and to ensure that suggested dietary changes are appropriate for

the individual. For example, certain dietary changes may not be appropriate for persons suffering from various chronic diseases.

The committee may wish to either provide funding to WTCS for the costs of developing the certificate program or encourage employers or health insurance companies that would benefit from increasing healthy lifestyles to sponsor the curriculum development process.

3. Develop Programs to Promote Healthy Aging

Background

The State of Wisconsin has several programs targeting the health care and other needs of older adults. The Bureau of Aging and Disability Resources, in the DHS Division of Long Term Care, coordinates many of these services and programs. The Bureau coordinates the Wisconsin Aging Network, and recently published a document entitled *Wisconsin Plan for Older People 2008-2009--Modernizing the Wisconsin Aging Network.* The Wisconsin Aging Network consists of the state Bureau of Aging and Disability Resources, six area agencies on aging , and 82 county and tribal aging units.

Through the SeniorCare Program, Wisconsin provides financial assistance with the costs of prescription drugs for Wisconsin residents who are 65 years of age or older and who meet eligibility requirements.

The DHS Fall Prevention Initiative is designed to reduce falls and fall-related complications and deaths among Wisconsin's older adults through the integration of community-based and medical prevention approaches. This program has been recognized by the CDC as an exemplary program serving older adults.

According to the CDC, chronic diseases exact a particularly heavy health and economic burden on older adults due to associated long-term illness, diminished quality of life, and greatly increased health care costs. The CDC recently released a report entitled *The State of Aging and Health in America 2007*. That report found that being physically active contributes substantially to healthy aging. Regular physical activity can help prevent or control many of the health problems such as high blood pressure, depression, obesity, and diabetes, that often reduce the quality and length of life for older adults.

The CDC report also found that strength training is of particular importance to older adults, as it can provide relief from arthritis pain, improve balance and reduce the risk of falling, strengthen bones, and reduce blood glucose levels.

The CDC report urges policymakers to encourage physical activity among older adults by making changes to the physical environment. The report states that because walking is the most commonly reported form of physical activity among older adults, enhancing community environments to support walking is a promising approach to increase physical activity among seniors.

According to the CDC, modifying a community's physical environment to ensure access to appropriate exercise venues and address barriers to walking may increase the physical activity of older adults. Specific measures include repairing sidewalks, ensuring sidewalk availability, and ensuring safety and protection from traffic by, for example, using traffic-calming devices.

Options

a. Require DHS to review its current long-term statewide plans and health promotion programs to determine if the needs of the aging and elderly are appropriately addressed. Require DHS to develop a plan, based on the review, to address needs of the aging and elderly, including healthy aging and disease prevention strategies.

b. Integrate strategies to promote disease prevention and wellness among older adults into other recommendations, as appropriate. For example, if the committee pursues recommendations pertaining to walkable communities, ensure that the special needs of older persons are addressed. As another example, if the committee recommends a program that certifies local healthy lifestyle initiatives, require local groups to specifically address the needs of older adults in order to become certified.

c. Establish and fund a program to provide wellness services such as prescribed physical therapy and weight training classes to older adults who meet financial need criteria.

d. As appropriate, require or provide incentives to encourage schools, shopping malls, fitness centers and other entities to make space and equipment available to older adults to provide safe environments for them to engage in physical activity.

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