

Testimony Presented to the Legislative Study Committee on  
Access to Health Care  
By: Shirin Cabraal, Managing Attorney  
Disability Rights Wisconsin  
October 22, 2010

Thank you, Representative Kessler and Senator Luther Olsen for allowing me this opportunity to speak. NOT!

I am a managing attorney at Disability Rights Wisconsin. DRW is the Protection and Advocacy agency for the State of Wisconsin, designated by the governor, and charged by federal and state law to protect and advocate for people with disabilities. This includes insuring that all people with disabilities have unfettered access to health care. I will speak today about the devastating impact that the lack of access to health care has had on people with disabilities in general and more particularly people who are poor and disabled in the Milwaukee area.

- This committee is charged with coming up with potential solutions to the shortage of health care providers, particularly in rural areas and inner cities, and the adequacy of funding for public health. The Special Committee is directed to study possible state assistance to underserved areas and an expansion of Wisconsin's capacity for training family practice physicians and nurses, and additional funding sources for public health.
- National studies have documented that people with disabilities experience significant health disparities & barriers to health care compared to people without disabilities.  
Report on Current Status of Health Care for People with Disabilities by National Council on Disabilities- September 2009.
- The statistics are startling:
  - Approx 22% of the population of the US is classified as disabled.
  - Three out of five people with serious mental illness die 25 years earlier than other individuals, from preventable, co-

occurring chronic diseases, such as asthma, diabetes, cancer, heart disease and cardiopulmonary conditions.

-27% of adults with major physical and sensory impairments are obese, compared with 19% among those without major impairments.

-Research shows that individuals with intellectual disabilities must contact 50 physicians before they can find one trained to treat them.

- The ADA has had limited impact on how health care is delivered for people with disabilities.

- Significant architectural accessibility barriers exist

- Health care professionals lack awareness about steps they can take to make health care accessible for people with disabilities.

- inaccessible entrances to doctors offices still exist, but not as common as it used to be.

- More common are things like exam rooms too small for people with wheelchairs and scooters to maneuver.

- examination beds are too high.

- Inaccessible medical equipment

- Lack of trained physicians, dentists, and other health professionals prevent individuals with disabilities from receiving the basic primary and preventive care others take for granted, such as getting weighed, preventative dental care, pelvic exams, x-rays, physical examinations, colonoscopies, and vision screenings

- Barriers for special groups of People with Disabilities:

1. People with Intellectual Disabilities

- Lack of providers with experience working with people with cognitive impairments. For instance, traditional methods of diagnosis, assessment and treatment, which depend on self reporting, need to be modified.

- Adults with intellectual disabilities are at risk for hearing and vision difficulties, cardiovascular disease,

obesity, seizures, mental health and behavioral problems, poor oral health, and poor general fitness.

- Young adults with intellectual disabilities often encounter significant problems when they attempt to make the transition from coordinated childhood medical care to adult services.

- Problems include primary care physicians who are not trained to provide needed care.

- insurance schemes that do not adequately compensate health care providers for the time required to provide care and care coordination.

2. People with Mental Illness

- Mental Health Parity legislation will greatly increase the demand for mental health services.

- But the hope and promise of this legislation will remain unfulfilled due to the severe shortage of Medicaid certified psychiatrists and other mental health professionals.

- Low reimbursement levels and budget cuts have resulted in the closure of a number of highly specialized out-patient clinics in the Milwaukee area that served a very high population with severe and persistent mental illness.

- There is substantial data to show that integrating primary care services into mental health programs is cost neutral, as increases in out-patient expenditures are offset by reduced in-patient and emergency room care.

- Heavy use of mental health crisis services in the Milwaukee area suggests a system in crisis. (12,000 people used the Milwaukee County Behavioral Health Division's psychiatric emergency room in 2009 and the projected use in 2010 is 14,000)

3. Women with Significant Disabilities

- Likely to have fewer pap tests and mammograms than women who do not have disabilities.

- Appear to have less knowledge and awareness of risk factors for cardiovascular disease.

-Participate in less preventive screening for this disease compared with women without disabilities.

4. People who are Deaf or Hard of Hearing
  - Many providers are unaware of the federal and state law requirements to provide sign language interpreters.
  - People who are deaf or experience significant problems hearing report they were three times as likely to report fair or poor health compared with those without hearing impairments.
  - They have difficulty communicating with primary care providers who don't want to pay interpreters or "bother" with a Telecommunication Device for the Deaf (TDD), much less other more sophisticated equipment.
5. Children with ADHD
  - Have difficulty getting examined by primary care providers untrained to treat them.
6. People with Significant Vision Loss
  - More likely to have heart disease and hypertension experience a greater prevalence of obesity.
  - Smoke more than the general population.
  - People who are blind often miss out on the prevention handouts and booklets given to patients by primary care providers.
  - Even providers report they have difficulty communicating with patients who are deaf or have severe visual impairments.
7. People with HIV/AIDS
  - often face the prejudice of providers who do not want to treat them.
  - Lack of primary care physicians and specialists with expertise in the most current developments in treating the disease.
  - denial by insurance companies of prior authorization for expensive medications and treatments.

The list goes on and on. This committee has a hugely important job to do. I appeal to you: **DO NOT FORGET THIS GROWING POPULATION - PEOPLE WITH DISABILITIES. THEY ARE YOUR CONSTITUENTS!**