

HEALTH & LONG-TERM CARE



Wisconsin Council of the
Blind & Visually Impaired

Over 109,000 Wisconsinites have a life-shaping visual impairment. This number is expected to double in the next 15 to 20 years. People with vision-related disabilities face significant barriers to health care access and are vulnerable to changes in both the Medicaid and private health insurance systems. Additionally, vision loss is itself a risk factor for a range of physical and mental health conditions, including diabetes, high blood pressure, arthritis, depression and anxiety, and individuals with vision loss are at a greater risk for falls.

Vision loss disproportionately affects women and people of color. Women comprise 59% of the older population of people with vision impairment. In Wisconsin, African Americans are more than three times as likely to report vision impairment as white residents.

BUDGET ITEMS

Address Access Issues within the Office for the Blind and Visually Impaired:

Increase funding to the Office of the Blind and Visually Impaired (OBVI) to enable them to hire enough qualified individuals to provide statewide services more comprehensively.

Establish a Tax Credit for Purchases of Access Technology and Other Adaptive Equipment:

Because it is not considered “durable medical equipment,” most adaptive equipment used by individuals with loss is not covered by insurance. As a result, they must pay for access technology devices and other adaptive equipment out of pocket. A tax credit would enable many people for whom these items are prohibitively expensive to purchase adaptive equipment that empowers them to live independently and with dignity.

Expand Access to Vision Services for Medicaid Members:

Expand the type of certified professionals who can bill Medicaid for vision services. Currently, Medicaid will pay for vision rehabilitation if the services are performed by a licensed occupational therapist (OT). Other highly qualified vision rehabilitation specialists, such as a certified low vision therapist, certified orientation and mobility specialist, certified vision rehabilitation specialist or certified access technology trainer cannot be reimbursed by Medicaid.

Establish a Vision Loss Navigator Program Housed within the DHS Aging and Disability Resource Centers:

These navigators would connect aging adults experiencing vision loss to vital vision rehabilitation services. They would build relationships with eye care professionals and gerontologists throughout the state for referrals, increasing the number of older adults who access vision rehabilitation services.

Establish a voluntary registry of babies and young children with significant vision loss to better connect families with vision-specific early intervention specialists:

Families of children diagnosed with a visual condition during an eye exam would have the opportunity to be entered into an electronic system. They will then be referred to an organization equipped to provide the support they need. The registry would also provide important data to inform policymakers of the level of need statewide for vision services.

Medicaid expansion

For years, Wisconsin has been leaving federal Medicaid dollars on the table by choosing not to accept Medicaid expansion. Expanding Medicaid would enable the state to provide coverage for thousands more individuals.

Behavioral Health Program

Provide \$1.9 million in the second year of the budget to establish a behavioral health treatment program for individuals who are deaf-blind, deaf or hard of hearing.