

## OPEN MEETING MINUTES

Name of Governmental Body: Governor's Task Force on Caregiving		Attending: Ted Behncke, Sen. Kathy Bernier, Stephanie Birmingham, Carol Bogda, Jane Bushnell, Todd Costello, Bill Crowley, Elsa Diaz Bautista, Jason Endres, Adien Igoni, Laverne Jaros, Rep. Deb Kolste, Jane Mahoney, Helen Marks Dicks, Irma Perez, Michael Pochowski, Lisa Pugh, Anne Rabin, Susan Rosa, John Sauer, Sen. Patty Schachtner, Lisa Schneider, Margie Steinhoff, Mo Thao-Lee, Rep. Chuck Wichgers	
Date: 5/14/2020	Time Started: 1:00 pm	Time Ended: 2:00 pm	Absent: Beth Swedeen, Delores Sallis, Michael Lauer Staff: Faith Russell, DHS; Lynn Gall, DHS; Andrew Evenson, DWD Public: Carrie Gartzke, TMG; Jolene Plautz, Erin Fabrizius, Janet Stockhausen, Sarah Barry, Lisa Davidson
Location: Video Conference: <a href="https://dhs.wi.zoom.us/j/96420744608?pwd=a1lZNXRKM5YnVnJdnJ4SEpYRHFkQT09">https://dhs.wi.zoom.us/j/96420744608?pwd=a1lZNXRKM5YnVnJdnJ4SEpYRHFkQT09</a>		Presiding Officer: Lisa Pugh and Todd Costello	

### Minutes

## GOVERNOR'S TASK FORCE ON CAREGIVING

May 14, 2020

- I. **Meeting was called to order at 1:00 p.m.**
- II. **Welcome** – Purpose of meeting is to discuss proposal to expand the definition of “Health Care Provider” and talk about what the work of the sub groups will be over the summer.

### **Overview: Proposed definition of “Health Care Provider”**

For purposes of COVID-19 related policies and response planning, recommend a definition of “health care provider” that includes home and community based service providers. Need a supermajority to move forward. A health care provider should provide all people who are providing direct cares to people and may not today have the protective equipment that they need to keep themselves and others safe.

“Some states are expanding their COVID-19 definition of “health care provider” to specifically include providers of home and community-based services (community health providers) for people with disabilities and older adults as part of the recognized essential workforce that is keeping vulnerable populations safe, while also risking their own health by providing essential personal cares that cannot be completed with social distancing. People with disabilities and older adults sometimes live and receive care in congregate settings such as group homes, community-based residential facilities or nursing homes, where COVID-19 spread and fatality rates have been disproportionately high. People with disabilities and older adults who receive care in their homes are also at risk when receiving personal cares. Ensuring that Wisconsin’s COVID-19 definition of

health care provider is inclusive will ensure that these community-based direct/personal care workers and their employers can access all appropriate benefits, flexibilities and protections.

Proposal: Wisconsin should, in all COVID-19 response planning and policies, adopt a definition of health care provider that includes any employee or any provider of support to people with I/DD, people with physical disabilities, older adults, individuals with mental health needs, including substance use, and who is providing direct care and support essential to activities of daily living and independence funded through any state or federal program, including Medicaid Home and Community-Based Services waivers.”

Other states: Illinois home care workers received notice that even if they are asymptomatic, showing documentation as a home care worker allows them to get tested.

Other disability groups and coalitions in Wisconsin have forwarded similar proposals.

### III. Discussion

**Question: Mo Thao-Lee:** Is this definition for going forward or just for the COVID-19 pandemic?

**Answer: Lisa Pugh:** Other states have done this for COVID-19 and our proposal says the same. It helps identify who gets prioritized for testing and personal protective equipment. (PPE)

**Question: Stephanie Birmingham:** How does this interact with the statewide safer at home that is no longer in force, and now with the responsibility being on the counties to decide how they are handling things? How is this helpful? Will counties adopt this?

**Answer: Lisa Pugh:** Any time the state helps to define a term, that helps counties to know how any authority or provisions that counties have been given should be used or distributed. As counties and communities are opening on different timelines, they could use this definition to delineate who should be prioritized for testing, at least initially.

**Question: Anne Rabin:** Is this wording strong enough to cover independent providers or those hired through self-direction or other categories? The definition also doesn't include paid family caregivers, which is a big part of this workforce.

**Answer: Lisa Pugh:** We are open to some amendments to add self-directed care programs and paid family caregivers.

**Question: Elsa:** Suggested inserting the language “including but not limited to” because groups are always at risk to forgetting someone when they start listing.

**Answer: Sen. Kathy Bernier:** Requested that her chat box comments be included which stated that she does not think that COVID 19 was part of the Task Force's charge. She suggested that a definition change request such as this be sent to DHS or come from

DHS to the Legislature instead of dealing with it here. She indicated that she intended to vote against the proposal.

**Question: Jane Bushnell:** Why wouldn't we want to use this definition beyond COVID 19? Wouldn't this be helpful to health care providers?

**Answer: Lisa Pugh:** Not sure of the implications. The thinking behind the proposal is that this definition and designation of these workers as essential health care providers puts them in the same group as those that provide acute care.

**Comment: Rep. Deb Kolste:** The lexicon of "essential workers" came about because of COVID-19, and how that is going to play out is not something we can forecast into the future.

**Question: Helen Marks Dicks:** What else has the Task Force done that is COVID-19 related?

**Answer: Lisa Pugh:** Task Force co-chairs sent a letter to the Governor sharing some concerns and questions early in the pandemic about how providers and family members were impacted. There were some recommendations in that letter that came to fruition. At that time, it was still not clear if this part of the caregiving workforce would be considered 'essential.' That was an attempt to contain the spread of the disease and keep people safe in their homes. Going forward, this definition would provide access to hazard pay and PPE, and be included to whatever supports allow them to do their jobs safely and successfully.

**Question: Jason Endres:** If we make these workers 'essential workers' by passing this on, are tests going to be free to workers? Most of these workers are not that rich. We need to make sure that these tests are paid for.

**Answer:** The Task Force was appointed to advise the Governor, so what members do here is not binding. However, we can include any information that we think is important for him to know. We can add that the Task Force thinks testing should be free for essential health care providers, but this proposal really is not focusing on payment.

**Question: Stephanie** Asked if the group could change the proposal to be a definition of 'essential worker' instead of definition of health care worker? What is the purpose of the definition? Just for PPE, or does it go beyond that?

**Comments:**

- **Lisa Pugh:** The definition, if adopted, could be used in a variety of ways as different sorts of providers are reopening. If included in this definition, they could be among the categories of workers who have access to daily COVID-19 testing. Families would be assured that when they come into a home, the workers are healthy that day. Health care workers are testing

positive at higher rates than the general public. It is being proactive to prevent the spread of the disease and reduce hospitalizations to know with some certainty that this workforce would be included for testing and available treatments.

- Laverne Jaros prefers to keep the words health care in there. The definition of essential workers is beginning to broaden beyond what people think are essential and those who need PPE more than other industries.
- Adien Igoni supports the health care worker designation because of implications related to the availability of and priority given for child care for this workforce. Question asked: Would this open-up providers to having to do something else? A tangential consequence from this designation? As a health care provider, would employers have to provide certain benefits or anything else?
- Additional requirements is not the intent of the proposal in front of Task Force members today.
- Sen. Kathy Bernier clarified that personal care workers are already designated as ‘essential workers.’
- Todd Costello: His agency’s workers are considered essential workers and is an essential business currently. The assumption is that those workers are treated the same as workers in health professions, but the reality is that priority was given to hospitals and other health care workers when supplies from the National Strategic Stockpile were distributed. In-home workers were placed 3<sup>rd</sup> behind hospitals and facility-based caregiving staff.
- Michael Pochowski: In CBRF’s, generally speaking, care staff are considered essential workers but is not known that this is officially defined in any way. He suggests the proposal contain the original ‘health care’ definition rather than changing to ‘essential worker.’
- **Question:** The question of COVID-19 and caregiving and the professional workforce and family workforce is a huge issue. This definition is one small sliver of it. Is there a reason we are taking on this one little sliver and aren’t diving into the other issues that are coming out of it? Or should we have an all-in or all-out policy? What do we achieve by doing this one sliver of policy?

**Answer:** The change in definition is low-hanging fruit. There is no real negative consequence to recommending it, and the caregiving workforce needs the same personal protective equipment so employees can safely do their work.

- **Lisa Schneider:** People are not giving access to respite providers because the workers don’t have needed PPE and testing. It’s the “but for” test, so they must be considered essential workers.

- **Mo Thao-Lee:** If the Task Force does not address issues related to the COVID-19 pandemic, there may come a time when a worker may not be able to get tested to do their job properly. In response to Sen. Bernier's comment that it is not the Task Force's mandate to work on COVID-19 related items, she thinks the Task Force is in the perfect position and is the perfect group of people to respond to, and recommend, something small or big related to this sector of the caregiving workforce, which is being greatly impacted by the epidemic. Everything that comes in about this disease is something that is put in front of her and her staff. She asked people to look beyond politics, to what is what is right and what is wrong, and what is going to benefit the community at large instead of nit-picking on a definition, or saying that this is not part of what we're supposed to be doing.
- **Todd Costello:** This definition is important to the recruitment and retention charge of the Task Force. One of the foremost questions from the home and community based workforce now is about safety: Will they be protected and safe? So testing, hazard pay and other benefits to this workforce are important to be under the same umbrella protection provided to other health care workers. It definitely impacts employers' ability to have an adequate workforce.

**Question: Stephanie:** What is the end point of using this definition? Will it end when mass testing is available to everyone, or once everyone is vaccinated?

**Answer:** This proposal does not address a timeframe. It is only a definition that would be part of any COVID-related policies developed. This Task Force is not interested in determining the time frame.

Laverne moved to approve the proposal as amended. Elsa seconded.

**IV. Vote on amended recommendation:** Task Force decisions require a super-majority of the membership (19 members) for approval.

- 21 members voted in favor of the proposal as amended
- No vote was recorded for two members at the meeting
- One member abstained
- Three members were absent for the entire meeting; one member was absent for the last part of the meeting, including when the vote was taken.

Yes	No Vote Recorded	Abstain	Absent
Ted Behncke	Carol Bogda	Helen Marks Dicks	Delores Sallis
Bill Crowley	Rep. Chuck Wichgers		Beth Swedeen
John Sauer			Michael Lauer

Mike Pochowski			Sen. Kathy Bernier (absent when the vote was taken)
Stephanie Birmingham			
Adien Igoni			
Lisa Pugh			
Todd Costello			
Jason Endres			
Laverne Jaros			
Elsa Diaz Bautista			
Rep. Deb Kolste			
Sen. Patti Schactner			
Mo Thao-Lee			
Margie Steinhoff			
Irma Perez			
Anne Rabin			
Lisa Schneider			
Jane Mahoney			
Susan Rosa			
Jane Bushnell			

**Next Step:** The approved proposal (attached) will be sent to the Governor with an explanation of the Task Force discussion and voting process used.

#### **V. Plan for May 28 Task Force meeting**

- Task Force will meet from 10 am to 3 pm. Goal is to determine if a supermajority of the task force is ready to support a package of recommendations to move forward.
- When members present proposals at the meeting, there should be consensus from the subgroup even if there is more work that needs to be done. Points that require further development should be identified for the May 28 presentation.
- Additional work can continue through the summer if needed.
- Each subgroup's members should be able to explain the recommendation and offer support, with one person designated to speak on behalf of the policy.
- DHS will send a template to submit proposals for May 28.

- The co-chairs will design a process to address concerns that may be holding a recommendation back from Phase I consideration. Those that cannot be reconciled will become a Phase II recommendation.
- The Task Force will talk about options for gathering public input on May 28.

## **VI. Public Comment**

- Janet Stockhausen: Thank you for the hard work you're doing. It's evident and appreciated.
- Jolene Plautz - Question re subgroup on registries and how can we join them? Represent home care workers on private duties.

Response: Caregiver Registry sub-group recommendations will be part of the final Task Force proposal and will be discussed during the May 28<sup>th</sup> full Task Force meeting. Also, look for material posted to the website at <https://gtfc.wisconsin.gov/>.

## **VII. Adjourned at 2 p.m.** Helen Marks Dicks moved. Stephanie Birmingham seconded.

Prepared by: Lynn Gall, DHS Office on Aging on 5/15/2020.

These minutes are in draft form. They will be presented for approval by the governmental body on: 5/28/2020