Wisconsin Aging Advocacy Network (WAAN) is a collaboration of organizations and individuals working with and for Wisconsin’s older adults to shape public policy and improve the quality of life for older people. WAAN advocates for all older adults by educating the community and policy makers on particular issues impacting older adults; mobilizing people on priority issues; and advocating for change.

Wisconsin Aging Advocacy Day
May 9, 2023 | Madison, WI
#WIAGAdvocacyDay2023 #WIAAD

Agenda
10:00 a.m. — 3:00 p.m

9:00 a.m.  Event Check-in: Best Western Premier Park Hotel 22 S. Carroll St., Madison, WI 53703
*Light morning refreshments will be available.

10:00 a.m.  Advocate training
• Welcome/Housekeeping
• Briefing on WAAN’s state priority issues
• Tips for effective communication with your state legislators
• Overview of materials
• Announcements

11:00 a.m.  Planning time with others from your Senate district

11:30 a.m.  Lunch and planning time with others from your Assembly district

12:15 p.m.  Walk to the State Capitol (across the street)

12:30 p.m.  Group photo at the State Capitol (MLK Entrance)

1:00 - 2:45 p.m.  Legislative Visits (Senate visits will be scheduled between 1 - 1:45 p.m. & Assembly Representatives between 2 - 2:45 p.m., if possible)

2:15 - 3:00 p.m.  Check-Out and Debriefing (State Capitol, North Hearing Room—2nd Floor, North wing)
• Turn in your Advocacy Day legislative feedback sheets (bright green) and AAD evaluations (yellow).
• Check out the resources and activities.
• Have a snack!
• Visit with other aging advocates from around the state.

Direct your questions to:
Janet Zander, GWAAR - janet.zander@gwaar.org or (608) 228-7253.
2023-2025 State Budget

The Wisconsin 2023-2025 Biennial Budget will significantly impact older adults and caregivers. The Wisconsin Aging Advocacy Network (WAAN) advocates for the following key investments which support older adults to improve their health and well-being, live with maximum independence and dignity, and reduce health and long-term care costs.

Our Requests:

1. **Aging & Disability Resource Centers (ADRCs)** - Increase funding to ADRCs by $32.4 million to equalize historical funding disparities and fully fund required contracted services for a growing customer base, and provide an additional $25 million to add critical services to all ADRC operations across the state.

The base allocation for ADRCs has not increased since 2006. Since then, the population of older adults and people with disabilities has grown, as has the number of recommended services included in the ADRCs state contract. In addition to population growth, a number of underfunded ADRCs do not have the resources to provide additional critical services/programs to their growing number of customers, including:

- Full funding of the Elder Benefit Specialist (EBS) program, which has not received a state funding increase in over 20 years [§ 46.81(2)]
- Expanding Caregiver Support and Programs
- Expanding Health Promotion Services
- Expanding Care Transition Services
- Full funding of Aging and Disability Resources in Tribes
- Full funding of Aging and Disability Resource Support Systems

Projections demonstrate a 64 percent increase in the number of Wisconsinites over sixty from 2010 to 2040.
2. **Caregiver Supports** - Increase funding for caregiver supports: paid and unpaid

   A. **Create a Wisconsin state tax credit for family caregivers** (up to $500) to ease the financial expenses of caregiving. A Wisconsin income tax credit reimburses family caregivers for expenses—like assistive technology, adult day services and other needed equipment and services purchased for their loved ones.

   B. **Increase Funding for Respite Service grants** so more family caregivers can have access to respite opportunities and assistance to help pay for respite services.

   C. **Create a Paid Family and Medical Leave program for Wisconsin** to ensure those with access to family leave can afford to use it. Paid leave is necessary for the long-term health, stability and prosperity of our society, as it allows workers to care for themselves and their families during critical moments in their lives. Paid leave supports workers and businesses.

   D. **Establish and fund minimum provider reimbursement rates for home and community-based services** (residential, supportive home care, and personal care) in the Family Care and Family Care Partnership programs to help agencies recruit dedicated and qualified workers, reduce turnover and be competitive in the market.

   Caring for Wisconsin family caregivers saves the state money, helps working caregivers remain in the workforce and provides the supports needed to help sustain them in their caregiving roles.

3. **Home-Delivered Meals** - Protect vulnerable older adults by increasing the state contribution to Home-Delivered Meal (HDM) Services from the current level of $396,000 to $5.95 million.

   Senior hunger and isolation are growing critical social issues effectively combated by Older Americans Act Senior Nutrition Programs. These programs need support and fiscal backing to maintain access to these crucial services for the growing aging population of Wisconsin.

   The program’s accessibility is currently under threat statewide due to stagnant funding **(no increase in funding since program implementation in the mid-80’s)**, a growing aging population accompanied by unprecedented levels of demand and increased expenses driven by inflation and a lack of resources.
4. **Transportation** -

A. **Increase the capital and operation assistance program funding for specialized transportation (s.85.22) by 20 percent ($192,000)** to assist with operations, replacement or acquisition of new transit vehicles and expand mobility management services needed to meet our needs as we age. Public transit and specialized transportation are critical infrastructure for the non-driving public, economic growth, and overall quality of life.

B. **Restore transit funding for Milwaukee and Madison to 2019-2021 levels, incorporate annual inflationary increases for mass transit assistance and specialized transportation assistance for counties and tribes (s.85.20, s.85.21, and s.85.215 respectively)** to ensure we can maintain our existing system, and create and fund a dedicated specialized transportation fund to support voting related transportation needs (DMV, clerk’s office, early voting locations, polling sites).

C. **Create a dedicated transportation funding source within the Family Care program for older adults and adults with disabilities.** Increasing targeted transportation funding for HCBS programs would ensure access to contracted transportation services for Manage Care Organizations (MCOs), improving MCOs capacity to supply participants (including those living in residential care facilities) with transportation services that meet their full needs as active and independent members of their communities.
WAAN's Position/Budget Request: Increase funding to Aging and Disability Resource Centers (ADRCs) by $32.4 million to equalize historical funding disparities, fully fund required contracted services for a growing customer base, and provide an additional $25 million to add critical services to all ADRC operations across the state.

Wisconsin’s Statewide network of ADRCs provide information about critical, cost saving services and programs related to aging or living with a disability. They serve individuals, family members, friends and professionals working with related issues. The state’s 46 ADRCs and seven tribal Aging and Disability Resource Specialists (ADRS) that work at an ADRC serve the fastest growing demographic of our state’s population.¹

ADRCs across the state receive different levels of funding based on when they began operations. This method of funding has led to foundational funding inequities among ADRCs.² In addition, the current funding formula does not consider health equity variables, changing demographics and rising expenses impacting operations. As a result, Wisconsin’s network of ADRCs includes underfunded operations unable to provide equitable levels of service.

Funding inequities among ADRCs contribute to an inconsistent approach to delivering required state-contracted services and the need to determine the amount of funding actually required to ensure every ADRC can provide all contractually-required services. In order to provide reliable, equitable and accurate funding to the state’s ADRCs, factoring in the costs of ensuring health equity and addressing population growth and rising expenses, an increased investment of $32.4 million is needed.

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¹ Projections demonstrate a 64 percent increase in the number of Wisconsinites over sixty from 2010 to 2040.

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WAAN State Issue Brief
October 2022
The base allocation for ADRCs has not increased since 2006. Since then, the population of older adults and people with disabilities has grown, as has the number of recommended services included in the ADRCs state contract. In addition to population growth, a number of underfunded ADRCs do not have the resources to provide these additional critical services/programs to their growing number of customers.

To fully fund statewide expansion of critical services/programs known to preserve personal resources and improve quality of life an additional $25 million is needed. These critical services/programs include:

- Full funding of the Elder Benefit Specialist (EBS) program. EBS funding has remained unchanged for over 20 years [§ 46.81(2)]
- Expanding Caregiver Support and Programs
- Expanding Health Promotion Services
- Expanding Care Transition Services
- Full funding of Aging and Disability Resources in Tribes
- Full funding of Aging and Disability Resource Support Systems

Fully funding ADRCs will deliver cost savings for individuals, families, and taxpayers. In 2021 ADRCs served 223,139 individual customers (a 71 percent increase over 2016).³ One in four ADRC customers reported they were able to stay in their homes instead of going to a nursing home or assisted living facility directly because of the ADRC, saving tens of thousands of dollars per year for more than 35,000 customers.⁴

Based on 2021 data, it is estimated that ADRCs prevent 61 hospital readmissions, and 101 emergency department (ED) visits per 1,000 customers served, for a 248 percent return on investment (ROI).⁵,⁶ Every dollar invested in Wisconsin ADRCs leads to a savings of $2.48 (actual ROI is even more significant as the 2021 calculations relied on 2017 hospital and ED visits costs which are now substantially higher).

With $32.4 million to address disparities and $25 million to provide critical services/programs, the state’s ADRCs can effectively serve the increasing number of Wisconsinites who need them.

3. ADRC statewide encounter data for CY2021 (as of May 4, 2022)
Caring for Wisconsin Family Caregivers

The key to remaining independent, engaged and connected

WAAN’s Position: Caring for Wisconsin family caregivers saves the state money, helps working caregivers remain in the workforce and provides the supports needed to help sustain them in their caregiving roles.

Budget Priorities

1. **Create a Wisconsin state tax credit** (up to $500) to ease the financial expenses of caregiving. A Wisconsin income tax credit reimburses family caregivers for expenses—like assistive technology, adult day services and other needed equipment and services purchased for their loved ones.

2. **Expand Wisconsin Family and Medical Leave Policies.** More Wisconsinites are filling the role of family caregiver and are struggling to maintain their outside employment. Many working caregivers are not covered by or able to access federal or state family and medical leave (FMLA) benefits including those who work for employers with fewer than 50 employees, workers caring for individuals outside their immediate family, and those who cannot afford to take unpaid leave. Expanding state leave polices to apply to employers with fewer than 50 employees and including grandparents, grandchildren, siblings and other extended family members or persons with close affinity relationship who are taking on increasing caregiving roles will save the state money, keep people working and provide the flexibility caregivers need to meet care responsibilities without fear of losing their job. Creating a paid family leave program would ensure those with access to family leave could afford to use it.

3. **Increase Funding for Respite Service grants so more family caregivers can have access to respite opportunities and assistance to help pay for respite services.**

Legislative Requests

1. **Keep flexibility in the Alzheimer’s Family and Caregiver Support Program (AFCSP).** The caregiver workforce shortage and growth in the aging population place increased demands on family caregivers. Waivers provided during the COVID-19 pandemic have allowed the AFCSP program to pay family members to provide respite care and lift the annual 112-hour cap on respite care. **It is essential to continue these practices beyond 2023.** Family caregivers are leaving the workforce or reducing their work hours to meet caregiving obligations. A family stipend for care is necessary for individuals to stay at home, in their community, for as long possible.
1. Update AFCSP—The program places a $4,000/year cap on payment for goods and services for each person with Alzheimer’s disease in the household or facility (s. 46.87 (6)(b)1.). This cap amount was set in 1985 and is very out of date. According to the CPI Inflation Calculator, the current amount if adjusted for inflation would be equivalent in purchasing power to about $11,000 today. The annual cap needs to be increased to at least $11,000 and include annual adjustments for inflation.

2. Pass the CARE Act—The Caregiver Advise, Record, Enable (CARE) Act includes provisions to keep family caregivers informed about discharge plans for the patient and ensures caregivers receive explanation and training (as needed) for medical tasks they will need to perform at home.

Approximately 80 percent of care at home is provided by unpaid caregivers who spend an average of 20 hours a week giving care. The majority (65 percent) of older adults with long-term care needs depend exclusively on family and friends, while nearly one-third (30 percent) supplement the care received from family with support provided by paid providers. Whether an older person can remain at home is often dependent on the availability of care provided by family and friends. Caregiving responsibilities include such tasks as grocery shopping, meal preparation, housekeeping, appointment scheduling and transportation, and often also include more intensive responsibilities like assisting with personal care (bathing, dressing, feeding), medication management and medical care (wound care, injections and other medical treatments).

There are nearly 600,000 family caregivers in Wisconsin providing an estimated 490 million hours of care valued at $6.9 billion annually. According to a recent AARP report, over 60 percent of caregivers indicated they were also working full or part-time. The Wisconsin Employer and Family Caregiver Survey (2021) indicates 8 in 10 caregivers reported having their work life interrupted and more than half of working caregivers indicated their current situation is unsustainable. Nearly half (47 percent) of caregivers reported they have reduced their work hours 24 percent) or are considering leaving the workforce (23 percent).

Individuals do not provide caregiving in isolation from the other roles and responsibilities in their lives. Family caregivers are also spouses/partners, parents, adult children, employees, community members and more. Each of these roles intersect with caregiving in different ways and at different times. According to recent AARP research, nearly 80 percent of people caring for an adult family member face regular out-of-pocket costs averaging annual spending of over $7,000 (an average of 26 percent of their income). Younger caregivers, those who are Hispanic/Latino or African American, and those caring for someone with Alzheimer’s disease/dementia or mental health issues shoulder the highest financial burdens. As caregiving responsibilities grow in number and complexity, costs associated with caregiving roles become increasingly harder to finance, and caregiving can overwhelm and undermine other dimensions of one’s life.

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AFCSP funding has helped to offset the cost of his participation in adult day services... Receiving no other financial assistance, every little bit helps toward easing the financial burden of his care.

— A Brown County caregiver who provides care for her husband living with dementia

Contact WAAN

Janet L. Zander, MPA, CSW
Advocacy & Public Policy Coordinator
Greater Wisconsin Agency on Aging Resources, Inc.
1414 MacArthur Rd., Ste A Madison, WI 53714
Office: (715) 677-6723
Cell: (608) 228-7253
janet.zander@gwaar.org

Find this document with complete references and other WAAN issue briefs at:
https://gwaar.org/waan-issues-and-initiatives
WAAN's Position: Senior hunger and isolation are growing critical social issues effectively combated by Older Americans Act Senior Nutrition Programs. These programs need support and fiscal backing to maintain access to these crucial services for the growing aging population of Wisconsin.

Budget Request

- Protect vulnerable older adults by increasing the state contribution to Home-Delivered Meal (HDM) Services from the current level of $396,000 to $5.95 million. This increase would enable HDM programs across the state to meet rising needs. This also provides state funding for HDM services equal to the state funding for congregate nutrition services. Over their 50-year history, both programs have demonstrated positive impact on the health and well-being of the growing senior population.

The Older Americans Act (OAA) HDM program has proven to be an effective way to address the growing crisis of hunger and isolation among seniors. The program's focus on nutritious food, social visits, safety checks and connection to other community services ensures that seniors receive the support they need to live more nourished and independent lives in their homes. The program saves taxpayer dollars by avoiding costly and preventable healthcare expenditures paid for through Medicaid, Medicare and/or personal resources. The state average cost to deliver a meal to a homebound senior is $11.93, comparatively the cost of one day in a nursing home is $286.00 and the cost of one day in the hospital is $2,558.00.

When surveyed about their satisfaction with the senior nutrition program, HDM recipients said:

- “Meals are delicious, more than enough, nice variety and very healthy. For all of us who can’t cook, thank you.”
- “Having someone check on me means a lot. The program helps me to stay in my apartment.”
- “I feel safe because my driver alerted police when I fell and waited until help arrived. There are some days when I have trouble moving around and it is hard to cook.”
The meals are healthy, well balanced. The volunteers are always kind-hearted and nice to talk to when they deliver.”

The HDM survey data for 2021 for Wisconsin (n=6,259), also indicates that for participants:

- Program meals make up half or more of their total daily food intake—69 percent
- Meal delivery provides:
  - Someone to talk to—47 percent
  - A sense of safety and security—45 percent
  - A link to get more support if needed—34 percent
  - Something to look forward to—66 percent

The HDM services provided by the Elderly Nutrition Programs support a vulnerable population of older adults. Many HDM participants live alone (62 percent), are homebound and express that at least some of the time they lack companionship (51 percent) and feel left out (42 percent) and isolated (44 percent). The ability to access these crucial services in a timely and consistent manner is key to the program’s successful intervention to support the health and independence of older adults. The program’s accessibility is currently under threat statewide due to stagnant funding (no increase in funding since program implementation in the mid-80’s), a growing aging population accompanied by unprecedented levels of demand, and increased expenses driven by inflation and a lack of resources. The COVID-19 pandemic exposed critical levels of unmet need across the senior population in Wisconsin. This is evidenced by the fact that collectively program allocations are being depleted at twice the rate of the annual budget revenues (some programs have spent the total year’s allocation at the six-month mark) coupled with an increase of over 200,000 meals (6 percent increase) served annually when compared to pre-pandemic operations.

The temporary operations flexibilities allowed during the public health emergency and the corresponding supplemental funding are currently propping up the operations of HDM services. Statewide, program leadership is preparing for widespread budget insufficiencies when these flexibilities and supplemental funding expire. According to the Wisconsin Association of Nutrition Directors, 82 percent of programs surveyed statewide anticipate a need to prioritize meal services, reduce meal services and/or institute waiting lists if funding remains stagnant. We urge the state legislature to protect this critical service for older adults by increasing the state contribution to the home delivered meals program.

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1. Based on the 2022 average home-delivered meal cost submitted by 76% of the meal programs in Wisconsin
3. 2021 WI Elder Nutrition Program Home Delivered Meal Satisfaction Survey
Repair and Rebuild the Long-Term Care Workforce
Support Aging in Place, Preserve Independence, and Save Money

WAAN’s Position: Repair and rebuild the long-term care workforce by increasing home and community-based provider rates; providing ongoing funding for initiatives designed to better recruit, support, and retain long-term care workers; expanding Wisconsin’s Family and Medical Leave program; and incentivizing earned income.

Overwhelmingly, older adults want to remain in their own homes. Studies have demonstrated aging in place can promote higher quality of life and self-esteem. The shortage of long-term care workers is resulting in a lack of needed services for older adults and people with disabilities who are dependent on others to meet their daily care needs. The number of people living at home who are older and/or disabled is increasing, yet many lack the services they need to do so safely. Family members have been stepping up to fill the care gaps left by unfilled shifts and waiting lists for services, but caregiver exhaustion and a lack of family members to fill all the gaps and meet all the care needs is putting many older adults and people with disabilities at risk of hospitalization and more expensive residential care. Additionally, the lack of long-term care workers providing home and community-based services has left older adults and people with disabilities stuck in hospitals and nursing homes long after they are ready to return home, as it can take months to find in-home care.

Budget Requests

1. Provide a 25 percent increase in the Family Care capitation rates, with a corresponding increase in IRIS rates to enable providers to establish competitive wages for the home and community-based long-term care workforce. Competitive wages are needed to repair and rebuild our long-term care system.
2. Establish and fund minimum provider reimbursement rates for home and community-based services (residential, supportive home care, and personal care) in the Family Care and Family Care Partnership programs.

3. Continue the 5 percent home and community-based services rate increases until the new minimum rate bands (see #2 above) are implemented.

4. Develop a reliable method to ensure the Include, Respect, I Self-Direct (IRIS) individual budget setting algorithm is revised to achieve comparable increases to those in Family Care.

5. Increase Medicaid Personal Care (MAPC) rates by 39 percent (from $23.44/hr to $32.63/hr) to cover the actual cost of providing services.

6. Provide funding to continue initiatives implemented with American Rescue Plan Act (ARPA) funding:
   - A tiered-rate career ladder for personal care and supportive home care workers that rewards professional advancement.
   - A statewide professional credentialing and continuing education system to expand career opportunities.
   - A statewide registry of direct care workers, so individuals who need care can search for qualified direct care professionals to meet their needs.

7. Expand Wisconsin Family and Medical Leave Policies. Many workers are not covered by or able to access federal or state family and medical leave (FMLA) benefits including those who work for employers with fewer than 50 employees, workers caring for individuals outside their immediate family, and those who cannot afford to take unpaid leave. Expanding state leave polices to apply to employers with fewer than 50 employees and including grandparents, grandchildren, siblings, and other extended family members or persons with close affinity relationship who are taking on increasing caregiving roles will save the state money, keep people working, and provide the flexibility workers need to meet care responsibilities without fear of losing their job. Creating a paid family leave program would ensure those with access to family leave could afford to use it.

8. Eliminate the fiscal cliff for FoodShare, Wisconsin Shares, and Wisconsin Works by creating an earned income disregard or providing transitional benefits as household income increases.

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**Reliable, Accessible and Affordable Transportation**
The key to remaining independent, engaged and connected

**WAAN’s Position:** Support increased funding for public and specialized transportation and support policies incentivizing coordination of transportation services, encouraging volunteer driving, and authorizing local units of government to raise revenue for transportation services.

**Budget Requests**

1. Increase the capital and operation assistance program funding for specialized transportation (s.85.22) by 20 percent ($192,000) to assist with operations, replacement or acquisition of new transit vehicles and expand mobility management services needed to meet our needs as we age. Public transit and specialized transportation are critical infrastructure for the non-driving public, economic growth, and overall quality of life.

2. Restore transit funding for Milwaukee and Madison to 2019-2021 levels, incorporate annual inflationary increases for mass transit assistance and specialized transportation assistance for counties and tribes (s.85.20, s.85.21, and s.85.215 respectively) to ensure we can maintain our existing system, and create and fund a dedicated specialized transportation fund to support voting related transportation needs (DMV, clerk’s office, early voting locations, polling sites).

3. Create a dedicated transportation funding source within Home and Community-Based Services (HCBS) Medicaid waiver programs for older adults and adults with disabilities. Increasing targeted transportation funding for HCBS programs would ensure access to contracted transportation services for Manage Care Organizations (MCOs), improving

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**Core Member Organizations**

- Aging and Disability Professionals Association of Wisconsin (ADPAW)
- Alzheimer’s Association Wisconsin Chapter
- Wisconsin Adult Day Services Association (WADSA)
- Wisconsin Association of Area Agencies on Aging (W4A)
- Wisconsin Association of Benefit Specialists (WABS)
- Wisconsin Association of Nutrition Directors (WAND)
- Wisconsin Association of Senior Centers (WASC)
- Wisconsin Institute for Healthy Aging (WIHA)
- Wisconsin Senior Advocates
- Wisconsin Senior Corps Association (WISCA)
- Wisconsin Tribal Aging Unit Association

The Wisconsin Aging Advocacy Network (WAAN) is a collaboration of organizations and individuals working with and for Wisconsin’s older adults to shape public policy and improve the quality of life for older people. WAAN advocates for all older adults by educating the community and policy makers on particular issues impacting older adults; mobilizing people on priority issues; and advocating for change.

**WAAN State Issue Brief**
November 2022
1. MCOs capacity to supply participants (including those living in residential care facilities) with transportation services that meet their full needs as active and independent members of their communities.

Legislative Requests

1. Create a state-level Transportation Coordination Council with representation from all state agencies operating, supporting, or using transportation services, as well as representatives from the aging, Veteran, provider, and disability communities. Coordination of transportation resources expands access and stretches needed resources. WAAN supports incentivizing coordination among state and local transportation systems, including the creation of a statutory Transportation Coordination Council.

2. Develop and pass legislation to modify state law to prohibit an insurer from increasing the rating, or denying, nonrenewing, or cancelling an insured solely for acting as a volunteer driver or for reimbursement of actual expenses, including mileage reimbursement. Volunteer driver programs are an effective use of private resources for the public good. Some volunteer drivers find it difficult to obtain liability insurance because they are transporting others or being reimbursed for travel related expenses. Some insurance agencies classify any mileage reimbursement as compensation as a for-profit Transportation Network Company.

3. Develop statutory authority allowing local units of government the ability to raise revenue for transportation service needs. Local units of government are in dire need of transportation funding to be able to provide sustainable public and specialized transportation. Statutory authority is needed to permit local units of governments, collaboratively, to raise sustainable funds to provide reliable, affordable, and accessible transportation options to all.

Transportation services support the health, well-being, financial security, independence, and community engagement of Wisconsinites who do not drive, as well as advances economic development, employment, and financial security for all Wisconsinites. Specialized transportation funding and coordination:
- supports family caregivers by enabling them to remain employed and reducing lost productivity.
- drives economic growth by increasing livability through infrastructure investment.
- keeps us healthy by providing access to preventive and routine healthcare.
- reduces household costs by providing alternatives to buying and maintaining a personal vehicle.
- promotes independence by increasing access to community resources.
- increases socialization by providing opportunities to engage in the community.
Tips for Visiting Your Legislators

What to do before the visit
- Look at the legislative folder(s) to verify the time and location of your legislative visits at the State Capitol.
- Use the morning Assembly and Senate district meetings to introduce yourself to other advocates in your group and determine who will cover each portion of the legislative visit – introduction, WAAN positions/requests, personal story, additional information/follow-up (if needed), and thank you. (Note: some legislative visits may have only one advocate while others will have a large group of advocates involved).

What to do during your visit
- Be on time and polite.
- Introduce yourself (identify yourself as a constituent).
- Thank the legislator and/or staff member for the meeting. Address your legislator with the proper title – Representative (Last name) or Senator (Last name).
- Stay focused.
- Present the WAAN legislative packet. Highlight the WAAN positions/requests.
- Share a personal story related to one of the WAAN priorities.
- Ask if there is any additional information or materials they require.
- Honor the time limit.

No matter how much (or how little) time you have for your visit, remember to include the
four essential components:
1. Who are you?
2. What is your issue?
3. Why is your issue important?
4. What do you want the elected official to do about it?

What to do after your visit
- Complete WAAN’s Legislative Feedback form and drop it in the box in the North Hearing Room.
- Notify WAAN of any immediate follow-up information requested during your meeting.
- Send a brief thank-you note as soon after your visit as possible. Remind your legislator of your concerns and mention that you look forward to seeing him/her act on the requests.
- Keep up the relationship! Keep track of your legislator’s actions on your issues. When he or she sponsors a piece of legislation you agree with, send a thank-you email. If you don’t see him/her acting on the issues you discussed during your meeting, make a follow-up call or write a note reminding him or her of the importance.
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Direct all Senate Correspondence to:
PO BOX 7882, MADISON, WI 53707-7882
Effective 4/4/2023
### Wisconsin State Assembly
#### Office and Phone Directory

Note: All phone numbers are in the 608 area code and preceded by numbers 26.

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Assembly Mailing Address: PO Box 8952 (Reps A-L) or PO Box 8953 (Reps M-Z), Madison, WI 53708
E-Mail Address: Rep.(insert last name)@legis.wisconsin.gov
How do I get to the group photo entrance?

Go out the front of the hotel onto S. Carroll St., then walk to your right along W. Main St. Turn left to the Capitol entrance at Martin Luther King Jr. Blvd.

How do I find my meeting room or legislator’s office?

Identify the office number for the visit. (Example 201 N)

The letter “N, S, E, or W will tell you which hallway the office or meeting room is in: North, South, East or West. From the center of the Capitol on the ground floor (which is the one you will enter the building on) you can find the hallway directions by looking at the white globe lights above the four main hallways – which will be marked north, south, east, and west.

The first number of the room is the floor.

Examples: Room 20 S is on the ground floor, south wing. Room 113 W is on the first floor in the west wing.
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