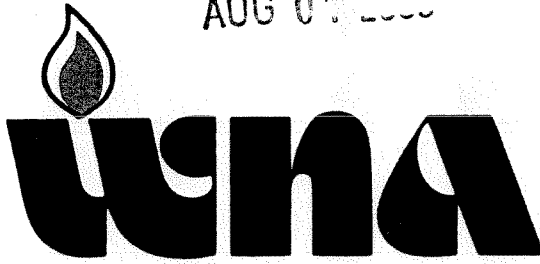


AUG 07 2000



Wisconsin Nurses Association

6117 Monona Drive
Madison, Wisconsin 53716-3995
(608) 221-0383
FAX (608) 221-2788

Senator Carol Roessler
State Capitol
P.O. Box 7882
Madison, WI 53707

Dear Senator Roessler:

The Wisconsin Nurses Association (WNA) respectfully requests your support of mental health parity by passing SB 71 and SB 72.

The WNA is the professional voice of registered nurses in the state of Wisconsin. WNA firmly believes that mental disorders are biologically based brain disorders that deserves full medical coverage as other brain disorders, such as stroke, head injuries/traumas or Parkinson's disease.

Mental illness affects people of all ages, races, religions, and socioeconomic levels. Typically they strike individual in the price of their lives, often during adolescence and young adulthood. Mental illness cannot be overcome by will power and are not related to a person's "character" or intelligence. Currently in the United States, 5-10 million adults and three to five percent of children ages 5 to 17 are affected with serious mental illness conditions.

SB 71 and SB 72 move closer to the ultimate goal of providing full medical coverage to persons that are affected with mental disorders. SB 71 requires that financial limits be based on actual payments rendered; payments for medications and diagnostic procedures would not be considered as part of the financial limits. SB 72 changes the minimum amount of coverage that must be provided for the treatment of nervous and mental disorders on the basis of the change in the consumer price index.

WNA supports mental health parity for the following reasons:

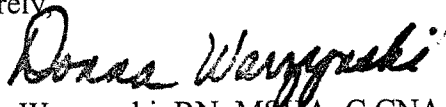
- 1). Mental health parity can increase access to mental health services thereby improve treatment outcomes for many individuals suffering from a mental illness. For example, the current success rate for treating schizophrenia is 60%, manic depression is 65%, and major depression is 80%

- 2). SB 71 and 72 offers tremendous opportunities to Wisconsin's employers. Benefits include increase worker performance, decreased worker absenteeism, and decrease worker turnover. The National Institute of Mental Health calculates that the effects of mental disorders, alcoholism and substance abuse exist in over 44.5 million Americans. Given these significant numbers of individuals, there is a direct impact on the production of quality goods and services
- 3). The impact of these mental conditions expands far beyond the workplace. These conditions not only affect the individual but our families and communities.

Everyday nurses see the negative effects of mental illness, alcoholism, and drug abuse on our patients and their loved ones. We see lives shattered; workplaces and school crisis emerge due to a lack of adequate mental health insurance coverage. Wisconsin needs to take the step to ensure that all patients who suffer from disorders originating from the brain have adequate and equal medical insurance coverage.

Please support mental health parity by supporting SB 71 and 72. It's good for patients and good for the state of Wisconsin.

Sincerely,



Donna Warzynski, RN, MSHA, C,CNA
President
Wisconsin Nurses Association

Coalition for Fairness

in Mental Health and Substance Abuse Insurance

*To achieve
mental health and substance abuse parity
in health insurance
in the state of Wisconsin.*

121 South Hancock Street, Madison WI 53703 • Phone 608-251-1450 • Fax 608-251-5480 • Email wispsych@execpc.com

THE \$7,000 CAP ON MENTAL HEALTH & SUBSTANCE ABUSE BENEFITS HAS NOT BEEN INCREASED SINCE THE LAW WAS ENACTED IN 1985.

The Coalition for Fairness in Mental Health and Substance Abuse Insurance includes more than 2 million Wisconsin citizens who belong to faith communities, AARP, labor unions, consumer groups, families, civic and professional organizations. The Coalition urges you to pass the compromise bills, SB 71 and SB 72. It's time to be fair!

Senate Bill 71

- SB 71 does not change current practice. The bill merely codifies into law practices that are already standard in the insurance industry.

Senate Bill 72

- SB 72 IS NOT A PARITY BILL. It is a major compromise. The bill merely calculates a long-overdue cost-of-living increase based on the federal consumer price index for health services.
- The Legislative Council Study Committee on Parity crafted SB 71 and SB 72. The Joint Legislative Council Committee endorsed the proposals as a bi-partisan compromise.
- Based on data from states with parity laws, the financial statement from the Office of the Commissioner of Insurance estimates that SB 72 would increase premiums only .15-.50 %. Since SB 72 is NOT parity, any actual increases would be considerably **BELOW** the OCI estimates!
- PricewaterhouseCoopers, LLP, has analyzed data from states that have mental health and substance abuse parity laws. Despite the dire predictions of opponents, to date the actuarial firm has found **NO** examples where parity has resulted in dramatic increases in cost. In addition, they have found **NO** examples where parity has resulted in any measurable increase in the number of uninsured.
- Most children and adolescents who need mental health/substance abuse services do not receive them. (National Advisory Mental Health Council Report, June 2000)
- An alarming number of children and adults with mental illness are in the criminal justice system inappropriately. (Mental Health: A Report of the Surgeon General)
- Families often must turn to counties and court ordered services so that their children will receive the services they need but cannot afford.
- When privately-insured individuals exhaust their benefits, they turn to the public sector for treatment, which increases costs to federal, state and local governments. Washington County analyzed its data and extrapolated the results statewide, resulting in an estimate of \$40 million of cost to the state due to persons who had private insurance.
- SB 72 would not become law until 2005. With our economy already on the upswing, there is no excuse for delaying implementation of this significant compromise proposal. It's time for workers in Wisconsin to receive at least a cost-of-living increase in their coverage.

We urge you to vote "YES" on SB 71 and SB 72.

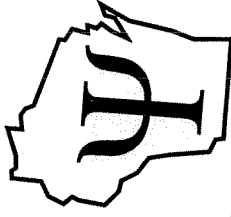
Co-Chairs

Catherine Beilman
NAMI-WI

Sarah Bowen
WI Psychological Assn.

Bill Stone
WI Assn for Alcohol & Other Drug Abuse

WISCONSIN PSYCHOLOGICAL ASSOCIATION
121 South Hancock Street • Madison, Wisconsin 53703



Sarah Bowen
Executive Director

Phone: 608-251-1450
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NAMI Wisconsin

Catherine A. Beilman
Chair, Legislative Committee
4510 Woods End Madison, WI 53711
Tel. & fax 608 238 2235
E-Mail rbeilman@midwestern.net
Chair



August 27, 2003

To: Members of the Senate Committee on Health, Children and Families
and Long-Term Care
Senator Carol Roessler, Chair

From: Linda A. Hall, Senior Health Policy Analyst

The Wisconsin Council on Children and Families urges you to support passage of Senate Bills 71 and 72, which would increase the mental health insurance coverage requirements. Passage of these bills will improve access to mental health services for insured families in your district and will begin to reduce fiscal pressures on public programs that fill the gap when people are denied access by private insurance.

The current mental health insurance coverage requirements provide a limited guarantee that individuals will be able to use their health insurance to access mental health services when they need them. Unfortunately, the requirements, initially intended to establish minimum coverage amounts, have become viewed as maximums. The \$7,000 statutory amount is not enough to cover outpatient therapy, medications and occasional hospitalizations. SB 71 and SB 72 through exclusion of diagnostic testing and prescription drug costs and indexing of the \$7,000 amount to reflect medical inflation would increase coverage of mental illnesses significantly. Although the new minimums would still not allow coverage of mental illnesses in amounts equal to coverage of other illnesses, it would allow more persons access to the care they require.

Full coverage of mental illness, without dollar limits, continues to be a policy goal that the Council believes is important because children need increased access to mental health care through their parents' health insurance. Statistics from Mental Health: A Report of the Surgeon General on children and mental health demonstrate the critical nature of the need:

- 1 in 5 children have a diagnosable mental, emotional, or behavioral disorder, yet 70% of all children do not receive mental health services;
- mental illness affects 1 in every 5 families in America;
- suicide is the leading cause of death of young people in Wisconsin ages 15-34 and 90-95% of those committing suicide have a diagnosable mental health or substance abuse disorder; and

Children also need their parents to have adequate access to mental health services. The Surgeon General's report documented that 28% of adults had a diagnosable mental or substance

abuse disorder yet less than one-third of them received treatment for their condition. Another study showed that up to 17% of adults experience major depression at some point in their life¹.

Depressed parents are less effective parents. Studies show that children of depressed mothers are at higher risk of suicidal thoughts and behaviors and at higher risk for medical problems and hospitalization. Mothers of abused and neglected children are much more likely to be depressed than are other mothers². Children of depressed parents are more likely to develop problem behaviors and, later in life, their own mental illnesses. While genetics undoubtedly plays some role in the development of mental illness in these children, several studies have shown that environmental factors -- including the parents' energy to parent -- have a significant effect on whether the children develop mental illness.³

When parents lack adequate mental health and substance abuse treatment, they are less productive at work, more likely to miss work and more likely to lose their jobs. If parents lose their jobs, children begin to experience all the negative effects of poverty. Numerous studies demonstrate that treatment for mental illness that includes psychotherapy and medication is very effective in improving the measurable effects that depression has on the body.

People who cannot access treatment through health insurance often turn to publicly funded programs. Again, according to the Surgeon General's report, private insurance spent 6% of its health care dollars on mental health care, whereas Medicaid spent 9% and state and local governments spent 18% on mental health care. Another study estimated that 20% of public mental health expenditures are for individuals who have had private health insurance.⁴ When private health insurance doesn't pay for care, government does. State and local governments pay through Medicaid, BadgerCare and Community Aids. Increasing access to services through private insurance would reduce reliance on these public programs.

The Council urges you to support SB 71 and SB 72 to reduce reliance on public programs and increase timely access for insured individuals to services for mental illnesses.

¹ Mental Health: A Report of the Surgeon General, 1999.

² Mental Health and Substance Abuse Parity Presentation by Keith Lang and Dan Zimmerman, Department of Health and Family Services, October 24, 2002.

³ Depression and Low-Income Women: Challenges for TANF and Welfare-to-Work Policies and Programs, National Center for Children and Poverty, March 2001.

⁴ Ibid



WISCONSIN

Memorandum

**TO: Members of the Senate Committee on Health, Children, Families,
Aging and Long-Term Care**

FROM: Bill G. Smith, State Director

DATE: July 22, 2003

**RE: Senate Bill 71
Senate Bill 72**

Regretfully, I am unable to appear before the Committee today to personally request that members vote against recommending for passage Senate Bill 71 and Senate Bill 72.

I know members of the Committee are deeply concerned over the dramatic increases in health insurance costs. Studies show the impact of health insurance costs is not only causing small business owners to adjust cost sharing, cancel coverages, and reduce coverage, but the high cost of health insurance is also having a serious negative impact on our state's economy.

While some will argue SB-71 and SB-72 will have minimal impact on the cost of health insurance, studies show a mere 1 percent increase in the cost of a health insurance plan equals a \$36 million increase in premium cost for Wisconsin's employers who purchase group health insurance.

Of course, because federal ERISA law preempts self-insured plans from state mandates, self-insured big businesses will not be affected by this legislation.

However, this legislation will impact smaller firms that are least able to afford the higher cost of health insurance if this legislation is approved.

If Committee members have questions about my testimony, or want to discuss this legislation with me, I welcome the opportunity.



WISCONSIN

**Statement Before The
Senate Committee on Health, Children,
Families, Aging and Long-Term Care**

By

**Bill G. Smith
State Director
National Federation of Independent Business
Wisconsin Chapter**

**Tuesday, July 22, 2003
Senate Bill 71
Senate Bill 72**

The reality of exorbitant premium increases, low profit margins, a struggling economy, and restricted cash flow, has caused thousands of small business owners to cancel their group insurance plans.

NFIB survey studies show a dramatic 13 percent increase in the number of Wisconsin small businesses that no longer offer any group insurance plan.

While government mandated coverages, such as those proposed by SB-71 and SB-72, are not entirely to blame for runaway health insurance costs, mandated benefits, collectively, do play a significant role in the cost of health insurance – as much as 15-30 percent, according to the Congressional Budget Office.

One member of the Legislative Council's Study Committee on Mental Health predicted SB-71 will increase premiums, primarily for small business, by millions of dollars, and noted "even a 1 percent increase puts many people at risk of losing coverage." While another member of the Study Committee stated flatly, "small business cannot afford the additional benefit."

Many mandated coverages may be desirable and necessary, and many employers have offered plans that include these coverages – even before there was a mandate by the government.

However, it is small business, not government, that must face the reality of cost and the reality of meeting the needs of their workforce. Rather than mandate benefits that increase costs, government should provide small business owners with the freedom to provide a benefits package appropriate to the needs of their workers.

Eighty-one per cent of our members, based on NFIB Survey Studies, believe small business owners should have the right to choose the benefits of their health plans, without government interfering by passing laws that mandate selected benefit levels, services, and providers.

Senate Bill 71 and Senate Bill 72 will further remove purchasing flexibility from the marketplace taking Wisconsin in the wrong direction – more uninsured, less insurance coverage, and higher insurance costs for thousands of small business owners.

The health needs of the highly diversified small business workforce will not be met if government continues to mandate benefits for their health plans, and interfering with how those plans are designed.

Therefore, it is on behalf of the small business owners and their employees – those who pay the premiums – I respectfully urge you to reject passage of Senate Bill 71 and Senate Bill 72.

Halbur, Jennifer

From: Asbjornson, Karen
Sent: Monday, March 01, 2004 3:16 PM
To: Halbur, Jennifer
Subject: FW: AFSCME on SB 72 and SB 71

SB 72

CR email

Karen Asbjornson
Office of Senator Carol Roessler
(608) 266-5300/1-888-736-8720
Karen.Asbjornson@legis.state.wi.us

-----Original Message-----

From: susan mcmurray [mailto:smcmurray@tds.net]
Sent: Monday, March 01, 2004 4:45 PM
To: sen.panzer@legis.state.wi.us
Cc: sen.roessler@legis.state.wi.us; sen.hansen@legis.state.wi.us; sen.erpenbach@legis.state.wi.us;
rep.vrakas@legis.state.wi.us
Subject: AFSCME on SB 72 and SB 71

Attached is a memo to Sen. Panzer regarding AFSCME's support for having SB 72 scheduled for action by the state Senate.

Thanks.

Susan McMurray
AFSCME lobbyist
836-6666



WISCONSIN OFFICE • 8033 Excelsior Drive, Suite A • Madison, Wisconsin 53717-1903 • Telephone 608/836-6666

Date: Monday, March 1, 2004

To: Senator Mary Panzer

From: Susan McMurray, AFSCME lobbyist

Re: Request to schedule SB 72, mental health parity bill

AFSCME supports SB 72 and strongly encourages you to schedule the bill for a vote in the state Senate this week or next.

As you know, SB 71 and SB 72 have been thoroughly studied and debated in previous sessions and through the non-partisan Legislative Council study committee process. We are pleased that SB 71 will be taken up by the Senate on Tuesday. However, we believe that achieving mental health parity is incomplete without action on SB 72 as well.

AFSCME believes it is time for Wisconsin to increase the minimum amount of coverage that must be provided in certain group insurance policies for mental illness and alcoholism or other drug abuse problems, based on changes in the consumer price index since the current standards were enacted. We urge you to schedule SB 72 for a vote in the Senate as soon as possible.

If there is any way you think AFSCME can be of assistance in building support for this legislation, please contact me at 836-6666.

Thank you for considering our views.

Cc: Sen. Carol Roessler
Sen. Jon Erpenbach
Sen. Dave Hansen
Rep. Dan Vrakas

Halbur, Jennifer

From: Asbjornson, Karen
Sent: Tuesday, March 02, 2004 2:52 PM
To: Halbur, Jennifer
Subject: FW: Urgent need to pass SB 72

SB 72

CR email

Karen Asbjornson
 Office of Senator Carol Roessler
 (608) 266-5300/1-888-736-8720
 Karen.Asbjornson@legis.state.wi.us

-----Original Message-----

From: awkane@sbcglobal.net [mailto:awkane@sbcglobal.net]
Sent: Tuesday, March 02, 2004 1:45 PM
To: sen.roessler@legis.state.wi.us
Subject: Urgent need to pass SB 72

Dear Senator Roessler,

This morning's Milwaukee Journal Sentinel had a front-page article on the mental health problems being experienced by soldiers returning from Afghanistan and Iraq. Some of these soldiers will get the help they need from the V.A., but many will not -- ESPECIALLY those who do not live near Milwaukee or Tomah. The few therapy sessions they can get under the present mandated benefits is completely inadequate to address Posttraumatic Stress Disorder or other serious problems -- but they COULD get the amount of help they need if SB 72 is enacted.

SB 72 also provides a partial solution to the problem with the high cost of health insurance, a solution that is already accessible and has a proven track record: good mental health care, particularly psychotherapy.

While there is no magic formula that will decrease illness and stress, reduce the cost of medical care and health insurance, increase productivity at work, and generally improve the quality of people's lives, there is something with a proven record of helping in all those areas: psychotherapy. Unfortunately, most people can't afford an adequate amount of psychotherapy, making major life changes difficult or impossible for them. As their stress levels increase, their productivity at work decreases, and their immune systems become less able to fight off disease, according to a large body of research.

According to "Mental Health: A Report of the Surgeon General" (1999), at any point in time 28% of the population has a diagnosable mental or substance abuse disorder, while only 8% receive mental health services. The other 20% continue to suffer and to be physically ill more often and to be less productive on the job. That untreated 20% bears some of the responsibility for the high, and rising, cost of medical care and medical insurance, as well as reduced productivity in their jobs.

Research indicates that psychotherapy, particularly cognitive therapy, is at least as effective for depression and anxiety disorders as is medication. In the short-term, there may be little or no cost savings because of the direct cost of treatment. In the long term, making psychotherapy readily accessible is very likely to significantly to reduce overall health care costs. It also gives the

03/02/2004

individual skills that can be used to address future problems in the individual's life, decreasing the impact of future sources of stress and improving the quality of life for the individual and his or her family.

A 2002 report by the Robert Wood Johnson Foundation cited a study that found that medical expenditures by people who also had mental health problems were four and a half times higher than for people who had no identifiable mental health problems. The cost for treatment for the mental health problems was included in the total medical cost amount.

In another study, a meta-analysis of 91 published research studies found that 90% reported a decrease in medical care utilization following some type of psychological services. Of 28 studies that reported cost data, 26 indicated that cost savings from reduced medical care utilization exceeded the cost of the psychological services received.

Sending employees to their primary care physicians does not provide a viable alternative. According to the New York Times of July 8, 2003, most primary care physicians do not recognize or diagnose depression or other psychological disorders. Physicians also seldom recommend psychotherapy (the treatment of choice) in cases they do recognize. When they prescribe medication, it is often in doses that are too low, and for too short a time. Relapse after short-term antidepressant utilization is relatively likely.

When the costs associated with lost productivity, sick leave, work-related accidents, and other indirect expenditures are added to the direct cost of medical care, the total cost of mental health problems in the workplace at least doubles. A study reported in the June 18, 2003 issue of the Journal of the American Medical Association indicates that workers with depression indicated nearly four times as many hours of lost productivity as did co-workers without depression. Extrapolating the results to all workers in the U.S.A. "suggests that U.S. workers with depression employed in the previous week cost employers an estimated \$44 billion per year in (lost productive time)... [not including] labor costs associated with short- and long-term disability." The President's New Freedom Commission on Mental Health reported in 2002 that the economy's loss of productivity from mental illness amounts to \$63 billion annually." A study by MetLife indicated that psychiatric claims were 7% of their short-term disability claims, but nearly double that percentage for white-collar employees. A survey by Employee Benefits Journal [2002] indicated that mental health problems were the second-ranked reason for loss of productivity, accounting for 29% of all loss of productivity. Dow Chemical Company is currently targeting "presenteeism," the situation in which the individual comes to work but is so distracted or dysfunctional that it impacts not only his or her work but the work of other employees as well.

Consumers Union (Consumer Reports) conducted the largest study ever done of mental health care, in 1995. They found that family physicians helped, but that people who saw a mental health professional for at least six months did far better; that psychotherapy alone worked as well as psychotherapy combined with medication; and that the longer people stayed in psychotherapy, on average, the more they improved. A similar "dose-response" result has been reported by more recent research as well [e.g., Clinical Psychology: Science and Practice, 2002; Journal of Consulting and Clinical Psychology, 1999]. Each of these conclusions calls into serious question the common practice of health maintenance organizations and other managed care entities of limiting initial access to mental health care and limiting the number of sessions of psychotherapy permitted. While these practices may have reduced the expenditure of health care dollars in a given year, the long-term impact is very likely to have been an increase in medical care expenditures (and in the cost of health insurance) because mental health problems were approached with a "Band-Aid" mentality rather than with an attempt to control the significant impact of mental health problems on medical care expenditures and health insurance costs.

The Consumers Union study also "found that people got better in three distinct ways, and that all three kinds of improvement increased with additional treatment. First, therapy eased the problems that brought people to treatment. Second, it helped them to function better, improving

their ability to relate well to others, to be productive at work, and to cope with everyday stress. And it enhanced what can be called 'personal growth.' People in therapy had more confidence and self-esteem, understood themselves better, and enjoyed life more."

Dozens of research reports annually indicate the impact of psychological problems on people's medical condition. In just the past two years, research reports have indicated that:

- people who indicate high levels of stress are more likely to experience a fatal stroke than are people who report little or no stress [Stroke, April 2003]
- stress is a significant risk factor for most kinds of cardiovascular disease [Behavioral Medicine, 2002; Harvard Mental Health Letter, April 2003]
- patients with a Posttraumatic Stress Disorder (PTSD) made 30% more visits for general medical care than did patients without this diagnosis [Psychosomatic Medicine, 2001]
- people who show evidence of significant anxiety, depression or hostility have a strong tendency to have compromised immune systems that make them more susceptible to medical problems associated with aging, cardiovascular disease, arthritis, and other medical disorders [Annual Review of Psychology, 2002]
- psychological factors play a significant role in delaying the healing of chronic wounds [Psychosomatic Medicine, 2001]
- psychotherapy markedly decreased the cost of treating irritable bowel syndrome (cost: \$976) compared with Paxil (cost: \$1,252) and treatment with neither psychotherapy nor an antidepressant (cost: \$1,663) [Gastroenterology, 2003]
- depressed but otherwise healthy postmenopausal women had double the risk of dying from heart disease, compared with postmenopausal women who were not depressed, during a four-year research study [Archives of Internal Medicine, 2004]
- of 11,615 individuals without diabetes who were studied for six years, the quarter who were most-depressed had an incidence rate for type-2 diabetes that was 63% higher than the quarter who were least depressed [Diabetes Care, 2004].

In short, stress, anxiety, depression, and other mental health problems have an adverse impact upon nearly every area of physical functioning, causing costs of medical care and health insurance to increase and markedly decreasing the productivity of workers at every level.

The personal, financial and productivity losses are particularly unfortunate when one considers that most mental health problems are highly treatable. The Consumers Union study, and a great deal of other research, demonstrates that psychotherapy works for most people. Research clearly indicates that incidence and prevalence of medical disorders decrease, costs for medical care are reduced, and workers have fewer sick days and are more productive when they are at work. Yet most managed care plans limit access to psychotherapy, generally permitting at most 20 sessions and making both the patient and the therapist fight for approval of every session needed if treatment is to be both successful and lasting. This policy hurts both the worker and the employer, the latter by saddling them with higher insurance premiums at the same time that managed care policies regarding psychotherapy cause increases in medical care and decreases in productivity.

An informed public policy requires that sufficient psychotherapy be available to permit individuals to achieve significant benefit, and to have that benefit be substantial in its duration. The Consumers Union and other research strongly indicates that, for the most part, the more psychotherapy one receives the better the effect for the individual and, by implication, for the family, the employer, and society. The optimal number of sessions appears to fall between six months and a year of weekly psychotherapy, approximately 25 to 50 sessions.

The data further indicate that, of all the actions that could be taken to impact the high cost of health insurance, the single most significant one may be ensuring that psychotherapy is available to everyone who needs it. Psychotherapy is an investment, not simply a cost.

The managed care industry cries a lot about their costs, but nearly every health care

insurance provider made very significant profits last year. The Wall Street Journal of January 16, 2004 reported that they are expected to average a 12-18% increase in income in 2004 according to J.P. Morgan. Nine of 15 health benefits companies analyzed were expected to report fourth-quarter earnings increases of at least 20%. Anthem, Inc. was expected to report a 23% increase. Aetna was expected to increase by 53%. Coventry Health Care was expected to increase its earnings 69%. Virtually all managed care/health insurance entities drastically limit coverage of mental health care, especially psychotherapy, which flies in the face of a massive body of evidence that people who get good mental health care have fewer physical problems. If these companies reversed these policies, the cost of health care would soon be going down, not up.

Parity for mental and physical health coverage is essential. Given the massive body of evidence that physical health is very strongly affected by mental health problems, it is at best short-sighted to fail to offer equal coverage for all health problems, physical and mental. The Congressional Budget Office estimated in 2001 that the cost of full parity would be less than a 1% increase in insurance premiums. A 1999 study by the Substance Abuse and Mental Health Services Administration indicated that businesses that brought mental health care benefits into parity with physical health benefits rarely experienced either a cost increase or a need to change other benefit provisions. President Bush says that he supports achieving parity for mental and physical health.

Please do all you can to ensure that good mental health benefits are available to everyone, so that runaway health insurance costs can be controlled and, before long, reduced.

Sincerely yours,

Andrew W. Kane, Ph.D.
Clinical, Consulting and Forensic Psychologist
2815 North Summit Avenue
Milwaukee, Wisconsin 53211-3439
(414) 964-6449
Fax: (414) 964-9814
awkane@sbcglobal.net

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SB72



AFSCME®

WISCONSIN OFFICE • 8033 Excelsior Drive, Suite A • Madison, Wisconsin 53717-1903 • Telephone 608/836-6666

Date: Monday, March 1, 2004

To: Senator Mary Panzer

From: Susan McMurray, AFSCME lobbyist

Re: Request to schedule SB 72, mental health parity bill

AFSCME supports SB 72 and strongly encourages you to schedule the bill for a vote in the state Senate this week or next.

As you know, SB 71 and SB 72 have been thoroughly studied and debated in previous sessions and through the non-partisan Legislative Council study committee process. We are pleased that SB 71 will be taken up by the Senate on Tuesday. However, we believe that achieving mental health parity is incomplete without action on SB 72 as well.

AFSCME believes it is time for Wisconsin to increase the minimum amount of coverage that must be provided in certain group insurance policies for mental illness and alcoholism or other drug abuse problems, based on changes in the consumer price index since the current standards were enacted. We urge you to schedule SB 72 for a vote in the Senate as soon as possible.

If there is any way you think AFSCME can be of assistance in building support for this legislation, please contact me at 836-6666.

Thank you for considering our views.

Cc: Sen. Carol Roessler
Sen. Jon Erpenbach
Sen. Dave Hansen
Rep. Dan Vrakas

Asbjornson, Karen

From: susan mcmurray [sasmcmurray@tds.net]
Sent: Monday, March 01, 2004 4:45 PM
To: sen.panzer@legis.state.wi.us
Cc: sen.roessler@legis.state.wi.us; sen.hansen@legis.state.wi.us; sen.erpenbach@legis.state.wi.us; rep.vrakas@legis.state.wi.us
Subject: AFSCME on SB 72 and SB 71

Attached is a memo to Sen. Panzer regarding AFSCME's support for having SB 72 scheduled for action by the state Senate.

Thanks.

Susan McMurray
AFSCME lobbyist
836-6666

Contact Detail

Willeford, Dave
1870 Imperial Rd
Oshkosh, WI 54904-6831

Home: (920) 589-2905

*SB
72*

Email: dave@hderksen.com

Contact Date: 11/03/2003

Contact Type: Mail

Summary: Opposed to SB 72

Issue:

Position:

Description:

Status: Done

Closed Date: 12/18/2003

Assigned: Halbur, Jennifer

Owner: Halbur, Jennifer

Note **Note Date:** 12/18/2003

Summary: JH called Dave

Contact Type:

Description: I called Dave because his brief letter indicates that there were attachments, however, none were there. When I called he said that he was not goingn to send them because he knows that CR knows where he stands on this issue.

Willeford, Dave