

Halbur, Jennifer

From: Asbjornson, Karen
Sent: Monday, October 20, 2003 12:27
To: Halbur, Jennifer
Subject: FW: SB 72 - Mental Health Mandate
CR email - not constit

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

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

From: Bernie Dahlin [mailto:bernie@nicholspaper.com]
Sent: Monday, October 20, 2003 11:54 AM
To: Senator Carol Roessler
Subject: SB 72 - Mental Health Mandate

Dear Senator Roessler:

SB 72 will raise health care costs:

According to Insurance Commissioner Gomez, SB 72 "will add approximately \$9.2 million to \$30.8 million per year to premium costs for group insurance consumers, borne mostly by small businesses."

SB 72 will jeopardize access to health care insurance:

Commissioner Gomez concludes, "...it is reasonable to assume that an increase in premium costs to small and medium-sized employers certainly will have a negative impact on the number of people insured in Wisconsin."

Health care costs are rising and hurt economic development:

Rising health care costs undermine the ability of Wisconsin companies to offer health care benefits and, significantly, impede their ability to create and retain good-paying jobs in Wisconsin.

Sincerely,

Bernie Dahlin
President
Nichols Paper Products Company
PO Box 137
Nichols, WI 54152

10/20/2003

Governor signing AB 2 Wednesday at 3pm

Waukesha- GE Medical System building



Wisconsin Manufacturers & Commerce

Wisconsin Manufacturers'
Association • 1911
Wisconsin Council
of Safety • 1923
Wisconsin State Chamber
of Commerce • 1929

James S. Haney
President

James A. Buchen
Vice President
Government Relations

James R. Morgan
Vice President
Education and Programs

Michael R. Shoys
Vice President
WMC Service Corp.

Joyce A. Behrend
Assistant Treasurer

To: Members of the Senate
From: R.J. Pirlot, Director of Legislative Relations
Date: October 22, 2003
Subject: **Opposition to Senate Bill 72**, relating to increasing the limits for insurance coverage of nervous or mental health disorders or alcoholism or other drug abuse problems.

SB 72 Will Raise Health Care Costs

SB 72 mandates all fully-insured employers to dramatically increase coverage limits under group health insurance policies for treatment of nervous and mental disorders and for alcohol and other drug abuse problems. This will lead to higher health care insurance costs and less access to health insurance coverage in the private sector. The hardest hit will be Wisconsin's small businesses and their employees.

In his report regarding SB 72 to the Legislature, State Commissioner of Insurance Jorge Gomez has concluded this new mandate will increase the cost of health care insurance in Wisconsin. Specifically, Commissioner Gomez concludes:

“The mandate will add approximately \$9.2 million to \$30.8 million per year to premium costs for group insurance consumers, *borne mostly by small businesses.*” [Emphasis added]

Rising health care costs are forcing Wisconsin employers to shift health care cost increases to their employees, reduce health care coverage, or both. SB 72 will make the problem worse.

SB 72 Will Jeopardize Access to Health Care Insurance

Moreover, Commissioner Gomez observes “[t]raditionally, as the number of benefit mandates increase the cost of coverage rises, and as costs rise, fewer and fewer individual and businesses can afford to insure.” Specifically, Commissioner Gomez concludes:

“... it is reasonable to assume that an increase in premium costs to small and medium-sized employers certainly will have a negative impact on the number of people insured in Wisconsin.”

Wisconsin businesses are already struggling to help pay for employee health care benefits. According to the U.S. Census Bureau, in 2002, 8.7% of Wisconsinites were without health care insurance. In 2001, that figure was 7.6%. Again, SB 72 will make the problem worse.

Health Care Costs Are Rising and Hurt Economic Development

Rising health care insurance costs are a major concern for businesses, big and small, as they strive to stay competitive. Rising health care costs undermine the ability of Wisconsin companies to offer health care benefits and, significantly, impede their ability to create and retain good-paying jobs in Wisconsin.

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Madison, WI 53703-2944
P.O. Box 352
Madison, WI 53701-0352
Phone: (608) 258-3400
Fax: (608) 258-3413
www.wmc.org



State of Wisconsin / OFFICE OF THE COMMISSIONER OF INSURANCE

Jim Doyle, Governor
Jorge Gomez, Commissioner

Wisconsin.gov

125 South Webster Street • P.O. Box 7873
Madison, Wisconsin 53707-7873
Phone: (608) 266-3585 • Fax: (608) 266-9935
E-Mail: information@oci.state.wi.us
Web Address: oci.wi.gov

July 8, 2003

Senator Mary Panzer
Senate Majority Leader
Room 211 South, State Capitol
P.O. Box 7882
Madison, WI 53707-7882

Representative John Gard
Speaker of the Assembly
Room 211 West, State Capitol
P.O. Box 8952
Madison, WI 53708

RE: Social and financial impact report – Senate Bill 72

Dear Senator Panzer and Representative Gard:

SB 72 increases the minimum dollar amounts that must be covered for inpatient, outpatient, transitional treatment related to mental health and AODA treatment in group health insurance plans and certain individual health benefit plans. As required in, s. 601.423, Wis. Stats., I am submitting a social and financial report on the proposed health insurance mandate.

Current Wisconsin Law

Wisconsin's current mental health mandated benefits law applies only to group health insurance policies. The services covered under current law are; inpatient services, outpatient services and transitional services.

There are certain minimum coverage amounts for each of the three previously mentioned services.

A group policy that provides coverage for inpatient hospital services must annually cover:

- At least expenses for the first 30 days as an inpatient in a hospital; or
- At least \$7,000 minus a co-payment of up to 10% or actuarially equivalent benefits measured in services rendered.
- At least \$3,000 minus a co-payment of up to 10% for transitional treatment or actuarially equivalent benefits measured in services rendered.

A group policy that provides coverage for outpatient services must annually cover:

- At least \$2,000 of services minus a co-payment for up to 10% or equivalent benefits measured in services rendered.
- At least \$3,000 minus a co-payment of up to 10% for transitional treatment or equivalent benefits measured in services rendered.

** However, total coverage for inpatient, outpatient, and transitional treatment services need not exceed \$7,000 or equivalent benefits per year.

Proposed Coverage Changes

SB 72 increases the minimum coverage amounts for inpatient, outpatient, and transitional treatment as well as the overall minimum coverage amount for a group health insurance policy.

More specifically, SB 72 would:

- a. Increase the minimum for inpatient treatment of nervous and mental disorders and alcohol and other drug abuse (NM/AODA) from \$7,000 annually to \$16,800 minus applicable cost sharing or \$15,100 with no cost sharing.
- b. Increase the minimum for outpatient treatment of NM/AODA from \$2,000 annually to \$3,100 minus applicable cost sharing or \$2,800 with no cost sharing.
- c. Increase the minimum for transitional treatment of NM/AODA from \$3,000 annually to \$4,600 minus applicable cost sharing or \$4,100 with no cost sharing.
- d. Increase the minimum for all treatment of NM/AODA from \$7,000 annually to \$16,800 minus applicable cost sharing or \$15,100 with no cost sharing.
- e. Require the Department of Health and Family Services to annually report the change in the coverage limits necessary to conform to the change in the federal consumer price index for medical costs.

Impact of Mandates

Wisconsin has long benefited from a healthy and competitive insurance market. The state currently has the lowest uninsured rate in the country, according to the U.S. Census Bureau. Increasing the amount of mandated coverage for NM/AODA could have an adverse effect on our current health insurance market. Traditionally, as the number of benefit mandates increase the cost of coverage rises, and as costs rise, fewer and fewer individuals and businesses can afford to insure.

It is difficult to project the actual impact of any mandate because of the factors involved. The structure of a benefit will affect, either positively or negatively, the level of consumer demand or utilization of service. For example, a limited benefit may lead consumers to decide not to seek treatment that is not vitally necessary. On the other hand, an overly generous benefit could lead to over utilization for a specific treatment simply because payment is available. Taking these two factors into account, OCI's survey and analysis projects the following impacts of this mandate.

- **The mandate will add approximately \$9.2 to \$30.8 million per year to premium costs for group health insurance consumers, borne mostly by small businesses.**

- Individuals who remain covered under group policies will have an increased access to care for certain treatments as specified.
- The increase in costs could increase the disparity between insured plans and non-state regulated self-insured plans, decreasing the effectiveness and protections afforded by state regulation.

Social Impact Factors

Fully insured group health insurance products cover approximately 2.5 million state residents. This mandate will expand coverage for those individuals. However, individuals who are members of groups whose benefit plans are self-funded are exempt from state regulation by the Employee Retirement and Income Security Act of 1974 (ERISA) and will not be affected by the mandates.

Because self-funded plans do not have to offer state-mandated benefits, this option offers self-funded plans the opportunity to save as much as 10% to 15% on premium costs, or choose which benefits to offer. Anytime mandates are added to insurance products, it will increase the propensity of employer groups to switch to self-funding.

Self-funding of health benefits has historically been used mostly by larger employers, however; over the last decade, the number of medium employers shifting from fully insured to self-funded products has increased. Larger employers are able to spread these costs over a larger base when self-funding and typically do not experience the same impact.

Increasing the disparity between insured and self-funded plans costs could increase the incidence of such switching. The potential of this occurring through mandated mental health treatment is very possible.

According to testimony before the 2002 Study Committee on Mental Health Parity, as many as 1.2 million Wisconsin residents are diagnosed with either a mental disorder or a substance abuse problem which is roughly 22% of the population of the state. The number of these residents with group health insurance coverage that would be covered under SB 72 is unknown at this time.

There is no risk of employers dropping MH/A ODA coverage under SB 72 and since the mandate itself is not new, there would be no effect on the number of people who would be eligible nor would there be any effect on availability of coverage without the mandate. However, with the increase in health care costs being experienced by employers in Wisconsin during the previous years and the movement toward more consumer directed types of health care benefits being offered by employers, more of these increases will be shifted to the employees, possibly making the coverage unaffordable (even though it is available) for the employee.

Financial Impact Factors

In estimating the costs of the coverage proposed in SB 72, OCI reviewed data from states that have implemented parity legislation and the results of state employee health plans that have instituted mental health parity for state employees. This information was contained in reports compiled by PriceWaterhouseCoopers, LLP and the University of South Florida. Additionally, Data from the OCI 2001 Study of Certain Mandated Benefits in Insurance Policies and the

testimony of Roland Sturm PhD, Senior Economist from RAND Health, to the Health Insurance Committee, National Conference of Insurance Legislators were used in preparing this statement.

- **.15% to .50%, or \$9.2 to \$30.8 million, increase in insurance premiums resulting from the modifications to existing mental health requirements.**

The above mentioned increase is based on the following assumptions:

- OCI's Survey of Certain Mandated Benefits in Insurance Policies collected data from insurers regarding the level of benefits paid in excess of the mandated benefits for MH/AODA. Eight of the insurers surveyed indicated that they paid out MH/AODA benefits in excess of the mandate. These insurers indicated that the additional cost of those benefits ranged from .01% to .47% of total benefits paid under their group health plan. The insurers did not indicate if the benefit levels were the cost of full parity or of a benefit level less than full but more than the mandate requires. SB 72 does not require full parity. Premium data used in the calculation was obtained from the 2001 Wisconsin Insurance report which indicated that group health insurers \$6.1 billion in premiums for that year.
- Several insurers indicated that they did not include prescription drug costs in the calculation of the minimum coverage amounts as a matter of policy. It is not determinable at this time if those insurers may choose to begin including those costs against the limits once they are raised to the levels described in SB 72.
- The states listed in the studies showed per member/per month premium costs increased from a low of \$.06 in Maryland and California to \$.33 per member/per month in Rhode Island. Other states list percentage increases rather than per member/per month costs. For those states the percentage changes in premium costs vary from .08 percent in Maine to 3% in Vermont and Connecticut.
- Other states such as Colorado, North Carolina and the Texas State Employee health plan experienced declines in premium costs related to mental health parity. Also, individual insurers in Maryland, Minnesota and New Hampshire also experienced declines in premium costs related to mental health parity.
- These studies and others have established a link between the level of managed care market penetration and the level of increases in premium costs for mental health and substance abuse (MHSA). In the examples above, states that have high levels of managed care market penetration experienced low levels of premium increases, or even premium decreases, due to MHSA. In states where there was less managed care market penetration, premium increases were greater. Also, other factors, such as minimal or inadequate regulation of MHSA in the examples of Vermont and Connecticut also contributed to higher premium increases. Wisconsin has substantial market penetration by managed care insurance plans. Nearly 70% of employees and their dependants are enrolled in managed care plans in 2001.
- The Ohio State Employee Health Insurance Program established full parity benefits in 1991. After 10 years, the program has not experienced a significant growth in MH/AODA costs and the level of benefits has stayed constant. The Ohio employee program is significant in its reliance on managed care.

- Characteristics of managed care for MHA include declines in average inpatient stays, decreased outpatient visits and decreases in costs for both inpatient and outpatient visits. This trend is evident in a survey of Wisconsin insurers that was compiled by OCI in January 2001. That survey showed decreases in outpatient utilization of .2% and decreases in costs per service of 9.2%. Together these factors contributed to a -1.3% effect on overall insurance premiums for the period surveyed. Increases in other elements, however, outweighed the decline in MHA and no actual decrease in health insurance premiums was experienced. These characteristics were also evident in Maryland and Minnesota. Both states implemented parity laws in 1995 and experienced neither large cost explosions or flight of employers to ERISA sponsored plans. Cost increases in both states averaged 1-2%.
- Most estimates of mandating full parity in mental health coverage as defined in S. 543, the Paul Wellstone Mental Health Parity Act range from .9% (CBO) to 1% (PricewaterhouseCoopers).

SB 72 requires the Department of Health and Family Services to annually adjust the minimum limits to increase with the change in the federal consumer price index for medical costs. For 2002 the CPI-Medical increased 4.69%. This would increase the minimum coverage amount for all services by \$787.92 and increase the minimum amount to over \$17,500 in the second year of the mandate should the CPI-Medical trend continue. The CPI Medical has a five and ten year average increase of just over 4% annually. An attachment showing monthly changes to the CPI medical is included for your information.

Impact on the Uninsured

According to Congressional Budget Office estimates - for every 1% increase in premiums, approximately 200,000 persons nationally could become uninsured. While it would be difficult to predict the number of persons affected, it is reasonable to assume that an increase in premium costs to small and medium-sized employers certainly will have a negative impact on the number of people insured in Wisconsin.

Please contact Eileen Mallow at 266-7843 or Jim Guidry at 264-6239 if you have any questions regarding this report.

Sincerely,

Jorge Gomez
Commissioner

Halbur, Jennifer

SB 12

From: Seaquist, Sara
Sent: Tuesday, October 14, 2003 12:47
To: Halbur, Jennifer
Subject: FW: Mental Health Mandates
CR email...

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

From: Amy Engebretson [mailto:aengebretson@hni.com]
Sent: Tuesday, October 14, 2003 10:51 AM
To: Senator Carol Roessler
Subject: Mental Health Mandates

Dear Senator Roessler:

Think about what you are doing! Health Care costs are already so high that employers are finding it impossible for maintain any type of benefits for their employees, do you realize what this will do, increase cost even more. We need to fix the health care problem not keep adding to it. Start taking away some of the mandated health benefits don't add to them, make people more responsible about their lives and the decisions they make in todays world, making it easier it not the answer the world will never turn around if we don't continue to educate people in the decisions they make about health care, depression, etc etc.. this will only give people the excuse that it will be ok because they have to cover me! Reconsider your decision on all three additonal mandates for health care that are on the table and stop giving more start taking away!!!

Sincerely,

Amy Engebretson
Account Manager
HNI Risk Services
16805 W Cleveland Ave
New Berlin , WI 53151

10/17/2003

Halbur, Jennifer

From: Kurtz, Hunter
Sent: Wednesday, October 15, 2003 10:00 AM
To: Halbur, Jennifer; Halbur, Jennifer
Subject: New Forward Contact Ownership and Assignment

Constituent: Beverly Gudex (4569)
340 Linden St
Fond Du Lac, WI 54935-4958

Home: 920-924-5852

Email: bevgudex@charter.net

Owner: Halbur, Jennifer
Assigned: Halbur, Jennifer
Summary: SB186

Issue:
Position:
Status: Pending
Contact Type: E-mail
Description: I printed this to give to CR for TU File
RHK

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

From: bev gudex [mailto:bevgudex@charter.net]
Sent: Tuesday, October 14, 2003 3:59 PM
To: Carol Roessler (Se.Roessler@legis.state.wi.us)
Subject: 2 Items

Good Morning Carol!

Hey, just wanted you to know we don't always disagree. I wish to thank you for your support on SB 71 & SB 72. Folks with mental illness appreciate your foresight.

I hope you are as progressive on SB186. I can't believe WI would want to turn down federal dollars for birth control. Sex has been around since the beginning of mankind and I think it is here to stay. As an elderly RN client of mine used to fondly and loudly say "Sex is a one of the strongest instincts mankind has!" Is there a time and place for sex - sure, but I would much rather have birth control available than pay for abortions and unwanted pregnancies. The sexism of not providing access and payment for birth control blows me away.

Have a great day and I await my white chili bean mix!

Bev Gudex

340 Linden St.

Fond du Lac, 54935

920-924-5852



**Mental Health Association
in Milwaukee County**

Enhancing mental health in our community
Madison Office

Shel Gross

Director of Public Policy

133 South Butler Street
Lower Level
Madison, WI 53703

Tel: (608) 250-4368

Fax: (608) 442-7907

Email: shelgross@tds.net

www.mhamilw.org

DIS file
SB 72

NAMI Wisconsin

Catherine A. Beilman
Chair, Legislative Committee

4510 Woods End Madison, WI 53711

Tel. & fax 608 238 2235

E-Mail rbeilman@midplains.net

SEP 25 2003

File SB 72

Carol
FYI
SB 72
(Mental Health)
-Jennifer

INSIGHT

Volume 25, Number 6

September 2003

Inside This Issue . . .

- WC Rate Increase Recommended Business Day in Madison 2004
- Wisconsin Economic Summit IV - October 27-28, 2003
- WI Manufacturers Report \$133 Million Impact
- CHMM Credential Gaining Wider Recognition
- Plan to Attend the First Annual Healthcare Quality Summit - October 21, 2003
- Welcome New WMC Members

On The Back . . .

- Product Liability Reforms Introduced

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To order the 2003-04 edition, contact Janie Ritter at WMC, 608/258-3400.



Health Care Costs Still On the Rise

R. J. Pirlot, Director, Legislative Relations

Wisconsin Manufacturers and Commerce recognizes that rising health care insurance costs are a major concern for Wisconsin businesses, big and small, as they strive to stay competitive, whether doing business regionally, nationally or globally. Rising health care insurance costs are taking an ever-increasing bite out of employer revenues and employee paychecks, sapping economic development and job creation. In a recent member survey, 50 percent of WMC members saw health care insurance premiums increase over 20 percent and 8 percent saw health care insurance premiums increase over 40 percent. When asked how they will respond to increased health care insurance premiums, 65 percent said they will increase employer contributions and 28 percent said they will cut benefits.

Employers bearing an increasing burden of skyrocketing health care insurance costs is not the solution, nor is simply passing those costs along to employees. The average private sector employee is already paying 20 percent of his or her health care premium. Unfortunately, the state legislature is awash in proposals to create new mandates which would further drive up health care costs for Wisconsin businesses and workers. Now is not the time to pile on additional government health care insurance mandates which would lead to higher health care costs and decreased access to the health care system for Wisconsin workers.

New State Mandates Would Exacerbate Costs

These legislative proposals to enact new insurance mandates on Wisconsin employers are moving in the state legislature. Senate Bill 72, a slimmed-down form of "mental health parity," as well as two Assembly bills which would require expanded health care insurance coverage for drugs prescribed to treat diabetes and cancer, respectively, have received hearings and, in the case of Senate Bill 72, a committee vote.

Government health care insurance mandates inevitably lead to higher health care insurance costs and jeopardize employee access to affordable health care. A basic rule of economics is the more expensive a product, the fewer people who can afford it. Health care insurance is no different. As such, WMC aggressively opposes imposition of new government health care insurance mandates on Wisconsin businesses.

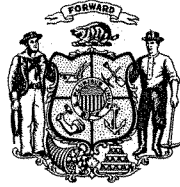
"WMC aggressively opposes imposition of new government health care insurance mandates on Wisconsin businesses."

Rather than inflict new health insurance mandates on Wisconsin's fragile manufacturing economy, WMC proposes allowing fully insured (non-self funded) employers to pick which of the currently mandated health care insurance benefits they will provide and for which they and their employees will pay. By allowing Wisconsin businesses the flexibility to choose which health care insurance benefits they will help purchase for their employees, health care insurance would be more affordable and more accessible.

Rising health care costs are hurting Wisconsin businesses and their employees and are costing the state good-paying jobs. Now is not the time to further drive up costs by enacting new state health care insurance mandates. Contact your legislators today, and tell them "enough is enough," new insurance mandates will undermine your efforts to create and retain good-paying jobs here in Wisconsin.



*CK
Saw on
10/3



Carol Roessler
STATE SENATOR

September 24, 2003

Mark Duwe
PO Box 3446
Oshkosh, WI 54903-3446

Dear Mark,

Thank you for your recent contact on **Senate Bill 72**, relating to increasing the limits for insurance coverage of nervous or mental health disorders or alcoholism or other drug abuse problems.

I do support Senate Bill 72 and believe that mental health should be treated on the same level as a person's physical health. Mental illness is serious. Individuals suffering from mental illness should be afforded medical coverage that sufficiently meets their needs. The coverage requirements currently set forth in statute were intended to establish minimum coverage amounts, however, they have been viewed as maximums.

Senate Bill 72 increases the required coverage amounts on the basis of the change in the consumer price index for medical services since the coverage amounts were enacted. I view this as fair and not exorbitant. Coverage for inpatient services has not been increased since 1985 and outpatient since 1992. The current level of coverage required has not kept pace with the cost to provide mental health services.

Ensuring that individuals suffering from mental illness get the treatment they need is a positive for the economy.

- A National Institute of Mental Health sponsored study revealed that mental and addictive disorders cost \$300 billion annually: productivity losses of \$150 billion, health care costs of \$70 billion, and other costs (such as criminal justice) of \$80 billion. The MIT Sloan School of Management found in 1995 that clinical depression costs American businesses \$28.8 billion a year in lost productivity and absenteeism.
- Businesses that provide insurance coverage of mental illnesses have found an unexpected benefit in reduced sick leave for physical ailments. Increased productivity and fewer sick days have resulted in a net positive for these businesses.

Duwe, Mark

Senate Bill 72 passed the Senate Health Committee 5-4 on September 4, 2003. The bill will need to be referred to the Joint Committee on Finance for review and action.

I do very much understand your concerns relating to the skyrocketing cost of health care. I recognize the severity of this issue and the negative affects it is having on businesses, small ones in particular. As you well know, the increase in health care costs is a comprehensive problem that needs to be addressed on many fronts. An aging population, increased use of technology, insufficient Medicare reimbursement for services, duplication of services provided (hospital construction), lack of consumer choice and provider accountability, etc. are all factors contributing to the cost of health care.

While there is no silver bullet solution to this problem, my colleagues and I are proactively exploring options to help alleviate some of the cost burden. For example, I am currently working with a work group representing businesses, hospitals, and health plans. This group will have an initiative ready in at most two months to address some of the issues surrounding health care costs. In short, we are hoping to help improve accountability and competition among service providers as well as increase consumer choice.

Also for your information, Senate Bill 204 was recently introduced. This bill is an effort to help businesses better afford quality health care. This bill authorizes a health benefit purchasing cooperative pilot project. The overriding goals are to stabilize insurance rates, improve health care delivery in rural Wisconsin and, most importantly, provide affordable, quality health care coverage to farmers and other small employers who have little or nor access to health insurance. This bill is similar to recently enacted legislation in Minnesota. I have included a copy of SB 204 for your review.

I encourage you to bring any suggestions forward that you feel may help to ease the burden of health care costs for small businesses.

While our views on SB 72 differ, I respect your opinion.

Sincerely,

A handwritten signature in black ink, appearing to read "Carol", written in a cursive style.

CAROL ROESSLER
State Senator
18th Senate District

Duwe, Mark
PO Box 3446
Oshkosh, WI 54903-3446

Email: mduwe@waldan.com

Card-
Mark sent ~~to~~ this
e-mail. I have not
responded yet because
I was not clear
on which health
bills he was referring to.
Last week he sent
the attached e-mail.
Do you want the
SB 72 letter sent to
him?
Jennifer

Contact Date: 09/05/2003

Contact Type: E-mail

Summary: Health care bills

Issue:

Position:

Description: Dear Senator Roessler:

These bills are a diaster. I hope you are not considering supporting them. We are driving business out of Wisconsin with these types of mandates. ENOUGH ALREADY.

Sincerely,

mark duwe
PO Box 3446
Oshkosh , WI 54903

Status: Pending

Closed Date:

Assigned: Halbur, Jennifer

Owner: Halbur, Jennifer

Note Note Date:

Summary:

Contact Type:

Description:

Send
as modified

Duwe, Mark

PO Box 3446

Oshkosh, WI 54903-3446

Email: mduwe@waldan.com

Contact Date: 09/17/2003

Contact Type: Email

Summary: mental health mandate

Issue:

Position:

Description: -----Original Message-----

From: mark duwe [mailto:mduwe@waldan.com]

Sent: Wednesday, September 17, 2003 3:26 PM

To: Senator Carol Roessler

Subject: Mental Health Mandates

*Not
nice!!*

Dear Senator Roessler:

Carol, your support of this is sufficient evidence that it is time you be replaced. I pledge to do everything in my power to find a true conservative to run against you in the next primary. Rep Mc Cormick, any suggestions?

Sincerely,

mark duwe
Po Box 3446
Oshkosh, WI 54903

Status: Pending

Closed Date:

Assigned: Halbur, Jennifer

Owner: Halbur, Jennifer

Note **Note Date:**

Summary:

Contact Type:

Description:

September 22, 2003

X
X
X

Dear X,

Thank you for your recent contact on Senate Bill 72, relating to increasing the limits for insurance coverage of nervous or mental health disorders or alcoholism or other drug abuse problems.

I do support Senate Bill 72 and believe that mental health should be treated on the same level as a person's physical health. Mental illness is serious. Individuals suffering from mental illness should be afforded medical coverage that sufficiently meets their needs. The coverage requirements currently set forth in statute were intended to establish minimum coverage amounts, however, they have been viewed as maximums.

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While there is no silver bullet solution to this problem, my colleagues and I are proactively exploring options to help alleviate some of the cost burden. For example, I am currently working with a work group representing businesses, hospitals, and health plans. This group will have an initiative ready in at most two months to address some of the issues surrounding health care costs. In short, we are hoping to help improve accountability and competition among service providers as well as increase consumer choice.

~~The introduction of~~ Senate Bill 204 is a proactive effort to help businesses better afford quality health care. This bill authorizes a health benefit purchasing cooperative pilot project. The overriding goals are to stabilize insurance rates, improve health care delivery in rural Wisconsin and, most importantly, provide affordable, quality health care coverage to farmers and other small employers who have little or nor access to health insurance. I have included a copy of SB 204 for your review.

I encourage you to bring any suggestions forward that you feel may help to ease the burden of health care costs for small businesses.

While our views on SB 72 differ, I respect your ~~position and will keep you up to date as this bill moves through the Legislative process.~~

Sincerely,

CAROL ROESSLER
State Senator
18th Senate District

CR:/jhs\DOCS\Jennifer9-12-03 sb72 mental health.doc

this bill is similar to security bills that are in Wisconsin

also for your information, was recently introduced

opinion.