

WISCONSIN STATE
LEGISLATURE
COMMITTEE HEARING
RECORDS

2005-06

(session year)

Assembly

(Assembly, Senate or Joint)

Committee on
Insurance
(AC-In)

File Naming Example:

Record of Comm. Proceedings ... RCP

- 05hr_AC-Ed_RCP_pt01a
- 05hr_AC-Ed_RCP_pt01b
- 05hr_AC-Ed_RCP_pt02

COMMITTEE NOTICES ...

➤ Committee Hearings ... CH (Public Hearing Announcements)

➤ **

➤ Committee Reports ... CR

➤ **

➤ Executive Sessions ... ES

➤ **

➤ Record of Comm. Proceedings ... RCP

➤ **

INFORMATION COLLECTED BY COMMITTEE
CLERK FOR AND AGAINST PROPOSAL

➤ Appointments ... Appt

➤ **

Name:

➤ Clearinghouse Rules ... CRule

➤ **

➤ Hearing Records ... HR (bills and resolutions)

➤ **05hr_ab0274_AC-In_pt01**

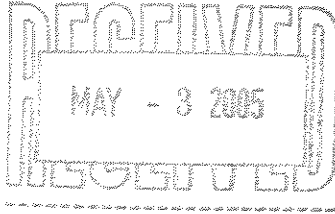
➤ Miscellaneous ... Misc

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May 2, 2005

*4/22/05 meeting
AB 274*

Rep. Ann M. Nischke
Chairperson of the Assembly
Insurance Committee
Room 8 North
State Capitol
P.O. Box 8953
Madison, WI 53708

RE: Proposed Wisconsin Legislation-Health Care Consumer Choice

Dear Rep. Nischke:

Thank you again for taking the time from your demanding schedule and meeting with your constituent podiatrists and optometrists at Waukesha Memorial Hospital recently. Your attention to their concerns about access to their services is sincerely appreciated.

As they emphasized, health care consumers today can have quality, reasonable costs and convenience access to needed services. It simply is not true that one must sacrifice convenience access to care, in order to gain quality and reasonably-priced care. Health care administrators set the terms and conditions of participation, including cost and quality standards. Those are typically not negotiable, which would remain the same under the legislation we are advancing.

Enclosed for your ease of reference are:

- Another packet of materials that we reviewed with you. We thought your policy staff might find it useful, as a reference.
- A listing of the participants attending the meeting.

We would respectfully request your active support for the legislative. Ideally, your agreeing to be the lead Assembly author would be delightful!

Rep. Ann M. Nitschke
May 2, 2005
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Thank you for your interest and consideration of your constituents' request.

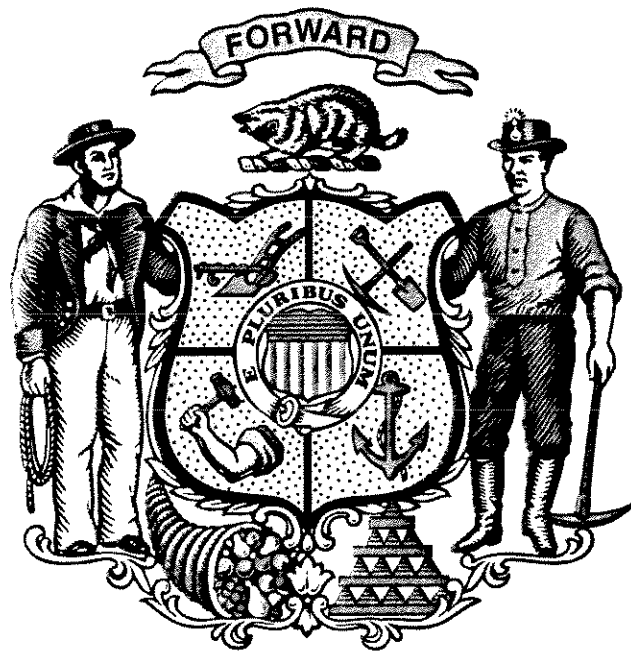
Very truly yours,



Anthony H. Driessen
for the Wisconsin Society of Podiatric
Medicine, Inc. and the Wisconsin
Optometric Association

AHD:ibb
Enclosures

cc: Dr. James Vavra, D.P.M.
Dr. John McDaniel, O.D.
Dr. Marcus Neitzke, O.D.
Dr. Mark A. Dagenais, O.D.
Dr. Michael Thompson, D.P.M.
Dr. Kevin Kortsch, D.P.M.



Access to Vision and Eye Health Care Services

Wisconsin doctors of optometry have always placed the care and welfare of patients above all else. This remains the primary motivation for Wisconsin optometrists as we look for ways to provide better public access to vision and eye health care in the state. To do this, the WOA has teamed up with organized podiatry in Wisconsin, and others, to pass legislation that would enhance Wisconsin consumers' access to providers.

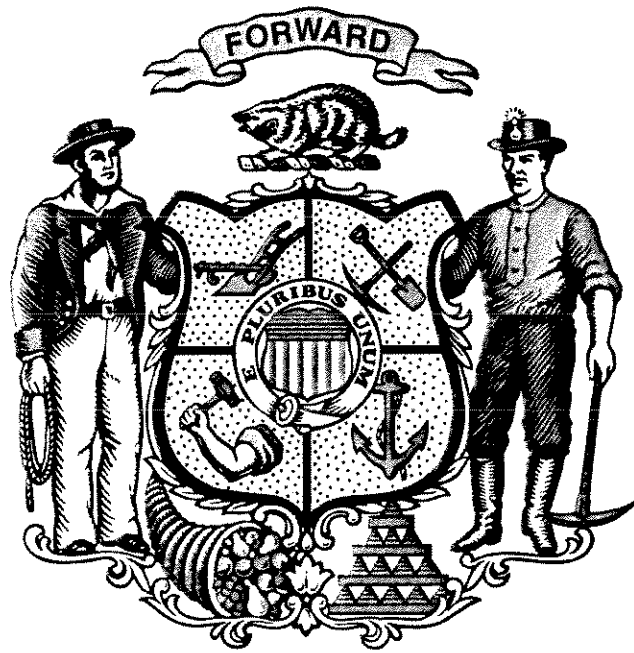
The Wisconsin Optometric Association is advancing legislation that does the following:

- It provides that if a health care plan decides to cover particular care or procedures, then that care can be provided by any qualified health care professional who agrees to the terms and conditions of the plan, including quality and cost standards.
- This proposal is based on a U.S. Supreme Court decision which upheld such a law.
- This proposal does not mandate care, but rather would require plans to allow providers who are licensed and qualified, to provide the care for their patients covered by the plans.
- This proposal would not mandate specific compensation amounts. That discussion would remain for the plan administrators to determine.
- This proposal would be effective upon renewal of existing contracts.

Health care costs unfortunately continue to increase at a rate well ahead of the cost of living index. As a result, patients' access to care becomes increasingly more difficult. The WOA continues to advance initiatives for the public to gain access to affordable health care services. Member doctors of the Wisconsin Optometric Association ask for your support of the concept of enhanced access to providers embodied in this legislation. If you have any questions, please contact the WOA at the number listed below.

Thank you.

Peter J. Theo
WOA Executive Director
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No Senate Companion

03/28/2005 Assembly Bill 274

relating to: allowing any provider to participate in a health care plan under the terms of the plan, requiring an annual period for providers to elect to participate in health care plans, and requiring notice to a provider of the reason for exclusion from a health care plan.

By Representatives Berceau, Musser, Lehman, Turner, Wasserman, Sherman, Sinicki and Schneider; cosponsored by Senator Risser.

Analysis by the Legislative Reference Bureau

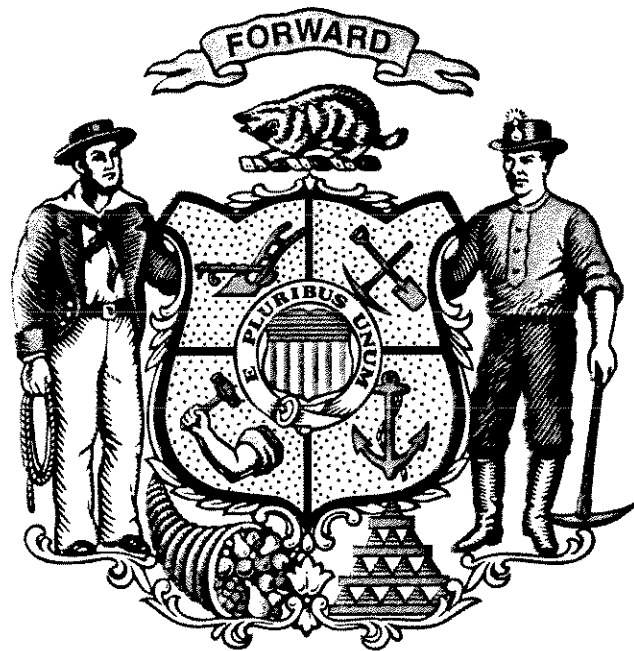
Under current law, a health care plan must allow any provider to participate in the plan under the terms of the plan. However, this requirement does not apply to health maintenance organizations, limited service health organizations, or preferred provider plans, each of which is a health care plan that requires, or provides incentives for, its enrollees to obtain health care services from providers participating in the plan. "Participating" is defined as being under contract to provide health care services, items, or supplies to plan enrollees.

This bill requires any health care plan, including a health maintenance organization, limited service health organization, or preferred provider plan, to allow any provider to participate in the plan under the terms of the plan. The requirement only applies to a health maintenance organization, limited service health organization, or preferred provider plan, however, if the provider is located in the geographic service area of the plan. The bill also requires a health care plan that excludes a provider from participation in the plan to give the provider written notice of the reason for the exclusion.

Also under current law, a health maintenance organization, limited service health organization, or preferred provider plan that covers pharmaceutical services provided by one or more pharmacists who are not full-time salaried employees or partners of the organization or plan must provide an annual 30-day period during which any pharmacist may elect to participate in the organization or plan under its terms as a selected provider for at least one year. This bill expands that requirement.

Under the bill, a health maintenance organization, limited service health organization, or preferred provider plan that covers health care services that are provided by one or more health care professionals who are not full-time salaried employees or partners of the organization or plan is required to provide an annual 30-day period during which any health care professional who provides those health care services and who is located in the geographic service area of the organization or plan may elect to participate in the organization or plan under its terms as a selected provider for at least one year.

2003 ABC70



**Employee Benefits Trends:
Survey of Employers and Employees**

Source: MetLife National Survey

Findings:

- Employees are worried about **health insurance**, job security and making ends meet.
- The **largest** percentage of employees (76%) surveyed **are concerned** with having appropriate **health insurance** for themselves and their family.
- **Employees are less satisfied** with their benefits packages than in previous years. Only 32% of employees expressed satisfaction with their workplace benefits. Among men, the percentage is even less.
- Five out of six (83%) workers who have medical coverage pay for some or all of it.

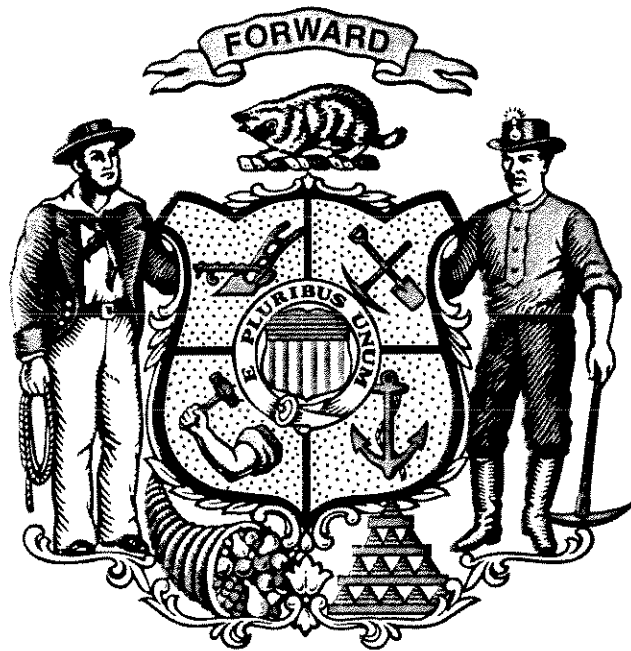
Suggested Conclusions

The members of The Wisconsin Society of Podiatric Medicine suggest these conclusions can be drawn from the survey results:

- **Workers are concerned** about having adequate health care coverage for their families.
- **Workers are not satisfied** with their health care benefits. In fact, more than two out of three employees are dissatisfied with their health care benefits.
- The overwhelming majority of **workers (83%) pay** for all or some of their health care benefits.
- A modest and reasonable proposal to **address the problem** is to allow health care consumers to choose from a broader group of health care providers. Of course, all participating providers would be required to comply with the same terms and conditions of participation in the health plan. This would include quality and cost provisions.

Respectfully submitted,

Dr. Kevin Kortsch
WSPM Executive Director
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**The Choice/Access Option
and Health Care Costs**

Some recent media attention has been given to the issue of whether choice of providers is more important to consumers, than is lower health care costs. Fortunately, that undesirable choice does not have to be made in the legislation the WSPM is advancing.

Allow us to explain.

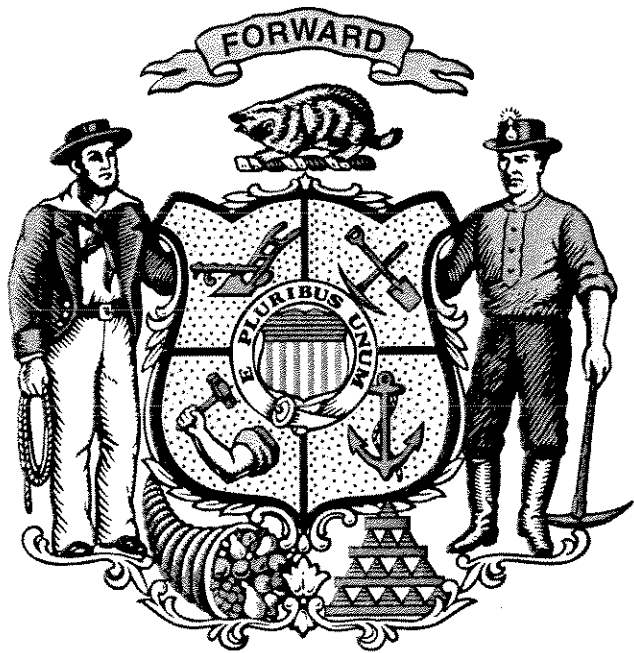
The bill being proposed by the WSPM is drafted in such a manner that a health care consumer can have both low costs and a broader choice of.

The key to the legislation, from the viewpoint of a consumer, is that the consumer can access any provider so long as that provider has agreed to the same terms and conditions of participation in the plan as have other providers. These same terms include pricing and quality requirements.

Thus, given the way the WSPM's consumer access legislation is written, consumers are assured of access to the widest-range of health care providers, yet at cost and quality terms set by the health care plan administrator or employer. The legislation produces a "win-win" result for consumers, as we continue the trend toward more consumer-driven health care decisions.

Respectfully submitted,

Dr. Mike Thompson
for the Wisconsin Society
of Podiatric Medicine



Meeting Attendees – April 22, 2005

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