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👉 Details: Office of the commissioner of insurance information

(FORM UPDATED: 08/11/2010)

WISCONSIN STATE LEGISLATURE ... PUBLIC HEARING - COMMITTEE RECORDS

1995-96

(session year)

Assembly

(Assembly, Senate or Joint)

Committee on Insurance, Securities and Corporate Policy...

COMMITTEE NOTICES ...

- Committee Reports ... **CR**
- Executive Sessions ... **ES**
- Public Hearings ... **PH**

INFORMATION COLLECTED BY COMMITTEE FOR AND AGAINST PROPOSAL

- Appointments ... **Appt** (w/Record of Comm. Proceedings)
- Clearinghouse Rules ... **CRule** (w/Record of Comm. Proceedings)
- Hearing Records ... bills and resolutions (w/Record of Comm. Proceedings)
 - (**ab** = Assembly Bill) (**ar** = Assembly Resolution) (**ajr** = Assembly Joint Resolution)
 - (**sb** = Senate Bill) (**sr** = Senate Resolution) (**sjr** = Senate Joint Resolution)
- Miscellaneous ... **Misc**



Meeting Future Data Needs. . . A Public-Private Exchange

Josephine W. Musser, Wisconsin Commissioner of Insurance

Clare Stapleton Concord, Facilitator
Administrator, Division of Administrative Services, Office of the Commissioner of Insurance

ATTENDEES

Honorable Sheryl Albers, Wisconsin State Representative; Insurance Committee

Peter Barry, President, Peter Barry Company

Anne M. Bicha, State Medical Society

Timothy Bowers, President, MQIC

William Dagneau, Administrator of Employee Benefits, Wisconsin Public Service Corporation

Ronald Dix, Chairperson, Office of Health Care Information Board
Vice President, Administration and Human Resources, Badger Meter, Inc.

Nancy Cross Dunham, Deputy Director, Health Policy Program, University of Wisconsin - Madison

Diane Ebersberger, Director, Office of Health Care Information Board
Chief Executive Officer, Employers Health Cooperative

Merton Finkler, Ph.D., Professor, Lawrence University

Kenneth Friedman, Innovative Health Associates

David Fularczyk, Manager, Pro Services, substituting for
Thomas Hefty, Chairman, President and Chief Executive Officer, United Wisconsin Services,
Inc.

Glen Grady, Director, Office of Health Care Information Board
Administrator, Memorial Medical Center

Ann Haney, Administrator, Wisconsin Division of Health

James Haney, President, Wisconsin Manufacturers and Commerce

Frank Hoban, General Manager, Wisconsin Health Information Network

3/3/95

Donna Horoschak, Director, Office of Health Care Information Board
Assistant Vice President and Assistant General Counsel, Wausau Insurance Companies

David Kindig, M.D., Ph.D., Professor and Director, Health Policy Program,
University of Wisconsin - Madison

Thomas Knapp, Vice President and Chief Information Officer, United Wisconsin Services, Inc.

Marvin Kolb, M.D., Senior Vice President, Wisconsin Hospital Association

Sue LaFlash, Wisconsin Division of Health, Center for Health Statistics

Kevin Piper, Director, Bureau of Health Care Financing, substituting for
John Chapin, Deputy Administrator, Wisconsin Division of Health

Terri Potter, Vice-Chairperson, Office of Health Care Information Board
President, Meriter Hospital

Christopher Queram, Chief Executive Officer, Employer Health Care Alliance Cooperative

Gary Radloff, Executive Assistant, substituting for
Honorable Carol Buettner, Wisconsin State Senator; Health Committee, Human Services &
Aging Committee

Richard Roberts, M.D., J.D., President, State Medical Society

Greg Simmons, Wisconsin Peer Review Organization

Peggy Ann Smelser, Vice President, Medical Affairs, Wisconsin Physicians Service Insurance Group

Tim Size, Executive Director, Rural Wisconsin Hospital Cooperative

David Stucki, Capitol City Task Force, AARP, substituting for
Eugene Lehrmann, President, American Association of Retired Persons

Honorable Gregg Underheim, Wisconsin State Representative; Chair, Assembly Health Committee

Roger von Heimburg, M.D., Director, Office of Health Care Information Board

Debbie Waite, Senior Vice President for Public Policy, Wisconsin Hospital Association

Melissa Weaver, substituting for
William Lawson, Chief Executive Officer, Employers Health Insurance

Nancy Wenzel, Executive Director, Association of Wisconsin HMO's

Ellen White, Vice President, Patient Care Services, Dean Medical Center

Michael Wilson, President, Dean Medical Center

James Wrocklage, Health Care Network

3/3/95

STAFF

Trudy Karlson, Ph.D., Director, Office of Health Care Information

Barbara Rudolph, Deputy Director, Office of Health Care Information

Judith Nugent, Staff Director, Office of Health Care Information

Peter Farrow, Executive Assistant, Office of the Commissioner of Insurance

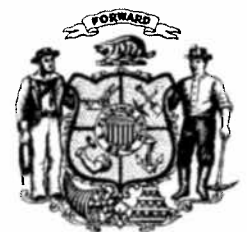
Brian Hutchinson, Program and Planning Analyst, Office of Health Care Information

Lynnette Gerstner, Lead Research Analyst, Facility-Level Data, Office of Health Care Information





WISCONSIN STATE LEGISLATURE





Framework for Improving Health Data in Wisconsin

OFFICE OF HEALTH CARE INFORMATION, OFFICE OF THE COMMISSIONER OF INSURANCE, STATE OF WISCONSIN

OHCI's "Enriched" Strategic Plan

Contents

- I. Framework for Role of Health Data in Wisconsin
 - II. Guiding Principles to OHCI's "Enriched" Strategic Plan
 - III. Five-Year Vision for OHCI
 - IV. Two-Year Implementation Plan
 - V. Building on Results from the Health Data Meeting
-



A Framework for Health Data in Wisconsin

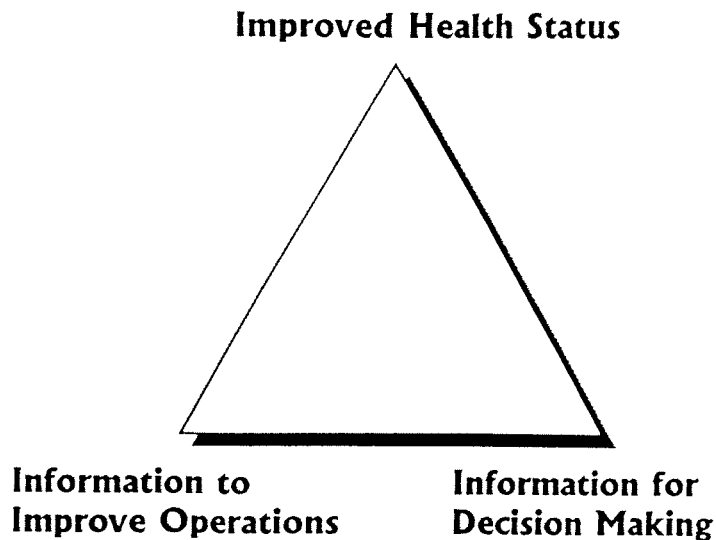
Goals of Providing Health Data

From discussions at the Health Data Meeting, February 20, 1995, three goals for health data were identified.

Providing information to improve the:

- ▲ Health status of Wisconsin communities and citizens.
- ▲ Operation of the health care system.
- ▲ Health care decisions made by purchasers, policy makers and consumers.

These goals for health data are inter-related. Improving the health of Wisconsin's citizens is the paramount goal of health care policy and of health care providers. Information that aids the operation of health care providers and improves the decisions of citizens and health care purchasers will support improvements in health and health status.





Guiding Principles to OHCI's “Enriched” Strategic Plan

Cooperate with other health data entities as we move toward our vision.

OHCI vision and goals developed in October 1994 received an external reality check at the Health Data Meeting in February and are useful to guide OHCI. We will revise our vision and goals as we cooperate and work with other holders of health data to minimize redundancies and to maximize overall usefulness of health data in Wisconsin.

Comments at the February meeting, however, suggested we also need to promote OHCI's vision and goals—so that people can see the directions toward which we are working.

Broaden stakeholder participation.

We can promote cooperation and stakeholder participation by seeking cooperative partners in new projects.

Free staff resources through process reengineering.

We are streamlining data production to free staff resources at OHCI for new work while meeting our current statutory responsibilities.

Look for new resources.

OHCI management should also look for new resources—including grants—and cooperative agreements with other agencies to accomplish our goals.

Accomplish multiple objectives and move OHCI toward vision with pilot projects.

Pilot projects have been planned to meet multiple goals and to broaden participation—thus accomplishing important steps toward our vision



Five-Year Vision for OHCI

(From OHCI's Strategic Plan of February 1995)

The individual consumer uses easily accessible and comprehensive information for decision making.

Data are collected across the spectrum of health care.

OHCI has a strong user education role.

OHCI provides a valid comparative measure of

- health plans,
- delivery systems,
- communities,
- providers,
- episodes and
- processes of care.

OHCI provides interactive access to health care information.

OHCI achieves its goals through advanced technology.

As a result of OHCI's leadership in national and statewide developments, and with access to regional and national data, OHCI collects and reports on complete, standardized data including regional and national data when appropriate.

OHCI sustains a stable public/private partnership in an ever changing political environment that allows for

- timely data,
- efficiency,
- adequate resources,
- accuracy,
- confidentiality and
- customer satisfaction.

Two-Year Implementation Plan

Vision	Goal	Action Plans	Implementation	Proposed Dates		
I. Consumers use information, interactive access, and advanced technology	Timely information in multiple forms	Streamline data production to ease provider burden and free staff resources	Reengineer physician notification process	Completion expected 2nd quarter 1995		
			Electronic data submission and editing	Fiscal survey pilot —3rd quarter 1995		
				Inpatient and outpatient data pilot—1st quarter 1996; fully implemented by end of 1996		
				Plan completed 2nd quarter 1995		
		Diversify information products to increase access and use		Dissemination plan		
				On-line access; reports		Pilot in 4th quarter 1995; implementation throughout 1996
				Newsletter and health data snapshots		Prototypes completed 3rd quarter 1995; implementation throughout 1995 and 1996
				Consumer information services (kiosk, hotline, etc.)		Planning and implementation will follow on-line access; partial staffing or cooperative ventures with other agencies may be available in 1997
		II. Data across spectrum; comparative measures of systems	Complete provider and health care database	Expand outpatient data collection	Reengineer current ambulatory data collection process	Plan completed 4th quarter 1995
	Plan pilot project for outpatient data			Plan completed 4th quarter 1995; implementation during 1996		
Report on systems of care	Plan demonstration project to develop health system performance measures			Plan completed 1st quarter 1996; implementation through 1996 and early 1997		
Create linkage with other state health data	Link other state data (OCI, DOH, DOT)			Ongoing		

Two-Year Implementation Plan ... continued

Vision	Goal	Action Plans	Implementation	Proposed Dates
II. continued...	Episodes of care	Develop common data infrastructure to increase ease of use for multiple institutions and sectors	<ul style="list-style-type: none"> ➤ Cooperative project to include action on uniform payer, patient, provider IDs and common data translation standards 	<ul style="list-style-type: none"> ▪ Project planning to begin 3rd quarter 1995; implementation will be ongoing
III. Strong user education	User education	Diversify information products	<ul style="list-style-type: none"> ➤ Dissemination plan ➤ Newsletter and brief health data snapshots 	<ul style="list-style-type: none"> ▪ See above ▪ See above
		Actively promote OHCI services	<ul style="list-style-type: none"> ➤ On-line access ➤ Ongoing public outreach 	<ul style="list-style-type: none"> ▪ See above ▪ Ongoing efforts
IV. National and statewide leadership	Regional and national data access	Scan environment	<ul style="list-style-type: none"> ➤ Staff training and exposure 	<ul style="list-style-type: none"> ▪ Ongoing efforts
		Network	<ul style="list-style-type: none"> ➤ Participation in National and State Efforts 	<ul style="list-style-type: none"> ▪ Ongoing efforts
V. Public/private partnership	Partnership	Broaden participation and promote OHCI	<ul style="list-style-type: none"> ➤ Identification and filling of gaps in stakeholder participation ➤ Demonstration projects: re performance measures, common data infrastructure, and outpatient data collection ➤ New information products noted above 	<ul style="list-style-type: none"> ▪ Ongoing with periodic review and assessment ▪ Outcome will result, in part, from aforementioned pilots



Building on the Results of the Health Data Meeting—Next Steps

Following the development of a strategic plan for OHCI, stakeholders representing diverse interests were invited to discuss critical issues for health data in the state of Wisconsin. Four critical issues were identified by the meeting participants:

- Broadening stakeholder participation
- Expanding data collection to other health care settings—beyond inpatient care
- Facing technical challenges in using data from multiple settings
- Defining the customer base, needs and roles of participants

Action Areas

OHCI staff were directed by the meeting participants to develop the next steps for action to address concerns raised in the meeting. Based on the results of the meeting discussion and the OHCI strategic plan, OHCI staff proposes the following two action areas. *(Note: These areas do not include the new activities for OHCI's internal operations which are also part of the strategic plan: streamlining data production and expanding information dissemination technologies. Nor do they include a pilot project currently in the Governor's budget: a demonstration project to develop and implement performance measures for accountable health plans. Our "Enriched Strategic Plan" includes activities already planned for implementation, and these new efforts as well.)*

Described at the end of these notes is the process we intend to use for developing these two areas of action. It was apparent that there are a variety of expectations for health data, health information, and OHCI—and it seems crucial that we build into the process some way for promoting realistic expectations for OHCI and other health care data.

I. Information to Improve the Health Care Market

What data and what kind of information do we need to provide to help improve the health care market? How can we increase the available information in Wisconsin for health care decisions beyond that available for inpatient care?



Objectives and Tasks

Meeting attendees and OHCI strategic planning team members would like to see information on service utilization, cost, quality and access for all sectors of the health care market. Information that is currently publicly accessible from OHCI concerns inpatient hospital care and ambulatory surgeries, yet this represents probably less than half of the total cost of health care services used. A critical next step is to expand the base beyond this segment. Exploration of this topic will take place in the context of defining our customers and determining their uses of the data. Concrete areas of expanded data collection might include:

Outpatient care:

- Physician encounters, physician practices
- Emergency department encounters
- Hospital outpatient services
- Services at other freestanding ambulatory facilities

II. Creating a Common Infrastructure to Help Move Health Data Forward

What needs to happen to allow for the “cross-utilization” of health care data?

How can the many holders of health care data make better use of each other’s resources?

This action area involves facing the technical challenges and barriers that were described at the meeting which impede the full use of health care data by many, including obtaining information on episodes of care, trends across providers and plans, and patient migration across the health care system. Collectively, we need to promote better linkages among institutions and their data while respecting patient confidentiality, privacy and proprietary concerns.

Concrete examples to create a common infrastructure include:

- Need for standard and unique Payer ID
- Need for standard and unique Patient ID
- Need for standard and unique Provider ID
- Need to address confidentiality and proprietary nature of data
- Need for common electronic data transmission standards



Proposed Process

The process that OHCI would use in determining specific implementation steps include:

Identify Opinion Leaders

We will identify the key groups of people who have an interest and expertise in each area, and who can help us answer important questions. These groups will include:

Big Picture people—Who can help us know where the private health care market is going? What information will be useful to make it a competitive market?

Clinicians—Where is health care going? What kinds of technologies are going to be important over the next ten years? What kinds of health care are they going to be delivering?

Providers—What problems do they face when they try to give us data? Use our data?

Other users of the data (coalitions, hospitals, consultants)—What problems do they face when using our data for decision making?

Obtain Information

We will get information from these groups of opinion leaders, either in focus groups or interviews, to get a better sense of our customers, their needs, and pathways and priorities for their needs.

Manage Expectations

To manage, in part, the expectations of our expanded activities, we will also ask these groups, “What can this increased information *not accomplish?*” as well as, “What it can it accomplish?”

Set Priorities

We will work with the Board to set priorities on what needs to be done first.

Implement Pilot or Demonstration Project

We will implement a pilot project to begin work on some of the above issues. The pilot project may include the collection of outpatient data.

Review and Evaluate

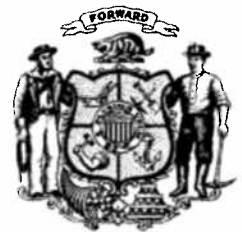
We will develop measures to assess the success of the pilot and move to full implementation.


Dates for Implementation

The Two-Year Implementation Plan reflects the dates for the planning and implementation of these projects.



WISCONSIN STATE LEGISLATURE





*Insurance in Wisconsin:
Office of the
Commissioner of Insurance*

1995



"Insurance"

*The business of pooling
transferred pure risks by
means of a two-party contract*

- ◆ *pooling = sharing of losses*
- ◆ *shifted burden of loss from the individual to the insurer*




Benefits of Insurance

- ◆ **Indemnification**
 - ◆ *allows restoration to pre-loss financial position*
- ◆ **Reduction of uncertainty**
 - ◆ *about risks*
- ◆ **Funds for investment**
 - ◆ *capital accumulation*
- ◆ **Loss prevention**
 - ◆ *reducing economic loss improves society*




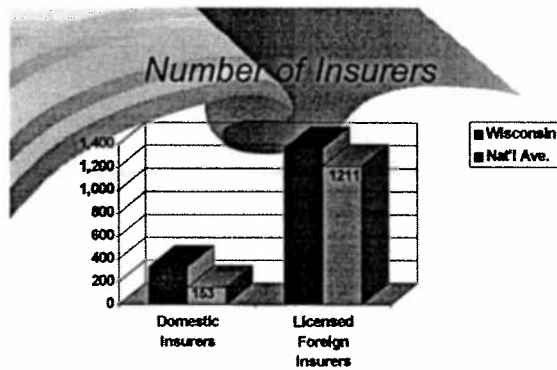
Lines of Insurance

- ✦ Property
- ✦ Liability
- ✦ Health
- ✦ Life



Major Classifications of Insurers

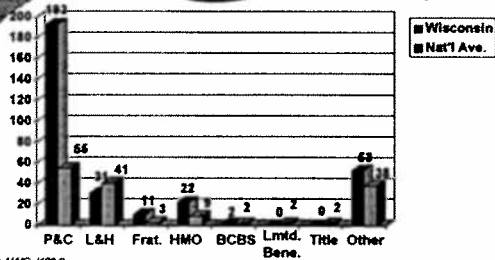
- ✦ Stock Companies *owned by SH's by policyholders*
- ✦ Mutual Companies *"*
- ✦ Service Corporations *W/B non-stock owned by a group - HMO's etc.*

Source: NAIC (1994)

Number of Domestic Insurers

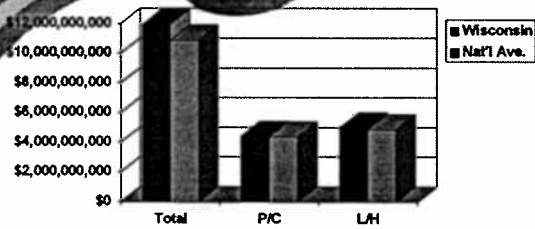
Wisconsin's National Rank: 5th



Source: NAIC (1994)

Premium Volume

Wisconsin's National Rank: 14th



Source: NAIC (1994)

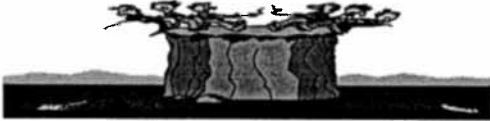
Why Regulate Insurance?

- ◆ Consumer Protection
- ◆ Solvency

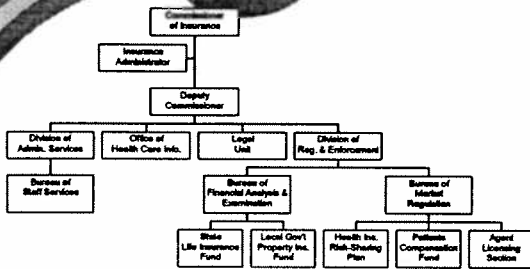


State-based Regulation

- ✦ "Personal contract between 2 local parties"
- ✦ Paul v. Virginia (1869)
- ✦ South Eastern Underwriters Assn. (1945)
- ✦ McCarran-Ferguson Act (1945)

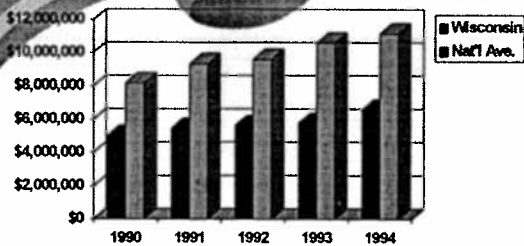


OCI: The Agency

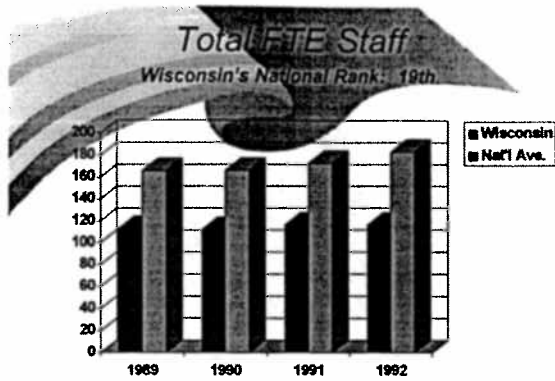


Fiscal Year Budget

Wisconsin's National Rank: 23rd



Source: NAIC (1994)



Source: NAIC (1994)

OCI Funds

- ◆ Local Government Property Insurance Fund
- ◆ State Life Insurance Fund
- ◆ Patient's Compensation Fund
- ◆ Health Insurance Risk-Sharing Plan

*for WI res. who can't find adequate ins. in private market
80's - started
@ 11,000 people*

Key Regulatory Areas



- ◆ Financial Solvency
 - ◆ annual reports
 - ◆ exams every 5 years -- *at least*
- ◆ Market Conduct
 - ◆ ensure fairness of provisions
 - ◆ seek approval of contracts before marketing

1975 Financial exams / year

Wisconsin's Agents

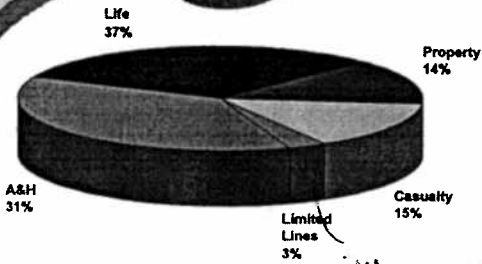
- ◆ 70,998 licensed agents
- ◆ 408,127 active appointments

- ◆ Continuing Education
- ◆ Producer Database

w/in budget 24/2yrs.



Examination Distribution



like title insurance

What is a Complaint?

☑ a written expression of dissatisfaction against an agent or company

Approved by NFAIC



Value of Complaints

- ◆ 56,144 phone calls
- ◆ 9,188 formal complaints
- ◆ \$3,483,735 recovered

- ◆ Tracking tool
- ◆ Avenue for information

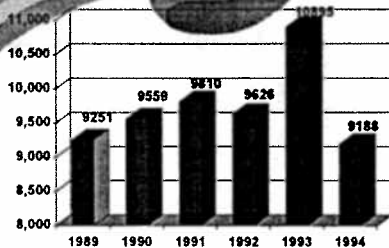


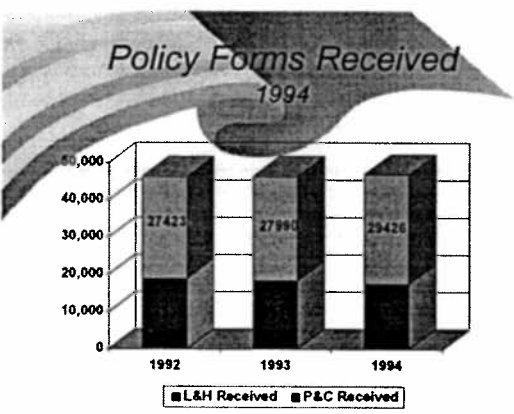
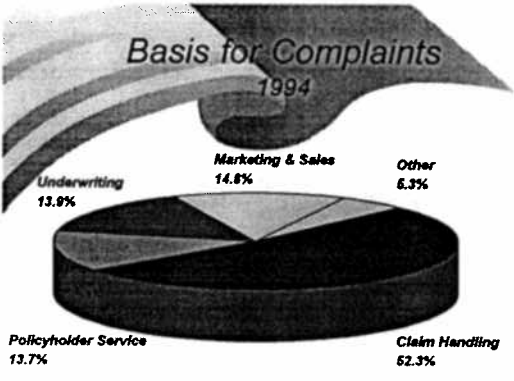
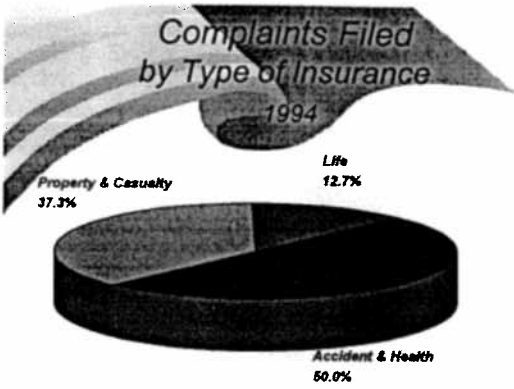
The Complaints Process

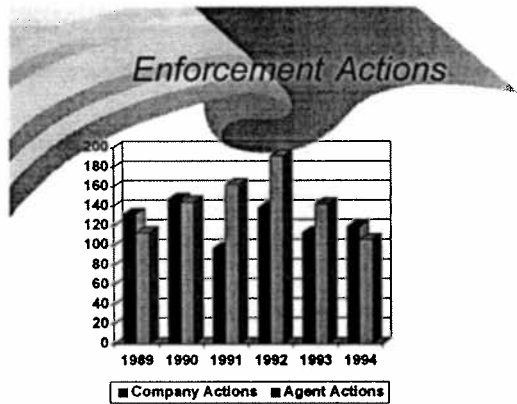
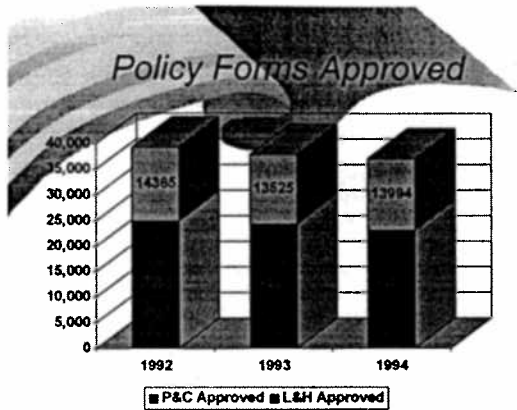
- ◆ Consumer has a problem with an agent or company
- ◆ Consumer completes an OCI complaint form
- ◆ OCI Complaints Section processes the information
 - ◆ assigns a file number and an examiner
- ◆ OCI Examiner reviews information
 - ◆ begins discussions with involved parties
- ◆ Examiner determines if Wisconsin insurance law was violated
- ◆ Examiner provides information to the involved parties as to the review's outcome

turn around w/ couple days

Complaint Files Opened







Public Information

- ◆ Annual Report
- ◆ Consumer Guides
- ◆ Speakers Bureau
- ◆ Pamphlets
- ◆ Brochures

Current Issues in Insurance

- ◆ *Insurance Solvency Regulation*
- ◆ *Insurance Availability & Affordability*
- ◆ *Health Insurance Reform*



OCI RuleMaking Update

September 1, 1995

To: Jo Musser Melanie Paulsrud Tom Ryan Alice Shuman Diane Ramthun. Stephen Mueller Sheila Becker
 Judi Arawinko Guenther Ruch Susan Ezalarab Phil Kress Mary Grossman Jean Terry Bob Luck
 Randy Blumer Peter Farrow Dan Bubolz Yvonne Sherry Dick Hinkel Chris O'Brien Milt Alswager
 Brian Hutchinson (OHCI) Bill Jolin @ Wisconsin Health Policy Report; 121 E Main St Madison WI 53703 26 copies needed

From: Bob Luck - Let me know if any information is not current or correct or if you have any suggestions for improving this report. Thanks

Section I — OCI Rules Currently Pending

Rule #	Atty	Rule Change Description	ClearingHouse #	Request Date	Hearing Date	To Leg Date	To Senate Date	To Assembly	Other Secs Affected
3.25	RL	Credit Ins Revision		06/15/95	09/27/95				
3.39	RL	Medicare Supplement Ins Revisions	95-111	04/01/95	07/28/95				
3.46	RL	Long Term Care Ins		06/23/94					3.455
Ch 5	AS	Administrative Hearing Procedures	94-024	07/30/93	02/28/94				3.49, 4.10, 17.001 & 18
6.17	RL	Surplus Lines Revisions		06/05/92					
6.20	FN	Town Mutual Permitted Investments		08/18/95					
6.57	RL	Agent Listing & Corp Renewal Fee Increase		08/25/95					6.58
6.93	AS	Life Ins Solicitation		06/30/90					
17.01	AS	PCF Fund & Mediations Fees for '95 & '96	95-105	07/13/94	07/21/95	08/31/95			17.28
Ch 26	RL	Agents Preclicensing Education		06/23/94					
Ch 28	RL	Agents Continuing Education	95-043	06/01/93	04/12/95	08/04/95	08/10/95		6.63(1)
Ch 50	FN	Accreditation Rule - Fin State Exemp, Reins	95-129	02/04/94	08/17/95				52 & 41
120.50	SM	Hospital Uniform Accounting	95-038	10/13/93	03/13/95				
Rule #	Atty	Rule Change Description	ClearingHouse #	Request Date	Hearing Date	To Leg Date	To Senate Date	To Assembly	Sec/State Filing Date

(Please See the Other Side for Information on Rules Promulgated this year and Emergency Rules in Effect)

Atty # Rule # Rule Change Description ClearingHouse # Sec/State Date Effective Date Applicability Date Other Sections Affected

Atty #	Rule #	Rule Change Description	ClearingHouse #	Sec/State Date	Effective Date	Applicability Date	Other Sections Affected
RL	3.39	Medicare Risk Contract Rule	94-223	04/06/95	06/01/95	06/01/95	
RL	6.06	P & C Rate Filing Certificate Repeal	94-145	12/09/94	02/01/95	02/01/95	
RL	6.85	Notice to Consumers Revision	94-144	12/12/94	02/01/95	03/01/95	
MAC	17.275	Access to PCF claim files by Risk Manager	94-196	03/24/95	05/01/95	05/01/95	
AS	18.06	HIRSP Premiums for '95 & '96	95-015	05/11/95	07/01/95	07/01/95	18.07
RL	21.01	Workers Comp Policy Termination	94-224	06/22/95	09/01/95	09/01/95	
MAC	Ch 120	Renumbering & Revising OHCI rules	94-155	12/09/94	04/01/95	04/01/95	

Section III — OCI Emergency Rules Promulgated in 1995

(In force for 150 days unless extended by the Legislature's Joint Committee for Review of Administrative Rules)

Atty #	Rule #	Rule Change Description	Effective Date	End Date	Applicability Date	Other Sections Affected
RL	6.57	Agent Listing & Corp Renewal Fee Increase	To Be Done			6.58
AS	17.01	PCF Fund Fees, Mediation Fees & Service Corp	06/14/95	11/11/95	07/01/95	17.28

ACTS

**OCI Summary of Legislation
September 1, 1995**

#	CATEGORY/ SUBJECT	OCI POS	SPONSOR/ COMMITTEE REFERRAL	OCI ANALYSIS	HEARING DATE/ PLACE	STATUS
1995 ACT 6 AB 95	Liability/ Emergency Planning Ctte. on Contract		Albers/Ins., Securities and Corporate Policy	<ul style="list-style-type: none"> Extends \$25,000 damage award limit in a tort action to group of persons not residing in a city or village that organizes a volunteer fire company as a nonstock corporation. The company's officers, officials, agents and employees are extended the limit, as is provided for volunteer fire companies organized in cities and villages. <p>Statutes Affected:</p> <ul style="list-style-type: none"> 893.80 (3) Claims Against Govt. Bodies; Limitations of Damages and Suits 181 Non-stock corporations 213 Fire Fighters Associations 	<p>Held: 2/9</p> <p>Senate: 4/4 (exec.)</p>	<p>Passed exec. 3/2, 12-0.</p> <p>Passed Assembly 98-0, 3/9.</p> <p>Exec'd out of Senate 7-0.</p> <p>Passed Senate, signed into law 4/20, WI Act 6.</p>

ACTS

**OCI Summary of Legislation
September 1, 1995**

#	CATEGORY/ SUBJECT	OCI POS	SPONSOR/ COMMITTEE REFERRAL	OCI ANALYSIS	HEARING DATE/ PLACE	STATUS
<u>1995 ACT</u> 10	PCF/Med Mal Reform	1	Green/ Insurance Huelsman/ Judiciary	<ul style="list-style-type: none"> Establishes \$250,000 \$350,000 as maximum amount claimant may recover for non-economic damages caused by the negligence of a health care provider or health care provider employee. To be adjusted annually for inflation. Applies \$150,000 wrongful death cap to med mal. Future medical expenses will be paid on a periodic basis if amount is above \$100,000 limit, until either the amount is exhausted or the patient dies. Fund to pay full med. exp. each year, plus amt. not to exceed \$500,000 per year that will pay the remaining liability over the person's lifetime. <u>Amendment:</u> (13-0 in Exec.) requires Commiss. to submit before/after report evaluating: 1) # of health care providers practicing in WI; 2) Provider PCF fees; 3) Liability insurance premiums (primary layer). Commissioner shall promulgate rule "specifying the criteria that shall be used to determine the medical expenses related to the settlement, panel award or judgment, taking into consideration developments in the provision of health care." 	Ass. Held: 1/19, 1/25, Senate Held: 2/22	Passed exec.sess. (Assem.) on 8-4 vote, Voted out of Senate ctte., 4-3, 3/1. Voted up 18- 14 in Senate 3/8, Assembly concurred 56-43, 4/6. Bill enrolled 4/21.
AB 36						
SB 82						

ACTS

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#	CATEGORY/ SUBJECT	OCI POS	SPONSOR/ COMMITTEE REFERRAL	OCI ANALYSIS	HEARING DATE/ PLACE	STATUS
				<ul style="list-style-type: none"> • <u>Amendment:</u> (Passed) Attorney contingency fees to be paid up-front in all cases, including when clients receive payments over period of time. • <u>Amendment:</u> (Passed) Provision would ensure contributory negligence provisions (895.045) would extend to med. mal. (e.g., joint/several changes). • <u>Amendment:</u> (Passed) Reinstates admission of collateral source info. <p>Statutes Affected:</p> <ul style="list-style-type: none"> • 20.145 (2) (q) Appropriations and Budget Mgmt. Interest Earned on Future Medical Expenses • 20.145 (2) (v) Operations and Benefits • 601.427 (9) Insurance Administration. Medical Malpractice Insurance Reports. • 655.015 Health Care Liability and Patients Compensation. Future Medical Expenses • 655.017 Limitation on Non-Economic Damages • 655.27 (5) (d) PCF Claims Procedures • 893.55 (4) (b) Medical Malpractice. Non-economic Damages Recoverable • 895.045 Contributory negligence 		<p>Bill signed, 5/10 at MCOW, WI Act 10</p>

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#	CATEGORY/ SUBJECT	OCI POS	SPONSOR/ COMMITTEE REFERRAL	OCI ANALYSIS	HEARING DATE/ PLACE	STATUS
<u>1995 ACT 17</u>	PCF/ Punitive Damages in Civil Cases - Tort Reform and Damage Awards	I	Huelsman/ Judiciary Green/ Judiciary	<ul style="list-style-type: none"> • Bill revises standards and procedures for awarding punitive damages in certain civil cases. • The following changes are made: 1. Rule of joint and several liability abolished as to punitive damages; 2. Definition of punitive damages rewritten, raising standard of proof; 3. Evidence of defendant's wealth admissible only after plaintiff establishes legally sufficient case for allowance of punitive damages. • Would measure joint and several liability separately, limiting joint tort-feasor's liability to percentage of attributable total causal negligence. Some exceptions allowed. Sub. Amendment (Senate) to require only entities more than 50% negligent to pay up to 100% of damages if no other negligent party had assets. • Amendment: Environmental actions also included 	SB 11 - Held: 2/1 Assembly: 3/21, 3/24	Passed Senate with amend., 24- 8, 3/1. Assembly exec'd out of ctte., 4/4 on 5-3 vote. Passed Assembly, 65-33, 4/6. Senate concurring on 4/12. Signed by Governor, 5/16. WI Act 17.
SB 11						
AB 118						

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#	CATEGORY/ SUBJECT	OCI POS	SPONSOR/ COMMITTEE REFERRAL	OCI ANALYSIS	HEARING DATE/ PLACE	STATUS
ACT 21	Auto/Stacking	I	Huelsman/ Judiciary, Brancel, Albers/Ins., Sec. and Corp Policy	<ul style="list-style-type: none"> • Overturns a series of appellate court decisions (based on a 1980 Supreme Ct. ruling) which have held that a motor vehicle insurance policy may not prohibit <i>stacking</i> (adding limits of coverage of other policies) of uninsured or underinsured motorist coverage by permitting motor vehicle insurance policies to prohibit stacking of uninsured or underinsured motorist coverage or any other coverage provided by a policy. • Specifies applicable policy limits if ped. is injured by a motor vehicle. • Permits motor vehicle insurance policies to reduce the limits payable under the policy for uninsured or underinsured motorist coverage by payments received from other sources. • <u>Validates</u> certain drive-other-car exclusions • <u>Amendment</u>: Requires insurer to provide written notice upon issuance & renewal informing insured that effect may reduce amt. of coverage available to insured if provision were not included in policy and explain how provision reduces coverage. 	SB 6 Held: 2/1, 2/9	Tues., 2/21, passed Senate 19-12 with amend. Sub. adopted 4/6. Passed out of Ctte., 13- 0. Passed Assembly 96-1. Senate concurrent on sub. 5/16. Passed Assembly 4/5, 96-1. Enrolled 4/7.
SB 6						
AB 25						

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#	CATEGORY/ SUBJECT	OCI POS	SPONSOR/ COMMITTEE REFERRAL	OCI ANALYSIS	HEARING DATE/ PLACE	STATUS
				<ul style="list-style-type: none"> • <u>Substitute Amendment</u>: Removes current prohibition disallowing purchase of more uninsured than liability coverage. • <u>Substitute Amendment</u>: Insurers must notify insureds about the availability of uninsured motorist coverage. <p>Statutes Affected:</p> <ul style="list-style-type: none"> • 631.43 (3) Insurance Contracts Generally. • 632.32 (5) (f) to (j) Insurance Contracts in Specific Lines. Auto and Motor Vehicle Insurance 		

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#	CATEGORY/ SUBJECT	OCI POS	SPONSOR/ COMMITTEE REFERRAL	OCI ANALYSIS	HEARING DATE/ PLACE	STATUS
SB 116	Creation of Motor Vehicle Theft Prevention Board, including a Motor Vehicle Insurer Assessment Fund		Burke/ Transportation, Agriculture and Local Affairs	<ul style="list-style-type: none"> • Bill creates a 7-member motor vehicle theft prevention board to develop, coordinate and promote statewide activities on the prevention of motor vehicle thefts. • 2 members representing motor vehicle insurance purchasers, motor vehicle insurers and law enforcement, and one member representing district attorneys. • Board would administer motor vehicle theft prevention program to assess scope of problem, develop plans for theft prevention, award grants for programs designed to reduce incidence of motor vehicle theft. • Board to establish toll-free 24-hour telephone hotline • Motor vehicle theft prevention fund would provide funding for Board's activities. OCI would collect one dollar for each non-commercial motor vehicle. • Board would sunset on June 30, 2001. 		In committee Fiscal estimates received (4)

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#	CATEGORY/ SUBJECT	OCI POS	SPONSOR/ COMMITTEE REFERRAL	OCI ANALYSIS	HEARING DATE/ PLACE	STATUS
				<p>Statutes affected:</p> <ul style="list-style-type: none"> • 15.03 Structure of Executive Branch. Attachment for Limited Purposes • 15.07 Boards • 15.465 Attached Boards • 16.54 Federal Funds • 20.396 Fund for Board Activities (Appropriations and Budget Management) • 342.45 Authorizes Board • 601.57 Assessments for fund 		

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#	CATEGORY/ SUBJECT	OCI POS	SPONSOR/ COMMITTEE REFERRAL	OCI ANALYSIS	HEARING DATE/ PLACE	STATUS
SB 288	Adjustment of FTEs and appropriation amounts resulting from JFC actions, acceptance and expenditure of the proceeds of certain gifts, grants and bequests made to state agencies, rqmts. for designation of amounts received by a state agency as a refund of expenditures.		Weeden/Ctte. on State Govt. Operations and Corrections	<ul style="list-style-type: none"> Currently, if the governor adjusts PR-funded positions or the sec. of DOA adjusts authorized expenditures from a PR account during the FY immediately preceding any new biennium, DOA may (within 30 days after the effective date of the biennial budget act) provide a report to the joint committee on finance indicating any modifications to positions funded from PR or funding levels for sum certain appropriations made from PR that are necessary to continue into the current fiscal biennium any positions authorized by the gov. or funding adjusted by the sec. If, within 14 working days after receiving the report, the JFC does not schedule a meeting to review the report, DOA may make the modifications indicated in the report. Bill applies above procedure, in addition, to positions funded from GPR and seg. rev., other than fed. revenue. Bill also applies procedure to actions of the JFC which increase # of positions or supplement funding for an agency during the fiscal year preceding the fiscal biennium of the budget act 		In committee

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#	CATEGORY/ SUBJECT	OCI POS	SPONSOR/ COMMITTEE REFERRAL	OCI ANALYSIS	HEARING DATE/ PLACE	STATUS
				<ul style="list-style-type: none"> • Requirements for gift acceptance by an agency are altered, with DOA required to submit report to JFC. • Currently, moneys received by an agency that are not appropriated are generally not available for expenditure until appropriated, but if an agency receives an adjustment of a previously recorded expenditure from a sum certain appropriation to that agency due to activities that are of a temporary nature or activities that couldn't be anticipated during budget development and which serves to reduce or eliminate the previously recorded expenditure in the same FY in which the previously recorded expenditure was made, the sec. of DOA may, upon request of the agency, designate adjustment as an expenditure. When designated, the refund becomes available for expenditure. An agency which proposes to designate an adjustment as a refund of an expenditure must provide to the sec. an explanation of the conditions under which it was received, and other info., including purpose of original expenditure. 		In committee

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#	CATEGORY/ SUBJECT	OCI POS	SPONSOR/ COMMITTEE REFERRAL	OCI ANALYSIS	HEARING DATE/ PLACE	STATUS
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				<ul style="list-style-type: none"> Also under bill, DOA prescribes written policies for identification of refunds of expenditures. An adjustment received by a state agency may be recorded as a refund of expenditures upon submission to the sec. of DOA of a written explanation of the circumstances under which the adjustment was received which qualify the adjustment to be so recorded. An amount received as a result of an expenditure in one fiscal year may be credited and expended in a subsequent fiscal year. 		
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#	CATEGORY/ SUBJECT	OCI POS	SPONSOR/ COMMITTEE REFERRAL	OCI ANALYSIS	HEARING DATE/ PLACE	STATUS
AB 105	Expenditures for Out-of-State Travel by State Agencies		Wirch/Ctte. on Govt. Operations	<ul style="list-style-type: none"> Prohibits agencies from making total expenditures from any revenue source except federal revenue in the 95-97 fiscal biennium for travel expenses incurred by its officers or employees outside Wisconsin exceeding 90% of total amount expended by the agency from that revenue source for that purpose in 94-95 fiscal year. Bill decreases each sum certain appropriation made to each state agency from program revenue or segregated revenue derived from program receipts for each fiscal year in the 1995-97 fiscal biennium by the same amounts. Bill requires secretary of admin. to lapse to the general fund from each sum certain appropriation made to each state agency from each revenue source except program revenue, segregated revenue derived from program receipts and federal revenue for each fiscal year in the 1995-97 fiscal biennium an amount <ul style="list-style-type: none"> equivalent to 10% of the amount expended by 		In committee

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				<p>the agency from that appropriation for travel expenses incurred by its officers & employees outside this state in FY 1994-95.</p> <ul style="list-style-type: none"> • Bill requires the secretary to reestimate expenditure estimate for each sum sufficient appropriation made to each state agency from each revenue source except fed. revenue for each fiscal year in the 1995-97 fiscal biennium to subtract the same amount. • Bill directs secretary to exclude from budgets submitted by state agencies and from the budget submitted to the governor and the legislature for the 1997-99 fiscal biennium, for each sum certain appropriation made to a state agency from general purpose revenue, an amount equivalent to any amount lapsed from that appropriation under the bill. • Currently, there is no statutory limitation on out-of-state travel expenditures by state agencies. 		

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#	CATEGORY/ SUBJECT	OCI POS	SPONSOR/ COMMITTEE REFERRAL	OCI ANALYSIS	HEARING DATE/ PLACE	STATUS
				<ul style="list-style-type: none"> • The sec. of admin. may require state agencies to submit expenditure estimates for approval before making them and the sec. is directed or permitted to withhold approval of the estimates under certain conditions. • Secretary determines form for submittal and submits it to the governor and legislature. <p>Statutes Affected:</p> <ul style="list-style-type: none"> • 16.50 (1) (a) and (2) DOA Departmental Ests. • 20.001 (1) Definitions for Appropriations • 16.42 (1) (e) Agency Requests • 16.46 (5) Biennial Budget Contents (DOA) • 16.43 Budget Compiled (DOA) 		

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#	CATEGORY/ SUBJECT	OCI POS	SPONSOR/ COMMITTEE REFERRAL	OCI ANALYSIS	HEARING DATE/ PLACE	STATUS
AB 126	Requests for Increased Appropriations to State Agencies and Positions of State Agencies		Silbaugh/ Ctte. on State Affairs	<ul style="list-style-type: none"> Under state public official's code of ethics, no state agency officer or employe may present any request, or knowingly utilize any interests outside the agency to present any request, to either house of the legislature or any member or committee, for appropriations that exceed the amount requested by the agency in the agency's most recent biennial budget request. Violators subject to up to \$5,000 forfeiture and/or imprisonment (misdemeanor). Bill provides that officers of state agencies who are not employes of the agencies are not subject to the prohibition Bill allows employe of state agcy to seek add. appropriations for agency upon receiving written approval of governor or DOA sec. Bill clarifies additional appropriations may be made by employe acting in capacity of private citizen. Prohibits employe of an agency from taking a position on a matter of official policy. Bill also prohibits employe of agency from 	Held: 3/21	Sub. offered and exec'd 7-4. Passed Assembly 4/7 on 51- 47 vote. Referred to Committee on State Govt. Operations

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#	CATEGORY/ SUBJECT	OCI POS	SPONSOR/ COMMITTEE REFERRAL	OCI ANALYSIS	HEARING DATE/ PLACE	STATUS
AB 390	Continuing Education Requirements for Insurance Intermediaries and Granting		Prosser/Ins., Securities and Corporate Policy	<p>initiating action which encourages legislative or executive decisions different from the official policy of the agency by which he or she is employed. Does not apply to "whistleblower law," which prohibits reprisals for disclosure of certain information. (Eliminated in sub. amendment)</p> <p>Statutes Affected:</p> <ul style="list-style-type: none"> • 13.10 (3) Joint Committee on Finance Approvals • 19.45 (12) (a) (intro.) Standards of Conduct • 16.52 (7) Definition of Agency • 19.58 (1) Criminal Penalties, Public Officials <p>• Chapter 601 on Insurance Administration would be amended to authorize the commissioner to approve organizations that may offer prelicensing or continuing education courses or programs and to approve the courses that approved organization may offer.</p>		In committee

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#	CATEGORY/ SUBJECT	OCI POS	SPONSOR/ COMMITTEE REFERRAL	OCI ANALYSIS	HEARING DATE/ PLACE	STATUS
	Rule Making Authority			<ul style="list-style-type: none"> • Bill requires an organization that is approved by the commissioner to pay a fee set by the commissioner by rule, but not exceeding \$500, for the issuance of the approval. • Bill requires approved organizations to pay an annual amount set by the commissioner by rule, but not exceeding \$100 for renewal of approvals. • Approved organizations are required to pay a fee set by the commissioner not to exceed \$25 per credit hour for each course the organization submits for initial approval or approval of a subsequent modification. • Bill changes # of continuing ed. hrs. the commiss. may require a licensed intermediary to complete - no more than 30 hrs. in a 2 year period. • Bill provides that if an intermediary whose license is suspended for failure to produce evidence of compliance with CE standards produces such evidence within 60 days after license is suspended, license is reinstated. 		

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#	CATEGORY/ SUBJECT	OCI POS	SPONSOR/ COMMITTEE REFERRAL	OCI ANALYSIS	HEARING DATE/ PLACE	STATUS
AB 396	Eliminating the position of Executive Assistant		Meyer/Joint Ctte. on Finance	<p>effective on date of suspension. If evidence of compliance isn't produced within 60 days, license is revoked and intermed. must satisfy all original licensing requirements to be relicensed.</p> <ul style="list-style-type: none"> • Currently, certain agencies are authorized to appoint an executive assistant who serves at the pleasure of the applicable appointing authority. • This bill eliminates the executive assistant. 		In committee