



State of Wisconsin

LEGISLATIVE REFERENCE BUREAU

RESEARCH APPENDIX - **PLEASE DO NOT REMOVE FROM DRAFTING FILE**

Date Added To File: 04/15/2003 (Per: DAK)



☞ The drafting file for 2003 LRB -1483/2

has been copied/added to the drafting file for

2003 LRB -2490

☞ The attached 2003 draft was incorporated into the new 2003 draft listed above. For research purposes, this cover sheet and the attached drafting file were copied on yellow paper (darkened - auto centered - reduced to 90%), and added, as a appendix, to the new 2003 drafting file. If introduced this section will be scanned and added, as a separate appendix, to the electronic drafting file folder.

☞ This cover sheet was added to rear of the original 2003 drafting file. The drafting file was then returned, intact, to its folder and filed.

2003 DRAFTING REQUEST

Senate Joint Resolution

Received: 01/14/2003

Received By: dkennedy

Wanted: As time permits

Identical to LRB:

For: Robert Cowles (608) 266-0484

By/Representing: Jennifer Halbur

This file may be shown to any legislator: NO

Drafter: dkennedy

May Contact:

Addl. Drafters:

Subject: Health - miscellaneous

Extra Copies: RLR

Submit via email: YES

Requester's email: Sen.Cowles@legis.state.wi.us

Carbon copy (CC:) to:

Pre Topic:

No specific pre topic given

Topic:

Equal Medicare benefits regardless of geography

Instructions:

See Attached

Drafting History:

<u>Vers.</u>	<u>Drafted</u>	<u>Reviewed</u>	<u>Typed</u>	<u>Proofed</u>	<u>Submitted</u>	<u>Jacketed</u>	<u>Required</u>
/?							
/1	dkennedy 01/14/2003	kgilfoy 01/15/2003	pgreensl 01/16/2003	_____	lemery 01/16/2003		
/2	dkennedy 02/17/2003	kgilfoy 02/17/2003	jfrantze 02/18/2003	_____	lemery 02/18/2003	amentkow 03/27/2003	

03/27/2003 03:05:27 PM

Page 2.

LRB-1483

FE Sent For:

<END>

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/2	dkennedy 02/17/2003	kgilfoy 02/17/2003	jfrantze 02/18/2003	_____	lemery 02/18/2003		

for
Senate
by
Jennifer
@
Office

02/18/2003 12:42:50 PM

Page 2

LRB-1483

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<END>

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FE Sent For:

12-2/17/03
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 2/16
 2/18
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FE Sent For: *PS/RS*
<END>



MEMBER:
Environmental Resources Committee
Health, Utilities, Veterans and
Military Affairs Committee
Joint Committee for Review of
Administrative Rules

January 9, 2003

To: Debora Kennedy

From: Jennifer Halbur

Re: Medicare Resolution

Senator Cowles would like to introduce a resolution regarding insufficient Medicare payments to Wisconsin. Please draft the attached language to accomplish this.

Thank you for your help. Please let me know if you have any questions or need further information from me. I can be reached at 266-0484.

Office:
Room 123 South, State Capitol
P.O. Box 7882
Madison, WI 53707-7882
608-266-0484

Toll-Free Hotline: 1-800-334-1465
TDD Hotline: 1-800-228-2115
Fax: 608-267-0304

District:
300 W. St. Joseph Street
Green Bay, WI 54301-2328
920-448-5092
Fax: 920-448-5093

2003 SENATE JOINT RESOLUTION ? (DRAFT)

Relating to: urging the Wisconsin congressional delegation to work to enact legislation that would reform the current Medicare system and create a funding method that will dispense equal benefits regardless of geography.

Whereas, the archaic and complex Medicare reimbursement formula rewards Medicare providers in areas with high historic health costs while penalizing those providers in low cost areas for the same services; and

Whereas, Wisconsin and other upper mid-western states have traditionally been paid less per Medicare enrollee due to our efficient, low cost management of health care services; and

Whereas, Wisconsin receives the eighth lowest Medicare payments per enrollee in the nation; and

Whereas, if Wisconsin received Medicare payments at the national average, an additional \$1 billion in benefits would flow to our seniors and their health care providers; and

Whereas, Wisconsin should no longer be a "donor" state by contributing its fair share to the federal program while receiving fewer benefits and lower reimbursements in return; and

Whereas, the failure of Wisconsin Medicare to cover the cost of health care for its beneficiaries shifts the cost burden to employers and the privately insured, translating into a hidden tax increase that contributes to rising health insurance premiums and the uninsured population; and

Whereas, an increase in the uninsured would have a detrimental impact on the health of many Wisconsin citizens, would drive up health care costs, and could lead to a significant rise in the use of government programs such as BadgerCare or Medicaid, thus requiring additional funding from Wisconsin taxpayers; and

Whereas, another practical result of this payment inequity is that Wisconsin's seniors are denied access to the broad range of affordable benefits and services that seniors in many other states take for granted; and

Whereas, in places where reimbursement rates are high, such as Florida, Medicare HMOs can offer their plans without a premium, while in Wisconsin the Medicare population has limited access to HMO care; and

Whereas Wisconsin's hospitals are paid 14 percent less than their costs and thus rank 45th nationally in percent of costs paid for providing services to Medicare beneficiaries; and

Whereas, the impact of this inequity threatens the viability of our health care providers, especially in rural Wisconsin where Medicare enrollees typically constitute over 50 percent of a hospital's costs; and

Whereas, allowing the Medicare reimbursement formula to exist in its current form will guarantee even greater cost shifting, unending double digit health insurance premium increases, increased uninsured, continued decrease in physicians accepting Medicare patients, and fewer hospitals; and

Whereas, Wisconsin hospitals, physicians and insurers stand united in their effort to ensure that Wisconsin providers receive the payments they deserve, and that patients receive the benefits they deserve; now, therefore, be it

Resolved by the assembly, the senate concurring, That the Wisconsin legislature urges the members of the congressional delegation from this state to work to enact legislation that would reform the current Medicare system and create a funding method that will dispense equal benefits regardless of geography; and, be it further

Resolved, That the assembly chief clerk shall send copies of this joint resolution to the President, the speaker of the U.S. house of representatives, the president of the U.S. senate, and all of the members of the congressional delegation from this state.

(END)

9/14

LRS - 1483/1
DAK: King

2003 SENATE JOINT RESOLUTION ~~100~~

← **Relating to:** urging the Wisconsin congressional delegation to work to enact legislation that would reform the current Medicare system and create a funding method that will dispense equal benefits regardless of geography.

Whereas, the archaic and complex Medicare reimbursement formula rewards Medicare providers in areas with high historic health costs while penalizing those providers in low-cost areas for the same services; and

Whereas, Wisconsin and other upper midwestern states have traditionally been paid less per Medicare enrollee due to our efficient, low-cost management of health care services; and

Whereas, Wisconsin receives the ~~8th~~^{8th} lowest Medicare payments per enrollee in the nation; and

DO NOT BOLD

Whereas, if Wisconsin received Medicare payments at the national average, an additional **(\$1 billion)** in benefits would flow to our seniors and their health care providers; and

Whereas, Wisconsin should no longer be a "donor" state by contributing its fair share to the federal program while receiving fewer benefits and lower reimbursements in return; and

Whereas, the failure of Wisconsin Medicare to cover the cost of health care for its beneficiaries shifts the cost burden to employers and the privately insured, translating into a hidden tax increase that contributes to rising health insurance premiums and the uninsured population; and

Whereas, an increase in the uninsured would have a detrimental impact on the health of many Wisconsin citizens, would drive up health care costs, and could lead to a significant rise in the use of government programs such as BadgerCare or ~~Medicaid~~, thus requiring additional funding from Wisconsin taxpayers; and

forty-five

Whereas, another practical result of this payment inequity is that Wisconsin's seniors are denied access to the broad range of affordable benefits and services that seniors in many other states take for granted; and

Medical Assistance

Whereas, in places where reimbursement rates are high, such as Florida, Medicare ~~PPOs~~ can offer their plans without a premium, while in Wisconsin the Medicare population has limited access to ~~Medicare~~ care; and

Whereas, Wisconsin's hospitals are paid ~~14 percent~~^{14%} less than their costs and thus rank ~~48th~~ nationally in ~~percent~~^{percentage} of costs paid for providing services to Medicare beneficiaries; and

Whereas, the impact of this inequity threatens the viability of our health care providers, especially in rural Wisconsin where Medicare enrollees typically constitute over ~~20 percent~~^{50%} of a hospital's costs; and

Whereas, allowing the Medicare reimbursement formula to exist in its current form will guarantee even greater cost-shifting, unending double-digit health insurance premium increases, ~~increased~~ uninsured, continued decrease in physicians accepting Medicare patients, and fewer hospitals; and

health maintenance organizations

health maintenance organization

an increase in the

Senate

assembly

Whereas, Wisconsin hospitals, physicians, and insurers stand united in their effort to ensure that Wisconsin providers receive the payments, they deserve, and that patients receive the benefits, they deserve; now, therefore, be it

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Resolved, That the assembly chief clerk shall send copies of this joint resolution to the President, the speaker of the U.S. house of representatives, the president of the U.S. senate, and all of the members of the congressional delegation from this state.

(END)

Senate

of the
United
States



MEMBER:
Environmental Resources Committee
Health, Utilities, Veterans and
Military Affairs Committee
Joint Committee for Review of
Administrative Rules

February 17, 2003

To: Debora Kennedy

From: Jennifer Halbur

Re: LRB 1483/1 re: Medicare Resolution

On page 2 line 22 could you add:

; and whereas Wisconsin physicians are paid approximately one-third or less of their costs and consistently ranks nationally as one of the ten lowest states reimbursed for medical services provided; and
Whereas the impact of this inequity has translated into 50 percent of Wisconsin physicians who treat Medicare patients now delaying the purchase of new and needed equipment; and, whereas 15 percent of physicians have started restricting the number of new Medicare patients they will accept while another 9 percent can no longer afford to accept new Medicare patients, despite an aging Wisconsin population; and
whereas the number of physicians who are still currently seeing Medicare patients have reduced their number of weekly appointments by 18 percent; and
whereas the Medicare cuts cost Wisconsin physicians \$40 million last year forcing 6 percent to close their private practice because they could no longer cover their overhead costs and pay their staff; and
Whereas the impact of this inequity means the poor, disabled and elderly will face serious challenges trying to access care access and
whereas.....continue line 23....

Thank you for your help. If you have any questions please call me at 266-0484.

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Room 123 South, State Capitol
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Fax: 920-448-5093



(SOON - Juedit 2/17)

State of Wisconsin
2003 - 2004 LEGISLATURE

LRB-1483/2
DAK:kmg:pg

2003 SENATE JOINT RESOLUTION

1 **Relating to:** urging the Wisconsin congressional delegation to work to enact
2 legislation that would reform the current Medicare system and create a funding
3 method that will dispense equal benefits regardless of geography.

4 Whereas, the archaic and complex Medicare reimbursement formula rewards
5 Medicare providers in areas with high historic health costs while penalizing those
6 providers in low-cost areas for the same services; and

7 Whereas, Wisconsin and other upper midwestern states have traditionally
8 been paid less per Medicare enrollee due to our efficient, low-cost management of
9 health care services; and

10 Whereas, Wisconsin receives the 8th lowest Medicare payments per enrollee in
11 the nation; and

12 Whereas, if Wisconsin received Medicare payments at the national average, an
13 additional \$1^{,000,000,000} billion in benefits would flow to our seniors and their health care
14 providers; and

1 Whereas, Wisconsin should no longer be a “donor” state by contributing its fair
2 share to the federal program while receiving fewer benefits and lower
3 reimbursements in return; and

4 Whereas, the failure of Wisconsin Medicare to cover the cost of health care for
5 its beneficiaries shifts the cost burden to employers and the privately insured,
6 translating into a hidden tax increase that contributes to rising health insurance
7 premiums and the uninsured population; and

8 Whereas, an increase in the uninsured would have a detrimental impact on the
9 health of many Wisconsin citizens, would drive up health care costs, and could lead
10 to a significant rise in the use of government programs such as BadgerCare or
11 Medical Assistance, thus requiring additional funding from Wisconsin taxpayers;
12 and

13 Whereas, another practical result of this payment inequity is that Wisconsin’s
14 seniors are denied access to the broad range of affordable benefits and services that
15 seniors in many other states take for granted; and

16 Whereas, in places where reimbursement rates are high, such as Florida,
17 Medicare health maintenance organizations can offer their plans without a
18 premium, while in Wisconsin the Medicare population has limited access to health
19 maintenance organization care; and

20 Whereas, Wisconsin’s hospitals are paid 14% less than their costs and thus rank
21 ~~forty-fifth~~^{45th} nationally in percentage of costs paid for providing services to Medicare
22 beneficiaries; and

23 **INSERT 2-22**

23 Whereas, the impact of this inequity threatens the viability of our health care
24 providers, especially in rural Wisconsin where Medicare enrollees typically
25 constitute over 50% of a hospital’s costs; and

greater

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Whereas, allowing the Medicare reimbursement formula to exist in its current form will guarantee even ~~great~~ ^{greater} cost-shifting, unending double-digit health insurance premium increases, an increase in the uninsured, a continued decrease in physicians accepting Medicare patients, and fewer hospitals; and

Whereas, Wisconsin hospitals, physicians, and insurers stand united in their effort to ensure that Wisconsin providers receive the payments that they deserve, and that patients receive the benefits that they deserve; now, therefore, be it

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(END)

(INSERT 2-22)



MEMBER:
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Military Affairs Committee
Joint Committee for Review of
Administrative Rules

February 17, 2003

To: Debora Kennedy

From: Jennifer Halbur

Re: LRB 1483/1 re: Medicare Resolution

in Medicare reimbursement

On page 2 line 22 could you add:

- # ~~now~~ whereas Wisconsin physicians are paid approximately one-third or less of their costs and consistently ranks nationally as one of the ~~ten~~ lowest states ~~reimbursed~~ for medical services provided; and
 - # Whereas, the impact of this inequity has translated into ~~40 percent~~ of Wisconsin physicians who treat Medicare patients ~~now delaying~~ the purchase of new and needed equipment; and
 - # whereas, ~~15 percent~~ of physicians have started restricting the number of new Medicare patients they will accept while another ~~9 percent~~ can no longer afford to accept new Medicare patients, despite an aging Wisconsin population; and
 - # whereas, ~~the number of~~ physicians who are still currently seeing Medicare patients have reduced their number of weekly appointments by ~~18 percent~~; and
 - # whereas, the Medicare cuts cost Wisconsin physicians \$40 million last year forcing ~~6 percent~~ to close their private ~~practices~~ because they could no longer cover their overhead costs and pay their staff; and
 - # Whereas, the impact of this inequity means the poor, disabled and elderly will face serious challenges trying to access care ~~areas~~ and
- whereas.....continue line 23....

Wisconsin

the delay by 50%

70% of physicians

70

10

70

1,000,000

that

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4 Whereas, the archaic and complex Medicare reimbursement formula rewards
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6 providers in low-cost areas for the same services; and

7 Whereas, Wisconsin and other upper midwestern states have traditionally
8 been paid less per Medicare enrollee due to our efficient, low-cost management of
9 health care services; and

10 Whereas, Wisconsin receives the 8th lowest Medicare payments per enrollee in
11 the nation; and

12 Whereas, if Wisconsin received Medicare payments at the national average, an
13 additional \$1,000,000,000 in benefits would flow to our seniors and their health care
14 providers; and

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2 share to the federal program while receiving fewer benefits and lower
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18 premium, while in Wisconsin the Medicare population has limited access to health
19 maintenance organization care; and

20 Whereas, Wisconsin’s hospitals are paid 14% less than their costs and thus rank
21 45th nationally in percentage of costs paid for providing services to Medicare
22 beneficiaries; and

23 Whereas, Wisconsin physicians are paid approximately one-third or less of
24 their costs, and Wisconsin consistently ranks nationally as one of the 10 lowest states
25 in Medicare reimbursement for medical services provided; and

1 Whereas, the impact of this inequity has now translated into the delay, by 50%
2 of Wisconsin physicians who treat Medicare patients, in the purchase of new and
3 needed equipment; and

4 Whereas, 15% of physicians have started restricting the number of new
5 Medicare patients that they will accept while another 9% can no longer afford to
6 accept new Medicare patients, despite an aging Wisconsin population; and

7 Whereas, physicians who are still currently seeing Medicare patients have
8 reduced their number of weekly appointments by 18%; and

9 Whereas, the Medicare cuts cost Wisconsin physicians \$40,000,000 last year,
10 forcing 6% of physicians to close their private practices because they could no longer
11 cover their overhead costs and pay their staff; and

12 Whereas, the impact of this inequity means the poor, disabled, and elderly will
13 face serious challenges trying to access care; and

14 Whereas, the impact of this inequity threatens the viability of our health care
15 providers, especially in rural Wisconsin where Medicare enrollees typically
16 constitute over 50% of a hospital's costs; and

17 Whereas, allowing the Medicare reimbursement formula to exist in its current
18 form will guarantee even greater cost-shifting, unending double-digit health
19 insurance premium increases, an increase in the uninsured, a continued decrease in
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8 (END)