2003 DRAFTING REQUEST

Senate Substitute Amendment (SSA-SB204)

Received: 10/01/2003			Received By: pk	ahler				
Wanted: Soon	Identical to LRB:							
For: Sheila Harsdorf (608) 266-7745	By/Representing	: John Reinem	ann					
This file may be shown to any legislate	or: NO		Drafter: pkahler	•				
May Contact:	Addl. Drafters:							
Subject: Insurance - health			Extra Copies:					
Submit via email: YES								
Requester's email: Sen.Harsdo	orf@legis.s	state.wi.us						
Carbon copy (CC:) to:								
Pre Topic:								
No specific pre topic given								
Topic:								
Health benefit purchasing cooperatives								
Instructions:								
See Attached								
Drafting History:								
Vers. <u>Drafted</u> <u>Reviewed</u>	Typed	Proofed	Submitted	<u>Jacketed</u>	Required			
pkahler kfollett 10/03/2003 10/03/2003					•			
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, 10/06/2003 10:18:36 AM Page 2

FE Sent For:

<END>

2003 DRAFTING REQUEST

Senate Substitute Amendment (SSA-SB204)

Received: 10/01/2003	Received By: pkahler							
Wanted: Soon	Identical to LRB:							
For: Sheila Harsdorf (608) 266-7745	By/Representing: John Reinemann							
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/? pkahler //k								
FE Sent For:	819F							

Reinemann, John

From: Reinemann, John

Sent: Wednesday, October 01, 2003 4:02 PM

To: Kahler, Pam Subject: AB 447/ SB 204

Pam: We will be asking for a sub amendment on AB 447 / SB 204. The purpose of the sub is to make four changes:

First, we have learned that under the bill as drafted, only HMOs would be eligible to provide the coverage to the co-op groups that form as part of this pilot project. That was not out intent and we want to change that.

Second, OCI tells us that our provision requiring them to define geographic areas for this project by rule will be cumbersome. They offer to draft these regions by order, which is a shorter process, if we will amend the bill to allow them to do so. We obviously want a speedy implementation of the pilot project and we plan to include this change in the sub amendment to help OCI be more responsive.

We also want to change two of the finer points of administration of the pilot programs.

- The cooperative (or Alliance) should have the authority to limit enrollment, not the insurer, and
- The cooperative (or Alliance) should be collecting the 36th month premium instead of the insurer.

We have a marked-up copy of AB 447 that I will be faxing shortly, that will make our intent clear. Please look at it and let me know if you have any questions.

We are hoping to act on this bill in the Senate as soon as next week, Oct 7th. Is that possible? Let me know. Thanks.

John Reinemann 6-0486



REPRESENTATIVE CURTIS GIELOW

State of Wisconsin, Twenty-Third Assembly District

10-1-03 To: Pam Kahler ASA 1 to AB 447 SSA 1 to SB 204 Re: ASA 1 to Per my earlier email

pgs to follow: (7) Pls call of any questions.

John Rememan

July 25. 2003 – Introduced by Representatives Gielow. Ladwig, Ott, Gronemus. Kestell, Musser, M., Lehman, Krawczyk, Owens, Powers, Van Roy. Gunderson, Gundrum, Hines, Zepnick Pope-Roberts, Hahn. Ploupr. Towns. Ainsworth, Loeffelholz, M. Williams, Albers, Vrakas, Staskunas, Hundertmark, Weber, Jensen, Balow and Petrowski, cosponsored by Senators Harsdorf. Erpenbach. Brown, Stepp. M. Meyer, Hansen, Risser and Roessler. Referred to Committee on Insurance.

AN ACT to create 185.99 of the statutes; relating to: authorizing a health benefit

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purchasing cooperative pilot project and granting rule-making authority.

Analysis by the Legislative Reference Bureau

This bill authorizes a pilot project in which one nonstock health benefit purchasing cooperative (cooperative) may be organized in each of five geographic areas of the state that are designated by the Commissioner of Insurance (commissioner) by rule. A cooperative may be organized by one or more persons, which the bill defines as any type of business, an association, a trade or labor organization, a municipality, or a self-employed individual. Any person that does business in, is located in, has a principal office in, or resides in a geographic area in which a cooperative is organized, that meets the membership criteria established by the cooperative in its bylaws, and that pays the membership fee may be a member of the cooperative organized in that geographic area.

The purpose of the cooperatives is to provide health care benefits to the employees, members, and officers of the members of each cooperative and to their dependents through a three-year contract with a defined network plan. The health insurance risk of all cooperative members is pooled; the members are actively involved in designing the health care benefit options offered by the defined network plan; and all members purchase their health care benefits from the defined network plan, although a cooperative may also offer its members a point-of-service option plan under which an individual may receive health care services from a provider who is not a participating provider in the defined network plan and pay the difference between what the provider charges and what the defined network plan would pay a participating provider.

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Each cooperative must submit to the legislature and to the commissioner an annual report on the progress of the health benefit purchasing arrangement and, within a year after the end of the three-year contract term, a report on the significant findings from the project, including the effects on group heath care coverage premiums and the number of uninsured in the geographic area of the cooperative.

For further information see the state and local fiscal estimate, which will be printed as an appendix to this bill.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

SECTION 1. 185.99 of the statutes is created to read:

185.99 Health benefit purchasing cooperatives. (1) Definitions. In this section:

- (a) "Commissioner" means the commissioner of insurance.
- (b) Defined network plant has the meaning given in a. 609.01 (1b).
- (c) "Eligible employee" has the meaning given in s. 632,745 (5) (a).
- (d) "Person" means any corporation. limited liability company, partnership, cooperative, association, trade or labor organization, city, village, town, county, or self-employed individual.
 - (e) "Point-of-service option plan" has the meaning given in s. 609.10 (1) (ac).
- (2) Organization and purpose. (a) Notwithstanding s. 185.02, one health benefit purchasing cooperative may be organized under this chapter before the first day of the 49th month beginning after the effective date of this subsection (revisor inserts date), in each of the 5 geographic areas designated under sub. (6). Notwithstanding s. 185.043, each health benefit purchasing cooperative may be formed by one or more persons.

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- (c) A health benefit purchasing cooperative shall be designed so that all of the following are accumplished:
- 1. The members become better informed about health care trends and cost increases.
- -2. All members purchase their health care benefits from the same defined network plan, subject to sub. (4) (d).
- 3. The members are actively engaged in designing health care benefit options that are offered by the defined network plan and that meet the needs of their community.
 - 4. The health insurance risk of all of the members is pooled.
- 5. The members actively participate in health improvement decisions for their community.
- (2m) Temporary BOARD OF DIRECTORS. Notwithstanding s. 185.05.(1) (m), the articles of a health benefit purchasing cooperative shall set forth the name and address of at least one incorporator who will act as the temporary board.
- (3) COOPERATIVE MEMBERSHIP. (a) Notwithstanding s. 185,11 (1), each health benefit purchasing cooperative shall be organized on a membership basis with no capital stock.
- (b) Any person that does business in, is located in has a principal office in, or resides in the geographic area in which a health benefit purchasing cooperative is organized, that meets the membership criteria established by the health benefit

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1	purchasing cooperative in its bylaws, and that pays the membership fee may be a
2	member of the health benefit purchasing cooperative.
3	(c) Each health benefit purchasing cooperative shall file its membership
4	criteria, as well as any amendments to the criteria, with the commissioner.
5	(4) HEALTH CARE BENEFITS. (a) The health care benefits offered by a health
6	benefit purchasing cooperative shall be negotiated between the health benefit
7	purchasing cooperative and the defined network plan. Subject to par. (b), the defined privide
8	network-plan must offer coverage to all of the following:
9	1. An individual who is a member, officer, or eligible employee of a member of
10	the health benefit purchasing cooperative.
11	2. A self-employed individual who is a member of the health benefit purchasing
12	comperative.
13	3. A dependent of an individual under subd. 1. or 2. who receives coverage.
14	(b) The defined network plan may limit enrollment of self-employed
15	individuals by establishing enrollment criteria, but such criteria must be applied in
16	the same manner to all self-employed individuals.
17	(c) The contract between the members of a health benefit purchasing
18	cooperative and a defined network plan shall be for a term of 3 years. Upon shrough plan seek and a term of 3 years.
19	enrollment in the defined network plan, each member shall pay to the defined
20	retwork plan the member's applicable premium for the 36th month of coverage
21	under the contract. If a member withdraws from the health benefit purchasing

cooperative before the end of the contract term, the defined network plan may retain.

as a penalty, the premium that the member paid for the 36th month of coverage.

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- (5) Appringval Richings Reports. Each health benefit purchasing cooperative shall submit to the legislature under s. 13 172 (2) and to the commissioner all of the following:
- (a) Annually no later than September 30, a report on the progress of the health benefit purchasing arrangement described in this section and to the extent possible, any significant findings in the criteria under par. (b) 1 to 3.
- (b) Within one year after the end of the term of the contract under sub. (4) (c). a final report that details significant findings from the project and that includes, at a minimum, to the extent available, information on all of the following:
- I: The extent to which the health benefit purchasing arrangement had an impact on the mimber of uninsured in the geographic area in which it operated
- 2. The effect on health care coverage premiums for groups in the geographic area in which the health benefit purchasing arrangement operated including groups other than the health benefit purchasing cooperative
- The degree to which health care consumers were involved in the development and implementation of the health benefit purchasing arrangement.
- (6) DESIGNATION OF GEOGRAPHIC AREAS. The commissioner shall designate, by rule, the 5 geographic areas of the state in which health benefit purchasing cooperatives may be organized. A geographic area may overlap with one or more. other geographic areas.

Section 2. Nonstatutory provisions.

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	(1) RULES ON GEOGRAPHIC AREAS. The commissioner of insurance shall submit
	in proposed form the rules required under section 185.99 (6) of the statutes, as
	created by this act, to the legislative council staff under section 227.15 (1) of the
	statutes no later than the first-day of the 7th month beginning after the effective date
	of this subsection
•	(END)

(A)

COOperativ

Kahler, Pam

From:

Schneider, Christian

Sent:

Thursday, October 02, 2003 8:34 AM

To:

Kahler, Pam

Subject:

FW: Assembly Sub to AB 447

Importance:

High

Pam,

As mentioned below, Senator Harsdorf would like an indentical sub amendment drafted for SB 204. Thanks.

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

From:

Reinemann, John

Sent:

Wednesday, October 01, 2003 8:11 PM

To:

Sen.Harsdorf; Jablonski, Jack; 'Bill.Oemichen@WFCMAC.COOP'; 'melissa.duffy@wfcmac.coop'

Subject:

Assembly Sub to AB 447

Importance:

High

I am informed by LRB that we should have an Assembly Sub amendment to AB 447 early tomorrow. I will email the PDF of the draft to you as soon as I can, and we will need to examine it quickly. Pam is willing and able to do the Senate Sub (which we need quicker than the Assembly Sub, as you know) almost immediately but we need to get any changes to her ASAP.

I will ship the sub as soon as I have it. Please look at it as soon as possible and let me know if there are any issues. Thank you.

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would authorize the state to seek
is you fed & for the health benefit
purchasing cooperative project -
in MN heeded to pass allting
levilation to be able to some of
use LeD & Contraction
- may need to add language that would authorize the state to seek our fed & for the health benefit purchasing corporative prospect. In MN headed to pass additional legitation to be able to receive and use fed & for their similar
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State of Misconsin 2003 - 2004 LEGISLATURE

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SENATE ASSEMBLY SUBSTITUTE AMENDMENT,

TO 2003 ASSETHBEN BILL 447 204

SENATE

(Regen)

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AN ACT to create 185.99 of the statutes; relating to: authorizing a health benefit

purchasing cooperative pilot project.

Analysis by the Legislative Reference Bureau

This substitute amendment authorizes a pilot project in which one nonstock health benefit purchasing cooperative (cooperative) may be organized in each of five geographic areas of the state that are designated by the Commissioner of Insurance (commissioner) by order. A cooperative may be organized by one or more persons, which the substitute amendment defines as any type of business, an association, a trade or labor organization, a municipality, or a self—employed individual. Any person that does business in, is located in, has a principal office in, or resides in a geographic area in which a cooperative is organized, that meets the membership criteria established by the cooperative in its bylaws, and that pays the membership fee may be a member of the cooperative organized in that geographic area.

The purpose of the cooperatives is to provide health care benefits to the employees, members, and officers of the members of each cooperative and to their dependents through a three—year contract with an insurer. The health insurance risk of all cooperative members is pooled; the members are actively involved in designing the health care benefit options offered by the insurer; and all members purchase their health care benefits from the insurer.

Each cooperative must submit to the legislature and to the commissioner an annual report on the progress of the health benefit purchasing arrangement and,

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within a year after the end of the three-year contract term, a report on the significant findings from the project, including the effects on group heath care coverage premiums and the number of uninsured in the geographic area of the cooperative.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

Section 1. 185.99 of the statutes is created to read:

2 185.99 Health benefit purchasing cooperatives. (1) Definitions. In this section:

- (a) "Commissioner" means the commissioner of insurance.
- (b) "Eligible employee" has the meaning given in s. 632.745 (5) (a).
- (c) "Person" means any corporation, limited liability company, partnership, cooperative, association, trade or labor organization, city, village, town, county, or self-employed individual.
- (2) Organization and purpose. (a) Notwithstanding s. 185.02, one health benefit purchasing cooperative may be organized under this chapter before the first day of the 49th month beginning after the effective date of this subsection [revisor inserts date], in each of the 5 geographic areas designated under sub. (6). Notwithstanding s. 185.043, each health benefit purchasing cooperative may be formed by one or more persons.
- (b) The purpose of a health benefit purchasing cooperative is to provide health care benefits for the individuals specified in sub. (4) (a) 1. to 3., through a contract with an insurer authorized to do business in this state in one or more lines of insurance that includes health insurance.
- (c) A health benefit purchasing cooperative shall be designed so that all of the following are accomplished:

1	1. The members become better informed about health care trends and cost
2	increases.
3	2. All members purchase their health care benefits from the same insurer.
4	3. The members are actively engaged in designing health care benefit options
5	that are offered by the insurer and that meet the needs of their community.
6	4. The health insurance risk of all of the members is pooled.
7	5. The members actively participate in health improvement decisions for their
8	community.
9	(2m) Temporary board of directors. Notwithstanding s. 185.05 (1) (m), the
10	articles of a health benefit purchasing cooperative shall set forth the name and
11	address of at least one incorporator who will act as the temporary board.
12	(3) COOPERATIVE MEMBERSHIP. (a) Notwithstanding s. 185.11 (1), each health
13	benefit purchasing cooperative shall be organized on a membership basis with no
14	capital stock.
15	(b) Subject to par. (c), any person that does business in, is located in, has a
16	principal office in, or resides in the geographic area in which a health benefit
17	purchasing cooperative is organized, that meets the membership criteria established
18	by the health benefit purchasing cooperative in its bylaws, and that pays the
19	membership fee may be a member of the health benefit purchasing cooperative.
20	(c) A health benefit cooperative may limit membership of self-employed
21	individuals through its membership criteria, but such criteria must be applied in the
22	same manner to all self-employed individuals.
23	(d) Each health benefit purchasing cooperative shall file its membership

criteria, as well as any amendments to the criteria, with the commissioner.

- (4) HEALTH CARE BENEFITS. (a) The health care benefits offered by a health benefit purchasing cooperative shall be negotiated between the health benefit purchasing cooperative and the insurer. The insurer must offer coverage to all of the following:
- 1. An individual who is a member, officer, or eligible employee of a member of the health benefit purchasing cooperative.
- 2. A self–employed individual who is a member of the health benefit purchasing cooperative.
 - 3. A dependent of an individual under subd. 1. or 2. who receives coverage.
- (b) The contract between the members of a health benefit purchasing cooperative and an insurer shall be for a term of 3 years. Upon enrollment in the insurer's health benefit plan, each member shall pay to the health benefit purchasing cooperative an amount determined by the health benefit purchasing cooperative that is not less than the member's applicable premium for the 36th month of coverage under the contract. If a member withdraws from the health benefit purchasing cooperative before the end of the contract term, the health benefit purchasing cooperative may retain, as a penalty, an amount specified by the health benefit purchasing cooperative that is not less than the premium that the member paid for the 36th month of coverage.
- (5) ADDITIONAL REQUIRED REPORTS. Each health benefit purchasing cooperative shall submit to the legislature under s. 13.172 (2) and to the commissioner all of the following:
- (a) Annually, no later than September 30, a report on the progress of the health benefit purchasing arrangement described in this section and, to the extent possible, any significant findings in the criteria under par. (b) 1. to 3.

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- (b) Within one year after the end of the term of the contract under sub. (4) (b), a final report that details significant findings from the project and that includes, at a minimum, to the extent available, information on all of the following:
- 1. The extent to which the health benefit purchasing arrangement had an impact on the number of uninsured in the geographic area in which it operated.
- 2. The effect on health care coverage premiums for groups in the geographic area in which the health benefit purchasing arrangement operated, including groups other than the health benefit purchasing cooperative.
- 3. The degree to which health care consumers were involved in the development and implementation of the health benefit purchasing arrangement.
- (6) Designation of Geographic areas. After consultation with the Wisconsin Federation of Cooperatives, the commissioner shall designate, by order, the 5 geographic areas of the state in which health benefit purchasing cooperatives may be organized. A geographic area may overlap with one or more other geographic areas.

(END)

Jusent 5-15

2003-2004 DRAFTING INSERT FROM THE LEGISLATIVE REFERENCE BUREAU

INSERT A

The substitute amendment also authorizes any state agency to seek federal or private funding that may be used to support the activities of the project.

(END OF INSERT A)

INSERT 5-15

1	SECTION Nonstatutory provisions.
2	(1) Any state agency may seek federal or private funding that may be used to
3	support the activities of the project under section 185.99 of the statutes, as created
4	by this act.

(END OF INSERT 5-15)