## Fiscal Estimate - 2003 Session

Original	Updated Corre	cted	Supplemental	
LRB Number <b>03-1978/2</b>	Introduction	on Number S	B-71	
Subject				
Treatment of prescription drug costs	s under AODA coverage			
Fiscal Effect				
State:  No State Fiscal Effect Indeterminate Increase Existing Appropriations Decrease Existing Appropriations Create New Appropriations	Increase Existing Revenues Decrease Existing Revenues		s - May be possible n agency's budget No	
Local:  ☐ No Local Government Costs ☐ Indeterminate ☐ 1.☐ Increase Costs ☐ Permissive ☐ Mandatory ☐ And Decrease Revenue ☐ Permissive ☐ Mandatory ☐ Districts ☐ Districts ☐ Districts				
Fund Sources Affected  Affected Ch. 20 Appropriations  GPR FED PRO PRS SEG SEGS				
Agency/Prepared By	Authorized Signate	rie	Date	
OCI/ Jim Guidry (608) 264-6239	Jorge Gomez (608)	266-3585	4/14/2003	

## Fiscal Estimate Narratives OCI 4/14/2003

LRB Number 03-1978/2	Introduction Number SB-71	Estimate Type	Original		
Subject					
Treatment of prescription drug costs under AODA coverage					

## **Assumptions Used in Arriving at Fiscal Estimate**

OCI reviews policy forms submitted by insurance companies for compliance with Wisconsin Statutes. OCI also performs company examinations to determine compliance with state statutes. The changes proposed in SB-71 will require OCI to incorporate additional reviews in new policy submissions and develop additional procedures when conducting company examinations. OCI estimates that these increases can be absorbed within the agency's existing budget.

The local fiscal effect of SB-71 is more difficult to determine. In 2002 OCI conducted a survey of mandated benefits, one of which was mental health and alcohol and other drug abuse. One finding the study made was that some insurers were not counting prescription medication against the mandatory minimums set by 632.89. Depending on health benefit plan design and the insurer involved, some units of local government will not see any increases in health care costs due to the mandates or they may see decreases from removing these items from the mandatory minimums established in statute. Some cost increases could be assumed by units of local government by individual patients who bump up against the mandatory minimums due to large prescription drug costs of those individuals, however, OCI cannot determine the prevalance of those patients employed by local government. It should be noted, however, that the overall health care costs to local governments would not change dramatically. This bill essentially reclassifies existing costs.

**Long-Range Fiscal Implications**