

WISCONSIN STATE  
LEGISLATURE  
COMMITTEE HEARING  
RECORDS

2005-06

(session year)

Senate

(Assembly, Senate or Joint)

Committee on  
Agriculture and  
Insurance  
(SC-AI)

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

> **05hr\_SC-AI\_Appt\_pt12**

Name: L. Simpson

> Clearinghouse Rules ... CRule

> \*\*

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

> \*\*

> Miscellaneous ... Misc

> \*\*

**Vote Record**  
**Committee on Agriculture and Insurance**

Date: 3-6-06

Moved by: Kedzie

Seconded by: Olsen

*Attachments*

AB \_\_\_\_\_ SB \_\_\_\_\_ Clearinghouse Rule \_\_\_\_\_

AJR \_\_\_\_\_ SJR \_\_\_\_\_ Appointment \_\_\_\_\_

AR \_\_\_\_\_ SR \_\_\_\_\_ Other \_\_\_\_\_

A/S Amdt \_\_\_\_\_

A/S Amdt \_\_\_\_\_ to A/S Amdt \_\_\_\_\_

A/S Sub Amdt \_\_\_\_\_

A/S Amdt \_\_\_\_\_ to A/S Sub Amdt \_\_\_\_\_

A/S Amdt \_\_\_\_\_ to A/S Amdt \_\_\_\_\_ to A/S Sub Amdt \_\_\_\_\_

Be recommended for:

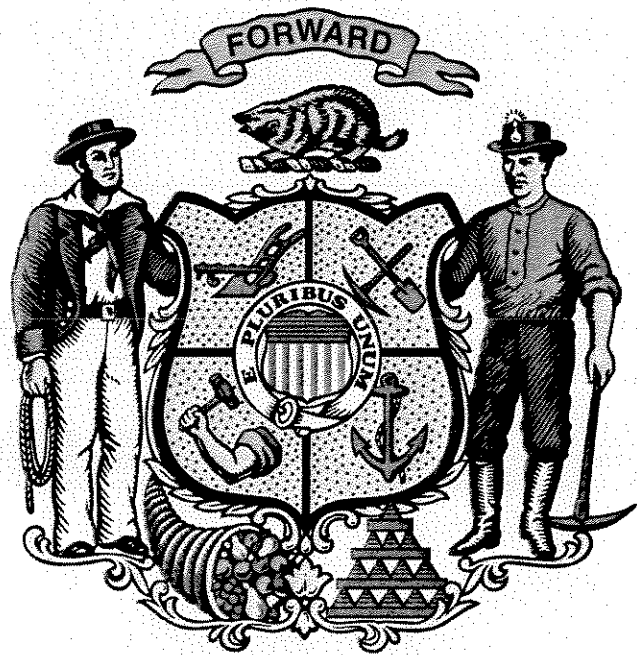
- Passage       Adoption       Confirmation       Concurrence       Indefinite Postponement  
 Introduction       Rejection       Tabling       Nonconcurrence

Committee Member

	<u>Aye</u>	<u>No</u>	<u>Absent</u>	<u>Not Voting</u>
Senator Dan Kapanke, Chair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senator Neal Kedzie	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senator Ronald Brown	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senator Luther Olsen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senator Jon Erpenbach	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senator David Hansen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senator Mark Miller	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Totals:</b>	<u>7</u>	<u>0</u>	_____	_____

Motion Carried

Motion Failed





**JIM DOYLE**  
GOVERNOR  
STATE OF WISCONSIN

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February 24, 2006

To the Honorable, the Senate:

I am pleased to nominate and with the advice and consent of the Senate, do appoint Luann Simpson to be a Policy Holder Representative on the Health Insurance Risk-Sharing Plan Authority to serve a term expiring May 1, 2008.

Ms. Simpson will be available to the Senate for hearings and my staff will assist in any way they can.

Respectfully submitted,

A handwritten signature in cursive script that reads "Jim Doyle".

Jim Doyle  
Governor



**JIM DOYLE**  
GOVERNOR  
STATE OF WISCONSIN

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February 24, 2006

Ms. Luann J. Simpson  
700 Waters Edge Road, Unit 26  
Racine, WI 53402

Dear Ms. Simpson:

I am pleased to appoint you to the Health Insurance Risk-Sharing Plan Authority, effective February 24, 2006. Your experience, knowledge, and dedication will be a true asset to my administration and a great benefit to the people of Wisconsin.

I look forward to working with you to find creative ways of delivering services and implementing positive change for the citizens of our state.

Sincerely,

A handwritten signature in cursive script that reads "Jim Doyle".

Jim Doyle  
Governor



**JIM DOYLE**  
**GOVERNOR**  
**STATE OF WISCONSIN**

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GOVERNOR'S APPOINTMENT

**NAME:** Luann Simpson

**MAILING ADDRESS:** 700 Waters Edge Road, Unit 26  
Racine, WI 53402

**E-MAIL ADDRESS:** lsm700@aol.com

**RESIDES IN:** Racine, WI

**TELEPHONE:** 262-637-6200 (w)

**OCCUPATION:** Program Coordinator, NAMI-Consumer  
Advocacy Team

**APPOINTED TO:** Health Insurance Risk-Sharing Plan Authority  
Policy Holder Representative

**TERM:** A term to expire May 1, 2008

**SUCCEEDS:** (Newly Created Authority)

**SENATE CONFIRMATION:** Yes

**DATE OF APPOINTMENT:** February 24, 2006

**DATE OF NOMINATION:** February 24, 2006

**LUANN J. SIMPSON, MSW, CAPSW**

700 Waters Edge Road

Unit 26

Racine, WI 53402

262-639-6936 (home)

262-498-8844 (cell)

NAMI**EDUCATION**

M.S.W., University of Wisconsin-Milwaukee, Milwaukee, WI, August 1991

B.S. Cum Laude, University of Wisconsin-Parkside, Kenosha, WI, May 1985

GPA: 3.78/4.0

**CREDENTIAL**

Advanced Practice Social Worker

State of Wisconsin No: 676-121

**PROFESSIONAL AFFILIATIONS**

National Association of Social Workers

**AWARDS**

Gateway Technical College: C.L. Greiber Award 2005

NAMI-Wisconsin Outstanding Consumer Award 2001

UW-Parkside: Certificate of Recognition for Demonstrated Academic Excellence through  
Creative Achievement (April 21, 1985)**EMPLOYMENT HISTORY**

National Alliance on Mental Illness of Racine County (NAMI-Racine)

Program Coordinator, NAMI-Consumer Advocacy Team

May 1997 to Present

Responsible for the administration and day to day operation of the NAMI-CAT program.  
Including agency survey's/interview's, data analysis, report writing and follow-up. Works  
as an advocate for mental health consumers and their families at all levels.

Hospice Alliance, Kenosha, WI

Social Worker

August 1992 to May 1993

Provided direct social services, counseling and bereavement follow-up to home care hospice  
patients and their families. Functioned as part of the interdisciplinary team, participating  
in treatment planning as well as following through with intervention.

**St. Luke's Community Hospice, Racine, WI  
Medical Social Worker**

**Provided direct social services, counseling and bereavement follow-up to home care hospice patients and their families. Functioned as part of the interdisciplinary hospice team participating in treatment planning as well as follow through with intervention. Facilitated bereavement support groups, participated in training and supervision of volunteers, provided inservice training for other members of the interdisciplinary team and provided supervision to homecare BSW.**

**Trinity Memorial Hospital, Cudahy, WI  
(a.k.a. St. Luke's South Shore)  
Psychiatric Technician  
June 1989 to April 1992**

**Provided direct care under the supervision of a professional nurse on an inpatient psychiatric unit. Acted as a member of the multidisciplinary treatment team providing therapeutic intervention with a population of acutely adolescent, adult and geriatric psychiatric patients and their families.**

**Human Resources Management, Milwaukee, WI  
Psychiatric Technician  
May 1987 to 1989  
(Leased to Milwaukee County Mental Health Complex)  
Responsibilities as above**

**St. Mary's Medical Center, Racine, WI  
Health Unit Clerk & Nursing Assistant  
May 1980 to December 1989**

**Maintained all written and verbal communications on a decentralized nursing unit.  
Provided direct patient care as a CNA May 1980 to November 1983.**

**ADDITIONAL TRAINING**

**Organizing for Social Change, Midwest Academy, March 22-26, 2004, Chicago, IL.**

**QPR Suicide Prevention Gatekeeper Program, October, 2003**

**State Trainer for NAMI Peer-to-Peer Recovery Education Course, June 2003**



**BOARDS & COMMITTEES**

**Racine County Human Services Board  
July 2004 to Present**

**NAMI-Racine County Consumer Council Chair  
November 2003 to Present**

**NAMI-Wisconsin Consumer Council  
April 2004 to present**

**Statewide Recovery Task force  
May 2005 to present**

**Statewide Inpatient Recovery Task force  
May 2005 to present**

**RELATED EXPERIENCE**

**Facilitator: NAMI-Racine Bipolar/Depression Support Group  
May 1999 to present**

**Teacher: NAMI-Peer-to-Peer Education Course  
August 2002 to present**

**Teacher: NAMI-Provider Education Course  
April 2002 to present**

**Social Work Intern, Catholic Social Services, Racine, WI  
September 1989 to May 1990**

**Social Work Intern, Trinity Memorial Hospital, Cudahy, WI  
September 1990 to May 1991**

**Group Facilitator: Survivors Helping Survivors (persons experiencing a loss by suicide)  
December 1990 to December 1992**

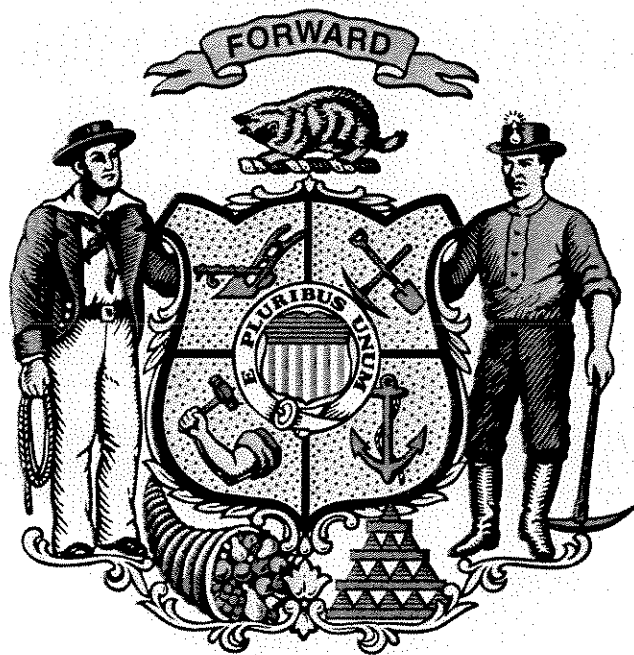
**Volunteer Counselor: Homeward Bound (Women's Homeless Shelter)  
January 1990 to January 1991**

**Befriender Ministry, Trinity United Methodist Church  
May 1990 to May 1991**

**STATEMENT OF UNDERSTANDING/EXPERIENCE/INTEREST OF HIRSP**

My interest comes from not only working as a mental health advocate where I encounter individuals who may be on HIRSP or who may be looking for insurance, but also as a policy holder. I currently hold a plan 2/zone 2 HIRSP policy. I have been on medicare since May of 1998 due to disability related to my mental illness (Bipolar Disorder).

I was also divorced in November of 1998. Prior to that I was covered on my husbands health insurance. Due to being on a variety of medications for both my mental health and other health problems I was in need of secondary health insurance that had a drug plan. That is when I found that the only insurance that I could get was the state plan (HIRSP). Which is pretty good insurance if you can afford it . I have been back to work and off of SSDI for quite some time now and I am nearing the end of my 93 months of extended eligibility for medicare which I expect to end at the end of June 2006. At that time I will need to make my HIRSP policy primary. While I do work, I work 32 hours a week for a small nonprofit organization with no benefits.



Mail or fax to: Wisconsin Ethics Board, 44 E. Mifflin St., Suite 601, Madison, WI 53703-2800; Fax: (608) 264-9319

# Statement of Economic Interests

Filed in 2006 for calendar year 2005

Name: Simson, Luann J.  
(last name, first name & initial)

State position: \_\_\_\_\_  
(held or sought) (include agency, division, branch or district, if applicable)

FOR EXPLANATIONS, EXAMPLES AND EXCEPTIONS SEE THE INSTRUCTIONS OR VISIT OUR WEBSITE AT <http://ethics.state.wi.us>. Still have questions? For priority service send an e-mail to [ethics@ethics.state.wi.us](mailto:ethics@ethics.state.wi.us); otherwise leave a detailed message at (608) 266-8115. Attach additional pages as needed.

**Part A Information current as of 2/22/06**

**1. INVESTMENTS. List stocks, bonds, limited partnerships, Wisconsin governmental securities, and mutual and money market funds you or your family held (minimum \$5,000).**

Name of security	Type of security - "✓" one					Amount - "✓" one	
	stock/ option/ futures	bond	limited partnership	Wisconsin governmental security	mutual or money market fund	\$50,000 or less	More than \$50,000

**2. BUSINESS ACTIVITIES. List businesses, farms, rental, commercial, and income-producing real estate; and business activities in which you or your family had at least a 10% or greater interest.**

**a) Enterprise(s) operating under a business or trade name, list here.**

Name of business	Municipality or Town	County	State	Describe nature of business

**b) Enterprise(s) NOT operating under a business or trade name, list here.**

Street address or fire number	Municipality or Town	County	State	Describe nature of business

**3. COMMERCIAL CUSTOMERS, CLIENTS, AND TENANTS. For each unincorporated business, subchapter S corporation, service corporation (SC), limited liability company (LLC), partnership, or income-producing real estate reported in Item 2, list businesses, organizations, and lobbyists that paid the enterprise \$1,000 or more in calendar year 2005.**

Businesses, organizations, lobbyists that were customers, clients, or tenants	City	State

**4. BUSINESS PARTNERS.** For each enterprise reported under Item 2, list its co-owners, partners, officers, and directors (other than yourself), unless the information is already registered with the Wisconsin Department of Financial Institutions.

Business	Partners, or officers and directors	City	State

**5. NON-COMMERCIAL REAL ESTATE.** List the specific location of WISCONSIN REAL ESTATE in which you or your family had an interest (except your principal residence and real estate whose location you listed in item 2).

LOCATION OF PROPERTY			NATURE OF INTEREST (own, lease, option, easement, land contract)
Street address or fire number	Municipality Or Town	County	

**6. OFFICERS AND DIRECTORS.** List organizations of which you or a family member was an officer or director.

Business or organization	City	State	Position

**7. AGENT, REPRESENTATIVE OR SPOKESPERSON.** List organizations that authorized you or a family member to represent them in their dealings with others as an attorney-at-law, agent, spokesperson, or representative (unless listed in item 6 or 9).

Business or organization	City	State

**8. CREDITORS.** List creditors to which you or your family owed \$5,000 or more.

Creditor	City	State	Type	
			\$50,000 or less	More than \$50,000
<del> </del>				

**Part B**

**For calendar year 2005**


**9. EMPLOYERS.** List your and your family's EMPLOYERS (\$1,000 or more of income) in 2005.

Name of employer (If State of Wisconsin, identify agency or institution)	City	State	Nature of employer's business
National Alliance on Mental Illness - Racine County (NAMI-Racine)	Racine	WI	Non-profit Advocacy

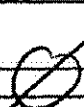
**10. ADDITIONAL SOURCES OF INCOME.** List other sources from which you or your family received income of \$1,000 or more in 2005.

Source of income	City	State
<del> </del>		

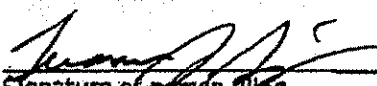
**11. ENTERTAINMENT AND GIFTS.** List individuals and organizations that provided you with entertainment or gifts (more than \$50) in 2005.

Name of provider	City	State
		

**12. HONORARIA AND EXPENSES.** List, for 2005, sources of honoraria and payment of expenses related to your state government duties (more than \$50) not previously reported to the Ethics Board.

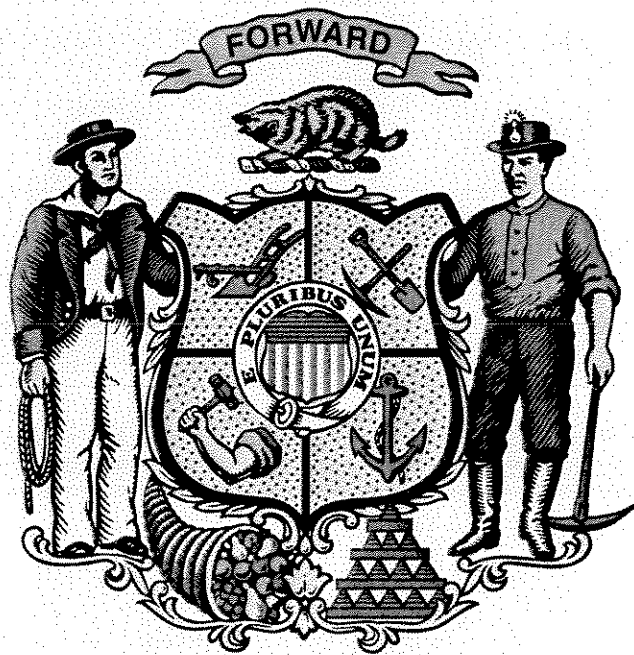
Payer	Approximate value of expenses	Amount of honorarium	Circumstances of receipt
			

I certify that the information contained in this Statement of Economic Interests is true, complete, and correct to the best of my knowledge, information, and belief. In the event this Statement of Economic Interests is filed prior my nomination or appointment, I certify that I will amend it within ten days of my nomination or appointment date if amendment is necessary to bring it into conformity with the true statement of my economic interests as of the date of my nomination or appointment. **If any part has been left blank, I have done so intentionally because there is nothing to report.**

  
 Signature of person filing

Daytime phone # 262-637-6200  
2/22/06 LSM700cad.com  
 Date E-mail address

The information sought in this form is required by §§ 19.43 and 19.44, Wisconsin Statutes. Failure to file a completed form may result in a forfeiture of up to \$500. Statements of Economic Interests are open for public inspection. The Ethics Board will notify you of the identity of any person who examines your Statement. In accordance with § 15.04(1)(m), Wisconsin Statutes, the Ethics Board states that no personally identifiable information is likely to be used for purposes other than those for which it is collected.



# Wisconsin Association of Health Plans

Senator Dan Kapanke  
P.O. Box 7882  
Madison, WI 53707-7882

Dear Senator ~~Kapanke~~ <sup>Dan</sup>:

Thank you for taking the time to hold a public hearing on Governor Doyle's 13 appointments to the newly created Health Insurance Risk Sharing Plan (HIRSP) Authority Board. Each appointee will bring a great deal of expertise to the HIRSP Authority Board and will help ensure that all HIRSP stakeholders are well-represented when the new HIRSP Authority begins operation on July 1, 2006.

**On behalf of the Wisconsin Association of Health Plans, I encourage you to vote to confirm all 13 of the Governor's HIRSP Authority Board appointments.** I have had the good fortune of working with the majority of the appointees on a wide range of state issues and know they will each commit the time and energy necessary to make HIRSP more effective in responding to changes in health care delivery and health insurance.

**Jay Fulkerson**, CEO of UnitedHealthcare of Wisconsin, Inc., **Larry Zanoni**, Executive Director of Group Health Cooperative of South Central Wisconsin, **Pat Jerominski**, President/CEO of Independent Care, Inc., and **Michele Bachhuber**, M.D, Marshfield Clinic, **all have a great deal of experience in disease management programs for persons with chronic diseases** and will help the HIRSP Authority develop strategies to ensure appropriate access to evidence-based treatment for HIRSP participants.

Thank you again for holding a public hearing and quickly scheduling executive action. I encourage you to vote to confirm all 13 of the Governor's appointments to the HIRSP Authority Board and to recommend that the State Senate confirm the appointees en masse. Please feel free to contact me regarding any of the appointees. All good wishes.

Sincerely,

  
Nancy J. Wenzel  
Executive Director