

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_pt19**

Name: M. Gifford

- > 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

Attendants

AB _____

SB _____

Clearinghouse Rule _____

AJR _____

SJR _____

Appointment Michael G. Paul

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:

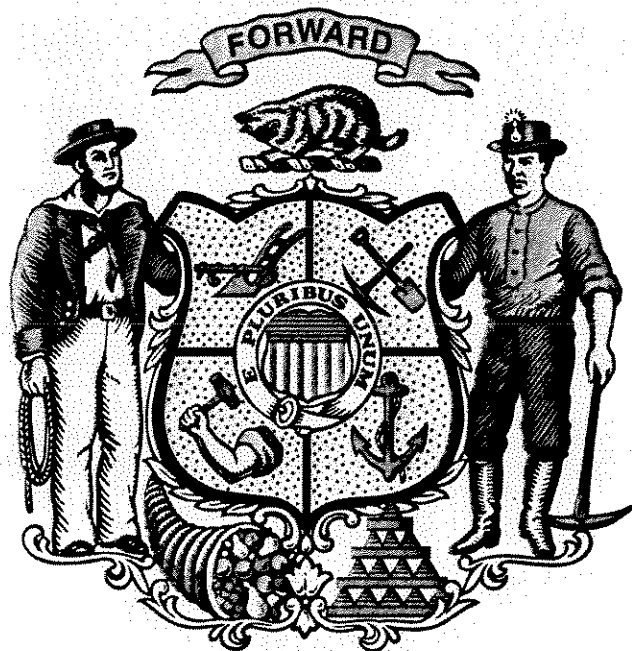
- Passage Adoption Confirmation Concurrence Indefinite Postponement
 Introduction Rejection Tabling Nonconcurrence

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"/>
Totals:	<u>7</u>	<u>0</u>	_____	_____

Motion Carried

Motion Failed





JIM DOYLE
GOVERNOR
STATE OF WISCONSIN

February 17, 2006

To the Honorable, the Senate:

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

Mr. Gifford 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

February 17, 2006

Mr. Michael J Gifford
AIDS Resource Center of Wisconsin
820 N. Plankinton Ave
Milwaukee 53203

Dear Mr. Gifford:

I am pleased to appoint you to the Health Insurance Risk-Sharing Plan Authority, effective February 17, 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

GOVERNOR'S APPOINTMENT

NAME: Michael Gifford

MAILING ADDRESS: AIDS Resource Center of Wisconsin
820 N. Plankinton Ave
Milwaukee 53203

E-MAIL ADDRESS: Mike.Gifford@arcw.org

RESIDES IN: Wauwatosa, WI

TELEPHONE: 414-225-1547 (w)

OCCUPATION: Executive Vice President and COO, AIDS
Resource Center of Wisconsin

APPOINTED TO: Health Insurance Risk-Sharing Plan Authority
Health Care Plan Representative

TERM: A term to expire May 1, 2008

SUCCEEDS: (Newly Created Authority)

SENATE CONFIRMATION: Yes

DATE OF APPOINTMENT: February 17, 2006

DATE OF NOMINATION: February 17, 2006

Michael J. Gifford

8127 Hillcrest Drive
Wauwatosa, WI 53213
(414) 763-7415 mike.gifford@arcw.org

Professional Experience

Executive Vice President and COO, AIDS Resource Center of Wisconsin 1998-Present

Responsibilities

Executive management of programs, public relations, and government relations for statewide, \$11.7 million community-based, multicultural AIDS service organization with 149 employees serving 2,000 people and families with HIV/AIDS. Actively engaged in board relations, strategic planning, fundraising, agency operations and financial management.

Achievements

- Increase of annual government AIDS funding for agency from \$2 million to \$8.6 million.
- Successful merger of 10 separate agencies into a single, statewide AIDS service organization.
- Research, policy development, and lobbying to secure improvements in health care, prevention services, vocational opportunities, drug treatment, and insurance coverage for people with or at risk for HIV/AIDS.
- 50% increase in agency media coverage through strategic marketing plan.
- Successful implementation of new primary care clinic, dental clinic, vocational training, and housing programs.
- Successful executive management of social work case management, food pantry, primary care and dental clinics, residential and tenant-based housing services, benefits and legal advocacy, transportation assistance, vocational training, medical education and research, drug treatment and mental health services, and HIV prevention programs.
- Completion of 5-year strategic plan and leadership in implementation of plan.

Director of Government Relations, AIDS Resource Center of Wisconsin 1993-1998

Responsibilities

Chief lobbyist leading all government relations activities including government grant writing, policy research, monitoring and advocating on legislative and administrative policies, and media relations for local, state, and federal government initiatives.

Achievements

- Successful reauthorization of Ryan White CARE Act to increase federal AIDS funding to Wisconsin by \$5 million.
- Development and utilization of 1,000 member statewide, volunteer network of advocates actively contacting policy makers on behalf of effective AIDS policies.

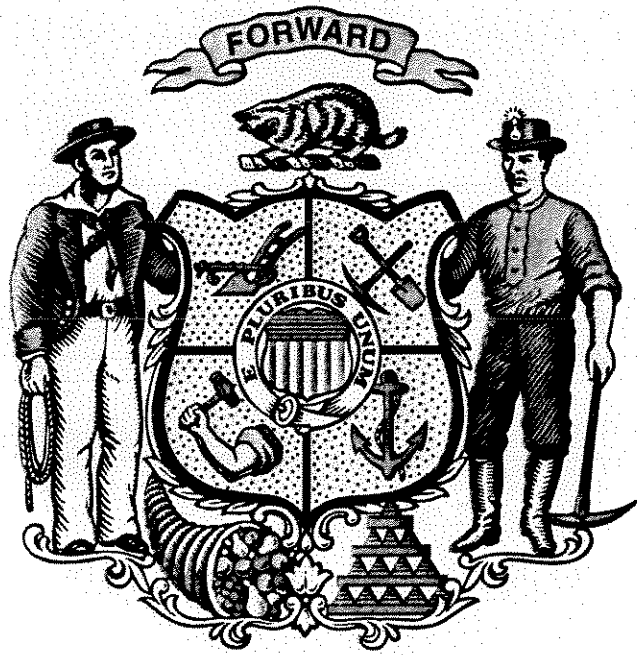
- Policy research and lobbying for expansion of state Medicaid program, viatical settlement protections, and consumer rights in private health insurance.
- Development and successful lobbying of initiatives to increase state AIDS funding by \$680,000 and local AIDS funding by \$190,000.

Related Experience

- Member, 2005 "40 Under Forty" class of the Milwaukee Business Journal
- Member, national AIDS Action Council Board of Directors, Washington, DC, 1995-Present.
- Professional presenter for Ohio AIDS Action, Heartland AIDS Advocacy Conference, and Wisconsin AIDS/HIV Conference.
- Guest lecturer, University of Wisconsin-Milwaukee.

Education

- University of Wisconsin-Milwaukee, Milwaukee, Wisconsin
Master's Degree, Business Administration, May, 2003
- Augustana College, Sioux Falls, South Dakota
Bachelors Degree, Magna Cum Laude, June, 1992
Major: Government and International Relations Minor: History
- Cambridge High School, Cambridge Minnesota
Graduated with Highest Honors, June, 1988



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: Giddard Michael J
(last name, first name & initial)

State position: HIRSP Board Member
(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; otherwise leave a detailed message at (608) 266-8115. Attach additional pages as needed.

Part A Information current as of February 10, 2006

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 - <input checked="" type="checkbox"/> one					Amount - <input checked="" type="checkbox"/> one	
	stock/option/futures	bond	limited partnership	Wisconsin governmental security	mutual or money mkt fund	\$50,000 or less	More than \$50,000
401k plan - <u>Novelis</u>					<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
401k plan - <u>Procter</u>					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
NML insurance plus cash value					<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>

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
NRW	N.W.	WI	Vice President

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	and	
			\$50,000 or less	More than \$50,000
Chase Bank	N.W.	WI		X
US Bank	N.W.	WI	X	
State N.E. B		WI	X	

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
AMS Resource Central WI	N.W.	WI	Health Services for people with HD
Intellect Off	Wauwatosa	WI	Temp staffing agency for healthcare profession

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

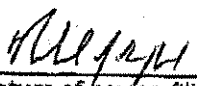
11. ENTERTAINMENT AND GIFTS. List individuals and organizations that provided you with entertainment or gifts (more than \$50) in 2005.

Name of provider	City	State
Doug Nelson	H.W.	WI

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.

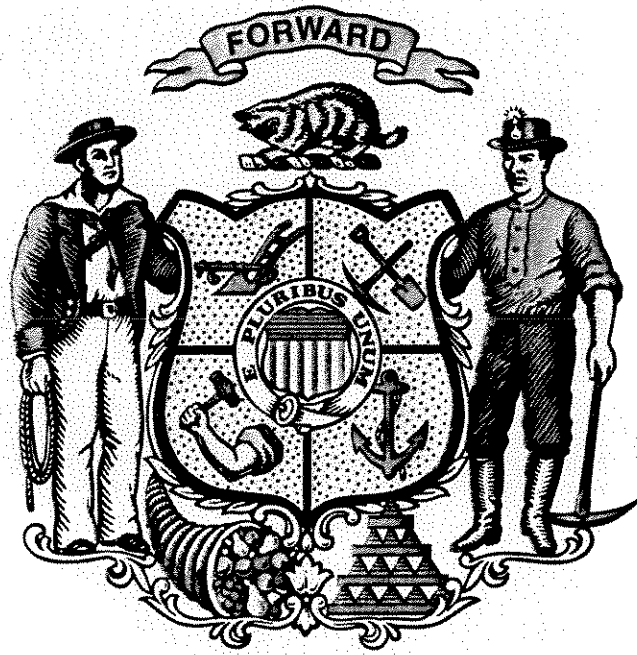
Payer	Approximate value of expenses	Amount of honorarium	Circumstances of receipt

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.**


Daytime phone # 414 225 1547

Signature of person filing 2/10/06 Date m.la - sifford@arcw.org 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~~ *Dan*:

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