

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_pt24**

Name: W. MacArdy

> 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 _____
 AJR _____ SJR _____
 AR _____ SR _____

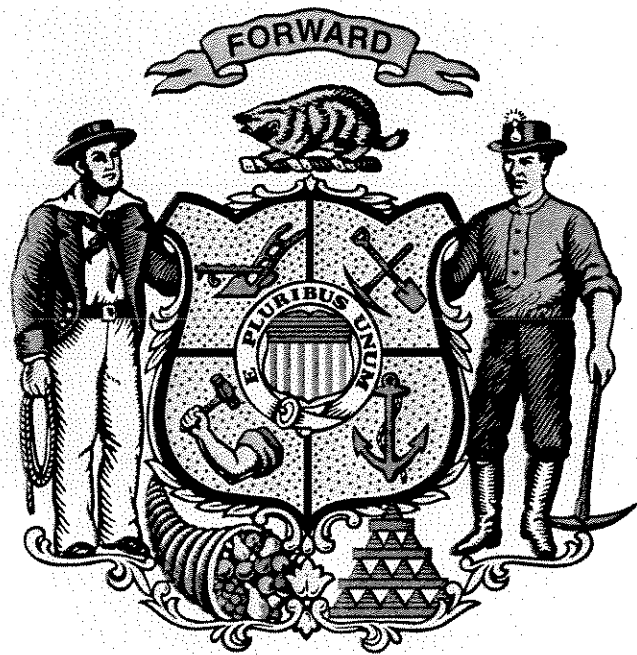
Clearinghouse Rule _____
 Appointment Wayne MacArdy
 Other _____

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:
- | | | | | |
|---------------------------------------|------------------------------------|---------------------------------------|---|--|
| <input type="checkbox"/> Passage | <input type="checkbox"/> Adoption | <input type="checkbox"/> Confirmation | <input type="checkbox"/> Concurrence | <input type="checkbox"/> Indefinite Postponement |
| <input type="checkbox"/> Introduction | <input type="checkbox"/> Rejection | <input type="checkbox"/> Tabling | <input type="checkbox"/> Nonconcurrency | |

Committee Member	Aye	No	Absent	Not Voting
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 23, 2006

To the Honorable, the Senate:

I am pleased to nominate and with the advice and consent of the Senate, do appoint Wayne MacArdy to be a Pharmacy Society Representative on the Health Insurance Risk-Sharing Plan Authority to serve a term expiring May 1, 2007.

Mr. MacArdy 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 23, 2006

Mr. Wayne E. MacArdy
Phillips Pharmacies
123 East State Street
Mauston, WI 53948

Dear Mr. MacArdy:

I am pleased to appoint you to the Health Insurance Risk-Sharing Plan Authority, effective February 23, 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: Wayne MacArdy

MAILING ADDRESS: Phillips Pharmacies
123 East State Street
Mauston, WI 53948

E-MAIL ADDRESS: wayne.macardy@phillipsrx.com

RESIDES IN: Mauston, WI

TELEPHONE: 608-847-5949 (w)

OCCUPATION: Pharmacist/Owner, Phillips Pharmacies

APPOINTED TO: Health Insurance Risk-Sharing Plan Authority
Pharmacy Society Representative

TERM: A term to expire May 1, 2007

SUCCEEDS: (Newly Created Authority)

SENATE CONFIRMATION: Yes

DATE OF APPOINTMENT: February 23, 2006

DATE OF NOMINATION: February 23, 2006

123 E. State St.
Mauston, WI 53948
608-847-5949

Fax: 608-847-1980
Email:
wayne.macardy@phillipsrx.com

Wayne E. MacArdy

Objective

To obtain a position on the HIRSP Board of Directors.

Experience

1985--present Phillips Pharmacies Mauston, WI

Pharmacist/Owner

- Filling and dispensing prescriptions.
- Managing retail, nursing home, and home IV therapy business.
- Patient consultation.

1983--1985 Hess Memorial Hospital Mauston, WI

Inpatient Pharmacist

- Filling and dispensing prescriptions.

1982-1983 Mercy Hospital Pharmacy Des Moines, IA

Outpatient Pharmacist

- Filling and dispensing prescriptions.
- Patient consultation.
- Assisted in inpatient dispensing.

1979--1982 St. Joseph's Hospital Pharmacy Marshfield, WI

Inpatient Pharmacist

- Filling and dispensing prescriptions.
- IV admixture preparation.
- Responded to emergency resuscitation codes.

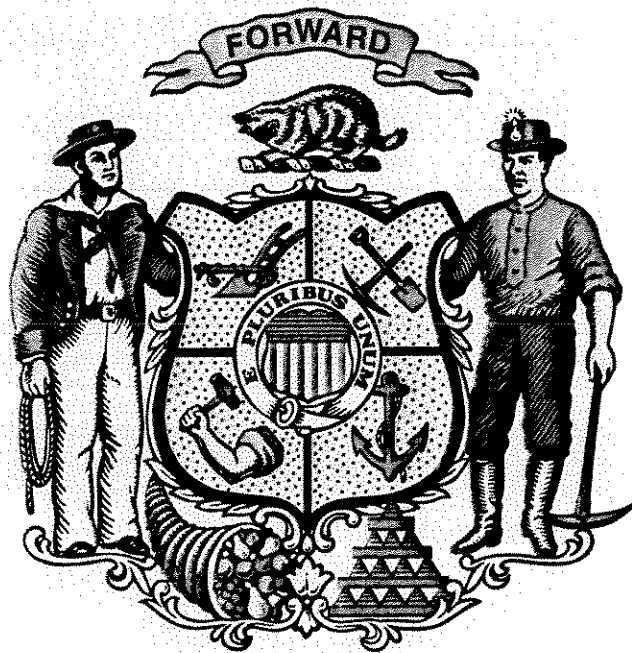
Education

1979 University of Wisconsin Madison, WI

- Bachelor of Science in Pharmacy.

Professional Affiliations

- President, Health Mart Advisory Board
- President, Source One Healthcare
- Vice President, Hatch Public Library Board of Directors



Feb. 15. 2006 3:03PM

43.5980 P. 6/12

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: MacArdy, Wayne E
(last name, first name & initial)

State position: HRISP
(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) 264-8115.
 Attach additional pages as needed.

Part A Information current as of 2/20/06 11/28/05

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 - "1" one					Amount - "2" on	
	stock/ option/ future	bond	limited partnership	Wisconsin governmental security	mutual or money market fund	\$50,000 or less	More than \$50,000
<u>see attached</u>							

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.

Source One HealthCare
 Mauston WI referral

Name of business	Municipality or Town	County	State	Describe nature of business
<u>Phillips Drug Store</u>	<u>Mauston</u>	<u>Juneau</u>	<u>WI</u>	<u>pharmacy</u>
<u>Phillips Roadside Pharmacy</u>	<u>Roadside</u>	<u>Sauk</u>	<u>WI</u>	<u>"</u>
<u>Phillip Tomah Pharmacy</u>	<u>Tomah</u>	<u>Monroe</u>	<u>WI</u>	<u>"</u>
<u>Phillip Roche-A-Cri</u>	<u>Adams</u>	<u>Adams</u>	<u>WI</u>	<u>"</u>

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

Feb. 15. 2006 3:04PM

W-5980 P. 7/12

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	
1782 1/2 Lakeview Ct	New Lisbon	Juroneau	lake home

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

Business or organization	City	State	Position
McGresson Advisory Board	San Francisco	CA	President
Hatch Public Library Board	Mauston	WI	Board member

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
None		

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

Creditor	City	State	None	
			\$50,000 or less	More than \$50,000
See Attached				

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
MACC's Daycare	Mauston	WI	Daycare
Phillips Drug Store			

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

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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
None			

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 # _____

Signature of person filing _____ 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.

INDIVIDUAL FINANCIAL STATEMENT
IMPORTANT: Data and sign statement

Name: WAYNE AND CHRISTINE MACARDY
 Address: 770 ELM STREET, MAUSTON, WI 53948

To: _____
 For the purpose of obtaining credit from Lender and any future credit granted by Lender, or to support the extension of credit already given, I make the following statement to Lender of my financial condition on the 28TH day of November, 2005. I certify that the statement is true and complete and authorize the Lender or its agents to verify the information obtained in this statement, to obtain additional information concerning my financial condition, to furnish the same to others and to answer any questions about my credit experience and other financial relationships with the Lender. This statement is the Lender's property. I agree to notify the Lender, in writing, of any change that materially affects the accuracy of this statement.

For Wisconsin residents only: I am married unmarried legally separated

Name of spouse _____ Address _____

NOTICE TO MARRIED APPLICANTS: No provision of any marital property agreement, unilateral statement under Section 786.59, Wis. Stat., or court decree under Section 786.70, Wis. Stat., adversely affects the interest of the creditor prior to the time the credit is granted or an open-end credit plan is entered into, is furnished a copy of the agreement, statement or decree or has actual knowledge of the adverse provision.

INSTRUCTIONS FOR INFORMATION TO BE SUPPLIED BELOW:

If married applicants are applying for joint credit, include all assets and liabilities of both spouses. Both spouses must sign this statement. If a married applicant is applying for separate credit or for joint credit with someone other than his or her spouse, include all marital property and all individual property of the applicant spouse, but do not include individual property of the other spouse. A married applicant must in every case identify the liabilities of both spouses.

For purposes of this statement:

Marital property means assets acquired with my or my spouse's income on or after 1-1-86; and individual property means property owned (whether in joint or sole name) by me prior to marriage, prior to establishing residence in Wisconsin, or prior to 1-1-86, however acquired, and property acquired by me by gift or inheritance at any time.

COMPLETE ALL BLANKS, WRITING "NO" OR "NONE" WHERE NECESSARY

ASSETS		LIABILITIES OF APPLICANT AND SPOUSE	
Cash on Hand and in Financial Institutions (Schedule A)	\$ 24,582	Notes Payable - Lenders/Secured (Schedule E)	\$ 368,705
Gov't and Listed Securities (Schedule B)	195,815	Notes Payable - Lenders/Unsecured (Schedule E)	
Unlisted Securities (Schedule B)		Notes Payable Others (Schedule E)	
Notes and Loans Receivable (Schedule F)	45,000	Life Insurance Loans (Schedule C)	
Homestead and Real Estate Owned (Schedule D)	631,568	Due to Brokers	
Automobiles	28,985	Accounts Payable	
Other Personal Property	30,000	Unpaid Income Taxes	
Cash Value Life Insurance (Schedule C)	95,657	Real Estate Mortgages Payable (Schedule D)	
Securities Held by Brokers in Margin Accts.		Real Estate Taxes	
Equity in Partnership		Credit Cards	
Equity in Proprietorship		Other Debts (Itemize Below)	
Retirement Plans (401K amls listed above in securities)	2,965	Due to Phillips Drug Store, Inc.	41,632
Other Assets (Itemize Below)			
SKI BOATS	30,714		
EQUITY - PHILLIPS DRUG	775,000		
EQUITY - PHILLIPS RAC CLINIC	290,000		
EQUITY - PHILLIPS TOMAH	300,000		
EQUITY - PHILLIPS REEDSBURG	1,000		
EQUITY - WM & ME LLC	18,000		
TOTAL ASSETS	\$ 2,469,286	Total Liabilities	411,337
		Assets less Liabilities = Net Worth	\$ 2,057,949
		TOTAL LIABILITIES and NET WORTH	\$ 2,469,286
SOURCES OF INCOME FOR THE YEAR ENDED		CONTINGENT LIABILITIES OF APPLICANT AND SPOUSE	
Salaries & Bonuses*		As Endorser, Co-Maker or Guarantor	
(SEE ATTACHED 1040)		On Lease or Contracts	
Commissions		Legal Claims	
Dividends and Interest		Other (describe)	
Real Estate			
Other**			

*For Married Wisconsin residents, name each spouse and include the income of each spouse.

**Income from Alimony, Child Support or Separate maintenance income need not be revealed if you do not wish the Lender to consider this income in determining your creditworthiness.

PERSONAL INFORMATION

Home Telephone _____ Social Security No. _____
 Employer(s) of Applicant(s) _____
 Are any assets pledged or restricted other than indicated on following schedules? If so describe _____
 Are you a defendant in any legal actions or suits? If so describe _____
 Are you a partner or officer in any other venture? If so describe _____
 Do you have a will? yes no _____
 Have you ever been declared Bankrupt? If so, describe _____

Schedule A - Cash, Checking Accounts, Savings Accounts, & Certificates of Deposit

Type	Name of Financial Institution	Amount	In Name Of	Pledged:	
				Yes	No
	Cash - Acuity	21,347			
	Cash - IDS	3,235			

Schedule B - U.S. Government, Listed, & Unlisted Securities (List on separate sheet if necessary)

No. of Shares or Face Value (Bonds)	Description	Owner	Market Value	Pledged:	
				Yes	No
	Various	Wayne & Christine	*195,815		
			*Includes 402K Plan		

Indicate if Securities are Restricted by Contract or SEC Regulations.

Schedule C - Life Insurance Carried, Include Group

Face Amount	Name of Company	Owner	Beneficiary	Cash Surrender	
				Value	Loans

Schedule D - Real Estate Owned

Date	Type of Property	Owner	Market Value:	Mortgage	
	Personal Residence	Wayne	148,100	77,567	
	Lake Home-Condo	Wayne	350,000	248,000	
	Downtown Building	Wayne	61,468	8,959	
	Library Building	Wayne	72,000	35,179	

Schedule E - Names of Banks or Other Lenders Where Credit has been Obtained

Borrower	Lender	Date	Balance		

Schedule F - Notes and Loan Receivable

Unpaid Amount	Maker	Date Made	Security Pledged
45,000	Phillips Reedsburg Pharmacy, Inc.		

It may be a federal crime punishable by a fine of not more than \$5,000 or imprisonment for not more than two years or both to knowingly make false statements concerning any of the above information, under provisions of Title 18, United States Code, Section 1014.

Date signed

X

Applicant Signature

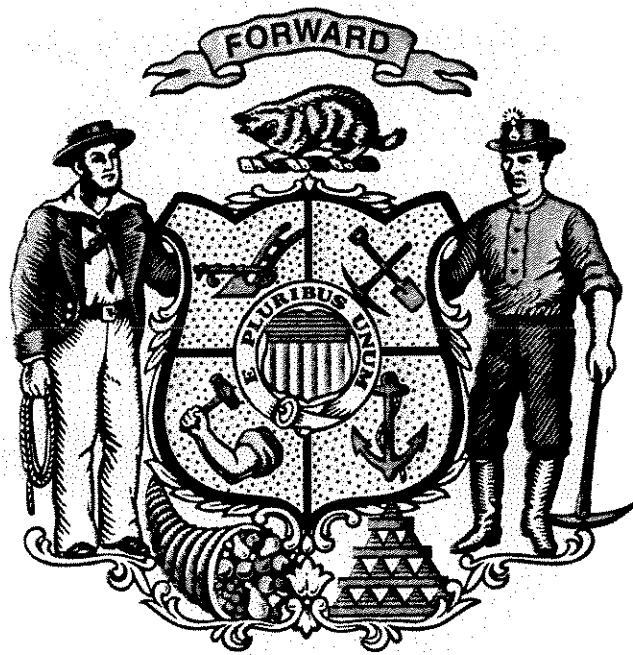
X

Applicant Signature

For married Wisconsin resident: Lender and the Lender may be required by law to give notice of any credit transaction to my spouse. The credit applied for, if granted, will be incurred in the interest of my marriage or family.

X

Applicant Signature



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