



LEAH VUKMIR

STATE SENATOR

Senate Bill 413

SENATE COMMITTEE *on* HEALTH

Thursday, Jan. 28, 2016

Vice Chairman Moulton, committee members, thank you for taking the time to hear my testimony on Senate Bill 413.

Rising health insurance costs are a significant concern to business owners and employees alike. For many families, the brunt of increasing premiums is being passed onto them, which makes balancing household budgets more difficult. Because of this reality, it is our duty to make sure that the bills we pass don't inadvertently and unnecessarily increase health insurance costs.

The bill before you today, Senate Bill 413, does three things. One: It closes some loopholes in the definition of what a health insurance mandate is. Two: It requires the Office of the Commissioner on Insurance to submit social and financial impact reports for amendments. And three: It adds accountability to the legislative process, so when you and I consider bills and amendments that include health insurance mandates, the impact to hard-working families can be analyzed before we make decisions that impact nearly every family in Wisconsin.

The social and financial impact reports mentioned in this bill are already required by statute. Unfortunately, these reports are sometimes submitted by OCI only after the legislature has considered and voted on bills that include health insurance mandates.

Take, for example, a case in 2009 when the legislature considered a bill (2009 Senate Bill 27) that required coverage of hearing aids and cochlear implants for children. The bill passed both chambers of the legislature and it wasn't until one day later that the commissioner at the time decided to release the report — which showed a financial impact of more than \$3 million.

To prevent this situation from happening, this bill requires the social and financial impact reports to be distributed to legislators and made available to the public prior to a public hearing, much like fiscal estimates already are. It is plain common sense that we as legislators should have the information in our hands to make wise, informed decisions before voting on bills that can impact the bottom line of nearly every family in Wisconsin.

Thank you again for taking the time to hear my testimony. Please reach out to me if you have any questions, and I encourage you to support Senate Bill 413.

STATE CAPITOL

P.O. BOX 7882 • MADISON, WISCONSIN 53707-7882
(608) 266-2512 • FAX: (608) 267-0367

To: Chairperson Leah Vukmir
Members, Senate Committee on Health and Human Services

From: R.J. Pirlot, Alliance of Health Insurers
Geraldyn Trujillo, America's Health Insurance Plans
Steve Baas, Metropolitan Milwaukee Association of Commerce
Bill G. Smith, National Federation of Independent Business-Wisconsin Chapter
Tim Lundquist, Wisconsin Association of Health Plans
Chris Reader, Wisconsin Manufacturers & Commerce

Subject: **Support for Senate Bill 413, relating to social and financial impact reports**

Date: January 28, 2016

Overview

Current law requires the Commissioner of Insurance to submit a report to the legislature on the social and financial costs and benefits of legislation creating new health care insurance mandates. Unfortunately, such reports are sometimes submitted *after* the legislature has already considered the legislation. Senate Bill 413 would prevent the legislature from holding a hearing on or taking a vote on such legislation until after it has received the report from the Commissioner of Insurance. Consumers and businesses want affordable insurance and legislators should know how such legislation will affect costs *before* a vote is held.

Current Law

Under current law, the Commissioner of Insurance is required to “submit a report on the social and financial impact of any health insurance mandate, contained in any bill affecting an insurance policy, plan or contract, to the presiding officer of that house of the legislature in which the bill is introduced.¹” Social impact factors in such a report include “[t]he portion of the state’s residents who use the treatments or services covered by the health insurance mandate” and “[t]he number of persons who would be eligible for coverage under the health insurance mandate, and the availability of insurance coverage for these persons without the health insurance mandate.²” Financial impact factors in such a report include “[w]hether the health insurance mandate may increase or decrease the costs of the treatments or services covered by the health insurance mandate” and [t]he impact of the health insurance mandate on total costs of health care in this state.³” There are additional social impact and financial impact factors required to be included under the law.

¹ § 601.423(2), Wis. Stats.

² § 601.423(3)(a).

³ § 601.423(3)(b).

Senate Bill 413

Senate Bill (SB) 413 would:

1. Expand the definition of health insurance mandate triggering a social and financial impact report requirement to also include legislation requiring “a particular benefit design under an insurance policy, plan, or contract for the treatment of a particular disease, condition, or other health care need, for a particular type of health care treatment or service, or for the provision of equipment, supplies, or drugs used in connection with a health care treatment or service.” This is a loophole in current law which fails to require a report for bills which dictate health plan design changes or require change in cost sharing for a particular benefit, disease, or service.
2. Expand the requirement for a social and financial impact report to also apply to *amendments*, not just bills, closing this loophole in current law.
3. Establish a requirement that the legislature not consider a bill or an amendment requiring a social and financial impact statement report until the report has been distributed to the legislature. Ensuring the legislature has this cost/benefit information from the Commissioner of Insurance will help improve legislative consideration of new health care insurance mandates.

Why is SB 413 needed? Doesn't the Commissioner of Insurance already produce such reports? Though the Commissioner of Insurance is statutorily required to produce such reports, too often such reports have been issued *after* the legislature has considered the legislation or, in some instances, no report was ever issued. For example, 2009 Senate Bill 163, requiring health insurance coverage of colorectal cancer screening, was signed into law by Governor Jim Doyle on May 13, 2010, yet Governor Doyle's Commissioner of Insurance did not issue the required social and financial impact report until December 14, 2010. Similarly, 2009 Senate Bill 27, requiring health insurance coverage of hearing aids and cochlear implants for children, was passed by the Senate and concurred in by the Assembly on April 23, 2009, but the then-commissioner did not issue the required report until April 24, 2009, the day after legislative consideration.

In the rare circumstance in which the executive branch misuses the new procedural requirements included in SB 413 by delaying submittal of the report as a means of preventing legislative action, a “notwithstanding clause” could be added to any bill to ensure that the legislature maintains the functional right to pass a bill without executive branch encroachment.

Conclusion

New state health care insurance mandates and state-dictated benefit design requirements can have both social and financial costs and benefits. We respectfully ask you support to SB 413 as a means to help ensure the legislature, when considering a new mandate or benefit design requirement, has the benefit of considering this statutorily-required information from the Commissioner of Insurance as the legislature debates the merits of a particular proposal.

For more information, please contact:

R.J. Pirlot, Alliance of Health Insurers, at 608-258-9506.

Tim Lundquist, Wisconsin Association of Health Plans, at 608-255-8599.