SHANNON ZIMMERMAN

STATE REPRESENTATIVE • 30th ASSEMBLY DISTRICT

Chairman Sanfelippo and Committee Members,

Thank you for taking the time to hear my testimony on Assembly Bill 920 (AB 920), concerning self-funded health coverage.

Healthcare is one of the most important issues facing Americans today. Costs are rising dramatically, causing families to struggle to pay for care. Many get their health care through companies they work for and many businesses, especially small businesses, are having to contend with those same cost issues. According to the National Conference of State Legislatures, small businesses pay on average about **eight to eighteen percent more** than large firms for the same health insurance policy.

Under current law, any individual business can self-fund (meaning the business provides health benefits to its employees with its own funds). This offers businesses flexibility and cost-savings. However, smaller businesses cannot pool resources as effectively as larger businesses because of economies of scale. If the law is working for big businesses and their employees, then I believe the same advantage should be given to smaller businesses.

AB 920 achieves this by allowing two or more small businesses, who are part of the same chamber of commerce or trade association, to band together to self-fund health benefits for their employees (and their dependents). This will give small businesses the same self-funding tools as big businesses. In fact, Wisconsin already allows farmers to purchase health care as a group.

An aspiring employer group must prove to the Office of the Commissioner of Insurance that 1) all matters necessary for administration and operation of benefit agreements are determined, 2) an agent has been designated for service of process, notice or demand, 3) the term 'dependent' is defined under the health care benefit arrangement, 4) an actuary has calculated what employers must contribute, administrative costs and stop-loss coverage and 5) the minimum period of participation is outlined (the bill requires a minimum of at least three years).

Once an employer group is formed, they are responsible for 1) ensuring members offer similar health benefits to eligible employees and dependents, 2) filing an annual report on the state of the fund, 3) allow any employer who meets who agrees to meet minimum standards, such as contribution amounts, participate, 4) pay at most $50,000 in benefits, unless an actuary finds the group can pay more (the stop-loss coverage kicks in beyond this), 5) terminate employers who don't pay contributions and 6) ensure members participate for the required minimum time.

Beyond this, employer groups may require employers to contribute to a surplus fund, set rules for employers to leave before the minimum time. Terminated employers must pay for their proportion of claims incurred before leaving and the required contribution amounts had they stayed in the group.

Currently self-funded single employers fall under the federal Employee Retirement Income Security Act (ERISA) standards. This means that while an employer group health arrangement may not have to provide the same benefits as normally required under insurance statues, employer groups must cover pre-existing conditions and cover at least 60% of the cost of employee benefits, among other ERISA requirements.

Thank you for listening. I appreciate everyone who has reached out to me on this important matter. I welcome any feedback people are willing to give, and look forward to crafting the best bill we possibly can.

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Rep.Zimmerman@legis.wi.gov

Wisconsin Association of Health Plans

The Voice of Wisconsin's Community-Based Health Plans

TO: Members, Assembly Committee on Health
FROM: Tim Lundquist, Director of Government and Public Affairs
RE: Assembly Bill 920
DATE: February 14, 2018

Assembly Bill 920 would create a new, largely unregulated arrangement for small employers to pay for some of their employees' health care costs. The bill has the potential to adversely impact consumers and destabilize the small group health insurance market. The Wisconsin Association of Health Plans urges you to oppose the bill.

The Association, which represents 11 community-based health plans, recognizes the authors' intent and interest in providing small businesses with more affordable health benefit options. Wisconsin health plans share that goal, which is why the Association consistently works in the Legislature to advance policies that provide individuals and businesses with greater access to high-quality health care coverage at lower costs.

AB 920, while well-intentioned, could limit access to affordable, comprehensive health care coverage.

The American Academy of Actuaries recently said, "A key to sustainability of the health insurance markets is that health plans competing to enroll the same participants must operate under the same rules." AB 920 would create a product that would largely operate outside the reach of state regulation and state consumer protection laws.

Wisconsin statutes have 258 pages of insurance laws largely designed to protect consumers, ranging from continuity of care requirements to a defined appeal process. Wisconsin law also mandates that health plans cover certain people, providers, and services. For example, Wisconsin is unique in requiring health plans to provide coverage to certain grandchildren. Similarly, Wisconsin requires health plans to cover a variety of services like mammograms, colorectal cancer screening, and autism treatment, to name a few. Products created under AB 920 would skirt these long-standing requirements and consumers may not realize these arrangements lack traditional state protections until it's too late.

Wisconsin health plans support consumer choice, but there are consequences to creating an uneven regulatory playing field. Rather than reducing costs in the small group market, AB 920 has the potential to actually raise costs for those who need health care coverage the most.

Because association health plans would be exempt from state benefit and certain rating requirements, these plans could "cherry pick" healthy groups by designing coverage options and rates that disadvantage groups with high health care needs. This, in turn, would make the state-regulated market more expensive, as groups with significant health needs are attracted to products that are required to provide more comprehensive coverage.

(over)

Wisconsin health plans recognize and support efforts to provide greater access to health care at lower costs, but AB 920 does not address health care costs, and may actually cause premiums for comprehensive health care coverage to increase for small groups.

We respectfully request your opposition to AB 920.

WPS | HEALTH SOLUTIONS

Wisconsin Physicians Service Insurance Corporation
1717 W. Broadway • P.O. Box 8190 • Madison, WI 53708
608-977-5000

February 14, 2018

Statement on Assembly Bill 920

Wisconsin Physicians Service Insurance Corporation, d/b/a WPS Health Solutions, offers its support for Assembly Bill 920, an act relating to employer groups for self-funded health care coverage, also known as Association Health Plans.

Over the past five years, health care costs have risen steadily for all Wisconsin employers, but perhaps most acutely impacted small employers. AB 920 seeks to address the rising costs of health care for small employers by authorizing Association Health Plans as an alternative for health care coverage.

WPS worked with the authors of AB 920 to ensure the bill was sound public policy. At our suggestion, the drafters included a minimum period of participation of three years to reduce adverse selection. We also suggested reinsurance contracts be required on the basis of benefits incurred in a calendar year for each individual covered under its employee health care benefit arrangement, meaning the reinsurance is based on the date of service the individual receives care versus when the health plan pays the claim.

Association Health Plans carry a great deal of risk for associations and employers that does not exist with fully insured group health plans. An association who intends to establish an Association Health Plan under this Act should fully understand the risks and liability it will incur. An employer should exercise due diligence before purchasing an Association Health Plan in order to determine if it is the best alternative for the employer.

Additionally, the U.S. Department of Labor is in the process of issuing rules under the Employee Retirement Income Security Act of 1974 (ERISA) to allow Association Health Plans. It is not clear to what extent the provisions of AB 920 are consistent with the proposed Association Health Plan rules from the Department of Labor.

Thank you for the opportunity for us to share our perspectives on this legislation.

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Alliance of Health Insurers, U.A.
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Anthem Blue Cross and Blue Shield in Wisconsin
Children's Community Health Plan
Delta Dental of Wisconsin, Inc.
MHS Health Wisconsin.
Molina Healthcare of Wisconsin
UnitedHealthcare of Wisconsin
WPS Health Insurance

To:	Chairperson Joe Sanfelippo
	Members, Assembly Committee on Health
From:	R.J. Pirlot, Executive Director
Subject:	**AB 920, employer groups for self-funded coverage**
	For Information Only
Date:	February 14, 2018

Assembly Bill 920 (AB 920), authored by Rep. Zimmerman and Sen. Stroebel, would allow two or more employers who are members of the same chamber of commerce or industry-based association to form an employer group to jointly provide health care benefits on a self-funded basis to the employers' employees and their dependents.

First, a cautionary note: the expansion of association health plans (AHPs) is currently the subject of federal Department of Labor rulemaking.

Comments on this federal rulemaking are due March 6, 2018, and the *earliest* we anticipate the rule to be finalized is June 6, 2018. Enacting AB 920 *prior* to final promulgation of this rule, the specifics of which are still uncertain, could lead to uncertainty and confusion in the marketplace.

The anticipated Department of Labor AHP rule is expected to be extensive and potentially address some of the very issues that are the subject of AB 920.

Enactment of AB 920 prior to final promulgation of the Department of Labor rule raises a serious, substantial risk of conflict between Wisconsin law and the federal rule. Any provisions of the Department of Labor rule that are stricter than those in AB 920 would prevail over state law. Conflict between a state law and a federal rule would likely result in uncertainty and confusion in the marketplace.

Second, AB 920 lacks basic solvency requirements necessary to protect consumers.

AB 920 requires employer groups to submit annual reports to the Commissioner of Insurance describing the group's "stability and finances," without going into specifics, but does not give the Commissioner authority to *act* on the information in the annual report. Moreover, AB 920 frequently refers to actuarial "recommendations" or "confirmations," but does not clearly state the *requirements* for those recommendations.

A lack of meaningful solvency requirements raises the danger an employer group could have insufficient funding and inadequate reserves, leaving consumers unable to pay medical bills and providers forced to finance uncompensated care. A lack of meaningful solvency requirements creates an unlevel playing field with commercial health plans, who must meet such requirements.

Suggested Changes to the Proposed Legislation to Ensure Solvency

- Require that an employer group establish a surplus fund with the required funding level determined by the analysis and certification of an independent actuary.

- Require that actuarial analyses and certifications be based on sound actuarial principles and conducted by an actuary in good standing with the Academy of Actuaries who has the skills and knowledge necessary to perform the analysis and provide the certification.

- Require an employer group be subject Wisconsin regulations that require the group to establish and maintain specific levels of capital, surplus, and reserves and require quarterly financial reports from the arrangement, and allow the Office of the Commissioner of Insurance to regulate the arrangements for solvency, just as it does for health insurers.

February 14, 2018

Representative Joe Sanfelippo
Chairman, Assembly Committee on Health
Room 306 North, State Capitol
Madison, WI 53708

RE: 2017 AB 920

Dear Chairman Sanfelippo,

Thank you for the opportunity to comment on Assembly Bill 920 relating to employer groups for self-funded health care coverage. The Wisconsin Chiropractic Association respectfully opposes this legislation on the grounds that it fails to give patients the option of utilizing chiropractic care as required by the Wisconsin Chiropractic Insurance Equality law.

Under federal ERISA law, association health plans (AHPs) are classified as Multiple Employer Welfare Arrangements (MEWAs) and they are generally subject to state insurance regulations. Specifically, self-insured AHPs are currently subject to any state insurance law so long as that state law is not inconsistent with ERISA. This would include Wisconsin's Chiropractic Insurance Equality Law found at Wis. Stat. § 632.87 which prohibits insurers from excluding coverage for services provided by a Wisconsin chiropractor as long as those services are within the chiropractor's scope of practice and also covered if performed by a Wisconsin licensed physician.

The Wisconsin Legislature has made great efforts to combat the opioid epidemic in Wisconsin through stricter controls on medication, better prescribing guidelines, enhanced addiction treatment programs and preventative education programs. AB 920 moves in the opposite direction by denying patients the ability to choose chiropractic and non pharmacological treatments covered by their association health plans.

Please oppose AB 920 and allow Wisconsin's insurance laws to protect the rights of patients, the public and those working in health care as they were intended to do.

Sincerely,

John Murray
Executive Director

Wisconsin Chiropractic Association
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February 13, 2018

Representative Joe Sanfelippo
Chairman, Assembly Committee on Health
Room 306 North, State Capitol
Madison, WI 53708

RE: 2017 AB 920

Dear Chairman Sanfelippo,

The American Chiropractic Association (ACA) joins the Wisconsin Chiropractic Association (WCA) in respectfully opposing Assembly Bill 920 relating to employer groups for self-funded health care coverage.

Under the federal Employee Retirement Income Security Act (ERISA), association health plans (AHPs) are classified as Multiple Employer Welfare Arrangements (MEWAs) and they are generally subject to state insurance regulation. Specifically, self-insured AHPs are currently subject to any state insurance law so long as that state law is not inconsistent with ERISA. So, self-insured AHPs would be subject to state benefit mandates under current federal law. This would include Wisconsin's Chiropractic Insurance Equality Law found at Wis. Stat. § 632.87. This law prohibits insurers from excluding coverage for services provided by a Wisconsin chiropractor as long as those services are within the chiropractor's scope of practice and also covered if performed by a Wisconsin licensed physician. Wisconsin patients benefit from this important consumer protection law by being able to choose chiropractic care instead of more costly and potentially risky pharmacological treatments.

By exempting self-insured AHPs from Wisconsin consumer protection insurance laws, such as the Chiropractic Insurance Equality law, Wisconsin chiropractors and their patients would have no protection from coverage discrimination by these plans. Although the Affordable Care Act created a federal law under Public Health Service Act, section 2706, that prohibits group health plans, which includes self-insured AHPs, from discriminating with respect to participation under the plan or coverage against any health care provider who is acting within the scope of that provider's license under applicable state law, enforcement of that law has been weak at both the state and federal level.

State insurance commissioners are the first line of defense against insurance abuses. Historically, AHPs have exhibited numerous abuses. See e.g., https://www.ahip.org/wp-content/uploads/2017/10/Association_Health_Plans_10-6-2017.pdf. For this reason, the National Association of Insurance Commissioners (NAIC), along with numerous business and other interest groups, have opposed proposals to expand the use of AHPs, particularly proposals that would exempt AHPs from state regulation. Indeed, Wisconsin's own Insurance Commissioner, Ted Nickel, signed a recent NAIC letter opposing federal legislation exempting AHPs from state regulation. See https://www.ahip.org/wp-content/uploads/2017/10/Association_Health_Plans_10-6-2017.pdf; *see also*

letters from the National Governors Association, the National Conference of Insurance Legislators and over 1,000 state government, business, labor, consumer and provider groups.

We respectfully ask that you withdraw 2017 AB 920 from the Wisconsin Legislature's agenda and allow Wisconsin's insurance laws to protect the public and those working in health care as they were intended to do.

Sincerely,

John Falardeau
Senior Vice President, Public Policy and Advocacy

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Mary Smith, MS, BCBA, Chief Executive Officer
Rebecca Thompson, PhD, BCBA-D, Chief Clinical Officer
Kimberly Wroblewski, MS, BCBA, Chief Operating Officer

February 14, 2018

Chairman Sanfelippo:

Wisconsin Early Autism Project, Inc. (WEAP) does not object to Bill 920 conceptually. However, we believe all self-funded medical insurance plans should meet the same requirements as commercial medical insurance plans, and coverage for behavioral treatment of children with autism should be mandated. This is good public policy because early behavioral treatment is proven to help the child better function in society for the long term, which reduces the costs of social support as the child becomes an adult.

Respectfully,

Rebecca L. Thompson, PhD, BCBA-D
Chief Clinical Officer
Wisconsin Early Autism Project

Testimony to Assembly Health Committee
Wednesday, Feb 14, 2018
Wisconsin Chiropractic Association
Dr. Jeff Wilder, Madison WI

Opposing AB 920:

1. This bill simply declares that employer groups are not insurance, even though they would serve exactly that purpose.
2. " "Insurance" has a commonly understood meaning of being a contract that shifts the risk of loss in exchange for premiums." [Ch. 600.03 footnotes]
3. This bill declares that employer groups are not subject to any of the regulations that the Wisconsin Legislature has set upon insurance companies = 30 Chapters of rules from 600 to 646.
4. Even though the bill defines an employer group is not an insurer, the employer group must report to the Office of Commissioner of Insurance.

Negative outcomes of AB 920:

1. Employees of the employer group will believe they have health insurance, when they do not.
2. Employees will have much less freedom of choice in health care providers.
3. Employees will have no consumer protection as they currently do if an insurer acts in violation of Ch. 600-646.
4. Because the employer can choose any benefit level, employees will find situations where they have little to no coverage for their particular health condition.

Chiropractic care is safe and effective:

1. Lower back pain is the second most common reason for a doctor visit.
2. Chiropractic treatment is clinically conservative, and corrects the cause of neuromusculoskeletal conditions. Side effects are rare to non-existent.
3. Chiropractic treatment is effective and cost-effective. In Wisconsin workers compensation, chiropractors treat 10% of the cases for 1% of the total program cost.
4. Medical treatment often relies on drugs to cover up the pain. These drugs are expensive, ineffective, and can serve as gateway drugs to heroin and other drugs.
5. "Prescription opioids have been the main driver of drug overdose deaths and poisonings. In 2015...63% of opioid-related deaths involved prescription drugs. Prescription opioid use is often the gateway to heroin use. Three out of four people who use heroin first use prescription opioids. Opioid deaths represent the "tip of the iceberg" of the total opioid harm in Wisconsin." [1]
6. Non-opioid pain relievers are required by FDA to have a "black box" warning about known cardiovascular and other risks.
7. It is not good public policy to steer Wisconsinites away from safe, effective, drug-free care by restricting their health care options.

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[1] Wisconsin Department of Health Services. Select Opioid-Related Morbidity and Mortality Data for Wisconsin November 2016.

Anthem.

BlueCross BlueShield

Anthem Blue Cross and Blue Shield
N17 W24340 Riverwood Drive
Waukesha, WI 53188

To: Chairperson Joe Sanfelippo
Members, Assembly Committee on Health
Fr: Ted Osthelder, Senior Government Relations Director
RE: AB 920, employer groups for self-funded coverage, for information only
Da: February 14, 2018

Anthem Blue Cross and Blue Shield provides coverage to over 20,000 consumers in Wisconsin's small group market, and we are supportive of the development of options that help address the demand for affordability. As it relates to Association Health Plans, Anthem is presently engaged in discussions with policymakers at the federal and state level, and our comments in this testimony are limited to the Wisconsin AB 920 being discussed here today.

Anthem has decades of experience in the marketplace and experience with forms of Association Health Plans and other alternative funding arrangements, and history has shown that it is critically important to achieve the right balance of market flexibility while also ensuring consumers are not exposed to potential fraud and the failures of entities in providing coverage. There are many examples going back to the early 1990s to as recently as last year when entities offered coverage and then were not able to pay claims due to failure. With that in mind, we are supportive of states ensuring there are basic consumer protections in place. Unless amended, we are concerned that AB 920 (self-funded coverage for employer groups) has the potential to destabilize the health insurance market and create an opportunity for fraud, resulting in consumers being left with unpaid medical bills. We do not believe that AB 920 in its current form would provide sufficient state oversight of these new health care benefit arrangements, and has the potential to harm Wisconsin consumers. Our recommendations to improve AB 920 are as follows:

<u>Enhance State Oversight of Health Care Benefit Arrangements</u>

First and foremost, Anthem is concerned that this bill does not require sufficient state regulation and oversight of health care benefit arrangements. The bill would require the Wisconsin insurance commissioner only to initially qualify the arrangement, but would not provide ongoing oversight of

Anthem Blue Cross and Blue Shield is the trade name of Blue Cross Blue Shield of Wisconsin ("BCBSWi"), which underwrites or administers the PPO and indemnity policies; Compcare Health Services Insurance Corporation ("Compcare"), which underwrites or administers the HMO policies; and Compcare and BCBSWi collectively, which underwrite or administer the POS policies. Independent licensees of the Blue Cross and Blue Shield Association. ® ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.

essential financial and governance components of the arrangement such as solvency and a formal governance structure. In the absence of state regulation, the federal Department of Labor (DOL) would primarily regulate and enforce these arrangements under ERISA. The history of self-funded multiple employer welfare arrangements (MEWAs), which include these proposed health care benefit arrangements, has shown over the past 40 years the need for stricter state regulation of self-funded MEWAs in order to protect consumers from the financial catastrophe of unpaid medical bills due to scammers who set up fraudulent health benefits arrangements.

Since ERISA was amended in 1983 to permit states to regulate self-funded MEWAs, states have enacted laws and issued rules to monitor self-funded MEWAs, some more stringently than others.[1] Where states have chosen to loosely regulate MEWAs, there have been examples of entities setting up fraudulent arrangements that defraud employers and employees by taking contribution payments, but delivering little or no benefits, despite oversight by the Department of Labor.[2]

Fraudulent activity in MEWAs persists to this day, with catastrophic impact to those consumers who believe they have health coverage under the MEWA. As recently as December 21, 2017, an Illinois MEWA was dissolved; the DOL had ordered it to cease and desist marketing just the month before.[3] However, before the DOL's cease and desist order was issued, the originators of the MEWA absconded with $26 million of contributions offshored to Bermuda. This fraudulent activity resulted in the nonpayment of claims in 2016 and 2017 for almost 14,000 participants and beneficiaries with more than 560 employers and located in 36 states.

Anthem believes that more stringent state regulatory oversight will protect consumers and discourage bad actors from engaging in fraudulent behavior with these arrangements. We recommend taking a stronger regulatory approach to mitigate fraud and consequent consumer harm. The AB 920 should require these arrangements to establish and maintain specific levels of capital, surplus, and reserves and require quarterly financial reports, and the insurance commissioner's office will regulate these arrangements for solvency, just as it does for health insurers.

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[1] Wisconsin currently has a regulation, Wis. Admin. Code §6.62, which requires a few filing requirements for MEWAs.
[2] https://www.dol.gov/sites/default/files/ebsa/about-ebsa/our-activities/resource-center/fact-sheets/mewa-enforcement.pdf
[3] http://www.receivermgmt.com/AEUBenefitPlan.htm

These arrangements should be required to establish a surplus fund, with the funding level determined by the analysis and certification of an independent actuary skilled in health benefits. Actuarial analyses and certifications of the arrangement must be based on sound actuarial principles and conducted by an actuary in good standing with the Academy of Actuaries who has the skills and knowledge necessary to perform the analysis, form the opinion, and satisfy the results. These arrangements should be required to have bylaws and a formal governance structure, with direct representation of employer groups on the arrangement's board of directors, since increased employer group engagement tends to further inhibit fraud.

Finally, it should be noted that the Department of Labor's proposed Association Health Plan regulation[4] may be finalized with stricter requirements that Wisconsin-based arrangements would have to meet. The final rule is not expected to be complete until June of this year at the earliest, more likely in the fall.

<u>Eligible Persons – Sole Proprietors should not be eligible</u>

Anthem is concerned that sole proprietors and other business owners are eligible to join health care benefit arrangements. The "employer group" formed under the bill would determine whether individuals were sole proprietors without any verification or auditing. This provision would tend to foster fraud and abuse, since individuals could falsely hold themselves out to be sole proprietors in order to obtain cheaper health benefits.

Additionally, making business owners eligible for coverage under the arrangement would tend to increase adverse selection. Healthier business owners would tend to leave the Affordable Care Act (ACA) small group insured market and join these health care benefit arrangements, destabilizing and driving up premiums for the remaining small employers left in the insured small group market.

Anthem thus recommends that the bill be amended to prohibit sole proprietors and other business owners from participating in health care arrangements. However, if this provision remains, it should be limited to sole proprietors, and employer groups should be required to verify that the sole proprietor has been in existence for at least five years, and obtain proof of the legal existence of the sole proprietorship, such as state registration forms and/or federal income tax forms evidencing tax paid as a business.

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[4] U.S. Department of Labor, Proposed Rule: Definition of ''Employer'' Under Section 3(5) of ERISA—Association Health Plans (RIN 1210–AB85)(83 Fed. Reg. 614, January 5, 2018).

Risk Pool Stability – Reduce opportunity for exceptions to minimum participation period

Anthem is concerned that, although the bill would require an employer to stay in an employer group for a 3 year period ("minimum participation period"), an employer group could set special circumstances for exemptions that would essentially nullify this requirement. The minimum participation period by itself is beneficial in contributing to market stability by inhibiting employers from annually jumping back and forth from the insurance market to the self-funded health care benefit arrangement. However, the bill gives too much latitude to the employer group to create exemptions to the minimum participation period and should be tightened to avoid the exceptions swallowing the rule.

Conclusion

While we are supportive of affordable vehicles for healthcare coverage, there must be a balance between market flexibility and threshold consumer protections, and policymakers must ensure that consumers have the adequate financial protections afforded by a solvent, well-governed, and well-capitalized health care benefits arrangement. Effective state oversight of coverage arrangements—as we have outlined--will help ensure coverage exists when consumers need it the most.

##

Testimony opposing Assembly Bill 920. Submitted to the Assembly Committee on Health, Feb. 14, 2018.

Thank you for allowing me to testify today on Assembly Bill 920. I am representing myself as a patient of Chiropractic care and I am here to speak in opposition to AB 920 as it is currently written. The concept of self-funded employer group health benefits is not new, they exist now. It looks to me the main purpose of this bill is to separate these plans from insurance law in Subsection 6 **"Exemption from Insurance Regulation"**.

Around 30 years ago, Republican Governor Tommy Thompson signed ground breaking legislation making chiropractic care a required part of health insurance. Subsection 6, without changes including chiropractic care, removes this protection from these employer plans. The American Medical Association (AMA) and the medical profession have fought chiropractic care since its inception. I thought the fight was won, but maybe it's not. If this bill passes as it is written, how long before chiropractic care is cut from these companies' employer group benefits? Increased co-pay costs are already hurting families. The inevitable removal of chiropractic care resulting from the language of this bill will deny chiropractic coverage for many families in employer groups.

Regarding my own experience with chiropractic care. I have received chiropractic care for my back since 1997. I can tell you it works. My oldest daughter hurt her back in a summer job a number of years ago and chiropractic care worked wonders for her also.

There are many back problems, such as ruptured disks that do require surgery. But many back problems do not; for chronic back aches what can a medical doctor do? The old adage of the doctor telling the patient to take two aspirins and stay in bed does not work. What they oft times do and is about the only non-invasive thing they can do, is prescribe pain killers. Possibly the worst thing they could do. The volume of pain killers being prescribed has contributed to the opioid epidemic now ravaging our country.

I urge you to amend this bill and make sure chiropractic care protection is not harmed by this legislation.

Billie L. Johnson

Madison, WI