

Joint Finance Committee Rejects Self-Funding Contracts ***Committee uses program reserves, plan design changes to offset savings in Governor's budget***

The state Legislature's budget committee unanimously rejected contracts sent to them from the state's Group Insurance Board (GIB) that otherwise would have provided state employee health insurance through self-funded third party administrators. During the last legislative session, the Assembly and Senate passed a bill which was eventually signed into law as 2015 Act 119 providing the Joint Finance Committee (JFC) with "up or down" review of a contract to offer a self-insured health plan(s) for state employees.

The contracts provided to the JFC would have implemented the GIB's previous recommendation to separate the state into four regions for the purposes of offering one or two self-funded health plans in each region, in addition to a broad statewide network offering. Gov. Scott Walker's proposed budget used \$60 million in state general purpose revenue (i.e. sales and income taxes) from savings associated with shifting from a fully-insured to a self-insured program.

The JFC decided to appropriate slightly more, \$63.9 million in savings, from the state employee health insurance program but not as a result from moving to a self-insured model for health plans. The savings would be a result of an additional \$22.7 million in negotiated savings with fully insured health plans, using \$25.8 million in program reserves to reduce costs and an additional \$15.4 million as a result of various other policies, including benefit plan changes. The JFC required that the GIB's benefit plan changes could not increase costs to state employees by more than 10 percent compared to their current out-of-pocket costs. *(continued on page 10)*

DHS Announces New GME Grant Opportunities for WI Hospitals, Health Systems

The Wisconsin Department of Health Services (DHS) has released another round of funding to continue to expand graduate medical education (GME) across Wisconsin with a special focus on developing residency positions in rural and other underserved areas of the state. Eligible grantees include hospitals and groups of hospitals, health systems and academic institutions.

Since its inception in 2013, this GME grant program has obligated \$11 million in state and federal funds to Wisconsin hospitals and health systems to help fund the creation of new residency programs, expansion of existing programs and sustainability of new and expanded programs.

In the current state budget, WHA worked with members of the Legislature to commit even more funding to the program and make it ongoing—providing additional certainty that funding will exist today and into the future for expanded GME programs. For more information about the available grant opportunities, note the information below.

A new Request for Applications (RFA) was released June 13 for *adding new positions to existing accredited GME programs* in five specialties: family medicine, general internal medicine, general surgery, pediatrics and psychiatry. These applications are due August 3 at 2:00 p.m.

- Grant awards cover the length of the residency, e.g., three years for family medicine, and are limited to \$75,000 per position.
- The maximum amount per year per GME program is \$225,000.
- The grant effective date will be July 1, 2018. *(continued on page 2)*

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- Current policy allows existing successful grantees to apply for a second round of funding.

A Request for Applications to *develop new GME programs* in one of the five targeted specialties is scheduled to be released in mid-August.

- Grant awards are limited to a maximum of \$750,000 over three years and may be used for, but are not limited to: consultants, program staff, planning, accreditation fees, faculty and curriculum development and resident recruitment.
- Grant funds cannot be used for capital improvements, equipment, software or research.
- A 50 percent match, in cash or in kind, is required.
- Applications will be due six weeks after release of the RFA with a grant effective date of January 1, 2018.

New for this round of funding (2017) is the use of funds to expand or develop fellowship programs in addiction medicine or addiction psychiatry.

For additional information about the DHS GME Grant Program, contact Linda McCart, Wisconsin Department of Health Services GME initiative director, at linda.mccart@wi.gov or Kyle O'Brien, WHA senior vice president, government relations, at kobrien@wha.org.

To download a copy of the grant application, visit DHS' GME grant webpage at: www.dhs.wisconsin.gov/contracts/graduate-medical-education-gme-residency-grant-2017.htm.

WHA Comments on CMS Proposed IPPS Rule *Supports "96-hour" rule language*

On June 13, the Wisconsin Hospital Association (WHA) submitted comments to the Centers for Medicare and Medicaid Services (CMS) on the proposed FY 2018 Inpatient Prospective Payment System (IPPS) rule for acute care and long-term care hospitals (LTCH).

WHA's comments highlighted a variety of issues in the proposed rule, including expressing concerns with CMS's proposal on posting of accrediting organization survey findings as well as concerns with the accuracy and consistency of "Worksheet S-10" data among others. WHA also provided comments specific to long-term care hospitals, including provisions related to the "25% rule," outlier payments, co-located LTCHs and the quality reporting program.

WHA also commented on language included by CMS in the proposed rule related to the 96-hour certification for critical access hospitals (CAHs). CMS indicated in the proposed rule that, based on feedback from stakeholders and to reduce regulatory burden, it was directing Quality Improvement Organizations, Medicare Administrative Contractors, the Supplemental Medical Review Contractor and Recovery Audit Contractors (RACs) to make the CAH 96-hour certification requirement a low priority for medical record reviews conducted on or after October 1, 2017. Further, CMS indicated it would not authorize any medical record reviews by the RACs related to this issue.

WHA has long raised the need to address the 96-hour certification requirement and appreciates CMS's directive to its contractors. However, WHA continues to advocate to Congress that a legislative fix is needed to permanently remove the 96-hour physician certification requirement as a condition of payment for CAHs.

Finally, WHA also provided comments, as requested by CMS, related to reducing regulatory burdens. Those comments highlighted audit and quality reporting burdens among others. WHA will respond in a separate letter to CMS's request for comments on regulatory burdens stemming from the Affordable Care Act.

Read WHA's IPPS LTCH comment letter at www.wha.org/pdf/2018WHAIPPS_Proposed_Rule6-13.pdf.

The AHCA's Painful Contradiction

By Eric Borgerding, WHA President/CEO

Politics is full of contorted contradictions and inexplicable ironies. For the latest example, look no further than the Obamacare replacement legislation, the American Health Care Act (AHCA).

For better or worse, Wisconsin rejected Obamacare's Medicaid expansion. Yet under the House version of the AHCA, Wisconsin will be severely penalized for doing so. Here's why:

- Under the AHCA, the bill repealing Obamacare, states that adopted Obamacare's Medicaid expansion will receive an average of \$1,936/person in federal Medicaid funding through at least 2025. The 19 nonexpansion states, like Wisconsin, will receive \$1,158/person.
- Under the AHCA, states that adopted Obamacare Medicaid expansion will receive nearly \$700 billion more in Medicaid funding through 2025 than those states that rejected Obamacare Medicaid expansion. That means Wisconsin will receive \$37 billion less than if it had adopted Obamacare expansion. That's over three times what Wisconsin currently spends annually on Medicaid. (Read previous *Valued Voice* article at www.wha.org/pubarchive/valued_voice/WHA-Newsletter-6-9-2017.htm#1.)

And it doesn't stop there. Under the AHCA Wisconsin will actually pay for this massive inequity. Here's how:

- To his credit, Governor Walker did expand Medicaid by adding 130,000 people below the poverty level to the program. But our version of expansion didn't meet the Obama administration's definition of "expansion." That means Wisconsin spends \$280 million per year to cover the exact same population that, under Obamacare and now the AHCA, an expansion state would pay roughly \$28 million to cover. That's a difference of nearly a quarter-billion annually we could use to train more primary care doctors and nurses, improve access in underserved rural and urban areas or reduce Medicaid cost shifting to employers and families...*right here in Wisconsin*.
- Under Obamacare, Wisconsin's hospitals are taking billions in Medicare cuts to pay for Medicaid expansion in other states. Under the AHCA, those cuts continue, and Wisconsin keeps paying.
- If anyone thinks the solution is for Wisconsin to bite the political bullet and expand Medicaid, forget it. The current version of the AHCA outlaws any new expansions. That means not only would Wisconsin be prohibited from expanding, we will continue paying for those that did.

I'm not advocating for a redistribution of dollars from the expansion states to the nonexpansion states. Effectuating my preferred definition of "equity" means finding ways to raise states to similar levels of federal Medicaid funding, and there are plenty of ideas on the table.

One of Obamacare's most glaring flaws is that it creates winners and losers among the states based upon an arbitrary definition of "expansion." That *is* redistribution, and no state has felt the impact harder than Wisconsin. The painful irony here is it's now the AHCA perpetuating this inequity and making fiscal martyrs of states that rejected the very thing the AHCA is trying to repeal.

With so much on the line, I believe those who rejected Obamacare Medicaid expansion must assure we are not penalized for doing so. Here is the chance; now is the moment. The AHCA will soon be voted on in the U.S. Senate, where the Republican majority is just 52 out of 100 votes. With a margin that slim, even one GOP Senator can make a game changing, course correcting difference.

HSHS Western WI's Joan Coffman Receives AHA Grassroots Champion Award

Every year one individual in each state is honored as a "Grassroots Champion" by the American Hospital Association (AHA) in consultation with state hospital associations. This year WHA nominated Joan Coffman, president/CEO, HSHS St. Joseph's Hospital, Chippewa Falls, to receive the AHA Grassroots Champion Award for her service and efforts.

"You have earned this special recognition through your dedication to the hospital mission, on both the local and on the national level," said Rick Pollack, AHA president/CEO. "We want others to be inspired by your commitment to making the hospital voice heard...."

Coffman currently serves on WHA's Board of Directors, helping guide the Association's work. She is also the chair-elect to AHA's Section on Small or Rural Hospitals. In addition to serving in these capacities, Coffman regularly participates in WHA grassroots advocacy initiatives, including Advocacy Day, promoting the WHA grassroots program, HEAT, hosting local legislators and more.

"WHA is grateful for the years of grassroots commitment Joan Coffman has given to our Association, but more importantly to her patients, her hospital and her community in these ways," said Jenny Boese, WHA vice president, federal affairs & advocacy. "From promoting and attending WHA's Advocacy Day each year to meeting and communicating regularly with elected officials, she is exactly what a grassroots champion should be. WHA is honored to present her with this well-deserved national recognition."



Photo examples of Joan's grassroots efforts through the years. Clockwise from top left: Joan with dozens of hospital advocates heading to the State Capitol during WHA's Advocacy Day; Joan hosts Lt. Governor Rebecca Kleefisch at her hospital for a discussion; Joan meets with state Rep. Bernier on priority hospital issues; Joan accepts WHA's Advocacy All-Star award several years ago.

CMS Releases Interpretative Guidelines for Emergency Preparedness Final Rule

Earlier this month, the Centers for Medicare & Medicaid Services (CMS) released interpretative guidelines for the final rule that establishes emergency preparedness regulations for hospitals and other health care providers participating in Medicare and Medicaid. (See the guidelines at www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-17-29.pdf.)

As reported in a previous issue of *The Valued Voice* (www.wha.org/pubarchive/valued_voice/WHA-Newsletter-9-16-2016.htm#7), the new requirements of the emergency preparedness final rule, which was published last fall, include the development and implementation of an emergency plan, a communications plan, policies and procedures, and a training and testing program. These new requirements must be implemented by November 15, 2017.

CMS's interpretative guidelines are intended to clarify and establish survey procedures for the new regulations. In addition, the guidelines reiterate language from the final rule that regional health care coalitions may have technical expertise and resources that may be useful to health care organizations in meeting some of the new emergency preparedness requirements. Wisconsin has seven regional coalitions that receive funding through the Wisconsin Healthcare Emergency Preparedness Program (WHEPP) for health emergency planning and response. WHEPP is a federally grant-funded, state program administered by the Wisconsin Department of Health Services that supports emergency preparedness planning and response for hospitals and other health care organizations.

If you have questions regarding emergency preparedness or the CMS emergency preparedness final rule, contact Andrew Brenton, WHA assistant general counsel, at 608-274-1820 or abrenton@wha.org, or visit www.wha.org/emergencyPreparedness.aspx.

WHA Emergency Preparedness Conference, September 20 in Madison

On September 20, WHA is sponsoring a one-day conference designed for hospital emergency preparedness directors, emergency department directors and physicians, infection prevention staff, department directors, public relations professionals and public information officers.

"WHA Emergency Preparedness Conference: *Ready to Respond*" will feature national experts who will share communication and preparedness lessons learned from real world events and focus on current threats facing health care organizations, including workplace and community violence and highly infectious diseases. Attendees will have the opportunity to collect strategies to enhance their current emergency management programs, practice them through interactive exercises, and integrate those preparedness and communication strategies into daily operations.

Vincent Covello, PhD, will keynote the conference and offer a deep-dive session in the afternoon specifically for public information officers and health care public relations professionals. Covello is a nationally and internationally recognized trainer, researcher, consultant and expert in crisis, conflict, change and risk communications. Covello will share principles, strategies and practical tools for communicating effectively in a high stress situation.

Chris Sonne and William Castellano, both of HSS EM Solutions, will share best practices and lessons learned from live active shooter scenarios, as well as direct tabletop exercises and a practical, scenario-based training exercise during a special afternoon session focused on preparing for an active shooter.

Additional sessions include a look at infectious disease outbreaks and what hospitals can do to better prepare, as well as the role of governmental agencies, including the Department of Health Services and the Department of Public Health during an emergency.

This conference is scheduled September 20 at the Sheraton Hotel in Madison. The full event agenda and online registration are available at www.cvent.com/d/b5qw08. An event brochure is included in this week's packet as well. Seating is limited—WHA highly recommends registering early.

WHA Webinar Focuses on CMS Episode Payment Models Final Rule

On July 20, WHA is offering a complimentary webinar focused on the final rule that was issued May 20 by CMS regarding Episode Payment Models (EPM). The webinar will provide an overview of key aspects of EPM, including the legal status of the EPM regulations and applicable effective dates.

Presenters Tim Kennedy, attorney from Hall, Render, Killian, Heath & Lyman P.C., a WHA gold-level corporate member, and Deirdre Baggot, PhD, principal for ECG Management Consultants, will provide descriptions of the three EPMs: (1) acute myocardial infarction (“AMI”) EPM; (2) coronary artery bypass graft (“CABG”) EPM; and (3) surgical hip and femur fracture treatment (“SHFFT”) EPM. They will also share the steps participant hospitals must follow before selecting EPM Collaborators; the health care entities and individuals which may serve as EPM Collaborators; the requirements for written sharing arrangements between participant hospitals and EPM Collaborators; calculating the amount of a reconciliation payment from Medicare to a participant hospital or the amount of a repayment obligation from a participant hospital to Medicare; and the applicable clinical measures for each of the three EPMs.

The webinar is scheduled Thursday, July 20 from 11:00 a.m. -12:30 p.m. There is no fee to participate in this webinar, however pre-registration is required. Registration is now open at www.cvent.com/d/z5q4dd. For registration questions, contact Kayla Chatterton at kchatterton@wha.org.

WCMEW Hears New, Existing Health Care Workforce Initiatives

Members and community partners provided updates regarding workforce-related activities, ranging from legislative initiatives to rural clinical rotations and trends in pharmacy practice at the June 7 meeting of the Wisconsin Council on Medical Education and Workforce (WCMEW). Council meetings serve as a platform to increase awareness of new strategies to address workforce issues, build trust across industry actors and develop policies to improve the Wisconsin health workforce.

WCMEW Executive Director George Quinn introduced new WCMEW Program Analyst Richelle Andrae. With the additional staff member, WCMEW can leverage the work of the Council by expanding data analysis capabilities, developing a more comprehensive annual workforce report and strengthening relationships among statewide partners.

Legislative Update

Kyle O’Brien, WHA senior vice president, government relations, provided an update of health-related legislative items currently under review by the budget-writing Joint Finance Committee (JFC).

To support long-term care, Gov. Scott Walker recommended a two percent increase in funding for both nursing home and personal care rates. The JFC added in additional funding to support dementia care specialists and also an innovative pilot program to provide reimbursement for providers involved in care coordination activities for Medicaid enrollees who are high utilizers of hospital emergency departments.

Of the many issues related to the health of Wisconsin residents, O’Brien focused on those potentially tied to workforce. New dollars for training advanced practice clinicians such as physician assistants, along with allied health professionals, is also included in the budget package put forward by the JFC. Additional state funding for existing graduate medical education (GME) (see www.dhs.wisconsin.gov/news/releases/102116.htm) and expansion of related consortia is recommended. See the March 2017 WCMEW newsletter at www.wcmew.org/wp-content/uploads/2017/03/WCMEWnewsletterMar2017.pdf for further discussion of legislative initiatives.

Rural Workforce Training

Kara Traxler, director, Wisconsin Collaborative for Rural GME (WCRGME), presented the ongoing work of rural health care training and education partners. WCRGME provides technical assistance to rural hospitals with the goal of expanding rural GME and supporting urban programs in starting rural care

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tracks. Activities include connecting academics to rural sites, events for preceptor and administrative training and development of GME regional consortia.

WiNC, a Northern Wisconsin collaborative that includes the Medical College of Wisconsin, 12 health care systems and GME programs—with WCMEW and the Rural Wisconsin Health cooperatives as partners—is seeking to form a consortium to coordinate GME and health care workforce initiatives.

Competitive Wisconsin Initiative

James Wood, strategic counsel to Competitive Wisconsin, described the current initiative Be Bold III (www.competitivewi.com/cwi/index.php/be-bold-iii), which focuses on maximizing the impact of the Wisconsin business sector in the areas of food manufacturing and health care. The full report, due in late June, will highlight Wisconsin's greatest resource—its talent. Wood stressed the importance of acting now to develop comprehensive, creative systemwide changes through business competitive factors (such as the tax and regulatory environments), cost and quality of living and increased synergy between the public and private sectors.



The Wisconsin Council on Medical Education and Workforce (WCMEW) meeting, June 7, 2017.

Changing Role for Pharmacists

Sarah Sorum, PharmD, vice president, professional and educational affairs of the Pharmacy Society of Wisconsin, shed light on the transforming role of pharmacists in today's complex health care environment. Sorum said practicing at the top of one's license is essential to advancing the role of pharmacy to support patients. Traditionally seen as outside clinical settings, pharmacists are increasingly included in care teams, particularly through collaborative practices with physicians. Reimbursement challenges, training and lack of awareness regarding pharmacist capabilities in provision of care continue to serve as barriers to more integrated practice.

Wisconsin Academy for Rural Medicine

Byron Crouse, MD, associate dean for rural and community health, UW School of Medicine and Public Health, provided an overview of the WARM program's accomplishments in training and retaining physicians in Wisconsin. The Wisconsin Academy for Rural Medicine, or WARM, places medical students in rural rotations, aiming to increase long-term interest in rural Wisconsin practice. Of the total 126 graduates to date, almost half (46 percent) accepted Wisconsin residencies, with 52 percent in primary care. Of the 35 graduates who have completed their residencies since the program's 2007 inception, a staggering 91 percent currently practice in Wisconsin, with 58 percent of these physicians practicing in rural areas. At this point, the program seeks to implement new curriculum, improve the effectiveness and value of community projects and continue to support students through decreasing the burden of travel and strengthening advising services.

New Medicare Cards Offer Greater Protection

New cards will no longer contain Social Security numbers to combat fraud and illegal use

The Centers for Medicare & Medicaid Services (CMS) is readying a fraud prevention initiative that removes Social Security numbers from Medicare cards to help combat identity theft and safeguard taxpayer dollars. The new cards will use a unique, randomly-assigned number called a Medicare Beneficiary Identifier (MBI), to replace the Social Security-based Health Insurance Claim Number (HICN) currently used on the Medicare card. CMS will begin mailing new cards in April 2018 and will meet the congressional deadline for replacing all Medicare cards by April 2019.

Providers and beneficiaries will both be able to use secure look-up tools that will support quick access to MBIs when they need them. There will also be a 21-month transition period where providers will be able to use either the MBI or the HICN, further easing the transition.

Work on this initiative began many years ago and was accelerated following passage of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA). CMS will assign all Medicare beneficiaries a new, unique MBI number that will contain a combination of numbers and uppercase letters. Beneficiaries will be instructed to safely and securely destroy their current Medicare cards and keep the new MBI confidential. Issuance of the new MBI will not change the benefits a Medicare beneficiary receives.

CMS is committed to a successful transition to the MBI for people with Medicare and for the health care provider community. CMS has a website dedicated to the Social Security Removal Initiative (SSNRI) where providers can find the latest information and sign up for newsletters. CMS is also planning regular calls as a way to share updates and answer provider questions before and after the new cards are mailed beginning in April 2018. For more information, visit: <https://www.cms.gov/medicare/ssnri/index.html>.

Member News: Normington-Slay Named President of Ascension North Central Region Hospitals

Ascension has named Jeremy Normington-Slay president for its hospitals in its north central region of Wisconsin. He will provide senior leadership and oversight of Ministry Saint Clare's Hospital, Weston; Ministry Saint Michael's Hospital, Stevens Point; Ministry Good Samaritan Health Center, Merrill and Ministry Our Lady of Victory Hospital, Stanley.

Normington-Slay began his career with Ascension Wisconsin as a doctor of physical therapy at Wheaton Franciscan Healthcare - St. Joseph Campus in Milwaukee in 2001. He also has managed critical access hospitals in Cherokee, Iowa and Friendship, Wisconsin, from 2003 to 2014. Normington-Slay comes to central Wisconsin after most recently serving as the chief administrative officer for Mercy Medical Center in Oshkosh, part of Ascension.



*Jeremy
Normington-Slay*

Normington-Slay earned a doctorate degree in physical therapy from Concordia University, Mequon and an MBA from Plymouth State University, Plymouth, New Hampshire and is a Fellow in the American College of Healthcare Executives (ACHE) and is currently an ACHE board member of the Wisconsin Chapter. He serves on the WHA Advocacy Committee and has served on the Board of Directors of the Rural Wisconsin Health Cooperative and numerous community boards.

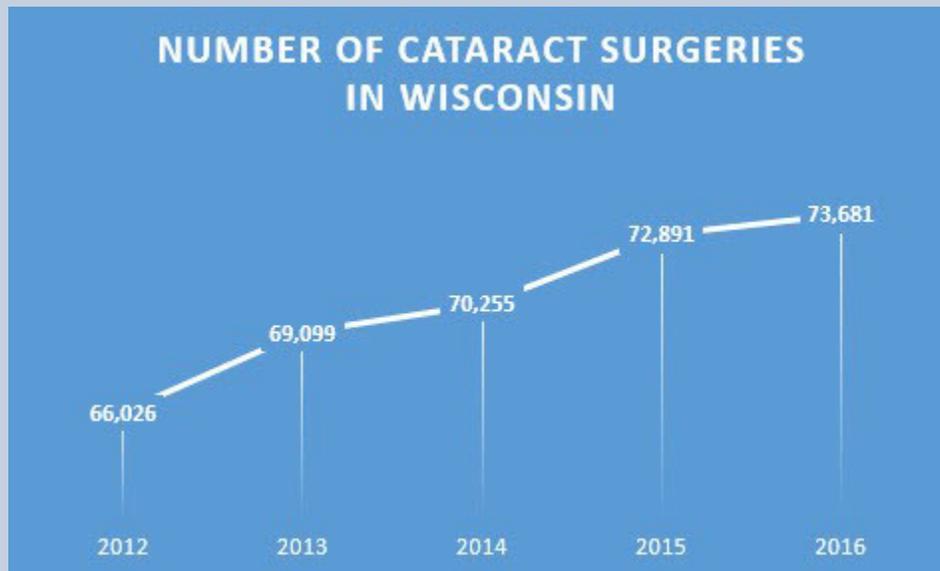
The addition of Normington-Slay rounds out the senior leadership team for Ascension Wisconsin's North Region. He joins Sandra Anderson who serves as president of Howard Young Medical Center, Woodruff; Ministry Eagle River Memorial Hospital, Eagle River, Ministry Saint Mary's Hospital, Rhinelander and Ministry Sacred Heart Hospital, Tomahawk. Executive leaders for Ascension Wisconsin's North Region include Debra Standridge, regional president; Stewart Watson, MD, regional chief medical officer; Sharon Baughman, regional chief nursing officer and Sister Lois Bush, regional vice president of integration.

Fast Facts from the WHA Information Center

June is Cataract Awareness Month

The National Eye Institute defines a cataract as a clouding of the lens in the eye that affects vision. Most cataracts are related to aging and are very common in older people. By age 80, more than half of all Americans either have a cataract or have had cataract surgery. While cataracts are one of the most common causes of vision loss, they are treatable with cataract surgery.

According to the WHA Information Center, in 2016 there were 73,681 cataract surgeries in an outpatient surgery setting in Wisconsin. That is an 11.6 percent increase of cataract surgeries since 2012.



Data provided by the WHA Information Center (WHAIC). WHAIC (www.whainfocenter.com) is dedicated to collecting, analyzing and disseminating complete, accurate and timely data and reports about charges, utilization, quality and efficiency provided by Wisconsin hospitals, ambulatory surgery centers and other health care providers.

Here's How to Be a Featured Employer on JobCenterofWisconsin.com

The new health care industry page on www.JobCenterofWisconsin.com is sure to draw job seekers as the Department of Workforce Development (DWD) promotes the site. If your hospital or health system is not posting open positions on the site now, you may want to consider using this resource in the future.

The health care resource page devotes space to promoting individual employers. However, to be a featured employer, you must first create a login and then post open positions on the site.

WHA worked closely with DWD to develop the new page. The health care industry page is a one-stop online resource for information about health care careers, training resources, featured employers, current opportunities, high-growth occupations and other information about Wisconsin's critical health care industry.

Job Center of Wisconsin is a self-service, online system for employers to place job postings for job seekers to view. To contact a customer service representative about posting jobs, call 1-888-258-9966 or send an email to JobCenterofWI@dwd.wisconsin.gov.

Save the Date for WCMEW Annual Conference: September 27

Mark your calendars for the Annual WCMEW Conference “The Future Landscape of Wisconsin’s Health Care Workforce,” with this year’s broad themes to highlight policies, projections, and dialogue on health workforce topics, including new models for care delivery. The full-day conference will take place Wednesday, September 27 at Glacier Canyon Lodge in Wisconsin Dells. Details to come.

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In addition, the JFC’s action would require a Legislative Audit Bureau report on current GIB program reserve levels and reporting to the JFC on the Board’s plans to use state employee health insurance reserve funds over the next two years. Finally, the JFC’s action also would add members to the GIB appointed by the four legislative leaders, require Senate confirmation of GIB members appointed by the Governor and require that any changes to the state employee health insurance program be reviewed with the JFC.

Each of these provisions added by the JFC still needs review by both the full Senate and full Assembly before being sent to Walker for his consideration. On the other hand, the contracts sent to the JFC will not move forward since the JFC voted to reject them.

For a copy of the Legislative Fiscal Bureau’s review of the proposed contracts submitted by the GIB, go to https://docs.legis.wisconsin.gov/misc/lfb/section_13_10/2017_06_15_group_insurance_board_contracts_to_self_insure_for_state_employee_group_health_plans.pdf.