

TO: Senate Committee on Health and Human Services

FROM: Sara Finger, Executive Director, Wisconsin Alliance for Women's Health

RE: Testimony for Information Only on SB 138 – Requiring information to be provided by insurers about health care plans offered on the American health benefit exchange

Date: May 20, 2015

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Chairwoman Vukmir and members of the Senate Committee on Health and Human Services, thank you for the opportunity to share this written testimony regarding SB 138, which would require health insurance plans offered on Wisconsin's Health Insurance Marketplace exchange to disclose certain consumer education information.

The Wisconsin Alliance for Women's Health (WAWH) believes that the information SB 138 would mandate qualified plans to share with consumers would be a valuable informational tool for anyone looking for health insurance coverage on the federal exchange. However, WAWH believes several changes could be made to SB 138 that would greatly expand the bill's benefits to consumers. We have listed our recommendations below and would be happy to discuss any of these recommendations further with any members of the committee.

WAWH recommends that the committee consider the follow changes to SB 138 to further enhance the consumer protections already contained in this proposal:

1. First, and most importantly, the requirements of this legislation should not be limited to only plans sold on the exchange. Consumers should have the same information about health insurance coverage regardless of whether the plan is sold on or off the exchange. WAWH would strongly recommend that SB 138 be amended so that the bill's requirements apply to plans both on and off the exchange so that the same information is afforded to all insurance consumers.
2. Ideally, SB 138 would also require the following information be shared with all health insurance consumers: whether the plan offers out-of-network coverage; whether the plan has a narrow, tiered, or "value-based" network; and, clear information for family plans about how the deductible applies to each individual family member (i.e. does each individual family member have a separate deductible or must the entire family deductible be met before the coverage applies).
3. In addition to including whether "specific types of specialists" are in-network, WAWH would recommend that health plans indicate whether specific facilities and the names of those facilities are in-network, and whether essential community providers and the names of those essential community providers are in-network.
4. On page 4, lines 1-2: it might be helpful to clarify that the bill should not require the insurer to provide information that the insurer already provides on its website.
5. The bill does not define the term "clear and understandable" in regard to presenting the required information to consumers in an accessible manner. The committee may wish to consider whether to include a language accessibility requirement and a requirement that information be presented in a manner that would allow a consumer to compare different plans side-by-side so that consumers can meaningfully compare options.

6. In order to ensure access for limited English speakers, plans should be required to have the ability to answer questions about these coverage details for limited English speakers so that they can at least orally receive the same information as other consumers.

