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# Wisconsin's Hospital Rate-Setting Commission: How It Came To Be

February, 1975:

State Representative James C. ... introduces Assembly Bill 214 to establish a rate-setting commission, allowing hospital rates to be set by the Board of Wisconsin. WHA opposes the bill because it represents state resources in an area where no need exists. The legislation is discussed in the Review which would transfer all Rate Review functions, in Wisconsin, to the Director of Health Policy and Planning.

April, 1975:

An issue is whether the Association should ... take a public position on the bill and other proposals of AB-214. The issue is whether to actively oppose the bill and the change in hospital rate review, or to actively support the bill and the change in hospital rate review. A report would be submitted to the Board of Wisconsin. The Association would support an amendment to AB-214. The report would be published, a public hearing would be held, and the bill would be passed.

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## Introduction

Since 1972, hospitals in Wisconsin have gone through turbulent times with respect to the control of health care costs.

Events during those 11 years have included: the creation of a voluntary Rate Review Program; attempts by the Wisconsin legislature to make rate setting mandatory; the addition of the State of Wisconsin as a partner in the Rate Review Program; negotiation of a major revision of Rate Review to strengthen it; initial opposition, then support by the Wisconsin Hospital Association for the revised program; and finally, establishment of the Wisconsin Hospital Rate-Setting Commission.

The Commission, as provided for in the 1983 - 85 Wisconsin biennial budget, is scheduled to become effective January 1, 1985. Once in operation, it will represent yet another approach to a decade-long effort in Wisconsin to restrain the increase in hospital costs.

The story is a complex one that encompasses a variety of initiatives and events. This booklet is the Wisconsin Hospital Association's attempt to weave these diverse happenings chronologically and present a picture of how the Wisconsin Hospital Rate-Setting Commission came to be.

Wisconsin Hospital Association  
5721 Odessa Road  
Madison, WI 53718

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## Wisconsin's Hospital Rate-Setting Commission: How It Came To Be

October, 1972

The Wisconsin Hospital Association (WHA) and Blue Cross of Wisconsin establish the Wisconsin Hospital Rate Review Program (WHRRP). The program is among the first of its kind in the nation, and represents a unique partnership to restrain rising health care costs.

1972

A task force, appointed by Governor Patrick Lucey in 1971 to study health care issues in Wisconsin, recommends that a comprehensive health services commission be established with far-reaching control over hospital operations, including rates. Evolving from that recommendation is Assembly Bill 489, which is introduced in the Wisconsin legislature and discussed extensively during 1972 and 1973. The thrust of AB-489 would include rate setting, Certificate of Need and service licensure among the areas controlled by the health services commission. WHA opposes the legislation which dies in 1973.

February, 1975

State Representative Joseph Czerwinski introduces Assembly Bill 374 to establish a rate-setting commission, allowing hospital rates to be set by the State of Wisconsin. WHA opposes the bill because it represents State expansion into an area where no need exists, has no relation to the ongoing Rate Review effort and would transfer all Rate Review functions, at taxpayers' expense, to the Division of Health Policy and Planning.

April, 1975

At issue is whether the Association should develop a fallback position for use if and when passage of AB-374 appears likely. Hospitals are asked to determine whether the Association should: 1) actively oppose the bill and **any** attempt at legislated Rate Review, or 2) actively oppose the bill and any attempt at legislated Rate Review **until** it appears passage is inevitable, at which time the Association would support an amendment to AB-374. Statewide input is gathered, a substitute amendment is developed, and the WHA Legislative Committee is authorized to decide if and when it should be introduced.

AB-374 is defeated; the fallback position is never used.

1976

The Department of Health and Social Services (DHSS) decides to establish a prospective rate-setting program for Medicaid. WHA says that two rate-setting programs are unworkable and unnecessary. Ensuing negotiations are aimed at merging the State's need to set Medicaid rates prospectively and the desire of WHA and Blue Cross to modify the Rate Review Program.

September, 1976

WHA, Blue Cross and DHSS announce their agreement to establish a new joint Rate Review Program to replace the existing Blue Cross/WHA mechanism. The Rate Review Program is now equally sponsored by the State, Blue Cross and WHA, with rules clearly spelled out. The Program's purpose is to review hospital budgets and set hospital rates prospectively for both the Wisconsin Medicaid Program and non-governmental payors.



Principals in the signing of the Rate Review agreement. Front, left to right: Leo Suycott, Blue Cross; Governor Patrick Lucey; William Johnson, Jr., WHA chairman. Back: Warren Von Ehren, WHA president; Representative Joseph Czerwinski; Manuel Carballo, secretary, Department of Health and Social Services.

October, 1976

William Johnson, Jr., chairman of the WHA, and Leo Suycott, president of Blue Cross, officially welcome the State of Wisconsin as the third partner in the Program.

Commenting on the State's entry into the program, Governor Patrick Lucey says "This is not a State plan, but a cooperative plan in which the State will be involved. If it works," he adds "it will relieve us of the need to pursue a legislative model (to control health care costs)."

October, 1977

There is a one-year delay in formal implementation of the Rate Review Program. The delay results from the need to obtain a business review letter from the U.S. Department of Justice to ensure that the program is consistent with federal anti-trust statutes.

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October, 1978

An analysis of the first six years of the Rate Review Program indicates the program has saved Wisconsin consumers more than \$55 million in health care costs since 1972.

In general, savings are determined by comparing the rate hospitals request in their annual budgets submitted to the Rate Review Committee and the rate granted by the Committee. Specifically, savings result when hospitals receive partial approvals of rate increases, rate requests are withdrawn, or rate increases are denied or delayed.

October, 1979

It is reported that the Rate Review Program has saved Wisconsin residents some \$65.6 million during its first seven years of operation.

June, 1980

The Legislative Audit Bureau (LAB), an independent watchdog agency of the Wisconsin legislature, issues a report criticizing the Rate Review Program as being "ineffective."

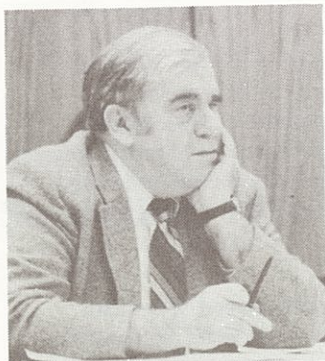
WHA calls a press conference to respond to the report, and indicates that the LAB has drawn "inappropriate conclusions on the accomplishments of the program." WHA points out that the LAB study compared Wisconsin's hospital costs to those of seven (primarily eastern) coastal states, but failed to compare costs to those of other midwestern states. WHA expresses dismay "that the study failed to point out that in 1978 the average cost per admission in Wisconsin was \$1,416 compared to \$1,922 in the comparison states." WHA also points out that the rate of increase in costs for Wisconsin hospitals is, and has been, below the national average.

The LAB report says the State should get out of the Rate Review Program unless there is agreement to impose sanctions against hospitals that exceed cost limits.

September, 1980

The LAB report triggers a long series of negotiations between the three sponsors designed to address the report's criticisms by strengthening the program. WHA's representatives are headed by Ronald Labott, West Allis Memorial Hospital. Discussions deal with: long-term capital needs; use of conditions; clarifying Rate Review's relationship to health planning; application of standards; treatment of working capital; and hospital-related foundations.

## May, 1981



A familiar sight at Rate Review negotiations: Bob Durkin (now retired), representing the Department of Health and Social Services, ponders his next move.

## May, 1981

While negotiations to strengthen Rate Review continue, two legislative proposals are introduced relating to Rate Review:

One, viewed as extreme—and opposed by WHA—would establish legislative authority for the Secretary of Health and Social Services to set hospital budgets and rates. It would provide for: control of hospital employees' wages; state-imposed caps on hospital expenses and capital expenditures; institutional closures; state-imposed limits on length of stay and admissions; and state control over the services a hospital can offer.

A more moderate proposal, introduced by State Representative Chester Gerlach, contains permissive legislation stating that if WHA, Blue Cross and the State contract to set rates, certain requirements are necessary.

WHA now faces a strategic decision, hinging on the degree of risk the Association is willing to take relative to enactment of a mandatory legislated program. As WHA adopts a tougher approach in negotiations, the likelihood of resolving the negotiations declines and the risk of a State program increases. A more moderate approach increases the chance of resolving negotiations, but reduces the chance for WHA to get all the provisions it wants.

WHA surveys its members, asking for recommendations on three options:

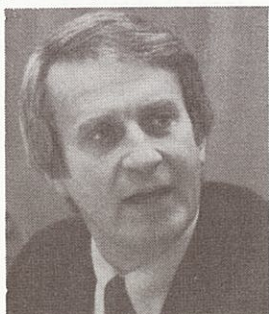
- 1) Terminating the existing Rate Review Program and opposing a mandatory State program.
- 2) Completing the negotiations by establishing a flexible posture on unresolved issues, as long as key Association principles are not compromised.
- 3) Completing the negotiations only if **all** unresolved issues can be resolved in favor of the WHA position.

## June, 1981

Members respond to the survey and support Option 2.

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## June, 1981



Gov. Anthony Earl, then a Madison attorney, as a member of the Task Force on Hospital Cost Containment Alternatives.

The WHA Board affirms the membership's support for completing negotiations with flexibility and gives specific direction to WHA negotiators on the seven unresolved issues: salary standards, judicial review, hospital-related foundations, conditions, required reviews, composition of Standards Development Committee, and immunity from personal liability.

The Board also approves the creation of a Special Task Force on Hospital Cost Containment Alternatives, headed by Chairman-elect Lowell Miller, Memorial Medical Center, Ashland, to develop alternatives to the Rate Review Program.

## October, 1981

At the WHA annual meeting in Milwaukee, the membership votes by a 3 - 1 margin to adopt the following motion:

"Be it resolved that the WHA endorses in principle the need to amend the Rate Review plan if it is to be continued; that the proposed amendments as recommended by the Board effectuate some needed clarification and improvements in the Rate Review plan; that any endorsement of a revised or amended plan must await the formal plan document setting forth the complete text of the plan as so amended; and that the Board of Trustees of WHA is directed to convene a special meeting of the assembly to consider a formal revised plan."

Thus, the membership accepts the concept of a revised Program and supports continuing the negotiations, but declines to commit the WHA to accept a revised or amended Rate Review plan until the final document is developed.

As a result, these events are set in motion:

- 1) Work begins on drafting contract language which must be finalized and reviewed by the three negotiating parties.
- 2) When the language has been developed, it will be sent to the WHA membership for review.
- 3) Finally, a special meeting of the membership will be called to discuss and vote on the revised contract document.

Meanwhile the Task Force on Hospital Cost Containment Alternatives has been meeting for several months to develop recommendations for reasonable alternatives to Rate Review.

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The Task Force seeks ideas regarding the development of cost containment alternatives and recommendations. Input is obtained through a series of meetings involving members of the Task Force, WHA staff, hospital CEOs, members of hospital governing boards, physicians and others. Recommended alternatives are to be presented to the Board for consideration.

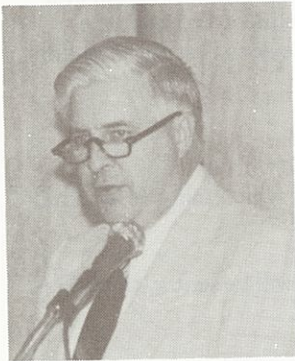
## January, 1982

More than 100 persons attend meetings in Stevens Point, Brookfield and Eau Claire to discuss a proposal by the Special Task Force designed to stimulate competition among hospitals and improve cost effectiveness in hospital decision making.

Attendees agree the proposal restores greater decision-making authority to the hospital board; has the potential to offer innovative opportunities with respect to competition, consumer incentives and prudent buying; and effectively involves key audiences—hospital administration and boards, physicians, business and consumers.

Opponents feel that, as a creation of WHA, the proposal's credibility may be questioned; emphasis on potential benefits of price competition may be unrealistic; more attention should be given to a broader, more specific range of financial incentives; and the proposal may simply exchange one set of controls for another.

## February, 1982



David Jaye, who chaired the Cost Containment Alternatives Study Group.

Negotiations and contract language are completed on the revised Rate Review Program. The WHA Board recommends membership acceptance of the negotiated package by a vote of 16 - 4. The Board also schedules a special meeting of the membership March 1 in Madison to take action on the renegotiated program.

The Board appoints a smaller working group—the Cost Containment Alternatives Study Group—chaired by David Jaye, St. Joseph's Hospital, Marshfield, to develop a specific proposal on recommendations evolving from the Special Task Force on Hospital Cost Containment Alternatives. That proposal is to be submitted to the Board within one year.



## March 1, 1982

In a special meeting at Madison, the membership rejects participation of WHA in the renegotiated Wisconsin Hospital Rate Review Program by a vote of 136 - 111.

Predictably, the reaction is swift and negative. Legislators express concern and dismay over WHA's action, calling it "...an enormous step backward," and indicating that "some hospitals still do not understand the magnitude of the problem."

Immediately, proposals to establish mandatory hospital rate ceilings, greater controls over hospital rates, and a mandatory rate-setting program within DHSS are introduced in the legislature. Their passage would make Wisconsin one of the most highly regulated states in the country.

WHA responds by generating grassroots opposition to measures that would significantly affect the operation of Wisconsin hospitals.

With Chairman Lowell Miller at the podium, different moods are reflected during the special membership meeting in Madison on March 1, 1982.



## April, 1982

There is mounting criticism by the legislature, regulators, business and industry and the news media that hospitals aren't responsibly concerned about cost issues. The highly regulatory initiatives are defeated, however, the legislature passes the Gerlach Bill which significantly modifies the existing Rate Review Program.

A second membership meeting is requested by member hospitals, and is scheduled May 11 at Wisconsin Dells.

## May 11, 1982

At its second special meeting within 72 days, the membership conditionally approves the renegotiated Rate Review Program by a vote of 224 - 54.

Conditions include:

- 1) Creation of an independent Rate Review staff.
- 2) Creation of a simplified Rate Review procedure for small hospitals.

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3) Development of an exemption procedure.

4) Development of an appeals process regarding peer review grouping decisions.

5) Publicizing the financial impact of cost shifting in connection with Rate Review.

The membership authorizes creation of an eight-person committee to meet with representatives of Blue Cross and the State to resolve these conditions and develop an implementation schedule for the revised Rate Review Program. The committee is chaired by Eugene Arnett, Memorial Hospital of Taylor County, Inc., Medford. Final contract language and an implementation schedule are to be presented to the membership at its 1982 annual meeting in LaCrosse.



Ron Labott, who headed Rate Review negotiations for WHA beginning in September 1980, makes a point during the special membership meeting at Wisconsin Dells on May 11, 1982.



Eugene Arnett chaired the committee charged with resolving pending Rate Review conditions and developing an implementation plan for the revised program.

## October, 1982

Evolving from the efforts of the Special Task Force on Hospital Cost Containment Alternatives and the Cost Containment Alternatives Study Group is the Wisconsin Hospital Information Program (WHIP).

WHIP focuses on shared responsibility for dealing with health care costs among hospital administration and board members, physicians, business and consumers.

The program seeks to provide a balance between local control and a systems approach to cost containment and involves five key components: hospital cost disclosure, development of a comprehensive hospital data system, establishment of statewide hospital patient cost projections, periodic review of hospital costs, and long-term studies for improving delivery of services.

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## October, 1982

At its Annual Business Meeting in LaCrosse, the WHA membership approves the revised Wisconsin Hospital Rate Review Program by a vote of 187 -40. Implementation awaits formal approval by Blue Cross and the State.

The membership also approves a timetable outlining the expected development of WHIP, which is intended to replace the revised Rate Review Program after its expected two years of operation. The next step is a series of district meetings to give members an opportunity to react to the draft WHIP operating plan.

## November – December, 1982

Several meetings are held among WHA, Blue Cross and the State to finalize details regarding the renegotiated Rate Review Program.

Gov. Lee Dreyfus doesn't run for re-election, and Anthony Earl is elected governor. Gov. Dreyfus fails to take action on the renegotiated Rate Review Program prior to leaving office.

## November, 1982 – March, 1983

Members of the WHIP committee and staff meet with WHA hospital district councils to discuss the WHIP proposal.

## March, 1983

During the week of March 7, WHA and Blue Cross formally sign the renegotiated Rate Review Program. After taking no action on the Rate Review issue during his first two months in office, Gov. Earl signs the program on March 11, completing more than 30 months of various stages of negotiations, dating back to September, 1980.

## March 14, 1983

Gov. Earl announces a package of health care cost containment initiatives, which includes legislation mandating participation in the revised Rate Review Program.

### **Health plan has skeptics**

### **Hospital group protests further medical regulation**

### **Hospital plan can only help**

Infinitely more significant is his proposal to establish a Hospital Rate-Setting Commission. Included in the state's 1983 - 85 Biennial Budget Bill is a proposal to create a Public Service Commission-type body with three full-time members. The Commission would go into effect January 1, 1985, following the expected sunset of the newly-revised Rate Review Program on December 31, 1984. WHA immediately indicates its opposition to the Earl proposal and its intention to work to defeat it.

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## March 23, 1983

In testimony before the legislature's Joint Committee on Finance, WHA strongly rejects Gov. Earl's proposed Rate-Setting Commission, citing the cost of funding a new bureaucracy and the potential for rationing of care which could result from the Commission's control of utilization and intensity. The Association asks that the revised Rate Review Program be given a chance to work.

## March 28 - 29, 1983

The Assembly Committee on Health and Social Services holds hearings on the proposed Rate-Setting Commission in Milwaukee and Madison. More than 150 representatives of Wisconsin hospitals attend to register and voice opposition to the proposals.



Bob Taylor of WHA staff testifies during the Assembly hearing in Madison on the proposed Rate-Setting Commission.

## April, 1983

A whirlpool of activity has begun. At its vortex is a basic policy question: can WHA maintain its historic stance of opposition to any formal, regulatory control of hospitals by government, or will a more flexible position emerge?

Recognizing the volatile environment, the WHA leadership creates a Regulatory Fallback Steering Committee chaired by Matt Hubler, Sacred Heart Hospital, Eau Claire. It is charged with developing, on an extremely fast time frame, reasonable proposals and alternatives to consider in relation to the governor's rate-setting proposal. The committee consults with legal counsel and experts from other states and develops WHA's own comprehensive, 29-page proposal for a Rate-Setting Commission.

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April 21, 1983

The WHA Board meets and takes a series of far-reaching steps which pave the way for establishment of a proactive legislative stance by the Association. The Board:

- 1) Discusses the proposal developed by the Regulatory Fallback Steering Committee which is now regarded as WHA's fallback to the governor's rate-setting proposal. The WHA proposal blends the issues of reasonable hospital rates, quality of care and individual hospital financial viability.
- 2) Endorses the proposal as the fallback position of the Association to be used as the basis for future negotiations, if and when WHA decides it is necessary to take such action.
- 3) Authorizes the WHA chairman, past chairman and chairman-elect to determine if, when and how to use the fallback position as a negotiating instrument and gives them full authority to commit the Association to this alternative proposal.
- 4) Supports, in principle, mandatory hospital participation in the revised Wisconsin Hospital Rate Review Program.

At the same meeting, the Board adopts a resolution offered by the Cost Containment Alternatives Study Group indicating that there is **not** sufficient support to seriously consider the WHIP program as an alternative to Rate Review and that the Board not take steps to proceed on that course.

April 25 - 29,  
1983

The legislative situation is changing swiftly and dramatically. There is a softening of support in the Joint Committee on Finance for WHA's stated opposition to a Rate-Setting Commission; a belief that the governor may soon exert his personal pressure to resolve the issue; an indication of support from the State Medical Society of Wisconsin for a rate-setting body; general support for the Commission concept by the Catholic Health Association of Wisconsin if ethical and religious safeguards for hospitals can be assured; a warning from other "commission" states not to wait too long before becoming active in negotiations and risk losing influence in shaping whatever final document may emerge; and urging by WHA districts for the Association to try to reach agreement with the governor on this matter.

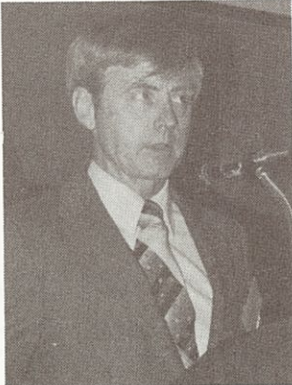
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May 2, 1983

Some members of the legislature's Joint Committee on Finance say they can no longer support WHA's stance of opposition to the governor's proposal unless a reasonable alternative is set forth.

In view of the environment surrounding this volatile issue, WHA, on May 2, takes a significant step and elects to move ahead with the proactive position established by the Board on April 21 and publicly support a Rate-Setting Commission. The fundamental thrust of the Association's stance is that if a rate commission is going to be established, it must be done in a way that protects the interests of hospitals and the patients they serve. The Association enters into negotiations with the governor's office and the Department of Health and Social Services relative to the Commission.

Thus begin several weeks of intensive negotiations involving the WHA chairmen officers, legal counsel, staff, and representatives of the governor's staff, the Department of Health and Social Services, and State Medical Society.



Lowell Miller, Immediate Past Chairman



Bob Drisner, WHA Chairman



Matt Hubler, WHA Chairman-elect

In addition to carrying on their day-to-day professional responsibilities as hospital chief executive officers, Chairman Bob Drisner, Chairman-elect Matt Hubler and Immediate Past Chairman Lowell Miller share the lead responsibility during more than 100 hours of negotiations, caucuses, conference calls and behind-the-scenes meetings between May 2 and the conclusion of negotiations on June 2.

The negotiating teams sign off on the Commission package on June 1.

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**June 2, 1983**

Gov. Earl approves the proposed Rate-Setting Commission as negotiated during the previous five weeks.

The WHA negotiators successfully preserve most major components and principles laid out in the Association's original regulatory fallback position. These include:

- 1) Maintaining a balance between cost containment, quality of care, and the financial viability of hospitals.
- 2) Providing substantial procedural safeguards and legal protection for hospitals.
- 3) Providing for four WHA seats on an eleven-person Hospital Rate-Setting Advisory Council that will assist in the rule-making process and oversee and monitor the effectiveness of the Commission.
- 4) Prohibiting direct control by the Commission over volume and intensity of care.
- 5) Preserving hospital management rights once rates have been approved.
- 6) Establishing a system of incentives.
- 7) Meeting both the basic financial requirements of hospitals and allowing for exemptions, as provided in the renegotiated Rate Review Program.
- 8) Prohibiting caps on capital expenditures.
- 9) Allowing for continuation of the current Rate Review Program until the Commission is fully operational.

**June 24, 1983**

The Wisconsin legislature approves the budget bill.

**July 1, 1983**

Gov. Earl signs into law the 1983 - 85 State Budget Bill, which includes provision for a Hospital Rate-Setting Commission.

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August 11, 1983



John Oestreicher

Gov. Earl names John Oestreicher of Marshfield to head the Commission. Oestreicher is appointed to a six-year term beginning October 1, 1983. The other two members of the panel are to be named in 1984.

## POSTSCRIPT

In a special letter to the membership on June 7, WHA Chairman Bob Drisner offers a retrospective look at the six weeks of feverish activity from the April 21 meeting of the WHA Board to the June 2 approval of the negotiated Rate-Setting Commission.

He observes that in addition to the tangibles gained through the negotiated Commission, the Association gained significant intangibles.

WHA enhanced its public image and gained additional credibility through its willingness to be proactive in developing an acceptable alternative program for dealing with hospital costs. And, the Association assured itself a role in the development of administrative rules for implementing both the Rate-Setting Commission program and the functions of the 11-person advisory council.

On the negative side, the concept of a Commission was, in fact, accepted, making Wisconsin hospitals a formally-regulated industry, far beyond the purview of the present Rate Review Program.

So, while protection has been built into the Rate-Setting Commission, there will be substantial changes.

Perhaps most important, this episode represents a benchmark in the history of the Association. WHA took an enormously important step on May 2 in going public with its fallback position and actively entering negotiations—a step authorized by the Board and supported by the hospital districts and the vast majority of the membership.

That step—a calculated risk, to be sure—led to the establishment of the Rate-Setting Commission which will become officially operational on January 1, 1985.

We can only speculate as to what lies ahead under the Commission. But, as Chairman Drisner reflects, "It will not be simply business as usual."



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## Rate Review Negotiating Committee

Ronald Labott—Chairman, Administrator, West Allis Memorial Hospital  
Lowell Miller, Executive Director, Memorial Medical Center, Ashland  
Harold Brown, Administrator, Prairie du Chien Memorial Hospital  
Walter Edwards, Vice President, Finance, Appleton Memorial Hospital  
William Bestor, Director of Fiscal Services, Community Memorial Hospital, Menomonee Falls  
Matthew Hubler, Exec. V. P., Sacred Heart Hospital, Eau Claire  
Donald Orleans, President, Holy Family Hospital, Manitowoc  
Neal Darrow, Vice President, Finance, Theda Clark Regional Medical Center, Neenah  
David Jaye, President, St. Joseph's Hospital, Marshfield  
Thomas Gazzana, Asst. Vice President, Professional Relations, Blue Cross & Blue Shield United of Wisconsin, Milwaukee  
Daniel Jehl, Acting Assistant to the Administrator, Division of Health, Madison  
Robert Haskins, Vice President, Blue Cross & Blue Shield United of Wisconsin, Milwaukee  
Gordon Gronert, Division Administrator, Risk Management, Department of Administration, Madison  
Ann Haney, Secretary of the Department of Regulation and Licensing, Madison

## Special Task Force on Hospital Cost Containment Alternatives

Lowell Miller—Chairman, Executive Director, Memorial Medical Center, Ashland  
Harold Brown, Administrator, Prairie du Chien Memorial Hospital  
G. Edwin Howe, President, St. Luke's Hospital, Milwaukee  
Joan Seramur, President, WHAA, Minocqua  
James Bower, Ph.D., University of Wisconsin, Madison  
Thomas Nilssen, Trustee, Apple River Valley Memorial Hospital, Amery  
Gordon Decker, Manager, Group Benefits Adm., Allis Chalmers, West Allis  
Paul Simenstad, M.D., Dean Clinic, Madison  
Donald Orleans, President, Holy Family Hospital, Manitowoc  
Ronald Labott, Administrator, West Allis Memorial Hospital  
Marvin Neely, President, Hosp. Council of Greater Milw. Area  
Lloyd Pinkerton, Associate Administrator, Elmbrook Memorial Hospital, Brookfield

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Elmer Behrens, Trustee, Froedtert Memorial Lutheran Hospital,  
Milwaukee  
Bernard Solocheck, Partner, Barkin, Herman, Solocheck & Paulsen,  
Inc., Milwaukee  
William Meier, Officer, The Ziegler Company, Inc., West Bend  
Anthony Earl, Attorney, Foley & Lardner, Madison  
John DeBoer, Controller, DoBoy Packaging & Machinery,  
New Richmond  
John Morris, Businessman, Minocqua  
Warren Von Ehren, President, Wisconsin Hospital Association,  
Madison

## Cost Containment Alternatives Study Group

David Jaye—Chairman, President, St. Joseph's Hospital, Marshfield  
Jack Schwem, Administrator, LaCrosse Lutheran Hospital  
Harry Wernecke, Administrator, Shawano Community Hospital  
G. Edwin Howe, President, St. Luke's Hospital, Milwaukee  
James Bower, Ph.D., University of Wisconsin, Madison  
Lowell Miller, Executive Director, Memorial Medical Center,  
Ashland  
Robert Drisner, President, Community Memorial Hospital,  
Menomonee Falls  
James Sexton, President, St. Agnes Hospital, Fond du Lac  
Thomas Reitingger, Executive Director, Ft. Atkinson Memorial  
Hospital  
Paul Markgren, Administrator, Lakeview Medical Center, Rice Lake

## Rate Review Study Group

Eugene Arnett—Chairman, President, Memorial Hospital of  
Taylor Co., Inc., Medford  
Daniel Smith, President, Bellin Memorial Hospital, Green Bay  
Donald Brezicka, CPA, Executive Director, Berlin Hospital  
Association  
Donald Fundingsland, President, Waukesha Memorial Hospital  
George Johnson, Administrator, Reedsburg Memorial Hospital  
Robert Brandt, Administrator, Tomah Memorial Hospital  
Leland Olkowski, Administrator, Victory Memorial Hospital,  
Stanley  
Steven Hannon, Administrator, Superior Memorial Hospital

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## Regulatory Fallback Steering Committee

Matthew Hubler—Chairman, Executive Vice President, Sacred Heart Hospital, Eau Claire

Daniel Kane, President, Mt. Sinai Medical Center, Milwaukee

George Johnson, Administrator, Reedsburg Memorial Hospital

Leland Olkowski, Administrator, Victory Memorial Hospital, Stanley

James Sexton, President, St. Agnes Hospital, Fond du Lac

David Jaye, President, St. Joseph's Hospital, Marshfield

WISCONSIN  
HOSPITAL  
ASSOCIATION  
Wisconsin Hospital Association  
3721 Odana Road  
Madison, WI 53719

# Regulatory Task Force

Chairman: [Name] [Address] [Phone]  
Members: [Name] [Address] [Phone]  
[Name] [Address] [Phone]  
[Name] [Address] [Phone]  
[Name] [Address] [Phone]  
[Name] [Address] [Phone]  
[Name] [Address] [Phone]

## Cost Containment Alternatives Study Group

Chairman: [Name] [Address] [Phone]  
Members: [Name] [Address] [Phone]  
[Name] [Address] [Phone]  
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## Rate Review Study Group

Chairman: [Name] [Address] [Phone]  
Members: [Name] [Address] [Phone]  
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[Name] [Address] [Phone]  
[Name] [Address] [Phone]  
[Name] [Address] [Phone]  
[Name] [Address] [Phone]

Wisconsin Hospital Association  
5721 Odana Road  
Madison, WI 53719