

**2001 DRAFTING REQUEST**

**Senate Amendment (SA-SB55)**

Received: 05/25/2001

Received By: kahlepj

Wanted: Soon

Identical to LRB:

For: Legislative Fiscal Bureau

By/Representing: Carabell

This file may be shown to any legislator: NO

Drafter: kahlepj

May Contact:

Addl. Drafters:

Subject: **Health - miscellaneous  
Insurance - health**

Extra Copies:

Submit via email: NO

Requester's email:

---

**Pre Topic:**

LFB:.....Carabell -

---

**Topic:**

Exclude drug expenditures from overall out-of-pocket limits under HIRSP and create separate limits for drugs

---

**Instructions:**

See Attached

---

**Drafting History:**

<u>Vers.</u>	<u>Drafted</u>	<u>Reviewed</u>	<u>Typed</u>	<u>Proofed</u>	<u>Submitted</u>	<u>Jacketed</u>	<u>Required</u>
/?	kahlepj 05/30/2001						
/1		gilfokm 05/31/2001	pgreensl 05/31/2001		lrb_docadmin 05/31/2001		
/2	kahlepj	gilfokm	haugeca		lrb_docadmin		

<u>Vers.</u>	<u>Drafted</u>	<u>Reviewed</u>	<u>Typed</u>	<u>Proofed</u>	<u>Submitted</u>	<u>Jacketed</u>	<u>Required</u>
	06/08/2001	06/08/2001	06/08/2001	_____	06/09/2001		

FE Sent For:

<END>

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See Attached

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/?	kahlepj 05/30/2001						
/1		gilfokm 05/31/2001	pgreensl 05/31/2001		lrb docadmin 05/31/2001		

FE Sent For: *12-6/kmg*  
*18-01* *hmk/d*  
*6/8/01*

<END>

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Subject: Health - miscellaneous  
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Exclude drug expenditures from overall out-of-pocket limits under HIRSP and create separate limits for drugs

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1?	kahlepj	1-5/ King 30-01	5/31 PG	4/31 P81 JK			

FE Sent For:

<END>

Representative Albers  
Senator Moore

HEALTH AND FAMILY SERVICES -- HEALTH

Health Insurance Risk-Sharing Plan -- Copayments and Coinsurance for Prescription Drugs

Motion:

Move to incorporate provisions of 2001 Assembly Bill 265 into the bill.

In addition, clarify that all drug expenditures under HIRSP are exempt from the calculation used to allocate program costs after subtracting GPR funding budgeted for the program (60% of the program costs paid by premium holders, 20% paid by insurers and 20% paid by providers).

Note:

AB 265 would authorize DHFS to establish, by rule, copayment amounts and coinsurance rates for prescription drugs and copayment and coinsurance out-of-pocket limits, over which the plan would pay 100% of covered costs for individuals participating in any of the plans available under the health insurance risk-sharing plan (HIRSP). Any copayments, coinsurance rates or out-of-pocket expense limits would be subject to the approval of the Board. The bill would specify that any copayments and coinsurance would not count towards the plan's deductible or coinsurance or out-of-pocket limit for other major medical costs covered under the plan.

The bill would authorize DHFS to promulgate emergency rules to implement the bill's provisions but DHFS would not be required to provide evidence that promulgating the rule as an emergency would be necessary for the preservation of public peace, health, safety or welfare and would not be required to provide a finding of an emergency to promulgate the rule.

The provisions of the bill would first apply to policies issued or renewed on the bill's effective date, the day after its publication.

In addition, the motion would clarify that all drug expenditures under HIRSP all exempt from the calculation used to allocate program costs after subtracting GPR budgeted for the program. This change reflects the Department's current practice.

This proposal would not modify the reimbursement rate pharmacies receive for drugs purchased under the program. Pharmacies would continue to be paid the MA rate for all drugs purchased under the program.

MO# 200

Burke	<input checked="" type="checkbox"/>	N
Decker	<input checked="" type="checkbox"/>	N
Moore	<input checked="" type="checkbox"/>	N
Shibitski	<input checked="" type="checkbox"/>	N
Plache	<input checked="" type="checkbox"/>	N
Wirch	<input checked="" type="checkbox"/>	N
Darling	<input checked="" type="checkbox"/>	N
Wolch	<input checked="" type="checkbox"/>	N
Gard	<input checked="" type="checkbox"/>	N
Kaufert	<input checked="" type="checkbox"/>	N
Albers	<input checked="" type="checkbox"/>	N
Duff	<input checked="" type="checkbox"/>	N
Ward	<input checked="" type="checkbox"/>	N
Huebsch	<input checked="" type="checkbox"/>	N
Huber	<input checked="" type="checkbox"/>	N
Coggs	<input checked="" type="checkbox"/>	N

6-D

2001

Date (time) needed SOON (5-30)

LRB b 0395 11

**LFB BUDGET AMENDMENT  
[ONLY FOR LFB]**

PJK : King

See form **AMENDMENTS — COMPONENTS & ITEMS.**

LFB AMENDMENT

D-NOTE

TO 2001 ASSEMBLY BILL 144 AND 2001 SENATE BILL 55

>>FOR JT. FIN. SUB. — NOT FOR INTRODUCTION<<

At the locations indicated, amend the bill as follows:

✓ #. Page 133, line 5... after that line insert :

#. Page . . . . ., line . . . . .:

#. Page . . . . ., line . . . . .:

#. Page . . . . ., line . . . . .:

#. Page . . . . ., line . . . . .:

#. Page . . . . ., line . . . . .:



## ASSEMBLY BILL 265

DHFS to establish, by rule with the approval of the board, copayments for prescription drug coverage, and provides that those copayments count toward the out-of-pocket limit that a person must pay before HIRSP will pay 100% of the person's covered costs.

This bill authorizes DHFS to establish for prescription drug coverage, in addition to copayments, coinsurance rates and copayment and coinsurance out-of-pocket limits over which HIRSP pays 100% of covered prescription drug costs. Any amount or rate must be approved by the board. In addition, the bill provides that amounts paid by a covered person in copayments and coinsurance for prescription drugs are separate from, and do not count toward, the deductible and coinsurance out-of-pocket limits that apply under current law to other covered costs.

For further information see the *state* fiscal estimate, which will be printed as an appendix to this bill.

*The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:*

- ① SECTION <sup>2850f</sup> 149.14 (5) (title) of the statutes is amended to read:
- 2 149.14 (5) (title) DEDUCTIBLES, COPAYMENTS AND COINSURANCE, AND
- 3 OUT-OF-POCKET LIMITS.
- ④ SECTION <sup>2850g</sup> 149.14 (5) (b) of the statutes is amended to read:
- 5 149.14 (5) (b) Except as provided in par. par. (c) and (e), if the covered costs
- 6 incurred by the eligible person exceed the deductible for major medical expense
- 7 coverage in a calendar year, the plan shall pay at least 80% of any additional covered
- 8 costs incurred by the person during the calendar year.
- ⑨ SECTION <sup>2850h</sup> 149.14 (5) (c) of the statutes is amended to read:
- 10 149.14 (5) (c) If Except as provided in par. (e), if the aggregate of the covered
- 11 costs not paid by the plan under par. (b) and the deductible exceeds \$500 for an
- 12 eligible person receiving medicare, \$2,000 for any other eligible person during a
- 13 calendar year or \$4,000 for all eligible persons in a family, the plan shall pay 100%

## ASSEMBLY BILL 265

1 of all covered costs incurred by the eligible person during the calendar year after the  
2 payment ceilings under this paragraph are exceeded.

3 SECTION ~~4~~ <sup>2850i</sup> 149.14 (5) (e) of the statutes is amended to read:

4 149.14 (5) (e) Subject to sub. (8) (b), the department may, by rule under s. 149.17  
5 (4), establish ~~copayments~~ for prescription drug coverage under sub. (3) (d) copayment  
6 amounts, coinsurance rates, and copayment and coinsurance out-of-pocket limits  
7 over which the plan will pay 100% of covered costs under sub. (3) (d). Any copayment  
8 ~~amounts or rates~~ amount, coinsurance rate, or out-of-pocket limit established are  
9 under this paragraph is subject to the approval of the board. Copayments and  
10 coinsurance paid by an eligible person under this paragraph shall are separate from  
11 and do not count toward the deductible and covered costs not paid by the plan under  
12 pars. (a) to (c).

13 SECTION ~~4~~ <sup>2850q</sup> 149.146 (2) (am) 2. of the statutes is amended to read:

14 149.146 (2) (am) 2. Except as provided in subd. subds. 3. and 5., if the covered  
15 costs incurred by the eligible person exceed the deductible for major medical expense  
16 coverage in a calendar year, the plan shall pay at least 80% of any additional covered  
17 costs incurred by the person during the calendar year.

18 SECTION ~~4~~ <sup>2850r</sup> 149.146 (2) (am) 3. of the statutes is amended to read:

19 149.146 (2) (am) 3. ~~If~~ Except as provided in subd. 5., if the aggregate of the  
20 covered costs not paid by the plan under subd. 2. and the deductible exceeds \$3,500  
21 for any eligible person during a calendar year or \$7,000 for all eligible persons in a  
22 family, the plan shall pay 100% of all covered costs incurred by the eligible person  
23 during the calendar year after the payment ceilings under this subdivision are  
24 exceeded.

25 SECTION ~~4~~ <sup>2850s</sup> 149.146 (2) (am) 5. of the statutes is created to read:

Insert 3-12

ASSEMBLY BILL 265

SECTION 7

1 149.146 (2) (am) 5. Subject to s. 149.14 (8) (b), the department may, by rule  
 2 under s. 149.17 (4), establish for prescription drug coverage under this section  
 3 copayment amounts, coinsurance rates, and copayment and coinsurance  
 4 out-of-pocket limits over which the plan will pay 100% of covered costs for  
 5 prescription drugs. Any copayment amount, coinsurance rate, or out-of-pocket  
 6 limit established under this subdivision is subject to the approval of the board.  
 7 Copayments and coinsurance paid by an eligible person under this subdivision are  
 8 separate from and do not count toward the deductible and covered costs not paid by  
 9 the plan under subs. 1. to 3. ))

10 ~~SECTION 8. Nonstatutory provisions~~ #. Page 1750, line 23: after that line insert:

11 " <sup>90W</sup> ~~(f)~~ RULES ON DRUG COPAYMENTS AND COINSURANCE UNDER THE HEALTH INSURANCE RISK-SHARING PLAN The department of health and  
 12 family services may use the procedure under section 227.24 of the statutes to  
 13 promulgate rules authorized under section 149.14 (5) (e) of the statutes, as affected  
 14 by this act, and section 149.146 (2) (am) 5. of the statutes, as created by this act.  
 15 Notwithstanding section 227.24 (1) (a), (2) (b), and (3) of the statutes, the department  
 16 is not required to provide evidence that promulgating a rule under this subsection  
 17 as an emergency rule is necessary for the preservation of public peace, health, safety,  
 18 or welfare and is not required to provide a finding of emergency for a rule  
 19 promulgated under this subsection. ))

20 ~~SECTION 9. Initial applicability~~ #. Page 1800, line 18: after that line insert:

21 " <sup>15W</sup> ~~(f)~~ first applies to policies under the health insurance risk-sharing  
 22 plan that are issued or renewed on the effective date of this subsection. ))

23 (END)

✓ (c) DRUG COPAYMENTS AND COINSURANCE UNDER THE HEALTH INSURANCE RISK-SHARING PLAN. The treatment of sections 149.14 (5) (b), (c), and (e) and 149.146 (2) (am) 2., 3., and 5. of the statutes

2001-2002 DRAFTING INSERT  
FROM THE  
LEGISLATIVE REFERENCE BUREAU

LRBb0395/ins  
PJK.....

INSERT 3-12

1083

2850LC

any

1 SECTION 149.143 (1) (b) (intro.) of the statutes is amended to read:  
2 149.143 (1) (b) (intro.) The remainder of the costs, excluding costs for  
3 prescription drugs, as follows:

History: 1997 a. 27; 1999 a. 9, 165.

2850Ld

4 SECTION 149.143 (1) (b) 1. b. of the statutes is amended to read:  
5 149.143 (1) (b) 1. b. Second, from moneys specified under sub. (2m), to the  
6 extent that the amounts under subd. 1. a. are insufficient to pay 60% of plan costs,  
7 excluding costs for prescription drugs.

History: 1997 a. 27; 1999 a. 9, 165.

2850Le

8 SECTION 149.143 (1) (b) 1. c. of the statutes is amended to read:  
9 149.143 (1) (b) 1. c. Third, by increasing premiums from eligible persons with  
10 coverage under s. 149.14 (2) (a) to more than 150% but not more than 200% of the rate  
11 that a standard risk would be charged under an individual policy providing  
12 substantially the same coverage and deductibles as are provided under the plan and  
13 from eligible persons with coverage under s. 149.14 (2) (b) by a comparable amount  
14 in accordance with s. 149.14 (5m), including amounts received for premium and  
15 deductible subsidies under s. 149.144 and under the transfer to the fund from the  
16 appropriation account under s. 20.435 (4) (ah), and by increasing premiums from  
17 eligible persons with coverage under s. 149.146 in accordance with s. 149.146 (2) (b),  
18 to the extent that the amounts under subd. 1. a. and b. are insufficient to pay 60%  
19 of plan costs, excluding costs for prescription drugs.

History: 1997 a. 27; 1999 a. 9, 165.

2850Lf

20 SECTION 149.143 (1) (b) 1. d. of the statutes is amended to read:  
21 149.143 (1) (b) 1. d. Fourth, notwithstanding subd. 2., by increasing insurer  
22 assessments, excluding assessments under s. 149.144, and adjusting provider

the remainder of

the remainder of



rus 3-12 cont'd

2803

the remainder of

1 payment rates, excluding adjustments to those rates under s. 149.144, in equal  
2 proportions and to the extent that the amounts under subd. 1. a. to c. are insufficient  
3 to pay 60% of plan costs, excluding costs for prescription drugs.

History: 1997 a. 27; 1999 a. 9, 165.

4 SECTION 149.143 (2) (a) 1. a. of the statutes is amended to read:

5 149.143 (2) (a) 1. a. Estimate the amount of enrollee premiums that would be  
6 received in the new plan year if the enrollee premiums were set at a level sufficient,  
7 when including amounts received for premium and deductible subsidies under s.  
8 149.144 and under the transfer to the fund from the appropriation account under s.  
9 20.435 (4) (ah) and from premiums collected from eligible persons with coverage  
10 under s. 149.146 set in accordance with s. 149.146 (2) (b), to cover 60% of the  
11 estimated plan costs, excluding costs for prescription drugs, for the new plan year,  
12 after deducting from the estimated plan costs, including costs for prescription drugs,  
13 the amount available for transfer to the fund from the appropriation account under  
14 s. 20.435 (4) (af) for that plan year.

History: 1997 a. 27; 1999 a. 9, 165.

15 SECTION 149.143 (2m) (a) 2. of the statutes is amended to read:

16 149.143 (2m) (a) 2. The amount of premiums, including amounts received for  
17 premium and deductible subsidies, necessary to cover 60% of the plan costs for the  
18 plan year, excluding costs for prescription drugs, after deducting the amount  
19 transferred to the fund from the appropriation account under s. 20.435 (4) (af).

History: 1997 a. 27; 1999 a. 9, 165.

20 SECTION 149.143 (3) (a) of the statutes is amended to read:

21 149.143 (3) (a) If, during a plan year, the department determines that the  
22 amounts estimated to be received as a result of the rates and amount set under sub.  
23 (2) (a) 2. to 4. and any adjustments in insurer assessments and the provider payment  
24 rate under s. 149.144 will not be sufficient to cover plan costs, excluding costs for



Ins 3-12 contd

3083

1 prescription drugs, the department may by rule increase the premium rates set  
 2 under sub. (2) (a) 2. for the remainder of the plan year, subject to s. 149.146 (2) (b)  
 3 and the maximum specified in sub. (2) (a) 2., by rule increase the assessments set  
 4 under sub. (2) (a) 3. for the remainder of the plan year, subject to sub. (1) (b) 2. a., and  
 5 by the same rule under which assessments are increased adjust the provider  
 6 payment rate set under sub. (2) (a) 4. for the remainder of the plan year, subject to  
 7 sub. (1) (b) 2. b.

History: 1997 a. 27; 1999 a. 9, 165.

2850LP

8 SECTION ~~2~~. 149.143 (5) (a) of the statutes is amended to read:

9 149.143 (5) (a) Annually, no later than April 30, the department shall perform  
 10 a reconciliation with respect to plan costs, excluding <sup>any</sup> costs for prescription drugs,  
 11 premiums, insurer assessments, and provider payment rate adjustments based on  
 12 data from the previous calendar year. On the basis of the reconciliation, the  
 13 department shall make any necessary adjustments in premiums, insurer  
 14 assessments, or provider payment rates for the fiscal year beginning on the first July  
 15 1 after the reconciliation, as provided in sub. (2) (b).

History: 1997 a. 27; 1999 a. 9, 165.

(END OF INSERT 3-12)

**DRAFTER'S NOTE**  
**FROM THE**  
**LEGISLATIVE REFERENCE BUREAU**

LRBb0395/Adn

PJK.....

*img*

Rachel:

- 1. I wasn't really sure what was meant by exempting drug expenditures from the calculation used to allocate program costs. (I assume we are talking about the costs that the plan would have to pick up and not the costs that are the responsibility of the covered individual.) Are all of the drug costs covered by GPR? Section 149.143 looks strange as I have drafted it. The language seems to beg the question of how prescription drug costs are paid if GPR is first used to pay all costs and then the remainder of the costs, except for prescription drug costs, are paid with premiums, insurer assessments, and provider discounts. Perhaps I completely misunderstood the concept.

I amended each provision that seemed to require amending. I was unsure about s. 149.143 (2) (a) (intro.) and (5) (a), however. I limited the costs in s. 149.143 (5) (a) to nondrug costs but did not amend s. 149.143 (2) (a) (intro.). Let me know if you need changes.

Pamela J. Kahler  
Senior Legislative Attorney  
Phone: (608) 266-2682  
E-mail: pam.kahler@legis.state.wi.us

2. I also added "the remainder of" before "plan costs" in a few places in s. 149.143 because it seemed more precise.

**DRAFTER'S NOTE**  
**FROM THE**  
**LEGISLATIVE REFERENCE BUREAU**

LRBb0395/1dn  
PJK:kmg:pg

May 31, 2001

Rachel:

1. I wasn't really sure what was meant by exempting drug expenditures from the calculation used to allocate program costs. (I assume we are talking about the costs that the plan would have to pick up and not the costs that are the responsibility of the covered individual.) Are all of the drug costs covered by GPR? Section 149.143 looks strange as I have drafted it. The language seems to beg the question of how prescription drug costs are paid if GPR is first used to pay all costs and then the remainder of the costs, except for prescription drug costs, are paid with premiums, insurer assessments, and provider discounts. Perhaps I completely misunderstood the concept.

I amended each provision that seemed to require amending. I was unsure about s. 149.143 (2) (a) (intro.) and (5) (a), however. I limited the costs in s. 149.143 (5) (a) to nondrug costs but did not amend s. 149.143 (2) (a) (intro.). Let me know if you need changes.

2. I also added "the remainder of" before "plan costs" in a few places in s. 149.143 because it seemed more precise.

Pamela J. Kahler  
Senior Legislative Attorney  
Phone: (608) 266-2682  
E-mail: pam.kahler@legis.state.wi.us

payment rate for prescription drugs  
may not be reduced below MA rate

149.142(1)(b) → ↑

(+ 3 places)

~~149.143(A)~~

acts to reducing rates

NWS # 3, can't reduce below MA rate

so reduction to pharmacist below MA rate

may not be made under s. 149.143 (the formula)



LFB:.....Carabell – Exclude drug expenditures from overall out-of-pocket limits under HIRSP and create separate limits for drugs

FOR 2001-03 BUDGET — NOT READY FOR INTRODUCTION

LFB AMENDMENT

TO 2001 SENATE BILL 55 AND 2001 ASSEMBLY BILL 144

*SOON  
(6-8)  
D-note*

1 At the locations indicated, amend the bill as follows:

2 1. Page 1331, line 5: after that line insert:

3 “SECTION 2850f. 149.14 (5) (title) of the statutes is amended to read:

4 149.14 (5) (title) DEDUCTIBLES, COPAYMENTS AND COINSURANCE, AND

5 OUT-OF-POCKET LIMITS.

6 SECTION 2850g. 149.14 (5) (b) of the statutes is amended to read:

7 149.14 (5) (b) Except as provided in ~~par.~~ pars. (c) and (e), if the covered costs  
8 incurred by the eligible person exceed the deductible for major medical expense  
9 coverage in a calendar year, the plan shall pay at least 80% of any additional covered  
10 costs incurred by the person during the calendar year.

11 SECTION 2850h. 149.14 (5) (c) of the statutes is amended to read:

1 149.14 (5) (c) If Except as provided in par. (e), if the aggregate of the covered  
2 costs not paid by the plan under par. (b) and the deductible exceeds \$500 for an  
3 eligible person receiving medicare, \$2,000 for any other eligible person during a  
4 calendar year or \$4,000 for all eligible persons in a family, the plan shall pay 100%  
5 of all covered costs incurred by the eligible person during the calendar year after the  
6 payment ceilings under this paragraph are exceeded.

7 **SECTION 2850i.** 149.14 (5) (e) of the statutes is amended to read:

8 149.14 (5) (e) Subject to sub. (8) (b), the department may, by rule under s. 149.17  
9 (4), establish ~~copayments~~ for prescription drug coverage under sub. (3) (d) copayment  
10 amounts, coinsurance rates, and copayment and coinsurance out-of-pocket limits  
11 over which the plan will pay 100% of covered costs under sub. (3) (d). Any copayment  
12 ~~amounts or rates~~ amount, coinsurance rate, or out-of-pocket limit established are  
13 under this paragraph subject to the approval of the board. Copayments and  
14 coinsurance paid by an eligible person under this paragraph ~~shall~~ are separate from  
15 and do not count toward the deductible and covered costs not paid by the plan under  
16 pars. (a) to (c).

17 **SECTION 2850Lc.** 149.143 (1) (b) (intro.) of the statutes is amended to read:

18 149.143 (1) (b) (intro.) The remainder of the costs, excluding any costs for  
19 prescription drugs, as follows:

20 **SECTION 2850Ld.** 149.143 (1) (b) 1. b. of the statutes is amended to read:

21 149.143 (1) (b) 1. b. Second, from moneys specified under sub. (2m), to the  
22 extent that the amounts under subd. 1. a. are insufficient to pay 60% of the  
23 remainder of plan costs, excluding any costs for prescription drugs.

24 **SECTION 2850Le.** 149.143 (1) (b) 1. c. of the statutes is amended to read:

Insert 2-16

Delete pp. 3+4 of "11"

149.143 (1) (b) 1. c. Third, by increasing premiums from eligible persons with coverage under s. 149.14 (2) (a) to more than 150% but not more than 200% of the rate that a standard risk would be charged under an individual policy providing substantially the same coverage and deductibles as are provided under the plan and from eligible persons with coverage under s. 149.14 (2) (b) by a comparable amount in accordance with s. 149.14 (5m), including amounts received for premium and deductible subsidies under s. 149.144 and under the transfer to the fund from the appropriation account under s. 20.435 (4) (ah), and by increasing premiums from eligible persons with coverage under s. 149.146 in accordance with s. 149.146 (2) (b), to the extent that the amounts under subd. 1. a. and b. are insufficient to pay 60% of the remainder of plan costs, excluding any costs for prescription drugs.

**SECTION 2850Lf.** 149.143 (1) (b) 1. d. of the statutes is amended to read:

149.143 (1) (b) 1. d. Fourth, notwithstanding subd. 2., by increasing insurer assessments, excluding assessments under s. 149.144, and adjusting provider payment rates, excluding adjustments to those rates under s. 149.144, in equal proportions and to the extent that the amounts under subd. 1. a. to c. are insufficient to pay 60% of the remainder of plan costs, excluding any costs for prescription drugs.

**SECTION 2850Lg.** 149.143 (2) (a) 1. a. of the statutes is amended to read:

149.143 (2) (a) 1. a. Estimate the amount of enrollee premiums that would be received in the new plan year if the enrollee premiums were set at a level sufficient, when including amounts received for premium and deductible subsidies under s. 149.144 and under the transfer to the fund from the appropriation account under s. 20.435 (4) (ah) and from premiums collected from eligible persons with coverage under s. 149.146 set in accordance with s. 149.146 (2) (b), to cover 60% of the remainder of the estimated plan costs for the new plan year, excluding any costs for

prescription drugs, after deducting from the estimated plan costs, including costs for prescription drugs, the amount available for transfer to the fund from the appropriation account under s. 20.435 (4) (af) for that plan year.

**SECTION 2850Lh.** 149.143 (2m) (a) 2. of the statutes is amended to read:

149.143 (2m) (a) 2. The amount of premiums, including amounts received for premium and deductible subsidies, necessary to cover 60% of the remainder of the plan costs for the plan year, excluding any costs for prescription drugs, after deducting the amount transferred to the fund from the appropriation account under s. 20.435 (4) (af).

**SECTION 2850Lm.** 149.143 (3) (a) of the statutes is amended to read:

149.143 (3) (a) If, during a plan year, the department determines that the amounts estimated to be received as a result of the rates and amount set under sub. (2) (a) 2. to 4. and any adjustments in insurer assessments and the provider payment rate under s. 149.144 will not be sufficient to cover plan costs, excluding any costs for prescription drugs, the department may by rule increase the premium rates set under sub. (2) (a) 2. for the remainder of the plan year, subject to s. 149.146 (2) (b) and the maximum specified in sub. (2) (a) 2., by rule increase the assessments set under sub. (2) (a) 3. for the remainder of the plan year, subject to sub. (1) (b) 2. a., and by the same rule under which assessments are increased adjust the provider payment rate set under sub. (2) (a) 4. for the remainder of the plan year, subject to sub. (1) (b) 2. b.

**SECTION 2850I.r.** 149.143 (5) (a) of the statutes is amended to read:

149.143 (5) (a) Annually, no later than April 30, the department shall perform a reconciliation with respect to plan costs, excluding any costs for prescription drugs, premiums, insurer assessments, and provider payment rate adjustments based on

1 data from the previous calendar year. On the basis of the reconciliation, the  
2 department shall make any necessary adjustments in premiums, insurer  
3 assessments, or provider payment rates for the fiscal year beginning on the first July  
4 1 after the reconciliation, as provided in sub. (2) (b).

5 **SECTION 2850q.** 149.146 (2) (am) 2. of the statutes is amended to read:

6 149.146 (2) (am) 2. Except as provided in ~~subd.~~ subds. 3. and 5., if the covered  
7 costs incurred by the eligible person exceed the deductible for major medical expense  
8 coverage in a calendar year, the plan shall pay at least 80% of any additional covered  
9 costs incurred by the person during the calendar year.

10 **SECTION 2850r.** 149.146 (2) (am) 3. of the statutes is amended to read:

11 149.146 (2) (am) 3. If Except as provided in subd. 5., if the aggregate of the  
12 covered costs not paid by the plan under subd. 2. and the deductible exceeds \$3,500  
13 for any eligible person during a calendar year or \$7,000 for all eligible persons in a  
14 family, the plan shall pay 100% of all covered costs incurred by the eligible person  
15 during the calendar year after the payment ceilings under this subdivision are  
16 exceeded.

17 **SECTION 2850s.** 149.146 (2) (am) 5. of the statutes is created to read:

18 149.146 (2) (am) 5. Subject to s. 149.14 (8) (b), the department may, by rule  
19 under s. 149.17 (4), establish for prescription drug coverage under this section  
20 copayment amounts, coinsurance rates, and copayment and coinsurance  
21 out-of-pocket limits over which the plan will pay 100% of covered costs for  
22 prescription drugs. Any copayment amount, coinsurance rate, or out-of-pocket  
23 limit established under this subdivision is subject to the approval of the board.  
24 Copayments and coinsurance paid by an eligible person under this subdivision are

1 separate from and do not count toward the deductible and covered costs not paid by  
2 the plan under subs. 1. to 3.”

3 **2.** Page 1750, line 23: after that line insert:

4 “(9w) RULES ON DRUG COPAYMENTS AND COINSURANCE UNDER THE HEALTH  
5 INSURANCE RISK-SHARING PLAN. The department of health and family services may use  
6 the procedure under section 227.24 of the statutes to promulgate rules authorized  
7 under section 149.14 (5) (e) of the statutes, as affected by this act, and section 149.146  
8 (2) (am) 5. of the statutes, as created by this act. Notwithstanding section 227.24 (1)  
9 (a), (2) (b), and (3) of the statutes, the department is not required to provide evidence  
10 that promulgating a rule under this subsection as an emergency rule is necessary for  
11 the preservation of public peace, health, safety, or welfare and is not required to  
12 provide a finding of emergency for a rule promulgated under this subsection.”

13 **3.** Page 1800, line 18: after that line insert:

14 “(15w) DRUG COPAYMENTS AND COINSURANCE UNDER THE HEALTH INSURANCE  
15 RISK-SHARING PLAN. The treatment of sections 149.14 (5) (b), (c), and (e) and 149.146  
16 (2) (am) 2., 3., and 5. of the statutes first applies to policies under the health  
17 insurance risk-sharing plan that are issued or renewed on the effective date of this  
18 subsection.”

19 (END)

2001-2002 DRAFTING INSERT  
FROM THE  
LEGISLATIVE REFERENCE BUREAU

LRBb0395/2ins  
PJK:kmg:pg

INSERT 2-16

1 SECTION 2850Lc. 149.142 (1) (b) of the statutes is amended to read:

2 149.142 (1) (b) The payment rate for a prescription drug shall be the allowable  
3 charge paid under s. 49.46 (2) (b) 6. h. for the prescription drug. Notwithstanding  
4 s. 149.17 (4), the department may not reduce the payment rate for prescription drugs  
5 below the rate specified in this paragraph, and the rate may not be adjusted under  
6 s. 149.143 or 149.144.

7 History: 1999 a. 9.

SECTION 2850Ld. 149.142 (2) of the statutes is amended to read:

8 149.142 (2) The Except as provided in sub. (1) (b), the rates established under  
9 this section are subject to adjustment under ss. 149.143 and 149.144.

10 History: 1999 a. 9.

SECTION 2850Le. 149.143 (1) (b) 1. d. of the statutes is amended to read:

11 149.143 (1) (b) 1. d. Fourth, notwithstanding subd. 2., by increasing insurer  
12 assessments, excluding assessments under s. 149.144, and adjusting provider  
13 payment rates, subject to s. 149.142 (1) (b) and excluding adjustments to those rates  
14 under s. 149.144, in equal proportions and to the extent that the amounts under  
15 subd. 1. a. to c. are insufficient to pay 60% of plan costs.

16 History: 1997 a. 27; 1999 a. 9, 165.

SECTION 2850Lf. 149.143 (1) (b) 2. b. of the statutes is amended to read:

17 149.143 (1) (b) 2. b. Fifty percent from adjustments to provider payment rates,  
18 subject to s. 149.142 (1) (b) and excluding adjustments to those rates under s.  
19 149.144.

20 History: 1997 a. 27; 1999 a. 9, 165.

SECTION 2850Lg. 149.143 (2) (a) 4. of the statutes is amended to read:

21 149.143 (2) (a) 4. By the same rule as under subd. 3. adjust the provider  
22 payment rate for the new plan year, subject to s. 149.142 (1) (b), by estimating and

1 setting the rate at the level necessary to equal the amounts specified in sub. (1) (b)  
2 1. d. and 2. b. and as provided in s. 149.145.

History: 1997 a. 27; 1999 a. 9, 165.

3 **SECTION 2850Lh.** 149.143 (3) (a) of the statutes is amended to read:

4 149.143 (3) (a) If, during a plan year, the department determines that the  
5 amounts estimated to be received as a result of the rates and amount set under sub.  
6 (2) (a) 2. to 4. and any adjustments in insurer assessments and the provider payment  
7 rate under s. 149.144 will not be sufficient to cover plan costs, the department may  
8 by rule increase the premium rates set under sub. (2) (a) 2. for the remainder of the  
9 plan year, subject to s. 149.146 (2) (b) and the maximum specified in sub. (2) (a) 2.,  
10 by rule increase the assessments set under sub. (2) (a) 3. for the remainder of the plan  
11 year, subject to sub. (1) (b) 2. a., and by the same rule under which assessments are  
12 increased adjust the provider payment rate set under sub. (2) (a) 4. for the remainder  
13 of the plan year, subject to sub. (1) (b) 2. b. <sup>plain</sup> and s. 149.142 (1) (b). ✓

History: 1997 a. 27; 1999 a. 9, 165.

14 **SECTION 2850Li.** 149.143 (3) (b) of the statutes is amended to read:

15 149.143 (3) (b) If the department increases premium rates and insurer  
16 assessments and adjusts the provider payment rate under par. (a) and determines  
17 that there will still be a deficit and that premium rates have been increased to the  
18 maximum extent allowable under par. (a), the department may further adjust, in  
19 equal proportions, assessments set under sub. (2) (a) 3. and the provider payment  
20 rate set under sub. (2) (a) 4., without regard to sub. (1) (b) 2. <sup>plain</sup> but subject to s. 149.142  
21 (1) (b). ✓

History: 1997 a. 27; 1999 a. 9, 165.

22 **SECTION 2850Lj.** 149.143 (5) (a) of the statutes is amended to read:

23 149.143 (5) (a) Annually, no later than April 30, the department shall perform  
24 a reconciliation with respect to plan costs, premiums, insurer assessments, and

1 provider payment rate adjustments based on data from the previous calendar year.  
 2 On the basis of the reconciliation, the department shall make any necessary  
 3 adjustments in premiums, insurer assessments, or provider payment rates, subject  
 4 to s. 149.142 (1) (b), for the fiscal year beginning on the first July 1 after the  
 5 reconciliation, as provided in sub. (2) (b).

History: 1997 a. 27; 1999 a. 9, 165.

6 **SECTION 2850Lk.** 149.143 (5) (b) of the statutes is amended to read:

7 149.143 (5) (b) Except as provided in sub. (3) and s. 149.144, the department  
 8 shall adjust the provider payment rates to meet the providers' specified portion of the  
 9 plan costs no more than once annually, subject to s. 149.142 (1) (b). The department  
 10 may not determine the adjustment on an individual provider basis or on the basis  
 11 of provider type, but shall determine the adjustment for all providers in the  
 12 aggregate, subject to s. 149.142 (1) (b).

History: 1997 a. 27; 1999 a. 9, 165.

13 **SECTION 2850Lm.** 149.144 of the statutes is amended to read:

14 **149.144 Adjustments to insurer assessments and provider payment**  
 15 **rates for premium and deductible reductions.** If the moneys transferred to the  
 16 fund under the appropriation under s. 20.435 (4) (ah) are insufficient to reimburse  
 17 the plan for premium reductions under s. 149.165 and deductible reductions under  
 18 s. 149.14 (5) (a), or the department determines that the moneys transferred or to be  
 19 transferred to the fund under the appropriation under s. 20.435 (4) (ah) will be  
 20 insufficient to reimburse the plan for premium reductions under s. 149.165 and  
 21 deductible reductions under s. 149.14 (5) (a), the department may, by rule, adjust in  
 22 equal proportions the amount of the assessment set under s. 149.143 (2) (a) 3. and  
 23 the provider payment rate set under s. 149.143 (2) (a) 4., subject to s. 149.142 (1)  
 24 (b) and 149.143 (1) (b) 1., sufficient to reimburse the plan for premium reductions

1 under s. 149.165 and deductible reductions under s. 149.14 (5) (a). If the department  
2 makes the adjustment under this section, the department shall notify the  
3 commissioner so that the commissioner may levy any increase in insurer  
4 assessments.

History: 1997 a. 27 ss. 4840c, 4845c; 1999 a. 9. ✓

5 **SECTION 2850Ln.** 149.145 of the statutes is amended to read:

6 **149.145 Program budget.** The department, in consultation with the board,  
7 shall establish a program budget for each plan year. The program budget shall be  
8 based on the provider payment rates specified in s. 149.142 and in the most recent  
9 provider contracts that are in effect and on the funding sources specified in s. 149.143  
10 (1), including the methodologies specified in ss. 149.143, 149.144, and 149.146 for  
11 determining premium rates, insurer assessments, and provider payment rates.  
12 Except as otherwise provided in s. 149.143 (3) (a) and (b) and subject to s. 149.142  
13 (1) (b), from the program budget the department shall derive the actual provider  
14 payment rate for a plan year that reflects the providers' proportional share of the  
15 plan costs, consistent with ss. 149.143 and 149.144. The department may not  
16 implement a program budget established under this section unless it is approved by  
17 the board.

History: 1997 a. 27; 1999 a. 9.

(END OF INSERT 2-16)

**DRAFTER'S NOTE**  
**FROM THE**  
**LEGISLATIVE REFERENCE BUREAU**

LRBb0395/2dn  
PJK:kmg:pg

Rachel:

✓  
The amending in this amendment is overkill, I realize, but I didn't want to leave room for the assertion that s. 149.142 (1) (b) is in conflict with ss. 149.143, 149.144, and 149.145 because those three sections require adjustments to provider rates and do not reference s. 149.142. One of the problems with the comprehensibility of this chapter is all the cross-referencing!



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**DRAFTER'S NOTE  
FROM THE  
LEGISLATIVE REFERENCE BUREAU**

LRBb0395/2dn  
PJK:kmg:lmlh

June 8, 2001

Rachel:

The amending in this amendment is overkill, I realize, but I didn't want to leave room for the assertion that s. 149.142 (1) (b) is in conflict with ss. 149.143, 149.144, and 149.145 because those three sections require adjustments to provider rates and do not reference s. 149.142. One of the problems with the comprehensibility of this chapter is all of the cross-referencing!

Pamela J. Kahler  
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LFB:.....Carabell – Exclude drug expenditures from overall out-of-pocket limits under HIRSP and create separate limits for drugs

FOR 2001-03 BUDGET — NOT READY FOR INTRODUCTION

**LFB AMENDMENT**

**TO 2001 SENATE BILL 55 AND 2001 ASSEMBLY BILL 144**

1 At the locations indicated, amend the bill as follows:

2 1. Page 1331, line 5: after that line insert:

3 “SECTION 2850f. 149.14 (5) (title) of the statutes is amended to read:

4 149.14 (5) (title) DEDUCTIBLES, COPAYMENTS AND COINSURANCE, AND  
5 OUT OF POCKET LIMITS.

6 SECTION 2850g. 149.14 (5) (b) of the statutes is amended to read:

7 149.14 (5) (b) Except as provided in ~~par.~~ pars. (c) and (e), if the covered costs  
8 incurred by the eligible person exceed the deductible for major medical expense  
9 coverage in a calendar year, the plan shall pay at least 80% of any additional covered  
10 costs incurred by the person during the calendar year.

11 SECTION 2850h. 149.14 (5) (c) of the statutes is amended to read:

1           149.14 (5) (c) If Except as provided in par. (e), if the aggregate of the covered  
2 costs not paid by the plan under par. (b) and the deductible exceeds \$500 for an  
3 eligible person receiving medicare, \$2,000 for any other eligible person during a  
4 calendar year or \$4,000 for all eligible persons in a family, the plan shall pay 100%  
5 of all covered costs incurred by the eligible person during the calendar year after the  
6 payment ceilings under this paragraph are exceeded.

7           **SECTION 2850i.** 149.14 (5) (e) of the statutes is amended to read:

8           149.14 (5) (e) Subject to sub. (8) (b), the department may, by rule under s. 149.17  
9 (4), establish ~~copayments~~ for prescription drug coverage under sub. (3) (d) copayment  
10 amounts, coinsurance rates, and copayment and coinsurance out-of-pocket limits  
11 over which the plan will pay 100% of covered costs under sub. (3) (d). Any copayment  
12 ~~amounts or rates~~ amount, coinsurance rate, or out-of-pocket limit established are  
13 under this paragraph subject to the approval of the board. Copayments and  
14 coinsurance paid by an eligible person under this paragraph ~~shall~~ are separate from  
15 and do not count toward the deductible and covered costs not paid by the plan under  
16 pars. (a) to (c).

17           **SECTION 2850Lc.** 149.142 (1) (b) of the statutes is amended to read:

18           149.142 (1) (b) The payment rate for a prescription drug shall be the allowable  
19 charge paid under s. 49.46 (2) (b) 6. h. for the prescription drug. Notwithstanding  
20 s. 149.17 (4), the department may not reduce the payment rate for prescription drugs  
21 below the rate specified in this paragraph, and the rate may not be adjusted under  
22 s. 149.143 or 149.144.

23           **SECTION 2850Ld.** 149.142 (2) of the statutes is amended to read:

24           149.142 (2) The Except as provided in sub. (1) (b), the rates established under  
25 this section are subject to adjustment under ss. 149.143 and 149.144.

1           **SECTION 2850Le.** 149.143 (1) (b) 1. d. of the statutes is amended to read:

2           149.143 (1) (b) 1. d. Fourth, notwithstanding subd. 2., by increasing insurer  
3 assessments, excluding assessments under s. 149.144, and adjusting provider  
4 payment rates, subject to s. 149.142 (1) (b) and excluding adjustments to those rates  
5 under s. 149.144, in equal proportions and to the extent that the amounts under  
6 subd. 1. a. to c. are insufficient to pay 60% of plan costs.

7           **SECTION 2850Lf.** 149.143 (1) (b) 2. b. of the statutes is amended to read:

8           149.143 (1) (b) 2. b. Fifty percent from adjustments to provider payment rates,  
9 subject to s. 149.142 (1) (b) and excluding adjustments to those rates under s.  
10 149.144.

11           **SECTION 2850Lg.** 149.143 (2) (a) 4. of the statutes is amended to read:

12           149.143 (2) (a) 4. By the same rule as under subd. 3. adjust the provider  
13 payment rate for the new plan year, subject to s. 149.142 (1) (b), by estimating and  
14 setting the rate at the level necessary to equal the amounts specified in sub. (1) (b)  
15 1. d. and 2. b. and as provided in s. 149.145.

16           **SECTION 2850Lh.** 149.143 (3) (a) of the statutes is amended to read:

17           149.143 (3) (a) If, during a plan year, the department determines that the  
18 amounts estimated to be received as a result of the rates and amount set under sub.  
19 (2) (a) 2. to 4. and any adjustments in insurer assessments and the provider payment  
20 rate under s. 149.144 will not be sufficient to cover plan costs, the department may  
21 by rule increase the premium rates set under sub. (2) (a) 2. for the remainder of the  
22 plan year, subject to s. 149.146 (2) (b) and the maximum specified in sub. (2) (a) 2.,  
23 by rule increase the assessments set under sub. (2) (a) 3. for the remainder of the plan  
24 year, subject to sub. (1) (b) 2. a., and by the same rule under which assessments are

1 increased adjust the provider payment rate set under sub. (2) (a) 4. for the remainder  
2 of the plan year, subject to sub. (1) (b) 2. b. and s. 149.142 (1) (b).

3 **SECTION 2850Li.** 149.143 (3) (b) of the statutes is amended to read:

4 149.143 (3) (b) If the department increases premium rates and insurer  
5 assessments and adjusts the provider payment rate under par. (a) and determines  
6 that there will still be a deficit and that premium rates have been increased to the  
7 maximum extent allowable under par. (a), the department may further adjust, in  
8 equal proportions, assessments set under sub. (2) (a) 3. and the provider payment  
9 rate set under sub. (2) (a) 4., without regard to sub. (1) (b) 2. but subject to s. 149.142  
10 (1) (b).

11 **SECTION 2850Lj.** 149.143 (5) (a) of the statutes is amended to read:

12 149.143 (5) (a) Annually, no later than April 30, the department shall perform  
13 a reconciliation with respect to plan costs, premiums, insurer assessments, and  
14 provider payment rate adjustments based on data from the previous calendar year.  
15 On the basis of the reconciliation, the department shall make any necessary  
16 adjustments in premiums, insurer assessments, or provider payment rates, subject  
17 to s. 149.142 (1) (b), for the fiscal year beginning on the first July 1 after the  
18 reconciliation, as provided in sub. (2) (b).

19 **SECTION 2850Lk.** 149.143 (5) (b) of the statutes is amended to read:

20 149.143 (5) (b) Except as provided in sub. (3) and s. 149.144, the department  
21 shall adjust the provider payment rates to meet the providers' specified portion of the  
22 plan costs no more than once annually, subject to s. 149.142 (1) (b). The department  
23 may not determine the adjustment on an individual provider basis or on the basis  
24 of provider type, but shall determine the adjustment for all providers in the  
25 aggregate, subject to s. 149.142 (1) (b).

1           **SECTION 2850Lm.** 149.144 of the statutes is amended to read:

2           **149.144 Adjustments to insurer assessments and provider payment**  
3 **rates for premium and deductible reductions.** If the moneys transferred to the  
4 fund under the appropriation under s. 20.435 (4) (ah) are insufficient to reimburse  
5 the plan for premium reductions under s. 149.165 and deductible reductions under  
6 s. 149.14 (5) (a), or the department determines that the moneys transferred or to be  
7 transferred to the fund under the appropriation under s. 20.435 (4) (ah) will be  
8 insufficient to reimburse the plan for premium reductions under s. 149.165 and  
9 deductible reductions under s. 149.14 (5) (a), the department may, by rule, adjust in  
10 equal proportions the amount of the assessment set under s. 149.143 (2) (a) 3. and  
11 the provider payment rate set under s. 149.143 (2) (a) 4., subject to ~~s.~~ ss. 149.142 (1)  
12 (b) and 149.143 (1) (b) 1., sufficient to reimburse the plan for premium reductions  
13 under s. 149.165 and deductible reductions under s. 149.14 (5) (a). If the department  
14 makes the adjustment under this section, the department shall notify the  
15 commissioner so that the commissioner may levy any increase in insurer  
16 assessments.

17           **SECTION 2850Ln.** 149.145 of the statutes is amended to read:

18           **149.145 Program budget.** The department, in consultation with the board,  
19 shall establish a program budget for each plan year. The program budget shall be  
20 based on the provider payment rates specified in s. 149.142 and in the most recent  
21 provider contracts that are in effect and on the funding sources specified in s. 149.143  
22 (1), including the methodologies specified in ss. 149.143, 149.144, and 149.146 for  
23 determining premium rates, insurer assessments, and provider payment rates.  
24 Except as otherwise provided in s. 149.143 (3) (a) and (b) and subject to s. 149.142  
25 (1) (b), from the program budget the department shall derive the actual provider

1 payment rate for a plan year that reflects the providers' proportional share of the  
2 plan costs, consistent with ss. 149.143 and 149.144. The department may not  
3 implement a program budget established under this section unless it is approved by  
4 the board.

5 **SECTION 2850q.** 149.146 (2) (am) 2. of the statutes is amended to read:

6 149.146 (2) (am) 2. Except as provided in ~~subd.~~ subds. 3. and 5., if the covered  
7 costs incurred by the eligible person exceed the deductible for major medical expense  
8 coverage in a calendar year, the plan shall pay at least 80% of any additional covered  
9 costs incurred by the person during the calendar year.

10 **SECTION 2850r.** 149.146 (2) (am) 3. of the statutes is amended to read:

11 149.146 (2) (am) 3. ~~If~~ Except as provided in subd. 5., if the aggregate of the  
12 covered costs not paid by the plan under subd. 2. and the deductible exceeds \$3,500  
13 for any eligible person during a calendar year or \$7,000 for all eligible persons in a  
14 family, the plan shall pay 100% of all covered costs incurred by the eligible person  
15 during the calendar year after the payment ceilings under this subdivision are  
16 exceeded.

17 **SECTION 2850s.** 149.146 (2) (am) 5. of the statutes is created to read:

18 149.146 (2) (am) 5. Subject to s. 149.14 (8) (b), the department may, by rule  
19 under s. 149.17 (4), establish for prescription drug coverage under this section  
20 copayment amounts, coinsurance rates, and copayment and coinsurance  
21 out-of-pocket limits over which the plan will pay 100% of covered costs for  
22 prescription drugs. Any copayment amount, coinsurance rate, or out-of-pocket  
23 limit established under this subdivision is subject to the approval of the board.  
24 Copayments and coinsurance paid by an eligible person under this subdivision are

1 separate from and do not count toward the deductible and covered costs not paid by  
2 the plan under subds. 1. to 3.”.

3 **2.** Page 1750, line 23: after that line insert:

4 “(9w) RULES ON DRUG COPAYMENTS AND COINSURANCE UNDER THE HEALTH  
5 INSURANCE RISK-SHARING PLAN. The department of health and family services may use  
6 the procedure under section 227.24 of the statutes to promulgate rules authorized  
7 under section 149.14 (5) (e) of the statutes, as affected by this act, and section 149.146  
8 (2) (am) 5. of the statutes, as created by this act. Notwithstanding section 227.24 (1)  
9 (a), (2) (b), and (3) of the statutes, the department is not required to provide evidence  
10 that promulgating a rule under this subsection as an emergency rule is necessary for  
11 the preservation of public peace, health, safety, or welfare and is not required to  
12 provide a finding of emergency for a rule promulgated under this subsection.”.

13 **3.** Page 1800, line 18: after that line insert:

14 “(15w) DRUG COPAYMENTS AND COINSURANCE UNDER THE HEALTH INSURANCE  
15 RISK-SHARING PLAN. The treatment of sections 149.14 (5) (b), (c), and (e) and 149.146  
16 (2) (am) 2., 3., and 5. of the statutes first applies to policies under the health  
17 insurance risk-sharing plan that are issued or renewed on the effective date of this  
18 subsection.”.

19 (END)