

2001 DRAFTING REQUEST

Senate Amendment (SA-SSA1-SB55)

Received: 06/15/2001

Received By: kenneda

Wanted: As time permits

Identical to LRB:

For: Senate Democratic Caucus

By/Representing: Keckhaver

This file may be shown to any legislator: NO

Drafter: kenneda

May Contact:

Addl. Drafters:

Subject: Health - miscellaneous

Extra Copies: ISR

Submit via email: NO

Requester's email:

Pre Topic:

SDC:.....Keckhaver - CN1047,

Topic:

Exempt medical residents and fellows from health care information requirements

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>
/1	kenneda 06/16/2001	hhagen 06/16/2001	pgreensl 06/17/2001	_____	lrb_docadmin 06/17/2001		

FE Sent For:

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1?	kenneda	11 hmk 6/16/01	6/16 PS	6/16 self			

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Adopt Freestanding Motion 387, which would exempt residents or fellows in medical education from health care information requirements under s. 153.05 of the statutes. This motion would prohibit DHFS from collecting health care information on the practice of residents or fellows in medical evaluation, and prohibit DHFS from including information from that practice in the information collected from the attending or supervising physician with whom a resident or fellow in medical education practices.

Sec. -2929

HEALTH AND FAMILY SERVICES -- HEALTH

Health Care Information Collection -- Exemption of Residents and Fellows

Motion:

Move to exempt residents or fellows in medical education from health care information requirements under s. 153.05 of the statutes. Prohibit DHFS from collecting health care information on the practice of residents or fellows in medical evaluation, and prohibit DHFS from including information from that practice in the information collected from the attending or supervising physician with whom a resident or fellow in medical education practices.

Note:

Under current law, DHFS is responsible for collecting, analyzing and disseminating health care information. Health care providers are required to submit to DHFS information specified by rule, except that DHFS may waive the requirement for a health care provider that requests a waiver and presents evidence to DHFS that that the requirement is burdensome to the provider, under standards established by rule. The health care information program is funded by fees assessed to health care providers that are subject to these information requirements. The maximum annual assessment for health care providers that are not facilities is \$75. The current annual assessment is \$65.

This motion would exempt medical residents and students from health care information reporting requirements and assessments. DHFS estimates that this proposal would reduce fees paid by residents and fellows by approximately \$195,000 annually. However, DHFS would increase assessments to other health care providers to generate an equal amount of revenue to fund its program budget. Consequently, there would be no change in total fee revenues collected by DHFS.



SDC:.....Keckhaver – CN1047, Exempt medical residents and fellows from health care information requirements

FOR 2001-03 BUDGET — NOT READY FOR INTRODUCTION

CAUCUS SENATE AMENDMENT

TO SENATE SUBSTITUTE AMENDMENT 1,

TO 2001 SENATE BILL 55

1 At the locations indicated, amend the substitute amendment as follows:

2 1. Page 957, line 3: after that line insert:

3 "SECTION 2851e. 153.01 (4t) of the statutes is amended to read:

4 153.01 (4t) "Health care provider" has the meaning given in s. 146.81 (1) and

5 includes an ambulatory surgery center, but does not include a medical resident or

6 fellow in medical education who is participating in an accredited training program

7 under the supervision of the medical staff of a hospital.

History: 1987 a. 399; 1993 a. 16, 185, 491; 1997 a. 27, 231; 1999 a. 9 s. 2280gc; 1999 a. 32.

8 SECTION 2851f. 153.05 (1) of the statutes is amended to read:

9 153.05 (1) In Unless sub. (13) applies and except as provided in sub. (14), in

10 order to provide to hospitals, health care providers, insurers, consumers,

1 governmental agencies and others information concerning health care providers and
 2 uncompensated health care services, and in order to provide information to assist in
 3 peer review for the purpose of quality assurance, the department shall collect,
 4 analyze and disseminate health care information, as adjusted for case mix and
 5 severity, in language that is understandable to lay persons.

6 History: 1987 a. 399; 1989 a. 18, 56; 1991 a. 250, 269; 1993 a. 16, 104, 185, 491; 1995 a. 27 ss. 4393, 9126 (19); 1997 a. 27, 231; 1999 a. 9.

SECTION 2851g. 153.05 (5) of the statutes is amended to read:

7 153.05 (5) Unless sub. (13) applies and except as provided in sub. (14), the
 8 department may require health care providers to submit to the department
 9 information specified by rule under s. 153.75 (1) (n) for the preparation of reports,
 10 plans and recommendations in the form specified by the department by rule.

11 History: 1987 a. 399; 1989 a. 18, 56; 1991 a. 250, 269; 1993 a. 16, 104, 185, 491; 1995 a. 27 ss. 4393, 9126 (19); 1997 a. 27, 231; 1999 a. 9.

SECTION 2851h. 153.05 (8) of the statutes is amended to read:

12 153.05 (8) Unless sub. (13) applies and except as provided in sub. (14), the
 13 department shall collect, analyze and disseminate, in language that is
 14 understandable to lay persons, claims information and other health care
 15 information, as adjusted for case mix and severity, under the provisions of this
 16 chapter, as determined by rules promulgated by the department, from health care
 17 providers specified by rules promulgated by the department. Data from health care
 18 providers may be obtained through sampling techniques in lieu of collection of data
 19 on all patient encounters and data collection procedures shall minimize unnecessary
 20 duplication and administrative burdens. If the department collects health care
 21 provider-specific data from health care plans, the department shall attempt to avoid
 22 collecting the same data from health care providers.

23 History: 1987 a. 399; 1989 a. 18, 56; 1991 a. 250, 269; 1993 a. 16, 104, 185, 491; 1995 a. 27 ss. 4393, 9126 (19); 1997 a. 27, 231; 1999 a. 9.

SECTION 2851i. 153.05 (14) of the statutes is created to read:

SDC:.....Keckhaver – CN1047, Exempt medical residents and fellows from health care information requirements

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13 department shall collect, analyze and disseminate, in language that is
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15 information, as adjusted for case mix and severity, under the provisions of this
16 chapter, as determined by rules promulgated by the department, from health care
17 providers specified by rules promulgated by the department. Data from health care
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20 duplication and administrative burdens. If the department collects health care
21 provider-specific data from health care plans, the department shall attempt to avoid
22 collecting the same data from health care providers.

23 **SECTION 2851i.** 153.05 (14) of the statutes is created to read:

24 153.05 (14) The department may not collect health care information on the
25 practice of medical residents or fellows in medical education and may not include

1 information from that practice in the information collected from the attending or
2 supervising physician with whom a medical resident or fellow in medical education
3 practices.”.

4

(END)