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1 6. Any other moneys received by the authority from time to time.

2 (b) The authority controls the assets of the fund and shall select regulated
3 financial institutions in this state that receive deposits in which to establish and
4 maintain accounts for assets needed on a current basis. If practicable, the accounts
5 shall earn interest.

6 (c) Moneys in the fund may be expended only for the purposes specified in par.

7 (a).

8 **SECTION 76.** 149.115 of the statutes is amended to read:

9 **149.115 Rules relating to creditable coverage.** The commissioner, ~~in~~
10 ~~consultation with the department,~~ shall promulgate rules that specify how
11 creditable coverage is to be aggregated for purposes of s. 149.10 (2t) (a) and that
12 determine the creditable coverage to which s. 149.10 (2t) (b) and (d) applies. The
13 rules shall comply with section 2701 (c) of P.L. 104-191.

14 **SECTION 77.** 149.12 (1) (intro.) of the statutes is amended to read:

15 149.12 (1) (intro.) Except as provided in subs. (1m) ~~and~~, (2), ~~and~~ (3), the ~~board~~
16 ~~or plan administrator~~ authority shall certify as eligible a person who is covered by
17 ~~medicare~~ Medicare because he or she is disabled under 42 USC 423, a person who
18 submits evidence that he or she has tested positive for the presence of HIV, antigen
19 or nonantigenic products of HIV, or an antibody to HIV, a person who is an eligible
20 individual, and any person who receives and submits any of the following based
21 wholly or partially on medical underwriting considerations within 9 months prior to
22 making application for coverage by the plan:

23 **SECTION 78.** 149.12 (1) (a) of the statutes is amended to read:

24 149.12 (1) (a) A notice of rejection of coverage from ~~one~~ 2 or more insurers.

25 **SECTION 79.** 149.12 (1m) of the statutes is amended to read:

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1 149.12 (1m) ~~The board or plan administrator~~ authority may not certify a
2 person as eligible under circumstances requiring notice under sub. (1) (a) to (d) if the
3 required notices were issued by an insurance intermediary who is not acting as an
4 administrator, as defined in s. 633.01.

5 **SECTION 80.** 149.12 (2) (f) of the statutes is renumbered 149.12 (2) (f) 1. and
6 amended to read:

7 149.12 (2) (f) 1. ~~No~~ Except as provided in subd. 2., no person who is eligible for
8 medical assistance is eligible for coverage under the plan.

9 **SECTION 81.** 149.12 (2) (f) 2. of the statutes is created to read:

10 149.12 (2) (f) 2. Subdivision 1. does not apply to a person who is otherwise
11 eligible for coverage under the plan and who is eligible for only any of the following
12 types of medical assistance:

13 a. Family planning services under s. 49.45 (24r).

14 b. Care and services for the treatment of an emergency medical condition under
15 42 USC 1396b (v), as provided in s. 49.45 (27).

16 c. Medical assistance under s. 49.46 (1) (a) 15.

17 d. Ambulatory prenatal care under s. 49.465.

18 e. Medicare premium, coinsurance, and deductible payments under s. 49.46 (2)
19 (c) 2. or 3., 49.468 (1) (b) or (c), or 49.47 (6) (a) 6. b. or c.

20 f. Medicare premium payments under s. 49.46 (2) (cm), 49.468 (1m) or (2), or
21 49.47 (6) (a) 6m.

22 **SECTION 82.** 149.12 (2) (g) of the statutes is created to read:

23 149.12 (2) (g) A person is not eligible for coverage under the plan if the person
24 is eligible for any of the following:

25 1. Services under s. 46.27 (11), 46.275, 46.277, or 46.278.

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1 2. Medical assistance provided as part of a family care benefit, as defined in s.
2 46.2805 (4).

3 3. Services provided under a waiver requested under 2001 Wisconsin Act 16,
4 section 9123 (16rs), or 2003 Wisconsin Act 33, section 9124 (8c).

5 4. Services provided under the program of all-inclusive care for persons aged
6 55 or older authorized under 42 USC 1396u-4.

7 5. Services provided under the demonstration program under a federal waiver
8 authorized under 42 USC 1315.

9 6. Health care coverage under the Badger Care health care program under s.
10 49.665.

11 **SECTION 83.** 149.12 (3) (a) of the statutes is amended to read:

12 149.12 (3) (a) Except as provided in pars. (b) to (e) and (bm), no person is eligible
13 for coverage under the plan for whom a premium, deductible, or coinsurance amount
14 is paid or reimbursed by a federal, state, county, or municipal government or agency
15 as of the first day of any term for which a premium amount is paid or reimbursed and
16 as of the day after the last day of any term during which a deductible or coinsurance
17 amount is paid or reimbursed.

18 **SECTION 84.** 149.12 (3) (c) of the statutes is repealed.

19 **SECTION 85.** 149.12 (4) and (5) of the statutes are created to read:

20 149.12 (4) Subject to subs. (1m), (2), and (3), the authority may establish
21 criteria that would enable additional persons to be eligible for coverage under the
22 plan. The authority shall ensure that any expansion of eligibility is consistent with
23 the purpose of the plan to provide health care coverage for those who are unable to
24 obtain health insurance in the private market and does not endanger the solvency
25 of the plan.

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1 (5) The authority shall establish policies for determining and verifying the
2 continued eligibility of an eligible person.

3 **SECTION 86.** 149.13 (1) of the statutes is amended to read:

4 149.13 (1) Every insurer shall participate in the cost of administering the plan,
5 except the commissioner may by rule exempt as a class those insurers whose share
6 as determined under sub. (2) would be so minimal as to not exceed the estimated cost
7 of levying the assessment. The commissioner shall advise the ~~department~~ authority
8 of the insurers participating in the cost of administering the plan.

9 **SECTION 87.** 149.13 (3) (a) of the statutes is amended to read:

10 149.13 (3) (a) Each insurer's proportion of participation under sub. (2) shall be
11 determined annually by the commissioner based on annual statements and other
12 reports filed by the insurer with the commissioner. The commissioner shall assess
13 an insurer for the insurer's proportion of participation based on the total
14 assessments estimated by the ~~department~~ under s. 149.143 (2) (a) 3. authority.

15 **SECTION 88.** 149.13 (3) (b) of the statutes is amended to read:

16 149.13 (3) (b) If the ~~department~~ authority or the commissioner finds that the
17 commissioner's authority to require insurers to report under chs. 600 to 646 and 655
18 is not adequate to permit ~~the department,~~ the commissioner or the ~~board~~ authority
19 to carry out the ~~department's,~~ commissioner's or ~~board's~~ authority's responsibilities
20 under this ~~chapter~~ subchapter, the commissioner shall promulgate rules requiring
21 insurers to report the information necessary for the ~~department,~~ commissioner and
22 ~~board~~ authority to make the determinations required under this ~~chapter~~ subchapter.

23 **SECTION 89.** 149.13 (4) of the statutes is amended to read:

24 149.13 (4) Notwithstanding subs. (1) to (3), the ~~department~~ authority, with the
25 agreement of the commissioner, may perform various administrative functions

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1 related to the assessment of insurers participating in the cost of administering the
2 plan.

3 **SECTION 90.** 149.14 (1) (a) of the statutes is amended to read:

4 149.14 (1) (a) The plan shall offer coverage for each eligible person in an
5 annually renewable policy ~~the coverage specified in this section for each eligible~~
6 ~~person.~~ If an eligible person is also eligible for ~~medicare~~ Medicare coverage, the plan
7 shall not pay or reimburse any person for expenses paid for by ~~medicare~~ Medicare.
8 If an eligible person is eligible for a type of medical assistance specified in s. 149.12
9 (2) (f) 2., the plan shall not pay or reimburse the person for expenses paid for by
10 Medical Assistance.

11 **SECTION 91.** 149.14 (2) (a) of the statutes is amended to read:

12 149.14 (2) (a) The plan shall provide every eligible person who is not eligible
13 for ~~medicare~~ Medicare with major medical expense coverage. Major medical expense
14 coverage offered under the plan under this section shall pay an eligible person's
15 covered expenses, subject to ~~sub. (3) and~~ deductible, copayment, and coinsurance
16 payments ~~authorized under sub. (5),~~ up to a lifetime limit of \$1,000,000 per covered
17 individual. ~~The maximum limit under this paragraph shall not be altered by the~~
18 ~~board, and no actuarially equivalent benefit may be substituted by the board.~~

19 **SECTION 92.** 149.14 (3) (intro.) of the statutes is amended to read:

20 149.14 (3) COVERED EXPENSES. (intro.) ~~Except as provided in sub. (4), except~~
21 ~~as restricted by cost containment provisions under s. 149.17 (4) and except as~~
22 ~~reduced by the department under ss. 149.143 and 149.144, covered~~ Covered expenses
23 for the coverage under this section the plan shall be the payment rates established
24 by the department under s. 149.142 authority for the services provided by persons
25 licensed under ch. 446 and certified under s. 49.45 (2) (a) 11. ~~Except as provided in~~

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1 ~~sub. (4), except as restricted by cost containment provisions under s. 149.17 (4) and~~
2 ~~except as reduced by the department under ss. 149.143 and 149.144, covered~~ Covered
3 expenses for the coverage under ~~this section~~ the plan shall also be the payment rates
4 established by the ~~department under s. 149.142~~ authority for, at a minimum, the
5 following services and articles if the service or article is prescribed by a physician
6 who is licensed under ch. 448 or in another state and who is certified under s. 49.45
7 (2) (a) 11. and if the service or article is provided by a provider certified under s. 49.45
8 (2) (a) 11.:

9 **SECTION 93.** 149.14 (3) (b) of the statutes is repealed and recreated to read:

10 149.14 (3) (b) Professional services for the diagnosis or treatment of injuries,
11 illnesses, or conditions, other than mental or dental.

12 **SECTION 94.** 149.14 (3) (c) 1. of the statutes is repealed and recreated to read:

13 149.14 (3) (c) 1. Inpatient hospital services, as defined in s. 632.89 (1) (d),
14 outpatient services, as defined in s. 632.89 (1) (e), and transitional treatment
15 arrangements, as defined in s. 632.89 (1) (f), only to the extent required under s.
16 632.89.

17 **SECTION 95.** 149.14 (3) (c) 2. of the statutes is repealed.

18 **SECTION 96.** 149.14 (3) (c) 3. of the statutes is amended to read:

19 149.14 (3) (c) 3. Subject to the limits under subd. 2. and to rules promulgated
20 by the department of health and family services under s. 149.14 (3) (c) 3., 2003 stats.,
21 services for the chronically mentally ill in community support programs operated
22 under s. 51.421.

23 **SECTION 97.** 149.14 (3) (c) 3. of the statutes, as affected by 2005 Wisconsin Act
24 ... (this act), is amended to read:

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1 149.14 (3) (c) 3. Subject to the limits under subd. 2. ~~and to rules promulgated~~
2 ~~by the department of health and family services under s. 149.14 (3) (c) 3., 2003 stats.~~
3 1., services for the chronically mentally ill in community support programs operated
4 under s. 51.421.

5 **SECTION 98.** 149.14 (3) (d) of the statutes is amended to read:

6 149.14 (3) (d) Drugs requiring a physician's prescription, ~~subject to sub. (4c).~~

7 **SECTION 99.** 149.14 (3) (e) of the statutes is amended to read:

8 149.14 (3) (e) Services For persons eligible for Medicare, services of a licensed
9 skilled nursing facility ~~for eligible persons eligible for medicare~~, to the extent
10 required by s. 632.895 (3) and for not more than an aggregate 120 days during a
11 calendar year, if the services are of the type ~~which~~ that would qualify as reimbursable
12 services under ~~medicare~~ Medicare. Coverage under this paragraph ~~which~~ that is not
13 required by s. 632.895 (3) is subject to ~~the~~ any deductible and coinsurance
14 requirements ~~under sub. (5) provided by the authority.~~

15 **SECTION 100.** 149.14 (3) (f) of the statutes is created to read:

16 149.14 (3) (f) Services of a home health agency, as defined in s. 50.49 (1) (a), only
17 to the extent required under s. 632.895 (2).

18 **SECTION 101.** 149.14 (3) (m) of the statutes is amended to read:

19 149.14 (3) (m) Oral surgery for excision of partially or completely unerupted,
20 impacted teeth and oral surgery with respect to the gums and other tissues of the
21 mouth when not performed in connection with the extraction or repair of teeth.

22 **SECTION 102.** 149.14 (3) (o) of the statutes is amended to read:

23 149.14 (3) (o) ~~Transportation~~ Emergency and other medically necessary
24 transportation provided by a licensed ambulance service to the nearest facility
25 qualified to treat ~~the~~ a covered condition.

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1 **SECTION 103.** 149.14 (3) (p) of the statutes is renumbered 149.14 (3) (em).

2 **SECTION 104.** 149.14 (4) of the statutes, as affected by 2005 Wisconsin Act
3 (this act), is repealed and recreated to read:

4 149.14 (4) PLAN DESIGN. Subject to subs. (1) to (3), (5), and (6), the authority
5 shall establish the plan design, after taking into consideration the levels of health
6 insurance coverage provided in the state and medical economic factors, as
7 appropriate. Subject to subs. (1) to (3), (5), and (6), the authority shall provide benefit
8 levels, deductibles, copayment and coinsurance requirements, exclusions, and
9 limitations under the plan that the authority determines generally reflect and are
10 commensurate with comprehensive health insurance coverage offered in the private
11 individual market in the state. The authority may develop additional benefit designs
12 that are responsive to market conditions.

13 **SECTION 105.** 149.14 (4) (d) of the statutes is amended to read:

14 149.14 (4) (d) That part of any charge for services or articles rendered or
15 prescribed by a physician, dentist, or other health care personnel that exceeds the
16 payment rate established by the department authority under s. 149.142 and reduced
17 ~~under ss. 149.143 and 149.144~~ or any charge not medically necessary.

18 **SECTION 106.** 149.14 (4) (m) of the statutes is amended to read:

19 149.14 (4) (m) Experimental treatment, as determined by the department
20 authority.

21 **SECTION 107.** 149.14 (4c) of the statutes is repealed.

22 **SECTION 108.** 149.14 (4m) of the statutes is renumbered 149.142 (2m) and
23 amended to read:

24 149.142 (2m) PAYMENT IS PAYMENT IN FULL. Except for copayments, coinsurance,
25 or deductibles required or authorized under the plan, a provider of a covered service

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1 or article shall accept as payment in full for the covered service or article the payment
2 rate determined under ~~ss. 149.142, 149.143 and 149.144 sub. (1)~~ and may not bill an
3 eligible person who receives the service or article for any amount by which the charge
4 for the service or article is reduced under ~~s. 149.142, 149.143 or 149.144 sub. (1)~~.

5 **SECTION 109.** 149.14 (5) of the statutes, as affected by 2005 Wisconsin Act
6 (this act), is repealed and recreated to read:

7 149.14 (5) DEDUCTIBLE AND COPAYMENT SUBSIDIES. (a) The authority shall
8 establish and provide subsidies for deductibles paid by eligible persons with coverage
9 under s. 149.14 (2) (a) and household incomes specified in s. 149.165 (2) (a) 1. to 5.

10 (b) The authority may provide subsidies for prescription drug copayment
11 amounts paid by eligible persons specified in par. (a).

12 **SECTION 110.** 149.14 (5) (b) of the statutes is amended to read:

13 149.14 (5) (b) Except as provided in ~~pars. (e) and (e) par. (c)~~, if the covered costs
14 incurred by the eligible person exceed the deductible for major medical expense
15 coverage in a calendar year, the plan shall pay at least 80% of any additional covered
16 costs incurred by the person during the calendar year.

17 **SECTION 111.** 149.14 (5) (c) of the statutes is amended to read:

18 149.14 (5) (c) ~~Except as provided in par. (e), if~~ If the aggregate of the covered
19 costs not paid by the plan under par. (b) and the deductible exceeds \$500 for an
20 eligible person receiving medicare, \$2,000 for any other eligible person during a
21 calendar year or \$4,000 for all eligible persons in a family, the plan shall pay 100%
22 of all covered costs incurred by the eligible person during the calendar year after the
23 payment ceilings under this paragraph are exceeded.

24 **SECTION 112.** 149.14 (5) (d) of the statutes is repealed.

25 **SECTION 113.** 149.14 (5) (e) of the statutes is repealed.

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1 **SECTION 114.** 149.14 (5m) of the statutes is repealed.

2 **SECTION 115.** 149.14 (6) (a) of the statutes is repealed.

3 **SECTION 116.** 149.14 (6) (b) of the statutes is renumbered 149.14 (6).

4 **SECTION 117.** 149.14 (7) (b) of the statutes is amended to read:

5 149.14 (7) (b) The department authority has a cause of action against an
6 eligible participant for the recovery of the amount of benefits paid ~~which~~ that are not
7 for covered expenses under the plan. Benefits under the plan may be reduced or
8 refused as a setoff against any amount recoverable under this paragraph.

9 **SECTION 118.** 149.14 (7) (c) of the statutes is amended to read:

10 149.14 (7) (c) The department authority is subrogated to the rights of an
11 eligible person to recover special damages for illness or injury to the person caused
12 by the act of a 3rd person to the extent that benefits are provided under the plan.
13 ~~Section 814.03 (3) applies to the department under this paragraph.~~

14 **SECTION 119.** 149.14 (8) of the statutes is repealed.

15 **SECTION 120.** 149.141 of the statutes is created to read:

16 **149.141 Premiums. (1) PERCENTAGE OF COSTS.** Except as provided in sub. (2),
17 the authority shall set premium rates for coverage under the plan at a level that is
18 sufficient to cover 60 percent of plan costs, as provided in s. 149.143 (1).

19 **(2) LIMITATION.** In no event may plan premium rates exceed 200 percent of rates
20 applicable to individual standard risks.

21 **SECTION 121.** 149.142 (1) (a) of the statutes is renumbered 149.142 (1) and
22 amended to read:

23 149.142 (1) ESTABLISHMENT OF RATES. ~~Except as provided in par. (b), the~~
24 ~~department~~ The authority shall establish provider payment rates for covered
25 expenses that consist of the allowable charges paid under s. 49.46 (2) for the services

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1 and articles provided plus an enhancement determined by the ~~department~~ authority.
2 The rates shall be based on the allowable charges paid under s. 49.46 (2), projected
3 plan costs, and trend factors. Using the same methodology that applies to medical
4 assistance under subch. IV of ch. 49, the ~~department~~ authority shall establish
5 hospital outpatient per visit reimbursement rates and hospital inpatient
6 reimbursement rates that are specific to diagnostically related groups of eligible
7 persons. The adjustments to the usual and customary rates shall be sufficient to
8 cover 20 percent of plan costs, as provided in s. 149.143 (3).

9 **SECTION 122.** 149.142 (1) (b) of the statutes is repealed.

10 **SECTION 123.** 149.142 (2) of the statutes is repealed.

11 **SECTION 124.** 149.143 of the statutes is repealed and recreated to read:

12 **149.143 Payment of plan costs. (1) COSTS EXCLUDING SUBSIDIES.** The
13 authority shall pay plan costs, excluding any premium, deductible, and copayment
14 subsidies, first from federal funds, if any, that are transferred to the fund under s.
15 20.145 (5) (m) and that exceed premium, deductible, and copayment subsidy costs in
16 a policy year. The remainder of the plan costs, excluding premium, deductible, and
17 copayment subsidy costs, shall be paid as follows:

18 (a) Sixty percent from premiums paid by eligible persons.

19 (b) Twenty percent from insurer assessments under s. 149.13.

20 (c) Twenty percent from adjustments to provider payment rates under s.
21 149.142.

22 **(2) SUBSIDY COSTS.** The authority shall pay for premium, deductible, and
23 copayment subsidies in a policy year first from federal funds, if any, that are
24 transferred to the fund under s. 20.145 (5) (m) in that year. The remainder of the
25 subsidy costs shall be paid as follows:

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1 (a) Fifty percent from insurer assessments under s. 149.13.

2 (b) Fifty percent from adjustments to provider payment rates under s. 149.142.

3 **SECTION 125.** 149.144 of the statutes is repealed.

4 **SECTION 126.** 149.145 of the statutes is repealed.

5 **SECTION 127.** 149.146 (1) (a) and (b) of the statutes are consolidated,
6 renumbered 149.14 (2) (c) 1. and amended to read:

7 149.14 (2) (c) 1. ~~Beginning on January 1, 1998, in~~ In addition to the coverage
8 ~~required under s. 149.14 pars. (a) and (b),~~ the plan shall offer to all eligible persons
9 who are not eligible for medicare Medicare a choice of coverage, as described in
10 section 2744 (a) (1) (C), P.L. 104-191. Any such choice of coverage shall be major
11 medical expense coverage. ~~(b) An eligible person under par. (a) who is not eligible~~
12 ~~for Medicare~~ may elect once each year, at the time and according to procedures
13 established by the ~~department~~ authority, among the coverages offered under this
14 ~~section and s. 149.14 paragraph and par. (a).~~ If an eligible person elects new
15 coverage, any preexisting condition exclusion imposed under the new coverage is met
16 to the extent that the eligible person has been previously and continuously covered
17 under ~~this chapter~~ the plan. No preexisting condition exclusion may be imposed on
18 an eligible person who elects new coverage if the person was an eligible individual
19 when first covered under ~~this chapter~~ the plan and the person remained
20 continuously covered under ~~this chapter~~ the plan up to the time of electing the new
21 coverage.

22 **SECTION 128.** 149.146 (2) (a) of the statutes is renumbered 149.14 (2) (c) 2. and
23 amended to read:

24 149.14 (2) (c) 2. ~~Except as specified by the department, the terms of coverage~~
25 ~~under s. 149.14, including deductible reductions under s. 149.14 (5) (a) and~~

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1 ~~prescription drug copayment reductions under s. 149.14 (5) (e), do not apply to the~~
2 ~~coverage offered under this section. Premium reductions under s. 149.165 and~~
3 ~~deductible subsidies and prescription drug copayment subsidies under s. 149.14 (5)~~
4 ~~do not apply to the coverage offered under this section paragraph.~~

5 **SECTION 129.** 149.146 (2) (am) of the statutes is repealed.

6 **SECTION 130.** 149.146 (2) (b) of the statutes is repealed.

7 **SECTION 131.** 149.15 of the statutes is repealed.

8 **SECTION 132.** 149.16 of the statutes is repealed.

9 **SECTION 133.** 149.165 (1) of the statutes is amended to read:

10 149.165 (1) ~~Except as provided in s. 149.146 (2) (a), the department The~~
11 ~~authority shall reduce the premiums established under s. 149.11 in conformity with~~
12 ~~ss. 149.14 (5m), 149.143 and 149.17 s. 149.141 for the eligible persons and in the~~
13 manner set forth in subs. (2) and (3).

14 **SECTION 134.** 149.165 (2) (a) (intro.) of the statutes is amended to read:

15 149.165 (2) (a) (intro.) Subject to sub. (3m), if the household income, as defined
16 in s. 71.52 (5) and as determined under sub. (3), of an eligible person with coverage
17 under s. 149.14 (2) (a) is equal to or greater than the first amount and less than the
18 2nd amount listed in any of the following, the ~~department~~ authority shall reduce the
19 premium for the eligible person to the rate shown after the amounts:

20 **SECTION 135.** 149.165 (2) (bc) of the statutes is amended to read:

21 149.165 (2) (bc) Subject to sub. (3m), if the household income, as defined in s.
22 71.52 (5) and as determined under sub. (3), of an eligible person with coverage under
23 s. 149.14 (2) (b) is equal to or greater than the first amount and less than the 2nd
24 amount listed in par. (a) 1., 2., 3., 4., or 5., the ~~department~~ authority shall reduce the
25 premium established for the eligible person by the same percentage as the

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1 ~~department~~ authority reduces, under par. (a), the premium established for an
2 eligible person with coverage under s. 149.14 (2) (a) who has a household income
3 specified in the same subdivision under par. (a) as the household income of the
4 eligible person with coverage under s. 149.14 (2) (b).

5 **SECTION 136.** 149.165 (3) (a) of the statutes is amended to read:

6 149.165 (3) (a) Subject to par. (b), the ~~department~~ authority shall establish and
7 implement the method for determining the household income of an eligible person
8 under sub. (2).

9 **SECTION 137.** 149.165 (3) (b) (intro.) of the statutes is amended to read:

10 149.165 (3) (b) (intro.) In determining household income under sub. (2), the
11 ~~department~~ authority shall consider information submitted by an eligible person on
12 a completed federal profit or loss from farming form, schedule F, if all of the following
13 apply:

14 **SECTION 138.** 149.165 (3m) of the statutes is amended to read:

15 149.165 (3m) The ~~board~~ authority may approve adjustment of the household
16 income dollar amounts listed in sub. (2) (a) 1. to 5., except for the first dollar amount
17 listed in sub. (2) (a) 1., to reflect changes in the consumer price index for all urban
18 consumers, U.S. city average, as determined by the U.S. department of labor.

19 **SECTION 139.** 149.165 (4) of the statutes is repealed.

20 **SECTION 140.** 149.17 (1) of the statutes is amended to read:

21 149.17 (1) Subject to ~~ss. 149.14 (5m), s. 149.143 and 149.146 (2) (b)~~, a rating
22 plan calculated in accordance with generally accepted actuarial principles.

23 **SECTION 141.** 149.17 (2) of the statutes is repealed.

24 **SECTION 142.** 149.17 (4) of the statutes is repealed.

25 **SECTION 143.** 149.175 of the statutes is repealed.

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1 and one representative of health care providers that provide services to persons with
2 coverage under the plan.

3 (c) Five other members, at least one of whom represents small businesses that
4 purchase private health insurance and at least 2 of whom are persons with coverage
5 under the plan.

6 (2) A vacancy on the board shall be filled in the same manner as the original
7 appointment to the board for the remainder of the unexpired term, if any.

8 (3) A member of the board may not be compensated for his or her services but
9 shall be reimbursed for actual and necessary expenses, including travel expenses,
10 incurred in the performance of his or her duties.

11 (4) Annually, the governor shall appoint one member other than the
12 commissioner as chairperson, and the members of the board may elect other officers
13 as they consider appropriate. Seven voting members of the board constitute a
14 quorum for the purpose of conducting the business and exercising the powers of the
15 authority, notwithstanding the existence of any vacancy. The board may take action
16 upon a vote of a majority of the members present, unless the bylaws of the authority
17 require a larger number.

18 (5) The board may appoint an executive director who shall not be a member of
19 the board and who shall serve at the pleasure of the board. The authority may
20 delegate by resolution to one or more of its members or its executive director any
21 powers and duties that it considers proper. The executive director shall receive such
22 compensation as may be determined by the board. The executive director or other
23 person designated by resolution of the board shall keep a record of the proceedings
24 of the authority and shall be custodian of all books, documents, and papers filed with
25 the authority, the minute book or journal of the authority, and its official seal. The

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1 executive director or other person may cause copies to be made of all minutes and
2 other records and documents of the authority and may give certificates under the
3 official seal of the authority to the effect that such copies are true copies, and all
4 persons dealing with the authority may rely upon such certificates.

5 **149.43 Duties of authority.** In addition to all other duties imposed under this
6 chapter, the authority shall do all of the following:

7 (1) Adopt policies for the administration of this chapter.

8 (2) Contract with the plan administrator under s. 149.16, 2003 stats., in the
9 manner required under 2005 Wisconsin Act ... (this act), section 162 (1) (b) until the
10 end of the contract term.

11 (3) Establish the authority's annual budget and monitor the fiscal
12 management of the authority.

13 (4) Beginning on July 1, 2006, do, or contract with another person to do, all of
14 the following:

15 (a) Perform all eligibility and administrative claims payment functions
16 relating to the plan.

17 (b) Establish a premium billing procedure for collection of premiums from
18 insured persons. Billings shall be made on a periodic basis as determined by the
19 authority.

20 (c) Perform all necessary functions to assure timely payment of benefits to
21 covered persons under the plan, including:

22 1. Making available information relating to the proper manner of submitting
23 a claim for benefits under the plan and distributing forms upon which submissions
24 shall be made.

25 2. Evaluating the eligibility of each claim for payment under the plan.

BILL

1 3. Notifying each claimant within 30 days after receiving a properly completed
2 and executed proof of loss whether the claim is accepted, rejected, or compromised.

3 (5) Seek to qualify or maintain the plan as a state pharmacy assistance
4 program, as defined in 42 CFR 423.464.

5 (6) Annually submit a report to the legislature under s. 13.172 (2) and to the
6 governor on the operation of the plan.

7 **149.45 Powers of authority.** (1) Except as restricted under sub. (2), the
8 authority shall have all the powers necessary or convenient to carry out the purposes
9 and provisions of this chapter. In addition to all other powers granted by this chapter,
10 the authority may:

11 (a) Adopt bylaws and policies and procedures for the regulation of its affairs
12 and the conduct of its business.

13 (b) Have a seal and alter the seal at pleasure; have perpetual existence; and
14 maintain an office.

15 (c) Hire employees, define their duties, and fix their rate of compensation.

16 (d) Incur debt, except as restricted under sub. (2).

17 (e) Contract for any professional services required for the authority, subject to
18 ss. 149.43 (2) and 149.47.

19 (f) Appoint any technical or professional advisory committee that the authority
20 finds necessary to assist the authority in exercising its duties and powers. The
21 authority shall define the duties of the committee, and provide reimbursement for
22 the expenses of the committee.

23 (g) Execute contracts and other instruments.

24 (h) Accept gifts, grants, loans, or other contributions from private or public
25 sources.

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1 (i) Procure liability insurance.

2 (2) The authority may not issue bonds.

3 **149.47 Contracting for professional services.** (1) Whenever contracting
4 for professional services, the authority shall solicit competitive sealed bids or
5 competitive sealed proposals, whichever is appropriate. Each request for
6 competitive sealed proposals shall state the relative importance of price and other
7 evaluation factors.

8 (2) (a) When the estimated cost exceeds \$25,000, the authority may invite
9 competitive sealed bids or proposals by publishing a class 2 notice under ch. 985 or
10 by posting notice on the Internet at a site determined or approved by the authority.
11 The notice shall describe the contractual services to be purchased, the intent to make
12 the procurement by solicitation of bids or proposals, any requirement for surety, and
13 the date the bids or proposals will be opened, which shall be at least 7 days after the
14 date of the last insertion of the notice or at least 7 days after the date of posting on
15 the Internet.

16 (b) When the estimated cost is \$25,000 or less, the authority may award the
17 contract in accordance with simplified procedures established by the authority for
18 such transactions.

19 (c) For purposes of clarification, the authority may discuss the requirements
20 of the proposed contract with any person who submits a bid or proposal and shall
21 permit any offerer to revise his or her bid or proposal to ensure its responsiveness to
22 those requirements.

23 (3) (a) The authority shall determine which bids or proposals are reasonably
24 likely to be awarded the contract and shall provide each offerer of such a bid or
25 proposal a fair and equal opportunity to discuss the bid or proposal. The authority

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1 may negotiate with each offerer in order to obtain terms that are advantageous to
2 the authority. Prior to the award of the contract, any offerer may revise his or her
3 bid or proposal. The authority shall keep a written record of all meetings,
4 conferences, oral presentations, discussions, negotiations, and evaluations of bids or
5 proposals under this section.

6 (b) In opening, discussing, and negotiating bids or proposals, the authority may
7 not disclose any information that would reveal the terms of a competing bid or
8 proposal.

9 (4) (a) After receiving each offerer's best and final offer, the authority shall
10 determine which proposal is most advantageous and shall award the contract to the
11 person who offered it. The authority's determination shall be based only on price and
12 the other evaluation factors specified in the request for bids or proposals. The
13 authority shall state in writing the reason for the award and shall place the
14 statement in the contract file.

15 (b) Following the award of the contract, the authority shall prepare a register
16 of all bids or proposals.

17 **149.50 Political activities.** (1) No employee of the authority may directly
18 or indirectly solicit or receive subscriptions or contributions for any partisan political
19 party or any political purpose while engaged in his or her official duties as an
20 employee. No employee of the authority may engage in any form of political activity
21 calculated to favor or improve the chances of any political party or any person seeking
22 or attempting to hold partisan political office while engaged in his or her official
23 duties as an employee or engage in any political activity while not engaged in his or
24 her official duties as an employee to such an extent that the person's efficiency during

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1 working hours will be impaired or that he or she will be tardy or absent from work.

2 Any violation of this section is adequate grounds for dismissal.

3 (2) If an employee of the authority declares an intention to run for partisan
4 political office, the employee shall be placed on a leave of absence for the duration
5 of the election campaign and if elected shall no longer be employed by the authority
6 on assuming the duties and responsibilities of such office.

7 (3) An employee of the authority may be granted, by the executive director, a
8 leave of absence to participate in partisan political campaigning.

9 (4) Persons on leave of absence under sub. (2) or (3) shall not be subject to the
10 restrictions of sub. (1), except as they apply to the solicitation of assistance,
11 subscription, or support from any other employee in the authority.

12 **149.53 Liability limited.** (1) Neither the state nor any political subdivision
13 of the state nor any officer, employee, or agent of the state or a political subdivision
14 who is acting within the scope of employment or agency is liable for any debt,
15 obligation, act, or omission of the authority.

16 (2) All of the expenses incurred by the authority in exercising its duties and
17 powers under this chapter shall be payable only from funds of the authority.

18 **SECTION 148.** 149.40 of the statutes, as created by 2005 Wisconsin Act (this
19 act), is repealed.

20 **SECTION 149.** Subchapter IV of chapter 149 [precedes 149.60] of the statutes
21 is created to read:

CHAPTER 149**SUBCHAPTER IV****HEALTH CARE TAX CREDIT PROGRAM**

BILL

1 **149.60 Definition.** In this subchapter, “eligible individual” has the meaning
2 given in 26 USC 35 (c).

3 **149.65 Program requirements.** (1) Subject to sub. (2), the authority shall
4 design and administer a program of health care coverage, called the Health Care Tax
5 Credit Program, under which a covered eligible individual may receive an income tax
6 credit under 26 USC 35 for a portion of premiums paid for the coverage. The Health
7 Care Tax Credit Program shall be designed to satisfy the requirements of qualified
8 health insurance under 26 USC 35 (e) (1) (E), (2), and (3).

9 (2) Subsection (1) applies only as long as federal law provides for income tax
10 credits for premiums paid for coverage that satisfies the requirements specified in
11 sub. (1).

12 **149.70 Eligibility.** An individual shall be eligible for coverage under the
13 Health Care Tax Credit Program if the individual is any of the following:

14 (1) An eligible individual for whom all of the following apply:

15 (a) The aggregate of the individual’s periods of creditable coverage, determined
16 in the manner provided by rule under s. 149.115, is 3 months or more.

17 (b) The individual does not have other health care coverage.

18 (c) The individual is not confined in a prison, jail, or house of correction.

19 (2) An individual who is a qualifying family member, as defined in 26 USC 35
20 (d), of an eligible individual described in sub. (1) and who does not have other health
21 care coverage.

22 **SECTION 150.** 230.03 (3) of the statutes is amended to read:

23 230.03 (3) “Agency” means any board, commission, committee, council, or
24 department in state government or a unit thereof created by the constitution or
25 statutes if such board, commission, committee, council, department, unit, or the

BILL

1 head thereof, is authorized to appoint subordinate staff by the constitution or
2 statute, except a legislative or judicial board, commission, committee, council,
3 department, or unit thereof or an authority created under ~~chs.~~ subch. III of ch. 149
4 or under ch. 231, 232, 233, 234, 235, or 237. “Agency” does not mean any local unit
5 of government or body within one or more local units of government that is created
6 by law or by action of one or more local units of government.

7 **SECTION 151.** 230.80 (4) of the statutes is amended to read:

8 230.80 (4) “Governmental unit” means any association, authority, board,
9 commission, department, independent agency, institution, office, society, or other
10 body in state government created or authorized to be created by the constitution or
11 any law, including the legislature, the office of the governor, and the courts, but
12 excluding the Health Insurance Risk-Sharing Plan Authority. “Governmental unit”
13 does not mean any political subdivision of the state or body within one or more
14 political subdivisions ~~which~~ that is created by law or by action of one or more political
15 subdivisions.

16 **SECTION 152.** 601.41 (1) of the statutes is amended to read:

17 601.41 (1) DUTIES. The commissioner shall administer and enforce chs. 600 to
18 655 and ss. 59.52 (11) (c), 66.0137 (4) and (4m), 100.203, 120.13 (2) (b) to (g), and
19 149.13, ~~and 149.144~~ and shall act as promptly as possible under the circumstances
20 on all matters placed before the commissioner.

21 **SECTION 153.** 601.415 (12) of the statutes is amended to read:

22 601.415 (12) ~~HEALTH INSURANCE RISK-SHARING PLAN~~ INSURANCE RISK-SHARING
23 PLAN. The commissioner shall perform the duties specified to be performed by the
24 commissioner in ss. s. 149.13 and 149.144. ~~The commissioner, or his or her designee,~~
25 ~~shall serve as a member of the board under s. 149.15.~~

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1 **SECTION 154.** 601.64 (1) of the statutes is amended to read:

2 601.64 (1) INJUNCTIONS AND RESTRAINING ORDERS. The commissioner may
3 commence an action in circuit court in the name of the state to restrain by temporary
4 or permanent injunction or by temporary restraining order any violation of chs. 600
5 to 655, or s. 149.13 or ~~149.144~~, any rule promulgated under chs. 600 to 655, or any
6 order issued under s. 601.41 (4). The commissioner need not show irreparable harm
7 or lack of an adequate remedy at law in an action commenced under this subsection.

8 **SECTION 155.** 601.64 (3) (a) of the statutes is amended to read:

9 601.64 (3) (a) *Restitutory forfeiture.* Whoever violates an effective order
10 issued under s. 601.41 (4), any insurance statute or rule, or s. 149.13 or ~~149.144~~ shall
11 forfeit to the state twice the amount of any profit gained from the violation, in
12 addition to any other forfeiture or penalty imposed.

13 **SECTION 156.** 601.64 (3) (c) of the statutes is amended to read:

14 601.64 (3) (c) *Forfeiture for violation of statute or rule.* Whoever violates an
15 insurance statute or rule or s. 149.13 or ~~149.144~~, intentionally aids a person in
16 violating an insurance statute or rule or s. 149.13 or ~~149.144~~, or knowingly permits
17 a person over whom he or she has authority to violate an insurance statute or rule
18 or s. 149.13 or ~~149.144~~ shall forfeit to the state not more than \$1,000 for each
19 violation. If the statute or rule imposes a duty to make a report to the commissioner,
20 each week of delay in complying with the duty is a new violation.

21 **SECTION 157.** 601.64 (4) of the statutes is amended to read:

22 601.64 (4) CRIMINAL PENALTY. Whoever intentionally violates or intentionally
23 permits any person over whom he or she has authority to violate or intentionally aids
24 any person in violating any insurance statute or rule of this state, s. 149.13 or
25 ~~149.144~~, or any effective order issued under s. 601.41 (4) is guilty of a Class I felony,

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1 unless a specific penalty is provided elsewhere in the statutes. Intent has the
2 meaning expressed under s. 939.23.

3 **SECTION 158.** 613.03 (4) of the statutes is amended to read:

4 613.03 (4) ~~MANDATORY HEALTH INSURANCE RISK-SHARING PLAN~~ HEALTH INSURANCE
5 RISK-SHARING PLAN. Service insurance corporations organized or operating under
6 this chapter are subject to the requirements that apply to insurers and insurance
7 under ch. 149.

8 **SECTION 159.** 631.20 (2) (f) of the statutes is created to read:

9 631.20 (2) (f) In the case of a policy form under ch. 149, that any of the following
10 applies:

11 1. The benefit design is not comparable to a typical comprehensive individual
12 health insurance policy offered in the private sector market in this state.

13 2. The benefit levels are not generally reflective of and commensurate with
14 comprehensive health insurance coverage offered in the private individual market
15 in the state.

16 3. The copayments, deductibles, and coinsurance are not actuarially equivalent
17 to comprehensive individual plans and would create undue financial hardship.

18 4. It is inconsistent with the purpose of providing health care coverage to those
19 unable to obtain coverage in the private market.

20 **SECTION 160.** 632.785 (title) of the statutes is amended to read:

21 **632.785** (title) **Notice of ~~mandatory risk-sharing plan~~ Health Insurance**
22 **Risk-Sharing Plan**.

23 **SECTION 161.** 895.65 (1) (c) of the statutes is amended to read:

24 895.65 (1) (c) “Governmental unit” means any association, authority, board,
25 commission, department, independent agency, institution, office, society or other

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1 body in state government created or authorized to be created by the constitution or
2 any law, including the legislature, the office of the governor and the courts.
3 “Governmental unit” does not mean the University of Wisconsin Hospitals and
4 Clinics Authority, the Health Insurance Risk-Sharing Plan Authority, or any
5 political subdivision of the state or body within one or more political subdivisions
6 which is created by law or by action of one or more political subdivisions.

SECTION 162. Nonstatutory provisions.**(1) ADMINISTRATOR CONTRACT.**

9 (a) Because the legislature has determined that it is in the best interest of the
10 Health Insurance Risk-Sharing Plan to have the Health Insurance Risk-Sharing
11 Plan Authority administer the Health Insurance Risk-Sharing Plan beginning on
12 July 1, 2006, the department of health and family services shall, no later than
13 January 1, 2006, give written notice to the plan administrator under section 149.16,
14 2003 stats., terminating the contract between the department of health and family
15 services and the plan administrator effective July 1, 2006.

16 (b) Notwithstanding the treatment of sections 149.11 (1), 149.12 (1) (intro.) and
17 (1m), and 149.16 of the statutes, as affected by this act, the Health Insurance
18 Risk-Sharing Plan Authority shall enter into a contract with the plan administrator
19 under section 149.16, 2003 stats., that has the same terms and conditions as the
20 contract under paragraph (a) and under which the plan administrator has the same
21 rights, duties, and obligations as it had under the contract under paragraph (a) and
22 the Health Insurance Risk-Sharing Plan Authority has the same rights, duties, and
23 obligations as the department of health and family services had under the contract
24 under paragraph (a). The contract under this paragraph shall have a term beginning
25 on July 1, 2006, and ending on the same date as the contract under paragraph (a)

BILL**SECTION 162**

1 would have ended had the contract not been terminated under paragraph (a). The
2 department of health and family services, the plan administrator, and the Health
3 Insurance Risk-Sharing Plan Authority shall cooperate with one another to ensure
4 that the administration of the Health Insurance Risk-Sharing Plan continues
5 without interruption after the termination of the contract under paragraph (a) and
6 the commencement of the contract under this paragraph.

7 (2) TERMS OF INITIAL MEMBERS OF BOARD. Notwithstanding the length of terms
8 specified for the members of the board of directors of the Health Insurance
9 Risk-Sharing Plan Authority under section 149.41 (1) of the statutes, as created by
10 this act, the initial members of the board of directors shall be appointed for the
11 following terms:

12 (a) At the governor's discretion, one member appointed under section 149.41
13 (1) (a) of the statutes, one member appointed under section 149.41 (1) (b) of the
14 statutes, and one member appointed under section 149.41 (1) (c) of the statutes for
15 one-year terms.

16 (b) At the governor's discretion, 2 members appointed under section 149.41 (1)
17 (a) of the statutes, 2 members appointed under section 149.41 (1) (b) of the statutes,
18 and 2 members appointed under section 149.41 (1) (c) of the statutes, for 2-year
19 terms.

20 (c) At the governor's discretion, one member appointed under section 149.41
21 (1) (a) of the statutes, one member appointed under section 149.41 (1) (b) of the
22 statutes, and 2 members appointed under section 149.41 (1) (c) of the statutes, for
23 3-year terms.

24 **SECTION 163. Appropriation changes.**

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1 (1) TRANSFERS FOR FUNDING HEALTH INSURANCE RISK-SHARING PLAN. The
2 unencumbered balance in the Health Insurance Risk-Sharing Plan fund under
3 section 25.55, 2003 stats., immediately before the effective date of this subsection,
4 and the unencumbered balances in the appropriation accounts under section 20.435
5 (4) (u), 2003 stats., and section 20.435 (4) (v), 2003 stats., immediately before the
6 effective date of this subsection, are transferred to the Health Insurance
7 Risk-Sharing Plan fund under section 149.11 (2) of the statutes, as affected by this
8 act.

9 (2) HEALTH INSURANCE RISK-SHARING PLAN.

10 (a) *Administration.* In the schedule under section 20.005 (3) of the statutes for
11 the appropriation to the department of health and family services under section
12 20.435 (4) (u) of the statutes, as affected by the acts of 2005, the dollar amount is
13 increased by \$3,535,500 for fiscal year 2005–06 to fund the costs of the department
14 for administering the Health Insurance Risk-Sharing Plan until July 1, 2006, and
15 to increase the authorized FTE positions for the department by 4.83 SEG positions
16 for the period ending on July 1, 2006, for administration of the Health Insurance
17 Risk-Sharing Plan.

18 (b) *Program benefits.* In the schedule under section 20.005 (3) of the statutes
19 for the appropriation to the department of health and family services under section
20 20.435 (4) (v) of the statutes, as affected by the acts of 2005, the dollar amount is
21 increased by \$78,643,800 for fiscal year 2005–06 to increase funding for the purposes
22 for which the appropriation is made.

23 **SECTION 164. Initial applicability.**

24 (1) RESIDENCY FOR THE HEALTH INSURANCE RISK-SHARING PLAN. The treatment
25 of section 149.10 (9) of the statutes first applies to persons who submit applications

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1 for coverage under the Health Insurance Risk-Sharing Plan on the effective date of
2 this subsection.

3 (2) PLAN DESIGN. The treatment of section 149.14 (3) (b), (c) 1., 2., and 3. (by
4 SECTION 97), (e), (f), (m), (o), and (p), and (6) (a) and (b) of the statutes and the repeal
5 and recreation of section 149.14 (4) and (5) of the statutes first apply to the plan year
6 beginning on January 1, 2007.

7 (3) INCOME TAX EXEMPTIONS. The treatment of sections 71.07 (5g), 71.10 (4) (cp),
8 71.21 (4), 71.26 (2) (a), 71.28 (5g), 71.30 (3) (dm), 71.34 (1) (g), 71.45 (2) (a) 10., 71.47
9 (5g), 71.49 (1) (dm), 76.655, 76.67 (2), and 77.92 (4) of the statutes first applies to
10 taxable years beginning on January 1, 2006.

11 (4) PREEXISTING CONDITION EXCLUSION. The treatment of section 149.14 (6) (a)
12 and (b) of the statutes and the repeal and recreation of section 149.14 (4) (with
13 respect to establishing preexisting condition exclusions) of the statutes first apply
14 to persons who submit applications for coverage under the Health Insurance
15 Risk-Sharing Plan on the effective date of this subsection.

16 **SECTION 165. Effective dates.** This act takes effect as follows:

17 (1) ADMINISTRATOR CONTRACT. SECTIONS 162 (1) (a) and 163 (2) of this act take
18 effect on the day after publication.

19 (2) CREATION OF AUTHORITY; INSURER ASSESSMENT TAX CREDIT; MISCELLANEOUS. The
20 treatment of sections 1.12 (1) (b), 13.172 (1), 13.62 (2), 13.94 (1) (b), (dh), and (g),
21 13.95 (intro.), 16.002 (2), 16.004 (4), (5), and (12) (a), 16.045 (1) (a), 16.15 (1) (ab),
22 16.41 (4), 16.417 (1) (a), 16.52 (7), 16.528 (1) (a), 16.53 (2), 16.54 (9) (a) 1., 16.70 (2),
23 16.72 (2) (e) (intro.) and (f), 16.75 (1m), (8) (a) 1. and 2., and (9), 16.765 (1), (2), (4),
24 (5), (6), (7) (intro.) and (d), and (8), 16.85 (2), 16.865 (8), 71.07 (5g), 71.10 (4) (cp), 71.21
25 (4), 71.26 (2) (a), 71.28 (5g), 71.30 (3) (dm), 71.34 (1) (g), 71.45 (2) (a) 10., 71.47 (5g),

→ (1)(be) and

BILL

1 71.49 (1) (dm), 76.655, 76.67 (2), 77.92 (4), 101.055 (2) (a), 101.177 (1) (d), 149.10 (2j)
 2 (a) 3., (2t) (c), (3), (7), and (8), 149.12 (2) (g), 149.18, 149.25, 230.03 (3), 230.80 (4), and
 3 895.65 (1) (c), subchapter I (title) of chapter 149, and subchapter II (title) of chapter
 4 149 of the statutes, the creation of subchapter III of chapter 149 of the statutes, and
 5 SECTION 162 (1) (b) and (2) of this act take effect on January 1, 2006, or on the day
 6 after publication, whichever is later.

7 (3) TRANSFER OF ADMINISTRATION. The treatment of sections 20.145 (5), 20.435
 8 (4) (u) and (v), 25.17 (1) (gf), 25.55 (intro.), (3), and (4), 149.10 (intro.), (1), (2), (2m),
 9 (3e), (9), and (10), 149.105, 149.11, 149.115, 149.12 (1) (intro.) and (a), (1m), (3) (a)
 10 and (c), (4), and (5), 149.13 (1), (3) (a) and (b), and (4), 149.14 (1) (a), (2) (a), (3) (intro.),
 11 (c) 3. (by SECTION 96), and (d), (4c), (4m), (5m), (7) (b) and (c), and (8), 149.141, 149.142
 12 (1) (a) and (b) and (2), 149.143, 149.144, 149.145, 149.146 (1) (a) and (b) and (2) (a),
 13 (am), and (b), 149.15, 149.16, 149.165 (1), (2) (a) (intro.) and (bc), (3) (a) and (b)
 14 (intro.), (3m), and (4), 149.17 (1), (2), and (4), 149.175, 149.20, 601.41 (1), 601.415
 15 (12), 601.64 (1), (3) (a) and (c), and (4), 613.03 (4), 631.20 (2) (f), 632.785 (title), and
 16 subchapter IV of chapter 149 of the statutes, the repeal of sections 149.14 (5) (d) and
 17 (e) and 149.40 of the statutes, the renumbering and amendment of section 149.12 (2)
 18 (f) of the statutes, the amendment of section 149.14 (4) (d) and (m) and (5) (b) and (c)
 19 of the statutes, the creation of section 149.12 (2) (f) 2. of the statutes, and SECTIONS
 20 163 (1) and 164 (1) of the statutes take effect on July 1, 2006.

21 (4) PLAN DESIGN. The treatment of section 149.14 (3) (b), (c) 1., 2., and 3. (by
 22 SECTION 97), (e), (f), (m), (o), and (p), and (6) (a) and (b) of the statutes, the repeal and
 23 recreation of section 149.14 (4) and (5) of the statutes, and SECTION 164 (2) and (4)
 24 of this act take effect on January 1, 2007.

25 (END)

2005-2006 DRAFTING INSERT
FROM THE
LEGISLATIVE REFERENCE BUREAU

LRB-4087/lins
PJK:.....

INSERT A

5) it is exempt from income tax, sales and use tax, and property taxes;
(END OF INSERT A)

INSERT 20-19

1 SECTION 1. 70.11 (41m) of the statutes is created to read:
2 70.11 (41m) HEALTH INSURANCE RISK-SHARING PLAN AUTHORITY. All property
3 owned by the Health Insurance Risk-Sharing Plan Authority, provided that use of
4 the property is primarily related to the purposes of the authority.

(END OF INSERT 20-19)

INSERT 22-7

5 SECTION 2. 71.26 (1) (be) of the statutes is amended to read:
6 71.26 (1) (be) *Certain authorities.* Income of the University of Wisconsin
7 Hospitals and Clinics Authority, of the Health Insurance Risk-Sharing Plan
8 Authority, and of the Fox River Navigational System Authority.

(END OF INSERT 22-7)

INSERT 27-14

9 SECTION 3. 77.54 (9a) (a) of the statutes is amended to read:
10 77.54 (9a) (a) This state or any agency thereof, the University of Wisconsin
11 Hospitals and Clinics Authority, the Health Insurance Risk-Sharing Plan Authority,
12 and the Fox River Navigational System Authority.

(END OF INSERT 27-14)

2005-2006 DRAFTING INSERT
FROM THE
LEGISLATIVE REFERENCE BUREAU

LRBs0319/lins
.....

INSERT 60-15

1

5 ← (0) MEDICARE PART D.

auto ref A (see p. 60)

2

(a) Notwithstanding SECTION 165 (2) with respect to the treatment of section
3 149.10 (2j) (a) 3., (2t) (c), and (7) of the statutes, the treatment of section 149.10 (2j)
4 (a) 3., (2t) (c), and (7) of the statutes first applies to persons who have coverage under
5 the Health Insurance Risk-Sharing Plan on the effective date of this paragraph, on
6 May 15, 2006.

7 (b) The treatment of section 149.10 (2j) (a) 3., (2t) (c), and (7) of the statutes first
8 applies to all persons not specified in paragraph (a), on the effective date of this
9 paragraph.

(END OF INSERT 60-15)

for medicare Part D ^{trust}, applies on Jan 1, 2006,
to people ~~that~~ applying on Jan 1, 2006

for people w/ coverage on Jan 1, 2006, a
day after publication, on May 15, 2006

~~to people w/~~



Kahler, Pam

From: Nancy Wenzel [nwenzel@tds.net]
Sent: Wednesday, November 23, 2005 4:24 PM
To: Kahler, Pam
Subject: HIRSP Bill Numbers

Hi Pam,

The HIRSP Bill numbers are SB 451 and AB 844. Please call me.

Nancy J. Wenzel
Executive Director
Wisconsin Association of Health Plans
10 East Doty Street, Suite 503
Madison, WI 53703
nwenzel@tds.net
608-255-8599
608-255-8627 (fax)

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