

2009 DRAFTING REQUEST

Bill

Received: 12/16/2009

Received By: rryan

Wanted: As time permits

Identical to LRB:

For: Mark Miller (608) 266-9170

By/Representing: Jamie Kuhn

This file may be shown to any legislator: NO

Drafter: rryan

May Contact:

Addl. Drafters: pgrant
gmalaise

Subject: Health - medical assistance
Higher Education - UW System

Extra Copies: TJD

Submit via email: YES

Requester's email: Sen.Miller@legis.wisconsin.gov

Carbon copy (CC:) to:

Pre Topic:

No specific pre topic given

Topic:

Assessment for critical access hospitals; education loans for health care providers

Instructions:

See attached

Drafting History:

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/?				_____			State
/P1	rryan 01/04/2010	nmatzke 01/06/2010	mduchek 01/06/2010	_____	cduerst 01/06/2010		State
	rryan 02/03/2010	nmatzke 02/04/2010		_____			
	pgrant 02/03/2010			_____			

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/3	rryan 02/11/2010 pgrant 02/11/2010 pgrant 02/15/2010	nmatzke 02/12/2010 nmatzke 02/15/2010	rschluet 02/12/2010	_____ _____ _____ _____	mbarman 02/12/2010		State
/4			rschluet 02/15/2010	_____	mbarman 02/15/2010	mbarman 02/15/2010	

FE Sent For: "/4" @ intro. 2/24/10

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25510

Please
jacket
M

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	pgrant 02/03/2010	1/3 nwn 2/12					

Handwritten notes:
- A large handwritten '2/2/10' is written vertically next to the 'Typed' column.
- A large handwritten '2/12' is written vertically next to the 'Proofed' column.

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1?	rryan	/PI nwn 1/4		_____			

FE Sent For:

<END>

Malaise, Gordon

From: Ryan, Robin
Sent: Thursday, December 17, 2009 1:14 PM
To: Grant, Peter; Malaise, Gordon
Subject: hospital assessment

For LRB-4007, please appropriate moneys for your grants from the "critical access hospital assessment fund," which I am creating under s. 25.774.

Ryan, Robin

From: Kuhn, Jamie
Sent: Thursday, December 03, 2009 2:28 PM
To: Ryan, Robin
Subject: RE: Hospital Assessment

Great, it's your lucky day. I have another one for you for rural critical access hospitals. We are doing it for the rural health folks and the hospital association. I have to scan some things in and will send it over. We give you permission to talk with Laura Leich from WHA. However, we are not necessarily the ones who are going to introduce the bill so I can receive it in p/draft form.

Thanks. Let me know when you have a chance to look at things what your timeline might be.

Jamie

From: Ryan, Robin
Sent: Thursday, December 03, 2009 2:17 PM
To: Kuhn, Jamie
Subject: RE: Hospital Assessment

yes

From: Kuhn, Jamie
Sent: Thursday, December 03, 2009 2:11 PM
To: Ryan, Robin
Subject: Hospital Assessment

Are you the one who drafted the hospital assessment language?

Jamie S. Kuhn
Office of State Senator Mark Miller
State Capitol
PO Box 7882
Madison, WI 53707-7882
608-266-9170

Ryan, Robin

From: Kuhn, Jamie
Sent: Tuesday, December 15, 2009 10:53 AM
To: Ryan, Robin
Subject: FW:

Attachments: 20091203143122479.pdf



2009120314312247
9.pdf (136 KB)...

-----Original Message-----

From: Network Scanning
Sent: Thursday, December 03, 2009 1:31 PM
To: Kuhn, Jamie
Subject:

This E-mail was sent from "RNPBB19E1" (MP 5500/LD255).

Scan Date: 12.03.2009 14:31:22 (-0500)
Queries to: networkscanning@legis.wisconsin.gov

Critical Access Hospital Assessment
December 1, 2009
DRAFT

Instructions:

1. Critical Access Hospitals ("CAHs") would be subject to the assessment in s. 50.38, but only on gross *inpatient* revenue (unlike the assessment on current "eligible hospitals" that is on gross patient revenue -- including both inpatient and outpatient revenue). The State's authority to assess CAHs would end if CMS does not approve the required Medicaid State Plan Amendment for increased payments to CAHs or does not provide any other approval needed and federal matching funds for the increased payments under s. 49.45(3)(e)11.
2. The assessment on CAH gross inpatient revenue would be the same uniform percentage determined in s. 50.38(3).
3. The assessments would be deposited in a newly created nonlapsable CAH Assessment Trust Fund.
4. There would be a separate appropriation line for CAH payments from the CAH Assessment Trust Fund. The appropriation amount in s. 20.435(4)XX would equal the amount to be generated from the assessment applying the uniform percentage above to the CAH inpatient gross patient revenue for the previous fiscal year as reported under s. 153.46(5) and determined by the department (\$10,124,000 in each year of the biennium). The amount would be to provide increased payments to critical access hospitals under s. 49.45(3)(e)11.; to make payments to health maintenance organizations under s. 49.45(59); to make refunds under s. 50.38(??); to make the transfer under s. 50.38(8); and to support rural workforce initiatives.
5. As with the PPS hospital assessment, DHS must use a portion of the money collected from CAHs for increased payments for services provided by CAHs under the Medicaid program including services reimbursed on a fee-for-services basis and under a managed care system. The formula in s. 49.45(3)(e)11. (61.68 percent formula) also would apply to the moneys from CAHs.
6. The provisions of s. 49.45(59) Health Maintenance Organization Payments to Hospitals also would apply to HMOs and their payments to CAHs.
7. As with the PPS hospitals, the annual assessment would be due in quarterly installments (September 30, December 31, March 31, and June 30) with delayed payment allowed under s. 50.38(5). The first two years of the assessment, however, would be subject to a different payment schedule. For the first year of the assessment, the assessment would be due in two equal installments. The first installment would be due at least 60 days after the increased Medicaid payments to CAHs under s. 49.45(3)(e)11. begin, but in no case prior to June 30, 2010. The second installment would be due at least 60 days after the first installment, but in no case prior to September 30, 2010. For the second year of the assessment, the assessment would be due in three equal installments on December 31, 2010, March 31, 2011, and June 30, 2011.
8. The refund provisions in s. 50.38(6) would apply but to the separate CAH pool.

PPS (prospective payment system)

9. The reports required under s. 50.38(7) would include the same information related to CAHs and the CAH assessment.
10. There would be a new report required as part of the biennial budget submission from the Governor to the legislature. The report would provide the following information:
 - a) Medicaid expenditures in the current biennium for hospitals by hospital type (PPS, CAH, psych, state facility) and by funding source (hospital assessment, Medicaid trust fund, FMAP, other).
 - b) The Medicaid caseload in the current biennium and estimated for the upcoming biennium.
 - c) Medicaid hospital utilization (by hospital type) in the current biennium and estimated for the upcoming biennium.
 - d) Estimated Medicaid expenditures for hospital services included in the Governor's biennial budget request by hospital type and by funding source and explanation for how DOA arrived at the estimate.
 - e) Current hospital Upper Payment Limit calculation.
 - f) Estimated Medicaid expenditures for other major provider categories (physicians, therapists, nursing homes, personal care, etc.) included in the Governor's biennial budget request.
11. For fiscal changes, the amount in the Medical Assistance Trust Fund would be increased by \$2.7 million in fiscal year 2010 and by \$2.7 million in fiscal year 2011. Unlike with the PPS assessment, there would be no decrease in the Medical Assistance General Purpose Revenue appropriation.
12. Another fiscal change would be increasing the appropriations for certain programs targeted at increasing the health care workforce in rural areas of the state. Additional details will be provided.
13. The increased payments under the CAH s. 49.45(3)(e)11. would apply to services provided beginning on April 1, 2009.

[Many of the references are to the current PPS hospital assessment provisions. Given that there are some differences between the assessments, it might be necessary for there to be separate CAH provisions.]

Ryan, Robin

From: Kuhn, Jamie
Sent: Tuesday, December 15, 2009 11:36 AM
To: Ryan, Robin
Cc: 'lleitch@wha.org'
Subject: FW: Assessment Information
Attachments: Rural Health Care Workforce and Patient Access Package.doc

Here is the additional information.

As I stated previously, we are fine with you speaking directly to Laura at the Hospital Association.

Thanks.

Jamie

From: Leitch, Laura [mailto:LLeitch@wha.org]
Sent: Tuesday, December 15, 2009 11:07 AM
To: Kuhn, Jamie
Subject: RE: Assessment Information

Jamie.

Here's the workforce piece of the proposal that would help address issues related to access to health care in the rural parts of Wisconsin.

Thanks for your help!

Laura

From: Kuhn, Jamie [mailto:Jamie.Kuhn@legis.wisconsin.gov]
Sent: Tuesday, December 15, 2009 10:55 AM
To: Leitch, Laura
Subject: Assessment Information

Laura,

Robin said you would be sending over some addendum information for the assessment bill drafting, so I thought I would send you my email. She does have the original drafting information.

Jamie Kuhn

Jamie S. Kuhn

Office of State Senator Mark Miller

State Capitol

PO Box 7882

Madison, WI 53707-7882

01/04/2010

Rural Health Care Workforce and Patient Access Package

\$ from critical access hospital assessment trust fund

For Miller
WRB-4007

Laura
Leitch
268-1823
WRB HUP
Assoc

Wetzel @ wha.org

A. Funding Rural Residency Positions.

\$1.5 million per year to the Wisconsin Office of Rural Health ("WORH") (which is part of the University of Wisconsin School of Medicine and Public Health) to be used solely to establish and support residency positions that are one of the following:

work.org

see ch. 49
part with med

- ~~New~~ residency positions (~~not currently certified by the American Council for Graduate Medical Education ("ACGME")~~); *in rural areas*
- ~~Residency positions that are currently certified by the ACGME, but are not funded, or~~
- ~~Existing residency positions with a majority of the training experience in rural Wisconsin.~~
- As part of new or existing residency positions, new residency training experience of eight weeks or longer in "rural Wisconsin."

Blue box pass on needs certified hospital funded

might not be in rural areas

To be eligible for funding through this program, the above residency positions also must meet the following criteria:

- Resident must specialize in family practice, obstetrics, pediatrics, internal medicine, general surgery, or psychiatry.
- WORH would be encouraged to give money to programs that actively recruit graduates of Wisconsin medical schools.

- The WORH annually must submit a plan for increasing the number of residency positions with a majority of the resident's training experience in rural Wisconsin to the Wisconsin Hospital Association, the Wisconsin Medical Society, and the Rural Wisconsin Health Cooperative. WORH must take into consideration comments provided by those organizations. The plan must include a detailed budget for expending the revenue received through this program and show that the revenue received through this program did not supplant existing funding.

By 12/11

the 1.5M? Yes

- By December 1 of each year, the WORH must submit to the Joint Committee on Finance a report indicating the number of primary care residency positions with a majority of the training experience in rural Wisconsin that exist in SFY 2009 and the number each year thereafter. The report must indicate the number of residency positions funded in part through this program and the eligibility criteria met by each resident and residency position, including which medical school the resident attended, the year ACGME certified the residency position, the reason the residency position had not been funded, and the hospital or clinic affiliation. The report also must provide detailed information concerning WORH's expenditure of funds provided through this program.

09-10

for plan year

- Any money not obligated for the above purposes by the end of the fiscal year lapses to the Critical Access Hospital Trust Fund.

36.61?
critical access hospital

B. Health Professions Loan Assistance Program.

Provide \$500,000 annually from the CAH assessment revenue to WORH for the Health Professions Loan Assistance Program. The increased revenue would be available only if the state maintains current funding levels. The increased revenue could be used solely for education loan assistance for health care professionals who intend to practice in rural Wisconsin. Loan forgiveness would be available only to health professionals who practice in rural Wisconsin for at least five years. WORH must charge interest on the loan if the health care professional does not practice in rural Wisconsin for at least five years.

C. Nursing Student Loan Program.

GMM { Provide \$100,000 annually from the CAH assessment to the Health Education Aids Board to increase funding for Nursing Student Loan Program. The increased revenue would be available only if the state maintains current funding levels. The increased revenue would be available for loans for nursing students who are pursuing a graduate degree and who intend to practice in a Wisconsin hospital outside of a Metropolitan Statistical Area ("MSA"); at a hospital within an MSA if the hospital has fewer than 100 beds; or as nursing faculty with significant responsibilities related to preparing nurses to work in rural Wisconsin. Loan forgiveness would be available for those recipients who practice in one of the above locations or as a described faculty member. HEAB must charge interest on the loan if the recipient does not practice in either of the above locations or as a described faculty member.

Grant, Peter

From: Ryan, Robin
Sent: Thursday, December 17, 2009 1:14 PM
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Subject: hospital assessment

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12/17/2009

TC w/ Laura Litch
12/12/09

100k/yr

residency

positions are certified by ACGME

don't want to replace current \$

"WORM" → wis ~~off~~ rural med
accd 36.25(133)
wis ch /

(see Dept of Reg Med & Practice
(for example))

\$ to start in 09-10 → 3M for 09-11 (Biennially)

12/21/09

TC from Laura Leitch
"small area"

in 50/50 (11) (B)

by 4 counties

in hosp. or clinic

17% 20%

+ or not sure

3 -

4 - existing pos. (not in medical) w/ new medical rotations (started after 09-10)

PE B

one approp for 36.60 & 36.61

3 year term etc. (same people & conditions)
small area

(not for sub (9) + (8))

in (9) only for small both sections

Ryan, Robin

From: Leitch, Laura [LLeitch@wha.org]
Sent: Wednesday, December 16, 2009 2:16 PM
To: Ryan, Robin
Subject: RE: CAH assessment language

Thanks, Robin.

I checked and they would like a separate fund and appropriation.

And looking at s. 49.45(59)(b), I think it works as is without modification (except for changes needed to reflect the separate fund/appropriation and that CAHs aren't currently eligible hospitals).

Thanks for your work on this – please let me know if you need anything.

Laura

From: Ryan, Robin [mailto:Robin.Ryan@legis.wisconsin.gov]
Sent: Wednesday, December 16, 2009 11:45 AM
To: Leitch, Laura
Subject: CAH assessment language

Laura,

On first glance, I think I could make refunds specific to the type of hospital without creating a separate fund and appropriation. Do you want the separate fund and appropriation regardless of the refund issue?

Does the current HMO pass-through language under s. 49.45 (59) (b) work for CAHs without modification or are modifications needed?

Thanks

Robin
261-6927



State of Wisconsin
2009 - 2010 LEGISLATURE

PI

LRB-4007/2

RLR/PG/GMM:1:1:....

nwn

RMR

DN

In 1/4/10
wanted Wed 1/6/10

PRELIMINARY DRAFT - NOT READY FOR INTRODUCTION

SA ✓
X-ref ✓

Gen.

1 AN ACT ...; relating to: assessment on critical access hospitals/ payments to
2 critical access hospitals under the Medical Assistance Program

INS PG
rel. clause

Analysis by the Legislative Reference Bureau

This is a preliminary draft. An analysis will be provided in a later version.

INS PG
and GMM
Analyses

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

3 SECTION 1. 16.46 (10) of the statutes is created to read:

4 16.46 (10) The report prepared by the department of health services under s.
49.45 (2) (a) 25.

INS
GMM
1-SA
1-5B
1-5C
1-5D
8

5 SECTION 2. 20.435 (4) (w) of the statutes, as affected by 2009 Act 2, is amended
to read:

6 20.435 (4) (w) Medical Assistance trust fund. From the Medical Assistance
7 trust fund, biennially, the amounts in the schedule for meeting costs of medical
8 assistance administered under ss. 46.27, 46.275 (5), 46.278 (6), 46.283 (5), 46.284 (5),
9
10

1 49.45, and 49.472 (6), for refunds under s. 50.38 (6) (a) and (6m) (a), and for
 2 administrative costs associated with augmenting the amount of federal moneys
 3 received under 42 CFR 433.51.

History: 1971 c. 125 ss. 138 to 155, 522 (1); 1971 c. 211, 215, 302, 307, 322; 1973 c. 90, 198, 243; 1973 c. 284 s. 32; 1973 c. 308, 321, 322, 333, 336; 1975 c. 39 ss. 153 to 173, 732 (1), (2); 1975 c. 41 s. 52; 1975 c. 82, 224, 292; 1975 c. 413 s. 18; 1975 c. 422, 423; 1975 c. 430 ss. 1, 2, 80; 1977 c. 29 ss. 236 to 273, 1657 (18); 1977 c. 112; 1977 c. 203 s. 106; 1977 c. 213, 233, 327; 1977 c. 354 s. 101; 1977 c. 359; 1977 c. 418 ss. 129 to 137, 924 (18) (d), 929 (55); 1977 c. 428 s. 115; 1977 c. 447; 1979 c. 32 s. 92 (11); 1979 c. 34, 48; 1979 c. 102 s. 237; 1979 c. 111, 175, 177; 1979 c. 221 ss. 118g to 133, 2202 (20); 1979 c. 238, 300, 331, 361; 1981 c. 20 ss. 301 to 356b, 2202 (20) (b), (d), (g); 1981 c. 93 ss. 3 to 8, 186; 1981 c. 298, 314, 317, 359, 390; 1983 a. 27 ss. 318 to 410, 2202 (20); 1983 a. 192, 199, 245; 1983 a. 333 s. 6; 1983 a. 363, 398, 410, 427; 1983 a. 435 ss. 2, 3, 7; 1983 a. 538; 1985 a. 24, 29, 56, 73, 120, 154, 176, 255, 281, 285, 332; 1987 a. 27, 339, 368, 398, 399, 402; 1987 a. 403 ss. 25, 256; 1987 a. 413; 1989 a. 31, 53; 1989 a. 56 ss. 13, 259; 1989 a. 102; 1989 a. 107 ss. 11, 13, 17 to 37; 1989 a. 120, 122, 173, 199, 202, 318, 336, 359; 1991 a. 6, 39, 189, 269, 275, 290, 315, 322; 1993 a. 16, 27, 76, 98, 99, 168, 183, 377, 437, 445, 446, 450, 469, 479, 490, 491; 1995 a. 27 ss. 806 to 961r, 9126 (19); 1995 a. 77, 98; 1995 a. 216 ss. 26, 27; 1995 a. 266, 276, 289, 303, 404, 417, 440, 448, 464, 468; 1997 a. 27 ss. 211, 214, 216, 217, 527 to 609; 1997 a. 35, 105, 231, 237, 280, 293; 1999 a. 5, 9, 32, 52, 84, 103, 109, 113, 133, 185, 186; 2001 a. 16, 69, 103, 105; 2003 a. 33, 139, 186, 318, 320, 326, 327; 2004 a. 15, 22; 2005 a. 25 ss. 299 to 331, 2498 to 2500, 2510; 2005 a. 74, 107, 199, 228, 264, 388, 406, 434; 2007 a. 20 ss. 331 to 422, 9121 (6) (a); 2007 a. 39, 88, 107, 111, 130; 2009 a. 2, 15; 2009 a. 28 ss. 325 to 470, 485, 488, 490.

4 **SECTION 3.** 20.435 (4) (xe) of the statutes is created to read:

5 20.435 (4) (xe) *Critical access hospital assessment fund; hospital payments.*

6 From the critical access hospital assessment fund, all moneys received, except
 7 moneys appropriated under ss. 20.235 (1) (t) and 20.285 (1) (qe) and (qj), to make
 8 payments to critical access hospitals required under s. 49.45 (3) (e) 12. for services
 9 provided under the Medical Assistance Program under subch. IV of ch. 49; and to
 10 make refunds under s. 50.38 (6m).

11 **SECTION 4.** 25.17 (1) (cg) of the statutes is created to read:

12 25.17 (1) (cg) Critical access hospital assessment fund (s. 25.774);

13 **SECTION 5.** 25.77 (11) of the statutes, as created by 2009 ^{Wisconsin} Act 2, is amended to
 14 read:

15 25.77 (11) All moneys transferred under s. 50.38 (8) and (10).

16 **SECTION 6.** 25.77 (12) of the statutes, as created by 2009 ^{Wisconsin} Act 2, is amended to
 17 read:

18 25.77 (12) All moneys recouped and deposited under s. 50.38 (6) (a) 4. and (6m)
 19 (a) 4.

20 **SECTION 7.** 25.772 of the statutes, as created by 2009 Wisconsin Act 2, is
 21 amended to read:

1 **25.772 Hospital assessment fund.** There is established a separate
2 nonlapsible trust fund designated as the hospital assessment fund, to consist of all
3 moneys received under s. 50.38 (2) (a) from assessments on hospitals and all moneys
4 recouped and deposited under s. 50.38 (6) (a) 3.

History: 2009 a. 2.

5 **SECTION 8.** 25.774 of the statutes is created to read:

6 **25.774 Critical access hospital assessment fund.** (1) There is established
7 a separate nonlapsible trust fund designated as the critical access hospital
8 assessment fund, to consist of all moneys received under s. 50.38 (2) (b) from
9 assessments on critical access hospitals and all moneys recouped and deposited
10 under s. 50.38 (6m) (a) 3.

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11 **SECTION 9.** 49.45 (2) (a) 25. of the statutes is created to read: stc
12 49.45 (2) (a) 25. Prepare a report for submission under s. 16.46 (10) that
13 contains all of the following:

14 a. The amount of medical assistance payments to hospitals in the fiscal
15 biennium in which the report is prepared, categorized by type of hospital and source
16 of funding.

****NOTE: Should subd. a. require reporting of actual expenditures to date or actual
and estimated for the biennium?

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p. 4

17 c. b. The number of medical assistance recipients at the time the report is
18 prepared and an estimate of the number of medical recipients for the fiscal biennium
19 succeeding the fiscal biennium in which the report is prepared.

****NOTE: Should subd. b. require reporting of the actual number of MA recipients
on a given date, or the number of actual and estimated recipients for the whole current
biennium? Same question for the estimate for the succeeding biennium: should it be an
average daily caseload, or the total number of people expected to receive MA at any time
during the biennium?

20 d. c. Hospital utilization by medical assistance recipients in the fiscal biennium
21 in which the report is prepared and estimated hospital utilization by medical

SECTION 9

1 assistance recipients in the succeeding fiscal biennium, categorized by type of
2 hospital. ✓

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3 *b.* *d.* Estimated medical assistance payments to hospitals for the fiscal biennium
4 succeeding the fiscal biennium in which the report is prepared, categorized by type
5 of hospital, and an explanation of how the department developed the estimates. ✓

6 e. The calculation of federal Medicaid upper payment limits for hospital
7 services that are applicable to reimbursement for hospital services under medical
8 assistance in the fiscal biennium in which the report is prepared. ✓

9 f. Estimated medical assistance payments to providers other than hospitals for
10 the fiscal biennium succeeding the fiscal biennium in which the report is prepared,
11 categorized by type of provider. ✓

12 **SECTION 10.** ~~49.45~~ (3) (e) 11. of the statutes, as created by 2009 Wisconsin Act
13 2, is amended to read:

14 49.45 (3) (e) 11. The department shall use a portion of the moneys collected
15 under s. 50.38 (2) (a) ✓ to pay for services provided by eligible hospitals, as defined in
16 s. 50.38 (1), other than critical access hospitals, ✓ under the Medical Assistance
17 Program under this subchapter, including services reimbursed on a fee-for-service
18 basis and services provided under a managed care system. For state fiscal year
19 2008-09, total payments required under this subdivision, including both the federal
20 and state share of Medical Assistance, shall equal the amount collected under s.
21 50.38 (2) (a) ✓ for fiscal year 2008-09 divided by 57.75 percent. For each state fiscal
22 year after state fiscal year 2008-09, total payments required under this subdivision,

1 including both the federal and state share of Medical Assistance, shall equal the
2 amount collected under s. 50.38 (2) (a) for the fiscal year divided by 61.68 percent.

History: 1971 c. 40 s. 93; 1971 c. 42, 125; 1971 c. 213 s. 5; 1971 c. 215, 217, 307; 1973 c. 62, 90, 147; 1973 c. 333 ss. 106g, 106h, 106j, 201w; 1975 c. 39; 1975 c. 223 s. 28; 1975 c. 224 ss. 54h, 56 to 59m; 1975 c. 383 s. 4; 1975 c. 411; 1977 c. 29, 418; 1979 c. 34 ss. 837f to 838, 2102 (20) (a); 1979 c. 102, 177, 221, 355; 1981 c. 20 ss. 839 to 854, 2202 (20) (r); 1981 c. 93, 317; 1983 a. 27 ss. 1046 to 1062m, 2200 (42); 1983 a. 245, 447, 527; 1985 a. 29 ss. 1026m to 1031d, 3200 (23), (56), 3202 (27); 1985 a. 120, 176, 269; 1985 a. 332 ss. 91, 251 (5), 253; 1985 a. 340; 1987 a. 27 ss. 989r to 1000s, 2247, 3202 (24); 1987 a. 186, 307, 339, 399; 1987 a. 403 s. 256; 1987 a. 413; 1989 a. 6; 1989 a. 31 ss. 1402 to 1452g, 2909g, 2909i; 1989 a. 107, 173, 310, 336, 351, 359; 1991 a. 22, 39, 80, 250, 269, 315, 316; 1993 a. 16 ss. 1362g to 1403, 3883; 1993 a. 27, 107, 112, 183, 212, 246, 269, 335, 356, 437, 446, 469; 1995 a. 20; 1995 a. 27 ss. 2947 to 3002r, 7299, 9126 (19), 9130 (4), 9145 (1); 1995 a. 191, 216, 225, 289, 303, 398, 417, 457; 1997 a. 3, 13, 27, 114, 175, 191, 237, 252, 293; 1999 a. 9, 63, 103, 180, 185; 2001 a. 13, 16, 35, 38, 57, 67, 104, 109; 2003 a. 33, 318, 321; 2005 a. 22; 2005 a. 25 ss. 1120 to 1149f, 2503 to 2510; 2005 a. 107, 165, 253, 254, 264, 301, 340, 386, 441; 2007 a. 20 ss. 1513 to 1559h, 9121 (6) (a); 2007 a. 90, 97, 104, 141, 153; 2009 a. 2, 28.

3 **SECTION 11. 49.45 (3) (e) 12. of the statutes is created to read:**

4 49.45 (3) (e) 12. The department shall use a portion of the moneys collected
5 under s. 50.38 (2) (b) to pay for services provided by critical access hospitals under
6 the Medical Assistance Program under this subchapter, including services
7 reimbursed on a fee-for-service basis and services provided under a managed care
8 system. For state fiscal year 2008-09, total payments required under this
9 subdivision, including both the federal and state share of Medical Assistance, shall
10 equal the amount collected under s. 50.38 (2) (b) for fiscal year 2008-09 divided by
11 57.75 percent. For each state fiscal year (after state fiscal year 2008-09), total
12 payments required under this subdivision, including both the federal and state share
13 of Medical Assistance, shall equal the amount collected under s. 50.38 (2) (b) for the
14 fiscal year divided by 61.68 percent.

****NOTE: Are critical access hospitals paid on a fee-for-service basis, or is cost reimbursement and different methodology? I assumed that the health care workforce initiatives are not counted for purposes of this formula—is this correct?

15 **SECTION 12. 49.45 (59) (a) of the statutes, as created by 2009 Wisconsin Act 2,**
16 **is amended to read:**

17 49.45 (59) (a) The department shall, from the appropriation account accounts
18 under s. 20.435 (4) (xc) and (xe), pay each health maintenance organization with
19 which it contracts to provide medical assistance a monthly amount that the health
20 maintenance organization shall use to make payments to hospitals under par. (b).

History: 1971 c. 40 s. 93; 1971 c. 42, 125; 1971 c. 213 s. 5; 1971 c. 215, 217, 307; 1973 c. 62, 90, 147; 1973 c. 333 ss. 106g, 106h, 106j, 201w; 1975 c. 39; 1975 c. 223 s. 28; 1975 c. 224 ss. 54h, 56 to 59m; 1975 c. 383 s. 4; 1975 c. 411; 1977 c. 29, 418; 1979 c. 34 ss. 837f to 838, 2102 (20) (a); 1979 c. 102, 177, 221, 355; 1981 c. 20 ss. 839 to 854, 2202 (20) (r); 1981 c. 93, 317; 1983 a. 27 ss. 1046 to 1062m, 2200 (42); 1983 a. 245, 447, 527; 1985 a. 29 ss. 1026m to 1031d, 3200 (23), (56), 3202 (27); 1985 a. 120,

SECTION 12

176, 269; 1985 a. 332 ss. 91, 251 (5), 253; 1985 a. 340; 1987 a. 27 ss. 989r to 1000s, 2247, 3202 (24); 1987 a. 186, 307, 339, 399; 1987 a. 403 s. 256; 1987 a. 413; 1989 a. 6; 1989 a. 31 ss. 1402 to 1452g, 2909g, 2909h; 1989 a. 107, 173, 310, 336, 351, 359; 1991 a. 22, 39, 80, 250, 269, 315, 316; 1993 a. 16 ss. 1362g to 1403, 3883; 1993 a. 27, 107, 112, 183, 212, 246, 269, 335, 356, 437, 446, 469; 1995 a. 20; 1995 a. 27 ss. 2947 to 3002r, 7299, 9126 (19), 9130 (4), 9145 (1); 1995 a. 191, 216, 225, 289, 303, 398, 417, 457; 1997 a. 3, 13, 27, 114, 175, 191, 237, 252, 293; 1999 a. 9, 63, 103, 180, 185; 2001 a. 13, 16, 35, 38, 57, 67, 104, 109; 2003 a. 33, 318, 321; 2005 a. 22; 2005 a. 25 ss. 1120 to 1149f, 2503 to 2510; 2005 a. 107, 165, 253, 254, 264, 301, 340, 386, 441; 2007 a. 20 ss. 1513 to 1559h, 9121 (6) (a); 2007 a. 90, 97, 104, 141, 153; 2009 a. 2, 28.

1 **SECTION 13.** 50.38 (1) (a) of the statutes, as created by 2009 Wisconsin Act 2,
2 is repealed. ✓

3 **SECTION 14.** 50.38^X (2) of the statutes, as created by 2009 Wisconsin Act 2, is
4 renumbered 50.38 (2) (a) and amended to read:

5 50.38 (2) (a) For the privilege of doing business in this state, there is imposed
6 on each eligible hospital that is not a critical access hospital an assessment each state
7 fiscal year that is equal to a uniform percentage, determined under sub. (3), of the
8 hospital's gross patient revenues, as reported under s. 153.46 (5) and determined by
9 the department. The assessments shall be deposited in the hospital assessment
10 fund. ✓

11 History: 2009 a. 2.
12 **SECTION 15.** 50.38^X (2) (b) of the statutes is created to read:

13 50.38 (2) (b) Except as provided in sub. (11), ✓
14 in this state, there is imposed on each critical access hospital an assessment each
15 state fiscal year that is equal to a uniform percentage, determined under sub. (3), of
16 the critical access hospital's gross inpatient ✓ revenues, as reported under s. 153.46 (5) ✓
17 and determined by the department. ✓ The assessments shall be deposited in the
18 critical access hospital assessment fund. ✓

19 **SECTION 16.** 50.38^X (3) of the statutes, as created by 2009 Wisconsin Act 2, is
20 amended to read:

21 50.38 (3) The department shall establish the percentage that is applicable
22 under sub. (2) (a) and (b) ✓ so that the total amount of assessments collected under ~~this~~

1 ~~section~~ sub. (2) (a) in a state fiscal year is equal to the amount in the schedule under
2 s. 20.005 (3) for the appropriation under s. 20.435 (4) (xc) for that fiscal year. ✓

3 History: 2009 a. 2.

3 ~~SECTION 17.~~ 50.38 (4) of the statutes, as created by 2009 Wisconsin Act 2, is
4 amended to read:

5 50.38 (4) Except as provided in sub. (5), each eligible hospital shall pay the
6 applicable annual assessment under sub. (2) in 4 equal amounts that are due by
7 September 30, December 31, March 31, and June 30 of each year. ✓

8 History: 2009 a. 2.

8 ~~SECTION 18.~~ 50.38 (6) (a) 1. of the statutes, as created by 2009 Wisconsin Act
9 2, is amended to read:

10 50.38 (6) (a) 1. If the federal government does not provide federal financial
11 participation under the federal Medicaid program for amounts collected under ~~this~~
12 ~~section~~ sub. (2) (a) that are used to make payments required under s. 49.45 (3) (e) 11.
13 or (5r), that are transferred under sub. (8) and used to make payments from the
14 Medical Assistance trust fund, or that are transferred under sub. (9) and expended
15 under ~~under~~ ^{↓ strike} s. 20.435 (4) (jw), the department shall, from the fund from which the
16 payment or expenditure was made, refund eligible hospitals, other than critical
17 access hospitals, the amount for which the federal government does not provide
18 federal financial participation. ✓

19 History: 2009 a. 2.

19 ~~SECTION 19.~~ 50.38 (6) (a) 2. of the statutes, as created by 2009 Wisconsin Act
20 2, is amended to read:

21 50.38 (6) (a) 2. If the department makes a refund under subd. 1. as result of
22 failure to obtain federal financial participation under the federal Medicaid program
23 for a payment required under s. 49.45 (3) (e) 11. or (5r) or a payment from the Medical

SECTION 19

1 Assistance trust fund, the department shall recoup the part of the payment for which
2 the federal government does not provide federal financial participation. ✓

History: 2009 a. 2.

3 **SECTION 20.** 50.38 (6) (b) of the statutes, as created by 2009 Wisconsin Act 2,
4 is amended to read:

5 50.38 (6) (b) On June 30 of each state fiscal year, the department shall, from
6 the appropriation account under s. 20.435 (4) (xc), refund to eligible hospitals, other
7 than critical access hospitals, the difference between the amount in the schedule
8 under s. 20.005 (3) for that appropriation and the amount expended or encumbered
9 from that appropriation in the fiscal year. ✓

History: 2009 a. 2.

10 **SECTION 21.** 50.38 (6) (c) of the statutes, as created by 2009 Wisconsin Act 2,
11 is amended to read:

12 50.38 (6) (c) The department shall allocate any refund under this subsection
13 to eligible hospitals, other than critical access hospitals, in proportion to the
14 percentage of the total assessments collected under sub. (2) (a) ✓ that each hospital
15 paid. ✓

History: 2009 a. 2.

16 **SECTION 22.** 50.38 (6m) of the statutes is created to read:

17 50.38 (6m) (a) 1. If the federal government does not provide federal financial
18 participation under the federal Medicaid program for amounts collected under sub.
19 (2) (b) ✓ that are used to make payments required under s. 49.45 (3) (e) 12. ✓ or that are
20 transferred under sub. (10) ✓ and used to make payments from the Medical Assistance
21 trust fund, the department shall, from the fund from which the payment or
22 expenditures was made, refund critical access hospitals the amount for which the
23 federal government does not provide federal financial participation. ✓

****NOTE: Do you expect FFP on rural health care workforce grants? ✓

expenditure

SECTION 24

1 50.38 (8) In each state fiscal year, the secretary of administration shall transfer
 2 from the hospital assessment fund to the Medical Assistance trust fund an amount
 3 equal to the amount in the schedule under s. 20.005 (3) for the appropriation under
 4 s. 20.435 (4) (xc) for that fiscal year minus the state share of payments to hospitals
 5 required under s. 49.45 (3) (e) 11., and minus any refunds paid to hospitals from the
 6 hospital assessment fund under sub. (6) (a) in that fiscal year.

History: 2009 a. 2.

7 **SECTION 25.** 50.38 (10) of the statutes is created to read:

8 50.38 (10) In each state fiscal year, the secretary of administration shall
 9 transfer from the critical access hospital assessment fund to the Medical Assistance
 10 trust fund an amount equal to the amount collected under sub. (2) (b) minus the state
 11 share of the amount required to be expended under s. 49.45 (3) (e) 12., and minus the
 12 amounts appropriated under ss. 20.235 (1) (t) and 20.285 (1) (qe) and (qj).

and minus any refunds paid to critical access hospitals from the critical access hospital assessment fund under sub. (6)(a) in that fiscal year

13 **SECTION 26.** 50.38 (11) of the statutes is created to read:

14 50.38 (11) The department of health services shall submit a state medicaid
 15 plan amendment to the secretary of the federal department of health and human
 16 services to implement the assessment under sub. (2) (b) and the expenditure of
 17 moneys collected under sub. (2) (b). If the secretary of the federal department of
 18 health and human services does not approve implementation of the assessment
 19 under sub. (2) (b) and expenditure of the moneys collected under sub. (2) (b), as
 20 provided in the state medicaid plan amendment, critical access hospitals are not
 21 required to pay the assessment under sub. (2) (b).

22 **SECTION 27. Nonstatutory provisions.**

23 (1) DEADLINES FOR CRITICAL ACCESS HOSPITAL ASSESSMENT PAYMENTS. (a)
 24 Notwithstanding section 50.38 (4) of the statutes, in fiscal year 2009-10, critical

as affected by this act,
for

date described under subdivision 10g

1 access hospitals shall pay the annual assessment under section 50.38 (2) (b) of the
2 statutes, as created by this act, in 2 equal amounts that are due on the following 2
3 dates:

4 1. June 30, 2010, or 60 days after the department of health services begins
5 making payments to critical access hospitals as required under section 49.45 (3) (e)
6 12. of the statutes, *as created by this act*, whichever is later.

7 2. September 30, 2010, or 60 days after the *department of health services*
8 *begins making payments to critical access hospitals as required under section 49.45*
9 *(3) (e) 12. of the statutes, whichever is later.*

10 (b) Notwithstanding section 50.38 (4) of the statutes, *in fiscal year 2010-11,*
11 *critical access hospitals shall pay the annual assessment under section 50.38 (2) (b)*
12 *of the statutes* *in 3 equal amounts that are due on December 31, 2010, March 31,*
13 *2011, and June 30, 2011.*

SECTION 28. Fiscal changes.

Ins NN

15 (1) MEDICAL ASSISTANCE TRUST FUND. In the schedule under section 20.005 (3)
16 of the statutes for the appropriation to the department of health services under
17 section 20.435 (4) (w) of the statutes, as affected by the acts of 2009, the dollar amount
18 is increased by \$2,700,000 for fiscal year 2009-10 for the purposes for which the
19 appropriation is made. In the schedule under section 20.005 (3) of the statutes for
20 the appropriation to the department of health services under section 20.435 (4) (w)
21 of the statutes, as affected by the acts of 2009, the dollar amount is increased by
22 \$2,700,000 for fiscal year 2010-11 for the purposes for which the appropriation is
23 made.

****NOTE. The drafting instructions call for increasing the amount in the Medical assistance trust fund. I assumed you want to increase expenditure authority under s. 20.435 (4) (w). Please let me know if this is not accurate.

PG rel. Law

... relating to creating a rural
physician residency assistance program;
the physician, ~~and~~ dentist, and health
care provider loan assistance programs;
and making appropriations.

the nursing, student loan
program;

PG analysis

(B) + (i) Health care provider loan programs
 with certain exceptions
 current law authorizes the Board of Regents of the University of Wisconsin System to repay on behalf of ^{certain} physicians and dentists, up to \$50,000 in educational loans ~~advanced~~ by the ~~physician or dentist~~ if the physician or dentist agrees to practice for ~~one of~~ ^{certain} three years in ~~an eligible practice~~ areas of this state. Similarly, the board may repay on behalf of ^{certain health care providers} (a dental hygienist, physician assistant, nurse-midwife, or nurse-practitioner) up to \$25,000 in educational loans if the health care provider agrees to practice for three years in certain areas of this state.

This bill provides additional funds for these ~~the~~ programs, from the

critical access hospital assessment fund,
 for ~~those~~ ^{certain} physicians, dentists, ^{and} and
 health care providers who agree to
 practice in a rural area of this state.

A rural area is a county, city, town, or
 village with a population of less than
 20,000, or an area that is not an
 urbanized area as defined by the
 federal bureau of the census.

③ → ④ Rural physician residency assistance program
 This bill ~~also~~ ^{directs} the board
^{certain}
 to establish and support physician
 residency positions at hospitals or clinics
 that are ^{located} located in a rural area or that
 include a rural rotation, begun after
 June 30, 2010, which consists of at least
 eight weeks of training experience in a

hospital or clinic that is located in
 a rural area. The positions are funded
 with monies ^{appropriated from} the critical access
 hospital assessment fund.

The bill directs the board ^{annually} to
 submit a plan for increasing the
 number of physician residency programs
 that include a majority of training
 experience in a rural area to the
Rural Wisconsin Health Cooperative, the
Wisconsin Hospital Association, and the
Wisconsin Medical Society. The board must
 also annually submit to the JOINT
Committee on Finance a ^{report} indicating
 the number of physician residency positions

that ~~exist~~ include a majority of
training experience in a rural area of
this state, and information about each
such residency position.

FE - S

2009

LRB 4007 1 P1

File With Statute 20.005 (3) Schedule

PG : : :

\$\$\$ SCHEDULE

Insert ~~to schedule and~~
1-5B ~~ch 20 treatments~~

In the component bar:

For the action phrase, execute: create → action: → ch20

For the table layout, execute: create → <Table> → \$sched

LPS: Do not include a 2nd action phrase

SECTION #. 20.005 (3) (schedule) of the statutes: at the appropriate place,

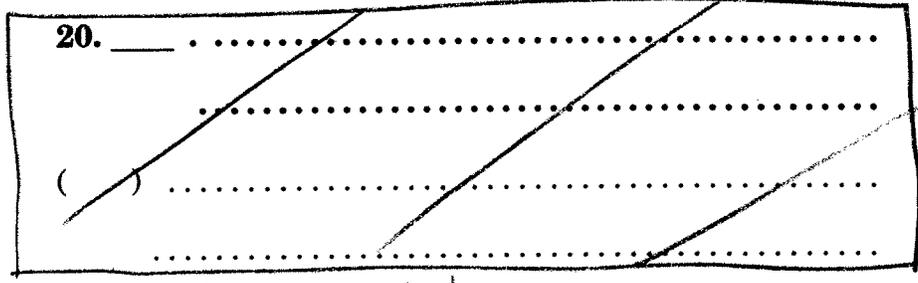
insert the following amounts for the purposes indicated:

2009-10	2010-11
2005-08	2008-07

20. ^(b)285 .. ^(b)University of Wisconsin ..
.. System ..

(1) .. ^(c)UNIVERSITY .. EDUCATION, RESEARCH
.. AND PUBLIC SERVICES ..

(9e) ✓ Rural physician
residency assistance
program ✓ SEG B ✓ 3,000,000 .. -0-



(9j) ✓ Physician and dentist and health
care provider loan assistance programs;
critical access hospital SEG B ✓ 1,000,000 .. -0-
assessment fund

Ins 1-50

SEC. CR. 20.285 (1) (ge)

20.285 (1) (ge) Rural physician residency assistance program. Biennially from the

critical access hospital assessment fund, the

amounts in the schedule ~~for loan repayments~~

to establish and support physician residency positions under s. 36.63.

SEC. CR. 20.285 (1) (gj)

20.285 (1) (gj) Physician and dentist and

health care provider loan assistance programs; critical access hospital assessment fund. Biennially from

the critical access hospital assessment fund, the

amounts in the schedule for loan repayments

under ss. 36.60 and 36.61.

End of Ins 1-50

Ins Pg ch. 36 treatments

✓ ^

sec. CR; 36.60 (1)(d)

36.60 (1)(d) "Rural area" has the

meaning given in s. 36.63 (1)(b). ✓

Section #. 36.60 (3) of the statutes, as affected by 2009 Wisconsin Act 28, is amended to read:

36.60 (3) AGREEMENT. (a) The board shall enter into a written agreement with the physician, in which the physician agrees to practice at least 32 clinic hours per week for 3 years in one or more eligible practice areas in this state, or in a rural area except that a physician specializing in psychiatry may only agree to practice psychiatry in a mental health shortage area and a physician in the expanded loan assistance program under sub. (9) may only agree to practice at a public or private nonprofit entity in a health professional shortage area. The physician shall also agree to care for patients who are insured or for whom health benefits are payable under medicare, medical assistance, or any other governmental program.

(am) The board shall enter into a written agreement with the dentist, in which the dentist agrees to practice at least 32 clinic hours per week for 3 years in one or more dental health shortage areas in this state. or in a rural area The dentist shall also agree to care for patients who are insured or for whom dental health benefits are payable under medicare, medical assistance, or any other governmental program.

(b) The agreement shall specify that the responsibility of the board to make the payments under the agreement is subject to the availability of funds in the appropriations under s. 20.285 (1) (jc) ~~and~~ ↗

(ks) and (qj)

History: 2009 a. 28 ss. 747s, 3035 to 3045; Stats. 2009 s. 36.60.

Section #. 36.60 (5) (a) of the statutes, as affected by 2009 Wisconsin Act 28, is amended to read:

36.60 (5) (a) The obligation of the board to make payments under an agreement entered into under sub. (3) (b) is subject to the availability of funds in the appropriations under s. 20.285 (1) (j) ~~and~~ (ks). ↑ and (9j) ✓

History: 2009 a. 28 ss. 747s, 3035 to 3045; Stats. 2009 s. 36.60.

Section #. 36.60 (5) (b) (intro.) of the statutes, as affected by 2009 Wisconsin Act 28, is amended to read:

36.60 (5) (b) (intro.) If the cost of repaying the loans of all eligible applicants, when added to the cost of loan repayments scheduled under existing agreements, exceeds the total amount in the appropriations under s. 20.285 (1) (jc) ~~and (ks)~~ ^{and (gi)}, the board shall establish priorities among the eligible applicants based upon the following considerations:

History: 2009 a. 28 ss. 747s, 3035 to 3045; Stats. 2009 s. 36.60.

Section #. 36.60 (5) (b) 1. of the statutes, as affected by 2009 Wisconsin Act 28, is amended to read:

36.60 (5) (b) 1. The degree to which there is an extremely high need for medical care in the eligible practice area [↓] or ^{↑ or rural area} health professional shortage area in which a physician desires to practice and the degree to which there is an extremely high need for dental care in the dental health shortage area in which a dentist desires to practice. ✓

History: 2009 a. 28 ss. 747s, 3035 to 3045; Stats. 2009 s. 36.60.

or rural area

Section #. 36.60 (5) (b) 2. of the statutes, as affected by 2009 Wisconsin Act 28, is amended to read:

36.60 (5) (b) 2. The likelihood that a physician will remain in the eligible practice area ^{or rural area} or health professional shortage area, and that a dentist will remain in the dental health shortage area, in which he or she desires to practice after the loan repayment period.

History: 2009 a. 28 ss. 747s, 3035 to 3045; Stats. 2009 s. 36.60.

or rural area

Section #. 36.60 (5) (b) 3. of the statutes, as affected by 2009 Wisconsin Act 28, is amended to read:

36.60 (5) (b) 3. The per capita income of the eligible practice area [↓] or health professional shortage area in which a physician desires to practice and of the dental health shortage area in which a dentist desires to practice. ✓

History: 2009 a. 28 ss. 747s, 3035 to 3045; Stats. 2009 s. 36.60.

or rural area

or rural area

Section #. 36.60 (5) (b) 4. of the statutes, as affected by 2009 Wisconsin Act 28, is amended to read:

36.60 (5) (b) 4. The financial or other support for physician recruitment and retention provided by individuals, organizations, or local governments in the eligible practice area ~~or~~ health professional shortage area in which a physician desires to practice and for dentist recruitment and retention provided by individuals, organizations, or local governments in the dental health shortage area in which a dentist desires to practice.

History: 2009 a. 28 ss. 747s, 3035 to 3045; Stats. 2009 s. 36.60.

or rural area

or rural area

Section #. 36.60 (5) (b) 5. of the statutes, as affected by 2009 Wisconsin Act 28, is amended to read:

36.60 (5) (b) 5. The geographic distribution of the physicians and dentists who have entered into loan repayment agreements under this section and the geographic distribution of the eligible practice areas, health professional shortage areas, ~~and~~ dental health shortage areas in which the eligible applicants desire to practice.

History: 2009 a. 28 ss. 747s, 3035 to 3045; Stats. 2009 s. 36.60.

de
and rural areas

Section #. 36.60 (8) (b) of the statutes, as affected by 2009 Wisconsin Act 28, is amended to read:

36.60 (8) (b) Identify eligible practice areas ^{and rural areas} with an extremely high need for medical care and dental health shortage areas with an extremely high need for dental care.

History: 2009 a. 28 ss. 747s, 3035 to 3045; Stats. 2009 s. 36.60.

and rural areas