



State of Wisconsin

LEGISLATIVE REFERENCE BUREAU

RESEARCH APPENDIX - **PLEASE DO NOT REMOVE FROM DRAFTING FILE**

Date Transfer Requested: 02/18/2013 (Per: CMH)

☞ Compile Draft – Appendix B **... Part I ←**

Appendix A ☞ The 2013 drafting file for LRB-0479

Appendix B ☞ The 2013 drafting file for LRB-1243

Appendix C ☞ The 2013 drafting file for LRB-1248

2013 LRB-1243

has been transferred to the drafting file for

2013 LRB-1485

Part of the compile used to create 2013 AB 40.

2013 DRAFTING REQUEST

Bill

Received: 1/18/2013 Received By: tdodge
Wanted: As time permits Same as LRB:
For: Administration-Budget 267-7980 By/Representing: Iwata
May Contact: Drafter: tdodge
Subject: Medical Assistance Addl. Drafters:
Extra Copies:

Submit via email: YES
Requester's email:
Carbon copy (CC) to: pam.kahler@legis.wisconsin.gov
tamara.dodge@legis.wisconsin.gov

Pre Topic:

DOA:.....Iwata, BB0403 -

Topic:

Incorporate changes to the Medical Assistance program under the Patient Protection and Affordable Care Act; mandatory changes and coverage of childless adults and parents/caretakers to 100% FPL

Instructions:

See attached

Drafting History:

<u>Vers.</u>	<u>Drafted</u>	<u>Reviewed</u>	<u>Typed</u>	<u>Proofed</u>	<u>Submitted</u>	<u>Jacketed</u>	<u>Required</u>
/?	tdodge 1/28/2013			_____			
/P1	tdodge 2/6/2013	scalvin 1/30/2013	jfrantze 1/30/2013	_____	mbarman 1/30/2013		State S&L
/P2		scalvin	rschlue	_____	srose		State

Vers. Drafted

Reviewed
2/6/2013

Typed
2/6/2013

Proofed

Submitted
2/6/2013

Jacketed

Required
S&L

FE Sent For:

<END>

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Topic:

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Instructions:

See attached

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/?	tdodge 1/28/2013			_____			
/P1		scalvin 1/30/2013	jfrantze 1/30/2013	_____	mbarman 1/30/2013		State S&L

FE Sent For:

(P2 02/06/2013
Sac


<END>

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Pre Topic:

DOA:.....Iwata, BB0403A -

Topic:

Incorporate changes to the Medical Assistance program under the Patient Protection and Affordable Care Act; mandatory changes and coverage of childless adults and parents/caretakers to 133% FPL
e-100

Instructions:

See attached

Drafting History:

<u>Vers.</u>	<u>Drafted</u>	<u>Reviewed</u>	<u>Typed</u>	<u>Proofed</u>	<u>Submitted</u>	<u>Jacketed</u>	<u>Required</u>
1/?	tdodge	1/PI sac 01/29/2013	1/PI sac 01/30/2013				

FE Sent For:

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Statutory Changes to Implement PPACA

Background

The Governor's Budget will need to make changes to Wisconsin statutes to reflect changes to the Medicaid program under the Patient Protection and Affordable Care Act (ACA).

Current Language

Changes need to be made primarily to the BadgerCare Plus statute under s. 49.471.

Proposed Change

Drafting instructions are attached. They are divided into multiple parts:

Part I includes mandatory changes that must be implemented

Part II and III represent two possible options for income eligibility changes that may be included in the Governor's Budget.

Part IV has additional changes that may be included in the budget.

Desired Effective Date: January 1, 2014, expect where noted
Agency: DHS
Agency Contact: Andy Forsaith
Phone: 266-7684

Statutory Changes Related to PPACA Implementation

I. Changes Mandated by PPACA

Implementing MAGI Household Composition

Under PPACA, income eligibility for adults and children (excluding elderly, blind, disabled individuals) will be tied to federal modified adjusted gross income rules.

As a result, the definition of family income under s. 49.471(1)(f) will need to be replaced. DHS recommends creating two new definitions:

- a) "Family Income" means the household income, as defined under 42 CFR 435.603(d)
- b) Household, as defined under 42 CFR 435.603(f) including mention that in determining family size for pregnant women, we count the pregnant woman plus the number of babies she is expecting.

In addition, DHS requests statutory authority to select the state options under 42 CFR 435.4 definition of dependent child under sub. (1), the option to consider a dependent child as one who is under age 18, or is age 18 and a full-time student in secondary school (or equivalent vocational or technical training), if before attaining age 19 the child may reasonably be expected to complete such school or training.

The definition of family under s. 49.471(1)(e) can be maintained because it is used for purposes other than income eligibility.

With implementation of MAGI rules, modify the special income provisions under s. 49.471(7).

- (a) self-employment income – *delete*
- (b).1. pregnant women spend down provisions – *delete and replace with a reference to 49.47(4)(c)*
- (c) child support disregard and other provisions - *delete*

Populations Covered

s. 49.471(4)(a)5. provides coverage until age 21 for children who are aging out of the foster care system. PPACA requires coverage for these children until age 26. The following changes are recommended:

- 5. An individual who, regardless of family income, was born on or after January 1, 1990, and who, on his or her 18th birthday, was in a foster care placement under the responsibility of a state or tribe, and enrolled in medical assistance under this subchapter, as determined by the department. The coverage for an individual under this subdivision ends on the last day of the month in which the individual becomes ~~21~~ 26 years of age, unless he or she otherwise loses eligibility sooner.

S. 49.45(23) is the statute for the existing BadgerCare Plus Core program. It is recommended that this paragraph be maintained to allow the state the option to continue to operate a waiver for childless adults if needed.

Medically Needy Income Standard

S. 49.47(4)(c) establishes the income standard for the medically needy Medicaid eligibility category. Under the current (c)(1), the income standard is the higher of 133 and 1/3% of the AFDC cash assistance level or the SSI cash assistance level. However, (c)(3) caps the income level at the amount reimbursable under 42 USC 1396b (f). This has the effect of limiting the income level under (c)(1) to 133 and 1/3% of the AFDC limit. If the income level under Option A or B below is chosen for parents and caretakers, then the amount reimbursable under 42 USC 1396b (f) will increase which then would raise the cap amount that has been used to keep the medically needy income level at its current amount. The Department requests the following changes to maintain the medically needy income level at current levels.

s. 49.47(4)(c)

1. Except as provided in par. (am) and as limited by subd. 3., eligibility exists if income does not exceed 133 1/3% of the maximum aid to families with dependent children payment under s. 49.19 (11) for the applicant's family size or the combined benefit amount available under supplemental security income under 42 USC 1381 to 1383c and state supplemental aid under s. 49.77 whichever is ~~higher~~ lower. In this subdivision "income" includes earned or unearned income that would be included in determining eligibility for the individual or family under s. 49.19 or 49.77, or for the aged, blind or disabled under 42 USC 1381 to 1385. "Income" does not include earned or unearned income which would be excluded in determining eligibility for the individual or family under s. 49.19 or 49.77, or for the aged, blind or disabled individual under 42 USC 1381 to 1385.

2. Whenever an applicant has excess income under subd. 1. or par. (am), no certification may be issued until the excess income above the applicable limits has been obligated or expended for medical care or for any other type of remedial care recognized under state law or for personal health insurance premiums or both.

~~49.47(4)(c)3.3. Except as provided in par. (am), no person is eligible for medical assistance under this section if the person's income exceeds the maximum income levels that the U.S. department of health and human services sets for federal financial participation under 42 USC 1396b (f).~~

Other related statutory changes:

1. Young adults under age 21 eligible for IMD services under 49.47(4)(a)1. will have to have income eligibility determined under MAGI budgeting rules, not 49.47(4)(c), and their income limits would be adjusted by a MAGI conversion.
2. TB infected individuals eligible under 49.46(1)(a)15. will have to have income eligibility determined under MAGI budgeting rules and no longer have a resource test.

Effective Dates/Initial Applicability

The changes would generally take effect on January 1, 2014. However, the new MAGI rules would not apply to existing Medicaid enrollees until March 31, 2014 or their next eligibility renewal date, whichever is later. It is assumed that the unborn child of a pregnant woman above 133% FPL would qualify for prenatal care if they meet standards under the federal Children's Health Insurance Program (CHIP)

II. Option A – Childless Adults and Parents/Caretakers to 133% FPL

Under this option, the state would cover parents/caretakers and childless adults up to 133% FPL,. Childless adults would qualify only for benchmark coverage.

Modify s. 49.471(4)(a) and (b) as follows:

Allow benchmark plan coverage under (b) for childless adults up to 133% FPL,
Allow standard plan coverage for parents/caretakers and pregnant women under (a) to 133% FPL
Maintain current language regarding children except for (b)2. See unborn children changes below.

Eliminate (b) 1., 1m., and 2. related to coverage for pregnant women above 200%.

Modify (b)2. to allow the unborn children of pregnant women above 133% FPL to qualify for prenatal coverage under CHIP. This will require modification of s. 49.471(1)(k) to include any unborn child that meet CHIP criteria.

Limit family planning waiver benefit to adults up to 133% FPL,

Presumptive Eligibility

Revise s. 49.471(5) to limit presumptive eligibility for pregnant women only to 133% FPL,.
Maintain language in LRB-0749/P1 for children.

III. Option B – Population and Income Limits

Under this option, the state would cover parents/caretakers up to 100% FPL. Coverage for childless adults would end on December 31, 2013.

Modify s. 49.471(4)(a) and (b) as follows:

Allow standard plan coverage for parents/caretakers and for pregnant women under (a) to 133% FPL

Maintain current language regarding children.

Eliminate (b) 1., 1m., and 2. related to coverage for pregnant women above 200%.

Limit family planning waiver benefit to adults up to 100% FPL under s.49.45(24r)

Modify (b)2. to allow the unborn children of pregnant women above 133% FPL to qualify for prenatal coverage under CHIP. This will require modification of s. 49.471(1)(k) to include any unborn child that meet CHIP criteria.

Presumptive Eligibility

Revise s. 49.471(5) to limit presumptive eligibility for pregnant women only to 133% FPL.
Maintain language in LRB-0749/P1 for children.

IV. Option C – Other Possible Changes.

The budget may also include the following changes:

- a) Elimination of the family planning benefit under s. 49.45(24r)
- b) Elimination of coverage for children above 300% under s.49.471(4)(c)

Dodge, Tamara

From: Iwata, Yuko - DOA <Yuko.Iwata@wisconsin.gov>
Sent: Monday, January 28, 2013 10:29 AM
To: Dodge, Tamara; Kahler, Pam
Cc: Gauger, Michelle C - DOA
Subject: PPACA Drafting request

Tami and Pam,

I submitted a drafting request for Patient Protection and Affordable Care Act (PPACA) on January 18th. Since then, the Governor's final decisions on Medicaid eligibility have been made - here are some changes to the original drafting instructions that need to be incorporated:

Part I of the instructions remains unchanged.

Part II of the instructions should be amended:

- Instead of Option A as written, the eligibility levels for parents/caretakers and for childless adults should be changed to 100% FPL instead of 133% FPL. Coverage under the standard plan for pregnant women will remain at 133% FPL.
- There is no need to draft Option B.
- Option C, no change needs to be made to Family Planning benefit. Under Option C, eliminate coverage to children over 300% FPL, eliminate the BadgerRx Gold program and eliminate the BadgerCare Basic program.

These eligibility changes are effective 1/1/2014.

Please let me know if you have any questions. We have very little time to finalize all drafting, so it would be great if you could update me on where you are in the process for this particular item.

Thanks,

Yuko Iwata
Executive Policy and Budget Analyst
Division of Executive Budget and Finance
Department of Administration
(608) 267 - 7980



State of Wisconsin
2013 - 2014 LEGISLATURE



LRB-1243? P1

TJD: (...)

RMR^{San}

In: 1/28/13

DOA:.....Iwata, BB0403A – Incorporate changes to the Medical Assistance program under the Patient Protection and Affordable Care Act; mandatory changes and coverage of childless adults and parents/caretakers to 133% FPL — Change made on request sheet

FOR 2013-2015 BUDGET – NOT READY FOR INTRODUCTION

(PB)

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1 AN ACT...; relating to: the budget.

Analysis by the Legislative Reference Bureau
HEALTH AND HUMAN SERVICES
MEDICAL ASSISTANCE

This is a preliminary draft. An analysis will be provided in a subsequent version of this draft.

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

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

2 SECTION 1. 49.45 (23) (a) of the statutes is amended to read:
3 49.45 (23) (a) The department shall may request a waiver from the secretary
4 of the federal department of health and human services to permit the department to

1 conduct a demonstration project to provide health care coverage for basic primary
 2 and preventive care to adults who are under the age of 65, who have family incomes
 3 not to exceed 200 percent of the poverty line, and who are not otherwise eligible for
 4 medical assistance under this subchapter, the Badger Care health care program
 5 under s. 49.665, or Medicare under 42 USC 1395 et seq. If the department creates
 6 a policy under sub. (2m) (c) 10., this paragraph does not apply to the extent that it
 7 conflicts with the policy.

NOTE: NOTE: Par. (a) is amended eff. 1-1-15 by 2011 Wis. Act 32 to read:NOTE:

(a) The department shall request a waiver from the secretary of the federal department of health and human services to permit the department to conduct a demonstration project to provide health care coverage for basic primary and preventive care to adults who are under the age of 65, who have family incomes not to exceed 200 percent of the poverty line, and who are not otherwise eligible for medical assistance under this subchapter, the Badger Care health care program under s. 49.665, or Medicare under 42 USC 1395 et seq.

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, 113, 177, 180, 190, 221, 334, 342; 2011 a. 10, 32, 120, 126, 158, 192, 209, 258; 2011 a. 260 s. 81; s. 13.92 (1) (bm) 2.

****NOTE: The language in this provision requires DHS to request a waiver. If DHS seeks to have the option to operate BadgerCare Plus Core instead of being required to operate it, the changes made to the language in this draft are necessary.

SECTION 2. 49.45 (23) (a) of the statutes, as affected by 2013 Wisconsin Act

... (this act), is amended to read: *repealed and recreated*

14 49.45 (23) (a) The department may request a waiver from the secretary of the
 15 federal department of health and human services to permit the department to
 16 conduct a demonstration project to provide health care coverage for basic primary
 17 and preventive care to adults who are under the age of 65, who have family incomes
 18 not to exceed 200 percent of the poverty line, and who are not otherwise eligible for
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 22 conflicts with the policy.

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1 exceed 200 percent of the poverty line, and who are not otherwise eligible for medical assistance under this subchapter, the Badger Care health care program under
2 s. 49.665, or Medicare under 42 USC 1395 et seq.

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, 113, 177, 180, 190, 221, 334, 342; 2011 a. 10, 32, 120, 126, 158, 192, 209, 258; 2011 a. 260 s. 81; s. 13.92 (1) (bm) 2.

3 SECTION 3. 49.45 (23) (b) of the statutes is amended to read:

4 49.45 (23) (b) If the waiver is granted and in effect, the department may
5 promulgate rules defining the health care benefit plan, including more specific
6 eligibility requirements and cost-sharing requirements. Unless otherwise provided
7 by the department by a policy created under sub. (2m) (c), cost sharing may include
8 an annual enrollment fee, which may not exceed \$75 per year. Notwithstanding s.
9 227.24 (3), the plan details under this subsection may be promulgated as an
10 emergency rule under s. 227.24 without a finding of emergency. If the waiver is
11 granted and in effect, the demonstration project under this subsection shall may
12 begin ~~on January 1, 2009, or on the effective date of the waiver, whichever is later.~~

NOTE: NOTE: Par. (b) is amended eff. 1-1-15 by 2011 Wis. Act 32 to read:NOTE:

13 (b) If the waiver is granted and in effect, the department may promulgate rules defining the health care benefit plan, including more specific eligibility requirements
14 and cost-sharing requirements. Cost sharing may include an annual enrollment fee, which may not exceed \$75 per year. Notwithstanding s. 227.24 (3), the plan details
15 under this subsection may be promulgated as an emergency rule under s. 227.24 without a finding of emergency. If the waiver is granted and in effect, the demonstration
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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, 113, 177, 180, 190, 221, 334, 342; 2011 a. 10, 32, 120, 126, 158, 192, 209, 258; 2011 a. 260 s. 81; s. 13.92 (1) (bm) 2.

****NOTE: This provision indicates that if DHS requests a waiver the operation of BadgerCare Plus Core is required. The changes to the language in this draft make operation of BadgerCare Plus Core optional.

17 SECTION 4. 49.45 (23) (b) of the statutes, as affected by 2013 Wisconsin Act

18 ... (this act), is amended to read: *repealed and recreated*

19 49.45 (23) (b) If the waiver is granted and in effect, the department may
20 promulgate rules defining the health care benefit plan, including more specific
21 eligibility requirements and cost-sharing requirements. Unless otherwise provided
22 by the department by a policy created under sub. (2m) (c), cost Cost sharing may

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1 include an annual enrollment fee, which may not exceed \$75 per year.
 2 Notwithstanding s. 227.24 (3), the plan details under this subsection may be
 3 promulgated as an emergency rule under s. 227.24 without a finding of emergency.
 4 If the waiver is granted and in effect, the demonstration project under this subsection
 5 may begin on the effective date of the waiver.

NOTE: NOTE: Par. (b) is amended eff. 1-1-15 by 2011 Wis. Act 32 to read:NOTE:

(b) If the waiver is granted and in effect, the department may promulgate rules defining the health care benefit plan, including more specific eligibility requirements and cost-sharing requirements. Cost sharing may include an annual enrollment fee, which may not exceed \$75 per year. Notwithstanding s. 227.24 (3), the plan details under this subsection may be promulgated as an emergency rule under s. 227.24 without a finding of emergency. If the waiver is granted and in effect, the demonstration project under this subsection shall begin on January 1, 2009, or on the effective date of the waiver, whichever is later.

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, 113, 177, 180, 190, 221, 334, 342; 2011 a. 10, 32, 120, 126, 158, 192, 209, 258; 2011 a. 260 s. 81; s. 13.92 (1) (bm) 2.

SECTION 5. 49.45 (24s) (a) of the statutes is amended to read:

49.45 (24s) (a) The department shall request a waiver from the secretary of the federal department of health and human services to permit the department to provide optional services for family planning, as defined in s. 253.07 (1) (a), under medical assistance, to adults whose income does not exceed 133 percent of the poverty line unless otherwise provided by the department by a policy created under sub. (2m) (c) 10. The department shall implement any waiver granted.

NOTE: NOTE: Par. (a) is amended eff. 1-1-15 by 2011 Wis. Act 32, s. 1441bg, to read as follows below. Par. (a) was created by 2011 Wis. Act 32, s. 1441b. Although the language in brackets was removed from the creation of par. (a) in s. 1441b by the governor's partial veto, the amendment by s. 1441bg of par. (a) does not reflect the removal of that language.NOTE:

(a) The department shall request a waiver from the secretary of the federal department of health and human services to permit the department to provide optional services for family planning, as defined in s. 253.07 (1) (a), under medical assistance [to any female between the ages of 15 and 44 whose family income does not exceed 200 percent of the poverty line for a family the size of the female's family]. The department shall implement any waiver granted.

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, 113, 177, 180, 190, 221, 334, 342; 2011 a. 10, 32, 120, 126, 158, 192, 209, 258; 2011 a. 260 s. 81; s. 13.92 (1) (bm) 2.

SECTION 6. 49.45 (24s) (a) of the statutes, as affected by 2013 Wisconsin Act

....(this act) and 2011 Wisconsin Act 32, section 1441bg, is repealed and recreated to read:

1 49.45 (24s) (a) The department shall request a waiver from the secretary of the
 2 federal department of health and human services to permit the department to
 3 provide optional services for family planning, as defined in s. 253.07 (1) (a), under
 4 medical assistance, to adults whose income does not exceed 133 percent of the
 5 poverty line. The department shall implement any waiver granted.

NOTE: NOTE: Par. (a) is amended eff. 1-1-15 by 2011 Wis. Act 32, s. 1441bg, to read as follows below. Par. (a) was created by 2011 Wis. Act 32, s. 1441b. Although the language in brackets was removed from the creation of par. (a) in s. 1441b by the governor's partial veto, the amendment by s. 1441bg of par. (a) does not reflect the removal of that language. NOTE:

6 (a) The department shall request a waiver from the secretary of the federal department of health and human services to permit the department to provide optional
 8 services for family planning, as defined in s. 253.07 (1) (a), under medical assistance [to any female between the ages of 15 and 44 whose family income does not exceed 200 percent of the poverty line for a family the size of the female's family]. The department shall implement any waiver granted.

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, 113, 177, 180, 190, 221, 334, 342; 2011 a. 10, 32, 120, 126, 158, 192, 209, 258; 2011 a. 260 s. 81; s. 13.92 (1) (bm) 2.

9 SECTION 7. 49.46 (1) (a) 15. of the statutes is amended to read:

10 49.46 (1) (a) 15. Any individual who is infected with tuberculosis and meets the
 11 income and resource eligibility requirements for the federal Supplemental Security
 12 Income program under 42 USC 1381 to 1383d eligibility requirements as determined
 13 under the same method as income eligibility is determined for the program under s.
 14 49.471.

History: 1971 c. 125, 211, 215; 1973 c. 90, 147; 1975 c. 39; 1977 c. 29 ss. 592m, 1656 (18); 1977 c. 389, 418; 1979 c. 34, 221; 1981 c. 20, 93, 317; 1983 a. 27; 1983 a. 189 s. 329 (5); 1983 a. 245 ss. 10, 15; 1983 a. 538; 1985 a. 29, 120, 176, 253; 1987 a. 27, 307, 339, 399, 413; 1989 a. 9; 1989 a. 31 ss. 1454d to 1460 and 2909g, 2909i; 1989 a. 122, 173, 333, 336, 351; 1991 a. 39, 178, 269, 316; 1993 a. 16, 99, 269, 277, 446, 450, 491; 1995 a. 27, 77, 164, 289, 303, 457; 1997 a. 27, 35, 105, 237; 1999 a. 9; 2001 a. 16; 2003 a. 33; 2005 a. 25, 253; 2007 a. 20, 91; 2009 a. 28, 221; 2011 a. 10, 32.

15 SECTION 8. 49.47 (4) (a) 1. of the statutes is renumbered 49.47 (4) (af) and
 16 amended to read:

17 49.47 (4) (af) Under Any individual who is under 21 years of age and resides
 18 in an intermediate care facility, skilled nursing facility, or inpatient psychiatric
 19 hospital; who meets the limitations on resources under par. (b), (bc), or (bm); who
 20 meets the income requirements as determined under the same method as income

1 eligibility is determined for the program under s. 49.471; and who complies with
 2 pars. (cm) and (cr) is eligible for Medical Assistance under this section.

History: 1971 c. 125; 1971 c. 213 s. 5; 1971 c. 215; 1973 c. 90, 147, 333; 1977 c. 29 ss. 593, 1656 (18); 1977 c. 105 s. 59; 1977 c. 273, 418; 1979 c. 34; 1981 c. 20, 93; 1981 c. 314 s. 144; 1983 a. 27, 245; 1985 a. 29; 1987 a. 27, 307, 399, 413; 1989 a. 9; 1989 a. 31 ss. 1462k to 1466d, 2909c to 2909i; 1989 a. 173, 336, 351; 1991 a. 39, 178, 269, 316; 1993 a. 16, 269, 277, 437; 1995 a. 27 ss. 3026 to 3028, 9126 (19); 1995 a. 225, 289, 295; 1997 a. 27; 1999 a. 9; 2001 a. 16; 2005 a. 25, 253; 2007 a. 11, a. 20 ss. 1596 to 1604, 9121 (6) (a); 2009 a. 28, 180; 2011 a. 10, 32.

3 **SECTION 9.** 49.47 (4) (c) 1. of the statutes is amended to read:

4 49.47 (4) (c) 1. Except as provided in par. (am) and ~~as limited by subd. 3.,~~
 5 eligibility exists if income does not exceed 133 1/3% of the maximum aid to families
 6 with dependent children payment under s. 49.19 (11) for the applicant's family size
 7 or the combined benefit amount available under supplemental security income
 8 under 42 USC 1381 to 1383c and state supplemental aid under s. 49.77 whichever
 9 is higher. In this subdivision "income" includes earned or unearned income that
 10 would be included in determining eligibility for the individual or family under s.
 11 49.19 or 49.77, or for the aged, blind or disabled under 42 USC 1381 to 1385. "Income"
 12 does not include earned or unearned income which would be excluded in determining
 13 eligibility for the individual or family under s. 49.19 or 49.77, or for the aged, blind
 14 or disabled individual under 42 USC 1381 to 1385.

History: 1971 c. 125; 1971 c. 213 s. 5; 1971 c. 215; 1973 c. 90, 147, 333; 1977 c. 29 ss. 593, 1656 (18); 1977 c. 105 s. 59; 1977 c. 273, 418; 1979 c. 34; 1981 c. 20, 93; 1981 c. 314 s. 144; 1983 a. 27, 245; 1985 a. 29; 1987 a. 27, 307, 399, 413; 1989 a. 9; 1989 a. 31 ss. 1462k to 1466d, 2909c to 2909i; 1989 a. 173, 336, 351; 1991 a. 39, 178, 269, 316; 1993 a. 16, 269, 277, 437; 1995 a. 27 ss. 3026 to 3028, 9126 (19); 1995 a. 225, 289, 295; 1997 a. 27; 1999 a. 9; 2001 a. 16; 2005 a. 25, 253; 2007 a. 11, a. 20 ss. 1596 to 1604, 9121 (6) (a); 2009 a. 28, 180; 2011 a. 10, 32.

15 **SECTION 10.** 49.47 (4) (c) 3. of the statutes is repealed.

16 **SECTION 11.** 49.471 (1) (f) of the statutes is amended to read:

17 49.471 (1) (f) "Family income" ~~means the total gross earned and unearned~~
 18 ~~income received by all members of a family~~ has the meaning given for "household
 19 income" under 42 CFR 453.603 (d).

History: 2007 a. 20; 2009 a. 28, 180, 219; 2011 a. 10, 32.

***NOTE: Since "household" is not used in the BadgerCare Plus statute, I cannot create a definition for it. Furthermore, the requirements contained in the federal regulations are more appropriate in a substantive provision. See created section 49.471 (7) (d) in this draft.

20 **SECTION 12.** 49.471 (4) (a) 1. of the statutes is amended to read:

1 49.471 (4) (a) 1. A pregnant woman whose family income does not exceed 200
2 133 percent of the poverty line.

History: 2007 a. 20; 2009 a. 28, 180, 219; 2011 a. 10, 32. X

3 **SECTION 13.** 49.471 (4) (a) 4. b. of the statutes is amended to read:

4 49.471 (4) (a) 4. b. ~~Except as provided in subd. 4. c., the~~ The individual's family
5 income does not exceed 200 100 percent of the poverty line ~~and does not include~~
6 ~~self-employment income.~~

History: 2007 a. 20; 2009 a. 28, 180, 219; 2011 a. 10, 32. X

7 **SECTION 14.** 49.471 (4) (a) 4. c. of the statutes is repealed.

8 **SECTION 15.** 49.471 (4) (a) 5. of the statutes is amended to read:

9 49.471 (4) (a) 5. An individual who, regardless of family income, was born on
10 or after January 1, 1990, and who, on his or her 18th birthday, was in a foster care
11 placement under the responsibility of a state and enrolled in Medical Assistance
12 under this subchapter, as determined by the department. The coverage for an
13 individual under this subdivision ends on the last day of the month in which the
14 individual becomes ~~21~~ 26 years of age, unless he or she otherwise loses eligibility
15 sooner.

History: 2007 a. 20; 2009 a. 28, 180, 219; 2011 a. 10, 32.

****NOTE: Please note that the language in the request for this provision is not the
current version of the statute. The current version is amended in this draft as requested.

16 **SECTION 16.** 49.471 (4) (b) 1. of the statutes is repealed.

17 **SECTION 17.** 49.471 (4) (b) 1m. of the statutes is repealed.

18 **SECTION 18.** 49.471 (4) (b) 2. of the statutes is repealed.

19 **SECTION 19.** 49.471 (4) (b) 3. of the statutes is amended to read:

20 49.471 (4) (b) 3. A child whose family income exceeds 200 percent but does not
21 exceed 300 percent of the poverty line. ~~For a child under this subdivision who is an~~

1 3m. An unborn child of a pregnant woman whose income exceeds 133 percent of the
 2 federal poverty line, except benefits are limited to prenatal care.

History: 2007 a. 20; 2009 a. 28, 180, 219; 2011 a. 10, 32.

****NOTE: There is no statutory reference in Wisconsin law for CHIP. If CHIP is run as a separate program, then this language should be in a separate section. If CHIP funding is passed through BadgerCare Plus, is this language sufficient to accomplish the intent of the request?

****NOTE: I do not understand the reference in the draft request to the definition of "unborn child." What does "modification" mean? Does it mean to replace the definition or add to the definition? Also please provide a reference to the federal law or regulation that provides the eligibility criteria for CHIP for an unborn child.

3 **SECTION 20.** 49.471 (4) (b) 4. (intro.) and a. of the statutes are consolidated,
 4 renumbered 49.471 (4) (b) 4. and amended to read:

5 49.471 (4) (b) 4. An individual who satisfies all of the following criteria: a. The
 6 individual is a parent or caretaker relative of a child who is living in the home with
 7 the parent or caretaker relative or who is temporarily absent from the home for not
 8 more than 6 months or, if the child has been removed from the home for more than
 9 6 months, the parent or caretaker relative is working toward unifying the family by
 10 complying with a permanency plan under s. 48.38 or 938.38.

History: 2007 a. 20; 2009 a. 28, 180, 219; 2011 a. 10, 32.

11 **SECTION 21.** 49.471 (4) (b) 4. b. of the statutes is repealed.

12 **SECTION 22.** 49.471 (4) (b) 5. of the statutes is created to read:

13 49.471 (4) (b) 5. An individual who is an adult, who is under 65 years of age,
 14 who is not pregnant and does not have children; and whose family income does not
 15 exceed 100 percent of the poverty line.

16 **SECTION 23.** 49.471 (5) (b) 1. of the statutes is amended to read:

17 49.471 (5) (b) 1. Except as provided in sub. (6) (a) 1., a pregnant woman is
 18 eligible for the benefits specified in par. (c) during the period beginning on the day
 19 on which a qualified provider determines, on the basis of preliminary information,

1 that the woman's family income does not exceed 300 133 percent of the poverty line
2 and ending on the applicable day specified in subd. 3.

History: 2007 a. 20; 2009 a. 28, 180, 219; 2011 a. 10, 32.

3 **SECTION 24.** 49.471 (5) (b) 2. of the statutes is renumbered 49.471 (5) (b) 2.
4 (intro.) and amended to read:

5 49.471 (5) (b) 2. Except as provided in sub. (6) (a) 2., a child who is not an unborn
6 child is eligible for the benefits described in s. 49.46 (2) (a) and (b) during the period
7 beginning on the day on which a qualified entity determines, on the basis of
8 preliminary information, that the child's family income does not exceed 150 percent
9 of the poverty line any of the following and ending on the applicable day specified in
10 subd. 3. ^{plan period} unless the federal department of health and human services approves the
_{or extension}
11 department's request to not extend eligibility to children during this period:

History: 2007 a. 20; 2009 a. 28, 180, 219; 2011 a. 10, 32. *

12 **SECTION 25.** 49.471 (5) (b) 2. a. to c. of the statutes are created to read:

13 49.471 (5) (b) 2. a. 150 percent of the poverty line for a child who is 6 years of
14 age or older but has not yet attained the age of 18.

****NOTE: Please confirm that this date range, cutting off at the age of 18, is correct.

15 b. 185 percent of the poverty line for a child who is ^{one} 1 year of age or older but
16 has not yet attained the age of 6.

17 c. 300 percent of the poverty line for a child who is under one year of age.

18 **SECTION 26.** 49.471 (5) (b) 3. a. of the statutes is amended to read:

19 49.471 (5) (b) 3. a. If the woman or child applies for benefits under sub. (4)
20 within the time required under par. (d), the benefits specified in subd. 1. or 2.,
21 whichever is applicable, end on the day on which the department or the county
22 department under s. 46.215, 46.22, or 46.23 determines whether the woman or child
23 is eligible for benefits under sub. (4), except that a child who is not an unborn child

1 is not eligible for benefits described in s. 49.46 (2) (a) and (b) during that time if the
2 federal department of health and human services approves the department's request
3 not to provide those benefits during that time.

4 History: 2007 a. 20; 2009 a. 28, 180, 219; 2011 a. 10, 32. ^x

4 **SECTION 27.** 49.471 (5) (c) 1. of the statutes is renumbered 49.471 (5) (c) and
5 amended to read:

6 49.471 (5) (c) On behalf of a woman under par. (b) 1. ~~whose family income does~~
7 ~~not exceed 200 percent of the poverty line~~, the department shall audit and pay
8 allowable charges to a provider certified under s. 49.45 (2) (a) 11. only for ambulatory
9 prenatal care services under the benefits described in s. 49.46 (2) (a) and (b).

10 History: 2007 a. 20; 2009 a. 28, 180, 219; 2011 a. 10, 32. ^x

10 **SECTION 28.** 49.471 (5) (c) 2. of the statutes is repealed.

11 **SECTION 29.** 49.471 (7) ^x(a) of the statutes is repealed.

12 **SECTION 30.** 49.471 (7) ^x(b) 1. of the statutes is amended to read:

13 49.471 (7) (b) 1. A Eligibility for a pregnant woman whose family income
14 exceeds 300 percent of the poverty line may become eligible for coverage under this
15 section if the difference between the pregnant woman's family income and the
16 applicable income limit under sub. (4) (b) is obligated or expended for any member
17 of the pregnant woman's family for medical care or any other type of remedial care
18 recognized under state law or for personal health insurance premiums or for both.
19 Eligibility obtained under this subdivision continues without regard to any change
20 in family income for the balance of the pregnancy and to the last day of the month
21 in which the 60th day after the last day of the woman's pregnancy falls. Eligibility
22 obtained by a pregnant woman under this subdivision extends to all pregnant

1 women in the pregnant woman's family is determined under the method described
2 in s. 49.47 (4) (c).

History: 2007 a. 20; 2009 a. 28, 180, 219; 2011 a. 10, 32.

****NOTE: I was unsure what the instruction to "delete and replace with a reference to 49.47 (4) (c)" meant. Please review the changes to this subdivision and subd. 3. to ensure they comply with your intent.

3 **SECTION 31.** 49.471 (7) (b) 3. of the statutes is amended to read:

4 49.471 (7) (b) 3. ~~For a pregnant woman to obtain eligibility under subd. 1., the~~
5 ~~amount that must be obligated or expended in any 6-month period is equal to the~~
6 ~~sum of the differences in each of those 6 months between the pregnant woman's~~
7 ~~monthly family income and the monthly family income that is 300 percent of the~~
8 ~~poverty line. For a child to obtain eligibility under subd. 2., the amount that must~~
9 ~~be obligated or expended in any 6-month period is equal to the sum of the differences~~
10 ~~in each of those 6 months between the child's monthly family income and the monthly~~
11 ~~family income that is 150 percent of the poverty line.~~

History: 2007 a. 20; 2009 a. 28, 180, 219; 2011 a. 10, 32.

12 **SECTION 32.** 49.471 (7) (c) of the statutes is repealed.

13 **SECTION 33.** 49.471 (7) (d) of the statutes is created to read:

14 49.471 (7) (d) For the purpose of determining family income, the department
15 shall apply the regulations defining a household under 42 CFR 435.603 (f). To
16 determine the family size for a pregnant woman, the department shall include the
17 pregnant woman and the number of babies she is expecting.

18 **SECTION 34.** 49.471 (7m) of the statutes is created to read:

19 49.471 (7m) DEPENDENT CHILDREN. For purposes of determining eligibility for
20 BadgerCare Plus, the department may elect to consider a dependent child to be one
21 of the following:

22

^a
(A) An individual who is under the age of 18.

1 ^b
2 ~~(2)~~ An individual who is age 18 and a full-time student in secondary school or
3 equivalent vocational or technical training if before attaining the age of 19 the
4 individual is reasonably expected to complete the school or training.

5 **SECTION 35.** 49.471 (8) (d) 1. b. of the statutes is amended to read:

6 49.471 (8) (d) 1. b. A child described in sub. (4) (a) 2 ^{plain} ~~or (b) 2.~~ ↑

7 History: 2007 a. 20; 2009 a. 28, 180, 219; 2011 a. 10, 32. **SECTION 36.** 49.471 (9) (a) 2. b. of the statutes is amended to read:

8 49.471 (9) (a) 2. b. A child described in sub. (4) (a) 2 ^{plain} ~~or (b) 2.~~ ↑

9 History: 2007 a. 20; 2009 a. 28, 180, 219; 2011 a. 10, 32. **SECTION 37.** 49.471 (10) (b) 1. of the statutes is amended to read:

10 49.471 (10) (b) 1. Except as provided in subd. 4., a recipient who is an adult,
11 who is not a pregnant woman, and whose family income is greater than 150 percent
12 but not greater than 200 percent of the poverty line shall pay a premium for coverage
13 under BadgerCare Plus that does not exceed 5 percent of his or her family income.
14 ~~If the recipient has self-employment income and is eligible under sub. (4) (b) 4., the~~
15 ~~premium may not exceed 5 percent of family income calculated before depreciation~~
16 ~~was deducted.~~

17 History: 2007 a. 20; 2009 a. 28, 180, 219; 2011 a. 10, 32. **SECTION 38.** 49.471 (10) (b) 3. of the statutes is amended to read:

18 49.471 (10) (b) 3. Except as provided in subd. 4., a recipient who is an unborn
19 child, ~~or a pregnant woman eligible under sub. (4) (b) 1.,~~ whose family income is
20 greater than 200 percent of the poverty line shall pay a premium for coverage of the
21 benefits described in sub. (11) that does not exceed the full per member per month
22 cost of coverage for an adult with a family income of 300 percent of the poverty line.

23 History: 2007 a. 20; 2009 a. 28, 180, 219; 2011 a. 10, 32. **SECTION 39.** 49.471 (10) (b) 4. b. of the statutes is amended to read:

24 49.471 (10) (b) 4. b. A child who is eligible under sub. (4) (a) 2 ^{plain} ~~or (b) 2.~~ ↑

1 SECTION 40. 49.84 (6) (c) 1. d. of the statutes is amended to read:

2 49.84 (6) (c) 1. d. A child who is receiving medical assistance under s. 49.46 (1)
3 (a) 13., 49.47 (4) (am) 3., or 49.471 (4) (a) 2. ~~or (b) 2.~~ or an unborn child receiving
4 prenatal care under s. 49.471. 49.47(4)(a)1., and

History: 1971 c. 334; 1979 c. 221; 1985 a. 29 ss. 1005m, 3200 (23); 1985 a. 315; 1989 a. 31; 1995 a. 27 ss. 2798 to 2801b, 2803, 2804, 3210, 3211, 9126 (19); Stats. 1995 s. 49.84; 1995 a. 289; 2007 a. 20 ss. 1678 to 1680, 9121 (6) (a).

5 SECTION 9318. Initial applicability; Health Services.

6 (1) MODIFIED ADJUSTED GROSS INCOME. The treatment of sections 49.46 (4) (a) 1.,
7 49.471 (1) (f) and (7) ^(a)(b) 1. and 3. ^{(c), and (d), and (7m)} of the statutes, the repeal of section 49.471 (7) (a)
8 and (c) of the statutes, the renumbering and amendment of section 49.47 (4) (a) 1. of
9 the statutes, and the creation of sections 49.47 (4) (af) and 49.471 (7) (d) and (7m) of
10 the statutes first applies to determinations of renewal eligibility for existing Medical
11 Assistance recipients on the effective date of this subsection. and (c) 1. and 2., (7)(d),
(7m)(a) and (b)

12 SECTION 9418. Effective dates; Health Services.

13 (1) PATIENT PROTECTION AND AFFORDABLE CARE ACT CHANGES. The treatment of
14 sections 49.45 (23) (a) (by SECTION 1), 49.45 (23) (b) (by SECTION 3), 49.47 (4) (c) 1.,
15 49.471 (4) (a) 1., 4. b. ^{and c.} and 5., and (b) 1., 1m., 2., 3., and 5., (5) (b) 1. and 3. a., (8) (d) ^{(c) 1. and 3.}
16 1. b., (9) (a) 2. b., and (10) (b) 1., 3., and 4. b., and 49.84 (6) (c) 1. d., ^{and (5)(c).} the repeal of
17 sections 49.47 (4) (c) 3. and 49.471 (4) (a) 4. c. and (b) 4. b. and (5) (c) 2. of the statutes,
18 ~~the renumbering and amendment of section 49.471 (4) (b) 4. (intro.) and a. and (5)~~
19 (b) 2. (c) 1. of the statutes, and the creation of section 49.471 (4) (b) 4. and (5) (b) 2.
20 (intro.), a., b., and c. and (c) of the statutes take effect on January 1, 2014. g-15

21 (2) MODIFIED ADJUSTED GROSS INCOME. The treatment of sections 49.46 (4) (a) 1.,
22 49.471 (1) (f) and (7) ^(a)(b) 1. and 3. ^{(c), and (d), and (7m)} of the statutes and SECTION 9318 (1) of this act, the
23 repeal of section 49.471 (7) (a) and (c) of the statutes, the renumbering and

the consolidation, renumbering, and amendment of section 49.471 (4) (b) 4. (intro.) and a. of the statutes, the amendment of section 49.45 (24) (a) of the statutes, the repeal and recreation of section 49.45 (24) (a) of the statutes,

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1 amendment of section 49.47 (4) (a) 1, ^{of the statutes} and the creation of sections 49.47 (4) (af) and
 2 49.471 (7) (d) and (7m) ^{of the statutes} take effect on March 31, 2014.

3 (3) RECONCILIATION WITH 2011 WISCONSIN ACT 32. The treatment of sections 49.45
 4 (23) (a) (by ^{cs} Section 2) and (b) (by ^{cs} Section 4) ^{of the statutes} takes effect on January
 5 1, 2015.

~~of the statutes~~ and the repeal and recreation of
 section 49.45(24s)(a)
 of the statutes

(END)