1995 SENATE BILL 240

June 1, 1995 – Introduced by Senators Leean, Ellis and Rude, by request of Governor Tommy G. Thompson. Referred to Committee on Health, Human Services and Aging.

AN ACT to repeal 50.02 (6); to amend 20.435 (1) (gm); and to create subchapter

III of chapter 50 [precedes 50.50], 146.81 (1) (p) and 146.82 (2) (a) 17. of the

statutes; relating to: regulating rural medical centers, granting rule-making

authority, making an appropriation and providing penalties.

Analysis by the Legislative Reference Bureau

Under current law, the department of health and social services (DHSS) must investigate the concept of regulating a new category of health care providers known as rural medical centers.

This bill eliminates that provision and establishes rural medical centers as a category of health care providers that, beginning on January 1, 1997, must be licensed, inspected and otherwise regulated by DHSS. Under the bill, a facility may be regulated as a rural medical center if it is located in a county, city, town or village that has a population of less than 15,000 and in an area that the federal bureau of the census has not defined as an urbanized area and if it provides 2 or more health care services. The health care services are those provided by a hospital, a nursing home, a hospice, a rural health clinic or an ambulatory surgery center; or they are home health services, outpatient physical therapy services, end-stage renal disease services or services that are specified by DHSS by rule.

The bill establishes licensing procedures and requires that DHSS promulgate rules that establish standards for operation of rural medical centers, minimum requirements for license issuance, licensure fee amounts, and procedures and criteria for waiver of or variance from standards and requirements. The bill authorizes DHSS to conduct unannounced inspections of rural medical centers and requires a rural medical center to provide access to any patient health care records necessary to fulfill the purpose of any DHSS inspections or investigations. The bill prohibits an unlicensed entity from using the phrase "rural medical center" to describe itself, prohibits intentional interference with any investigation by DHSS of

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alleged violations, prohibits certain intentional retaliation or discrimination against employes or patients and prohibits intentional destruction or modification of original inspection reports.

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:

1	Section 1. 20.435 (1) (gm) of the statutes is amended to read:
2	20.435 (1) (gm) Licensing, review and certifying activities. The amounts in the
3	schedule for the purposes specified in ss. 50.135 , 50.49 (2) (b), $\underline{50.52}$ (2) (a), $\underline{146.50}$
4	(8), 250.05 (6), 252.22 (7), 254.176, 254.178, 254.20 (5) and (8), 254.31 to 254.39,
5	254.47, 254.61 to 254.89 and 255.08 (2), subch. IV of ch. 50 and ch. 150. All moneys
6	received under ss. 50.135, 50.49 (2) (b), <u>50.52 (2) (a)</u> , 50.93 (1) (c), 146.50 (8) (d),
7	$150.13, 250.05\ (6), 252.22\ (7), 254.176, 254.178, 254.20\ (5)\ and\ (8), 254.31\ to\ 254.39, 366.00$
8	254.47,254.61 to 254.89 and $255.08(2)$ (b), less the amounts appropriated under s.
9	$20.488\ (1)\ (g)$, shall be credited to this appropriation.
10	Section 2. 50.02 (6) of the statutes is repealed.
11	Section 3. Subchapter III of chapter 50 [precedes 50.50] of the statutes is
12	created to read:
13	CHAPTER 50
14	SUBCHAPTER III
15	RURAL MEDICAL CENTERS
16	50.50 Definitions. In this subchapter:
17	(1) "Ambulatory surgery center" has the meaning given in s. $49.45~(6r)~(a)~1$.
18	(2) "End-stage renal disease services" has the meaning given under 42 CFR

(3) "Health care services" means any of the following: 1 (a) Care that is provided in or by any of the following: 2 3 1. A hospital. 4 2. A nursing home. 5 3. A hospice. 6 4. A rural health clinic. 7 5. An ambulatory surgery center. 8 (b) Home health services. 9 (c) Outpatient physical therapy services. 10 (d) End-stage renal disease services. 11 (e) Services that are specified in rules that the department promulgates. (4) "Home health services" has the meaning given in s. 50.49 (1) (b). 12 (5) "Hospice" has the meaning given in s. 50.90 (1). 13 14 **(6)** "Hospital" has the meaning given in s. 50.33 (2) (a) or (b). 15 (7) "Medicare" has the meaning given in s. 49.45 (3) (L) 1. b. (8) "Outpatient physical therapy services" has the meaning given under 42 16 17 USC 1395x (p). 18 (9) "Patient" means an individual who receives services from a rural medical 19 center. (10) "Rural health clinic" has the meaning given under 42 USC 1395x (aa) (2). 20 21 (11) "Rural medical center" means a facility, building, structure, institution or 22 place that meets all of the following conditions: 23 (a) Provides 2 or more health care services through the facility, building, 24structure, institution or place or through a related corporate entity.

(b) Is located in a county, city, town or village that has a population of less than
15,000 and that is in an area that is not an urbanized area, as defined by the federal
bureau of the census.
50.51 Departmental powers. The department shall do all of the following:
(1) Provide uniform, statewide licensing, inspection and regulation of rural
medical centers as specified in this subchapter.
(2) Promulgate rules that establish all of the following:
(a) For the operation of rural medical centers, standards that are designed to
protect and promote the health, safety, rights and welfare of patients who receive
health care services in rural medical centers.
(b) Minimum requirements for issuance of a provisional license, an initial
regular license or a regular license renewal to rural medical centers.
(c) Provisional rural medical center licensure fees and regular rural medical
center initial licensure and licensure renewal fees. The amounts of the fees shall be
based on the health care services provided by the rural medical center.
(d) A procedure and criteria for waiver of or variance from standards under par.
(a) or minimum requirements under par. (b).
50.52 Licensing procedure and requirements. (1) No person may
conduct, maintain, operate or permit to be conducted, maintained or operated health
care services at a rural medical center unless the rural medical center is licensed by
the department.
(2) The department shall issue a provisional license, an initial regular license
or a regular license renewal as a rural medical center to an applicant if all of the
following are first done:

- (a) The applicant pays the appropriate license fee, as established under s. 50.51
 (2) (c). Fees collected under this paragraph shall be credited to the appropriation under s. 20.435 (1) (gm) for licensing and inspection activities.
- (b) Except as provided in par. (c), the department inspects the health care services provided by the applying rural medical center and finds that the applicant is fit and qualified and meets the requirements and standards of this subchapter and the rules promulgated under this subchapter.
- (c) In lieu of conducting the inspection under par. (b), the department accepts evidence that an applicant has applicable current, valid licensure or certification as a hospital, a nursing home, a hospice, an adult family home, a community-based residential facility, a rural health clinic or a home health agency or has an agreement to participate in medicare as an ambulatory surgery center.
- (3) Each license shall bear the name of the owner of the rural medical center, the name and address of the rural medical center and the health care services that the department authorizes the rural medical center to provide.
- (4) Unless sooner revoked or suspended, an initial regular license or a regular license renewal issued to a rural medical center is valid for 24 months from the date of issuance and a provisional license issued to a rural medical center is valid for 6 months from the date of issuance.
- (5) Each license shall be issued only for the rural medical center and owner that are named in the license application and may not be transferred or assigned.
- **50.53** Inspections and investigations. (1) The department may conduct unannounced inspections or investigations of a rural medical center as the department considers necessary.

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(2) A rural medical center that is inspected or investigated under this section
shall provide the department with access to patient health care records, regardless
of the source of patient health care payment, to fulfill the purpose of any inspections
or investigations that the department conducts.

- **50.54 Prohibitions.** (1) An entity that is not licensed as a rural medical center under this subchapter may not designate itself as a "rural medical center" or use the phrase "rural medical center" to represent or tend to represent the entity as a rural medical center or services provided by the entity as health care services provided by a rural medical center.
 - **(2)** No person may do any of the following:
- (a) Intentionally prevent, interfere with or impede an investigation by the department of an alleged violation or enforcement by the department of a requirement of this subchapter or the rules promulgated under this subchapter.
- (b) Intentionally retaliate or discriminate against a patient or rural medical center employe for doing any of the following:
- Contacting or providing information to a state agency, as defined in s. 16.004
 (12) (a).
- 2. Initiating, participating in or testifying in an action to enforce any provision of this subchapter or rules promulgated under this subchapter.
- (c) Intentionally destroy or modify the original report of an inspection that the department conducts under this subchapter or the rules promulgated under this subchapter.
- **50.55** Penalties and remedies. (1) FORFEITURES. (a) Any person who violates this subchapter or any rule promulgated under this subchapter, except s.

- 50.54 (2), may be required to forfeit not less than \$100 nor more than \$500 for each offense. Each day of continued violation constitutes a separate offense.
 - (b) In determining whether a forfeiture is to be imposed and in fixing the amount of the forfeiture to be imposed, if any, for a violation, the department shall consider all of the following factors:
 - 1. The gravity of the violation.
 - 2. Good faith exercised by the licensee.
 - 3. Any previous violations committed by the licensee.
 - 4. The financial benefit to the rural medical center of committing or continuing to commit the violation.
 - (c) The department may directly assess forfeitures provided for under par. (a). If the department determines that a forfeiture should be assessed for a particular violation or for failure to correct it, the department shall send a notice of assessment to the rural medical center. The notice shall specify the amount of the forfeiture assessed, the violation, and the statute or rule alleged to have been violated, and shall inform the licensee of the right to a hearing under par. (d).
 - (d) A rural medical center may contest an assessment of forfeiture by sending, within 10 days after receipt of notice under par. (c), a written request for hearing under s. 227.44 to the division of hearings and appeals under s. 15.103 (1). The division shall commence the hearing within 30 days after receipt of the request for hearing and shall issue a final decision within 15 days after the close of the hearing. Proceedings before the division are governed by ch. 227.
 - (e) All forfeitures shall be paid to the department within 10 days after receipt of notice of assessment or, if the forfeiture is contested under par. (d), within 10 days after receipt of the final decision, unless the final decision is appealed and the

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- decision is in favor of the appellant. The department shall remit all forfeitures paid to the state treasurer for deposit in the school fund.
- (2) OTHER PENALTY. Whoever violates s. 50.54 (2) may be fined not more than \$1,000 or imprisoned for not more than 6 months or both.
- (3) Injunction. The department may, upon the advice of the attorney general, who shall represent the department in all proceedings under this subsection, institute an action in the name of the state in the circuit court for Dane County for injunctive relief or other process against any licensee, owner, operator, administrator or representative of any owner of a rural medical center for the violation of any of the provisions of this subchapter or rules promulgated under this subchapter if the department determines that the violation seriously affects the health, safety or welfare of patients.
- **50.56 Applicability.** Nothing in this subchapter or in rules promulgated under this subchapter may be construed to limit the applicability of statutes or rules promulgated under statutes that are not in this subchapter to a person or entity that is required to be licensed as a rural medical center.
 - **Section 4.** 146.81 (1) (p) of the statutes is created to read:
- 18 146.81 (1) (p) A rural medical center, as defined in s. 50.50 (11).
- **SECTION 5.** 146.82 (2) (a) 17. of the statutes is created to read:
- 20 146.82 (2) (a) 17. To the department under s. 50.53 (2).

Section 6. Nonstatutory provisions.

(1) Rules on rural medical centers. The department of health and social services shall submit proposed rules required under section 50.51 (2) of the statutes, as created by this act, to the legislative council staff for review under section 227.15 (1) of the statutes no later than July 1, 1996.

- 1 Section 7. Effective date.
- 2 (1) This act takes effect on January 1, 1997.

3 (END)