



2005 ASSEMBLY BILL 1104

March 9, 2006 – Introduced by Representatives BLACK, BERCEAU, FIELDS, GRIGSBY, LEHMAN, POCAN, POPE-ROBERTS, SINICKI and YOUNG, cosponsored by Senators MILLER, COGGS, ERPENBACH, LASSA and RISSER. Referred to Committee on Health.

1 **AN ACT to renumber and amend** 49.665 (1) (c); **to amend** 20.435 (4) (bc), 20.435
2 (4) (o), 20.435 (4) (p), 49.665 (2) (b), 49.665 (3), 49.665 (4) (at) 1. a., 49.665 (4)
3 (at) 1. cm., 49.665 (4) (at) 2., 49.665 (5) (ag), 49.665 (5) (am) (intro.), 49.665 (5)
4 (b) and 49.665 (5) (c); and **to create** 20.435 (4) (bd), 49.665 (1) (c) 2. and 49.665
5 (4) (ag) of the statutes; **relating to:** health care for low-income child care
6 workers under the Badger Care health care program, granting rule-making
7 authority, and making appropriations.

Analysis by the Legislative Reference Bureau

Under current law, the Badger Care health care program (BadgerCare) provides partially or wholly subsidized health care coverage to eligible families and children. Currently, a family or a child who does not reside with his or her parent may be eligible for health care coverage under BadgerCare if the family's or child's income does not exceed 185 percent of the federal poverty line and the family or child meets certain nonfinancial criteria. Current law defines "family" as at least one dependent child and his or her custodial parent or parents, all of whom reside in the same household.

This bill expands BadgerCare to provide health care coverage to individuals who are child care workers who meet the current law income and nonfinancial eligibility requirements. Under the bill, child care workers are not required to be parents to qualify for health care coverage.

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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 (4) (bc) of the statutes is amended to read:

2 20.435 (4) (bc) *Health care for low-income families and children*. As a
3 continuing appropriation, the amounts in the schedule for the badger care to provide
4 health care program for coverage to low-income families and children under the
5 Badger Care health care program under s. 49.665.

6 **SECTION 2.** 20.435 (4) (bd) of the statutes is created to read:

7 20.435 (4) (bd) *Health care for low-income child care workers*. A sum sufficient
8 to provide health care coverage to low-income child care workers under the Badger
9 Care health care program under s. 49.665.

10 **SECTION 3.** 20.435 (4) (o) of the statutes is amended to read:

11 20.435 (4) (o) *Federal aid; ~~medical assistance~~ Medical Assistance*. All federal
12 moneys received for meeting costs of ~~medical assistance~~ Medical Assistance
13 administered under ss. 46.284 (5), and 49.45 and, to the extent permitted under
14 federal law, under s. 49.665, to be used for those purposes and for transfer to the
15 ~~medical assistance~~ Medical Assistance trust fund, for those purposes.

16 **SECTION 4.** 20.435 (4) (p) of the statutes is amended to read:

17 20.435 (4) (p) *Federal aid; health care for low-income families and children*.
18 All federal moneys received for the badger care Badger Care health care program for
19 low-income families under s. 49.665, to be used for that the purpose of providing
20 health care coverage to low-income families and children under the Badger Care
21 health care program under s. 49.665.

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1 **SECTION 5.** 49.665 (1) (c) of the statutes is renumbered 49.665 (1) (c) (intro.) and
2 amended to read:

3 49.665 (1) (c) (intro.) “Employer–subsidized health care coverage” means any
4 of the following:

5 1. With respect to a family eligible under sub. (4) (a) or a child eligible under
6 sub. (4) (am), family coverage under a group health insurance plan that is offered by
7 an employer and for which the employer pays at least ~~80%~~ 80 percent of the cost,
8 excluding any deductibles or copayments that may be required under the plan.

9 **SECTION 6.** 49.665 (1) (c) 2. of the statutes is created to read:

10 49.665 (1) (c) 2. With respect to an individual eligible under sub. (4) (ag),
11 coverage under a group health insurance plan that is offered by an employer and for
12 which the employer pays at least 80 percent of the cost, excluding any deductibles
13 or copayments that may be required under the plan.

14 **SECTION 7.** 49.665 (2) (b) of the statutes is amended to read:

15 49.665 (2) (b) If the department of health and family services determines that
16 it needs a waiver to require the verification specified in sub. (4) (a) 3m. and (ag) 3m.,
17 the department shall request a waiver from the secretary of the federal department
18 of health and human services and may not implement the verification requirement
19 under sub. (4) (a) 3m. and (ag) 3m. unless the waiver is granted. If a waiver is
20 required and is granted, the department of health and family services may
21 implement the verification requirement under sub. (4) (a) 3m. and (ag) 3m. as
22 appropriate. If a waiver is not required, the department of health and family services
23 may require the verification specified in sub. (4) (a) 3m. and (ag) 3m. for eligibility
24 determinations and annual review eligibility determinations made by the
25 department, beginning on January 1, 2004.

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1 **SECTION 8.** 49.665 (3) of the statutes is amended to read:

2 49.665 (3) ADMINISTRATION. The department shall administer a program to
3 provide the health services and benefits described in s. 49.46 (2) to persons that meet
4 the eligibility requirements specified in sub. (4). The department shall promulgate
5 rules setting forth the application procedures and appeal and grievance procedures.
6 The department may promulgate rules limiting access to the program under this
7 section to defined enrollment periods. The department may also promulgate rules
8 establishing a method by which the department may purchase family coverage
9 offered by the employer of a member of an eligible family or ~~by~~ of a member of ~~a~~ an
10 eligible child's household, or individual coverage offered by the employer of an
11 eligible child care worker, under circumstances in which the department determines
12 that purchasing that coverage would not be more costly than providing the coverage
13 under this section.

14 **SECTION 9.** 49.665 (4) (ag) of the statutes is created to read:

15 49.665 (4) (ag) An individual is eligible for health care coverage under this
16 section if the individual meets all of the following requirements:

17 1. The individual is employed by a child care provider as a child care worker
18 for at least 30 hours per week.

19 2. The individual's income does not exceed 185 percent of the poverty line,
20 except as provided in par. (at) and except that an individual who is already receiving
21 health care coverage under this section may have an income that does not exceed 200
22 percent of the poverty line. The department shall establish by rule the criteria to be
23 used to determine income.

24 3. The individual does not have access to employer-subsidized health care
25 coverage and has not had access to employer-subsidized health care coverage within

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1 the time period established by the department by rule, but not to exceed 18 months,
2 immediately preceding application for health care coverage under this section. The
3 department may establish exceptions to this subdivision by rule.

4 3m. The individual provides verification from his or her employer, in the
5 manner specified by the department, of his or her earnings, of whether the employer
6 provides health care coverage for which the individual is eligible, and of the amount
7 that the employer pays, if any, towards the cost of the health care coverage, excluding
8 any deductibles or copayments required under the coverage.

9 4. The individual meets all other requirements established by the department
10 by rule. The department may not require, as a condition of eligibility for health care
11 under this paragraph, that an individual be a parent.

12 **SECTION 10.** 49.665 (4) (at) 1. a. of the statutes is amended to read:

13 49.665 (4) (at) 1. a. Except as provided in subd. 1. b., the department shall
14 establish for the initial eligibility determination a lower maximum income level ~~for~~
15 ~~the initial eligibility determination~~ that is the same for all persons who might be
16 eligible under this subsection if funding under s. 20.435 (4) (bc), (jz), (p), and (x) is
17 insufficient to accommodate the projected enrollment levels of families under par. (a)
18 and children under par. (am) for the health care program under this section. The
19 adjustment may not be greater than necessary to ensure sufficient funding.

20 **SECTION 11.** 49.665 (4) (at) 1. cm. of the statutes is amended to read:

21 49.665 (4) (at) 1. cm. Notwithstanding s. 20.001 (3) (b), if, after reviewing the
22 plan submitted under subd. 1. b., the joint committee on finance determines that the
23 amounts appropriated under s. 20.435 (4) (bc), (jz), (p), and (x) are insufficient to
24 accommodate the projected enrollment levels of families under par. (a) and children
25 under par. (am), the committee may transfer appropriated moneys from the general

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1 purpose revenue appropriation account of any state agency, as defined in s. 20.001
2 (1), other than a sum sufficient appropriation account, to the appropriation account
3 under s. 20.435 (4) (bc) to supplement the health care program under this section if
4 the committee finds that the transfer will eliminate unnecessary duplication of
5 functions, result in more efficient and effective methods for performing programs, or
6 more effectively carry out legislative intent, and that legislative intent will not be
7 changed by the transfer.

8 **SECTION 12.** 49.665 (4) (at) 2. of the statutes is amended to read:

9 49.665 (4) (at) 2. If, after the department has established a lower maximum
10 income level under subd. 1., projections indicate that funding under s. 20.435 (4) (bc),
11 (jz), (p), and (x) is sufficient to raise the level, the department shall, by state plan
12 amendment, raise the maximum income level for initial eligibility, ~~but not to a level~~
13 that is the same for all persons who might be eligible under this subsection but that
14 does not exceed 185% 185 percent of the poverty line.

15 **SECTION 13.** 49.665 (5) (ag) of the statutes is amended to read:

16 49.665 (5) (ag) Except as provided in pars. (am), (b), and (bm), a family, ~~or a~~
17 child who does not reside with his or her parent, or an individual who receives health
18 care coverage under this section shall pay a percentage of the cost of that coverage
19 in accordance with a schedule established by the department by rule. The
20 department may not establish or implement a schedule that requires a family ~~or,~~
21 child, or individual to contribute, including the amounts required under par. (am),
22 more than ~~5%~~ 5 percent of the family's ~~or,~~ child's, or individual's income towards the
23 cost of the health care coverage provided under this section.

24 **SECTION 14.** 49.665 (5) (am) (intro.) of the statutes is amended to read:

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1 49.665 (5) (am) (intro.) Except as provided in pars. (b) and (bm), a child or,
2 family member, or individual who receives health care coverage under this section
3 shall pay the following cost-sharing amounts:

4 **SECTION 15.** 49.665 (5) (b) of the statutes is amended to read:

5 49.665 (5) (b) The department may not require a family, or a child who does not
6 reside with his or her parent, or an individual with an income below ~~150%~~ 150
7 percent of the poverty line to contribute to the cost of health care coverage provided
8 under this section.

9 **SECTION 16.** 49.665 (5) (c) of the statutes is amended to read:

10 49.665 (5) (c) The department may establish by rule requirements for wage
11 withholding as a means of collecting the family's or individual's share of the cost of
12 the health care coverage under this section.

13

(END)