



2009 ASSEMBLY BILL 878

March 19, 2010 - Introduced by Representatives SEIDEL, DEXTER, HRAYCHUCK, PASCH, TURNER and VRUWINK, cosponsored by Senators MILLER, COGGS, ERPENBACH, VINEHOUT and RISSER. Referred to Committee on Health and Healthcare Reform.

1 **AN ACT** *to amend* 20.145 (1) (g) (intro.) and 20.435 (4) (kv); and *to create* 20.435
2 (4) (kr) and 46.79 of the statutes; **relating to:** a grant for providing assistance
3 to individuals to obtain and maintain health care benefits and making an
4 appropriation.

Analysis by the Legislative Reference Bureau

This bill requires the Department of Health Services (DHS) to award funding to an organization to oversee a program to assist people in obtaining and maintaining health care services and coverage of health care expenses (health care benefits). The organization in turn must allocate funding to other entities to directly provide people assistance in obtaining and maintaining health care benefits. In addition, the oversight organization must provide training and technical assistance to the entities and provide legal services to aid low-income people in obtaining and maintaining health care benefits.

The services for which funding is authorized under the bill include assisting people in applying for health insurance or government health care programs; appealing denials of eligibility or denials of coverage for health care services; coordinating health care benefits for people who have more than one source of health care coverage; referring people to information and programs regarding preventive health care, chronic disease management, responsible utilization of health care services, and healthy lifestyle; coordinating efforts of community members who are involved in assisting people in obtaining and maintaining health care benefits; and educating people about the services provided under the grant program. The bill

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provides that the oversight organization may award funding for these services to nonprofit entities, governmental units, or institutions of higher education. The bill establishes minimum knowledge requirements for people employed by the entities to provide the services. The bill also prohibits an entity that receives funding, or its employees, from having a financial interest in a health insurance company or health insurance plan or from being directly involved in accrediting a hospital or nursing home.

The bill requires the oversight organization to provide matching funds for the grant in the first year that DHS awards the grant and requires each entity that receives funding from the oversight organization to provide matching funds on an ongoing basis. Finally, the bill requires DHS to apply for any federal funds available for assisting people in obtaining and maintaining health care benefits.

For further information see the *state* 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.** 20.145 (1) (g) (intro.) of the statutes, as affected by 2009 Wisconsin
2 Act 28, is amended to read:

3 20.145 (1) (g) *General program operations.* (intro.) The amounts in the
4 schedule for general program operations, including organizational support services
5 and oversight of care management organizations, ~~and~~ for transferring to the
6 appropriation account under s. 20.435 (4) (kv) the amount allocated by the
7 commissioner of insurance, and for transferring \$250,000 each fiscal year to the
8 appropriation account under s. 20.435 (4) (kr). All of the following shall be credited
9 to this appropriation account:

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

11 20.435 (4) (kr) *Health benefits counseling grant.* All moneys transferred from
12 the appropriation account under s. 20.145 (1) (g) to the appropriation account under
13 this paragraph for the program under s. 46.79.

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1 **SECTION 3.** 20.435 (4) (kv) of the statutes, as created by 2009 Wisconsin Act 28,
2 is amended to read:

3 20.435 (4) (kv) *Care management organization; oversight.* All moneys
4 transferred from the appropriation account under s. 20.145 (1) (g) to the
5 appropriation account under this paragraph, for expenses related to financial
6 certification, monitoring, and assessment of care management organizations that
7 are subject to ch. 648.

8 **SECTION 4.** 46.79 of the statutes is created to read:

9 **46.79 Health care benefits counseling.** (1) In this section:

10 (a) “Administrator” has the meaning given in s. 633.01 (1).

11 (b) “Group health plan” has the meaning given in s. 632.745 (10).

12 (c) “Health care benefits” means health care services, coverage of expenses for
13 health care services, or both.

14 (d) “Health care plan” has the meaning given in s. 628.36 (2) (a) 1.

15 (e) “Health insurer” means an insurer, as defined in s. 600.03 (27), that is
16 authorized to do business in this state in one or more lines of insurance that includes
17 health insurance and that offers a health care plan.

18 (f) “Oversight organization” means the recipient of the grant under sub. (2).

19 (g) “Public health care benefits program” means a program to provide health
20 care benefits that is administered by a governmental entity or the Health Insurance
21 Risk-Sharing Plan Authority, other than health care benefits that the governmental
22 entity or the authority provides to its employees as a benefit of employment.

23 (2) Subject to sub. (4), the department shall award a grant to an organization
24 to do all of the following:

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1 (a) Allocate funding to entities to provide services under sub. (3) (a) and oversee
2 provision of those services by the entities.

3 (b) Provide training for individuals who provide services under sub. (3) (a).

4 (c) Provide technical assistance to entities that receive funding under sub. (3).

5 (d) Provide legal services to low-income individuals, and members of a family,
6 who are under 60 years of age to assist them in obtaining and maintaining health
7 care benefits.

8 (e) By the date that is 16 months after the effective date of this paragraph
9 [LRB inserts date], report to the department and the office of the commissioner of
10 insurance regarding services provided by entities under sub. (3) (a) during the first
11 12 months that the entities received funding under sub. (3) and submit a plan to the
12 department and office for providing services under sub. (3) (a) in additional counties.

13 **(3)** (a) Subject to pars. (b) to (f), the oversight organization shall allocate
14 moneys to entities to do any of the following:

15 1. Assist individuals, or members of a family, who are under 60 years of age in
16 obtaining and maintaining health care benefits, including providing information
17 regarding eligibility for health care benefits; providing advice and assistance in
18 applying for health care benefits; providing information regarding health care
19 services and expenses covered under a health care plan, group health plan, or public
20 health care benefits program; and advocating on behalf of individuals and families
21 to obtain those services and coverage of those expenses.

22 2. Counsel individuals, or members of a family, who are under 60 years of age
23 regarding consumer rights and grievance procedures relating to health care benefits.

24 3. Refer individuals, or members of a family, who are under 60 years of age for
25 legal assistance in obtaining and maintaining health care benefits.

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1 4. Coordinate health care benefits available to an individual, or members of a
2 family, who are under 60 years of age to maximize health care benefits for the
3 individual or family members.

4 5. Assist individuals, or members of a family, who are under 60 years of age in
5 obtaining coverage of expenses for drugs or medical equipment that has been
6 prescribed for them.

7 6. Monitor and track whether individuals and family members to whom the
8 entity provides services under this paragraph maintain health care benefits between
9 encounters with the entity.

10 7. Refer individuals to information regarding, or programs that promote,
11 preventive health care, chronic disease management, responsible utilization of
12 health care services, and healthy lifestyle.

13 8. Assist individuals, or members of a family, who are under 60 years of age who
14 require transportation, interpreter services, or other services to access health care
15 benefits in obtaining those services.

16 9. Coordinate provision of services under this paragraph with any aging unit
17 that provides benefit specialist services for older individuals under s. 46.81, any
18 resource center under s. 46.283, or any agency under contract with the department
19 to administer the children with special health care needs program under s. 253.02
20 that operates in the same geographic areas as the entity.

21 10. Bring together persons who work in the fields of public health, health care,
22 elementary or secondary education, and other relevant fields for the purpose of
23 educating them regarding activities under subs. 1. to 9. and for the purposes of
24 sharing strategies for, and coordinating efforts to, assist individuals, and members

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1 of a family, who are under 60 years of age in obtaining and maintaining health care
2 benefits.

3 (b) The oversight organization shall obtain approval of a request for proposals
4 under par. (a) from the department and the office of the commissioner of insurance
5 before issuing the request, and shall obtain approval for allocations of funding under
6 par. (a) before finalizing the allocations.

7 (c) The oversight organization may allocate moneys under this subsection only
8 to a governmental unit, an institution of higher education, or an organization
9 described in section 501 (c) of the Internal Revenue Code that is exempt from federal
10 income tax under section 501 (a) of the Internal Revenue Code.

11 (d) As a condition of receiving funding under this subsection, an entity shall
12 ensure that individuals who provide services under par. (a) have knowledge of all of
13 the following:

14 1. Health care benefits, and eligibility criteria and appeal procedures for health
15 care benefits, under the federal Social Security Act for which an individual under 60
16 years of age may be eligible.

17 2. Health care benefits, eligibility criteria and appeal procedures for health
18 care benefits, including procedures for appeals relating to disability determinations,
19 under the Medical Assistance program subch. IV of ch. 49 and under Medical
20 Assistance waiver programs under 42 USC 1396n.

21 3. Health care benefits, eligibility criteria, and appeal procedures under the
22 Health Insurance Risk-Sharing Plan under subch. II of ch. 149.

23 4. Health care plans and group health plans, including appeal and grievance
24 procedures under health care plans and group health plans.

25 5. Federal law governing health care plans and group health plans.

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1 6. Coordination between health care plans or group health plans and public
2 health care benefits programs.

3 7. Provision of services in a family-centered and culturally competent manner.

4 (e) As a condition of receiving moneys under this subsection, an entity shall
5 provide funding, from a source other than an allocation under this subsection, to
6 support at least 25 percent of the cost of providing services under par. (a).

7 (f) An entity or an individual that the entity employs or contracts with to
8 provide services under par. (a) may not do any of the following:

9 1. Be directly involved in licensing or accrediting a hospital, as defined in s.
10 50.33 (2), or a nursing home, as defined in s. 50.01 (3).

11 2. Be directly involved in granting a certificate of authority to a health insurer.

12 3. Have a direct ownership or investment interest in a health insurer or an
13 administrator of a group health plan.

14 4. Be employed by or manage a health insurer or an administrator of a group
15 health plan.

16 5. Receive remuneration from a health insurer or an administrator of a group
17 health plan.

18 **(4)** As condition of receiving grant funding under sub. (2), the oversight
19 organization shall in the 12 months beginning on the date that is 3 months after the
20 effective date of this subsection [LRB inserts date], provide a total of \$150,000,
21 from sources other than the grant under sub. (2), to support the cost of performing
22 the duties under sub. (2).

23 **(5)** The department shall submit the report and plan received from the
24 oversight organization under sub. (2) (e) to the chief clerk of each house of the
25 legislature for distribution under s. 13.172 (2).

