

## 1999 ASSEMBLY BILL 397

July 6, 1999 – Introduced by Representatives BLACK, MILLER, HASENOHRL, BOCK, RICHARDS, POCAN, LA FAVE, TURNER, BERCEAU, PLALE, REYNOLDS, J. LEHMAN, KREUSER, BOYLE and PLOUFF, cosponsored by Senators RISSER, DARLING and ERPENBACH. Referred to Committee on Health.

1 **AN ACT to renumber and amend** 49.665 (1) (c); **to amend** 20.435 (5) (bc), 20.435  
 2 (5) (jz), 20.435 (5) (o), 20.435 (5) (p), 49.665 (3), 49.665 (4) (b), 49.665 (4) (c) and  
 3 49.665 (5); and **to create** 49.665 (1) (bq), 49.665 (1) (c) 2. and 49.665 (4) (am)  
 4 of the statutes; **relating to:** extending badger care to low-income child care  
 5 workers, granting rule-making authority and making an appropriation.

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### *Analysis by the Legislative Reference Bureau*

Currently, under the badger care program, families with incomes below 185% of the federal poverty line who meet certain criteria are eligible for partially or wholly subsidized coverage of the same health services and benefits offered under the medical assistance program. “Family” is defined as at least one dependent child and his or her custodial parent or parents.

This bill expands the badger care program to cover individuals who are child care workers who meet the income and nonfinancial eligibility requirements. Under the bill, child care workers need not be parents to qualify for the health care coverage.

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

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

**ASSEMBLY BILL 397****SECTION 1**

1           **SECTION 1.** 20.435 (5) (bc) of the statutes is amended to read:

2           20.435 (5) (bc) *Health care for low-income families and eligible individuals.*

3           ~~As a continuing appropriation, the amounts in the schedule A sum sufficient for the~~  
4           badger care health care program for low-income families and eligible individuals  
5           under s. 49.665.

6           **SECTION 2.** 20.435 (5) (jz) of the statutes is amended to read:

7           20.435 (5) (jz) *Badger care premiums.* All moneys received from payments  
8           under s. 49.665 (5) to be used for the badger care health care program for low-income  
9           families and eligible individuals under s. ~~49.466~~ 49.665.

10          **SECTION 3.** 20.435 (5) (o) of the statutes is amended to read:

11          20.435 (5) (o) *Federal aid; medical assistance.* All federal moneys received for  
12          meeting costs of medical assistance administered under ~~ss. s. 49.45 and, to the extent~~  
13          permitted under federal law, s. 49.665.

14          **SECTION 4.** 20.435 (5) (p) of the statutes is amended to read:

15          20.435 (5) (p) *Federal aid; health care for low-income families.* All federal  
16          moneys received for the badger care health care program ~~for low-income families~~  
17          under s. 49.665, to be used for ~~that~~ the purpose of providing health care coverage to  
18          low-income families that are eligible under s. 49.665 (4) (a) for the badger care health  
19          care program.

20          **SECTION 5.** 49.665 (1) (bq) of the statutes is created to read:

21          49.665 (1) (bq) “Eligible individual” means an individual who is eligible under  
22          sub. (4) (am) for health care coverage under this section.

23          **SECTION 6.** 49.665 (1) (c) of the statutes is renumbered 49.665 (1) (c) (intro.) and  
24          amended to read:

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

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

7           **SECTION 7.** 49.665 (1) (c) 2. of the statutes is created to read:

8           49.665 (1) (c) 2. With respect to an eligible individual, coverage under a group  
9 health insurance plan offered by the eligible individual’s employer, or by the  
10 employer of a family member of the eligible individual, for which the eligible  
11 individual qualifies and for which the employer pays at least 80% of the cost,  
12 excluding any deductibles or copayments that may be required under the plan.

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

14           49.665 (3) ADMINISTRATION. The department shall administer a program to  
15 provide the health services and benefits described in s. 49.46 (2) to families that meet  
16 the eligibility requirements specified in sub. (4) and to eligible individuals. The  
17 department shall promulgate rules setting forth the application procedures and  
18 appeal and grievance procedures. The department may promulgate rules limiting  
19 access to the program under this section to defined enrollment periods. The  
20 department may also promulgate rules establishing a method by which the  
21 department may purchase family coverage offered by the employer of a member of  
22 an eligible family, or individual coverage offered by the employer of an eligible  
23 individual, under circumstances in which the department determines that  
24 purchasing that coverage would not be more costly than providing the coverage  
25 under this section.

**ASSEMBLY BILL 397****SECTION 9**

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

2           49.665 (4) (am) An individual if eligible for health care coverage under this  
3 section if the individual meets all of the following requirements:

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

6           2. The individual's income does not exceed 185% of the poverty line, except that  
7 an individual who is already receiving health care coverage under this section may  
8 have an income that does not exceed 200% of the poverty line. The department shall  
9 establish by rule the criteria to be used to determine income.

10          3. The individual does not have access to employer–subsidized health care  
11 coverage and has not had access to employer–subsidized health care coverage within  
12 the time period established by the department by rule, but not to exceed 18 months,  
13 immediately preceding application for health care coverage under this section. The  
14 department may establish exceptions to this subdivision by rule.

15          4. The individual meets all other requirements established by the department  
16 by rule. The department may not require that an individual under this paragraph  
17 be a parent as a condition of eligibility.

18           **SECTION 10.** 49.665 (4) (b) of the statutes is amended to read:

19           49.665 (4) (b) Notwithstanding fulfillment of the eligibility requirements  
20 under this subsection, a family or eligible individual is not entitled to health care  
21 coverage under this section.

22           **SECTION 11.** 49.665 (4) (c) of the statutes is amended to read:

23           49.665 (4) (c) No family may be denied health care coverage under this section  
24 solely because of a health condition of any family member and no eligible individual

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1 may be denied health care coverage under this section solely because of a health  
2 condition of that individual.

3 **SECTION 12.** 49.665 (5) of the statutes is amended to read:

4 49.665 (5) LIABILITY FOR COST. (a) Except as provided in par. (b), a family that  
5 or eligible individual who receives health care coverage under this section shall pay  
6 a percentage of the cost of that coverage in accordance with a schedule established  
7 by the department by rule. If the schedule established by the department requires  
8 a family or eligible individual to contribute more than 3% of the family's or of the  
9 eligible individual's income towards the cost of the health care coverage provided  
10 under this section, the department shall submit the schedule to the joint committee  
11 on finance for review and approval of the schedule. If the cochairpersons of the joint  
12 committee on finance do not notify the department within 14 working days after the  
13 date of the department's submittal of the schedule that the committee has scheduled  
14 a meeting to review the schedule, the department may implement the schedule. If,  
15 within 14 days after the date of the department's submittal of the schedule, the  
16 cochairpersons of the committee notify the department that the committee has  
17 scheduled a meeting to review the schedule, the department may not require a family  
18 or eligible individual to contribute more than 3% of the family's or of the eligible  
19 individual's income unless the joint committee on finance approves the schedule.  
20 The joint committee on finance may not approve and the department may not  
21 implement a schedule that requires a family or eligible individual to contribute more  
22 than 3.5% of the family's or of the eligible individual's income towards the cost of the  
23 health care coverage provided under this section.

