

2001 DRAFTING REQUEST

Bill

Received: 02/14/2001

Received By: kenneda

Wanted: As time permits

Identical to LRB:

For: John Gard (608) 266-2343

By/Representing: Matt (aide)

This file may be shown to any legislator: NO

Drafter: kenneda

May Contact:

Addl. Drafters:

Subject: Health - abortion

Extra Copies:

Submit via email: NO

Requester's email:

Pre Topic:

No specific pre topic given

Topic:

Expand certification requirements for publicly funded abortions; require quarterly reports

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	kenneda 03/26/2001	jdyer 03/27/2001	martykr 03/27/2001	_____	gretskl 03/27/2001		S&L
/2	kenneda 04/04/2001	jdyer 04/05/2001	martykr 04/05/2001	_____	lrb_docadmin 04/05/2001	lrb_docadminS&L 04/10/2001	

FE Sent For:

<END>

→ At
Intro.

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Handwritten notes: 1/2 3/4 jld km 4/5 kb km 4/5 <END>

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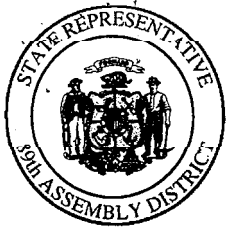
See Attached

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1/?	kenneda	1/26 jld	1/3/27	1/26/27			

FE Sent For:

<END>



John Gard

Assembly Chairman, ~~Memorandum~~ Finance

To: LRB – bill drafting
From: Matt – Rep. Gard's office
Date: February 14, 2001
Regarding: bill draft request

6-2343

Please draft as indicated in attachments.

Subject: Badger Care; abortion coverage

20.927 APPROPRIATIONS AND BUDGET MANAGEMENT

replace with (A)

when submitted to any agency or fiscal intermediary of the state for payment, and shall specify and attest to the direct medical necessity of such abortion upon the best clinical judgment of the physician or attest to his or her belief that sexual assault or incest has occurred.

supplement appropriations of state agencies in accordance with the determination. If, within 14 working days after the date of the secretary's submittal, the cochairpersons of the committee notify the secretary that the committee has scheduled a meeting for the purpose of reviewing the determination, no supplement may be made without the approval of the committee.

replace with (B)

(b) This section does not apply to the performance by a physician of an abortion if, due to a medical condition existing prior to the abortion, the physician determines that the abortion is directly and medically necessary to prevent grave, long-lasting physical health damage to the woman, provided that prior thereto the physician signs a certification which so states. The certification shall be affixed to the claim form or invoice when submitted to any agency or fiscal intermediary of the state for payment, and shall specify and attest to the direct medical necessity of such abortion upon the best clinical judgment of the physician.

(3) All compensation adjustments for state employees approved by the legislature shall take effect and be earned at the beginning of the pay period closest to July 1 or the date prescribed by law or by the appropriate authority. In the odd-numbered years, payments for such adjustments, including payments under collective bargaining agreements, may not be made prior to enactment of the biennial budget bill.

add (C)

(3) This section does not apply to the authorization or payment of funds to a physician or surgeon or a hospital, clinic or medical facility for or in connection with the prescription of a drug or the insertion of a device to prevent the implantation of the fertilized ovum.

(4) If insufficient moneys are available from the appropriation under s. 20.865 (1) (c) to fund the costs of pay and related adjustments for employees of the university of Wisconsin system that are payable from that appropriation in any fiscal year, the secretary of administration shall prorate payments made on behalf of each employe in the proportion that the moneys available bears to the total amount payable to all employees.

(4) In this section, "abortion" means the intentional destruction of the life of an unborn child, and "unborn child" means a human being from the time of conception until it is born alive.

History: 1981 c. 20 ss. 496, 546, 594; 1981 c. 314; 1983 a. 27; 1985 a. 29, 111; 1987 a. 4; 1991 a. 39.

History: 1977 c. 245.

This section's restrictions on state funds does not apply to Public Employee Trust Fund monies used to fund state employee insurance plans. OAG 1-95.

20.929 Agency drafts or warrants. The secretary of administration may authorize any state agency to issue drafts or warrants drawn on the state treasury. Such drafts or warrants may be issued only in connection with purchase orders authorized under subch. IV of ch. 16 and may not exceed \$300 per draft or warrant. The state treasurer shall pay such drafts or warrants as presented. The secretary of administration shall audit the purchase orders issued. Any purchase order that is disapproved by the secretary as unlawful or unauthorized shall be returned by the secretary to the state agency for reimbursement to the state treasurer. The secretary shall make written regulations for the implementation of this section. The secretary may require any state agency to utilize one or more separate depository accounts to implement this section. The illegal or unauthorized use of purchase orders and drafts or warrants under this section is subject to the remedies specified in s. 16.77.

20.928 Supplemental procedure for compensation and fringe benefits. (1) Each state agency head shall certify to the department of administration, at such time and in such manner as the secretary of administration prescribes, the sum of money needed by the state agency from the appropriations under s. 20.865 (1) (c), (ci), (cj), (d), (i), (ic), (j), (s), (si) and (t). Upon receipt of the certifications together with such additional information as the secretary of administration prescribes, the secretary shall determine the amounts required from the respective appropriations to supplement state agency budgets.

History: 1983 a. 27 s. 589; 1983 a. 368 s. 15; 1983 a. 538.

(2) Any state agency head who is aggrieved by the determination of the secretary of administration under this section may appeal the determination to the governor, who may set aside or modify the determination.

20.930 Attorney fees. No state agency in the executive branch may employ any attorney until such employment has been approved by the governor.

(2m) After each determination is made, the secretary of administration shall forward the determination to the joint committee on finance. If the cochairpersons of the committee do not notify the secretary that the committee has scheduled a meeting for the purpose of reviewing the determination within 14 working days after the date of the secretary's submittal, the secretary may

History: 1979 a. 221; 1989 a. 119 s. 1; Stats. 1989 a. 20.930; 1993 a. 490. This section applies to principal administrative unit and whatever agencies assist that unit in administration and governance of the unit. *Kaye v. Board of Regents*, 158 W (2d) 664, 463 NW (2d) 398 (Cl. App. 1990).

W-2 Health

47

49.153 PUBLIC ASSISTANCE

(b) In determining the income for an individual under this subsection for purposes of determining the premium amount under sub. (4) (d), the Wisconsin works agency shall exclude the excess income specified under par. (am) or (as).

(3p) PRESUMPTIVE ELIGIBILITY FOR PREGNANT WOMEN. (a) Notwithstanding sub. (3g) (a), (b) and (c), a pregnant woman is eligible under this subsection for ambulatory prenatal care services under this section during the period beginning on the day on which an authorized health care provider under contract under sub. (4) (a) determines, on the basis of preliminary information, that the woman's family income does not exceed 165% of the poverty line and that the woman's family's assets do not exceed the asset limits under s. 49.145 (3) (a). Eligibility under this subsection ends as follows:

1. If the woman applies under sub. (3g) (a), (b) or (c) for benefits and services under this section within the time required under par. (c), on the day on which the Wisconsin works agency determines whether the woman is eligible for benefits and services under sub. (3g) (a), (b) or (c).

2. If the woman does not apply under sub. (3g) (a), (b) or (c) for benefits and services under this section within the time required under par. (c), on the last day of the month following the month in which the health care provider makes the determination under this paragraph.

(c) A woman who is determined to be eligible under this subsection shall apply under sub. (3g) (a), (b) or (c) for benefits and services under this section within 14 days after the date on which the health care provider makes that determination.

(cm) A woman who receives services under this subsection is liable for a monthly premium payable in the amount and in the manner prescribed under sub. (4) (d) beginning with the first month in which she receives those services.

(d) A health care provider under contract under sub. (4) (a) that determines that a woman is eligible under this subsection for benefits and services under this section shall do all of the following:

1. Notify the Wisconsin works agency of that determination within 5 working days after the day on which the determination is made.

2. Notify the woman of the requirements under pars. (c) and (cm).

(e) The Wisconsin works agency shall provide health care providers under contract under sub. (4) (a) with application forms for benefits and services under this section and information on how to assist women in completing the forms.

(f) No provider may make more than one eligibility determination under this subsection with respect to an individual.

(4) ADMINISTRATION AND BENEFITS. (a) *Health maintenance organization contract.* The department of health and family services shall contract with health maintenance organizations or other health care providers, including federally qualified health centers, to provide health care services under this subsection. A health maintenance organization or other health care provider that contracts under this subsection shall meet the certification criteria established by the department of health and family services under s. 49.45 (2) (a) 11.

(b) *Health care services provided.* 1. Except as provided in subd. 2., the Wisconsin works health plan shall cover the care and services specified under s. 49.46 (2).

1m. The Wisconsin works health plan shall cover in-home psychotherapy for individuals who are under the age of 21 if the in-home psychotherapy is prescribed pursuant to a physical examination under 42 USC 1396 (r) (1).

1s. The Wisconsin works health plan shall cover insulin if it is prescribed by a physician.

2. Except as otherwise required under a federal waiver received under 42 USC 1315, the Wisconsin works health plan shall not cover the following goods and services:

a. Home care, as defined in s. 632.895 (1) (b), in excess of the minimum required under s. 632.895 (2).

b. Skilled nursing care in excess of the minimum required under s. 632.895 (3).

c. Over-the-counter drugs.

d. Treatment of alcoholism or other drug abuse problems in excess of the minimum coverage required under s. 632.89 (2).

e. Services described under 42 USC 1396d (r) (5), unless the services are otherwise covered under this section.

(bm) Abortion coverage excluded 1. In this paragraph:

a. "Abortion" means the intentional destruction of the life of an unborn child.

b. "Unborn child" means a human being from the time of conception until it is born alive.

2. Except as provided in subd. 3., each contract that is entered into under par. (a) shall explicitly provide that it does not include coverage for the performance of an abortion.

3. This paragraph does not apply to any of the following:

a. The performance by a physician of an abortion which is directly and medically necessary to save the life of the woman or in a case of sexual assault or incest, provided that prior thereto the physician signs a certification which so states, and provided that, in the case of sexual assault or incest the crime has been reported to the law enforcement authorities. The certification shall be affixed to the claim form or invoice when submitted to any agency or fiscal intermediary of the state for payment or when submitted by an individual health care provider to the coverage provider for payment or for submittal to any agency or fiscal intermediary of the state for payment, and shall specify and attest to the direct medical necessity of the abortion upon the best clinical judgment of the physician or attest to his or her belief that sexual assault or incest has occurred.

(A)

b. The performance by a physician of an abortion if, due to a medical condition existing prior to the abortion, the physician determines that the abortion is directly and medically necessary to prevent grave, long-lasting physical health damage to the woman, provided that prior thereto the physician signs a certification which so states. The certification shall be affixed to the claim form or invoice when submitted to any agency or fiscal intermediary of the state for payment or when submitted by an individual health care provider to the coverage provider for payment or for submittal to any agency or fiscal intermediary of the state for payment, and shall specify and attest to the direct medical necessity of the abortion upon the best clinical judgment of the physician.

(B)

c. The authorization or payment of funds to a physician or surgeon or a hospital, clinic or medical facility for or in connection with the prescription of a drug or the insertion of a device to prevent the implantation of a fertilized ovum.

4. Quarterly, as determined by the department of health and family services, following any annual quarter in which health care services have been provided under coverage that is affected by this paragraph, the coverage provider shall submit a written report to the agency which contracted for the services of the provider. The report shall specify the number of abortions provided in the previous quarter by the provider to individuals who have coverage for the abortion under this subsection, as permitted under subd. 3. a. or b., the reason for each abortion, and the total cost of each abortion.

(C)

5. A copy of each report submitted under subd. 4. shall be forwarded to the department of health and family services, which shall review the data for compliance with this paragraph and annually publish a summary of the information obtained under this subdivision.

(c) *Distribution of payments.* From the appropriations under s. 20.435 (1) (b) and (o), the department of health and family services shall make payments to a health maintenance organization or other health care provider with which the department of health



D-NOTE

JLd

2001 BILL

LFS - please fix topic line
on request sheet.

- 1 AN ACT ...; relating to: expanding physician certification requirements for
- 2 publicly funded abortions, requiring quarterly reports, and requiring review
- 3 of the reports and publication of an annual summary of report information.

Analysis by the Legislative Reference Bureau

Under current law, state and local funds and federal funds passing through the state treasury may not be authorized or paid for the performance of an abortion, except to save the life of the woman, in a case of sexual assault or incest, or if, due to a medical condition that existed before the abortion, a physician determines that the abortion is directly and medically necessary to prevent grave, long-lasting physical health damage to the woman. In each of the exceptions to the general prohibition on the use of public funds for an abortion, a physician must sign a certification specifying and attesting to the direct medical necessity of the abortion (and, in the instance of sexual assault or incest, attesting to the physician's belief that the sexual assault or incest occurred). The certification must be affixed to the claim form or invoice when submitted to an agency or fiscal intermediary of the state for payment.

This bill requires that a physician's certification attesting to the direct medical necessity of an abortion be affixed to the claim form or invoice when submitted by a physician to a coverage provider for payment or submitted to any agency or fiscal intermediary of the state or a county, city, village, town, or family care district for payment. The bill requires that, in the quarter following any quarter in which a physician provides a publicly funded abortion, the physician or coverage provider,

BILL

if any, submit to the agency that contracted for the services the number of permitted publicly funded abortions provided in the previous quarter and the reason and total cost for each abortion. Lastly, the bill requires the agency that receives the report to forward a copy to the department of health and family services, which must, in turn, review the data for compliance with the prohibition and annually publish a summary of the information obtained.

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.** 20.927 (2) (a) of the statutes is amended to read:

2 20.927 (2) (a) This section does not apply to the performance by a physician of
3 an abortion which is directly and medically necessary to save the life of the woman
4 or in a case of sexual assault or incest, provided that prior thereto the physician signs
5 a certification which so states, and provided that, in the case of sexual assault or
6 incest the crime has been reported to the law enforcement authorities. The
7 certification shall be affixed to the claim form or invoice when submitted to any
8 agency or fiscal intermediary of the state for payment or when submitted by a
9 physician to a coverage provider for payment or for submittal to any agency or fiscal
10 intermediary of the state or a county, city, village, town, or family care district for
11 payment, and shall specify and attest to the direct medical necessity of such the
12 abortion upon the best clinical judgment of the physician or attest to his or her belief
13 that sexual assault or incest has occurred.

History: 1977 c. 245; 1999 a. 9.

14 **SECTION 2.** 20.927 (2) (b) of the statutes is amended to read:

15 20.927 (2) (b) This section does not apply to the performance by a physician of
16 an abortion if, due to a medical condition existing prior to the abortion, the physician
17 determines that the abortion is directly and medically necessary to prevent grave,

BILL

1 long-lasting physical health damage to the woman, provided that prior thereto the
 2 physician signs a certification which so states. The certification shall be affixed to the
 3 claim form or invoice when submitted to any agency or fiscal intermediary of the
 4 state for payment or when submitted by a physician to a coverage provider for
 5 payment or for submittal to any agency or fiscal intermediary of the state ^{or a} ~~county,~~
 6 city, village, town, or family care district for payment, and shall specify and attest
 7 to the direct medical necessity of such the abortion upon the best clinical judgment
 8 of the physician.

History: 1977 c. 245; 1999 a. 9.

9 **SECTION 3.** 20.927 (3g) of the statutes is created to read:

10 20.927 (3g) In the quarter following any annual quarter in which a physician
 11 provides an abortion using state, county, city, village, town, or family care district
 12 funds or federal funds passing through the state treasury, the physician or, if any,
 13 coverage provider shall submit a written report to the agency that contracted for the
 14 services of the physician. The report shall specify the number of abortions provided
 15 in the previous quarter by the provider to individuals for whom the use of state,
 16 county, city, village, town, or family care district funds or federal funds passing
 17 through the state treasury for an abortion is permitted under this section, the reason
 18 for each abortion, and the total cost of each abortion.

19 **SECTION 4.** 20.927 (3r) of the statutes is created to read:

20 20.927 (3r) The agency that receives a report under sub. (3g) shall forward to
 21 the department of health and family services a copy of each report submitted. ^{The} ~~That,~~
 22 department ^{of health and family services} shall review the data for compliance with this section and annually
 23 publish a summary of the information obtained under this subsection.

24

(END)

D - NOTE

DRAFTER'S NOTE
FROM THE
LEGISLATIVE REFERENCE BUREAU

LRB-2529/1dn

DAK.....

JLD

To Representative Gard:

Please review this draft very carefully. In the bill, I have drafted language different from that proposed, which was extracted from provisions contained in the Wisconsin Works health plan benefits section under s. 49.153, 1995 stats., (repealed under 1997 Wisconsin Act 27), because that language, although it was applicable to coverage provided under the Wisconsin Works program, is not necessarily apt in the context of s. 20.927, stats., under which no coverage is provided. My specific changes are as follows:

1. In s. 20.927 (2) (a) and (b), the language proposed referred to an "individual health care provider"; I have instead used the term "physician," because it is consistent with the term used throughout s. 20.927, including elsewhere in those paragraphs. In addition, the proposed language referred to "any agency or fiscal intermediary of the state"; I added "county, city, village, town, or family care district", consistent with s. 20.927 (1), stats. *or a*

2. For s. 20.927 (3g), the proposed language stated "Quarterly, as determined by the department of health and family services, following any annual quarter in which health care services have been provided under coverage that is affected by this paragraph, the coverage provider [shall submit a report]"; I have substituted "In the quarter following any annual quarter in which an abortion has been provided using state, county, city, village, town or family care district funds or federal funds passing through the state treasury, the physician or, if any, coverage provider [shall submit a report]". In addition, the proposed language referred to "individuals who have coverage for the abortion under this section, as permitted under subd. 3."; I have substituted "individuals for whom the use of state, county, city, village, town, or family care district funds or federal funds passing through the state treasury for an abortion is permitted under this section".

3. I drafted s. 20.927 (3r) in active, rather than passive, voice.

Please let me know if I may provide you with further assistance with respect to this bill.

Debra A. Kennedy
Managing Attorney
Phone: (608) 266-0137
E-mail: debora.kennedy@legis.state.wi.us

DRAFTER'S NOTE
FROM THE
LEGISLATIVE REFERENCE BUREAU

LRB-2529/1dn
DAK:jld:kim

March 27, 2001

To Representative Gard:

Please review this draft very carefully. In the bill, I have drafted language different from that proposed, which was extracted from provisions contained in the Wisconsin Works health plan benefits section under s. 49.153, 1995 stats., (repealed under 1997 Wisconsin Act 27), because that language, although it was applicable to coverage provided under the Wisconsin Works program, is not necessarily apt in the context of s. 20.927, stats., under which no coverage is provided. My specific changes are as follows:

1. In s. 20.927 (2) (a) and (b), the language proposed referred to an "individual health care provider"; I have instead used the term "physician," because it is consistent with the term used throughout s. 20.927, including elsewhere in those paragraphs. In addition, the proposed language referred to "any agency or fiscal intermediary of the state"; I added "or a county, city, village, town, or family care district", consistent with s. 20.927 (1), stats.
2. For s. 20.927 (3g), the proposed language stated "Quarterly, as determined by the department of health and family services, following any annual quarter in which health care services have been provided under coverage that is affected by this paragraph, the coverage provider [shall submit a report]"; I have substituted "In the quarter following any annual quarter in which an abortion has been provided using state, county, city, village, town or family care district funds or federal funds passing through the state treasury, the physician or, if any, coverage provider [shall submit a report]." In addition, the proposed language referred to "individuals who have coverage for the abortion under this section, as permitted under subd. 3."; I have substituted "individuals for whom the use of state, county, city, village, town, or family care district funds or federal funds passing through the state treasury for an abortion is permitted under this section."
3. I drafted s. 20.927 (3r) in active, rather than passive, voice.

Please let me know if I may provide you with further assistance with respect to this bill.

Debora A. Kennedy
Managing Attorney
Phone: (608) 266-0137
E-mail: debora.kennedy@legis.state.wi.us

4/4/01 From Mary Klauer

✓ ① Add "family care district" to 20.927(1)

✓ ② Add "health care coverage" to "provider in sub.

(2)(a)+(b)+(3g) ^{(a)+}

✓ ③ In 20.927(2)(b) add ~~of~~ + a subdivision
of "a county, city, etc."

✓ ④ In 20.927(3g) refer to funds specified
under sub. (1)



2001 BILL

regenerate ✓

1 AN ACT to amend 20.927 (2) (a) and 20.927 (2) (b); and to create 20.927 (3g) and
 2 20.927 (3r) of the statutes; relating to: expanding physician certification
 3 requirements for publicly funded abortions, requiring quarterly reports, and
 4 requiring review of the reports and publication of an annual summary of report
 5 information.

Analysis by the Legislative Reference Bureau

Under current law, state and local funds and federal funds passing through the state treasury may not be authorized or paid for the performance of an abortion, except to save the life of the woman, in a case of sexual assault or incest, or if, due to a medical condition that existed before the abortion, a physician determines that the abortion is directly and medically necessary to prevent grave, long-lasting physical health damage to the woman. In each of the exceptions to the general prohibition on the use of public funds for an abortion, a physician must sign a certification specifying and attesting to the direct medical necessity of the abortion (and, in the instance of sexual assault or incest, attesting to the physician's belief that the sexual assault or incest occurred). The certification must be affixed to the claim form or invoice when submitted to an agency or fiscal intermediary of the state for payment.

This bill requires that a physician's certification attesting to the direct medical necessity of an abortion be affixed to the claim form or invoice when submitted by a physician to a coverage provider for payment or submitted to any agency or fiscal

health care ✓

for payment ✓

BILL

✓ or of a subdivision of the state or a county, city, village, town, or family care district

intermediary of the state or a county, city, village, town, or family care district ~~for payment~~. The bill requires that, in the quarter following any quarter in which a physician provides a publicly funded abortion, the physician or coverage provider, if any, submit to the agency that contracted for the services the number of permitted publicly funded abortions provided in the previous quarter and the reason and total cost for each abortion. Lastly, the bill requires the agency that receives the report to forward a copy to the department of health and family services, which must, in turn, review the data for compliance with the prohibition and annually publish a summary of the information obtained.

✓ health care

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:*

✓ INSERT
2-1

health care ✓

1 SECTION 1. 20.927 (2)(a) of the statutes is amended to read:

2 20.927 (2) (a) This section does not apply to the performance by a physician of
3 an abortion which is directly and medically necessary to save the life of the woman
4 or in a case of sexual assault or incest, provided that prior thereto the physician signs
5 a certification which so states, and provided that, in the case of sexual assault or
6 incest the crime has been reported to the law enforcement authorities. The
7 certification shall be affixed to the claim form or invoice when submitted to any
8 agency or fiscal intermediary of the state for payment or when submitted by a
9 physician to a coverage provider for payment or for submittal to any agency or fiscal
10 intermediary of the state or a county, city, village, town, or family care district for
11 payment, and shall specify and attest to the direct medical necessity of such the
12 abortion upon the best clinical judgment of the physician or attest to his or her belief
13 that sexual assault or incest has occurred.

14 SECTION 2. 20.927 (2) (b) of the statutes is amended to read:

15 20.927 (2) (b) This section does not apply to the performance by a physician of
16 an abortion if, due to a medical condition existing prior to the abortion, the physician

✓ , or of a subdivision of the state or a county, city, village, town, or family care district

BILL

health care

1 determines that the abortion is directly and medically necessary to prevent grave,
 2 long-lasting physical health damage to the woman, provided that prior thereto the
 3 physician signs a certification which so states. The certification shall be affixed to the
 4 claim form or invoice when submitted to any agency or fiscal intermediary of the
 5 state for payment or when submitted by a physician to a coverage provider for
 6 payment or for submittal to any agency or fiscal intermediary of the state or a county,
 7 city, village, town, or family care district for payment, and shall specify and attest
 8 to the direct medical necessity of such the abortion upon the best clinical judgment
 9 of the physician.

, or of a subdivision of the state or a
country, city, village, town, or family
care district

10 **SECTION 3.** 20.927 (3g) of the statutes is created to read:

11 20.927 (3g) In the quarter following any annual quarter in which a physician
 12 provides an abortion using ~~state, county, city, village, town, or family care district~~
 13 ~~funds or federal funds passing through the state treasury,~~ health care the physician or, if any, specified under sub. (1)
 14 health care coverage provider shall submit a written report to the agency that contracted for the
 15 services of the physician. The report shall specify the number of abortions provided
 16 in the previous quarter by the health care coverage provider to individuals for whom the use of ~~state,~~
 17 ~~county, city, village, town, or family care district funds or federal funds passing~~
 18 ~~through the state treasury~~ for an abortion is permitted under this section, the reason
 19 for each abortion, and the total cost of each abortion.

20 **SECTION 4.** 20.927 (3r) of the statutes is created to read:

21 20.927 (3r) The agency that receives a report under sub. (3g) shall forward to
 22 the department of health and family services a copy of each report submitted. The
 23 department of health and family service shall review the data for compliance with

BILL

1 this section and annually publish a summary of the information obtained under this
2 subsection.

3 (END)

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FROM THE
LEGISLATIVE REFERENCE BUREAU

LRB-2529/2ins
DAK:jld:km

INSERT 2-1

1 SECTION 1. 20.927 (1) of the statutes is amended to read:

2 20.927 (1) Except as provided under subs. (2) and (3), no funds of this state or
3 of any county, city, village, town or family care district under s. 46.2895 or of any
4 subdivision or agency of this state or of any county, city, village ~~or~~, town, or family
5 care district and no federal funds passing through the state treasury shall be
6 authorized for or paid to a physician or surgeon or a hospital, clinic or other medical
7 facility for the performance of an abortion.

History: 1977 c. 245; 1999 a. 9.



State of Wisconsin

LEGISLATIVE REFERENCE BUREAU

100 NORTH HAMILTON STREET
5TH FLOOR
MADISON, WI 53701-2037

STEPHEN R. MILLER
CHIEF

LEGAL SECTION: (608) 266-3561
LEGAL FAX: (608) 264-6948

April 5, 2001

MEMORANDUM

To: Representative Gard

From: Debora A. Kennedy, Managing Attorney

Re: LRB-2529/2 Expand certification requirements for publicly funded abortions; require quarterly reports

The attached draft was prepared at your request. Please review it carefully to ensure that it is accurate and satisfies your intent. If it does and you would like it jacketed for introduction, please indicate below for which house you would like the draft jacketed and return this memorandum to our office. If you have any questions about jacketing, please call our program assistants at 266-3561. Please allow one day for jacketing.

JACKET FOR ASSEMBLY JACKET FOR SENATE

If you have any questions concerning the attached draft, or would like to have it redrafted, please contact me at (608) 266-0137 or at the address indicated at the top of this memorandum.

If the last paragraph of the analysis states that a fiscal estimate will be prepared, the LRB will request that it be prepared after the draft is introduced. You may obtain a fiscal estimate on the attached draft before it is introduced by calling our program assistants at 266-3561. Please note that if you have previously requested that a fiscal estimate be prepared on an earlier version of this draft, you will need to call our program assistants in order to obtain a fiscal estimate on this version before it is introduced.

Please call our program assistants at 266-3561 if you have any questions regarding this memorandum.

Gretschmann, Karen

From: Gretschmann, Karen
Sent: Monday, April 16, 2001 10:14 AM
To: Schoenfeldt, Jeff
Subject: 01-2688/1 and 2529/2



01-2688/1



01-25292.pdf

*Karen Gretschmann
Legislative Program Assistant/Financial Specialist
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