

**DRAFTER'S NOTE**  
**FROM THE**  
**LEGISLATIVE REFERENCE BUREAU**

LRB-0585/4dn  
DAK:cjs:ch

February 1, 2002

To Representative Coggs:

The following are issues that arose in drafting this bill or are items for your information:

1. In s. 49.45 (53) (b) I changed "all" to "any," since it is possible that DHFS will not subject all drugs of a manufacturer or labeler to prior authorization requirements.
2. With respect to s. 49.689 (2) (a):
  - a. Note that I did not include payment of the program fee as a condition of eligibility; instead, I included it as a requirement under s. 49.689 (3) prior to issuance of a prescription drug card; therefore, it will be unnecessary for an applicant for eligibility to send in the \$20 before he or she is determined eligible. Is this what you want?
  - b. In s. 49.689 (2) (a) 3., not that I have required that the person not have insurance coverage for 30 *consecutive* days *immediately prior* to applying for the program. Okay?
  - c. I have included participation in medical assistance, Badger Care, HIRSP, Senior Care, and private health insurance coverage as factors that would render a person ineligible. Are there any other state programs that you would want to include in this group?
3. As s. 49.689 (3) is drafted, each person who is eligible will have to pay the \$20 enrollment fee; there is no provision for a couple, for instance, to pay a single \$20 fee. Is the provision drafted as you wish?
4. I have written the provision concerning DHFS' agreements with other states to negotiate rebate agreements into s. 49.689 (6) (a), so that the requirements for rebate agreements under that paragraph would apply to any rebate agreements that would result from an intrastate agreement. Is that what you want?
5. I have specified in s. 49.689 (6) (f) that DHFS must justify *to the manufacturer or labeler* the reason for a discrepancy that is not in favor of the manufacturer or labeler in the information provided to the manufacturer or labeler concerning the rebate; this previously was unspecified. Okay?
6. I made the bill effective on publication. Is that what you want?

7. In s. 49.689 (6) (b), I have expanded the types of patient-identifiable data that must be treated as a patient health care record to include data as defined in s. 153.50 (1) (b) 1. or 2. and data specified in s. 153.50 (3) (b) 1. to 7. Please review.

I would appreciate your providing Rachel Carabell of the Legislative Fiscal Bureau with a copy of this bill for her review.

Please let me know if you have questions about the bill or if I can provide you with any additional assistance.

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