

**ASSEMBLY AMENDMENT 1,
TO 2003 SENATE BILL 322**

March 11, 2004 – Offered by Representative WASSERMAN.

1 At the locations indicated, amend the bill as follows:

2 **1.** Page 1, line 2: after “plan” insert “treating property taxes as a deduction to
3 annual household income for purposes of determining eligibility and deductible
4 amounts under the prescription drug assistance program for the elderly; exempting
5 amounts claimed for depreciation for purposes of calculating farm and
6 self–employment income under the Medical Assistance and Badger Care health care
7 programs; requiring Medical Assistance incentive payments to hospitals that
8 establish a physician order entry record system; prescriptions for antibiotic drugs for
9 treatment of chlamydia, gonorrhea, or trichomonas; the requirements for
10 examinations for nursing home administrator licenses and for reciprocal nursing
11 home administrator licenses and creating an exemption from such requirements;
12 provision of home and community–based services under a community integration
13 program to persons relocated from facilities; discrimination in prescription drug

1 prices; health care provider service rates and insurer health care services
2 reimbursement rates; expanding the Volunteer Health Care Provider Program to
3 include provision of services to students from 4-year-old kindergarten to grade 6 in
4 public elementary schools, charter schools, and private schools that participate in
5 the Milwaukee Parental Choice Program; allowing any provider to participate in a
6 health care plan under the terms of the plan, requiring an annual period for
7 providers to elect to participate in health care plans, and requiring notice to a
8 provider of the reason for exclusion from a health care plan; treatment of prescription
9 drug costs, diagnostic testing, and payments under mandated insurance coverage of
10 treatment for nervous and mental disorders and alcoholism and other drug abuse
11 problems; increasing the limits for insurance coverage of nervous or mental health
12 disorders or alcoholism or other drug abuse problems; an exception to confidentiality
13 requirements for treatment records; granting rule-making authority; and requiring
14 the exercise of rule-making authority”.

15 **2.** Page 2, line 1: before that line insert:

16 “**SECTION 1.** 20.435 (4) (b) of the statutes is amended to read:

17 20.435 **(4)** (b) *Medical assistance program benefits.* Biennially, the amounts in
18 the schedule to provide the state share of medical assistance program benefits
19 administered under s. 49.45, to provide medical assistance program benefits
20 administered under s. 49.45 that are not also provided under par. (o), to fund the pilot
21 project under s. 46.27 (9) and (10), to provide the facility payments under 1999
22 Wisconsin Act 9, section 9123 (9m), to fund services provided by resource centers
23 under s. 46.283 and for services under the family care benefit under s. 46.284 (5).
24 Notwithstanding s. 20.002 (1), the department may transfer from this appropriation

1 to the appropriation under sub. (7) (kb) funds in the amount of and for the purposes
2 specified in s. 46.485. Notwithstanding ss. 20.001 (3) (b) and 20.002 (1), the
3 department may credit or deposit into this appropriation and may transfer between
4 fiscal years funds that it transfers from the appropriation under sub. (7) (kb) for the
5 purposes specified in s. 46.485 (3r). Notwithstanding s. 20.002 (1), the department
6 may transfer from this appropriation to the appropriation account under sub. (7) (bd)
7 funds in the amount and for the purposes specified in s. 49.45 (~~6v~~) (6L).

8 **SECTION 2.** 20.435 (7) (bd) of the statutes is amended to read:

9 20.435 (7) (bd) *Community options program; pilot projects; family care benefit.*

10 The amounts in the schedule for assessments, case planning, services,
11 administration and risk reserve escrow accounts under s. 46.27, for pilot projects
12 under s. 46.271 (1), to fund services provided by resource centers under s. 46.283 (5),
13 for services under the family care benefit under s. 46.284 (5) and for the payment of
14 premiums under s. 49.472 (5). If the department transfers funds to this
15 appropriation from the appropriation account under sub. (4) (b), the amounts in the
16 schedule for the fiscal year for which the transfer is made are increased by the
17 amount of the transfer for the purposes specified in s. 49.45 (~~6v~~) (6L).
18 Notwithstanding ss. 20.001 (3) (a) and 20.002 (1), the department may under this
19 paragraph transfer moneys between fiscal years. Except for moneys authorized for
20 transfer under this appropriation or under s. 46.27 (7) (fm) or (g), all moneys under
21 this appropriation that are allocated under s. 46.27 and are not spent or encumbered
22 by counties or by the department by December 31 of each year shall lapse to the
23 general fund on the succeeding January 1 unless transferred to the next calendar
24 year by the joint committee on finance.

25 **SECTION 3.** 46.03 (44) of the statutes is created to read:

1 **46.03 (44)** SEXUALLY TRANSMITTED DISEASE TREATMENT INFORMATION. Promulgate
2 a rule specifying the information that a physician, physician assistant, or advanced
3 practice nurse prescriber may provide, in writing, to a patient under s. 448.035 (3)
4 and encourage physicians, physician assistants, and advanced practice nurse
5 prescribers to provide such information to a patient under s. 448.035 (3). The
6 information shall consist of information about sexually transmitted diseases and
7 their treatment and about the risk of drug allergies. The information shall also
8 include a statement advising a person with questions about the information to
9 contact his or her physician or local health department, as defined in s. 250.01 (4).

10 **SECTION 4.** 46.277 (1) of the statutes is amended to read:

11 **46.277 (1)** LEGISLATIVE INTENT. The intent of the program under this section is
12 to provide home or community–based care to serve in a noninstitutional community
13 setting a person who meets eligibility requirements under 42 USC 1396n (c) and is
14 relocated from an institution other than a state center for the developmentally
15 disabled or meets the level of care requirements for medical assistance
16 reimbursement in a skilled nursing facility or an intermediate care facility, except
17 that the number of persons who receive home or community–based care under this
18 section is not intended, other than under sub. (4) (c), to exceed the number of nursing
19 home beds that are delicensed as part of a plan submitted by the facility and
20 approved by the department. The intent of the program is also that counties use all
21 existing services for providing care under this section, including those services
22 currently provided by counties.

23 **SECTION 5.** 46.277 (1m) (a) of the statutes is renumbered 46.277 (1m) (ak).

24 **SECTION 6.** 46.277 (1m) (ag) of the statutes is created to read:

1 46.277 **(1m)** (ag) “Delicensed” means deducted from the number of beds stated
2 on a facility’s license, as specified under s. 50.03 (4) (e).

3 **SECTION 7.** 46.277 (2) (intro.) of the statutes is amended to read:

4 46.277 **(2)** DEPARTMENTAL POWERS AND DUTIES. (intro.) The department may
5 request a waiver from the secretary of the federal department of health and human
6 services, under 42 USC 1396n (c), authorizing the department to serve medical
7 assistance recipients, who meet the level of care requirements for medical assistance
8 reimbursement in a skilled nursing facility or an intermediate care facility, in their
9 communities by providing home or community–based services as part of medical
10 assistance. ~~The Except under sub. (4) (c), the number of persons for whom the waiver~~
11 ~~is requested may not exceed the number of nursing home beds that are delicensed~~
12 ~~as part of a plan submitted by the facility and approved by the department. If the~~
13 ~~department requests a waiver, it shall include all assurances required under 42 USC~~
14 ~~1396n (c) (2) in its request. If the department receives this waiver, it may request~~
15 ~~one or more 3–year extensions of the waiver under 42 USC 1396n (c) and shall~~
16 ~~perform the following duties:~~

17 **SECTION 8.** 46.277 (3) (a) of the statutes is amended to read:

18 46.277 **(3)** (a) Sections 46.27 (3) (b) and 46.275 (3) (a) and (c) to (e) apply to
19 county participation in this program, except that services provided in the program
20 shall substitute for care provided a person in a skilled nursing facility or
21 intermediate care facility who meets the level of care requirements for medical
22 assistance reimbursement to that facility rather than for care provided at a state
23 center for the developmentally disabled. ~~The Except in sub. (4) (c), the number of~~
24 ~~persons who receive services provided by the program under this paragraph may not~~
25 ~~exceed the number of nursing home beds, other than beds specified in sub. (5g) (b),~~

1 that are delicensed as part of a plan submitted by the facility and approved by the
2 department.

3 **SECTION 9.** 46.277 (3) (b) 1. of the statutes is amended to read:

4 46.277 (3) (b) 1. ~~If Except under sub. (4) (c), if~~ the provision of services under
5 this section results in a decrease in the statewide nursing home bed limit under s.
6 150.31 (3), the facility affected by the decrease shall submit a plan for delicensing all
7 or part of the facility that is approved by the department.

8 **SECTION 10.** 46.277 (3) (b) 2. of the statutes is amended to read:

9 46.277 (3) (b) 2. Each county department participating in the program shall
10 provide home or community–based care to persons eligible under this section, except
11 that the number of persons who receive home or community–based care under this
12 section may not exceed, ~~other than under sub. (4) (c),~~ the number of nursing home
13 beds, other than beds specified in sub. (5g) (b), that are delicensed as part of a plan
14 submitted by the facility and approved by the department.

15 **SECTION 11.** 46.277 (4) (a) of the statutes is amended to read:

16 46.277 (4) (a) Any medical assistance recipient who meets the level of care
17 requirements for medical assistance reimbursement in a skilled nursing facility or
18 intermediate care facility is eligible to participate in the program, except that the
19 number of participants may not exceed, ~~other than under par. (c),~~ the number of
20 nursing home beds, other than beds specified in sub. (5g) (b), that are delicensed as
21 part of a plan submitted by the facility and approved by the department. Such a
22 recipient may apply, or any person may apply on behalf of such a recipient, for
23 participation in the program. Section 46.275 (4) (b) applies to participation in the
24 program.

25 **SECTION 12.** 46.277 (4) (b) of the statutes is amended to read:

1 46.277 (4) (b) To the extent authorized under 42 USC 1396n and except under
2 par. (c), if a person discontinues participation in the program, a medical assistance
3 recipient may participate in the program in place of the participant who discontinues
4 if that recipient meets the level of care requirements for medical assistance
5 reimbursement in a skilled nursing facility or intermediate care facility, except that
6 the number of participants may not exceed the number of nursing home beds, other
7 than beds specified in sub. (5g) (b), that are delicensed as part of a plan submitted
8 by the facility and approved by the department.

9 **SECTION 13.** 46.277 (4) (c) of the statutes is created to read:

10 46.277 (4) (c) The department may, under this paragraph, provide funding
11 under this section for services for a medical assistance recipient who relocates from
12 a facility to the community, beginning on the date of the relocation and ending on the
13 date that the individual discontinues participation in the program or no longer meets
14 the level of care requirements for medical assistance reimbursement in a skilled
15 nursing facility or an intermediate care facility. Funding for medical assistance costs
16 for individuals relocated under this paragraph may not exceed, in the aggregate,
17 total medical assistance costs for the individuals if served in facilities. The total
18 number of individuals who may participate in the program under this paragraph is
19 not restricted by any otherwise applicable limitation on the number of individuals
20 who may participate in the program under this section.

21 **SECTION 14.** 46.277 (5) (g) of the statutes, as created by 2003 Wisconsin Act 33,
22 is amended to read:

23 46.277 (5) (g) The department may provide enhanced reimbursement for
24 services provided under this section to an individual who is relocated to the
25 community from a nursing home by a county department on or after July 26, 2003,

1 if the nursing home bed that was used by the individual is delicensed upon relocation
2 of the individual or if the individual is relocated under sub. (4) (c). The department
3 shall develop and utilize a formula to determine the enhanced reimbursement rate.

4 **SECTION 15.** 46.277 (5g) (a) of the statutes is amended to read:

5 46.277 **(5g)** (a) The Except under sub. (4) (c), the number of persons served
6 under this section may not exceed the number of nursing home beds that are
7 delicensed as part of a plan submitted by the facility and approved by the
8 department.

9 **SECTION 16.** 49.45 (6ur) of the statutes is created to read:

10 49.45 **(6ur)** PHYSICIAN ORDER ENTRY RECORD SYSTEM; INCENTIVE PAYMENTS. From
11 the appropriation accounts under s. 20.435 (4) (b) and (o), the department shall
12 annually make an incentive payment to each hospital that establishes, by January
13 1, 2007, and thereafter continues to maintain a physician order entry record system
14 for provided medical services that, at a minimum, include pharmacy, laboratory,
15 ultrasonography, and radiology services. The incentive payment shall equal 1% of
16 the Medical Assistance reimbursement to the hospital for the previous fiscal year.

17 **SECTION 17.** 49.45 (6v) of the statutes is renumbered 49.45 (6L).

18 **SECTION 18.** 49.45 (53) of the statutes is created to read:

19 49.45 **(53)** FISCAL INTERMEDIARY; DENTAL FORMS. The department's fiscal
20 intermediary shall maintain a separate unit for the processing of claims for dental
21 services received under this section.

22 **SECTION 19.** 49.46 (1) (a) 1. of the statutes is amended to read:

23 49.46 **(1)** (a) 1. Notwithstanding s. 49.19 (20), any individual who, without
24 regard to the individual's resources and subject to par. (ar), would qualify for a grant
25 of aid to families with dependent children under s. 49.19.

1 **SECTION 20.** 49.46 (1) (a) 1g. of the statutes is amended to read:

2 49.46 (1) (a) 1g. Notwithstanding s. 49.19 (20), any individual who, without
3 regard to the individual's resources and subject to par. (ar), would qualify for a grant
4 of aid to families with dependent children but who would not receive the aid solely
5 because of the application of s. 49.19 (11) (a) 7.

6 **SECTION 21.** 49.46 (1) (a) 1m. of the statutes is amended to read:

7 49.46 (1) (a) 1m. Any pregnant woman whose income, determined in
8 accordance with par. (ar), does not exceed the standard of need under s. 49.19 (11)
9 and whose pregnancy is medically verified. Eligibility continues to the last day of
10 the month in which the 60th day after the last day of the pregnancy falls.

11 **SECTION 22.** 49.46 (1) (a) 6. of the statutes is amended to read:

12 49.46 (1) (a) 6. Any person not described in pars. (c) to (e) who, without regard
13 to the individual's resources and subject to par. (ar), would be considered, under
14 federal law, to be receiving aid to families with dependent children for the purpose
15 of determining eligibility for medical assistance.

16 **SECTION 23.** 49.46 (1) (a) 9. of the statutes is amended to read:

17 49.46 (1) (a) 9. Any pregnant woman not described under subd. 1., 1g., or 1m.
18 whose family income, determined in accordance with par. (ar), does not exceed 133%
19 of the poverty line for a family the size of the woman's family.

20 **SECTION 24.** 49.46 (1) (a) 10. of the statutes is amended to read:

21 49.46 (1) (a) 10. Any child not described under subd. 1. or 1g. who is under 6
22 years of age and whose family income, determined in accordance with par. (ar), does
23 not exceed 133% of the poverty line for a family the size of the child's family.

24 **SECTION 25.** 49.46 (1) (a) 11. of the statutes is amended to read:

1 49.46 (1) (a) 11. If a waiver under s. 49.665 is granted and in effect, any child
2 not described under subd. 1. or 1g. who has attained the age of 6 but has not attained
3 the age of 19 and whose family income, determined in accordance with par. (ar), does
4 not exceed 100% of the poverty line for a family the size of the child's family. If a
5 waiver under s. 49.665 is not granted or in effect, any child not described in subd. 1.
6 or 1g. who was born after September 30, 1983, who has attained the age of 6 but has
7 not attained the age of 19 and whose family income, determined in accordance with
8 par. (ar), does not exceed 100% of the poverty line for a family the size of the child's
9 family.

10 **SECTION 26.** 49.46 (1) (a) 12. of the statutes is amended to read:

11 49.46 (1) (a) 12. Any child not described under subd. 1. or 1g. who is under 19
12 years of age and whose income, determined in accordance with par. (ar), does not
13 exceed the standard of need under s. 49.19 (11).

14 **SECTION 27.** 49.46 (1) (ar) of the statutes is created to read:

15 49.46 (1) (ar) 1. Except as provided in subd. 2. and except to the extent that the
16 determination is inconsistent with 42 USC 1396a (a) (17), for purposes of
17 determining under par. (a) 1., 1g., or 6. whether an individual would qualify for a
18 grant of aid to families with dependent children under s. 49.19 or would be
19 considered, under federal law, to be receiving aid to families with dependent
20 children, or of determining whether an individual meets the income limits under par.
21 (a) 1m., 9., 10., 11., or 12., "income" includes income that would be included in
22 determining eligibility for aid to families with dependent children under s. 49.19 and
23 excludes income that would be excluded in determining eligibility for aid to families
24 with dependent children under s. 49.19.

1 2. Notwithstanding s. 49.19 (5), for purposes of determining under par. (a) 1.,
2 1g., or 6. whether an individual would qualify for a grant of aid to families with
3 dependent children under s. 49.19 or would be considered, under federal law, to be
4 receiving aid to families with dependent children, or of determining whether an
5 individual meets the income limits under par. (a) 1m., 9., 10., 11., or 12., (am), or (e),
6 the department shall exclude from the calculation of farm or self-employment
7 income any amounts claimed for depreciation for income tax purposes.

8 **SECTION 28.** 49.46 (1) (e) of the statutes is amended to read:

9 49.46 (1) (e) If an application under s. 49.47 (3) shows that the individual
10 individual's income, determined in accordance with par. (ar), meets the income limits
11 under s. 49.19, or that the individual meets the income and resource requirements
12 under federal Title XVI or s. 49.77, or ~~that the individual~~ is an essential person, an
13 accommodated person, or a patient in a public medical institution, the individual
14 shall be granted the benefits enumerated under sub. (2) whether or not the
15 individual requests or receives a grant of any of such aids.

16 **SECTION 29.** 49.46 (1) (L) of the statutes is repealed.

17 **SECTION 30.** 49.47 (4) (am) 1. of the statutes is amended to read:

18 49.47 (4) (am) 1. A pregnant woman whose family income, determined in
19 accordance with par. (cg), does not exceed 155% of the poverty line for a family the
20 size of the woman's family, except that, if a waiver under par. (j) or a change in the
21 approved state plan under s. 49.46 (1) (am) 2. is in effect, the income limit is 185%
22 of the poverty line for a family the size of the woman's family in each state fiscal year
23 after the 1994–95 state fiscal year.

24 **SECTION 31.** 49.47 (4) (am) 2. of the statutes is amended to read:

1 49.47 (4) (am) 2. A child who is under 6 years of age and whose family income,
2 determined in accordance with par. (cg), does not exceed 155% of the poverty line for
3 a family the size of the child's family, except that, if a waiver under par. (j) or a change
4 in the approved state plan under s. 49.46 (1) (am) 2. is in effect, the income limit is
5 185% of the poverty line for a family the size of the child's family in each state fiscal
6 year after the 1994–95 state fiscal year.

7 **SECTION 32.** 49.47 (4) (c) 1. of the statutes is amended to read:

8 49.47 (4) (c) 1. Except as provided in par. (am) and as limited by subd. 3.,
9 eligibility exists if income, determined in accordance with par. (cg), does not exceed
10 133 1/3% of the maximum aid to families with dependent children payment under
11 s. 49.19 (11) for the applicant's family size or the combined benefit amount available
12 under supplemental security income under 42 USC 1381 to 1383c and state
13 supplemental aid under s. 49.77, whichever is higher. ~~In this subdivision~~

14 (cg) 1. Except as provided in subd. 3., for purposes of determining whether an
15 individual's income meets the income requirements under par. (c), "income" includes
16 earned or unearned income that would be included in determining eligibility for the
17 individual or family under s. 49.19 or 49.77, or for the aged, blind or disabled under
18 42 USC 1381 to 1385. ~~"Income" does not include and excludes~~ earned or unearned
19 income ~~which~~ that would be excluded in determining eligibility for the individual or
20 family under s. 49.19 or 49.77, or for the aged, blind or disabled individual under 42
21 USC 1381 to 1385.

22 **SECTION 33.** 49.47 (4) (c) 3. of the statutes is amended to read:

23 49.47 (4) (c) 3. Except as provided in par. (am), no person is eligible for medical
24 assistance under this section if the person's income, determined in accordance with

1 par. (cg), exceeds the maximum income levels that the U.S. department of health and
2 human services sets for federal financial participation under 42 USC 1396b (f).

3 **SECTION 34.** 49.47 (4) (cg) 3. of the statutes is created to read:

4 49.47 (4) (cg) 3. Notwithstanding s. 49.19 (5), for purposes of determining
5 whether an individual under par. (ag) or (am) is eligible for medical assistance, the
6 department shall exclude from the calculation of farm or self–employment income
7 any amounts claimed for depreciation for income tax purposes.

8 **SECTION 35.** 49.47 (4) (h) of the statutes is renumbered 49.47 (4) (cg) 2. and
9 amended to read:

10 49.47 (4) (cg) 2. ~~For the Except as provided in subd. 3., for purposes of~~
11 determining whether an individual meets the income limits under par. (am),
12 “income” includes income that would be used included in determining eligibility for
13 aid to families with dependent children under s. 49.19 and excludes income that
14 would be excluded in determining eligibility for aid to families with dependent
15 children under s. 49.19.

16 **SECTION 36.** 49.665 (4) (a) 1. of the statutes is amended to read:

17 49.665 (4) (a) 1. The family’s income does not exceed 185% of the poverty line,
18 except as provided in par. (at) and except that a family that is already receiving
19 health care coverage under this section may have an income that does not exceed
20 200% of the poverty line. ~~The Subject to par. (d), the~~ department shall establish by
21 rule the criteria to be used to determine income.

22 **SECTION 37.** 49.665 (4) (d) of the statutes is created to read:

23 49.665 (4) (d) For purposes of determining a family’s or child’s income under
24 this section, the department shall exclude from the calculation of farm or

1 self-employment income any amounts claimed for depreciation for income tax
2 purposes.

3 **SECTION 38.** 49.688 (4r) of the statutes is created to read:

4 49.688 (4r) In determining a person's annual household income under sub. (2)
5 (a) 4. and (b) for purposes of determining eligibility for prescription drug assistance
6 and under sub. (3) (b) 1. and 2. a. for purposes of establishing the required deductible
7 amount, the department shall deduct the amount of property taxes that the person
8 or any member of his or her household paid on the person's primary residence in the
9 12-month period before the department makes an eligibility determination under
10 sub. (4).

11 **SECTION 39.** 51.30 (4) (b) 13. of the statutes is renumbered 51.30 (4) (cm) and
12 amended to read:

13 51.30 (4) (cm) Required access to records. ~~To the parents, children~~
14 Notwithstanding par. (a), treatment records of an individual shall be released
15 without informed written consent, except as restricted under par. (c), to the parent,
16 child, sibling, or spouse of an individual who is or was a patient at an inpatient
17 facility; to a law enforcement officer who is seeking to determine whether an
18 individual is on unauthorized absence from the facility; and to mental health
19 professionals who are providing treatment to the individual at the time that the
20 information is released to others. Information released under this subdivision
21 paragraph is limited to notice as to whether or not an individual is a patient at the
22 inpatient facility and, if the individual is no longer a patient at the inpatient facility,
23 the facility or other place, if known, at which the individual is located. This
24 paragraph does not apply to an individual's parent, child, sibling, or spouse from

1 whom the individual has specifically requested that the information under this
2 paragraph be withheld.

3 **SECTION 40.** 100.31 (title) of the statutes is amended to read:

4 **100.31 (title) ~~Unfair discrimination in~~ Prescription drug pricing.**

5 **SECTION 41.** 100.31 (1) (a) of the statutes is renumbered 100.31 (1) (bm) and
6 amended to read:

7 100.31 (1) (bm) “~~Drug~~” “Prescription drug” means any substance subject to 21
8 USC 353 (b).

9 **SECTION 42.** 100.31 (1) (ae) of the statutes is created to read:

10 100.31 (1) (ae) “Consumer” means a person for whom a prescription drug is
11 prescribed.

12 **SECTION 43.** 100.31 (1) (as) of the statutes is created to read:

13 100.31 (1) (as) “Federal drug list” means the “Approved Drug Products with
14 Therapeutic Equivalence Evaluations” published by the federal food and drug
15 administration, or other publication specified in rules promulgated by the
16 department under sub. (2r).

17 **SECTION 44.** 100.31 (1) (b) of the statutes is renumbered 100.31 (1) (am) and
18 amended to read:

19 100.31 (1) (am) “~~Purchaser~~” “Dispenser” means any person who engages
20 primarily in selling dispensing, as defined in s. 450.01 (7), prescription drugs directly
21 to consumers for outpatient use. “Dispenser” includes a hospital that directly or
22 indirectly bills patients for prescription drugs, or an insurer that issues a defined
23 network plan, as defined in s. 609.01 (1b), and that provides prescription drugs or
24 prescription drug coverage to the enrollees of the plan.

25 **SECTION 45.** 100.31 (1) (c) of the statutes is amended to read:

1 100.31 (1) (c) “Seller” means any person who trades in prescription drugs for
2 resale to purchasers dispensers in this state.

3 **SECTION 46.** 100.31 (2) of the statutes is amended to read:

4 100.31 (2) PRICE DISCRIMINATION PROHIBITED. Every seller shall offer
5 prescription drugs from the most current federal drug list of therapeutically
6 equivalent drugs published by the federal food and drug administration to every
7 purchaser dispenser in this state, with all rights and privileges offered or accorded
8 by the seller to the most favored purchaser dispenser, including purchase prices for
9 similar volume purchases, rebates, free merchandise, samples, and similar trade
10 concessions. Nothing in this subsection prohibits the giving of a discount for volume
11 purchases.

12 **SECTION 47.** 100.31 (2r) of the statutes is created to read:

13 100.31 (2r) RULES. The department may promulgate rules that, for purposes
14 of sub. (1) (as), specify a publication that identifies drug products approved on the
15 basis of safety and effectiveness by the federal food and drug administration under
16 the federal Food, Drug, and Cosmetic Act.

17 **SECTION 48.** 100.31 (4) of the statutes is amended to read:

18 100.31 (4) PENALTIES. For any violation of this section, the department or a
19 district attorney may commence an action on behalf of the state to recover a forfeiture
20 of not less than \$100 nor more than \$10,000 for each offense. Each delivery of a
21 prescription drug sold to a purchaser dispenser at a price in violation of this section
22 and each separate day in violation of an injunction issued under this section is a
23 separate offense.

24 **SECTION 49.** 146.385 of the statutes is created to read:

1 **146.385 Health care provider service rate charges; limitations. (1)** In
2 this section:

3 (a) “Health care provider” means any of the following that receives income from
4 the provision of health care or mental health services, items, or supplies in this state:

5 1. An individual who is licensed, registered, permitted, or certified by the
6 department of health and family services or by the department of regulation and
7 licensing to provide health care or mental health services, items, or supplies.

8 2. A partnership, corporation, or limited liability company of individuals
9 specified in subd. 1.

10 3. A facility or agency that provides health care or mental health services,
11 items, or supplies.

12 (b) “Insurer” means an insurer that is authorized to do business in this state,
13 in one or more lines of insurance that includes health insurance, and that offers
14 health care plans, as defined in s. 628.36 (2) (a) 1., covering individuals in this state.

15 **(2)** (a) By April 1 annually, the department shall make available on the
16 department’s website, in a form that is downloadable, and, upon request, by mail, the
17 current Medical Assistance fee schedule for health care services of health care
18 providers.

19 (b) The department may make available on the department’s website, in a form
20 that is downloadable, and, upon request, by mail, all of the following:

21 1. The current insurer rates of health care providers provided to the
22 department under sub. (3) (a), including any rate increases about which the
23 department is informed under sub. (3) (a).

1 2. The current rates of reimbursement for health care services of health care
2 providers provided to the department under sub. (5), including any rate increases
3 about which the department is informed under sub. (5).

4 (c) The department may contract for the receipt of information under sub. (3)
5 (a) or (5) and for the posting of the information under par. (a) or (b), in accordance
6 with the department's request-for-proposal procedures.

7 **(3)** (a) By April 15 annually, a health care provider shall provide to the
8 department, on a form provided by the department, a statement of the provider's
9 rates for health care services for the period from the following May 1 to April 30. If
10 during this period the health care provider increases any of the rates from the
11 amount stated, the health care provider shall so inform the department, on a form
12 provided by the department. The rates shall be stated in a form determined by the
13 department that may include statement as a percentage of the Medical Assistance
14 fee schedule for services of providers, as specified by the department under sub. (2)
15 (a).

16 (b) Beginning on May 1 annually, a health care provider shall, with respect to
17 the provider's rates for the period from that date to April 30 of the following year, do
18 all of the following:

19 1. If the health care provider has an Internet website, post the rates, including
20 any rate increases, on the website, in a form that is downloadable.

21 2. Take reasonable steps to ensure that health care consumers of services of the
22 health care provider are aware that information on the provider's rates for health
23 care services is available and are informed about the means by which the rate
24 information may be obtained.

1 **(4)** Any increase in a rate for the health care service of a health care provider
2 is chargeable only after the health care provider has, under sub. (3) (a), informed the
3 department of the increase and has, if applicable, posted the rate increase under sub.
4 (3) (b) 1.

5 **(5)** By April 15 annually, an insurer shall provide to the department, on a form
6 provided by the department, and to the insurer's insureds a statement of the
7 insurer's rates of reimbursement for health care services of health care providers for
8 the period from the following May 1 to April 30. If during this period the insurer
9 increases any of the rates of reimbursement from the amount stated, the insurer
10 shall so inform the department, on a form provided by the department. The rates of
11 reimbursement shall be stated as a percentage of the Medical Assistance fee
12 schedule for health care services of health care providers, as specified by the
13 department under sub. (2) (a).

14 **SECTION 50.** 146.89 (1) of the statutes is renumbered 146.89 (1) (intro.) and
15 amended to read:

16 146.89 **(1)** (intro.) In this section, ~~“volunteer;~~

17 (r) “Volunteer health care provider” means an individual who is licensed as a
18 physician under ch. 448, dentist under ch. 447, registered nurse, practical nurse, or
19 nurse–midwife under ch. 441, optometrist under ch. 449, or physician assistant
20 under ch. 448 or certified as a dietitian under subch. V of ch. 448 and who receives
21 no income from the practice of that health care profession or who receives no income
22 from the practice of that health care profession when providing services at the
23 nonprofit agency or school specified under sub. (3).

24 **SECTION 51.** 146.89 (1) (d) of the statutes is created to read:

1 146.89 (1) (d) “Governing body” means the governing body of any of the
2 following:

3 1. A charter school, as defined in s. 115.001 (1).

4 2. A private school, as defined in s. 115.001 (3r), that participates in the
5 Milwaukee Parental Choice Program under s. 119.23.

6 **SECTION 52.** 146.89 (1) (g) of the statutes is created to read:

7 146.89 (1) (g) “School” means any of the following:

8 1. A public elementary school.

9 2. A charter school, as defined in s. 115.001 (1).

10 3. A private school, as defined in s. 115.001 (3r), that participates in the
11 Milwaukee Parental Choice Program under s. 119.23

12 **SECTION 53.** 146.89 (1) (h) of the statutes is created to read:

13 146.89 (1) (h) “School board” has the meaning given in s. 115.001 (7).

14 **SECTION 54.** 146.89 (2) (a) of the statutes is amended to read:

15 146.89 (2) (a) A volunteer health care provider may participate under this
16 section only if he or she submits a joint application with a nonprofit agency, school
17 board, or governing body to the department of administration and that department
18 approves the application. If the volunteer health care provider submits a joint
19 application with a school board or governing body, the application shall include a
20 statement by the school board or governing body that certifies that the volunteer
21 health care provider has received materials that specify school board or governing
22 body policies concerning the provision of health care services to students and has
23 agreed to comply with the policies. The department of administration shall provide
24 application forms for use under this paragraph.

25 **SECTION 55.** 146.89 (2) (c) of the statutes is amended to read:

1 146.89 (2) (c) The department of administration shall notify the volunteer
2 health care provider and the nonprofit agency, school board, or governing body of the
3 department's decision to approve or disapprove the application.

4 **SECTION 56.** 146.89 (2) (d) of the statutes is amended to read:

5 146.89 (2) (d) Approval of an application of a volunteer health care provider is
6 valid for one year. If a volunteer health care provider wishes to renew approval, he
7 or she shall submit a joint renewal application with a nonprofit agency, school board,
8 or governing body to the department of administration. The department of
9 administration shall provide renewal application forms that are developed by the
10 department of health and family services and that include questions about the
11 activities that the individual has undertaken as a volunteer health care provider in
12 the previous 12 months.

13 **SECTION 57.** 146.89 (3) (b) (intro.) of the statutes is amended to read:

14 146.89 (3) (b) (intro.) ~~The~~ Under this section, the nonprofit agency may provide
15 the following health care services:

16 **SECTION 58.** 146.89 (3) (c) of the statutes is amended to read:

17 146.89 (3) (c) ~~The~~ Under this section, the nonprofit agency may not provide
18 emergency medical services, hospitalization, or surgery, except as provided in par.
19 (b) 8.

20 **SECTION 59.** 146.89 (3) (d) (intro.) of the statutes is amended to read:

21 146.89 (3) (d) (intro.) ~~The~~ Under this section, the nonprofit agency shall provide
22 health care services primarily to low-income persons who are uninsured and who are
23 not recipients of any of the following:

24 **SECTION 60.** 146.89 (3m) of the statutes is created to read:

1 146.89 (3m) All of the following apply to a volunteer health care provider whose
2 joint application with a school board or relevant governing body is approved under
3 sub. (2):

4 (a) Before providing health care services in a school, the volunteer health care
5 provider shall provide to the school board or relevant governing body proof of
6 satisfactory completion of any competency requirements that are relevant to the
7 volunteer health care provider, as specified by the department of public instruction
8 by rule.

9 (b) Under this section, the volunteer health care provider may provide only to
10 students from 4-year-old kindergarten to grade 6 the following health care services:

11 1. Except as specified in par. (c), the health care services specified in sub. (3)

12 (b) 1. to 5., 7., and 8.

13 2. First aid for illness or injury.

14 3. Except as specified in par. (c), the administration of drugs, as specified in s.
15 118.29 (2) (a) 1. to 3.

16 4. Health screenings.

17 5. Any other health care services designated by the department of public
18 instruction by rule.

19 (c) Under this section, the volunteer health care provider may not provide any
20 of the following:

21 1. Emergency medical services.

22 2. Hospitalization.

23 3. Surgery, except as provided in par. (b) 2. and 5.

24 4. A referral for abortion, as defined in s. 48.375.

25 5. A contraceptive article, as defined in s. 450.155 (1) (a).

1 6. A pregnancy test.

2 (d) Any health care services provided under par. (b) shall be provided without
3 charge at the school and shall be available to all students from 4-year-old
4 kindergarten to grade 6 regardless of income.

5 **SECTION 61.** 441.07 (1) (d) of the statutes is amended to read:

6 441.07 **(1)** (d) Misconduct or unprofessional conduct. In this paragraph,
7 “misconduct” and “unprofessional conduct” do not include the prescribing of an
8 antibiotic drug as described in s. 448.035.

9 **SECTION 62.** 441.16 (3m) of the statutes is created to read:

10 441.16 **(3m)** An advanced practice nurse who is certified under sub. (2) may
11 prescribe an antibiotic drug as described in s. 448.035.

12 **SECTION 63.** 448.015 (4) of the statutes is amended to read:

13 448.015 **(4)** “Unprofessional conduct” means those acts or attempted acts of
14 commission or omission defined as unprofessional conduct by the board under the
15 authority delegated to the board by s. 15.08 (5) (b) and any act by a physician or
16 physician assistant in violation of ch. 450 or 961. “Unprofessional conduct” does not
17 include the prescribing of an antibiotic drug as described in s. 448.035.

18 **SECTION 64.** 448.035 of the statutes is created to read:

19 **448.035 Prescribing certain antibiotic drugs. (1)** In this section:

20 (a) “Advanced practice nurse prescriber” means a nurse who is certified under
21 s. 441.16 (2).

22 (b) “Antibiotic drug” means an antibiotic drug recommended for treatment of
23 chlamydia, gonorrhea, or trichomonas in the most current guidelines for the
24 treatment of sexually transmitted diseases of the federal centers for disease control.

1 **(2)** Notwithstanding the requirements of s. 448.30, a physician, physician
2 assistant, or advanced practice nurse prescriber may prescribe an antibiotic drug as
3 a course of therapy for treatment of chlamydia, gonorrhea, or trichomonas to a
4 patient for use by a person with whom the patient has had sexual intercourse if the
5 patient states to the physician, physician assistant, or advanced practice nurse
6 prescriber that the person is not allergic to the drug. The prescription order is
7 required to include the name and address of the patient, a statement that indicates
8 that the patient should ask the person with whom the patient has had sexual
9 intercourse whether that person is allergic to the drug, and a statement that
10 indicates that the drug should not be taken by a person who is allergic to the drug.
11 The prescription order is not required to include the name and address of the person
12 with whom the patient has had sexual intercourse. The prescription order shall state
13 that the patient is responsible for paying for the antibiotic drug that is prescribed for
14 the person with whom the patient has had sexual intercourse. This subsection does
15 not apply to the prescribing of a substance listed in the schedules in ss. 961.14,
16 961.16, 961.18, 961.20, and 961.22 or substances added by the controlled substances
17 board acting under s. 961.11 (1). A physician, physician assistant, or advanced
18 practice nurse prescriber may not issue prescriptions under this subsection for more
19 than 2 persons in one year with whom a particular patient has had sexual
20 intercourse.

21 **(3)** At the time of issuing the prescription under sub. (2), the physician,
22 physician assistant, or advanced practice nurse prescriber may provide the patient,
23 in writing, with information specified by the department of health and family
24 services under s. 46.03 (44) and request that the patient give the information to the
25 person with whom the patient has had sexual intercourse.

1 **SECTION 65.** 448.04 (1) (a) of the statutes is amended to read:

2 448.04 **(1)** (a) *License to practice medicine and surgery.* A person holding a
3 license to practice medicine and surgery may practice as defined in s. 448.01 (9) and
4 as provided in s. 448.035.

5 **SECTION 66.** 450.10 (1) (a) (intro.) of the statutes is amended to read:

6 450.10 **(1)** (a) (intro.) In this subsection, “unprofessional conduct” includes any
7 of the following, but is not limited to does not include the dispensing of an antibiotic
8 drug as described in s. 450.11 (1g):

9 **SECTION 67.** 450.11 (1) of the statutes is amended to read:

10 450.11 **(1)** DISPENSING. No person may dispense any prescribed drug or device
11 except upon the prescription order of a practitioner. All prescription orders shall
12 specify the date of issue, ~~the name and address of the patient,~~ the name and address
13 of the practitioner, the name and quantity of the drug product or device prescribed,
14 directions for the use of the drug product or device and, if the order is written by the
15 practitioner, the signature of the practitioner. Except as provided in s. 448.035 (2),
16 all prescription orders shall also specify the name and address of the patient. Any
17 oral prescription order shall be immediately reduced to writing by the pharmacist
18 and filed according to sub. (2).

19 **SECTION 68.** 450.11 (1g) of the statutes is created to read:

20 450.11 **(1g)** DISPENSING CERTAIN ANTIBIOTIC DRUGS. (a) In this subsection,
21 “antibiotic drug” has the meaning given in s. 448.035 (1) (b).

22 (b) A pharmacist may, upon the prescription order of a practitioner, as specified
23 in s. 448.035, and under all other requirements of sub. (1), dispense an antibiotic
24 drug as a course of therapy for treatment of chlamydia, gonorrhea, or trichomonas
25 to a patient for use by a person with whom the patient has had sexual intercourse.

1 A pharmacist may dispense an antibiotic drug under this paragraph without
2 providing a consultation to the person with whom the patient has had sexual
3 intercourse.

4 (c) A patient specified in par. (b) is responsible for paying for an antibiotic drug
5 that is dispensed under par. (b). Any insurance claim submitted by a pharmacist for
6 an antibiotic drug dispensed under this subsection shall specify that the antibiotic
7 drug was dispensed for use by a person other than the patient.

8 **SECTION 69.** 456.02 (intro.) of the statutes is amended to read:

9 **456.02 Duties.** (intro.) The examining board shall do all of the following:

10 **SECTION 70.** 456.02 (1) of the statutes is amended to read:

11 456.02 (1) Develop, impose and enforce standards ~~which must be met by~~
12 ~~individuals~~ that an individual is required to meet in order to receive a license as a
13 nursing home administrator, ~~which.~~ The standards shall be designed to ~~insure~~
14 ensure that a nursing home administrators ~~will be individuals who are~~
15 administrator is of good character and ~~are,~~ is otherwise suitable, and ~~who,~~ by
16 training or experience in the field of institutional administration, ~~are~~ is qualified to
17 serve as a nursing home administrators; administrator.

18 **SECTION 71.** 456.02 (2) of the statutes is amended to read:

19 456.02 (2) Develop and apply appropriate techniques, including examinations
20 and investigations, for determining whether an individual meets ~~such the~~
21 standards; under sub. (1).

22 **SECTION 72.** 456.02 (3) of the statutes is amended to read:

23 456.02 (3) Issue ~~licenses to individuals~~ a license to an individual determined,
24 after the application of ~~such the~~ techniques under sub. (2), to meet ~~such the~~
25 standards under sub. (1), and revoke or suspend ~~licenses~~ a license previously granted

1 by the examining board ~~in any case where~~ if the individual holding ~~any such~~ the
2 license is determined substantially to have failed to conform to the requirements of
3 ~~such~~ the standards;

4 **SECTION 73.** 456.02 (4) of the statutes is amended to read:

5 456.02 (4) Establish and carry out procedures designed to ~~insure~~ ensure that
6 individuals licensed as nursing home administrators will, ~~during any period that~~
7 ~~they serve as such,~~ comply with the requirements of ~~such~~ the standards; under sub.
8 (1).

9 **SECTION 74.** 456.02 (5) of the statutes is amended to read:

10 456.02 (5) Subject to the rules promulgated under s. 440.03 (1), receive,
11 investigate, and take appropriate action with respect to, any charge or complaint
12 filed with the examining board to the effect that any individual licensed as a nursing
13 home administrator has failed to comply with the requirements of ~~such~~ the
14 standards; under sub. (1).

15 **SECTION 75.** 456.02 (6) of the statutes is amended to read:

16 456.02 (6) In cooperation with other agencies and appropriate organizations,
17 conduct a continuing study of the practice of nursing home administration within the
18 state with a view to the improvement of the standards imposed for the licensing of
19 ~~such~~ nursing home administrators and of procedures and methods for the
20 enforcement of ~~such~~ the standards under sub. (1) with respect to nursing home
21 administrators ~~of nursing homes who have been licensed as such;~~ under this chapter.

22 **SECTION 76.** 456.02 (7) of the statutes is amended to read:

23 456.02 (7) ~~Develop and enforce standards for the~~ Promulgate rules
24 establishing supervised practical experience ~~to be required~~ requirements that,
25 except as provided in s. 456.04 (2m), an individual shall satisfy before being allowed

1 to take an examination for licensure; and as a nursing home administrator. Except
2 as provided in s. 456.04 (2m), the rules shall require the individual to complete at
3 least 2,000 hours in any consecutive 3-year period within the 5-year period
4 immediately preceding the date of application for examination in an internship,
5 administrator-in-training program, or any other structured program approved by
6 the examining board.

7 **SECTION 77.** 456.04 (intro.) (except 456.04 (title)) of the statutes is renumbered
8 456.04 (1m) (intro.) and amended to read:

9 456.04 **(1m)** (intro.) The Except as provided in sub. (2m), the examining board
10 shall allow any person to take the examination for licensure as a nursing home
11 administrator who satisfies all of the following requirements:

12 **SECTION 78.** 456.04 (1) of the statutes is renumbered 456.04 (1m) (a).

13 **SECTION 79.** 456.04 (1m) (d) of the statutes is created to read:

14 456.04 **(1m)** (d) Has one of the following:

15 1. A bachelor's, master's, or doctoral degree with a major in health care
16 administration or long-term care from an accredited college or university.

17 2. A bachelor's degree in any field from an accredited college or university and
18 completion of a specialized course that the examining board determines is adequate
19 preparation for nursing home administration.

20 **SECTION 80.** 456.04 (1m) (e) of the statutes is created to read:

21 456.04 **(1m)** (e) Satisfies the supervised practical experience requirements
22 specified in the rules promulgated under s. 456.02 (7).

23 **SECTION 81.** 456.04 (2) of the statutes is renumbered 456.04 (1m) (b).

24 **SECTION 82.** 456.04 (2m) of the statutes is created to read:

1 456.04 (2m) The examining board shall allow a person to take the examination
2 for licensure as a nursing home administrator if he or she satisfies the requirements
3 specified in sub. (1m) (a), (b), and (c) and all of the following are satisfied:

4 (a) The person was enrolled, at any time within the 2–year period before the
5 effective date of this paragraph [revisor inserts date], in a regular course of study
6 or equivalent specialized courses or a program of study that the examining board
7 considered adequate academic preparation for nursing home administration under
8 s. 456.04 (4), 2001 stats.

9 (b) No later than 2 years after the effective date of this paragraph [revisor
10 inserts date], the person completes the regular course of study, specialized courses,
11 or program of study specified in par. (a).

12 (c) If the person was enrolled, at any time within the 2–year period before the
13 effective date of this paragraph [revisor inserts date], in specialized courses or a
14 program of study specified in par. (a), the person completes, no later than 2 years
15 after the effective date of this paragraph [revisor inserts date], one year of
16 supervised practical experience as specified in rules promulgated by the examining
17 board.

18 (d) If the person was enrolled, at any time within the 2–year period before the
19 effective date of this paragraph [revisor inserts date], in a regular course of study
20 specified in par. (a), the person completes, no later than 2 years after the effective
21 date of this paragraph [revisor inserts date], a supervised clinical practicum as
22 specified in rules promulgated by the examining board.

23 **SECTION 83.** 456.04 (3) of the statutes is renumbered 456.04 (1m) (c).

24 **SECTION 84.** 456.04 (4) of the statutes is repealed.

1 **SECTION 85.** 456.08 of the statutes is renumbered 456.08 (intro.) and amended
2 to read:

3 **456.08 Reciprocity.** (intro.) The examining board may grant a nursing home
4 administrator license under this chapter to ~~a person~~ an applicant who holds a
5 current nursing home administrator license issued by the proper authorities of any
6 other state or licensing jurisdiction, upon payment of the fee specified in s. 440.05 (2)
7 and upon submission of ~~satisfactory evidence of the person's qualifications.~~ evidence
8 satisfactory to the examining board that the applicant satisfies each of the following:

9 **SECTION 86.** 456.08 (1), (2), (3) and (4) of the statutes are created to read:

10 **456.08 (1)** The applicant has a bachelor's degree in any field or holds a current
11 certification as a nursing home administrator granted by the American College of
12 Health Care Administrators.

13 **(2)** The applicant has practiced as a nursing home administrator in good
14 standing for at least 2,000 hours in any consecutive 3-year period within the 5-year
15 period immediately preceding the date of application.

16 **(3)** Subject to ss. 111.321, 111.322, and 111.335, the applicant does not have an
17 arrest or conviction record.

18 **(4)** The applicant has passed an examination approved by the examining board
19 relating to state and federal laws governing the practice of nursing home
20 administration.

21 **SECTION 87.** 456.09 (1) (c) of the statutes is amended to read:

22 **456.09 (1) (c)** Practice Except as provided in s. 456.12. practice as a nursing
23 home administrator or use in connection with his or her name any title or designation
24 tending to imply that the person is a nursing home administrator unless duly
25 licensed and registered to so practice under this chapter; or

1 **SECTION 88.** 456.12 of the statutes is created to read:

2 **456.12 Exemption.** This chapter does not apply to a person who acts in the
3 capacity of an administrator of a nursing home operated by adherents of a church or
4 religious denomination which subscribes to the act of healing by prayer and the
5 principles of which do not include medical treatment, if the person does not use in
6 connection with his or her name any title or designation tending to imply that the
7 person is a nursing home administrator.

8 **SECTION 89.** 609.22 (2) of the statutes is amended to read:

9 609.22 (2) ADEQUATE CHOICE. A defined network plan that is not a preferred
10 provider plan shall ensure that, with respect to covered benefits, each enrollee has
11 adequate choice among participating providers and that the providers are, to the
12 extent consistent with s. 628.36 (2) (b) 3. and (2m), accessible and qualified.

13 **SECTION 90.** 609.32 (2) (a) of the statutes is amended to read:

14 609.32 (2) (a) A defined network plan shall develop, consistent with s. 628.36
15 (2) (b) 3. and (2m), a process for selecting participating providers, including written
16 policies and procedures that the plan uses for review and approval of providers. After
17 consulting with appropriately qualified providers, the plan shall establish, to the
18 extent consistent with s. 628.36 (2) (b) 3. and (2m), minimum professional
19 requirements for its participating providers. The process for selection shall include
20 verification of a provider's license or certificate, including the history of any
21 suspensions or revocations, and the history of any liability claims made against the
22 provider.

23 **SECTION 91.** 628.36 (1) of the statutes is renumbered 628.36 (1m) and amended
24 to read:

1 **628.36 (1m) PAYMENT METHODS.** Any corporation operating a voluntary health
2 care plan may pay health care professionals on a salary, per patient, or
3 fee-for-service basis to provide health care to policyholders or beneficiaries of the
4 corporation.

5 **SECTION 92.** 628.36 (1c) (intro.) of the statutes is created to read:

6 **628.36 (1c) DEFINITIONS.** (intro.) In this section:

7 **SECTION 93.** 628.36 (2) (a) (intro.) of the statutes is amended to read:

8 **628.36 (2) (a) (intro.)** In this ~~section~~ subsection:

9 **SECTION 94.** 628.36 (2) (b) 3. of the statutes is amended to read:

10 **628.36 (2) (b) 3.** ~~Except as provided in subd. subds. 4. and 4m., and subject to~~
11 sub. (2m) (e), no provider may be denied the opportunity to participate in a health
12 care plan, ~~other than a health maintenance organization, a limited service health~~
13 ~~organization or a preferred provider plan,~~ under the terms of the plan.

14 **SECTION 95.** 628.36 (2) (b) 4. of the statutes is amended to read:

15 **628.36 (2) (b) 4.** Any health care plan may exclude a provider from participation
16 in the health care plan for cause related to the practice of his or her profession. A
17 health care plan that excludes a provider from participation shall advise the provider
18 in writing of the reason for the exclusion.

19 **SECTION 96.** 628.36 (2) (b) 4m. of the statutes is created to read:

20 **628.36 (2) (b) 4m.** Subdivision 3. applies to a health maintenance organization,
21 limited service health organization, or preferred provider plan only with respect to
22 a provider located in the geographic service area of the health maintenance
23 organization, limited service health organization, or preferred provider plan.

24 **SECTION 97.** 628.36 (2m) (title) of the statutes is repealed and recreated to read:

25 **628.36 (2m) (title) ANNUAL PARTICIPATION ELECTION PERIOD.**

1 **SECTION 98.** 628.36 (2m) (a) (intro.) and 2m. of the statutes are consolidated,
2 renumbered 628.36 (2m) (ac) and amended to read:

3 628.36 **(2m)** (ac) In this subsection: ~~2m.~~ “Pharmaceutical, “health care
4 services” do not include the administration of a drug product or device or vaccine
5 under s. 450.035.

6 **SECTION 99.** 628.36 (2m) (a) 1. of the statutes is renumbered 628.36 (1c) (a).

7 **SECTION 100.** 628.36 (2m) (a) 2. of the statutes is renumbered 628.36 (1c) (b).

8 **SECTION 101.** 628.36 (2m) (a) 3. of the statutes is renumbered 628.36 (1c) (c).

9 **SECTION 102.** 628.36 (2m) (e) 1. of the statutes is amended to read:

10 628.36 **(2m)** (e) 1. A health maintenance organization, limited service health
11 organization, or preferred provider plan that provides coverage of ~~pharmaceutical~~
12 health care services when that are performed by one or more pharmacists health care
13 professionals who are selected by the organization or plan but who are not full-time
14 salaried employees or partners of the organization or plan shall provide an annual
15 period of at least 30 days during which any ~~pharmacist registered under ch. 450~~
16 health care professional who provides those health care services, who has been
17 granted a credential, as defined in s. 440.01 (2) (a), to practice in this state, and who
18 is located in the geographic service area of the organization or plan may elect to
19 participate in the health maintenance organization, limited service health
20 organization, or preferred provider plan under its terms as a selected provider for at
21 least one year.

22 **SECTION 103.** 628.36 (2m) (e) 2. of the statutes is amended to read:

23 628.36 **(2m)** (e) 2. Except as provided in subd. 3., subd. 1. applies to health
24 maintenance organizations ~~on and after May 10, 1984. Except as provided in subd.~~
25 ~~4., subd. 1. applies to,~~ limited service health organizations, and preferred provider

1 plans on or after ~~April 28, 1990~~ the effective date of this subdivision [revisor
2 inserts date].

3 **SECTION 104.** 628.36 (2m) (e) 3. of the statutes is amended to read:

4 628.36 **(2m)** (e) 3. If compliance with the requirements of subd. 1. during the
5 period specified in subd. 2. would impair any provision of a contract between a health
6 maintenance organization, limited service health organization, or preferred
7 provider plan and any other person, and if the contract provision was in existence
8 prior to ~~May 10, 1984~~ the effective date of this subdivision [revisor inserts date],
9 then immediately after the expiration of all such contract provisions the health
10 maintenance organization, limited service health organization, or preferred
11 provider plan shall comply with the requirements of subd. 1.

12 **SECTION 105.** 628.36 (2m) (e) 4. of the statutes is repealed.

13 **SECTION 106.** 628.36 (3) of the statutes is amended to read:

14 628.36 **(3)** EXEMPTION BY RULE. By rule the commissioner may exempt from the
15 application of any part of subs. ~~(1)~~ (1m) to (2m) plans ~~which~~ that provide innovative
16 approaches to the delivery of health care or ~~which~~ that are designed to contain health
17 care costs, and ~~which~~ that cannot operate successfully consistent with all of the
18 provisions in subs. ~~(1)~~ (1m) to (2m). The commissioner may promulgate such a rule
19 only if on a finding that the interests of the public require such plans as an
20 experiment, to supply health care services that are not otherwise available in
21 adequate quantity or quality, or to contain health care costs. The promulgated rule
22 shall be as narrow as is compatible with the success of the plans.”.

23 **3.** Page 2, line 1: delete “**SECTION 1**” and substitute “**SECTION 106m**”.

24 **4.** Page 2, line 8: after that line insert:

1 **SECTION 107.** 632.89 (1) (am) of the statutes is created to read:

2 632.89 (1) (am) “Consumer price index” means the consumer price index for all
3 urban consumers, U.S. city average, as determined by the U.S. department of labor.

4 **SECTION 108.** 632.89 (1) (b) of the statutes is created to read:

5 632.89 (1) (b) “Diagnostic testing” means procedures used to exclude the
6 existence of conditions other than nervous or mental disorders or alcoholism or other
7 drug abuse problems.

8 **SECTION 109.** 632.89 (2) (b) 1. of the statutes is amended to read:

9 632.89 (2) (b) 1. Except as provided in subd. 2., if a group or blanket disability
10 insurance policy issued by an insurer provides coverage of inpatient hospital
11 treatment or outpatient treatment or both, the policy shall provide coverage in every
12 policy year as provided in pars. (c) to (dm), as appropriate, except that the total
13 coverage under the policy for a policy year need not exceed ~~\$7,000~~ \$16,800 or the
14 equivalent benefits measured in services rendered.

15 **SECTION 110.** 632.89 (2) (c) 2. b. of the statutes is amended to read:

16 632.89 (2) (c) 2. b. ~~Seven thousand~~ Sixteen thousand eight hundred dollars
17 minus any applicable cost sharing at the level charged under the policy for inpatient
18 hospital services or the equivalent benefits measured in services rendered or, if the
19 policy does not use cost sharing, ~~\$6,300~~ \$15,100 in equivalent benefits measured in
20 services rendered.

21 **SECTION 111.** 632.89 (2) (d) 2. of the statutes is amended to read:

22 632.89 (2) (d) 2. Except as provided in par. (b), a policy under subd. 1. shall
23 provide coverage in every policy year for not less than ~~\$2,000~~ \$3,100 minus any
24 applicable cost sharing at the level charged under the policy for outpatient services

1 or the equivalent benefits measured in services rendered or, if the policy does not use
2 cost sharing, ~~\$1,800~~ \$2,800 in equivalent benefits measured in services rendered.

3 **SECTION 112.** 632.89 (2) (dm) 2. of the statutes is amended to read:

4 632.89 (2) (dm) 2. Except as provided in par. (b), a policy under subd. 1. shall
5 provide coverage in every policy year for not less than ~~\$3,000~~ \$4,600 minus any
6 applicable cost sharing at the level charged under the policy for transitional
7 treatment arrangements or the equivalent benefits measured in services rendered
8 or, if the policy does not use cost sharing, ~~\$2,700~~ \$4,100 in equivalent benefits
9 measured in services rendered.

10 **SECTION 113.** 632.89 (2) (f) of the statutes is created to read:

11 632.89 (2) (f) *Report on coverage limits.* The department of health and family
12 services shall report annually to the governor and the legislature on revising the
13 coverage limits specified in this subsection based on the change in the consumer price
14 index for medical costs.

15 **SECTION 114.** 632.89 (6) and (7) of the statutes are created to read:

16 632.89 (6) PRESCRIPTION DRUGS AND DIAGNOSTIC TESTING. (a) The coverage
17 amounts specified in sub. (2) shall not include costs incurred for prescription drugs
18 or diagnostic testing.

19 (b) The department of health and family services may specify, by rule, the
20 diagnostic testing procedures to which par. (a) applies.

21 (7) TREATMENT OF COSTS. The coverage amounts specified in sub. (2) apply to
22 actual payments or reimbursements made by an insurer if the payment or
23 reimbursement amounts are less than the amounts charged by a provider.”.

24 **5.** Page 2, line 9: delete “**SECTION 2**” and substitute “**SECTION 114c**”.

1 **6.** Page 2, line 17: delete “**SECTION 3**” and substitute “**SECTION 114m**”.

2 **7.** Page 3, line 2: after that line insert:

3 “**SECTION 115.** 895.48 (1m) of the statutes, as affected by 2003 Wisconsin Act
4 33, is renumbered 895.48 (1m) (a).

5 **SECTION 116.** 895.48 (1m) (b) of the statutes is created to read:

6 895.48 **(1m)** (b) This subsection does not apply to health care services provided
7 by a volunteer health care provider under s. 146.89.

8 **SECTION 117. Nonstatutory provisions.**

9 (1) The department of health and family services shall submit in proposed form
10 the rules required under section 46.03 (44) of the statutes, as created by this act, to
11 the legislative council staff under section 227.15 (1) of the statutes no later than the
12 first day of the 7th month beginning after the effective date of this subsection.

13 **SECTION 118. Initial applicability.**

14 (1) The treatment of section 49.688 (4r) of the statutes first applies to eligibility
15 determinations made and deductible amounts paid on the effective date of this
16 subsection.

17 (2) If an insurance policy that is in effect on the effective date of this subsection
18 contains a provision that is inconsistent with the treatment of section 632.89 (6) or
19 (7) of the statutes, the treatment of section 632.89 (6) or (7) of the statutes, whichever
20 is inconsistent, first applies to that insurance policy on the date on which it is
21 renewed.

22 (3) The treatment of sections 632.89 (1) (am) and (2) (b) 1., (c) 2. b., (d) 2., (dm)
23 2., and (f) of the statutes first applies to a policy issued, renewed, or modified on the
24 first day of the 13th month beginning after publication.

1 (4) The treatment of sections 146.89 (2) (a), (c), and (d), (3) (b) (intro.), (c), and
2 (d) (intro.), and (3m) and 895.48 (1m) of the statutes, the renumbering and
3 amendment of section 146.89 (1) of the statutes, and the creation of section 146.89
4 (1) (d), (g), and (h) and 895.48 (1m) (b) of the statutes first applies to applications
5 submitted under section 146.89 (2) (a) of the statutes, as affected by this act, on the
6 effective date of this subsection.

7 (5) The renumbering and amendment of section 456.08 of the statutes and the
8 creation of section 456.08 (1), (2), (3), and (4) of the statutes first apply to applications
9 received on the effective date of this subsection.

10 (6) The treatment of sections 49.46 (1) (a) 1., 1g., 1m., 6., 9., 10., 11., and 12.,
11 (ar), (e), and (L), 49.47 (4) (am) 1. and 2., (c) 1. and 3., (cg) 3., and (h), and 49.665 (4)
12 (a) 1. and (d) of the statutes first applies to eligibility determinations for the Medical
13 Assistance and Badger Care health care programs that are made on the effective
14 date of this subsection.

15 **SECTION 119. Effective dates.** This act takes effect on the day after
16 publication, except as follows:

17 (1) The treatment of section 49.688 (4r) of the statutes and SECTION 118 (1) of
18 this act take effect on the first day of the 2nd month beginning after publication.

19 (2) The treatment of sections 20.435 (4) (b) and (7) (bd), 49.45 (6ur) and 49.45
20 (6v) of the statutes takes effect on takes effect on January 1, 2005, or on the day after
21 publication, whichever is later.

22 (3) The treatment of sections 100.31 (title), (1) (a), (ae), (as), (b), and (c), (2), (2r),
23 and (4) of the statutes takes effect on the first day of the 3rd month beginning after
24 publication.

