

2003 DRAFTING REQUEST

Assembly Amendment (AA-SB322)

Received: **03/11/2004**

Received By: **pkahler**

Wanted: **Today**

Identical to LRB:

For: **Sheldon Wasserman (608) 266-7671**

By/Representing: **Sara**

This file may be shown to any legislator: **NO**

Drafter: **pkahler**

May Contact:

Addl. Drafters: **dkennedy
mkunkel**

Subject: **Health - miscellaneous
Insurance - health**

Extra Copies:

Submit via email: **YES**

Requester's email: **Rep.Wasserman@legis.state.wi.us**

Carbon copy (CC:) to:

Pre Topic:

No specific pre topic given

Topic:

Omnibus health amendment

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>
/?	pkahler 03/11/2004	kfollett 03/11/2004		_____			
/1			chaugen 03/11/2004	_____	sbasford 03/11/2004	sbasford 03/11/2004	

FE Sent For:

<END>

2003 DRAFTING REQUEST

Assembly Amendment (AA-SB322)

Received: 03/11/2004

Received By: **pkahler**

Wanted: **Today**

Identical to LRB:

For: **Sheldon Wasserman (608) 266-7671**

By/Representing: **Sara**

This file may be shown to any legislator: **NO**

Drafter: **pkahler**

May Contact:

Addl. Drafters: **dkennedy
mkunkel**

Subject: **Health - miscellaneous
Insurance - health**

Extra Copies:

Submit via email: **YES**

Requester's email: **Rep.Wasserman@legis.state.wi.us**

Carbon copy (CC:) to:

Pre Topic:

No specific pre topic given

Topic:

Omnibus health amendment

Instructions:

See Attached *Draft LRB-4473 as amend to SB 322
Sara for Wasserman*

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>
/?	pkahler	<i>11/11 3/11</i>	<i>CM 3-11</i>	<i>CM 3-11 KJ</i>			

FE Sent For:

<END>

2003

Date (time) needed

Now

LRBa 2933 / 1

DAK/MDK
PJK/IT: [Signature]

AMENDMENT

See form AMENDMENTS — COMPONENTS & ITEMS.

S (A) AMENDMENT

~~TO S A AMENDMENT~~ (LRBa /),
~~TO S A SUBSTITUTE AMENDMENT~~ (LRBs /),
TO 2003 (SB) SJR SR AB AJR AR 322 (LRB- /)

At the locations indicated, amend the bill as follows:
(fill ONLY if "engrossed" or "as shown by")

#. Page [✓] 1, line 2: after "plan" insert insert A

#. Page [✓] 2, line 1: before that line insert:

#. Page, line

#. Page, line

#. Page, line



BILL

Insert A

1 456.02 (2), 456.02 (3), 456.02 (4), 456.02 (5), 456.02 (6), 456.02 (7), 456.09 (1) (c),
 2 609.22 (2), 609.32 (2) (a), ~~628.36 (2) (a) (intro.)~~, 628.36 (2) (b) 3., 628.36 (2) (b)
 3 4., 628.36 (2m) (e) 1., 628.36 (2m) (e) 2., 628.36 (2m) (e) 3., 628.36 (3), 632.89 (2)
 4 (b) 1., 632.89 (2) (c) 2. b., 632.89 (2) (d) 2. and 632.89 (2) (dm) 2.; **to repeal and**
 5 **recreate** ~~628.36 (2m) (title)~~; and **to create** ~~46.03 (44)~~, 46.277 (1m) (ag), 46.277
 6 (4) (c), 49.45 (6ur), 49.45 (53), 49.46 (1) (ar), 49.47 (4) (eg) 3., 49.665 (4) (d),
 7 49.688 (4r), 100.31 (1) (ae), 100.31 (1) (as), 100.31 (2r), ~~146.385~~, 146.89 (1) (d),
 8 146.89 (1) (g), 146.89 (1) (h), ~~146.89 (3m)~~, 441.16 (3m), ~~448.035~~, 450.11 (1g),
 9 456.04 (1m) (d), 456.04 (1m) (e), 456.04 (2m), 456.08 (1), (2), (3) and (4), 456.12,
 10 628.36 (1c) (intro.), 628.36 (2) (b) 4m., 632.89 (1) (am), 632.89 (1) (b), 632.89 (2)
 11 (~~f~~), 632.89 (6) and (7) and 895.48 (1m) (b) of the statutes; **relating to** ^{TC} treating

12 property taxes as a deduction to annual household income for purposes of
 13 determining eligibility and deductible amounts under the prescription drug
 14 assistance program for the elderly; exempting amounts claimed for
 15 depreciation for purposes of calculating farm and self-employment income
 16 under the Medical Assistance and Badger Care health care programs; requiring
 17 Medical Assistance incentive payments to hospitals that establish a physician
 18 order entry record system; prescriptions for antibiotic drugs for treatment of
 19 chlamydia, gonorrhea, or trichomonas; the requirements for examinations for
 20 nursing home administrator licenses and for reciprocal nursing home
 21 administrator licenses and creating an exemption from such requirements;
 22 provision of home and community-based services under a community
 23 integration program to persons relocated from facilities; discrimination in
 24 prescription drug prices; health care provider service rates and insurer health
 25 care services reimbursement rates; expanding the Volunteer Health Care



BILL

Ins A contd

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

Analysis by the Legislative Reference Bureau

Under current law, elderly persons may purchase prescription drugs at reduced amounts under a program commonly known as "Senior Care." A person is eligible for Senior Care if he or she is a state resident, is at least 65 years of age, is not a medical assistance (MA) recipient or does not receive prescription drug coverage as an MA recipient, and his or her annual household income, as determined by the Department of Health and Family Services (DHFS), does not exceed 240 percent of the federal poverty line. A person must pay an annual \$30 fee to enroll in Senior Care. An enrollee pays the "program payment rate" for prescription drugs (105 percent of the MA prescription drug payment rate plus a dispensing fee) until the enrollee has met an annual deductible, if applicable, and thereafter pays only a copayment of \$5 for generic prescription drugs and a copayment of \$15 for nongeneric prescription drugs. A person whose annual household income is 160 percent or less of the federal poverty line pays no deductible; if the person's annual household income is more than 160 percent but not more than 200 percent of the federal poverty line, the deductible is \$500; and if the person's annual household income exceeds 200 percent of the federal poverty line, the deductible is \$850. Other persons who meet all of the requirements except the income limitation are also eligible to purchase prescription drugs for the \$5 and \$15 copayment amounts for the time remaining in a 12-month period after spending the difference between their annual household

(end of ins A)

BILL

This bill also requires the DHFS fiscal intermediary for MA to maintain a separate unit for the processing of MA claims for dental services provided under MA. 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. 20.435 (4) (b) of the statutes is amended to read:

2 20.435 (4) (b) *Medical assistance program benefits.* Biennially, the amounts in
3 the schedule to provide the state share of medical assistance program benefits
4 administered under s. 49.45, to provide medical assistance program benefits
5 administered under s. 49.45 that are not also provided under par. (o), to fund the pilot
6 project under s. 46.27 (9) and (10), to provide the facility payments under 1999
7 Wisconsin Act 9, section 9123 (9m), to fund services provided by resource centers
8 under s. 46.283 and for services under the family care benefit under s. 46.284 (5).
9 Notwithstanding s. 20.002 (1), the department may transfer from this appropriation
10 to the appropriation under sub. (7) (kb) funds in the amount of and for the purposes
11 specified in s. 46.485. Notwithstanding ss. 20.001 (3) (b) and 20.002 (1), the
12 department may credit or deposit into this appropriation and may transfer between
13 fiscal years funds that it transfers from the appropriation under sub. (7) (kb) for the
14 purposes specified in s. 46.485 (3r). Notwithstanding s. 20.002 (1), the department
15 may transfer from this appropriation to the appropriation account under sub. (7) (bd)
16 funds in the amount and for the purposes specified in s. 49.45 (6v) (6L).

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

18 20.435 (7) (bd) *Community options program; pilot projects; family care benefit.*
19 The amounts in the schedule for assessments, case planning, services,
20 administration and risk reserve escrow accounts under s. 46.27, for pilot projects

BILL

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

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

15 46.03 (44) SEXUALLY TRANSMITTED DISEASE TREATMENT INFORMATION. Promulgate
16 a rule specifying the information that a physician, physician assistant, or advanced
17 practice nurse prescriber may provide, in writing, to a patient under s. 448.035 (3)
18 and encourage physicians, physician assistants, and advanced practice nurse
19 prescribers to provide such information to a patient under s. 448.035 (3). The
20 information shall consist of information about sexually transmitted diseases and
21 their treatment and about the risk of drug allergies. The information shall also
22 include a statement advising a person with questions about the information to
23 contact his or her physician or local health department, as defined in s. 250.01 (4).

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

BILL**SECTION 4**

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

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

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

15 **46.277 (1m) (ag)** “Delicensed” means deducted from the number of beds stated
16 on a facility’s license, as specified under s. 50.03 (4) (e).

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

18 **46.277 (2) DEPARTMENTAL POWERS AND DUTIES.** (intro.) The department may
19 request a waiver from the secretary of the federal department of health and human
20 services, under 42 USC 1396n (c), authorizing the department to serve medical
21 assistance recipients, who meet the level of care requirements for medical assistance
22 reimbursement in a skilled nursing facility or an intermediate care facility, in their
23 communities by providing home or community-based services as part of medical
24 assistance. ~~The Except under sub. (4) (c), the~~ number of persons for whom the waiver
25 is requested may not exceed the number of nursing home beds that are delicensed

BILL

1 as part of a plan submitted by the facility and approved by the department. If the
2 department requests a waiver, it shall include all assurances required under 42 USC
3 1396n (c) (2) in its request. If the department receives this waiver, it may request
4 one or more 3-year extensions of the waiver under 42 USC 1396n (c) and shall
5 perform the following duties:

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

7 46.277 (3) (a) Sections 46.27 (3) (b) and 46.275 (3) (a) and (c) to (e) apply to
8 county participation in this program, except that services provided in the program
9 shall substitute for care provided a person in a skilled nursing facility or
10 intermediate care facility who meets the level of care requirements for medical
11 assistance reimbursement to that facility rather than for care provided at a state
12 center for the developmentally disabled. The Except in sub. (4) (c), the number of
13 persons who receive services provided by the program under this paragraph may not
14 exceed the number of nursing home beds, other than beds specified in sub. (5g) (b),
15 that are delicensed as part of a plan submitted by the facility and approved by the
16 department.

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

18 46.277 (3) (b) 1. If Except under sub. (4) (c), if the provision of services under
19 this section results in a decrease in the statewide nursing home bed limit under s.
20 150.31 (3), the facility affected by the decrease shall submit a plan for delicensing all
21 or part of the facility that is approved by the department.

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

23 46.277 (3) (b) 2. Each county department participating in the program shall
24 provide home or community-based care to persons eligible under this section, except
25 that the number of persons who receive home or community-based care under this

BILL

1 section may not exceed, other than under sub. (4) (c), the number of nursing home
2 beds, other than beds specified in sub. (5g) (b), that are delicensed as part of a plan
3 submitted by the facility and approved by the department.

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

5 46.277 (4) (a) Any medical assistance recipient who meets the level of care
6 requirements for medical assistance reimbursement in a skilled nursing facility or
7 intermediate care facility is eligible to participate in the program, except that the
8 number of participants may not exceed, other than under par. (c), the number of
9 nursing home beds, other than beds specified in sub. (5g) (b), that are delicensed as
10 part of a plan submitted by the facility and approved by the department. Such a
11 recipient may apply, or any person may apply on behalf of such a recipient, for
12 participation in the program. Section 46.275 (4) (b) applies to participation in the
13 program.

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

15 46.277 (4) (b) To the extent authorized under 42 USC 1396n and except under
16 par. (c), if a person discontinues participation in the program, a medical assistance
17 recipient may participate in the program in place of the participant who discontinues
18 if that recipient meets the level of care requirements for medical assistance
19 reimbursement in a skilled nursing facility or intermediate care facility, except that
20 the number of participants may not exceed the number of nursing home beds, other
21 than beds specified in sub. (5g) (b), that are delicensed as part of a plan submitted
22 by the facility and approved by the department.

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

24 46.277 (4) (c) The department may, under this paragraph, provide funding
25 under this section for services for a medical assistance recipient who relocates from

BILL

1 a facility to the community, beginning on the date of the relocation and ending on the
2 date that the individual discontinues participation in the program or no longer meets
3 the level of care requirements for medical assistance reimbursement in a skilled
4 nursing facility or an intermediate care facility. Funding for medical assistance costs
5 for individuals relocated under this paragraph may not exceed, in the aggregate,
6 total medical assistance costs for the individuals if served in facilities. The total
7 number of individuals who may participate in the program under this paragraph is
8 not restricted by any otherwise applicable limitation on the number of individuals
9 who may participate in the program under this section.

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

12 46.277 (5) (g) The department may provide enhanced reimbursement for
13 services provided under this section to an individual who is relocated to the
14 community from a nursing home by a county department on or after July 26, 2003,
15 if the nursing home bed that was used by the individual is delicensed upon relocation
16 of the individual or if the individual is relocated under sub. (4) (c). The department
17 shall develop and utilize a formula to determine the enhanced reimbursement rate.

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

19 46.277 (5g) (a) The Except under sub. (4) (c), the number of persons served
20 under this section may not exceed the number of nursing home beds that are
21 delicensed as part of a plan submitted by the facility and approved by the
22 department.

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

24 49.45 (6ur) PHYSICIAN ORDER ENTRY RECORD SYSTEM; INCENTIVE PAYMENTS. From
25 the appropriation accounts under s. 20.435 (4) (b) and (o), the department shall

BILL**SECTION 16**

1 annually make an incentive payment to each hospital that establishes, by January
2 1, 2007, and thereafter continues to maintain a physician order entry record system
3 for provided medical services that, at a minimum, include pharmacy, laboratory,
4 ultrasonography, and radiology services. The incentive payment shall equal 1% of
5 the Medical Assistance reimbursement to the hospital for the previous fiscal year.

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

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

8 49.45 (53) FISCAL INTERMEDIARY; DENTAL FORMS. The department's fiscal
9 intermediary shall maintain a separate unit for the processing of claims for dental
10 services received under this section.

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

12 49.46 (1) (a) 1. Notwithstanding s. 49.19 (20), any individual who, without
13 regard to the individual's resources and subject to par. (ar), would qualify for a grant
14 of aid to families with dependent children under s. 49.19.

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

16 49.46 (1) (a) 1g. Notwithstanding s. 49.19 (20), any individual who, without
17 regard to the individual's resources and subject to par. (ar), would qualify for a grant
18 of aid to families with dependent children but who would not receive the aid solely
19 because of the application of s. 49.19 (11) (a) 7.

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

21 49.46 (1) (a) 1m. Any pregnant woman whose income, determined in
22 accordance with par. (ar), does not exceed the standard of need under s. 49.19 (11)
23 and whose pregnancy is medically verified. Eligibility continues to the last day of
24 the month in which the 60th day after the last day of the pregnancy falls.

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

BILL

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

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

6 49.46 (1) (a) 9. Any pregnant woman not described under subd. 1., 1g., or 1m.
7 whose family income, determined in accordance with par. (ar), does not exceed 133%
8 of the poverty line for a family the size of the woman's family.

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

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

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

14 49.46 (1) (a) 11. If a waiver under s. 49.665 is granted and in effect, any child
15 not described under subd. 1. or 1g. who has attained the age of 6 but has not attained
16 the age of 19 and whose family income, determined in accordance with par. (ar), does
17 not exceed 100% of the poverty line for a family the size of the child's family. If a
18 waiver under s. 49.665 is not granted or in effect, any child not described in subd. 1.
19 or 1g. who was born after September 30, 1983, who has attained the age of 6 but has
20 not attained the age of 19 and whose family income, determined in accordance with
21 par. (ar), does not exceed 100% of the poverty line for a family the size of the child's
22 family.

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

BILL

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

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

5 49.46 (1) (ar) 1. Except as provided in subd. 2. and except to the extent that the
6 determination is inconsistent with 42 USC 1396a (a) (17), for purposes of
7 determining under par. (a) 1., 1g., or 6. whether an individual would qualify for a
8 grant of aid to families with dependent children under s. 49.19 or would be
9 considered, under federal law, to be receiving aid to families with dependent
10 children, or of determining whether an individual meets the income limits under par.
11 (a) 1m., 9., 10., 11., or 12., "income" includes income that would be included in
12 determining eligibility for aid to families with dependent children under s. 49.19 and
13 excludes income that would be excluded in determining eligibility for aid to families
14 with dependent children under s. 49.19.

15 2. Notwithstanding s. 49.19 (5), for purposes of determining under par. (a) 1.,
16 1g., or 6. whether an individual would qualify for a grant of aid to families with
17 dependent children under s. 49.19 or would be considered, under federal law, to be
18 receiving aid to families with dependent children, or of determining whether an
19 individual meets the income limits under par. (a) 1m., 9., 10., 11., or 12., (am), or (e),
20 the department shall exclude from the calculation of farm or self-employment
21 income any amounts claimed for depreciation for income tax purposes.

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

23 49.46 (1) (e) If an application under s. 49.47 (3) shows that the individual
24 individual's income, determined in accordance with par. (ar), meets the income limits
25 under s. 49.19, or that the individual meets the income and resource requirements

BILL

1 under federal Title XVI or s. 49.77, or ~~that the individual~~ is an essential person, an
2 accommodated person, or a patient in a public medical institution, the individual
3 shall be granted the benefits enumerated under sub. (2) whether or not the
4 individual requests or receives a grant of any of such aids.

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

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

7 49.47 (4) (am) 1. A pregnant woman whose family income, determined in
8 accordance with par. (cg), does not exceed 155% of the poverty line for a family the
9 size of the woman's family, except that, if a waiver under par. (j) or a change in the
10 approved state plan under s. 49.46 (1) (am) 2. is in effect, the income limit is 185%
11 of the poverty line for a family the size of the woman's family in each state fiscal year
12 after the 1994-95 state fiscal year.

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

14 49.47 (4) (am) 2. A child who is under 6 years of age and whose family income,
15 determined in accordance with par. (cg), does not exceed 155% of the poverty line for
16 a family the size of the child's family, except that, if a waiver under par. (j) or a change
17 in the approved state plan under s. 49.46 (1) (am) 2. is in effect, the income limit is
18 185% of the poverty line for a family the size of the child's family in each state fiscal
19 year after the 1994-95 state fiscal year.

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

21 49.47 (4) (c) 1. Except as provided in par. (am) and as limited by subd. 3.,
22 eligibility exists if income, determined in accordance with par. (cg), does not exceed
23 133 1/3% of the maximum aid to families with dependent children payment under
24 s. 49.19 (11) for the applicant's family size or the combined benefit amount available

BILL**SECTION 32**

1 under supplemental security income under 42 USC 1381 to 1383c and state
2 supplemental aid under s. 49.77, whichever is higher. ~~In this subdivision~~

3 (cg) 1. Except as provided in subd. 3., for purposes of determining whether an
4 individual's income meets the income requirements under par. (c), "income" includes
5 earned or unearned income that would be included in determining eligibility for the
6 individual or family under s. 49.19 or 49.77, or for the aged, blind or disabled under
7 42 USC 1381 to 1385. "Income" does not include and excludes earned or unearned
8 income which that would be excluded in determining eligibility for the individual or
9 family under s. 49.19 or 49.77, or for the aged, blind or disabled individual under 42
10 USC 1381 to 1385.

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

12 49.47 (4) (c) 3. Except as provided in par. (am), no person is eligible for medical
13 assistance under this section if the person's income, determined in accordance with
14 par. (cg), exceeds the maximum income levels that the U.S. department of health and
15 human services sets for federal financial participation under 42 USC 1396b (f).

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

17 49.47 (4) (cg) 3. Notwithstanding s. 49.19 (5), for purposes of determining
18 whether an individual under par. (ag) or (am) is eligible for medical assistance, the
19 department shall exclude from the calculation of farm or self-employment income
20 any amounts claimed for depreciation for income tax purposes.

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

23 49.47 (4) (cg) 2. ~~For the~~ Except as provided in subd. 3., for purposes of
24 determining whether an individual meets the income limits under par. (am),
25 "income" includes income that would be used included in determining eligibility for

BILL

1 aid to families with dependent children under s. 49.19 and excludes income that
2 would be excluded in determining eligibility for aid to families with dependent
3 children under s. 49.19.

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

5 49.665 (4) (a) 1. The family's income does not exceed 185% of the poverty line,
6 except as provided in par. (at) and except that a family that is already receiving
7 health care coverage under this section may have an income that does not exceed
8 200% of the poverty line. The Subject to par. (d), the department shall establish by
9 rule the criteria to be used to determine income.

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

11 49.665 (4) (d) For purposes of determining a family's or child's income under
12 this section, the department shall exclude from the calculation of farm or
13 self-employment income any amounts claimed for depreciation for income tax
14 purposes.

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

16 49.688 (4r) In determining a person's annual household income under sub. (2)
17 (a) 4. and (b) for purposes of determining eligibility for prescription drug assistance
18 and under sub. (3) (b) 1. and 2. a. for purposes of establishing the required deductible
19 amount, the department shall deduct the amount of property taxes that the person
20 or any member of his or her household paid on the person's primary residence in the
21 12-month period before the department makes an eligibility determination under
22 sub. (4).

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

BILL

1 51.30 (4) (cm) Required access to records. ~~To the parents, children~~
2 Notwithstanding par. (a), treatment records of an individual shall be released
3 without informed written consent, except as restricted under par. (c), to the parent,
4 child, sibling, or spouse of an individual who is or was a patient at an inpatient
5 facility; to a law enforcement officer who is seeking to determine whether an
6 individual is on unauthorized absence from the facility; and to mental health
7 professionals who are providing treatment to the individual at the time that the
8 information is released to others. Information released under this subdivision
9 paragraph is limited to notice as to whether or not an individual is a patient at the
10 inpatient facility and, if the individual is no longer a patient at the inpatient facility,
11 the facility or other place, if known, at which the individual is located. This
12 paragraph does not apply to an individual's parent, child, sibling, or spouse from
13 whom the individual has specifically requested that the information under this
14 paragraph be withheld.

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

16 **100.31 (title) ~~Unfair discrimination in~~ Prescription drug pricing.**

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

19 100.31 (1) (bm) ~~“Drug”~~ “Prescription drug” means any substance subject to 21
20 USC 353 (b).

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

22 100.31 (1) (ae) “Consumer” means a person for whom a prescription drug is
23 prescribed.

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

BILL

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

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

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

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

14 100.31 (1) (c) “Seller” means any person who trades in prescription drugs for
15 resale to ~~purchasers~~ dispensers in this state.

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

17 100.31 (2) **PRICE DISCRIMINATION PROHIBITED.** Every seller shall offer
18 prescription drugs from the most current federal drug list of therapeutically
19 ~~equivalent drugs published by the federal food and drug administration~~ to every
20 ~~purchaser~~ dispenser in this state, with all rights and privileges offered or accorded
21 by the seller to the most favored ~~purchaser~~ dispenser, including purchase prices for
22 similar volume purchases, rebates, free merchandise, samples, and similar trade
23 concessions. Nothing in this subsection prohibits the giving of a discount for volume
24 purchases.

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

BILL

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

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

6 100.31 (4) PENALTIES. For any violation of this section, the department or a
7 district attorney may commence an action on behalf of the state to recover a forfeiture
8 of not less than \$100 nor more than \$10,000 for each offense. Each delivery of a
9 prescription drug sold to a ~~purchaser~~ dispenser at a price in violation of this section
10 and each separate day in violation of an injunction issued under this section is a
11 separate offense.

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

13 **146.385 Health care provider service rate charges; limitations.** (1) In
14 this section:

15 (a) "Health care provider" means any of the following that receives income from
16 the provision of health care or mental health services, items, or supplies in this state:

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

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

22 3. A facility or agency that provides health care or mental health services,
23 items, or supplies.

BILL

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

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

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

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

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

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

19 (3) (a) By April 15 annually, a health care provider shall provide to the
20 department, on a form provided by the department, a statement of the provider’s
21 rates for health care services for the period from the following May 1 to April 30. If
22 during this period the health care provider increases any of the rates from the
23 amount stated, the health care provider shall so inform the department, on a form
24 provided by the department. The rates shall be stated in a form determined by the
25 department that may include statement as a percentage of the Medical Assistance

BILL**SECTION 49**

1 fee schedule for services of providers, as specified by the department under sub. (2)

2 (a).

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

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

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

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

16 (5) By April 15 annually, an insurer shall provide to the department, on a form
17 provided by the department, and to the insurer's insureds a statement of the
18 insurer's rates of reimbursement for health care services of health care providers for
19 the period from the following May 1 to April 30. If during this period the insurer
20 increases any of the rates of reimbursement from the amount stated, the insurer
21 shall so inform the department, on a form provided by the department. The rates of
22 reimbursement shall be stated as a percentage of the Medical Assistance fee
23 schedule for health care services of health care providers, as specified by the
24 department under sub. (2) (a).

BILL

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

3 146.89 (1) (intro.) In this section, ~~“volunteer”~~
4 (r) “Volunteer health care provider” means an individual who is licensed as a
5 physician under ch. 448, dentist under ch. 447, registered nurse, practical nurse, or
6 nurse–midwife under ch. 441, optometrist under ch. 449, or physician assistant
7 under ch. 448 or certified as a dietitian under subch. V of ch. 448 and who receives
8 no income from the practice of that health care profession or who receives no income
9 from the practice of that health care profession when providing services at the
10 nonprofit agency or school specified under sub. (3).

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

12 146.89 (1) (d) “Governing body” means the governing body of any of the
13 following:

- 14 1. A charter school, as defined in s. 115.001 (1).
- 15 2. A private school, as defined in s. 115.001 (3r), that participates in the
16 Milwaukee Parental Choice Program under s. 119.23.

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

18 146.89 (1) (g) “School” means any of the following:

- 19 1. A public elementary school.
- 20 2. A charter school, as defined in s. 115.001 (1).
- 21 3. A private school, as defined in s. 115.001 (3r), that participates in the
22 Milwaukee Parental Choice Program under s. 119.23

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

24 146.89 (1) (h) “School board” has the meaning given in s. 115.001 (7).

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

BILL**SECTION 54**

1 146.89 (2) (a) A volunteer health care provider may participate under this
2 section only if he or she submits a joint application with a nonprofit agency, school
3 board, or governing body to the department of administration and that department
4 approves the application. If the volunteer health care provider submits a joint
5 application with a school board or governing body, the application shall include a
6 statement by the school board or governing body that certifies that the volunteer
7 health care provider has received materials that specify school board or governing
8 body policies concerning the provision of health care services to students and has
9 agreed to comply with the policies. The department of administration shall provide
10 application forms for use under this paragraph.

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

12 146.89 (2) (c) The department of administration shall notify the volunteer
13 health care provider and the nonprofit agency, school board, or governing body of the
14 department's decision to approve or disapprove the application.

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

16 146.89 (2) (d) Approval of an application of a volunteer health care provider is
17 valid for one year. If a volunteer health care provider wishes to renew approval, he
18 or she shall submit a joint renewal application with a nonprofit agency, school board,
19 or governing body to the department of administration. The department of
20 administration shall provide renewal application forms that are developed by the
21 department of health and family services and that include questions about the
22 activities that the individual has undertaken as a volunteer health care provider in
23 the previous 12 months.

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

BILL

1 146.89 (3) (b) (intro.) ~~The~~ Under this section, the nonprofit agency may provide
2 the following health care services:

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

4 146.89 (3) (c) ~~The~~ Under this section, the nonprofit agency may not provide
5 emergency medical services, hospitalization, or surgery, except as provided in par.
6 (b) 8.

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

8 146.89 (3) (d) (intro.) ~~The~~ Under this section, the nonprofit agency shall provide
9 health care services primarily to low-income persons who are uninsured and who are
10 not recipients of any of the following:

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

12 146.89 (3m) All of the following apply to a volunteer health care provider whose
13 joint application with a school board or relevant governing body is approved under
14 sub. (2):

15 (a) Before providing health care services in a school, the volunteer health care
16 provider shall provide to the school board or relevant governing body proof of
17 satisfactory completion of any competency requirements that are relevant to the
18 volunteer health care provider, as specified by the department of public instruction
19 by rule.

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

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

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

24 2. First aid for illness or injury.

BILL

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

3 4. Health screenings.

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

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

8 1. Emergency medical services.

9 2. Hospitalization.

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

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

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

13 6. A pregnancy test.

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

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

18 441.07 (1) (d) Misconduct or unprofessional conduct. In this paragraph,
19 “misconduct” and “unprofessional conduct” do not include the prescribing of an
20 antibiotic drug as described in s. 448.035.

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

22 441.16 (3m) An advanced practice nurse who is certified under sub. (2) may
23 prescribe an antibiotic drug as described in s. 448.035.

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

BILL

1 448.015 (4) “Unprofessional conduct” means those acts or attempted acts of
2 commission or omission defined as unprofessional conduct by the board under the
3 authority delegated to the board by s. 15.08 (5) (b) and any act by a physician or
4 physician assistant in violation of ch. 450 or 961. “Unprofessional conduct” does not
5 include the prescribing of an antibiotic drug as described in s. 448.035.

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

7 **448.035 Prescribing certain antibiotic drugs. (1)** In this section:

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

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

13 (2) Notwithstanding the requirements of s. 448.30, a physician, physician
14 assistant, or advanced practice nurse prescriber may prescribe an antibiotic drug as
15 a course of therapy for treatment of chlamydia, gonorrhea, or trichomonas to a
16 patient for use by a person with whom the patient has had sexual intercourse if the
17 patient states to the physician, physician assistant, or advanced practice nurse
18 prescriber that the person is not allergic to the drug. The prescription order is
19 required to include the name and address of the patient, a statement that indicates
20 that the patient should ask the person with whom the patient has had sexual
21 intercourse whether that person is allergic to the drug, and a statement that
22 indicates that the drug should not be taken by a person who is allergic to the drug.
23 The prescription order is not required to include the name and address of the person
24 with whom the patient has had sexual intercourse. The prescription order shall state
25 that the patient is responsible for paying for the antibiotic drug that is prescribed for

BILL**SECTION 64**

1 the person with whom the patient has had sexual intercourse. This subsection does
2 not apply to the prescribing of a substance listed in the schedules in ss. 961.14,
3 961.16, 961.18, 961.20, and 961.22 or substances added by the controlled substances
4 board acting under s. 961.11 (1). A physician, physician assistant, or advanced
5 practice nurse prescriber may not issue prescriptions under this subsection for more
6 than 2 persons in one year with whom a particular patient has had sexual
7 intercourse.

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

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

14 448.04 (1) (a) *License to practice medicine and surgery.* A person holding a
15 license to practice medicine and surgery may practice as defined in s. 448.01 (9) and
16 as provided in s. 448.035.

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

18 450.10 (1) (a) (intro.) In this subsection, “unprofessional conduct” includes any
19 of the following, but is not limited to does not include the dispensing of an antibiotic
20 drug as described in s. 450.11 (1g):

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

22 450.11 (1) DISPENSING. No person may dispense any prescribed drug or device
23 except upon the prescription order of a practitioner. All prescription orders shall
24 specify the date of issue, ~~the name and address of the patient,~~ the name and address
25 of the practitioner, the name and quantity of the drug product or device prescribed,

BILL

1 directions for the use of the drug product or device and, if the order is written by the
2 practitioner, the signature of the practitioner. Except as provided in s. 448.035 (2),
3 all prescription orders shall also specify the name and address of the patient. Any
4 oral prescription order shall be immediately reduced to writing by the pharmacist
5 and filed according to sub. (2).

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

7 450.11 (1g) DISPENSING CERTAIN ANTIBIOTIC DRUGS. (a) In this subsection,
8 “antibiotic drug” has the meaning given in s. 448.035 (1) (b).

9 (b) A pharmacist may, upon the prescription order of a practitioner, as specified
10 in s. 448.035, and under all other requirements of sub. (1), dispense an antibiotic
11 drug as a course of therapy for treatment of chlamydia, gonorrhea, or trichomonas
12 to a patient for use by a person with whom the patient has had sexual intercourse.
13 A pharmacist may dispense an antibiotic drug under this paragraph without
14 providing a consultation to the person with whom the patient has had sexual
15 intercourse.

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

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

21 **456.02 Duties.** (intro.) The examining board shall do all of the following:

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

23 456.02 (1) Develop, impose and enforce standards ~~which must be met by~~
24 ~~individuals~~ that an individual is required to meet in order to receive a license as a
25 nursing home administrator, ~~which.~~ The standards shall be designed to insure

BILL

1 ~~ensure~~ that ~~a~~ nursing home administrators will be individuals who are
2 ~~administrator is~~ of good character and ~~are~~, is otherwise suitable, and who, by
3 training or experience in the field of institutional administration, ~~are~~ is qualified to
4 serve as ~~a~~ nursing home administrators; administrator.

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

6 456.02 (2) Develop and apply appropriate techniques, including examinations
7 and investigations, for determining whether an individual meets ~~such~~ the
8 standards; under sub. (1).

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

10 456.02 (3) Issue ~~licenses to individuals~~ a license to an individual determined,
11 after the application of ~~such~~ the techniques under sub. (2), to meet ~~such~~ the
12 standards under sub. (1), and revoke or suspend licenses a license previously granted
13 by the examining board ~~in any case where~~ if the individual holding ~~any~~ such the
14 license is determined substantially to have failed to conform to the requirements of
15 ~~such~~ the standards;

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

17 456.02 (4) Establish and carry out procedures designed to ~~insure~~ ensure that
18 individuals licensed as nursing home administrators will, ~~during any period that~~
19 ~~they serve as such~~, comply with the requirements of ~~such~~ the standards; under sub.
20 (1).

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

22 456.02 (5) Subject to the rules promulgated under s. 440.03 (1), receive,
23 investigate, and take appropriate action with respect to, any charge or complaint
24 filed with the examining board to the effect that any individual licensed as a nursing

BILL

1 home administrator has failed to comply with the requirements of such the
2 standards; under sub. (1).

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

4 456.02 (6) In cooperation with other agencies and appropriate organizations,
5 conduct a continuing study of the practice of nursing home administration within the
6 state with a view to the improvement of the standards imposed for the licensing of
7 such nursing home administrators and of procedures and methods for the
8 enforcement of such the standards under sub. (1) with respect to nursing home
9 administrators ~~of nursing homes who have been licensed as such;~~ under this chapter.

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

11 456.02 (7) ~~Develop and enforce standards for the~~ Promulgate rules
12 establishing supervised practical experience to be required requirements that,
13 except as provided in s. 456.04 (2m), an individual shall satisfy before being allowed
14 to take an examination for licensure; and as a nursing home administrator. Except
15 as provided in s. 456.04 (2m), the rules shall require the individual to complete at
16 least 2,000 hours in any consecutive 3-year period within the 5-year period
17 immediately preceding the date of application for examination in an internship,
18 administrator-in-training program, or any other structured program approved by
19 the examining board.

20 **SECTION 77.** 456.04 (intro.) (except 456.04 (title)) of the statutes is renumbered
21 456.04 (1m) (intro.) and amended to read:

22 456.04 (1m) (intro.) ~~The~~ Except as provided in sub. (2m), the examining board
23 shall allow any person to take the examination for licensure as a nursing home
24 administrator who satisfies all of the following requirements:

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

BILL**SECTION 79**

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

2 456.04 (1m) (d) Has one of the following:

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

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

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

9 456.04 (1m) (e) Satisfies the supervised practical experience requirements
10 specified in the rules promulgated under s. 456.02 (7).

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

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

13 456.04 (2m) The examining board shall allow a person to take the examination
14 for licensure as a nursing home administrator if he or she satisfies the requirements
15 specified in sub. (1m) (a), (b), and (c) and all of the following are satisfied:

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

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

24 (c) If the person was enrolled, at any time within the 2-year period before the
25 effective date of this paragraph [revisor inserts date], in specialized courses or a

BILL

1 program of study specified in par. (a), the person completes, no later than 2 years
2 after the effective date of this paragraph [revisor inserts date], one year of
3 supervised practical experience as specified in rules promulgated by the examining
4 board.

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

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

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

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

14 **456.08 Reciprocity.** (intro.) The examining board may grant a nursing home
15 administrator license under this chapter to ~~a person~~ an applicant who holds a
16 current nursing home administrator license issued by the proper authorities of any
17 other state or licensing jurisdiction, upon payment of the fee specified in s. 440.05 (2)
18 and upon submission of ~~satisfactory evidence of the person's qualifications.~~ evidence
19 satisfactory to the examining board that the applicant satisfies each of the following:

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

21 456.08 (1) The applicant has a bachelor's degree in any field or holds a current
22 certification as a nursing home administrator granted by the American College of
23 Health Care Administrators.

BILL

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

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

6 (4) The applicant has passed an examination approved by the examining board
7 relating to state and federal laws governing the practice of nursing home
8 administration.

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

10 456.09 (1) (c) ~~Practice~~ Except as provided in s. 456.12, practice as a nursing
11 home administrator or use in connection with his or her name any title or designation
12 tending to imply that the person is a nursing home administrator unless duly
13 licensed and registered to so practice under this chapter; or

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

15 **456.12 Exemption.** This chapter does not apply to a person who acts in the
16 capacity of an administrator of a nursing home operated by adherents of a church or
17 religious denomination which subscribes to the act of healing by prayer and the
18 principles of which do not include medical treatment, if the person does not use in
19 connection with his or her name any title or designation tending to imply that the
20 person is a nursing home administrator.

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

22 609.22 (2) **ADEQUATE CHOICE.** A defined network plan that is not a preferred
23 provider plan shall ensure that, with respect to covered benefits, each enrollee has
24 adequate choice among participating providers and that the providers are, to the
25 extent consistent with s. 628.36 (2) (b) 3. and (2m), accessible and qualified.

BILL

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

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

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

13 **628.36 (1m) PAYMENT METHODS.** Any corporation operating a voluntary health
14 care plan may pay health care professionals on a salary, per patient, or
15 fee-for-service basis to provide health care to policyholders or beneficiaries of the
16 corporation.

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

18 **628.36 (1c) DEFINITIONS.** (intro.) In this section:

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

20 **628.36 (2) (a) (intro.)** In this ~~section~~ subsection:

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

22 **628.36 (2) (b) 3.** Except as provided in subd. subs. 4. and 4m., and subject to
23 sub. (2m) (e), no provider may be denied the opportunity to participate in a health
24 care plan, ~~other than a health maintenance organization, a limited service health~~
25 ~~organization or a preferred provider plan~~, under the terms of the plan.

BILL**SECTION 95**

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

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

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

7 628.36 (2) (b) 4m. Subdivision 3. applies to a health maintenance organization,
8 limited service health organization, or preferred provider plan only with respect to
9 a provider located in the geographic service area of the health maintenance
10 organization, limited service health organization, or preferred provider plan.

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

12 628.36 (2m) (title) ANNUAL PARTICIPATION ELECTION PERIOD.

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

15 628.36 (2m) (ac) In this subsection: ~~2m.~~ “Pharmaceutical, “health care
16 services” do not include the administration of a drug product or device or vaccine
17 under s. 450.035.

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

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

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

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

22 628.36 (2m) (e) 1. A health maintenance organization, limited service health
23 organization, or preferred provider plan that provides coverage of pharmaceutical
24 health care services when that are performed by one or more pharmacists health care
25 professionals who are selected by the organization or plan but who are not full-time

BILL

1 salaried employees or partners of the organization or plan shall provide an annual
2 period of at least 30 days during which any ~~pharmacist registered under ch. 450~~
3 health care professional who provides those health care services, who has been
4 granted a credential, as defined in s. 440.01 (2) (a), to practice in this state, and who
5 is located in the geographic service area of the organization or plan may elect to
6 participate in the health maintenance organization, limited service health
7 organization, or preferred provider plan under its terms as a selected provider for at
8 least one year.

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

10 628.36 (2m) (e) 2. Except as provided in subd. 3., subd. 1. applies to health
11 maintenance organizations ~~on and after May 10, 1984. Except as provided in subd.~~
12 ~~4., subd. 1. applies to,~~ limited service health organizations, and preferred provider
13 plans on or after ~~April 28, 1990~~ the effective date of this subdivision [revisor
14 inserts date].

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

16 628.36 (2m) (e) 3. If compliance with the requirements of subd. 1. during the
17 period specified in subd. 2. would impair any provision of a contract between a health
18 maintenance organization, limited service health organization, or preferred
19 provider plan and any other person, and if the contract provision was in existence
20 prior to ~~May 10, 1984~~ the effective date of this subdivision [revisor inserts date],
21 then immediately after the expiration of all such contract provisions the health
22 maintenance organization, limited service health organization, or preferred
23 provider plan shall comply with the requirements of subd. 1.

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

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

BILL**SECTION 106**

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

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

11 632.89 (1) (am) "Consumer price index" means the consumer price index for all
12 urban consumers, U.S. city average, as determined by the U.S. department of labor.

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

14 632.89 (1) (b) "Diagnostic testing" means procedures used to exclude the
15 existence of conditions other than nervous or mental disorders or alcoholism or other
16 drug abuse problems.

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

18 632.89 (2) (b) 1. Except as provided in subd. 2., if a group or blanket disability
19 insurance policy issued by an insurer provides coverage of inpatient hospital
20 treatment or outpatient treatment or both, the policy shall provide coverage in every
21 policy year as provided in pars. (c) to (dm), as appropriate, except that the total
22 coverage under the policy for a policy year need not exceed \$7,000 ~~\$16,800~~ or the
23 equivalent benefits measured in services rendered.

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

#. Page 2, line 1: delete "SECTION 1" and
substitute "SECTION 106m".

#. Page 2, line 8: after that line insert:



BILL

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

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

11 632.89 (1) (am) "Consumer price index" means the consumer price index for all
12 urban consumers, U.S. city average, as determined by the U.S. department of labor.

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

14 632.89 (1) (b) "Diagnostic testing" means procedures used to exclude the
15 existence of conditions other than nervous or mental disorders or alcoholism or other
16 drug abuse problems.

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

18 632.89 (2) (b) 1. Except as provided in subd. 2., if a group or blanket disability
19 insurance policy issued by an insurer provides coverage of inpatient hospital
20 treatment or outpatient treatment or both, the policy shall provide coverage in every
21 policy year as provided in pars. (c) to (dm), as appropriate, except that the total
22 coverage under the policy for a policy year need not exceed ~~\$7,000~~ \$16,800 or the
23 equivalent benefits measured in services rendered.

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

BILL

1 632.89 (2) (c) 2. b. ~~Seven thousand~~ Sixteen thousand eight hundred dollars
2 minus any applicable cost sharing at the level charged under the policy for inpatient
3 hospital services or the equivalent benefits measured in services rendered or, if the
4 policy does not use cost sharing, ~~\$6,300~~ \$15,100 in equivalent benefits measured in
5 services rendered.

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

7 632.89 (2) (d) 2. Except as provided in par. (b), a policy under subd. 1. shall
8 provide coverage in every policy year for not less than ~~\$2,000~~ \$3,100 minus any
9 applicable cost sharing at the level charged under the policy for outpatient services
10 or the equivalent benefits measured in services rendered or, if the policy does not use
11 cost sharing, ~~\$1,800~~ \$2,800 in equivalent benefits measured in services rendered.

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

13 632.89 (2) (dm) 2. Except as provided in par. (b), a policy under subd. 1. shall
14 provide coverage in every policy year for not less than ~~\$3,000~~ \$4,600 minus any
15 applicable cost sharing at the level charged under the policy for transitional
16 treatment arrangements or the equivalent benefits measured in services rendered
17 or, if the policy does not use cost sharing, ~~\$2,700~~ \$4,100 in equivalent benefits
18 measured in services rendered.

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

20 632.89 (2) (f) *Report on coverage limits.* The department of health and family
21 services shall report annually to the governor and the legislature on revising the
22 coverage limits specified in this subsection based on the change in the consumer price
23 index for medical costs.

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

BILL

1 632.89 (6) PRESCRIPTION DRUGS AND DIAGNOSTIC TESTING. (a) The coverage
2 amounts specified in sub. (2) shall not include costs incurred for prescription drugs
3 or diagnostic testing.

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

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

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

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

12 895.48 (1m) (b) This subsection does not apply to health care services provided
13 by a volunteer health care provider under s. 146.89.

14 **SECTION 117. Nonstatutory provisions.**

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

19 **SECTION 118. Initial applicability.**

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

23 (2) If an insurance policy that is in effect on the effective date of this subsection
24 contains a provision that is inconsistent with the treatment of section 632.89 (6) or
25 (7) of the statutes, the treatment of section 632.89 (6) or (7) of the statutes, whichever

#. Page 2, line 9: delete "SECTION 2"

and substitute "SECTION 114c".

#. Page 2, line 17: delete "SECTION 3"

and substitute "SECTION 114m".

#. Page 3, line 2: after that line insert:



BILL

SECTION 114

1 632.89 (6) PRESCRIPTION DRUGS AND DIAGNOSTIC TESTING. (a) The coverage
2 amounts specified in sub. (2) shall not include costs incurred for prescription drugs
3 or diagnostic testing.

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

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

9 " SECTION 115. 895.48 (1m) of the statutes, as affected by 2003 Wisconsin Act 33,
10 is renumbered 895.48 (1m) (a).

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

12 895.48 (1m) (b) This subsection does not apply to health care services provided
13 by a volunteer health care provider under s. 146.89.

14 SECTION 117. Nonstatutory provisions.

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

19 SECTION 118. Initial applicability.

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

23 (2) If an insurance policy that is in effect on the effective date of this subsection
24 contains a provision that is inconsistent with the treatment of section 632.89 (6) or
25 (7) of the statutes, the treatment of section 632.89 (6) or (7) of the statutes, whichever

BILL

1 is inconsistent, first applies to that insurance policy on the date on which it is
2 renewed.

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

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

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

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

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

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

BILL**SECTION 119**

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

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

7 (4) The treatment of sections 46.03 (44), 441.07 (1) (d), 441.16 (3m), 448.015 (4),
8 448.035, 448.04 (1) (a), 450.10 (1) (a) (intro.), and 450.11 (1) and (1g) of the statutes
9 takes effect on the first day of the 13th month beginning after publication.

10 (5) The treatment of sections 456.02 (intro.), (1), (2), (3), (4), (5), and (6), 456.04
11 (intro.), (1), (1m) (d) and (e), (2), (2m), (3), and (4), 456.08 (1), (2), (3), and (4), 456.09
12 (1) (c), and 456.12 of the statutes and the renumbering and amendment of section
13 456.08 of the statutes take effect on the first day of the 7th month beginning after
14 publication.) .

15

(END)