

2003 DRAFTING REQUEST

Bill

Received: **01/03/2003**

Received By: **pkahler**

Wanted: **Soon**

Identical to LRB:

For: **Administration-Budget 7-9546**

By/Representing: **Jablonsky**

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

Drafter: **pkahler**

May Contact:

Addl. Drafters:

Subject: **Health - miscellaneous
Public Assistance - misc**

Extra Copies:

Submit via email: **NO**

Pre Topic:

DOA:.....Jablonsky - BB0309,

Topic:

Changes to disease aids

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 01/05/2003	jdyer 01/06/2003		_____			State
/P1			pgreensl 01/06/2003	_____	amentkow 01/06/2003		

FE Sent For:

<END>

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/?	pkahler	PI 1/6/03	1/6/03	1/6/03			
			PS	self.			

FE Sent For:

<END>

Disease aids



STATE OF WISCONSIN

Department of Administration
Division of State Executive Budget & Planning
101 E. Wilson St., 10th Floor
P.O. Box 7864
Madison, WI 53707-7864

DATE: 12/30/02

TO: Steve Miller

FROM: Sue Sablosky 7-9546

I want to make changes in the disease aids program under s. 49.68, .683, .685 + .687. I want them to make people with incomes between 200 - 300% of the federal poverty limit pay copays + deductibles like people over 300% of the FPL.

Delete the requirement that they adjust the sliding fee scale every three years + direct them to adjust as necessary to stay within budgeted amounts. Increase the

copay for brand name drugs to \$15

Increase the income deductible by .25% for each category.

LRB-1303

BB0309



State of Wisconsin
2003 - 2004 LEGISLATURE

LRB-1303/

PJK:.....

PI
JLd

DOA:.....Jablonsky - BB0309, Changes to disease aids

FOR 2003-05 BUDGET - NOT READY FOR INTRODUCTION

SOON
(1-5)

do not
get cut

1 AN ACT relating to: the budget.

Analysis by the Legislative Reference Bureau
HEALTH AND HUMAN SERVICES

PUBLIC ASSISTANCE

Under current law, DHFS provides financial assistance for the cost of medical care for the treatment of chronic kidney disease, cystic fibrosis, and hemophilia to persons with those conditions. This assistance is collectively referred to as the chronic disease aids program.

Under statutory authority to do so, DHFS has promulgated administrative rules requiring persons with family incomes at or above 300% of the federal poverty line to contribute a certain percentage of their family incomes for the cost of their medical treatment before assistance will be provided under the chronic disease aids program. This bill increases by 25% the percentage of family income that currently must be contributed under the rules. In addition, the bill requires DHFS to promulgate rules requiring persons with family incomes at or above 200% of the federal poverty line to contribute a certain percentage of their family incomes for the cost of their medical treatment before assistance will be provided under the chronic disease aids program. The rules ~~also~~ require a person receiving benefits under the chronic disease aids program to pay a \$5 copayment for a generic prescription drug and a \$10 copayment for a brand name prescription drug for which a pharmacy directly bills the program. The bill changes the copayment amount for a brand name prescription drug to \$15.

administrative

currently

Current law requires DHFS to establish a sliding scale of patient liability for treatment under the chronic disease aids program based on ability to pay. DHFS must review the scale every three[✓] years and revise it if necessary to ensure that patients with lower incomes receive priority within the availability of funds. The bill requires DHFS to review the scale continuously and to revise it as needed to ensure that the amounts budgeted for the chronic disease aids program are sufficient for treatment costs.

For further information see the *state* 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. 49.687 (1)[✓] of the statutes is amended to read:

2 49.687 (1) The department shall promulgate rules that require a person who
3 is eligible for benefits under s. 49.68, 49.683, or 49.685 and whose current estimated
4 total family income exceeds specified limits for the current year is at or above[✓] 200%
5 of the[✓] poverty line to obligate or expend specified portions of the income for medical
6 care for treatment of kidney disease, cystic fibrosis, or hemophilia[✓] before receiving
7 benefits under s. 49.68, 49.683, or 49.685. The rules shall require a person[✓] to pay
8 1% of his or her total family income for the cost of medical treatment covered under
9 s. 49.68, 49.683, or 49.685[✓] if that income is from 300% to 325%[✓] of the federal poverty
10 line, 1.75% if that income is more than[✓] 325% but not more than 350%[✓] of the federal
11 poverty line, 2.5% if that income is more than[✓] 350% but not more than 375%[✓] of the
12 federal poverty line, 3.25% if that income is more than[✓] 375% but not more than[✓] 400%
13 of the federal poverty line, and 4.25% if that income is more than[✓] 400%[✓] of the federal
14 poverty line.

Remove 1 space

History: 1983 a. 27; 1989 a. 56; 1991 a. 39; 1993 a. 16, 449; 1995 a. 27 ss. 3063 to 3065; Stats. 1995 s. 49.687; 1997 a. 27; 1999 a. 9; 2001 a. 16.

15 SECTION 2. 49.687 (2) of the statutes is amended to read:

16 49.687 (2) The department shall develop and implement a sliding scale of
17 patient liability for kidney disease aid under s. 49.68, cystic fibrosis aid under s.

1 49.683, and hemophilia treatment under s. 49.685, based on the patient's ability to
2 pay for treatment. ~~To~~ The department shall continuously review the sliding scale for
3 patient liability and revise it as needed to ensure that the needs for treatment of
4 patients with lower incomes receive priority within the availability of funds amounts
5 budgeted under s. 20.435 (4) (e) and (je), the department shall revise the sliding scale
6 for patient liability by January 1, 1994, and shall, every 3 years thereafter by
7 January 1, review and, if necessary, revise the sliding scale are sufficient to cover
8 treatment costs. ✓

9 History: 1983 a. 27; 1989 a. 56; 1991 a. 39; 1993 a. 16, 449; 1995 a. 27 ss. 3063 to 3065; Stats. 1995 s. 49.687; 1997 a. 27; 1999 a. 9; 2001 a. 16.

9 **SECTION 3. 49.687 (2m) of the statutes is created to read:**

10 **49.687 (2m)** If a pharmacy directly bills the department or an entity with
11 which the department contracts for a drug supplied to a person receiving benefits
12 under s. 49.68, 49.683, or 49.685 and prescribed for treatment covered under s. 49.68,
13 49.683, or 49.685, the person shall pay a \$5[✓] copayment amount for each such generic
14 drug and a \$15[✓] copayment amount for each such brand name drug.

15 (END)



State of Wisconsin
2003 - 2004 LEGISLATURE

LRB-1303/P1

PJK:jld:pg

DOA:.....Jablonsky - BB0309, Changes to disease aids

FOR 2003-05 BUDGET — NOT READY FOR INTRODUCTION

1 AN ACT ...; relating to: the budget.

Analysis by the Legislative Reference Bureau

HEALTH AND HUMAN SERVICES

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Under statutory authority to do so, DHFS has promulgated administrative rules requiring persons with family incomes at or above 300% of the federal poverty line to contribute a certain percentage of their family incomes for the cost of their medical treatment before assistance will be provided under the chronic disease aids program. This bill increases by 0.25% the percentage of family income that currently must be contributed under the rules. In addition, the bill requires DHFS to promulgate rules requiring persons with family incomes at or above 200% of the federal poverty line to contribute a certain percentage of their family incomes for the cost of their medical treatment before assistance will be provided under the chronic disease aids program.

The administrative rules currently require a person receiving benefits under the chronic disease aids program to pay a \$5 copayment for a generic prescription drug and a \$10 copayment for a brand name prescription drug for which a pharmacy directly bills the program. The bill changes the copayment amount for a brand name prescription drug to \$15.

Current law requires DHFS to establish a sliding scale of patient liability for treatment under the chronic disease aids program based on ability to pay. DHFS must review the scale every three years and revise it if necessary to ensure that patients with lower incomes receive priority within the availability of funds. The bill requires DHFS to review the scale continuously and to revise it as needed to ensure that the amounts budgeted for the chronic disease aids program are sufficient for treatment costs.

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15 (END)