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cont.

SENATE BILL 44

1 *-1253/8.2* SECTION 1318. 49.45 (5m) (am) of the statutes is amended to read:
 2 49.45 (5m) (am) Notwithstanding sub. (3) (e), from the appropriations
 3 appropriation accounts under s. 20.435 (4) (b), (gp), (o), and (w), the department shall
 4 distribute not more than \$2,256,000 in each fiscal year, to provide supplemental
 5 funds to rural hospitals that, as determined by the department, have high utilization
 6 of inpatient services by patients whose care is provided from governmental sources,
 7 and to provide supplemental funds to critical access hospitals, except that the
 8 department may not distribute funds to a *pe* rural hospital *pe* or to a *pe* critical access
 9 hospital to the extent that the distribution would exceed any limitation under 42
 10 USC 1396b (i) (3).

****NOTE: This is reconciled s. 49.45 (5m) (am). This SECTION has been affected by drafts with the following LRB numbers: LRB-1253/7, LRB-1755/P2, and LRB-1760/1.

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11 *-0206/1.1* SECTION 1320. 49.45 (6b) of the statutes is amended to read:
 12 49.45 (6b) CENTERS FOR THE DEVELOPMENTALLY DISABLED. From the
 13 appropriation under s. 20.435 (2) (gk), the department may reimburse the cost of
 14 services provided by the centers for the developmentally disabled. Reimbursement
 15 to the centers for the developmentally disabled shall be reduced following each
 16 placement made under s. 46.275 that involves a relocation from a center for the
 17 developmentally disabled, by ~~\$200 per day, beginning in fiscal year 2001-02, and by~~
 18 ~~\$225 per day, beginning in fiscal year 2002-03, and by \$325 per day, beginning in~~
 19 fiscal year 2004-05.

20 *-0209/2.2* SECTION 1321. 49.45 (6c) (a) 6m. of the statutes is created to read:
 21 49.45 (6c) (a) 6m. "Intermediate facility" has the meaning given in s. 46.279
 22 (1) (a).

23 *-0209/2.3* SECTION 1322. 49.45 (6c) (b) of the statutes is amended to read:

SENATE BILL 44

SECTION 1322

1 49.45 (6c) (b) *Preadmission screening.* Except as provided in par. (e), ~~beginning~~
2 ~~on August 9, 1989,~~ every individual who applies for admission to a facility or to an
3 institution for mental diseases shall be screened to determine if the individual has
4 developmental disability or mental illness. ~~Beginning on August 9, 1989, the~~ The
5 department or an entity to which the department has delegated authority shall
6 screen every individual who has been identified as having a developmental disability
7 or mental illness to determine if the individual needs facility care. If the individual
8 is determined to need facility care, the department or an entity to which the
9 department has delegated authority shall also assess the individual to determine if
10 he or she requires active treatment for developmental disability or active treatment
11 for mental illness. If the department or entity determines that the individual
12 requires active treatment for developmental disability, the department or entity
13 shall determine whether the level of care required by the individual that is provided
14 by a facility could be provided safely in an intermediate facility or under a plan that
15 is developed under s. 46.279 (4).

16 *~~-0209/2.4~~* SECTION 1323. 49.45 (6c) (c) (intro.) of the statutes is amended to
17 read:

18 49.45 (6c) (c) *Resident review.* (intro.) Except as provided in par. (e), the
19 department or an entity to which the department has delegated authority shall
20 review every resident of a facility or institution for mental diseases who has a
21 developmental disability or mental illness and who has experienced a significant
22 change in his or her physical or mental condition to determine if ~~any~~ all of the
23 following applies:

24 *~~-0209/2.5~~* SECTION 1324. 49.45 (6c) (c) 1. of the statutes is amended to read:

25 49.45 (6c) (c) 1. ~~The~~ Whether the resident needs facility care.

SENATE BILL 44

1 ***-0209/2.6*** SECTION 1325. 49.45 (6c) (c) 2. of the statutes is amended to read:
2 49.45 (6c) (c) 2. The Whether the resident requires active treatment for
3 developmental disability or active treatment for mental illness.

4 ***-0209/2.7*** SECTION 1326. 49.45 (6c) (c) 3. of the statutes is created to read:
5 49.45 (6c) (c) 3. If the department or entity determines under subd. 1. that the
6 resident needs facility care and under subd. 2. that the resident requires active
7 treatment for developmental disability, whether the level of care required by the
8 resident that is provided by a facility could be provided safely in an intermediate
9 facility or under a plan that is developed under s. 46.279 (4).

10 ***-0210/4.1*** SECTION 1327. 49.45 (6m) (a) 4. of the statutes is repealed.

11 ***-1760/2.8*** SECTION 1328. 49.45 (6m) (ag) (intro.) of the statutes is amended
12 to read:

13 49.45 (6m) (ag) (intro.) Payment for care provided in a facility under this
14 subsubsection made under s. 20.435 (4) (b), (gp), (pa), (o), (w), or (wm) shall, except as
15 provided in pars. (bg), (bm), and (br), be determined according to a prospective
16 payment system updated annually by the department. The payment system shall
17 implement standards that are necessary and proper for providing patient care and
18 that meet quality and safety standards established under subch. II of ch. 50 and ch.
19 150. The payment system shall reflect all of the following:

 ***NOTE: This is reconciled s. 49.45 (6m) (ag) (intro.). This SECTION has been
 affected by drafts with the following LRB numbers: LRB-1755/P2 and LRB-1760/1.

20 ***-0210/4.2*** SECTION 1329. 49.45 (6m) (ag) 2. of the statutes is amended to
21 read:

22 49.45 (6m) (ag) 2. Standards Except as provided in subd. 3r., standards
23 established by the department that shall be based upon allowable costs incurred by

SENATE BILL 44

SECTION 1329

1 facilities in the state as available from information submitted under par. (c) 3. and
2 compiled by the department.

3 *~~0210/4.3~~* SECTION 1330. 49.45 (6m) (ag) 3m. of the statutes is amended to
4 read:

5 49.45 (6m) (ag) 3m. For each state fiscal year ~~1999–2000~~, rates that shall be
6 set by the department based on information from cost reports for the ~~1998 most~~
7 recently completed fiscal year of the facility ~~and for state fiscal year 2000–01~~, rates
8 ~~that shall be set by the department based on information from cost reports for the~~
9 ~~1999 fiscal year of the facility.~~

10 *~~0210/4.4~~* SECTION 1331. 49.45 (6m) (ag) 3m. of the statutes, as affected by
11 2003 Wisconsin Act (this act), is amended to read:

12 49.45 (6m) (ag) 3m. For each state fiscal year, rates that shall be set by the
13 department based on information from cost reports for costs specified under par. (am)
14 1. bm., 4., 5m., and 6. for the most recently completed fiscal year of the facility.

15 *~~0210/4.5~~* SECTION 1332. 49.45 (6m) (ag) 3r. of the statutes is created to read:

16 49.45 (6m) (ag) 3r. Flat-rate payment, as determined by the department, for
17 costs specified under par. (am) 1. a. and 2.

18 *~~0210/4.6~~* SECTION 1333. 49.45 (6m) (ag) 3r. of the statutes, as created by
19 2003 Wisconsin Act (this act), is amended to read:

20 49.45 (6m) (ag) 3r. Flat-rate payment, ~~as determined by the department~~, for
21 all costs specified under par. (am) 1. a. and 2.

22 *Delete extra space*
23 *b0282/3.1* SECTION 1333d. 49.45 (6m) (ag) 8. of the statutes is created to
24 read:

SENATE BILL 44**SECTION 1333d**

1 49.45 (6m) (ag) 8. Maintenance of the identical proportion of payment for direct
2 care costs, as specified in par. (am) 1., to total payment for all costs specified in par.
3 (am) as that made in state fiscal year 2002–03.

4 ***-0210/4.7*** SECTION 1334. 49.45 (6m) (am) 1. a. of the statutes is amended to
5 read:

6 49.45 (6m) (am) 1. a. Personal comfort supplies; medical supplies;
7 over-the-counter drugs; and nonbillable services of a ward clerk, activity person,
8 recreation person, social worker, volunteer coordinator, teacher for residents aged 22
9 and older, vocational counselor for residents aged 22 and older, religious person,
10 therapy aide, therapy assistant, and counselor on resident living.

11 ***-0210/4.8*** SECTION 1335. 49.45 (6m) (am) 1. b. of the statutes is repealed.

12 ***-0210/4.9*** SECTION 1336. 49.45 (6m) (am) 1. bm. of the statutes is created to
13 read:

14 49.45 (6m) (am) 1. bm. Nonbillable services of a registered nurse, licensed
15 practical nurse and nurse's assistant.

16 ***-0210/4.10*** SECTION 1337. 49.45 (6m) (am) 1. d. of the statutes is repealed.

17 ***-0210/4.11*** SECTION 1338. 49.45 (6m) (am) 1. e. of the statutes is repealed.

18 ***-0210/4.12*** SECTION 1339. 49.45 (6m) (am) 3. (intro.) of the statutes is
19 renumbered 49.45 (6m) (am) 2. c. and amended to read:

20 49.45 (6m) (am) 2. c. Allowable fuel and utility costs, including the facility
21 expenses that the department determines are allowable for the provision of:
22 electrical service, water and sewer services, and heat.

23 ***-0210/4.13*** SECTION 1340. 49.45 (6m) (am) 3. a. of the statutes is repealed.

24 ***-0210/4.14*** SECTION 1341. 49.45 (6m) (am) 3. b. of the statutes is repealed.

25 ***-0210/4.15*** SECTION 1342. 49.45 (6m) (am) 3. c. of the statutes is repealed.

SENATE BILL 44**SECTION 1343**

1 ***-0210/4.16*** **SECTION 1343.** 49.45 (6m) (am) 4. of the statutes is amended to
2 read:

3 49.45 **(6m)** (am) 4. ~~Net property~~ Property tax or allowable municipal service
4 costs ~~incurred~~ paid by the owner of the facility for the facility.

5 ***-0210/4.17*** **SECTION 1344.** 49.45 (6m) (am) 5. of the statutes is renumbered
6 49.45 (6m) (am) 2. d.

7 ***b0283/1.1*** **SECTION 1346d.** 49.45 (6m) (ar) 1. a. of the statutes is amended
8 to read:

9 49.45 **(6m)** (ar) 1. a. The department shall establish standards for payment of
10 allowable direct care costs under par. (am) 1. bm., for facilities that do not primarily
11 serve the developmentally disabled, that take into account direct care costs for a
12 sample of all of those facilities in this state and separate standards for payment of
13 allowable direct care costs, for facilities that primarily serve the developmentally
14 disabled, that take into account direct care costs for a sample of all of those facilities
15 in this state. The standards shall be adjusted by the department for regional labor
16 cost variations. For facilities in Douglas, Pierce, and St. Croix counties, the
17 department shall perform the adjustment by use of the wage index that is used by
18 the federal department of health and human services for hospital reimbursement
19 under 42 USC 1395 to 1395ggg.

 ****NOTE: This is reconciled s. 49.45 (6m) (ar) 1. a. This SECTION has been affected
by drafts with the following LRB numbers: LRB–0210/3 and LRB–1252/2.

20 ***-0210/4.19*** **SECTION 1347.** 49.45 (6m) (ar) 2. (intro.) and 2. a. of the statutes
21 are consolidated, renumbered 49.45 (6m) (ar) 2. and amended to read:

SENATE BILL 44

1 49.45 (6m) (ar) 2. For support service costs: ~~2. a.~~ The , the department shall
2 establish one or more standards for the payment of support service costs that take
3 into account support service costs for a sample of all facilities within the state.

4 *~~0210/4.20~~* SECTION 1348. 49.45 (6m) (ar) 2. b. of the statutes is repealed.

5 *~~0210/4.21~~* SECTION 1349. 49.45 (6m) (ar) 2. d. of the statutes is repealed.

6 *~~0210/4.22~~* SECTION 1350. 49.45 (6m) (ar) 3. of the statutes is repealed.

7 *~~0210/4.23~~* SECTION 1351. 49.45 (6m) (ar) 5. of the statutes is repealed.

8 *~~0210/4.24~~* SECTION 1352. 49.45 (6m) (av) 1. of the statutes is renumbered
9 49.45 (6m) (av) and amended to read:

10 49.45 (6m) (av) The department shall calculate a payment rate for a facility by
11 applying the criteria set forth under pars. (ag) 1. to 5. and 7., (am) 1. ~~to 5.~~ bm., 4., 5m.
12 and 6., and (ar) 1. ~~to 5., 4., and 6.~~ to information from cost reports submitted by the
13 facility, as affected by any adjustment for ancillary services and materials under par.
14 (b).

15 *~~0210/4.25~~* SECTION 1353. 49.45 (6m) (av) 2. of the statutes is repealed.

16 *~~0210/4.26~~* SECTION 1354. 49.45 (6m) (av) 3. of the statutes is repealed.

17 *~~0210/4.27~~* SECTION 1355. 49.45 (6m) (av) 4. of the statutes is repealed.

18 *~~0210/4.28~~* SECTION 1356. 49.45 (6m) (av) 5. of the statutes is repealed.

19 *~~0210/4.29~~* SECTION 1357. 49.45 (6m) (av) 5m. of the statutes is repealed.

20 *~~0210/4.30~~* SECTION 1358. 49.45 (6m) (av) 6. of the statutes is repealed.

21 *~~0210/4.31~~* SECTION 1359. 49.45 (6m) (bc) of the statutes is repealed.

22 *~~1611/4.1~~* SECTION 1360. 49.45 (6t) of the statutes, as affected by 2001
23 Wisconsin Act 16, is renumbered 49.45 (6t) (a), and 49.45 (6t) (a) 2. (intro.), 3. and
24 4., as renumbered, are amended to read:

SENATE BILL 44

SECTION 1360

1 49.45 (6t) (a) 2. (intro.) Based on the amount estimated to be available under
2 ~~par. (a) subd. 1.~~, develop a method, which need not be promulgated as rules under
3 ch. 227, to distribute this allocation to the individual county departments under s.
4 46.215, 46.22, 46.23 or 51.42 or to local health departments that have incurred
5 operating deficits that shall include all of the following:

6 3. Except as provided in ~~par. (d) subd. 4.~~, distribute the allocation under the
7 distribution method that is developed.

8 4. If the federal department of health and human services approves for state
9 expenditure in a fiscal year amounts under s. 20.435 (4) (o) that result in a lesser
10 allocation amount than that allocated under this subsection or disallows use of the
11 allocation of federal medicaid funds under ~~par. (e) subd. 3.~~, reduce allocations under
12 this subsection and distribute on a prorated basis, as determined by the department.

****NOTE: This is reconciled s. 49.45 (6t) (intro.). It was removed and its treatment added to LRB–1611. This section is affected by LRB–0030 and LRB–1611.

****NOTE: This is reconciled s. 49.45 (6t). This SECTION has been affected by drafts with the following LRB numbers: LRB–0030/P1 and LRB–1611/3.

****NOTE: This is reconciled s. 49.45 (6t) (a). It was removed and its treatment added to LRB–1611. This section is affected by LRB–0030 and LRB–1611.

13 *–1611/4.2* SECTION 1361. 49.45 (6t) (b) of the statutes is created to read:

14 49.45 (6t) (b) If 2003 Wisconsin Act (this act), section 9124 (8) (a) applies,
15 this subsection does not apply.

16 *–0194/9.10* SECTION 1362. 49.45 (6tt) of the statutes is created to read:

17 49.45 (6tt) DISTRIBUTIONS TO COUNTY DEPARTMENTS AND LOCAL HEALTH
18 DEPARTMENTS. From the appropriation under s. 20.435 (4) (w), the department may
19 in each fiscal year distribute moneys to county departments under s. 46.215, 46.22,
20 46.23, or 51.42 or to local health departments, as defined in s. 250.01 (4), under a plan
21 developed by the department.

SENATE BILL 44

SECTION 1363

1 ***-1252/3.2*** SECTION 1363. 49.45 (6u) (am) (intro.) of the statutes is amended
2 to read:

3 49.45 (6u) (am) (intro.) Notwithstanding sub. (6m), ~~in state fiscal years in~~
4 ~~which less than \$1 in federal financial participation relating to facilities is received~~
5 ~~under 42 CFR 433.51~~, from the appropriations under s. 20.435 (4) (o), (w), and (wm),
6 for reduction of operating deficits, as defined under the methodology used by the
7 department in December, 2000, incurred by a facility that is established under s.
8 49.70 (1) or that is owned and operated by a city, village, or town, and as payment
9 to care management organizations, the department may not distribute to these
10 facilities and to care management organizations more than \$37,100,000 in each
11 fiscal year, as determined by the department. The total amount that a county
12 certifies under this subsection may not exceed 100% of otherwise-unreimbursed
13 care. In distributing funds under this subsection, the department shall perform all
14 of the following:

15 ***-1252/3.3*** SECTION 1364. 49.45 (6u) (bm) of the statutes is repealed.

16 ***-1760/2.9*** SECTION 1365. 49.45 (6v) (b) of the statutes is amended to read:
17 49.45 (6v) (b) The department shall, each year, submit to the joint committee
18 on finance a report for the previous fiscal year, except for the 1997–98 fiscal year, that
19 provides information on the utilization of beds by recipients of medical assistance in
20 facilities and a discussion and detailed projection of the likely balances,
21 expenditures, encumbrances and carry over of currently appropriated amounts in
22 the appropriation accounts under s. 20.435 (4) (b), (gp), and (o).

 ****NOTE: This is reconciled s. 49.45 (6v) (b). This SECTION has been affected by
drafts with the following LRB numbers: LRB-1755/P2 and LRB-1760/1.

23 ***-1760/2.10*** SECTION 1366. 49.45 (6x) (a) of the statutes is amended to read:

SENATE BILL 44

SECTION 1366

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1 49.45 (6x) (a) Notwithstanding sub. (3) (e), from the appropriations
 2 appropriation accounts under s. 20.435 (4) (b), (gp), (o), and (w), the department shall
 3 distribute not more than \$4,748,000 in each fiscal year, to provide funds to an
 4 essential access city hospital, except that the department may not allocate funds to
 5 an essential access city hospital to the extent that the allocation would exceed any
 6 limitation under 42 USC 1396b (i) (3).

****NOTE: This is reconciled s. 49.45 (6x) (a). This SECTION has been affected by drafts with the following LRB numbers: LRB-1755/P2 and LRB-1760/1.

7 *-1760/2.11* **SECTION 1367.** 49.45 (6y) (a) of the statutes is amended to read:

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8 49.45 (6y) (a) Notwithstanding sub. (3) (e), from the appropriations
 9 appropriation accounts under s. 20.435 (4) (b), (gp), (o), and (w), the department shall
 10 distribute funding in each fiscal year to provide supplemental payment to hospitals
 11 that enter into a contract under s. 49.02 (2) to provide health care services funded
 12 by a relief block grant, as determined by the department, for hospital services that
 13 are not in excess of the hospitals' customary charges for the services, as limited under
 14 42 USC 1396b (i) (3). If no relief block grant is awarded under this chapter or if the
 15 allocation of funds to such hospitals would exceed any limitation under 42 USC
 16 1396b (i) (3), the department may distribute funds to hospitals that have not entered
 17 into a contract under s. 49.02 (2).

****NOTE: This is reconciled s. 49.45 (6y) (a). This SECTION has been affected by drafts with the following LRB numbers: LRB-1755/P2 and LRB-1760/1.

18 *-1760/2.12* **SECTION 1368.** 49.45 (6y) (am) of the statutes is amended to read:

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19 49.45 (6y) (am) Notwithstanding sub. (3) (e), from the appropriations
 20 appropriation accounts under s. 20.435 (4) (b), (h), (gp), (o), and (w), the department
 21 shall distribute funding in each fiscal year to provide supplemental payments to
 22 hospitals that enter into contracts under s. 49.02 (2) with a county having a

SENATE BILL 44

1 population of 500,000 or more to provide health care services funded by a relief block
2 grant, as determined by the department, for hospital services that are not in excess
3 of the hospitals' customary charges for the services, as limited under 42 USC 1396b
4 (i) (3).

****NOTE: This is reconciled s. 49.45 (6y) (am). This SECTION has been affected by
drafts with the following LRB numbers: LRB-1755/P2 and LRB-1760/1.

5 ***-1760/2.13* SECTION 1369.** 49.45 (6z) (a) (intro.) of the statutes is amended
6 to read:

7 49.45 (6z) (a) (intro.) Notwithstanding sub. (3) (e), from the appropriations
8 appropriation accounts under s. 20.435 (4) (b), (gp), (o), and (w), the department shall
9 distribute funding in each fiscal year to supplement payment for services to hospitals
10 that enter into a contract under s. 49.02 (2) to provide health care services funded
11 by a relief block grant under this chapter, if the department determines that the
12 hospitals serve a disproportionate number of low-income patients with special
13 needs. If no medical relief block grant under this chapter is awarded or if the
14 allocation of funds to such hospitals would exceed any limitation under 42 USC
15 1396b (i) (3), the department may distribute funds to hospitals that have not entered
16 into a contract under s. 49.02 (2). The department may not distribute funds under
17 this subsection to the extent that the distribution would do any of the following:

****NOTE: This is reconciled s. 49.45 (6z) (a) (intro.). This SECTION has been affected
by drafts with the following LRB numbers: LRB-1755/P2 and LRB-1760/1.

18 ***-1760/2.14* SECTION 1372.** 49.45 (8) (b) of the statutes is amended to read:
19 49.45 (8) (b) Reimbursement under s. 20.435 (4) (b), (gp), (o), and (w) for home
20 health services provided by a certified home health agency or independent nurse
21 shall be made at the home health agency's or nurse's usual and customary fee per

SENATE BILL 44**SECTION 1372**

1 patient care visit, subject to a maximum allowable fee per patient care visit that is
2 established under par. (c).

****NOTE: This is reconciled s. 49.45 (8) (b). This SECTION has been affected by drafts
with the following LRB numbers: LRB–1755/P2 and LRB–1760/1.

3 ***-1489/P2.2* SECTION 1373.** 49.45 (18) (intro.) of the statutes is renumbered
4 49.45 (18) (ac) and amended to read:

5 49.45 (18) (ac) Except as provided in pars. ~~(a)~~ (am) to (d), and subject to par.
6 (ag), any person eligible for medical assistance under s. 49.46, 49.468, or 49.47 shall
7 pay up to the maximum amounts allowable under 42 CFR 447.53 to 447.58 for
8 purchases of services provided under s. 49.46 (2). The service provider shall collect
9 the specified or allowable copayment, coinsurance, or deductible, unless the service
10 provider determines that the cost of collecting the copayment, coinsurance, or
11 deductible exceeds the amount to be collected. The department shall reduce
12 payments to each provider by the amount of the specified or allowable copayment,
13 coinsurance, or deductible. No provider may deny care or services because the
14 recipient is unable to share costs, but an inability to share costs specified in this
15 subsection does not relieve the recipient of liability for these costs. ~~Liability under~~
16 ~~this subsection is limited by the following provisions:~~

17 ***-1489/P2.3* SECTION 1374.** 49.45 (18) (a) of the statutes is renumbered 49.45
18 (18) (am).

19 ***-1489/P2.4* SECTION 1375.** 49.45 (18) (ag) of the statutes is created to read:
20 49.45 (18) (ag) Except as provided in pars. (am), (b), and (c), and subject to par.
21 (d), a recipient specified in par. (ac) shall pay all of the following:

22 1. A copayment of \$1 for each prescription of a drug that bears only a generic
23 name, as defined in s. 450.12 (1) (b).

SENATE BILL 44

1 2. A copayment of \$3 for each prescription of a drug that bears a brand name,
2 as defined in s. 450.12 (1) (a).

3 ***-1489/P2.5*** SECTION 1376. 49.45 (18) (d) of the statutes is amended to read:
4 49.45 (18) (d) No person who designates a pharmacy or pharmacist as his or
5 her sole provider of prescription drugs and who so uses that pharmacy or pharmacist
6 is liable under this subsection for more than \$5 \$12 per month for prescription drugs
7 received.

8 ***-0190/7.17*** SECTION 1377. 49.45 (19) (bm) of the statutes is amended to read:
9 49.45 (19) (bm) The department or the county department under s. 46.215 or
10 46.22 shall notify applicants of the requirements of this subsection at the time of
11 application.

12 ***-1760/2.15*** SECTION 1378. 49.45 (24m) (intro.) of the statutes is amended to
13 read:

14 49.45 (24m) HOME HEALTH CARE AND PERSONAL CARE PILOT PROGRAM. (intro.)
15 From the ~~appropriations~~ appropriation accounts under s. 20.435 (4) (b), (gp), (o), and
16 (w), in order to test the feasibility of instituting a system of reimbursement for
17 providers of home health care and personal care services for medical assistance
18 recipients that is based on competitive bidding, the department shall:

***NOTE: This is reconciled s. 49.45 (24m) (intro.). This SECTION has been affected
by drafts with the following LRB numbers: LRB-1755/P2 and LRB-1760/1.

19 ***-0360/2.1*** SECTION 1379. 49.45 (25) (am) (intro.) of the statutes is amended
20 to read:

21 49.45 (25) (am) (intro.) Except as provided under pars. (be) ~~and~~, (bg), and (bj)
22 and sub. (24), case management services under s. 49.46 (2) (b) 9. and (bm) are
23 reimbursable under ~~medical assistance~~ Medical Assistance only if provided to a

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SENATE BILL 44**SECTION 1379**

1 ~~medical assistance~~ Medical Assistance beneficiary who receives case management
2 services from or through a certified case management provider in a county, city,
3 village, or town that elects, under par. (b), to make the services available and who
4 meets at least one of the following conditions:

5 ***-0360/2.2* SECTION 1380.** 49.45 (25) (bj) of the statutes is created to read:

6 49.45 (25) (bj) The department of corrections may elect to provide case
7 management services under this subsection to persons who are under the
8 supervision of that department under s. 938.183, 938.34 (4h), (4m), or (4n), or
9 938.357 (4), who are Medical Assistance beneficiaries, and who meet one or more of
10 the conditions specified in par. (am). The amount of the allowable charges for those
11 services under the Medical Assistance program that is not provided by the federal
12 government shall be paid from the appropriation account under s. 20.410 (3) (hm),
13 (ho), or (hr).

14 ***-0360/2.3* SECTION 1381.** 49.45 (25) (c) of the statutes is amended to read:

15 49.45 (25) (c) Except as provided in pars. (b), (be) ~~and~~, (bg), and (bj), the
16 department shall reimburse a provider of case management services under this
17 subsection only for the amount of the allowable charges for those services under the
18 ~~medical assistance~~ Medical Assistance program that is provided by the federal
19 government.

20 ***b0276/1.4* SECTION 1382c.** 49.45 (30e) (a) 5. of the statutes is created to read:

21 49.45 (30e) (a) 5. Any other condition required by rule under par. (b) 4. is
22 satisfied.

23 ***b0276/1.4* SECTION 1382e.** 49.45 (30e) (b) 4. of the statutes is created to read:

24 49.45 (30e) (b) 4. Any other conditions for coverage of community-based
25 psychosocial services under the Medical Assistance Program.

SENATE BILL 44

SECTION 1383

1 ***-0209/2.8*** SECTION 1383. 49.45 (30m) of the statutes is renumbered 49.45
2 (30m) (a) (intro.) and amended to read:

3 49.45 (30m) (a) (intro.) Except as provided in par. (am), a county shall provide
4 the portion of the payment that is not provided by the federal government for all of
5 the following services under s. 51.06 (1m) (d) to individuals with developmental
6 disability who are eligible for medical assistance that is not provided by the federal
7 government.:

8 ***-0209/2.9*** SECTION 1384. 49.45 (30m) (a) 1. of the statutes is created to read:

9 49.45 (30m) (a) 1. Services under s. 51.06 (1m) (d).

10 ***-0209/2.10*** SECTION 1385. 49.45 (30m) (a) 2. of the statutes is created to read:

11 49.45 (30m) (a) 2. Services in an intermediate care facility for the mentally
12 retarded, as defined in s. 46.278 (1m) (am), other than a state center for the
13 developmentally disabled.

14 ***-0209/2.11*** SECTION 1386. 49.45 (30m) (a) 3. of the statutes is created to read:

15 49.45 (30m) (a) 3. Services for which payment is permitted under sub. (6c) (d)
16 2. that are provided in a nursing facility, as defined in s. 46.279 (1) (c).

17 ***b0284/2.10*** SECTION 1386d. 49.45 (30m) (am) of the statutes is created to
18 read:

19 49.45 (30m) (am) The department shall provide the portion of the payment that
20 is not provided by the federal government for any of the services specified in par. (a)
21 1. to 3. that are provided to an individual with developmental disability who is
22 eligible for medical assistance, as determined under the contract under s. 46.279
23 (4m).

24 ***-0209/2.12*** SECTION 1387. 49.45 (30m) (b) of the statutes is created to read:

SENATE BILL 44

SECTION 1387

1 49.45 (30m) (b) No payment under this section may be made for services
2 specified under par. (a) or (am) unless the individual who receives the services is
3 protectively placed under s. 55.06 (9) (a) or is placed under an emergency placement
4 under s. 55.06 (11) (a) or a temporary placement under s. 55.06 (11) (c).

5 *–0209/2.13* SECTION 1388. 49.45 (30m) (c) of the statutes is created to read:

6 49.45 (30m) (c) No payment under this section may be made for services
7 specified under par. (a) 2. or 3. that are provided to an individual who was placed in
8 or admitted to an intermediate facility, as defined in s. 46.279 (1) (b), or nursing
9 facility, as defined in s. 46.279 (1) (c), unless one of the following applies:

10 1. Any placement or admission that is made after April 30, 2005, complied with
11 the requirements of s. 46.279.

12 2. For an individual who was protectively placed under ch. 55 at any time, any
13 annual review that is conducted under s. 55.06 (10) (a) 1. after April 30, 2005,
14 complies with the requirements of s. 55.06 (10) (a) 2.

15 *–0190/7.18* SECTION 1389. 49.45 (36) of the statutes is amended to read:

16 49.45 (36) HOMELESS BENEFICIARIES. ~~A~~ The department or a county department
17 under s. 46.215, 46.22, or 46.23 may not place the word “homeless” on the medical
18 assistance identification card of any person who is determined to be eligible for
19 medical assistance benefits and who is homeless.

20 *–0194/9.11* SECTION 1390. 49.45 (39) (b) 1. of the statutes is amended to read:

21 49.45 (39) (b) 1. ‘Payment for school medical services.’ If a school district or a
22 cooperative educational service agency elects to provide school medical services and
23 meets all requirements under par. (c), the department shall reimburse the school
24 district or the cooperative educational service agency for 60% of the federal share of
25 allowable charges for the school medical services that it provides and, as specified

SENATE BILL 44

1 in subd. 2., for allowable administrative costs. If the Wisconsin Center for the Blind
2 and Visually Impaired or the Wisconsin Educational Services Program for the Deaf
3 and Hard of Hearing elects to provide school medical services and meets all
4 requirements under par. (c), the department shall reimburse the department of
5 public instruction for 60% of the federal share of allowable charges for the school
6 medical services that the Wisconsin Center for the Blind and Visually Impaired or
7 the Wisconsin Educational Services Program for the Deaf and Hard of Hearing
8 provides and, as specified in subd. 2., for allowable administrative costs. A school
9 district, cooperative educational service agency, the Wisconsin Center for the Blind
10 and Visually Impaired or the Wisconsin Educational Services Program for the Deaf
11 and Hard of Hearing may submit, and the department shall allow, claims for common
12 carrier transportation costs as a school medical service unless the department
13 receives notice from the federal health care financing administration that, under a
14 change in federal policy, the claims are not allowed. If the department receives the
15 notice, a school district, cooperative educational service agency, the Wisconsin
16 Center for the Blind and Visually Impaired, or the Wisconsin Educational Services
17 Program for the Deaf and Hard of Hearing may submit, and the department shall
18 allow, unreimbursed claims for common carrier transportation costs incurred before
19 the date of the change in federal policy. The department shall promulgate rules
20 establishing a methodology for making reimbursements under this paragraph. All
21 Except as provided in subd. 1m., all other expenses for the school medical services
22 provided by a school district or a cooperative educational service agency shall be paid
23 for by the school district or the cooperative educational service agency with funds
24 received from state or local taxes. The school district, the Wisconsin Center for the
25 Blind and Visually Impaired, the Wisconsin Educational Services Program for the

SENATE BILL 44**SECTION 1390**

1 Deaf and Hard of Hearing, or the cooperative educational service agency shall
2 comply with all requirements of the federal department of health and human
3 services for receiving federal financial participation.

4 ***-0194/9.12* SECTION 1391.** 49.45 (39) (b) 1m. of the statutes is created to read:

5 49.45 (39) (b) 1m. ‘Supplementary payment for school medical services.’ In
6 addition to the reimbursement the department provides under subd. 1. to a school
7 district or cooperative educational service agency for school medical services, the
8 department may make supplementary payments from the appropriation accounts
9 under s. 20.435 (4) (b) and (o). The total of the supplementary payments and
10 allowable charges paid under subd. 1. may not exceed applicable limitations on
11 payments under 42 USC 1396a (a) (30) (A).

12 ***-0194/9.13* SECTION 1392.** 49.45 (39) (b) 2. of the statutes is amended to read:

13 49.45 (39) (b) 2. ‘Payment for school medical services administrative costs.’ The
14 department shall reimburse a school district or a cooperative educational service
15 agency specified under ~~subd. 1.~~ subds. 1. and 1m. and shall reimburse the
16 department of public instruction on behalf of the Wisconsin Center for the Blind and
17 Visually Impaired or the Wisconsin Educational Services Program for the Deaf and
18 Hard of Hearing for 90% of the federal share of allowable administrative costs, using
19 time studies, beginning in fiscal year 1999–2000. A school district or a cooperative
20 educational service agency may submit, and the department of health and family
21 services shall allow, claims for administrative costs incurred during the period that
22 is up to 24 months before the date of the claim, if allowable under federal law.

23 ***b0293/P3.1* SECTION 1392p.** 49.45 (49) (a) (intro.) of the statutes is
24 renumbered 49.45 (49) (bm) and amended to read:

SENATE BILL 44

SECTION 1392p

1 49.45 (49) (bm) The secretary shall exercise his or her authority under s. 15.04
2 (1) (c) to create a prescription drug prior authorization and therapeutics committee
3 to advise the department on issues related to prior authorization decisions made
4 concerning prescription drugs on behalf of medical assistance recipients. ~~The~~
5 ~~secretary shall appoint as members at least all of the following:~~ and to advise the
6 department on the research, development, and approval of any preferred drug list
7 for the Medical Assistance program or the program under s. 49.665 or 49.668.

8 ***b0293/P3.1* SECTION 1392q.** 49.45 (49) (a) 1. of the statutes is repealed.

9 ***b0293/P3.1* SECTION 1392r.** 49.45 (49) (a) 2. and 3. of the statutes are
10 renumbered 49.45 (49) (c) 6. and 7.

11 ***b0293/P3.1* SECTION 1392rj.** 49.45 (49) (ag) of the statutes is created to read:

12 49.45 (49) (ag) In this subsection:

13 1. “Labeler” means a person who receives prescription drugs from a
14 manufacturer or wholesaler and repackages those drugs for later retail sale, and has
15 a labeler code issued by the federal food and drug administration under 21 CFR
16 207.20 (b).

17 2. “Manufacturer” means a person who is engaged in the production,
18 preparation, propagation, compounding, conversion, or processing of prescription
19 drugs.

20 3. “Physician” has the meaning given in s. 448.01 (5).

21 ***b0293/P3.1* SECTION 1392s.** 49.45 (49) (b) of the statutes is renumbered
22 49.45 (49) (g) and amended to read:

23 49.45 (49) (g) The prescription drug prior authorization and therapeutics
24 committee shall accept information or commentary from representatives of the

SENATE BILL 44**SECTION 1392s**

1 pharmaceutical manufacturing industry in the committee's review of prior
2 authorization policies.

3 *b0293/P3.1* SECTION 1392t. 49.45 (49) (c), (d), (e), (f), (h) and (i) of the
4 statutes are created to read:

5 49.45 (49) (c) The secretary shall appoint as members of the prescription drug
6 prior authorization and therapeutics committee at least all of the following:

- 7 1. A physician who has expertise in family practice.
- 8 2. A physician who has expertise in pediatrics.
- 9 3. A physician who has expertise in geriatrics.
- 10 4. A physician who has expertise in psychiatry.
- 11 5. A physician who has expertise in internal medicine and specializes in the
12 treatment of diabetes.

13 (d) A person who is employed by or under contract with a manufacturer, a
14 labeler, or the state may not serve as a member of the prescription drug prior
15 authorization and therapeutics committee, except that the following agreements do
16 not bar a person from serving as a member of the committee:

- 17 1. An agreement with the department to comply with the requirements for
18 provider certification under sub. (2) (a) 11.
- 19 2. An agreement between a physician or pharmacist and a manufacturer for
20 the physician or pharmacist to conduct research in return for grant funding from a
21 manufacturer.

22 (e) If a physician or pharmacist who is a member of the prescription drug prior
23 authorization and therapeutics committee receives any grant funding from a
24 manufacturer to conduct research, the physician or pharmacist must disclose the
25 grant funding to the department. Any physician or pharmacist who is a candidate

SENATE BILL 44

1 for membership on the committee and receives such grant funding must disclose the
2 grant funding to the department before the secretary appoints the person as a
3 member of the committee.

4 (f) During the first meeting of the prescription drug prior authorization and
5 therapeutics committee in each calendar year, the committee shall elect a member
6 to serve as the chairperson of the committee for a one-year term. The committee
7 shall meet at least once annually and on the call of the chairperson. A majority of
8 the committee constitutes a quorum to do business. Recommendations of the
9 committee shall be determined by majority vote.

10 (h) The department shall consider all relevant recommendations of the
11 prescription drug prior authorization and therapeutics committee before requiring
12 prior authorization for a prescription drug under the Medical Assistance program or
13 under s. 49.665 or 49.668.

14 (i) By January 1 annually, the department shall submit a report to the governor,
15 the members of the joint committee on finance, and the appropriate standing
16 committees of the legislature under s. 13.172 (3), on any changes that the
17 department made in the previous 12 months to department policies related to prior
18 authorization for prescription drugs under the Medical Assistance program or the
19 program under s. 49.665 or 49.668, and shall include all of the following in the report:

20 1. The name and therapeutic class for each prescription drug for which the
21 department changed prior authorization policies.

22 2. The criteria for approving a prior authorization request for any prescription
23 drug identified under subd. 1.

24 3. Identification of any differences between the policies adopted by the
25 department and relevant recommendations of the prescription drug prior

SENATE BILL 44**SECTION 1392t**

1 authorization and therapeutics committee and, if applicable, the clinical and
2 scientific reasons for diverging from the committee's recommendations.

3 ***-1762/P2.1* SECTION 1393.** 49.45 (49m) of the statutes is created to read:

4 **49.45 (49m) PRESCRIPTION DRUG COST CONTROLS; PURCHASING AGREEMENTS.** (a)

5 In this section:

6 1. "Brand name" has the meaning given in s. 450.12 (1) (a).

7 2. "Generic name" has the meaning given in s. 450.12 (1) (b).

8 3. "Prescription drug" has the meaning given in s. 450.01 (20).

9 (b) The department may enter into a multi-state purchasing agreement with
10 another state or a purchasing agreement with a purchaser of prescription drugs if
11 the other state or purchaser agrees to participate in one or more of the activities
12 specified in par. (c) 1. to 4.

13 (c) The department may design and implement a program to reduce the cost
14 of prescription drugs and to maintain high quality in prescription drug therapies,
15 which shall include all of the following:

16 1. A list of the prescription drugs that are included as a benefit under s. 49.46
17 (2) (b) 6. h. that identifies preferred choices within therapeutic classes and includes
18 prescription drugs that bear only generic names.

19 2. Establishing supplemental rebates under agreements with prescription
20 drug manufacturers for prescription drugs provided to recipients under Medical
21 Assistance and Badger Care and to eligible persons under s. 49.688 and, if it is
22 possible to implement the program without adversely affecting supplemental
23 rebates for Medical Assistance, Badger Care, and prescription drug assistance under
24 s. 49.688, to beneficiaries of participants under par. (b).

25 3. Utilization management and fraud and abuse controls.

SENATE BILL 44

1 4. Any other activity to reduce the cost of or expenditures for prescription drugs
2 and maintain high quality in prescription drug therapies.

3 (cg) The department shall consider all relevant recommendations of the
4 prescription drug prior authorization and therapeutics committee before including
5 a prescription drug on, or excluding a prescription drug from, a list under par. (c) 1.

6 (cr) 1. Except as provided in subd. 2., the department may not require prior
7 authorization for a prescription drug under s. 49.46 (2) (b) 6. h. that is prescribed to
8 treat a mental illness.

9 2. The department may require prior authorization for a selective serotonin
10 reuptake inhibitor that is first prescribed for a person on or after March 15, 2004.

11 (d) The department may enter into a contract with an entity to perform any of
12 the duties and exercise any of the powers of the department under this subsection.

13 ***b0366/2.1* SECTION 1393c.** 49.45 (51) of the statutes is created to read:

14 49.45 (51) MEDICAL CARE TRANSPORTATION SERVICES. (a) By November 1
15 annually, the department shall provide to the department of revenue information
16 concerning the estimated amounts of supplements payable from the appropriation
17 under s. 20.435 (4) (b) to specific local governmental units for the provision of
18 transportation for medical care, as specified under s. 49.46 (2) (b) 3., during the fiscal
19 year. Beginning November 1, 2004, the information that the department provides
20 under this paragraph shall include any adjustments necessary to reflect actual
21 claims submitted by service providers in the previous fiscal year.

22 (b) On the date that is the 3rd Monday in November, the department shall
23 annually pay to specific local governmental units the estimated net amounts
24 specified in par. (a).

SENATE BILL 44

SECTION 1401

1 ***-0209/2.14*** SECTION 1401. 49.46 (2) (a) 4. c. of the statutes is amended to
2 read:

3 49.46 (2) (a) 4. c. Skilled nursing home services other than in an institution for
4 mental diseases, except as limited under s. 49.45 (6c) and (30m) (b) and (c).

5 ***-0209/2.15*** SECTION 1402. 49.46 (2) (b) 6. a. of the statutes is amended to
6 read:

7 49.46 (2) (b) 6. a. Intermediate care facility services other than in an institution
8 for mental diseases, except as limited under s. 49.45 (30m) (b) and (c).

9 ***b0285/3.4*** SECTION 1403d. 49.46 (2) (b) 8. of the statutes is amended to read:

10 49.46 (2) (b) 8. Home or community-based services, if provided under s. 46.27
11 (11), 46.275, 46.277 or 46.278 ~~or~~, under the family care benefit if a waiver is in effect
12 under s. 46.281 (1) (c), or under a waiver requested under 2001 Wisconsin Act 16,
13 section 9123 (16rs), or 2003 Wisconsin Act (this act), section 9124 (8c).

14 ***-1760/2.16*** SECTION 1404. 49.472 (6) (a) of the statutes is amended to read:

15 49.472 (6) (a) Notwithstanding sub. (4) (a) 3., from the appropriation account
16 under s. 20.435 (4) (b), (gp), or (w), the department shall, on the part of an individual
17 who is eligible for medical assistance under sub. (3), pay premiums for or purchase
18 individual coverage offered by the individual's employer if the department
19 determines that paying the premiums for or purchasing the coverage will not be more
20 costly than providing medical assistance.

 ****NOTE: This is reconciled s. 49.472 (6) (a). This SECTION has been affected by
drafts with the following LRB numbers: LRB-1755/P2 and LRB-1760/1.

21 ***-1760/2.17*** SECTION 1405. 49.472 (6) (b) of the statutes is amended to read:

22 49.472 (6) (b) If federal financial participation is available, from the
23 appropriation account under s. 20.435 (4) (b), (gp), or (w), the department may pay

SENATE BILL 44**SECTION 1405**

1 medicare Part A and Part B premiums for individuals who are eligible for medicare
2 and for medical assistance under sub. (3).

****NOTE: This is reconciled s. 49.472 (6) (b). This SECTION has been affected by drafts with the following LRB numbers: LRB-1755/P2 and LRB-1760/1.

3 ***-0033/P2.1* SECTION 1406.** 49.473 (title) of the statutes is amended to read:
4 **49.473 (title) Medical assistance; women diagnosed with breast or**
5 **cervical cancer or precancerous conditions.**

6 ***-0033/P2.2* SECTION 1407.** 49.473 (2) (c) of the statutes is amended to read:
7 49.473 (2) (c) The woman is not eligible for health care coverage that qualifies
8 as creditable coverage in 42 USC 300gg (c), excluding the coverage specified in 42
9 USC 300gg (c) (1) (F).

10 ***-0033/P2.3* SECTION 1408.** 49.473 (2) (e) of the statutes is amended to read:
11 49.473 (2) (e) The woman requires treatment for breast or cervical cancer or
12 for a precancerous condition of the breast or cervix.

13 ***-1760/2.18* SECTION 1409.** 49.473 (5) of the statutes is amended to read:
14 49.473 (5) The department shall ^{check for extra space} audit and pay, from the appropriation
15 accounts under s. 20.435 (4) (b), (gp), and (o), allowable charges to a provider who
16 is certified under s. 49.45 (2) (a) 11. for medical assistance on behalf of a woman who
17 meets the requirements under sub. (2) for all benefits and services specified under
18 s. 49.46 (2).

****NOTE: This is reconciled s. 49.473 (5). This SECTION has been affected by drafts with the following LRB numbers: LRB-1755/P2 and LRB-1760/1.

19 ***-0033/P2.4* SECTION 1410.** 49.473 (6) (b) of the statutes is amended to read:
20 49.473 (6) (b) Inform the woman at the ~~of~~ time of the determination that she
21 is required to apply to the department or a county department for medical assistance

SENATE BILL 44**SECTION 1410**

1 no later than the last day of the month following the month in which the qualified
2 entity determines that the woman is eligible for medical assistance.

3 ***-0190/7.19* SECTION 1412.** 49.496 (4) of the statutes is amended to read:

4 49.496 (4) ADMINISTRATION. The department may require a county department
5 under s. 46.215, 46.22, or 46.23 or the governing body of a federally recognized
6 American Indian tribe administering medical assistance to gather and provide the
7 department with information needed to recover medical assistance under this
8 section. The department shall pay to a county department or tribal governing body
9 an amount equal to 5% of the recovery collected by the department relating to a
10 beneficiary for whom the county department or tribal governing body made the last
11 determination of medical assistance eligibility. A county department or tribal
12 governing body may use funds received under this subsection only to pay costs
13 incurred under this subsection and, if any amount remains, to pay for improvements
14 to functions required under s. ~~49.33~~ 49.78 (2). The department may withhold
15 payments under this subsection for failure to comply with the department's
16 requirements under this subsection. The department shall treat payments made
17 under this subsection as costs of administration of the ~~medical assistance~~ Medical
18 Assistance program.

19 ***-0529/4.101* SECTION 1413.** 49.498 (16) (g) of the statutes is amended to read:

20 49.498 (16) (g) All forfeitures, penalty assessments, and interest, if any, shall
21 be paid to the department within 10 days of receipt of notice of assessment or, if the
22 forfeiture, penalty assessment, and interest, if any, are contested under par. (f),
23 within 10 days of receipt of the final decision after exhaustion of administrative
24 review, unless the final decision is appealed and the order is stayed by court order
25 under sub. (19) (b). The department shall remit all forfeitures paid to the state

SENATE BILL 44

1 ~~treasurer~~ secretary of administration for deposit in the school fund. The department
2 shall deposit all penalty assessments and interest in the appropriation under s.
3 20.435 (6) (g).

4 ***-0029/2.1*** SECTION 1414. 49.665 (2) (title) of the statutes is amended to read:
5 49.665 (2) (title) ~~WAIVER~~ WAIVERS.

6 ***-0029/2.2*** SECTION 1415. 49.665 (2) of the statutes is renumbered 49.665 (2)
7 (a) and amended to read:

8 49.665 (2) (a) The department of health and family services shall request a
9 waiver from the secretary of the federal department of health and human services
10 to permit the department of health and family services to implement, beginning not
11 later than July 1, 1998, or the effective date of the waiver, whichever is later, a health
12 care program under this section. If a waiver that is consistent with all of the
13 provisions of this section, excluding sub. (4) (a) 3m., is granted and in effect, the
14 department of health and family services shall implement the program under this
15 section. The department of health and family services may not implement the
16 program under this section unless a waiver that is consistent with all of the
17 provisions of this section, excluding sub. (4) (a) 3m., is granted and in effect.

18 ***-0029/2.3*** SECTION 1416. 49.665 (2) (b) of the statutes is created to read:

19 49.665 (2) (b) If the department of health and family services determines that
20 it needs a waiver to require the verification specified in sub. (4) (a) 3m., the
21 department shall request a waiver from the secretary of the federal department of
22 health and human services and may not implement the verification requirement
23 under sub. (4) (a) 3m. unless the waiver is granted. If a waiver is required and is
24 granted, the department of health and family services may implement the
25 verification requirement under sub. (4) (a) 3m. as appropriate. If a waiver is not

SENATE BILL 44**SECTION 1416**

1 required, the department of health and family services may require the verification
2 specified in sub. (4) (a) 3m. for eligibility determinations and annual review
3 eligibility determinations made by the department, beginning on January 1, 2004.

4 ***-0029/2.4* SECTION 1417.** 49.665 (4) (a) 3m. of the statutes is created to read:

5 49.665 (4) (a) 3m. Each member of the family who is employed provides
6 verification from his or her employer, in the manner specified by the department, of
7 his or her earnings, of whether the employer provides health care coverage for which
8 the family is eligible, and of the amount that the employer pays, if any, towards the
9 cost of the health care coverage, excluding any deductibles or copayments required
10 under the coverage.

11 ***-1489/P2.6* SECTION 1419.** 49.665 (5) (a) of the statutes is renumbered
12 49.665 (5) (ag) and amended to read:

13 49.665 (5) (ag) Except as provided in pars. (am), (b), and (bm), a family, or child
14 who does not reside with his or her parent, who receives health care coverage under
15 this section shall pay a percentage of the cost of that coverage in accordance with a
16 schedule established by the department by rule. If the schedule established by the
17 department requires a family, or child who does not reside with his or her parent, to
18 contribute more than 3% of the family's or child's income towards the cost of the
19 health care coverage provided under this section, the department shall submit the
20 schedule to the joint committee on finance for review and approval of the schedule.
21 If the cochairpersons of the joint committee on finance do not notify the department
22 within 14 working days after the date of the department's submittal of the schedule
23 that the committee has scheduled a meeting to review the schedule, the department
24 may implement the schedule. If, within 14 days after the date of the department's
25 submittal of the schedule, the cochairpersons of the committee notify the department

SENATE BILL 44

1 that the committee has scheduled a meeting to review the schedule, the department
2 may not require a family, or child who does not reside with his or her parent, to
3 contribute more than 3% of the family's or child's income unless the joint committee
4 on finance approves the schedule. The joint committee on finance may not approve
5 and the department may not implement a schedule that requires a family or child
6 to contribute, including the amounts required under par. (am), more than 3.5% of the
7 family's or child's income towards the cost of the health care coverage provided under
8 this section.

9 ***-1489/P2.7* SECTION 1420.** 49.665 (5) (ac) of the statutes is created to read:

10 49.665 (5) (ac) In this subsection, "cost" means total cost-sharing charges,
11 including premiums, copayments, coinsurance, deductibles, enrollment fees, and
12 any other cost-sharing charges.

13 ***-1489/P2.8* SECTION 1421.** 49.665 (5) (ag) of the statutes, as affected by 2003

14 Wisconsin Act (this act), is amended to read:

15 49.665 (5) (ag) Except as provided in pars. (am), (b), and (bm), a family, or child
16 who does not reside with his or her parent, who receives health care coverage under
17 this section shall pay a percentage of the cost of that coverage in accordance with a
18 schedule established by the department by rule. ~~If the schedule established by the~~
19 ~~department requires a family, or child who does not reside with his or her parent, to~~
20 ~~contribute more than 3% of the family's or child's income towards the cost of the~~
21 ~~health care coverage provided under this section, the department shall submit the~~
22 ~~schedule to the joint committee on finance for review and approval of the schedule.~~
23 ~~If the cochairpersons of the joint committee on finance do not notify the department~~
24 ~~within 14 working days after the date of the department's submittal of the schedule~~
25 ~~that the committee has scheduled a meeting to review the schedule, the department~~

SENATE BILL 44

SECTION 1421

1 ~~may implement the schedule. If, within 14 days after the date of the department's~~
2 ~~submittal of the schedule, the cochairpersons of the committee notify the department~~
3 ~~that the committee has scheduled a meeting to review the schedule, the department~~
4 ~~may not require a family, or child who does not reside with his or her parent, to~~
5 ~~contribute more than 3% of the family's or child's income unless the joint committee~~
6 ~~on finance approves the schedule. The joint committee on finance may not approve~~
7 ~~and the~~ The department may not establish or implement a schedule that requires a
8 family or child to contribute, including the amounts required under par. (am), more
9 than ~~3.5%~~ 5% of the family's or child's income towards the cost of the health care
10 coverage provided under this section.

11 ***-1489/P2.9* SECTION 1422.** 49.665 (5) (am) of the statutes is created to read:

12 49.665 (5) (am) Except as provided in pars. (b) and (bm), a child or family
13 member who receives health care coverage under this section shall pay the following
14 cost-sharing amounts:

15 1. A copayment of \$1 for each prescription of a drug that bears only a generic
16 name, as defined in s. 450.12 (1) (b).

17 2. A copayment of \$3 for each prescription of a drug that bears a brand name,
18 as defined in s. 450.12 (1) (a).

19 ***-0032/P2.1* SECTION 1423.** 49.68 (3) (a) of the statutes is amended to read:

20 49.68 (3) (a) ~~Any~~ Subject to s. 49.687 (1m), any permanent resident of this state
21 who suffers from chronic renal disease may be accepted into the dialysis treatment
22 phase of the renal disease control program if the resident meets standards set by rule
23 under sub. (2) and s. 49.687.

24 ***-0032/P2.2* SECTION 1424.** 49.68 (3) (d) 1. of the statutes is amended to read:

SENATE BILL 44

1 49.68 (3) (d) 1. No aid may be granted under this subsection unless the recipient
2 has no other form of aid available from the federal medicare program ~~or~~, from private
3 health, accident, sickness, medical, and hospital insurance coverage, or from other
4 health care coverage specified by rule under s. 49.687 (1m) (b). If insufficient aid is
5 available from other sources and if the recipient has paid an amount equal to the
6 annual medicare deductible amount specified in subd. 2., the state shall pay the
7 difference in cost to a qualified recipient. If at any time sufficient federal or private
8 insurance aid or other health care coverage becomes available during the treatment
9 period, state aid under this subsection shall be terminated or appropriately reduced.
10 Any patient who is eligible for the federal medicare program shall register and pay
11 the premium for medicare medical insurance coverage where permitted, and shall
12 pay an amount equal to the annual medicare deductible amounts required under 42
13 USC 1395e and 1395L (b), prior to becoming eligible for state aid under this
14 subsection.

15 *~~0032/P2.3~~* **SECTION 1425.** 49.68 (3) (d) 3. of the statutes is created to read:

16 49.68 (3) (d) 3. No payment shall be made under this subsection for any portion
17 of medical treatment costs or other expenses that are payable under any state,
18 federal, or other health care coverage program, including a health care coverage
19 program specified by rule under s. 49.687 (1m) (b), or under any grant, contract, or
20 other contractual arrangement.

21 *~~0032/P2.4~~* **SECTION 1426.** 49.68 (3) (e) of the statutes is amended to read:

22 49.68 (3) (e) State aids for ~~services~~ any service provided under this section shall
23 be equal to the lower of the allowable charges charge under the Medical Assistance
24 program under subch. IV or the federal medicare program Medicare program. In no
25 case shall state rates for individual service elements exceed the federally defined

SENATE BILL 44**SECTION 1426**

1 allowable costs. The rate of charges for services not covered by public and private
2 insurance shall not exceed the reasonable charges as established by medicare fee
3 determination procedures. A person that provides to a patient a service for which
4 aid is provided under this section shall accept the amount paid under this section for
5 the service as payment in full and may not bill the patient for any amount by which
6 the charge for the service exceeds the amount paid for the service under this section.

7 The state may not pay for the cost of travel, lodging, or meals for persons who must
8 travel to receive inpatient and outpatient dialysis treatment for kidney disease. This
9 paragraph shall not apply to donor related costs as defined in par. (b).

10 ***-0032/P2.5* SECTION 1428.** 49.683 (1) of the statutes is amended to read:

11 49.683 (1) The Subject to s. 49.687 (1m), the department may provide financial
12 assistance for costs of medical care of persons over the age of 18 years with the
13 diagnosis of cystic fibrosis who meet financial requirements established by the
14 department by rule under s. 49.687 (1).

15 ***-0032/P2.6* SECTION 1429.** 49.683 (3) of the statutes is created to read:

16 49.683 (3) No payment shall be made under this section for any portion of
17 medical care costs that are payable under any state, federal, or other health care
18 coverage program, including a health care coverage program specified by rule under
19 s. 49.687 (1m) (b), or under any grant, contract, or other contractual arrangement.

20 ***-0032/P2.7* SECTION 1430.** 49.685 (6) (b) of the statutes is amended to read:

21 49.685 (6) (b) Reimbursement shall not be made under this section for any
22 blood products or supplies which that are not purchased from or provided by a
23 comprehensive hemophilia treatment center, or a source approved by the treatment
24 center. Reimbursement shall not be made under this section for any portion of the
25 costs of blood products or supplies which that are payable under any other state or,

SENATE BILL 44

1 federal program, or other health care coverage program, including a health care
2 coverage program specified by rule under s. 49.687 (1m) (b), or under any grant,
3 contract and any, or other contractual arrangement.

4 *-0032/P2.8* SECTION 1431. 49.687 (title) of the statutes is amended to read:

5 49.687 (title) **Disease aids; patient requirements; rebate agreements;**
6 **cost containment.**

7 *-1303/P1.1* SECTION 1432. 49.687 (1) of the statutes is amended to read:

8 49.687 (1) The department shall promulgate rules that require a person who
9 is eligible for benefits under s. 49.68, 49.683, or 49.685 and whose current estimated
10 total family income exceeds specified limits for the current year is at or above 200%
11 of the poverty line to obligate or expend specified portions of the income for medical
12 care for treatment of kidney disease, cystic fibrosis, or hemophilia before receiving
13 benefits under s. 49.68, 49.683, or 49.685. The rules shall require a person to pay
14 0.50% of his or her total family income for the cost of medical treatment covered
15 under s. 49.68, 49.683, or 49.685 if that income is from 200% to 250% of the federal
16 poverty line, 0.75% if that income is more than 250% but not more than 275% of the
17 federal poverty line, 1% if that income is more than 275% but not more than 300%
18 of the federal poverty line, 1.25% if that income is more than 300% but not more than
19 325% of the federal poverty line, 2% if that income is more than 325% but not more
20 than 350% of the federal poverty line, 2.75% if that income is more than 350% but
21 not more than 375% of the federal poverty line, 3.5% if that income is more than 375%
22 but not more than 400% of the federal poverty line, and 4.5% if that income is more
23 than 400% of the federal poverty line.

24 *-0032/P2.9* SECTION 1433. 49.687 (1m) of the statutes is created to read:

SENATE BILL 44

SECTION 1433

unless, before the person
applies for benefits under s.

1 49.687 (1m) (a) A person is not eligible to receive benefits under s. 49.68 or
2 49.683 49.68 or 49.683, the person first applies for benefits under all other health
3 care coverage programs specified by the department by rule under par. (b) for which
4 the person reasonably may be eligible.

5 (b) The department shall promulgate rules that specify other health care
6 coverage programs for which a person must apply before applying for benefits under
7 s. 49.68 or 49.683. The programs specified by rule must include the Medical
8 Assistance program under subch. IV, the Badger Care health care program under s.
9 49.665, and the prescription drug assistance for elderly persons program under s.
10 49.688.

11 (c) Using the procedure under s. 227.24, the department may promulgate rules
12 under par. (b) for the period before the effective date of any permanent rules
13 promulgated under par. (b), but not to exceed the period authorized under s. 227.24
14 (1) (c) and (2). Notwithstanding s. 227.24 (1) (a), (2) (b), and (3), the department is
15 not required to provide evidence that promulgating a rule under par. (b) as an
16 emergency rule is necessary for the preservation of the public peace, health, safety,
17 or welfare and is not required to make a finding of emergency for promulgating a rule
18 under par. (b) as an emergency rule.

19 *-1303/P1.2* SECTION 1434. 49.687 (2) of the statutes is amended to read:

20 49.687 (2) The department shall develop and implement a sliding scale of
21 patient liability for kidney disease aid under s. 49.68, cystic fibrosis aid under s.
22 49.683, and hemophilia treatment under s. 49.685, based on the patient's ability to
23 pay for treatment. To The department shall continuously review the sliding scale for
24 patient liability and revise it as needed to ensure that the needs for treatment of
25 patients with lower incomes receive priority within the availability of funds amounts

SENATE BILL 44

SECTION 1434

1 budgeted under s. 20.435 (4) (e) and (je), ~~the department shall revise the sliding scale~~
2 ~~for patient liability by January 1, 1994, and shall, every 3 years thereafter by~~
3 ~~January 1, review and, if necessary, revise the sliding scale~~ are sufficient to cover
4 treatment costs.

5 ***-1303/P1.3* SECTION 1435.** 49.687 (2m) of the statutes is created to read:

6 49.687 (2m) If a pharmacy directly bills the department or an entity with
7 which the department contracts for a drug supplied to a person receiving benefits
8 under s. 49.68, 49.683, or 49.685 and prescribed for treatment covered under s. 49.68,
9 49.683, or 49.685, the person shall pay a \$7.50 copayment amount for each such
10 generic drug and a \$15 copayment amount for each such brand name drug.

11 ***-0529/4.102* SECTION 1436.** 49.687 (3) (a) of the statutes is amended to read:

12 49.687 (3) (a) That, as a condition of coverage for prescription drugs of a
13 manufacturer under s. 49.68, 49.683, or 49.685, the manufacturer shall make rebate
14 payments for each prescription drug of the manufacturer that is prescribed for and
15 purchased by persons who meet eligibility criteria under s. 49.68, 49.683, or 49.685,
16 to the ~~state treasurer~~ secretary of administration to be credited to the appropriation
17 under s. 20.435 (4) (je), each calendar quarter or according to a schedule established
18 by the department. ✓

19 ***-0032/P2.10* SECTION 1437.** 49.687 (4) of the statutes is created to read:

20 49.687 (4) The department may adopt managed care methods of cost
21 containment for the programs under ss. 49.68, 49.683, and 49.685.

22 ***b0292/3.1* SECTION 1438h.** 49.688 (2) (b) of the statutes is amended to read:

23 49.688 (2) (b) A person to whom par. (a) 1. to 3. and 5. applies, but whose annual
24 household income, as determined by the department and as modified under sub.
25 (4m), if applicable, exceeds 240% of the federal poverty line for a family the size of

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1 ✓ *b0142/2.2* **749.** Page 627, line 21: delete the material beginning with “The
 2 rules” and ending with “4.25%” on page 628, line 2, and substitute “The rules shall
 3 require a person to pay 0.50% of his or her total family income for the cost of medical
 4 treatment covered under s. 49.68, 49.683, or 49.685 if that income is from 200% to
 5 250% of the federal poverty line, 0.75% if that income is more than 250% but not more
 6 than 275% of the federal poverty line, 1% if that income is more than 275% but not
 7 more than 300% of the federal poverty line, 1.25% if that income is more than 300%
 8 but not more than 325% of the federal poverty line, 2% if that income is more than
 9 325% but not more than 350% of the federal poverty line, 2.75% if that income is more
 10 than 350% but not more than 375% of the federal poverty line, 3.5% if that income
 11 is more than 375% but not more than 400% of the federal poverty line, and 4.5%”. ✓

12 { *b0148/1.1* **750.** Page 628, line 5: delete the material beginning with “49.68”
 13 and ending with “49.685” on line 6, and substitute “49.68 or 49.683”. ✓

14 { *b0148/1.2* **751.** Page 628, line 6: delete the material beginning with “49.68”
 15 and ending with “49.685” on line 7, and substitute “49.68 or 49.683”. ✓

16 ✓ *b0148/1.3* **752.** Page 628, line 12: delete “49.68, 49.683, or 49.685” and
 17 substitute “49.68 or 49.683”. ✓

18 ✓ *b0142/2.3* **753.** Page 629, line 15: delete “\$5” and substitute “\$7.50”. ✓ ✓

19 ~~*b0290/3.1* **754.** Page 630, line 3: delete lines 3 to 7.~~

20 ~~*b0292/3.1* **755.** Page 630, line 7: after that line insert:~~

21 ~~*b0292/3.1* “SECTION 49.688h. 49.688 (2) (b) of the statutes is amended to read:~~
 22 ~~49.688 (2) (b) A person to whom par. (a) 1. to 3. and 5. applies, but whose annual~~
 23 ~~household income, as determined by the department and as modified under sub.~~
 24 ~~(4m), if applicable, exceeds 240% of the federal poverty line for a family the size of~~

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