



State of Wisconsin

LEGISLATIVE REFERENCE BUREAU

RESEARCH APPENDIX - **PLEASE DO NOT REMOVE FROM DRAFTING FILE**

Date Transfer Requested: 10/03/2005 (Per: DAK)



☞ The 2005 drafting file for LRB 05-2576/2

has been copied/added to the 2005 drafting file for

LRB 05-3769

Px. 02 of 02

☞ The attached 2005 draft was incorporated into the new 2005 draft listed above. For research purposes, this cover sheet and the attached drafting file were copied, and added, as a appendix, to the new 2005 drafting file. If introduced this section will be scanned and added, as a separate appendix, to the electronic drafting file folder.

☞ This cover sheet was added to rear of the original 2005 drafting file. The drafting file was then returned, intact, to its folder and filed.



By 08/12, please
State of Wisconsin
2005 - 2006 LEGISLATURE

D-NOTE

LRB-2576/#2

DAK:lmk:cb

↑
Keep

2005 BILL

REGENERATE

1 AN ACT to amend 15.01 (4) and 59.17 (2) (c); and to create 15.07 (1) (a) 7., 15.07
2 (2) (n), 15.07 (5) (z), 15.07 (5m) (c), 15.20, 15.207, 20.430, 59.53 (25), 62.09 (8)
3 (cm) and chapter 152 of the statutes; relating to: establishing a publicly
4 financed health care system for residents of this state, creating the Department
5 of Health Planning and Finance, Health Policy Board, and regional health
6 councils, granting rule-making authority, and making appropriations.

health
consumer ✓

Analysis by the Legislative Reference Bureau

Under current law, payment for medical services that residents of this state receive is made from a combination of federal moneys (such as under the Medicare, Medical Assistance (commonly referred to as "Medicaid"), and various block grant programs); general purpose revenues (such as the "state share" of the joint federal-state Medical Assistance Program, the Badger Care Program, state contributions to relief block grants for health care services, and moneys appropriated for specific medical purposes, such as cancer control grants); local moneys, such as funding for medical relief health care services and county nursing homes and hospitals; private health insurance coverage that individuals purchase or that is provided, in part, as employee benefits; and out-of-pocket payments that are made by health care consumers.

This bill establishes a universal health plan for Wisconsin, under which, beginning July 1, 2008, each state resident, with certain specified exceptions, shall

Each regional consumer health council may create a regional advisory committee.

LRB-2576/1
DAK:lmk:ch

BILL

receive reasonable medical services necessary to maintain health, enable diagnosis, and provide treatment or rehabilitation for an injury, disability, or disease. Specified persons who are excepted from the July 1, 2008, beginning date are phased in for eligibility that begins July 1, 2009.

To administer the ~~universal~~ health plan, the bill creates a Department of Health Planning and Finance (DHPF), with six regional offices, that is directed and supervised by an 11-member Health Policy Board that is also created in the bill. The Health Policy Board appoints the secretary of health planning and finance and is required to review that appointment after 36 months. The bill also creates six regional health councils that are attached to DHPF and that report at least twice a year to the Health Policy Board on the health care needs, problems, and concerns of the region. The bill requires appropriation of general purpose revenues to DHPF for operation of the Health Policy Board for the 2005-07 fiscal biennium and requires that the Health Policy Board consider numerous specified issues related to the formation of a ~~universal~~ health plan in this state.

The Health Policy Board also may appoint two advisory committees which are advisory to the Secretary of Health Planning and Finance

Under the bill, by July 1, 2007, DHPF must begin implementation of processes, in light of policies determined by the Health Policy Board, to effect numerous health-related matters, including specifying the amounts and sources of funds to finance payment to providers under the ~~universal~~ health plan, applying for waivers to federal Medicaid statutes and rules, and establishing a listing of approved medicinal substances and formulae. The secretary of health planning and finance and the secretary of administration must, until September 1, 2007, meet at least semimonthly to formulate decisions on issues concerning the ~~universal~~ health plan and DHPF and how the scope and functions of DHPF affect the scope and functions of the Department of Health and Family Services, the Office of the Commissioner of Insurance, the Board on Aging and Long-Term Care, and the duties or powers of any other state agency. The Health Policy Board must convey the decisions to the Legislative Reference Bureau for drafting of necessary proposed legislation for introduction in the legislature in 2008. The Legislative Reference Bureau must prepare, in proper form for introduction, the proposed legislation that relates to the decisions.

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:

INSERT 2-1

as affected by 2008 Wisconsin Act 25

- 1 SECTION 1. 15.01 (4) of the statutes is amended to read:
- 2 15.01 (4) "Council" means a part-time body appointed to function on a
- 3 continuing basis for the study, and recommendation of solutions and policy
- 4 alternatives, of the problems arising in a specified functional area of state

BILL

1 government, except the Wisconsin land council has the powers specified in s. 16.965
 2 (3) and (5) and the powers granted to agencies under ch. 227, the Milwaukee River
 3 revitalization council has the powers and duties specified in s. 23.18, the council on
 4 physical disabilities has the powers and duties specified in s. 46.29 (1) and (2), and
 5 the state council on alcohol and other drug abuse has the powers and duties specified
 6 in s. 14.24, and the regional health councils have the powers and duties specified in
 7 s. 152.30 (1). consumer

SECTION 2. 15.07 (1) (a) 7. of the statutes is created to read:

15.07 (1) (a) 7. Members of the health policy board elected under s. 15.20 (1) shall be elected as provided in that subsection.

SECTION 3. 15.07 (2) (n) of the statutes is created to read:

15.07 (2) (n) The chairperson of the health policy board shall serve for a period of 3 years and may be reelected for 2 additional successive terms.

SECTION 4. 15.07 (5) ^m of the statutes is created to read:

15.07 (5) ^m Members of the health policy board, \$50 per day.

SECTION 5. 15.07 (5m) (c) of the statutes is created to read:

15.07 (5m) (c) *Health policy board.* Members of the health policy board may be reimbursed for lost wages if required by their employers to use leave without pay in order to attend meetings of the health policy board, and they may be reimbursed for actual and necessary child care expenses without proof of financial hardship.

SECTION 6. 15.20 of the statutes is created to read:

15.20 Department of health planning and finance. There is created a department of health planning and finance under the direction and supervision of the health policy board. The health policy board shall consist of the following members, each of whom is to serve for a 6-year term and, if reelected or reappointed,

BILL

1 for an additional 6-year term and none of whom may be a health care provider, as
2 defined in s. 152.01 (6), an administrator or owner of a health care facility or
3 organization, or an elected public official:

4 (1) One member elected by and from the current membership of each of the 6
5 regional ^{CONSUMER} health councils specified under s. 15.207 (1) (b).

6 (2) Five members, nominated by the governor and with the advice and consent
7 of the senate appointed, who reflect as much as possible a balance of gender, race,
8 age, sexual orientation, ^{ethnicity} ~~ethnicity~~, religion, geographic area, and the interests
9 of management, labor, and individuals with disabilities. ✓

10 **SECTION 7.** 15.207 of the statutes is created to read:

^(CS)
CONSUMER

11 **15.207 Same; councils.** (1) REGIONAL HEALTH COUNCILS. (a) There are created
12 6 regional health councils that are attached to the department of health planning
13 and finance under s. 15.03, one of which is established in each of the following areas
14 of this state: ^{consumer}

15 1. The northern region, consisting of Ashland, Bayfield, Douglas, Florence,
16 Forest, Iron, Langlade, Lincoln, Marathon, Oneida, Portage, Price, Sawyer, Taylor,
17 Vilas, and Wood counties.

18 2. The southern region, consisting of Adams, Columbia, Crawford, Dane,
19 Dodge, Grant, Green, Iowa, Jefferson, Juneau, Lafayette, Richland, Rock, Sauk, and
20 Vernon counties.

21 3. The western region, consisting of Barron, Burnett, Buffalo, Chippewa,
22 Clark, Dunn, Eau Claire, Jackson, La Crosse, Monroe, Pepin, Pierce, Polk, Rusk, St.
23 Croix, Trempealeau, and Washburn counties.

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1 4. The northeastern region, consisting of Brown, Calumet, Door, Fond du Lac,
2 Green Lake, Kewaunee, Manitowoc, Marinette, Marquette, Menominee, Oconto,
3 Outagamie, Shawano, Sheboygan, Waupaca, Waushara, and Winnebago counties.

4 5. The southeastern region, consisting of Kenosha, Ozaukee, Walworth,
5 Washington, Waukesha, and Racine counties.

6 6. The area within Milwaukee County.

7 (b) Each regional health council shall consist of the following members, none
8 of whom may be a health care provider, as defined in s. 152.01 (6), an administrator
9 or owner of a health care facility or organization, or an elected public official, to serve
10 for no more than 3 3-year terms:

11 1. In the northern region, a total of 16 members, consisting of one member from
12 each county in that region. The county board of supervisors of each county in that
13 region shall appoint one person from that county.

14 2. In the southern region, a total of 15 members, consisting of one member from
15 each county in that region. The county board of supervisors of each county in that
16 region shall appoint one person from that county.

17 3. In the western region, a total of 17 members, consisting of one member from
18 each county in that region. The county board of supervisors of each county in that
19 region shall appoint one person from that county.

20 4. In the northeastern region, a total of 17 members, consisting of one member
21 from each county in that region. The county board of supervisors of each county in
22 that region shall appoint one person from that county.

23 5. In the southeastern region, a total of 12 members, consisting of 2 members
24 from each county in that region. The county board of supervisors of each county in
25 that region shall appoint 2 persons from that county.

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1 6. In the area within Milwaukee County, a total of 12 members, consisting of
2 6 persons who are residents of the city of Milwaukee and are appointed by the mayor
3 of the city of Milwaukee as provided under s. 62.09 (8) (cm), and 6 persons who are
4 residents of Milwaukee County but are not residents of the city of Milwaukee and are
5 appointed by the county executive of Milwaukee County.

6 **SECTION 8.** 20.005 (3) (schedule) of the statutes: at the appropriate place, insert
7 the following amounts for the purposes indicated:

				2005-06	2006-07
8					
9	20.430 Health planning and finance, department				
10	of				
11	(1) HEALTH PLANNING AND FINANCE				
12	(a) General program operations	GPR	A	-0-	-0-
13	(c) Job retraining and placement	GPR	A	-0-	-0-

14 **SECTION 9.** 20.430 of the statutes is created to read:

15 **20.430 Health planning and finance, department of.** There is
16 appropriated to the department of health planning and finance for the following
17 program:

18 (1) HEALTH PLANNING AND FINANCE. (a) *General program operations.* The
19 amounts in the schedule for the general program operations of the department of
20 health planning and finance.

21 (b) Universal health plan services and benefits. The amounts in the schedule
22 for health care services and benefits provided under s. 152.10 (4).

23 (c) *Job retraining and placement.* The amounts in the schedule for job
24 retraining and placement services under s. 152.40 (4).

BILL

1 (i) *Gifts and grants.* All moneys received from gifts, grants, bequests, and
2 devises to carry out the purposes for which made.

3 (m) *Federal funds; state operations.* All moneys received from the federal
4 government, as authorized by the governor under s. 16.54, for the purposes for which
5 made and received.

6 **SECTION 10.** 59.17 (2) (c) of the statutes is amended to read:

7 59.17 (2) (c) Appoint the members of all boards ~~and~~, commissions, and councils
8 where appointments are required and where the statutes provide that the
9 appointments are made by the county board ~~or by the~~ chairperson of the county
10 board, ~~or by the~~ county executive. All appointments to boards and, commissions, and
11 councils by the county executive are subject to confirmation by the county board.

12 **SECTION 11.** 59.53 (25) of the statutes is created to read:

13 59.53 (25) REGIONAL ^{CONSUMER CS} HEALTH COUNCIL. The board shall appoint members of a
14 regional health council, as specified in s. 15.207 (1) (b) 1. to 5.

15 **SECTION 12.** 62.09 (8) (cm) of the statutes is created to read:

16 62.09 (8) (cm) The mayor of the city of Milwaukee shall, with the advice and
17 consent of the common council of that city, appoint 6 members of a regional health
18 council, as specified under s. 15.207 (1) (b) 6.

19 **SECTION 13.** Chapter 152 of the statutes is created to read:

CHAPTER 152

~~UNIVERSAL~~ HEALTH PLAN

22 **152.01 Definitions.** In this chapter:

23 (1) "Block grant" has the meaning given in s. 16.54 (2) (a) 3.

24 (2) "Board" means the health policy board.

25 (3) "Department" means the department of health planning and finance.

BILL

1 (4) "Disability insurance policy" has the meaning given in s. 632.895 (1) (a).

2 (5) "Health care facility" means a facility, as defined in s. 647.01 (4), or any
3 hospital, nursing home, community-based residential facility, county home, county
4 infirmary, county hospital, county mental health center, community health center,
5 primary health center, tuberculosis sanatorium, adult family home, assisted living
6 facility, rural medical center, hospice, or other place licensed, certified, or approved
7 by the department of health and family services under s. 49.70, 49.71, 49.72, 50.02,
8 50.03, 50.032, 50.033, 50.034, 50.35, 50.52, 50.92 (2), 51.08, or 51.09 or a facility
9 under s. 45.365, 51.05, 51.06, or 252.10 or ch. 233, or licensed or certified by a county
10 department under s. 50.032 or 50.033.

11 (6) "Health care provider" means a provider of health care services or other
12 benefits in this state that are specified under s. 152.10 (4).

13 (7) "Medicare" means coverage under part A or part B of Title XVIII of the
14 federal Social Security Act, 42 USC 1395 to 1395ddd.

15 (8) "Reimbursement" means payment for the provision of services and other
16 benefits that are specified under s. 152.10 (4).

↑ regardless of any preexisting condition ↑

17 (9) "Secretary" means the secretary of health planning and finance.

18 (10) "Veteran" has the meaning given in 38 USC 101 (2).

19 **152.10 ~~Universal~~ health plan.** (1) There is created a ~~universal~~ health plan
20 in this state, under which, beginning on July 1, 2008, each eligible person shall
21 receive reasonable medical service necessary to maintain health, enable diagnosis,
22 or provide treatment or rehabilitation for an injury, condition, disability, or disease,
23 for which reimbursement shall be made by the department, ~~except that no~~ coverage
24 is provided for orthodontia or for the performance of reconstructive or cosmetic

under the health plan

BILL

1 surgery that is ~~not~~ determined to be ~~medically~~ necessary under criteria that are
2 promulgated as rules by the department.

3 (2) Each individual in this state who ~~meets requirements of residency, under~~
4 ~~criteria promulgated as rules by the department,~~ ^{is not excluded from residency as specified in sub(3)} is eligible for coverage under the
5 ~~universal~~ health plan, except as provided in sub. (5), and except that all of the
6 following may be phased in for eligibility under this subsection, beginning no later
7 than July 1, 2009:

8 (a) Individuals, other than those specified in par. (b), who have no coverage
9 under disability insurance policies.

10 (b) Individuals who have no coverage under disability insurance policies and
11 who receive health care, treatment for nervous or mental disorders, or treatment or
12 prevention services for alcohol and other drug abuse that are funded by state or local
13 funding.

14 (c) Individuals who are employees of the state or any county, city, village, or
15 town, and who, as a benefit of the employment, have coverage for themselves and
16 family members under provisions of group disability insurance policies or under
17 self-insured health plans.

18 (d) Individuals, other than those specified in par. (c) or (h), who, by reason of
19 their employment or as family members of individuals who are employed, have
20 coverage under group disability insurance policies.

21 (e) Individuals who have coverage under individual disability insurance
22 policies.

23 (f) Individuals who have coverage under the health insurance risk-sharing
24 plan under ch. 149.

BILL

SECTION 13

Members of federally-recognized American Indian tribes or bands

1 (g) Individuals who are eligible for benefits or services under s. 49.46, 49.468,
2 49.47, or 49.665, Medicare, or block grants that provide health care services.

3 (h) Individuals who are employees of self-insured employers, other than those
4 specified in par. (c), and who receive health care benefits for themselves and family
5 members under self-insured health plans.

6 (i) Individuals who receive medical benefits under worker's compensation.

7 (j) Veterans who receive medical benefits under s. 45.351 (1j) or 38 USC 1701
8 to 1774, or both, and the children of veterans who receive medical benefits under 38
9 USC 1801 to 1806.

INSERT 10-13

10 (k) ~~Indians~~ who receive health and other services under 25 USC 1651 to 1683.

11 (3) (a) Any individual who is eligible under sub. (2) may receive services that
12 are available under the ~~universal~~ health plan from any participating health care
13 provider in this state.

who has a fixed habitation outside the state but not inside the state is not a resident

14 (b) No individual who is eligible under sub. (2) may under this section be
15 required to pay an amount as a deductible or copayment as a condition for receipt of
16 services under this section from a health care facility or health care provider.

resident for purposes of this chapter

17 (c) An individual's ~~state residency~~ is presumed unless rebutted by clear and
18 convincing evidence. If the presumption is so rebutted, any reimbursement paid
19 under the ~~universal~~ health plan for health care services rendered to ~~the~~ ^{an} individual
20 is a liability of the individual.

who is determined not to be a resident

21 (4) Health care services and other benefits provided under the ~~universal~~ health
22 plan shall include all of the following:

23 (a) Services of all persons licensed, certified, registered, or permitted to treat
24 the sick under chs. 441, 446, 447, 448, 449, 450, 451, 455, 457, and 459.

BILL

1 (b) Health care services that are provided by health care facilities and the
2 offices and clinics of persons under par. (a).

3 (c) Preventive health care services and health promotional programs, including
4 well-child care, immunizations, screening, outreach, and education.

5 (d) Medical or surgical supplies and durable medical or surgical equipment,
6 supplies and appliances, including valves, pacemakers, prostheses, eyeglasses, and
7 hearing aids.

8 (e) Prescription drugs specified in the listing of approved medicinal substances
9 and formulae under s. 152.40 ²⁶⁵ (4) (m) and any other drugs specified by the department
10 by rule.

11 (f) Blood and blood products.

12 (g) Long-term care services that are necessary for the physical health, mental
13 and emotional well-being, and social and personal needs of individuals who have
14 limited self-care capabilities, including services of health care facilities; home
15 health care; hospice care; home-based and community-based services, including
16 personal assistance and attendant care; and periodic needs assessments.

17 (h) Mental health treatment and services, including substance abuse and brain
18 injury treatment.

19 (i) Dental services, as specified under s. 49.46 (2) (b) 1.

20 (5) The ~~universal~~ health plan is the payer of last resort, and coverage under
21 the ~~universal~~ health plan is supplemental to any health care coverage in force that
22 is held by an individual.

23 (6) As a condition of participation by a health care provider in the ~~universal~~
24 health plan, the health care provider shall accept reimbursement only under the

BILL

(1) ~~universal~~ health plan for all services or other benefits that the health care provider provides under the ~~universal~~ health plan.

3 **152.20 Health policy board; powers and duties.** (1) The board shall
4 approve and continually evaluate the listing of approved medicinal substances and
5 formulae that is required under s. 152.40 (4) (n).

6 (2) The board shall biennially evaluate and oversee cost containment
7 guidelines and policies, including the evaluation of mechanisms used to contain costs
8 of providing services, and shall revise the guidelines and policies as necessary.

9 (3) The board shall review all of the following issues and formulate or revise
10 policies, as appropriate, with respect to the issues:

11 (a) Duties of the department that require policy determinations.

12 (b) The sources and amounts of revenues for the administration of the
13 department and the board and for financing the payment of ~~medical~~ services that are
14 provided to residents under the ~~universal~~ health plan.

15 (c) Information provided by the regional ^{Consumer} health councils.

16 (d) Development of a system for determination and periodic review of areas in
17 this state, and specific populations within those areas, that are medically
18 underserved; and development of plans for providing health care services to those
19 areas and populations, including the establishment of community health centers.

20 (e) Development of a system for periodic reviews and evaluations of all aspects
21 of the operation of the ~~universal~~ health plan, including the adequacy, cost,
22 effectiveness, and quality of health care services provided.

23 (f) Development of a notice and hearing procedure for review of complaints of
24 residents about the ~~universal~~ health plan, in accordance with the requirements of
25 ch. 227.

These reviews and evaluations shall be made available to the public by the board.

health care

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1 (g) Other issues that the board determines are relevant to the ~~universal~~ health
2 plan.

3 (h) State statutory changes that may be necessary to effect pars. (a) to (g).

4 (4) By January 1, April 1, July 1, and October 1 of each year, the board shall
5 report to the governor on the revenues and expenditures of the ~~universal~~ health plan
6 for the calendar quarter immediately preceding the most recently completed
7 calendar quarter.

8 (8) ~~board~~ shall establish provider payment rates, taking into consideration
9 regional, rural, and urban differences, and conditions of payment for the provision
10 of health care services under the ~~universal~~ health plan.

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11 **152.30 Regional health councils.** (1) Each regional health council shall do
12 all of the following:

INSERT
13-10

13 (a) Elect one member of the regional health council to serve as a member of the
14 board under s. 15.20 (1). If the term of the member who is so elected expires with
15 respect to the regional health council or with respect to the board under s. 15.20 (1),
16 the regional health council shall elect a current member of the council to serve as a
17 member of the board in his or her stead.

18 (b) Study and continuously monitor the delivery and quality of and access to
19 health care services in the region of the regional health council and recommend to
20 the board ways to improve the quality of and help ensure access to health care
21 services.

22 (c) Recommend to the board payment rates and conditions appropriate to
23 specific regional needs and advise on regional health care policy issues and
24 administrative policies and procedures.

department

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consumer

1 (d) Study and continuously monitor the unmet health care service needs in the
2 region of the regional health council and recommend to the board ways by which the
3 needs may be met.

4 (e) Report at least annually to the board with respect to the health care needs,
5 problems, and concerns of the region, including any issues elicited at public hearings
6 under par. (g), and provide to the board recommendations to alleviate these needs,
7 problems, and concerns.

8 (f) Require reports from and advise the member of the staff of the appropriate
9 regional office whose duties are specified under s. 152.40 (1), concerning issues that
10 arise under pars. (b) to (e).

under this chapter

11 (g) In at least 2 localities of the region, hold public hearings at least annually
12 to elicit public opinion concerning the universal health plan. The council shall give
13 notice of each hearing by publishing a class 1 notice, under ch. 985, at least 15 days
14 before the hearing in a newspaper covering the affected area.

15 (h) Perform other duties as required by the board.

16 (2) Each regional health council may, for cause, recall the member elected
17 under sub. (1) (a) and may elect another member to fulfill that term on the board if
18 all of the following are done:

19 (a) The elected member of the board for whom recall is sought receives notice
20 of the recall at least 10 working days before the meeting at which recall is voted upon.

21 (b) Notice of the vote to recall the elected member is made on the agenda of the
22 meeting of the regional health council that is immediately prior to the meeting at
23 which recall is voted upon.

24 (2m) ~~(2)~~ The regional health council may appoint a regional advisory council.
25 If appointed, the regional advisory council shall consist of 10 members who reflect

committee

use 2x

BILL

ethnicity

1 as much as possible a balance of gender, race, age, sexual orientation, ethnicity,

2 religion, geographic area, and the interests of management, labor, and individuals

3 with disabilities, and may consist of consumer advocates and health care providers.

4 (b) All of the following apply to a regional advisory council, if appointed under

5 par. (a):

6 1. The regional advisory council shall do all of the following:

7 a. Reflect interests and concerns of health care consumers and health care

8 providers.

9 b. Report annually to the appointing regional health council and recommend

10 any proposed changes in policies or procedures.

11 2. The regional advisory council shall receive services from staff specified in

12 sub. (3). consumer

13 (3) The staff of the appropriate regional office shall provide services to each

14 regional health council to deal with issues of health consumer advocacy and health

15 ombudsman functions. under this chapter

16 **152.40 Department of health planning and finance.** (1) The department

17 shall administer the universal health plan, including establishing a regional office

18 in each of the regions specified under s. 15.207 (1) (a) 1. to 6. Each regional office shall

19 have at least one staff member who acts in a full-time capacity as a regional

20 consumer advocate and health care ombudsman.

21 (3) The department shall, after review and approval by the board, promulgate

22 as rules all of the following:

23 (a) Guidelines for cost containment under the universal health plan, including

24 the purchasing and distribution of major diagnostic, medical, and surgical

25 equipment.

INSERT MATERIAL FROM p. 13 HERE

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1 (b) Criteria for determining state residency for the purposes of eligibility under
2 the universal health plan.

3 (b) Criteria, as recommended by the medical advisory committee appointed by
4 the secretary under sub. (6), for determining ~~medical~~ necessity for orthodontia and
5 for the performance of reconstructive or cosmetic surgery for coverage under the
6 ~~universal~~ health plan.

7 (4) The department shall biennially evaluate and recommend to the board cost
8 control measures for the ~~universal~~ health plan.

9 (5) (4) The department shall, by July 1, 2007, begin implementation of processes,
10 in light of policies formulated or revised under s. 152.20 (3), to effect all of the
11 following:

12 (a) Specification of the amounts and sources of revenues to finance payment to
13 providers under the ~~universal~~ health plan, which may not include any premiums,
14 copayments, deductibles, and other forms of direct payment by patients, and which
15 shall include all of the following:

services specified in s. 152.10
(2)(K)

16 1. Use of federal, state, and local moneys that fund, as of July 1, 2008, health
17 care services, including medicare, medical assistance, health care services funded by
18 a relief block grant under s. 49.02 or 49.025, health care services under s. 49.665,
19 veterans medical benefits, ~~Indian health care~~, services provided under federal block
20 grants, alcohol and other drug abuse services, and services provided by local health
21 departments.

22 2. Use of revenues from a tax on employers, based on the amount of wages that
23 they pay, that generates, in the aggregate, revenues that are at least equal to
24 amounts that employers contribute, as of the effective date of this subdivision

BILL

1 [revisor inserts date], for employee health care benefit costs, including the costs of
2 worker's compensation attributable to health care for injured employees.

3 3. Use of revenues from a graduated income tax on individuals that generates,
4 in the aggregate, revenues that are not greater than expenditures that individuals
5 make, as of July 1, 2008, for health care costs for which coverage under disability
6 insurance policies is not obtained.

7 4. An indexing of the sources of revenues under this paragraph that provides
8 for revenue growth that is equivalent to the anticipated growth of health care costs
9 under the universal health plan.

10 (b) Application for waivers to 42 USC 1396 to 1396v or consideration of the
11 feasibility of statutory changes to 42 USC 1396 to 1396v in order to effect all of the
12 following:

13 1. Administration of the Medical Assistance program in this state by the
14 department, rather than by the department of health and family services.

15 2. Use of federal financial participation to fund a portion of the administrative
16 costs, after June 30, 2008, of the department.

17 3. Use of federal financial participation, after June 30, 2008, to fund, under the
18 ~~universal~~ health plan, the health care services received by a percentage of the
19 residents that corresponds to the percentage of the residents, as determined by the
20 board, that is eligible to receive health care services under the Medical Assistance
21 program on July 1, 2008.

22 4. The formulation of criteria and procedures for payment of out-of-state
23 health care costs incurred by residents specified in subd. 3.

24 5. Use of federal financial participation to fund the scope, or a portion of the
25 scope, of medical services to be provided under the ~~universal~~ health plan.

BILL

1 (c) Application for waivers to Medicare or consideration of the feasibility of
2 statutory changes to 42 USC 1395 to 1395ddd in order to effect all of the following:

3 1. Administration of the Medicare program in this state by the department,
4 rather than by private insurers.

5 2. Use of federal Medicare funds to fund a portion of the administrative costs,
6 after June 30, 2008, of the department.

7 3. Use of federal Medicare funds to fund, under the ~~universal~~ health plan, the
8 health care services received by residents who are eligible to receive services under
9 Medicare beginning on July 1, 2008.

10 4. The formulation of criteria and procedures for payment of out-of-state
11 health care costs incurred by residents specified in subd. 3.

12 5. Use of federal Medicare funds to fund the scope, or a portion of the scope, of
13 medical services to be provided under the ~~universal~~ health plan.

14 6. The assignment to the state, as represented by the department, of rights of
15 an individual to payment for medical care from any 3rd party.

16 (d) Application for waivers or consideration of the feasibility of statutory
17 changes to federal laws, other than those specified in pars. (b) and (c), in order to use
18 moneys available under those federal laws for payment of health care services under
19 the ~~universal~~ health plan or in order to provide services to all residents under the

20 ~~universal~~ health plan.

21 (e) The establishment and maintenance, with reserves of no less than 5 percent
22 of the total annual amount appropriated under s. 20.430 (1) (b), of a health trust fund
23 in the department, for receipt of revenues specified in par. (a).

24 (f) The formulation of criteria for determining payment and the formulation of
25 procedures for determining payment and negotiating applicable rates to be used for

BILL

1 payment for health care providers, including health care facilities, under the
2 ~~universal~~ health plan. The criteria and procedures for determining payment shall
3 include periodic overall budgeting, including separately budgeting for operational
4 costs; for health care facilities and services; for negotiations with professional groups
5 or associations of practitioners; for consideration of inflation costs and increased
6 patient populations; and for research and teaching.

7 (g) The development and implementation of a system to provide an electronic
8 or other identification card, bearing a unique number that is not a social security
9 number, to each ~~universal~~ health plan participant, for receipt of benefits under the
10 plan, and to each health care provider, for receipt of reimbursement.

11 (h) The formulation of criteria and procedures to review and to provide funding
12 for capital expenditures, from an account separate from that from which health care
13 services are paid, for the establishment, maintenance, or expansion of health care
14 facilities.

15 (i) The formulation of criteria and procedures for recovery of overpayments
16 made to health care providers under the ~~universal~~ health plan.

17 (j) The determination and use of factors requisite to establishing an annual
18 state health budget for the provision of services under the ~~universal~~ health plan.

19 (k) Application for waivers of 29 USC 1144 (a) or consideration of the feasibility
20 of statutory change to 29 USC 1144 (a) or the means by which operation of the
21 ~~universal~~ health plan may avoid conflict with 29 USC 1144 (a).

22 (L) Investigation of the feasibility of providing the state with subrogation
23 rights to payments for injury or disease to residents that are provided under motor
24 vehicle or other liability insurance policies or plans.

BILL

1 (m) Formulation of criteria and procedures for payment under the ~~universal~~
2 health plan of out-of-state health care costs incurred by residents.

3 (n) Establishment of a listing of approved medicinal substances and formulae,
4 including all of the following:

5 1. Negotiation with pharmaceutical manufacturers or distributors to obtain
6 the lowest possible cost for each medicinal substance. The negotiation shall include
7 as parties on behalf of the ~~universal~~ health plan the secretary of the department and
8 the chairperson of the board.

9 2. Establishment of a single statewide price, under the ~~universal~~ health plan,
10 for each medicinal substance.

11 3. Monitoring the listing to oversee its currency and revising the listing by
12 January 1 and July 1 annually.

13 4. Negotiating a statewide uniform dispensing fee with representatives of
14 pharmacists or pharmacies.

15 (p) Exemption of operation of the ~~universal~~ health plan from ch. 133, if
16 necessary.

17 (q) Other issues relevant to the ~~universal~~ health plan, as determined by the
18 board.

19 (b) (6) From the appropriation under s. 20.430 (1) (c); the department shall, in
20 cooperation with the department of workforce development and any other applicable
21 state agency, as defined in s. 20.001 (1), provide job retraining or job placement
22 services to individuals employed by insurers, as defined in s. 600.03 (27) and by
23 health care providers whose employment is or will be terminated because of
24 implementation of the ~~universal~~ health plan. The department may award moneys

under this chapter

BILL

1 as grants to applying organizations, under the department's request-for-proposal
2 procedures, for the provision of job placement services under this subsection.

3 The secretary shall create a medical advisory committee and appoint
4 members of the committee, to recommend criteria under s. 152.40 (2).
Handwritten: retraining or (circled 1) (circled 2) (circled 3) (circled b) (circled sub)

SECTION 14. Nonstatutory provisions; health planning and finance.

6 (1) HEALTH POLICY BOARD; APPOINTMENT OF MEMBERS. Notwithstanding the
7 length of terms specified for the members of the health policy board under section
8 15.20 (intro.) of the statutes, as created by this act, the initial members of the health
9 policy board shall be appointed or elected by the first day of the 4th month beginning
10 after the effective date of this subsection for the following terms:

11 (a) Two members specified under section 15.20 (1) of the statutes, as created
12 by this act, one of whom is elected from the northern regional health council and one
13 of whom is elected from the southeastern regional health council, and 2 members
14 specified under section 15.20 (2) of the statutes, as created by this act, for terms
15 expiring on May 1, 2009.
Handwritten: consumer [USE 6X]

16 (b) Two members specified under section 15.20 (1) of the statutes, as created
17 by this act, one of whom is elected from the northeastern regional health council and
18 one of whom is elected from the regional health council for the area within
19 Milwaukee County, and 2 members specified under section 15.20 (2) of the statutes,
20 as created by this act, for terms expiring on May 1, 2011.

21 (c) Two members specified under section 15.20 (1) of the statutes, as created by
22 this act, one of whom is elected from the southern regional health council and one of
23 whom is elected from the western regional health council, and one member specified
24 under section 15.20 (2) of the statutes, as created by this act, for terms expiring on
25 May 1, 2013.

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SECTION 14

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CONSUMER

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Use by

1 (2) REGIONAL HEALTH COUNCILS; APPOINTMENT OF MEMBERS. Notwithstanding the
2 length of terms specified for the members of regional health councils under section
3 15.207 (1) (b) of the statutes, as created by this act, the initial members of the regional
4 health councils shall be appointed by the first day of the 3rd month beginning after
5 the effective date of this subsection for the following terms:

6 (a) For the regional health council under section 15.207 (1) (b) 1. of the statutes,
7 as created by this act:

- 8 1. Five members, for terms expiring on July 1, 2010.
- 9 2. Five members, for terms expiring on July 1, 2011.
- 10 3. Six members, for terms expiring on July 1, 2012.

11 (b) For the regional health council under section 15.207 (1) (b) 2. of the statutes,
12 as created by this act:

- 13 1. Five members, for terms expiring on July 1, 2010.
- 14 2. Five members, for terms expiring on July 1, 2011.
- 15 3. Five members, for terms expiring on July 1, 2012.

16 (c) For each regional health council under section 15.207 (1) (b) 3. or 4. of the
17 statutes, as created by this act:

- 18 1. Five members, for terms expiring on July 1, 2010.
- 19 2. Five members, for terms expiring on July 1, 2011.
- 20 3. Seven members, for terms expiring on July 1, 2012.

21 (d) For each regional health council under section 15.207 (1) (b) 5. or 6. of the
22 statutes, as created by this act:

- 23 1. Four members, for terms expiring on July 1, 2010.
- 24 2. Four members, for terms expiring on July 1, 2011.
- 25 3. Four members, for terms expiring on July 1, 2012.

BILL

1 (3) PROPOSED IMPLEMENTATION.

2 (a) The department of administration shall expedite the creation of regional
3 health councils in accord with section 15.207 (1) (b) of the statutes, as created by this
4 act, by initiating and making follow-up contacts with boards of supervisors in
5 counties other than Milwaukee County and with the county executive of Milwaukee
6 County and the mayor of the city of Milwaukee.

7 (b) The department of administration shall provide staff assistance to complete
8 all activities required to create the 6 regional health councils and enable each
9 regional health council to elect one member of the health policy board as required
10 under section 15.20 (1) of the statutes, as created by this act.

11 (c) The health policy board shall appoint the secretary of health planning and
12 finance within 6 months after the first meeting at which all appointed and at least
13 3 elected board members assemble.

14 (d) The secretary of health planning and finance and the secretary of
15 administration shall, until September 1, 2009, meet at least semimonthly to
16 formulate decisions on issues concerning the universal health plan and the
17 department of health planning and finance, as specified in chapter 152 of the
18 statutes, as created by this act, and how the scope and functions of the department
19 of health planning and finance affect the scope and functions of the department of
20 health and family services, the office of the commissioner of insurance, and the board
21 on aging and long-term care and the duties or powers of any other state agency.
22 Following approval by the health policy board, the department of health planning
23 and finance shall convey these decisions to, and cooperate with, the legislative
24 reference bureau in the drafting of proposed legislation that is necessary to

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1 implement those decisions, for introduction in the legislature in 2008 by the
2 appropriate committee of the legislature.

3 (e) Within 2 months after the first day of the 36th month after the appointment
4 of the first secretary of health planning and finance under paragraph (c), the health
5 policy board shall evaluate, in writing, the performance of the secretary, shall decide
6 whether or not to continue the appointment, and shall provide a copy of the
7 evaluation to the governor. If the health policy board decides to discontinue the
8 appointment, the board shall, within 6 months, implement the decision and appoint
9 a successor.

SECTION 15. Nonstatutory provisions; legislative reference bureau.

10 (1) DRAFTING PROPOSED LEGISLATION TO IMPLEMENT THE ~~UNIVERSAL~~ HEALTH PLAN.

11 The legislative reference bureau shall, after meeting with and receiving the
12 decisions of the department of health planning and finance with respect to the
13 ~~universal~~ health plan, prepare in proper form proposed legislation that shall relate
14 to those decisions, for introduction in the legislature in 2008 by the appropriate
15 committee of the legislature.
16

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

19 (1) The treatment of sections 20.430 (1) (b) and 152.10 of the statutes takes
20 effect on July 1, 2008.

21 (END)

as specified in chapter
152 of the statutes,
as created by this
act

D. NOTE

2005-2006 DRAFTING INSERT
FROM THE
LEGISLATIVE REFERENCE BUREAU

LRB-2576/2ins
DAK:lmk:ch

INSERT 2-1

1 SECTION 1. 15.01 (3) of the statutes is amended to read:
2 15.01 (3) "Committee" Except as provided in ss. 152.20 (5) and 152.30 (2m),
3 "committee" means a part-time body appointed to study a specific problem and to
4 recommend a solution or policy alternative with respect to that problem, and
5 intended to terminate on the completion of its assignment. Because of their
6 temporary nature, committees shall, except as provided in ss. 152.20 (5) and 152.30
7 (2m), be created by session law rather than by statute.

8 History: 1977 c. 29, 274; 1979 c. 34; 1983 a. 27, 189, 371, 410, 538; 1985 a. 29, 120, 180; 1987 s. 27, 342, 399; 1989 a. 31, 107, 202; 1991 a. 39, 269, 315; 1993 a. 16, 107, 210, 215; 1995 a. 27 ss. 74 and 9145 (1); 1995 a. 442, 462; 1997 a. 27, 237; 2001 a. 16, 105, 109.

INSERT 10-13

9 ~~wo~~ Services that correspond to those that are available under the health plan and
10 that are provided to the individual in another state are reimbursable at rates under
11 the health plan that are current at the time of service provision.

INSERT 13-10

12 (5) (a) The board may appoint up to 2 advisory committees, each with not more
13 than 12 members, that shall be advisory to the secretary. Appointees shall reflect
14 as much as possible a balance of gender, race, age, sexual orientation, ethnicity,
15 religion, disability, and geographic area. The board may determine the length of
16 terms of advisory committee members and the frequency of meetings, and may
17 terminate the committees.

18 (b) If appointed under par. (a), all of the following apply:

19 1. Only one advisory committee shall reflect the interests and concerns of
20 consumer advocacy and may not include a health care provider or representative of
21 a health care provider or the agency or organization of a health care provider.

1 2. Only one advisory committee shall reflect the interests and concerns of
2 health care providers and agencies and organizations of health care providers and
3 may not include a representative of a consumer advocacy agency or organization. ✓

4 3. An advisory committee shall report annually to the board and the secretary
5 concerning the committee's activities in the immediately preceding fiscal year, shall
6 provide advice relative to health policy issues, and shall make recommendations
7 concerning departmental policies and procedures. ✓

DRAFTER'S NOTE
FROM THE
LEGISLATIVE REFERENCE BUREAU

LRB-2576/2dn
DAK:lmk:ch

↑
keep

(date)

(CS) ✓
SECTION 15(1)

To Senator Miller:

1. Please note that, in this redraft, I did not create a duty for the health policy board to appoint the secretary of health planning and finance, as requested. That is because, under s. 15.05 (1) (b), stats., the board is already required to appoint the secretary "if a department is under the direction and supervision of a board." The key words ("under the direction and supervision") are already in the bill, in the first sentence of s. 15.20. ✓

2. I also did not change the dates (from May 1 to November 1) for expiration of terms of members of the health policy board under Section ~~15.07~~ of the bill, as requested. ✓ Section 15.07 (1) (c), stats., provides that "... fixed terms of members of boards shall expire on May 1 and, if the term is for an even number of years, shall expire in an odd-numbered year." ✓ I'm sorry that I didn't catch this when the request was made. ✓

3. Because ch. 15, stats., sets forth explicit requirements concerning councils that do not appear to be relevant to the bodies you have instructed to be authorized to be created by the health policy board to advise the secretary of health planning and finance and to be created by regional consumer health councils, I have instead termed these bodies "advisory committees" and "committees," which makes ch. 15, stats., inapplicable to them (except for s. 15.01 (3), stats., which I have amended). ✓ Please review ss. 152.20 (5) and 152.30 (2m) in the bill. ✓

~~and 152.40 (2)~~

Please don't hesitate to let me know if I may provide you with further assistance with respect to this bill.

Start

Debora A. Kennedy
Managing Attorney
Phone: (608) 266-0137
E-mail: debora.kennedy@legis.state.wi.us

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

LRB-2576/2dn
DAK:lmk:pg

August 11, 2005

To Senator Miller:

1. Please note that, in this redraft, I did not create a duty for the health policy board to appoint the secretary of health planning and finance, as requested. That is because, under s. 15.05 (1) (b), stats., the board is already required to appoint the secretary "if a department is under the direction and supervision of a board." The key words ("under the direction and supervision") are already in the bill, in the first sentence of s. 15.20.
2. I also did not change the dates (from May 1 to November 1) for expiration of terms of members of the health policy board under SECTION 15 (1) of the bill, as requested. Section 15.07 (1) (c), stats., provides that "... fixed terms of members of boards shall expire on May 1 and, if the term is for an even number of years, shall expire in an odd-numbered year." I'm sorry that I didn't catch this when the request was made.
3. Because ch. 15, stats., sets forth explicit requirements concerning councils that do not appear to be relevant to the bodies you have instructed to be authorized to be created by the health policy board to advise the secretary of health planning and finance and to be created by regional consumer health councils, I have instead termed these bodies "advisory committees" and "committees," which makes ch. 15, stats., inapplicable to them (except for s. 15.01 (3), stats., which I have amended). Please review ss. 152.20 (5) and 152.30 (2m) in the bill.

Please don't hesitate to let me know if I may provide you with further assistance with respect to this bill.

Debora A. Kennedy
Managing Attorney
Phone: (608) 266-0137
E-mail: debora.kennedy@legis.state.wi.us

Emery, Lynn

From: Kuhn, Jamie
Sent: Monday, October 03, 2005 9:42 AM
To: LRB.Legal
Subject: Draft review: LRB 05-2576/2 Topic: Universal health care

It has been requested by <Kuhn, Jamie> that the following draft be jacketed for the SENATE:

Draft review: LRB 05-2576/2 Topic: Universal health care