



By 2/23, please  
State of Wisconsin  
2005 - 2006 LEGISLATURE

LRB-0035/PL 1

DAK:...:ch

WJ

PRELIMINARY DRAFT - NOT READY FOR INTRODUCTION

Regen

1 AN ACT *to repeal* 50.04 (2) (d); *to renumber* 46.277 (1m) (a) and 49.498 (7) (a);  
2 *to renumber and amend* 50.09 (1); *to amend* 46.277 (1), 46.277 (2) (intro.),  
3 46.277 (3) (a), 46.277 (3) (b) 1., 46.277 (3) (b) 2., 46.277 (4) (a), 46.277 (4) (b),  
4 46.277 (5) (g), 46.277 (5g) (a), 49.498 (6) (a), 49.498 (7) (b) (intro.), 50.02 (2) (bn),  
5 50.09 (title), 50.09 (2), (4) and (5) and 50.09 (6) (a), (b) and (d); and *to create*  
6 13.94 (12), 16.009 (1) (em) 7., 20.432 (1) (gt), 46.27 (11) (c) 9., 46.275 (5) (b) 8.,  
7 46.277 (1m) (ag), 46.277 (4) (c), 46.277 (5) (h), 48.685 (2) (am) 2g., 48.685 (2) (am)  
8 2r., 48.685 (2) (b) 1. bg., 48.685 (2) (b) 1. br., 49.45 (6m) (a) 3m., 49.45 (6m) (a)  
9 4m., 49.45 (6m) (a) 6., 49.45 (6m) (m), 49.498 (7) (ag), 49.498 (7) (am) 6., 49.498  
10 (7) (am) 7., 50.034 (3) (e), 50.034 (9), 50.04 (2) (e), 50.065 (2) (am) 2g., 50.065 (2)  
11 (am) 2r., 50.065 (2) (b) 1g., 50.065 (2) (b) 2r. and 50.09 (1g) of the statutes;  
12 **relating to:** authorizing access by the long-term care ombudsman or his or her  
13 representative to a client or resident in a residential care apartment complex,  
14 imposing an annual assessment on occupied apartments of residential care  
15 apartment complexes, expanding rights of residents of facilities ~~to include~~

1 residents of residential care apartment complexes, requiring posting of a  
 2 notice, requiring the exercise of rule-making authority; minimum staffing  
 3 requirements for <sup>certain</sup> nursing homes that do not primarily serve the  
 4 developmentally disabled, requiring audits by the Legislative Audit Bureau  
 5 requiring reports, and requiring the exercise of rule-making authority;  
 6 provision of home and community-based services under a community  
 7 integration program <sup>for</sup> to persons relocated from facilities, during the period of  
 8 the relocation; admission, denial of admission, provision of services, transfer,  
 9 and discharge for individuals by nursing facilities and community-board <sup>based</sup>  
 10 residential facilities that are providers of Medical Assistance; caregiver  
 11 background checks; <sup>quality of</sup> a proposal for a nursing home <sup>care</sup> quality improvement grant  
 12 program and making an appropriation.   
 requiring the exercise of rule-making authority

<sup>I</sup> Residential care apartment complexes  
 Analysis by the Legislative Reference Bureau  
 (C-BRF)

\*\*\* ANALYSIS FROM 0029/1 \*\*\*

Under current law, under the Long-Term Care Ombudsman Program, the long-term care ombudsman or his or her designated representative may enter a long-term care facility at any time, without notice, and have access to clients and residents of the facility. "Long-term care facility" is defined to be a nursing home, a community-based residential facility, a place in which care is provided under a continuing care contract, a swing bed in an acute care or extended care facility, or an adult family home. The ombudsman or representative may communicate in private with a client or resident, review records with consent of the client or resident or his or her legal counsel, and have access to records of the long-term care facility or of the the Department of Health and Family Services (DHFS) concerning regulation of the long-term care facility.

Also under current law, residential care apartment complexes are certified or registered and otherwise regulated by DHFS. A "residential care apartment complex" is defined as a place where five or more adults reside that consists of independent apartments, each of which has an individual lockable entrance and exit, a kitchen with a stove, and individual bathroom, sleeping, and living areas, and that provides to a resident not more than 28 hours per week of supportive, personal, and nursing services.

Lastly, current law specifies rights of residents of nursing homes and community-based residential facilities, including the rights to have private and unrestricted communication with others, to present grievances without justifiable fear of reprisal, and to be fully informed of all services, charges for services, and changes in service.

This bill expands the definition of a long-term care facility, for purposes of activities by the long-term care ombudsman or his or her designated representative, to include residential care apartment complexes.

The bill imposes an assessment on each residential care apartment complex of \$12 per year per occupied apartment, which, beginning on July 1, 2006, the complex must pay annually to DHFS. The assessment is based on occupied apartments for the complex for the preceding June. The assessment must be enforced and collected by DHFS and credited to an appropriation of program revenues for expenditure by the Board on Aging and Long-Term Care for activities under the Long-Term Care Ombudsman Program in residential care apartment complexes.

The bill also includes residents of residential care apartment complexes as persons entitled to the rights that are specified under current law for residents of nursing homes and community-based residential facilities.

Finally, the bill requires a residential care apartment complex to post in a conspicuous location a notice of the name, address, and telephone number of the Long-Term Care Ombudsman Program.

\*\*\* ANALYSIS FROM -0030/1 \*\*\*

Current law requires a nursing home that does not primarily serve the developmentally disabled to provide each resident of the nursing home a minimum number of hours of nursing care per day according to the level of nursing care that the resident requires. These minimum hours must be provided by a registered nurse, licensed practical nurse, or nurse's assistant. *must provide these minimum hours*

This bill requires the Department of Health and Family Services (DHFS) to promulgate rules to specify minimum staffing standards that instead are based on ratios between the number of residents of a nursing home and the numbers of registered nurses, licensed practical nurses, and certified nurse's assistants (as defined in the bill) on duty in the nursing home during morning, afternoon, and evening shifts. By July 1, 2007, minimum nursing home staffing requirements under current law are eliminated, and DHFS must convert those minimum staffing requirements to the minimum staffing standards specified in the DHFS rules, must provide training to DHFS staff on enforcement of the standards, and must assist nursing homes in implementing the standards. DHFS must, by January 1, 2007, report to the governor and to the legislature concerning the status of the DHFS compliance with these requirements. By July 1, 2007, nursing homes must have on duty the number of registered nurses, licensed practical nurses, and certified nurse's assistants necessary to satisfy the minimum staffing standards specified in the DHFS rules. Support personnel and certain other nursing home staff may not be used for purposes of calculating the minimum staffing ratios.

Under the bill, DHFS must, by January 1, 2009, submit a report to the governor and to the legislature with recommendations as to methods by which nursing homes

The assessments which must be credited

Subheading I

Nursing home minimum staffing requirements

\*

(MAT)

would be able more effectively to recruit and retain caregivers; proposed revised minimum nursing home staffing ratios that minimize additional state costs, maximize access to care, facilitate care of the highest quality, and take into account the levels of care for physical or mental conditions that nursing home residents require; and a proposed revised nursing home Medical Assistance Program reimbursement methodology. DHFS must develop the report after first referring to the most recent national research on nursing home staffing and consulting with specified persons and entities.

Also, under the bill, by July 1, 2008, and by July 1 every 48 months thereafter, the Legislative Audit Bureau must <sup>conduct</sup> perform a performance evaluation audit of the nursing home staffing requirements, investigate whether the staffing requirements should be based in part on the level of care for physical or mental conditions that a nursing home resident requires, and file a report of the audit with the governor and the legislature.

Lastly, under the bill, DHFS must submit to the legislature by each January 1 from 2006 to 2009 a report that includes information from the preceding year for each nursing home on average wage and fringe benefit costs, costs of nonemployee purchased nursing services, staff turnover, total revenue and expenses, staff training and continuing education costs, and law violations and related information. Each report must also include recommendations by DHFS for ways by which nursing homes may reduce their reliance on nonemployee purchased nursing services.

Subheading  
I  
Home and community services

\*\*\* ANALYSIS FROM 20032/1 \*\*\*

Currently, the Department of Health and Family Services (DHFS) administers a Community Integration Program (commonly known as "CIP II"), under which ~~Medical Assistance (MA)~~ moneys are paid to counties to provide home and community-based services, under a waiver of federal Medicaid laws, to elderly and physically disabled persons who meet the level of care requirements for MA-reimbursed nursing home care or <sup>who</sup> are relocated from facilities. DHFS must establish a uniform daily rate for CIP II and reimburse counties up to that rate for each person enrolled in CIP II. DHFS may provide enhanced reimbursement for CIP II services for a person who is relocated to the community from a nursing home by a county after July 26, 2003, if <sup>persons</sup> the nursing home bed <sup>used by the person</sup> is delicensed upon the person's relocation.

This bill authorizes DHFS to provide CIP II funding for home and community-based services to an MA-eligible person who relocates from a facility to the community. Reimbursement is not conditioned on delicensure of a nursing home bed upon the person's relocation. The funding begins on the date of the relocation and ends on the date that the person discontinues program participation or no longer meets the level of care requirements for MA reimbursement in a nursing home. Funding in the aggregate for these relocated persons may not exceed the total MA costs for the persons if served in nursing homes. DHFS may provide an enhanced reimbursement rate for the services. The total number of persons who may participate in this particular aspect of CIP II is not restricted by limitations on numbers participating in the remainder of CIP II.

\*\*\* ANALYSIS FROM -0034/1 \*\*\*

I

Non-discrimination for MA residents of facilities

Subheading

Under current law, nursing homes that are certified to provide care that is reimbursed by the ~~Medical Assistance (MA) Program~~ must meet numerous requirements and are prohibited from taking certain actions with respect to admissions. Nursing homes also must have identical policies <sup>STEP</sup> and practices for transfer, discharge, and service provision for all nursing home residents, regardless of payment.

This bill requires MA-certified nursing homes to establish and maintain identical policies <sup>STEP</sup> and practices for admission of all persons regardless of source of payment. The bill prohibits these nursing homes from considering the available source of payment when deciding to admit or expedite the admission of a person who is or will be entitled to MA. Further, the bill requires that these nursing homes provide notice, in writing, to an applicant or to his or her guardian or agent within five days of deciding to <sup>STEP</sup> admit or deny or delay the admission of the applicant. If the applicant is denied or his or her admission is delayed, the notice must include a statement of the reason for the denial or delay. Lastly, the bill clarifies that a nursing home must establish identical policies <sup>STEP</sup> and practices concerning transfer, discharge, and provision of services for all persons regardless of the source of their payment.

Under current law, MA may be used to reimburse a ~~community-based residential facility (C-BRF)~~ for services provided to a resident of the facility under the Long-Term Support Community Options Program (COP), under the Community Integration Program for Residents of State Centers (for persons relocated from the State Centers for the Developmentally Disabled), and under the ~~Community Integration Program for Persons Relocated or Meeting Reimbursable Levels of Care~~ (for persons relocated from institutions other than the State Centers for the Developmentally Disabled or who meet MA-reimbursable standards of care). Numerous requirements apply to C-BRFs that receive the MA reimbursement.

The bill prohibits a county, private nonprofit agency, or aging unit from using MA funds under COP or either community integration program to provide services in a C-BRF unless the C-BRF establishes and maintains identical policies <sup>STEP</sup> and practices for admission, transfer, discharge, and service provision for all individuals regardless of <sup>payment</sup> source of payment; refrains from considering an applicant's available source of payment when deciding to admit the applicant or expedite his or her admission; and provides to an applicant, in writing, notice of a decision by the C-BRF to ~~admit, deny, or delay~~ the applicant's admission, within five days of the decision.

**\*\*\* ANALYSIS FROM 1701/1 \*\*\***

Under current law relating to criminal histories and child abuse record searches, the Department of Health and Family Services (DHFS), a county department, a child welfare agency, or a school board must conduct background checks by obtaining certain information with respect to persons who have or are seeking licenses, certifications, or contracts to operate entities, and an entity must obtain the same information with respect to a caregiver of the entity. ("Entity" is defined as a child welfare agency, a licensed foster home or treatment foster home, a group home, a shelter care facility, a day care center, a day care provider, or a temporary employment agency that provides caregivers to another entity.) The information that must be obtained is a criminal history search from records

admit, deny, or delay

admit or deny the applicant or delay

admit or deny the applicant or

I

Criminal Background checks

Subheading

CIP II

maintained by the Department of Justice; any information in a registry kept by DHFS of persons against whom DHFS has made findings of misappropriation of property, neglect, or abuse; any applicable information maintained by the Department of Regulation and Licensing about the status of the person's credentials; information maintained by DHFS about substantiated reports of the person's child abuse or neglect; and information maintained by DHFS about denial to the person of a license, certification, or certain contracts, employment, or permission to reside at an entity, for specific reasons including conviction for a serious crime. Very similar laws relating to criminal histories and patient abuse record searches apply to persons who have or are seeking a license, certificate, registration, or certificate of approval issued by DHFS to operate a facility, organization, or service (such as a hospital or a personal care worker agency) that is licensed, certified, or registered with DHFS to provide direct care or services to patients.

This bill creates two additional sources of information that must be checked with respect to persons who have or are seeking licenses, certifications, or contracts to operate entities, facilities, organizations, or services: (1) information maintained by the Department of Corrections in the registry of sex offenders; and (2) information on persons convicted of crimes as specified under the circuit court automation information system maintained by the Wisconsin court system on its Internet site.

\*\*\* ANALYSIS FROM -2109/P1\*\*\*

This bill requires ~~the Department of Health and Family Services~~ to submit to the legislature a proposal for legislation to create a program to provide grants to nursing homes for quality-of-care improvement projects.

For further information see the *state and local* fiscal estimate, which will be printed as an appendix to this bill.

①  
Quality of nursing home care  
submitting  
WIS Space

DHFS

***The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:***

- 1           \***-0030/1.1\*** SECTION 1. 13.94 (12) of the statutes is created to read:
- 2           13.94 (12) NURSING HOME STAFFING. By July 1, 2008, and by July 1 every 48
- 3           months thereafter, the legislative audit bureau shall ~~perform~~ a performance
- 4           evaluation audit of the nursing home staffing requirements under s. 50.04 (2) and
- 5           investigate whether the staffing requirements should be based in part on the level
- 6           of care for physical or mental conditions that a nursing home resident requires. The
- 7           legislative audit bureau shall consult advocates for nursing home residents,
- 8           physicians, nurses, nursing home employees or their representatives, nursing home

conduct

1 administrators, and other experts in the field of long-term care and shall consider  
 2 current research and case data, as well as any other relevant resources, in assessing  
 3 whether the staffing ratios are sufficient to meet the needs of nursing home  
 4 residents. The legislative audit bureau shall file a report of each audit with the  
 5 legislature under s. 13.172 (3) and with the governor no later than 30 days after  
 6 completion of the audit.

7 \*~~0029~~/1.1\* **SECTION 2.** 16.009 (1) (em) 7. of the statutes is created to read:

8 16.009 (1) (em) 7. A residential care apartment complex, as defined in s. 50.01  
 9 (1d). ✓

10 \*~~0029~~/1.2\* **SECTION 3.** 20.005 (3) (schedule) of the statutes: at the appropriate  
 11 place, insert the following amounts for the purposes indicated:

	2005-06	2006-07
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12  
 13 **20.432 Board on aging and long-term care** ✓

14 (1) IDENTIFICATION OF THE NEEDS OF THE AGED AND  
 15 DISABLED ✓

(gt) Activities in residential care					
apartment complexes ✓	PR	A	-0-	48,900	

18 \*~~0029~~/1.3\* **SECTION 4.** 20.432 (1) (gt) of the statutes is created to read:

19 20.432 (1) (gt) *Activities in residential care apartment complexes.* The amounts  
 20 in the schedule for Long-Term Care Ombudsman Program activities in residential  
 21 care apartment complexes. All moneys received under s. 50.034 (9) shall be credited  
 22 to this appropriation account. ✓

23 \*~~0034~~/1.1\* **SECTION 5.** 46.27 (11) (c) 9. of the statutes is created to read: ✓

JET  
2/24

① 46.27 (11) (c) 9. No county, private nonprofit agency or aging unit may use  
2 funds received under this subsection to provide services in a community-based  
3 residential facility unless the community-based residential facility does all of the  
4 following:

5 a. Establishes and maintains identical policies and practices regarding  
6 admission, transfer, discharge, and service provision for all individuals regardless  
7 of source of payment.

8 b. Refrains from considering an applicant's available source of payment when  
9 deciding to admit or expedite the admission of an applicant who is or will be entitled  
10 to Medical Assistance for services of a community-based residential facility.

11 c. Provides to an applicant or his or her guardian or agent, in writing, within  
12 5 days of a decision by the community-based residential facility to admit, deny, or  
13 delay the admission of the applicant, notice of the decision. If the community-based  
14 residential facility has decided to deny or delay admission of the applicant, the notice  
15 shall include a statement of the reason for the denial or delay.

16 \*-0034/1.2\* SECTION 6. 46.275 (5) (b) 8. of the statutes is created to read:

17 46.275 (5) (b) 8. Provide services in a community-based residential facility  
18 unless the community-based residential facility does all of the following:

19 a. Establishes and maintains identical policies and practices regarding  
20 admission, transfer, discharge, and service provision for all individuals regardless  
21 of source of payment.

22 b. Refrains from considering an applicant's available source of payment when  
23 deciding to admit or expedite the admission of an applicant who is or will be entitled  
24 to Medical Assistance for services of a community-based residential facility.



1 c. Provides to an applicant or his or her guardian or agent, in writing, within  
2 5 days of a decision by the community–based residential facility to admit, deny, or  
3 delay the admission of the applicant, notice of the decision. If the community–based  
4 residential facility has decided to deny or delay admission of the applicant, the notice  
5 shall include a statement of the reason for the denial or delay.

6 \*–0032/1.1\* SECTION 7. 46.277 (1) of the statutes is amended to read:

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

19 \*–0032/1.2\* SECTION 8. 46.277 (1m) (a) of the statutes is renumbered 46.277  
20 (1m) (ak).

21 \*–0032/1.3\* SECTION 9. 46.277 (1m) (ag) of the statutes is created to read:

22 46.277 (1m) (ag) “Delicensed” means deducted from the number of beds stated  
23 on a facility’s license, as specified under s. 50.03 (4) (e).

24 \*–0032/1.4\* SECTION 10. 46.277 (2) (intro.) of the statutes is amended to read:

1           46.277 (2) DEPARTMENTAL POWERS AND DUTIES. (intro.) The department may  
2 request a waiver from the secretary of the federal department of health and human  
3 services, under 42 USC 1396n (c), authorizing the department to serve medical  
4 assistance recipients, who meet the level of care requirements for medical assistance  
5 reimbursement in a skilled nursing facility or an intermediate care facility, in their  
6 communities by providing home or community-based services as part of medical  
7 assistance. The Except under sub. (4) (c), the number of persons for whom the waiver  
8 is requested may not exceed the number of nursing home beds that are delicensed  
9 as part of a plan submitted by the facility and approved by the department. If the  
10 department requests a waiver, it shall include all assurances required under 42 USC  
11 1396n (c) (2) in its request. If the department receives this waiver, it may request  
12 one or more 3-year extensions of the waiver under 42 USC 1396n (c) and shall  
13 perform the following duties:

14           \*~~-0032/1.5~~\* SECTION 11. 46.277 (3) (a) of the statutes is amended to read:

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

25           \*~~-0032/1.6~~\* SECTION 12. 46.277 (3) (b) 1. of the statutes is amended to read:

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

5           \***-0032/1.7**\* SECTION 13. 46.277 (3) (b) 2. of the statutes is amended to read:

6           46.277 (3) (b) 2. Each county department participating in the program shall  
7 provide home or community-based care to persons eligible under this section, except  
8 that the number of persons who receive home or community-based care under this  
9 section may not exceed, other than under sub. (4) (c), the number of nursing home  
10 beds, other than beds specified in sub. (5g) (b), that are delicensed as part of a plan  
11 submitted by the facility and approved by the department.

12           \***-0032/1.8**\* SECTION 14. 46.277 (4) (a) of the statutes is amended to read:

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

22           \***-0032/1.9**\* SECTION 15. 46.277 (4) (b) of the statutes is amended to read:

23           46.277 (4) (b) To the extent authorized under 42 USC 1396n and except under

24           par (c), if a person discontinues participation in the program, a medical assistance  
25 recipient may participate in the program in place of the participant who discontinues

exceeds

1 if that recipient meets the level of care requirements for medical assistance  
2 reimbursement in a skilled nursing facility or intermediate care facility, ~~except that~~ unless  
3 the number of participants ~~may not exceed~~ the number of nursing home beds, other  
4 than beds specified in sub. (5g) (b), that are delicensed as part of a plan submitted  
5 by the facility and approved by the department.

6 \*-0032/1.10\* SECTION 16. 46.277 (4) (c) of the statutes is created to read:

7 46.277 (4) (c) The department may, under this paragraph, provide funding  
8 under this section for services for a medical assistance recipient who relocates from  
9 a facility to the community, beginning on the date of the relocation and ending on the  
10 date that the individual discontinues participation in the program or no longer meets  
11 the level of care requirements for medical assistance reimbursement in a skilled  
12 nursing facility or an intermediate care facility. Funding for medical assistance costs  
13 for individuals relocated under this paragraph may not exceed, in the aggregate,  
14 total medical assistance costs for the individuals if served in facilities. The total  
15 number of individuals who may participate in the program under this paragraph is  
16 not restricted by any otherwise applicable limitation on the number of individuals  
17 who may participate in the program under this section.

18 \*-0032/1.11\* SECTION 17. 46.277 (5) (g) of the statutes is amended to read:

19 46.277 (5) (g) The department may provide enhanced reimbursement for  
20 services provided under this section to an individual who is relocated to the  
21 community from a nursing home by a county department on or after July 26, 2003,  
22 if the nursing home bed that was used by the individual is delicensed upon relocation  
23 of the individual or if the individual is relocated under sub. (4) (c). The department  
24 shall develop and utilize a formula to determine the enhanced reimbursement rate.

25 \*-0034/1.3\* SECTION 18. 46.277 (5) (h) of the statutes is created to read:

1           46.277 (5) (h) No county or private nonprofit agency may use funds received  
2 under this subsection to provide services in a community-based residential facility  
3 unless the community-based residential facility does all of the following:

4           1. Establishes and maintains identical policies and practices regarding  
5 admission, transfer, discharge, and service provision for all individuals regardless  
6 of source of payment.

7           2. Refrains from considering an applicant's available source of payment when  
8 deciding to admit or expedite the admission of an applicant who is or will be entitled  
9 to Medical Assistance for services of a community-based residential facility.

10          3. Provides to an applicant or his or her guardian or agent, in writing, within  
11 5 days of a decision by the community-based residential facility to admit, deny, or  
12 delay the admission of the applicant, notice of the decision. If the community-based  
13 residential facility has decided to deny or delay admission of the applicant, the notice  
14 shall include a statement of the reason for the denial or delay.

15           \*~~0032/1.12~~\* **SECTION 19.** 46.277 (5g) (a) of the statutes is amended to read:

16           46.277 (5g) (a) The Except under sub. (4) (c), the number of persons served  
17 under this section may not exceed the number of nursing home beds that are  
18 delicensed as part of a plan submitted by the facility and approved by the  
19 department.

20           \*~~1701/1.1~~\* **SECTION 20.** 48.685 (2) (am) 2g. of the statutes is created to read:

21           48.685 (2) (am) 2g. Information maintained by the department of corrections  
22 in the registry of sex offenders under s. 301.45 (2).

23           \*~~1701/1.2~~\* **SECTION 21.** 48.685 (2) (am) 2r. of the statutes is created to read:

1           48.685 (2) (am) 2r. Information on persons convicted of crimes as specified  
2 under the circuit court automation information system maintained by the Wisconsin  
3 court system on its Internet site.

4           \***-1701/1.3**\* SECTION 22. 48.685 (2) (b) 1. bg. of the statutes is created to read:  
5 48.685 (2) (b) 1. bg. Information maintained by the department of corrections  
6 in the registry of sex offenders under s. 301.45 (2).

7           \***-1701/1.4**\* SECTION 23. 48.685 (2) (b) 1. br. of the statutes is created to read:  
8 48.685 (2) (b) 1. br. Information on persons convicted of crimes as specified  
9 under the circuit court automation information system maintained by the Wisconsin  
10 court system on its Internet site.

11           \***-0030/1.2**\* SECTION 24. 49.45 (6m) (a) 3m. of the statutes is created to read:  
12 49.45 (6m) (a) 3m. “Licensed practical nurse” means a nurse who is licensed  
13 or has a temporary permit under s. 441.10.

14           \***-0030/1.3**\* SECTION 25. 49.45 (6m) (a) 4m. of the statutes is created to read:  
15 49.45 (6m) (a) 4m. “Nurse’s assistant” has the meaning given in s. 146.40 (1)  
16 (d).

17           \***-0030/1.4**\* SECTION 26. 49.45 (6m) (a) 6. of the statutes is created to read:  
18 49.45 (6m) (a) 6. “Registered nurse” means a nurse who has a certificate of  
19 registration under s. 441.06 or a temporary permit order under s. 441.08.

20           \***-0030/1.5**\* SECTION 27. 49.45 (6m) (m) of the statutes is created to read:  
21 49.45 (6m) (m) By January 1, 2006, 2007, 2008, and 2009, the department shall  
22 submit a report to the chief clerk of each house of the legislature, for distribution to  
23 the legislature under s. 13.172 (2), that shall include all of the following:

24           1. For the preceding calendar year for each facility:

1 a. The staff turnover rate for registered nurses, licensed practical nurses, and  
2 nurse's assistants employed by the facility.

3 b. The average hourly wage and fringe benefit costs, including specific  
4 unemployment compensation and worker's compensation costs, for registered  
5 nurses, licensed practical nurses, nurse's assistants, dietary staff, housekeeping  
6 staff, and laundry staff employed by the facility and the average hourly cost for  
7 nonemployee purchased services, if any, of registered nurses, licensed practical  
8 nurses, and nurse's assistants.

9 c. Total revenues and expenses, total net income after taxes, expenses for each  
10 of the facility's cost centers under par. (am), the medical assistance reimbursement  
11 rate and method of calculation, the number of patient beds, and the number of  
12 patient days.

13 d. Total cost of recruiting, screening, educating, and training the nursing staff  
14 of the facility. *with which* *a facility*

15 e. Any correlation that may be shown between the number of notices of  
16 violations for class "A," "B," or "C" violations received under s. 50.04 *by a facility*, if  
17 any, and the frequency of use *and* by the facility of nonemployee purchased services of  
18 registered nurses, licensed practical nurses, or nurse's assistants.

19 2. Recommendations of the department for incentives for facilities to reduce  
20 reliance on nonemployee purchased services of registered nurses, licensed practical  
21 nurses, or nurse's assistants.

22 \*-0034/1.4\* SECTION 28. 49.498 (6) (a) of the statutes is amended to read:

23 49.498 (6) (a) A nursing facility shall establish and maintain identical policies  
24 and practices regarding transfer, discharge and the provision of services required

1 under the approved state medicaid plan for all individuals regardless of source of  
2 payment.

3 **\*-0034/1.5\* SECTION 29.** 49.498 (7) (a) of the statutes is renumbered 49.498(7)  
4 (am). △

5 **\*-0034/1.6\* SECTION 30.** 49.498 (7) (ag) of the statutes is created to read:

6 49.498 (7) (ag) A nursing facility shall establish and maintain identical policies  
7 and practices regarding admission for all individuals regardless of source of  
8 payment.

9 **\*-0034/1.7\* SECTION 31.** 49.498 (7) (am) 6. of the statutes is created to read:

10 49.498 (7) (am) 6. A nursing facility may not consider an applicant's available  
11 source of payment when making a decision to admit or expedite the admission of an  
12 individual who is or will be entitled to Medical Assistance for nursing facility  
13 services.

14 **\*-0034/1.8\* SECTION 32.** 49.498 (7) (am) 7. of the statutes is created to read:

15 49.498 (7) (am) 7. A nursing facility that decides to admit or deny or delay the  
16 admission of an applicant shall provide, in writing, notice of the decision to the  
17 applicant or his or her guardian or agent within 5 days of the decision. If the nursing  
18 facility has decided to deny or delay admission of the applicant, the notice shall  
19 include a statement of the reason for the denial or delay.

20 **\*-0034/1.9\* SECTION 33.** 49.498 (7) (b) (intro.) of the statutes is amended to  
21 read:

22 49.498 (7) (b) (intro.) Paragraph (a) (am) may not be construed to do any of the  
23 following:

24 **\*-0030/1.6\* SECTION 34.** 50.02 (2) (bn) of the statutes is amended to read:



1           50.02 (2) (bn) The department may, by rule, increase the minimum hours of  
2   nursing home care per day staffing standards that are specified in s. 50.04 (2) (d) 1.  
3   to 3. (e).<sup>✓</sup>

4           \*~~0029/1.4~~\* **SECTION 35.** 50.034 (3) (e)<sup>✓</sup> of the statutes is created to read:

5           50.034 (3) (e) Post in a conspicuous location in the residential care apartment  
6   complex a notice, provided by the board on aging and long-term care, of the name,  
7   address, and telephone number of the Long-Term Care Ombudsman Program under  
8   s. 16.009 (2) (b).<sup>✓</sup>

9           \*~~0029/1.5~~\* **SECTION 36.** 50.034 (9)<sup>✓</sup> of the statutes is created to read:

10          50.034 (9) **ASSESSMENT ON OCCUPIED APARTMENTS.** (a) In this subsection,<sup>✓</sup>  
11   “complex” means a certified or registered residential care apartment complex.

12          (b) For the privilege of doing business in this state, there is imposed on all  
13   occupied apartments of a complex an annual assessment that shall be credited to the  
14   appropriation account under s. 20.432 (1) (gt)<sup>✓</sup> and that is \$12 per apartment.

15          (c) By July 1 annually, a complex shall submit to the department the amount  
16   due under par. (b) for each occupied apartment of the complex for the preceding June.  
17   The department shall verify the number of apartments of a complex and, if necessary,  
18   make adjustments to the payment, notify the complex of changes in the payment  
19   owing, and send the complex an invoice for the additional amount due or send the  
20   complex a refund.

21          (d) Sections 77.59 (1) to (5), (6) (intro.), (a), and (c), and (7) to (10), 77.60 (1) to  
22   (7), (9), and (10), 77.61 (9) and (12) to (14), and 77.62, as they apply to the taxes under  
23   subch. III of ch. 77, apply to the assessment under this subsection.

1 (e) 1. The department shall enforce and collect the assessment under this  
2 subsection and shall develop and distribute forms necessary for levying and  
3 collection.

4 2. The department shall promulgate rules that establish procedures and  
5 requirements for levying the assessment under this subsection.

6 (f) 1. An affected complex may contest an action by the department under this  
7 subsection by submitting a written request for a hearing to the department within  
8 30 days after the date of the department's action.

9 2. An order or determination made by the department under a hearing as  
10 specified in subd. 1. is subject to judicial review as prescribed under ch. 227.

11 ~~\*-0030/1.7\*~~ SECTION 37. 50.04 (2) (d) of the statutes is repealed.

12 ~~\*-0030/1.8\*~~ SECTION 38. 50.04 (2) (e) of the statutes is created to read:

13 50.04 (2) (e) 1. In this paragraph:

14 a. "Afternoon work shift" means the 8-hour work shift that begins immediately  
15 after the morning shift.

16 b. "Certified nurse's assistant" means a nurse's assistant who meets the  
17 requirements specified under 42 USC 1296r (b) (5) (A) to (E).

18 c. "Evening work shift" means the 8-hour work shift that begins immediately  
19 after the afternoon work shift.

20 d. "Morning work shift" means the first 8-hour work shift that begins after  
21 midnight.

22 2. The department shall promulgate rules that specify minimum staffing  
23 standards that are based on ratios between the numbers of registered nurses on duty  
24 in a nursing home per morning work shift, afternoon work shift, or evening work  
25 shift and the number of residents of the nursing home, between the numbers of

1 licensed practical nurses on duty in a nursing home per morning work shift,  
2 afternoon work shift, or evening work shift and the number of residents of the  
3 nursing home, and between the numbers of certified nurse's assistants on duty in a  
4 nursing home per morning work shift, afternoon work shift, or evening work shift  
5 and the number of residents of the nursing home.

6 3. By July 1, 2007, the department shall convert the minimum staffing  
7 requirements specified in s. 50.04 (2) (d), ~~2003~~ stats., to the minimum staffing  
8 standards specified in subd. 2., shall provide training to staff on enforcement of the  
9 standards, and shall assist nursing homes in implementing the standards.

10 4. By July 1, 2007, a nursing home, other than a nursing home that primarily  
11 serves the developmentally disabled, shall have on duty the number of registered  
12 nurses, licensed practical nurses, and certified nurse's assistants necessary to satisfy  
13 the minimum staffing standards developed by the department under subd. 2.

14 5. A registered nurse, licensed practical nurse, or certified nurse's assistant  
15 who while on duty provides primarily support services, including food preparation,  
16 housekeeping, laundry, or maintenance services, may not be counted for purposes of  
17 calculating the minimum staffing ratios under subd. 2. A registered nurse who is  
18 employed as a director of nursing, as an assistant director of nursing, or as the charge  
19 nurse required under par. (b), may not be counted for purposes of calculating the  
20 minimum staffing requirements under subd. 2. while he or she is performing the  
21 duties of a director of nursing, assistant director of nursing, or charge nurse.

22 6. By January 1, 2009, after first referring to the most recent national research  
23 on nursing home staffing and consulting with representatives of the nursing home  
24 industry, labor unions that represent nursing home employees, advocates for elderly  
25 and disabled persons, recognized experts with experience in long-term care

1 reimbursement, economists, the attorney general, the federal centers for medicare  
2 and medicaid services, and other interested parties, the department shall submit a  
3 report to the governor, and to the chief clerk of each house of the legislature for  
4 distribution to the legislature under s. 13.172 (2). The report shall contain all of the  
5 following recommendations:

6 a. Proposed methods by which nursing homes are able more effectively to  
7 recruit and retain caregivers.

8 b. Proposed revised minimum nursing home staffing ratios that minimize  
9 additional state costs, maximize access to care, facilitate care of the highest quality,  
10 and take into account the levels of care for physical or mental conditions that nursing  
11 home residents require.

12 c. A proposed revised nursing home medical assistance reimbursement  
13 methodology that more effectively promotes resident care of high quality, advances  
14 wages and benefits for nursing home workers, supports nursing home provider  
15 compliance with applicable state statutes and rules and federal statutes and  
16 regulations, and encourages administrative efficiency.

17 **\*-1701/1.5\* SECTION 39.** 50.065 (2) (am) 2g<sup>↓</sup> of the statutes is created to read:  
18 50.065 (2) (am) 2g. Information maintained by the department of corrections  
19 in the registry of sex offenders under s. 301.45 (2).

20 **\*-1701/1.6\* SECTION 40.** 50.065 (2) (am) 2r<sup>↓</sup> of the statutes is created to read:  
21 50.065 (2) (am) 2r. Information on persons convicted of crimes as specified  
22 under the circuit court automation information system maintained by the Wisconsin  
23 court system on its Internet site.

24 **\*-1701/1.7\* SECTION 41.** 50.065 (2) (b) 1g<sup>↓</sup> of the statutes is created to read:

1           50.065 (2) (b) 1g. Information maintained by the department of corrections in  
2 the registry of sex offenders under s. 301.45 (2).

3           \*–1701/1.8\* SECTION 42. 50.065 (2) (b) 2r. of the statutes is created to read:

4           50.065 (2) (b) 2r. Information on persons convicted of crimes as specified under  
5 the circuit court automation information system maintained by the Wisconsin court  
6 system on its Internet site.

7           \*–0029/1.6\* SECTION 43. 50.09 (title) of the statutes is amended to read:

8           **50.09 (title) Rights of residents in certain facilities and complexes.**

9           \*–0029/1.7\* SECTION 44. 50.09 (1) of the statutes is renumbered 50.09 (1m),  
10 and 50.09 (1m) (intro.), (b), (c), (e), (f) 1. and 3., (g), (j) (intro.) and 2. (intro.) and a.  
11 and (L), as renumbered, are amended to read:

12           50.09 (1m) ~~RESIDENTS' RIGHTS.~~ (intro.) Every resident in a nursing home or  
13 ~~community-based residential facility or a complex~~ shall, except as provided in sub.  
14 (5), have the right to:

15           (b) Present grievances on the resident's own behalf or others to the facility's  
16 staff or administrator of the facility or complex, to public officials or to any other  
17 person without justifiable fear of reprisal, and to join with other residents or  
18 individuals within or outside of the facility or complex to work for improvements in  
19 resident care.

20           (c) Manage the resident's own financial affairs, including any personal  
21 allowances under federal or state programs, unless the resident delegates, in  
22 writing, ~~such~~ this responsibility to the facility or complex and the facility or complex  
23 accepts the responsibility, or unless the resident delegates to someone else of the  
24 resident's choosing and that person accepts the responsibility. The resident shall  
25 receive, upon written request by the resident or guardian, a written monthly account

1 of any financial transactions made by the facility or complex under such a delegation  
2 of responsibility.

3 (e) Be treated with courtesy, respect and full recognition of the resident's  
4 dignity and individuality, by all employees of the facility or complex and licensed,  
5 certified, or registered providers of health care and pharmacists with whom the  
6 resident comes in contact.

7 (f) 1. Privacy for visits by spouse. If both spouses are residents of the same  
8 facility or complex, they shall be permitted to share a room or apartment unless  
9 medically contraindicated as documented by the resident's physician in the  
10 resident's medical record.

11 3. Confidentiality of health and personal records, and the right to approve or  
12 refuse their release to any individual outside the facility or complex, except in the  
13 case of the resident's transfer to another facility or complex or as required by law or  
14 3rd-party payment contracts and except as provided in s. 146.82 (2) and (3).

15 (g) Not to be required to perform services for the facility or complex that are not  
16 included for therapeutic purposes in the resident's plan of care.

17 (j) (intro.) Be transferred or discharged, and be given reasonable advance notice  
18 of any planned transfer or discharge, and an explanation of the need for and  
19 alternatives to the transfer or discharge. The facility or complex to which the  
20 resident is to be transferred must have accepted the resident for transfer, except in  
21 a medical emergency or if the transfer or discharge is for nonpayment of charges  
22 following a reasonable opportunity to pay a deficiency. No person may be  
23 involuntarily discharged for nonpayment under this paragraph if the person meets  
24 all of the following conditions:

1           2. (intro.) The funding of his or her care in the ~~nursing home or~~  
2 ~~community-based residential~~ facility under s. 49.45 (6m) is reduced or terminated  
3 because of one of the following:

4           a. He or she requires a level or type of care which that is not provided by the  
5 ~~nursing home or community-based residential~~ facility.

6           (L) Receive adequate and appropriate care within the capacity of the facility  
7 or complex.

8           \*~~0029/1.8~~\* SECTION 45. 50.09 (1g) of the statutes is created to read:

9           50.09 (1g) In this section, “complex” means a residential care apartment  
10 complex.

11           \*~~0029/1.9~~\* SECTION 46. 50.09 (2), (4) and (5) of the statutes are amended to  
12 read:

13           50.09 (2) The department, in establishing standards for ~~nursing homes and~~  
14 ~~community-based residential~~ facilities and complexes may establish, by rule, rights  
15 in addition to those specified in sub. (1) (1m) for residents in such ~~the~~ the facilities or  
16 complexes.

17           (4) Each facility or complex shall make available a copy of the rights and  
18 responsibilities established under this section and the ~~facility's~~ of the facility  
19 or complex to each resident and each resident's legal representative, if any, at or prior  
20 to the time of admission to the facility or complex, to each person who is a resident  
21 of the facility or complex, and to each member of the ~~facility's~~ of the facility or  
22 complex. The rights, responsibilities, and rules shall be posted in a prominent place  
23 in each facility or complex. Each facility or complex shall prepare a written plan and  
24 provide appropriate staff training to implement each resident's rights established  
25 under this section.

1 (5) Rights established under this section shall not, except as determined by the  
 2 department of corrections, be applicable to residents in ~~such~~ facilities or complexes,  
 3 if the resident is in the legal custody of the department of corrections and is a  
 4 correctional client in ~~such~~ a facility or complex.

5 \*-0029/1.10\* SECTION 47. 50.09 (6) (a), (b) and (d) of the statutes are amended  
 6 to read:

7 50.09 (6) (a) Each facility or complex shall establish a system of reviewing  
 8 complaints and allegations of violations of residents' rights established under this  
 9 section. The facility or complex shall designate a specific individual who, for the  
 10 purposes of effectuating this section, shall report to the administrator.

11 (b) Allegations of violations of such rights by persons licensed, certified, or  
 12 registered under chs. 441, 446 to 450, 455, and 456 shall be promptly reported by the  
 13 facility or complex to the appropriate licensing, examining, or affiliated  
 14 credentialing board and to the person against whom the allegation has been made.  
 15 Any employee of the facility or complex and any person licensed, certified, or  
 16 registered under chs. 441, 446 to 450, 455, and 456 may also report such allegations  
 17 to the board. ~~Such~~ The board may make further investigation and take such  
 18 disciplinary action, within the board's statutory authority, as the case requires.

19 (d) The facility or complex shall attach a statement, which summarizes  
 20 complaints or allegations of violations of rights established under this section, to the  
 21 report required under s. 50.03 (4) (c) 1. or 2. The statement shall contain the date  
 22 of the complaint or allegation, the name of the persons involved, the disposition of  
 23 the matter, and the date of disposition. The department shall consider the statement  
 24 in reviewing the report.

9121

25

\*-0030/1.9\* SECTION 48. Nonstatutory provisions

health and family services

Material from p. 25, ll. 11-17 goes HERE



1 (1) NURSING HOME STAFFING STANDARDS; RULES. The department of health and  
 2 family services shall submit in proposed form the rules required under section 50.02  
 3 (2) (e) of the statutes, as created by this act, to the legislative council staff under  
 4 section 227.15 (1) of the statutes no later than the first day of the 13th month  
 5 beginning after the effective date of this subsection.

6 (2) NURSING HOME STAFFING STANDARDS; REPORT. By January 1, 2007, the  
 7 department of health and family services shall report to the legislature in the  
 8 manner provided under section 13.172 (3) of the statutes and to the governor  
 9 concerning the status of the department's compliance with the requirements of  
 10 section 50.04 (2) (e) 3. of the statutes, as created by this act. ✓

MOVE  
TO  
P  
24

11 ~~\*-0029/1.11\* SECTION 49. Nonstatutory provisions; board on aging and~~  
 12 ~~long-term care.~~ board 9102

13 (1) RESIDENTIAL CARE APARTMENT COMPLEX ACTIVITIES. The authorized FTE  
 14 positions for the board on aging and long-term care are increased by 1.0 PR position  
 15 on July 1, 2006, to be funded from the appropriation account under section 20.432  
 16 (1) (gt) of the statutes, as created by this act, for the purpose of performing long-term  
 17 care ombudsman activities in residential care apartment complexes.

18 ~~\*-0029/1.12\* SECTION 50. Nonstatutory provisions; health and family~~  
 19 ~~services.~~ 3

20 (1) ASSESSMENTS ON RESIDENTIAL CARE APARTMENT COMPLEXES; RULES. No B

21 (a) The department of health and family services shall submit in proposed form  
 22 the rules required under section 50.034 (9) (e) 2. of the statutes, as created by this  
 23 act, to the legislative council staff under section 227.15 (1) of the statutes no later  
 24 than the first day of the 4th month beginning after the effective date of this  
 25 paragraph.

1 (b) Using the procedure under section 227.24 of the statutes, the department  
 2 of health and family services may promulgate rules required under section 50.034  
 3 (9) (e) 2. of the statutes, as created by this act, for the period before the effective date  
 4 of the rules submitted under paragraph (a), but not to exceed the period authorized  
 5 under section 227.24 (1) (c) and (2) of the statutes. Notwithstanding section 227.24  
 6 (1) (a), (2) (b), and (3) of the statutes, the department is not required to provide  
 7 evidence that promulgating a rule under this paragraph as an emergency rule is  
 8 necessary for the preservation of the public peace, health, safety, or welfare and is  
 9 not required to provide a finding of emergency for a rule promulgated under this  
 10 paragraph.

11 ~~\*-2109/P1.9121\* SECTION 9121. Nonstatutory provisions; health and~~  
 12 ~~family services.~~

13 <sup>(1)</sup> <sup>(4)</sup> <sup>No B</sup> PROPOSAL FOR NURSING HOME QUALITY IMPROVEMENT GRANT PROGRAM. By the  
 14 first day of the 7th month beginning after the effective date of this subsection, the  
 15 department of health and family services shall submit to the legislature in the  
 16 manner provided under section 13.172 (2) of the statutes a proposal for legislation  
 17 to create a program to provide grants to nursing homes for quality-of-care  
 18 improvement projects. In creating the proposal, the department of health and family  
 19 services shall consult with advocates for residents of nursing homes, employees of  
 20 or contractors for services with nursing homes or representatives of the employees  
 21 or contractors, nursing home administrators, and experts in long-term care issues.  
 22 Funding for the proposal required under this subsection must be generated within  
 23 the nursing home industry and may not include general purpose revenues.

24 \*-0029/1.13\* SECTION 51. Initial applicability

health and family services

9321

1 (1) ASSESSMENTS ON RESIDENTIAL CARE APARTMENT COMPLEXES. The treatment of  
2 section 50.034 (9) of the statutes first applies to an assessment due from a residential  
3 care apartment complex for June 2006.

ⓑ  
9421

4 ~~\*-0029/1.14\* SECTION 52. Effective date.~~

5 ~~(1) This act takes effect on June 1, 2006.~~

ⓑ  
health and family  
services

6 ~~\*-0030/1.10\* SECTION 53. Effective dates.~~ This act takes effect on the day  
7 after publication, except as follows:

8 (1) NURSING HOME STAFFING STANDARDS. The treatment of sections 50.02 (2) (bn)  
9 and 50.04 (2) (d) of the statutes takes effect on July 1, 2007.

10

(END)

INSERT 27-10 ✓

2005-2006 DRAFTING INSERT  
FROM THE  
LEGISLATIVE REFERENCE BUREAU

LRB-0029/2ins  
DAK:lmk&wj:rs

INSERT ~~9-16~~ 27-10

~~SECTION 9421. Effective dates; health and family services.~~

<sup>2</sup>  
*No BA* (1) RESIDENTIAL CARE APARTMENT COMPLEXES. The treatment of sections 16.009  
(1) (em) 7., 20.005 (3) (schedule), 20.432 (1) (gt), 50.034 (3) (e) and (9), 50.09 (title),  
50.09 (1), (1g), (2), (4), (5), and (6) (a), (b), and (d) of the statutes and the renumbering  
and amendment of sections 50.09 (1m) (intro.), (b), (c), (e), (f) 1. and 3., (g), (j) (intro.)  
and 2. (intro.) and a. and (L) of the statutes <sup>takes</sup> take effect on June 1, 2006.

3/1/05 Dick Sweet, Bill Donaldson, Gail (DHS), John Townsend,  
Rep. Krusick Aging chair?

~~① 0029 RCAC's - no cost 125~~

Add to -0035 the life lease language from  
Gov's budget bill (-0344, rather than -0032)

~~Joel - free hotline - pharmaceuticals  
statewide clearinghouse - re rebates  
Huge fiscal note~~

~~If drug cos want to do this, have to provide  
info quarterly~~