

2005 DRAFTING REQUEST

Assembly Amendment (AA-ASA1-AB100)

Received: 06/20/2005

Received By: **chanaman**

Wanted: **As time permits**

Identical to LRB:

For: **James Kreuser (608) 266-5504**

By/Representing: **AJ**

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

Drafter: **chanaman**

May Contact:

Addl. Drafters:

Subject: **Insurance - health**

Extra Copies:

Submit via email: **YES**

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

Carbon copy (CC:) to:

Pre Topic:

No specific pre topic given

Topic:

Restore HIRSP restructuring to governor's position

Instructions:

See Attached

Drafting History:

<u>Vers.</u>	<u>Drafted</u>	<u>Reviewed</u>	<u>Typed</u>	<u>Proofed</u>	<u>Submitted</u>	<u>Jacketed</u>	<u>Required</u>
/?							
/1	chanaman 06/21/2005	lkunkel 06/21/2005	pgreensl 06/21/2005	_____	lemery 06/21/2005	lemery 06/21/2005	

FE Sent For:

<END>

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*governor's
gov's position*

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/?	chanaman	1/mk 6/21	9/21 PS	6/21 PS/Kreuser			

FE Sent For:

<END>



State of Wisconsin
2005 - 2006 LEGISLATURE

LRBb0498/1

CMH:.....

lmk

D-N

LPS -
please
fix
request
sheet

**ASSEMBLY AMENDMENT ,
TO ASSEMBLY SUBSTITUTE AMENDMENT 1,
TO 2005 ASSEMBLY BILL 100**

Page 82, line 40
deletes lines
4 and 50

- 1 At the locations indicated, amend the substitute amendment as follows:
- 2 1. Page 169, line 23: delete "3,535,500" and substitute "6,821,900". ✓
 - 3 2. Page 169, line 23: delete "-0-" and substitute "7,076,600". ✓
 - 4 3. Page 170, line 1: delete "75,649,500" and substitute "146,321,300". ✓
 - 5 4. Page 170, line 1: delete "-0-" and substitute "175,169,700". ✓
 - 6 5. Page 254, line 5: delete lines 5 to 8. ✓
 - 7 6. Page 291, line 7: delete lines 7 and 8. ✓
 - 8 7. Page 349, line 21: delete that line. ✓
 - 9 8. Page 354, line 16: delete lines 16 to 23. ✓
 - 10 9. Page 563, line 18: delete lines 18 to 20. ✓
 - 11 10. Page 616, line 3: delete lines 3 to 5. ✓

- 1 **11.** Page 681, line 14: delete lines 14 to 18. ¹⁷
- 2 **12.** Page 800, line 8: delete the material beginning with that line and ending
- 3 with page 812, line 21, and substitute: INS A
- 4 **13.** Page 906, line 20: delete the material beginning with that line and ending
- 5 with page 908, line 18. ✓
- 6 **14.** Page 976, line 9: delete lines 9 to 25. ✓
- 7 **15.** Page 977, line 1: delete lines 1 to 6. ✓
- 8 **16.** Page 1019, line 14: delete lines 14 to 20. ✓
- 9 **17.** Page 1030, line 22: delete lines 22 to 25. ✓
- 10 **18.** Page 1031, line 1: delete lines 1 to 11 and substitute: ✓
- 11 **19.** Page 1039, line 13: delete lines 13 to 15. ✓ INS C
- 12 **20.** Page 1044, line 7: delete lines 7 to 17 and substitute:
- 13 (END) INS D

Page 823, line 8 after that line insert:

INS B

(date)

LRB60498/1dn
CMH:lmk:

ATJ

This amendment eliminates the restructuring and restores the governor's position in HIRSP restructuring of AB 1000

CMH

MS A

ASSEMBLY BILL 100

1 ~~SECTION 2033.~~ 149.12 (2) (f) of the statutes is renumbered 149.12 (2) (f) 1. and
2 amended to read:

3 149.12 (2) (f) 1. No Except as provided in subd. 2., no person who is eligible for
4 medical assistance is eligible for coverage under the plan.

5 **SECTION 2034.** 149.12 (2) (f) 2. of the statutes is created to read:

6 149.12 (2) (f) 2. Subdivision 1. does not apply to a person who is eligible for only
7 any of the following types of medical assistance:

8 a. Family planning services under s. 49.45 (24r).

9 b. Care and services for the treatment of an emergency medical condition under
10 42 USC 1396b (v), as provided in s. 49.45 (27).

11 c. Medical assistance under s. 49.46 (1) (a) 15.

12 d. Ambulatory prenatal care under s. 49.465.

13 e. Medicare premium, coinsurance, and deductible payments under s. 49.46 (2)
14 (c) 2. or 3., 49.468 (1) (b) or (c), or 49.47 (6) (a) 6. b. or c.

15 f. Medicare premium payments under s. 49.46 (2) (cm), 49.468 (1m) or (2), or
16 49.47 (6) (a) 6m.

17 **SECTION 2035.** 149.12 (2) (g) of the statutes is created to read:

18 149.12 (2) (g) A person is not eligible for coverage under the plan if the person
19 is eligible for any of the following:

20 1. Services under s. 46.27 (11), 46.275, 46.277, or 46.278.

21 2. Medical assistance provided as part of a family care benefit, as defined in s.
22 46.2805 (4).

23 3. Services provided under a waiver requested under 2001 Wisconsin Act 16,
24 section 9123 (16rs), or 2003 Wisconsin Act 33, section 9124 (8c).

ASSEMBLY BILL 100

SECTION 2035

1 4. Services provided under the program of all-inclusive care for persons aged
2 55 or older authorized under 42 USC 1396u-4.

3 5. Services provided under the demonstration program under a federal waiver
4 authorized under 42 USC 1315.

5 6. Health care coverage under the Badger Care health care program under s.
6 49.665.

7 **SECTION 2036.** ^{ed} 149.14 (5) (b) of the statutes is amended to read:

8 149.14 (5) (b) Except as provided in pars. (c) and (e), if the covered costs
9 incurred in a calendar year by the an eligible person who is not eligible for Medicare
10 exceed the deductible for major medical expense coverage in a calendar year, the plan
11 shall pay at least 80% of any additional covered costs incurred by the person during
12 the calendar year, and if the covered costs incurred in a calendar year by an eligible
13 person who is eligible for Medicare exceed the deductible for major medical expense
14 coverage or \$2,000, whichever is less, the plan shall pay 100% of any additional
15 covered costs incurred by the person during the calendar year.

16 **SECTION 2037.** ^{ed} 149.14 (5) (c) of the statutes is amended to read:

17 149.14 (5) (c) Except as provided in par. (e), if the aggregate of the covered costs
18 not paid by the plan under par. (b) and the deductible exceeds \$500 for an eligible
19 person receiving medicare, \$2,000 for any other in a calendar year for an eligible
20 person during a calendar year who is not eligible for Medicare, or \$4,000 in a calendar
21 year for all eligible persons in a family, the plan shall pay 100% of all covered costs
22 incurred by the eligible person or the eligible persons in the family during the
23 calendar year after the payment ceilings under this paragraph are exceeded.

24 **SECTION 2038.** ^{ed} 149.14 (5) (e) of the statutes is amended to read:

ASSEMBLY BILL 100

1 149.14 (5) (e) Subject to sub. (8) (b), the department may, by rule under s. 149.17
2 (4), establish for prescription drug coverage under sub. (3) (d) copayment amounts,
3 coinsurance rates, and establish a 3-tiered copayment structure for prescription
4 drugs. The copayment and coinsurance out-of-pocket limits limit for prescription
5 drug coverage under sub. (3) (d) over which the plan will pay 100% of covered costs
6 under sub. (3) (d) may be \$300. The department may establish that only certain
7 copayment amounts count toward the out-of-pocket limit. The department may
8 provide subsidies for prescription drug copayment amounts paid by eligible persons
9 under s. 149.165 (2) (a) 1. to 5. Any copayment amount, coinsurance rate, or
10 out-of-pocket limit established under this paragraph is subject to the approval of the
11 board Subject to sub. (8) (b), the department may change, by rule under s. 149.17 (4),
12 the out-of-pocket limit. Using the procedure under s. 227.24, the department may
13 promulgate rules under this paragraph for the period before the effective date of any
14 permanent rules promulgated under this paragraph, but not to exceed the period
15 authorized under s. 227.24 (1) (c) and (2). Notwithstanding s. 227.24 (1) (a), (2) (b),
16 and (3), the department is not required to provide evidence that promulgating a rule
17 under this paragraph as an emergency rule is necessary for the preservation of the
18 public peace, health, safety, or welfare and is not required to make a finding of
19 emergency for promulgating a rule under this paragraph as an emergency rule.
20 Copayments and coinsurance paid by an eligible person under this paragraph are
21 separate from and do not count toward the deductible and covered costs not paid by
22 the plan under pars. (a) to (c).

23 **SECTION 2039.** ^{Bd} 149.142 (1) (b) of the statutes is amended to read:

24 149.142 (1) (b) The payment rate for a prescription drug shall be the allowable
25 charge paid under s. 49.46 (2) (b) 6. h. for the prescription drug. Notwithstanding

ASSEMBLY BILL 100**SECTION 2039**

1 s. 149.17 (4), the department may not reduce the payment rate for prescription drugs
2 below the rate specified in this paragraph, and the rate may not be adjusted under
3 s. 149.143 or 149.144 set by the department, subject to the approval of the board.

4 **SECTION 2040.** 149.142 (2) of the statutes is amended to read:

5 149.142 (2) Except as provided in sub. (1) (b), the The rates established under
6 this section are subject to adjustment under ss. 149.143 and 149.144.

7 **SECTION 2041.** 149.143 (1) (intro.) of the statutes is amended to read:

8 149.143 (1) (intro.) The department shall pay or recover the operating costs of
9 the plan from the appropriation under s. 20.435 (4) (v) and administrative costs of
10 the plan from the appropriation under s. 20.435 (4) (u). For purposes of determining
11 premiums, insurer assessments and provider payment rate adjustments, the
12 department shall apportion and prioritize responsibility for payment or recovery of
13 plan costs, excluding deductible reductions under s. 149.14 (5) (a) and prescription
14 drug copayment reductions under s. 149.14 (5) (e), from among the moneys
15 constituting the fund as follows:

16 **SECTION 2042.** 149.143 (1) (am) 1. of the statutes is amended to read:

17 149.143 (1) (am) 1. First, from premiums from eligible persons with coverage
18 under s. 149.14 (2) (a) set at a rate that is 140% to 150% of the rate that a standard
19 risk would be charged under an individual policy providing substantially the same
20 coverage and deductibles as are provided under the plan and from eligible persons
21 with coverage under s. 149.14 (2) (b) set in accordance with s. 149.14 (5m), including
22 amounts received for premium, deductible, and prescription drug copayment
23 subsidies under s. 149.144, and from premiums collected from eligible persons with
24 coverage under s. 149.146 set in accordance with s. 149.146 (2) (b).

25 **SECTION 2043.** 149.143 (1) (am) 3. of the statutes is amended to read:

ASSEMBLY BILL 100

1 149.143 (1) (am) 3. Third, by increasing premiums from eligible persons with
2 coverage under s. 149.14 (2) (a) to more than the rate at which premiums were set
3 under subd. 1. but not more than 200% of the rate that a standard risk would be
4 charged under an individual policy providing substantially the same coverage and
5 deductibles as are provided under the plan and from eligible persons with coverage
6 under s. 149.14 (2) (b) by a comparable amount in accordance with s. 149.14 (5m),
7 including amounts received for premium, deductible, and prescription drug
8 copayment subsidies under s. 149.144, and by increasing premiums from eligible
9 persons with coverage under s. 149.146 in accordance with s. 149.146 (2) (b), to the
10 extent that the amounts under subds. 1. and 2. are insufficient to pay 60% of plan
11 costs.

12 **SECTION 2044.** 149.143 (1) (am) 4. of the statutes is amended to read:

13 149.143 (1) (am) 4. Fourth, notwithstanding par. (bm), by increasing insurer
14 assessments, excluding assessments under s. 149.144, and adjusting provider
15 payment rates, subject to s. 149.142 (1) (b) and excluding adjustments to those rates
16 under s. 149.144, in equal proportions and to the extent that the amounts under
17 subds. 1. to 3. are insufficient to pay 60% of plan costs.

18 **SECTION 2045.** 149.143 (1) (bm) 2. of the statutes is amended to read:

19 149.143 (1) (bm) 2. Fifty percent from adjustments to provider payment rates,
20 subject to s. 149.142 (1) (b) and excluding adjustments to those rates under s.
21 149.144.

22 **SECTION 2046.** 149.143 (2) (a) (intro.) of the statutes is amended to read:

23 149.143 (2) (a) (intro.) Prior to each plan year, the department shall estimate
24 the operating and administrative costs of the plan and the costs of the premium
25 reductions under s. 149.165, the deductible reductions under s. 149.14 (5) (a), and

ASSEMBLY BILL 100

SECTION 2046

1 any prescription drug copayment reductions under s. 149.14 (5) (e) for the new plan
2 year and do all of the following:

3 **SECTION 2047.** 149.143 (2) (a) 1. a. of the statutes is amended to read:

4 149.143 (2) (a) 1. a. Estimate the amount of enrollee premiums that would be
5 received in the new plan year if the enrollee premiums were set at a level sufficient,
6 when including amounts received for premium, deductible, and prescription drug
7 copayment subsidies under s. 149.144 and from premiums collected from eligible
8 persons with coverage under s. 149.146 set in accordance with s. 149.146 (2) (b), to
9 cover 60% of the estimated plan costs for the new plan year.

10 **SECTION 2048.** 149.143 (2) (a) 2. of the statutes is amended to read:

11 149.143 (2) (a) 2. After making the determinations under subd. 1., by rule set
12 premium rates for the new plan year, including the rates under s. 149.146 (2) (b), in
13 the manner specified in sub. (1) (am) 1. and 3. and such that a rate for coverage under
14 s. 149.14 (2) (a) is approved by the board and is not less than 140% nor more than
15 200% of the rate that a standard risk would be charged under an individual policy
16 providing substantially the same coverage and deductibles as are provided under the
17 plan.

18 **SECTION 2049.** 149.143 (2) (a) 3. of the statutes is amended to read:

19 149.143 (2) (a) 3. ~~By rule set~~ Set the total insurer assessments under s. 149.13
20 for the new plan year by estimating and setting the assessments at the amount
21 necessary to equal the amounts specified in sub. (1) (am) 4. and (bm) 1. and notify
22 the commissioner of the amount.

23 **SECTION 2050.** 149.143 (2) (a) 4. of the statutes is amended to read:

24 149.143 (2) (a) 4. ~~By the same rule as under subd. 3. adjust~~ Adjust the provider
25 payment rate for the new plan year, subject to s. 149.142 (1) (b), by estimating and

ASSEMBLY BILL 100

1 setting the rate at the level necessary to equal the amounts specified in sub. (1) (am)
2 4. and (bm) 2. and as provided in s. 149.145.

3 **SECTION 2051.** 149.143 (2) (a) 4. of the statutes, as affected by 2005 Wisconsin
4 Act (this act), is amended to read:

5 149.143 (2) (a) 4. Adjust the provider payment rate for the new plan year,
6 subject to s. 149.142 (1) (b), by estimating and setting the rate at the level necessary
7 to equal the amounts specified in sub. (1) (am) 4. and (bm) 2. and as provided in s.
8 149.145.

9 **SECTION 2052.** 149.143 (2m) (a) 1. of the statutes is amended to read:

10 149.143 (2m) (a) 1. The amount of premiums received in a plan year from all
11 eligible persons, including amounts received for premium, ~~deductible, and~~
12 ~~prescription drug copayment subsidies.~~

13 **SECTION 2053.** 149.143 (2m) (a) 2. of the statutes is amended to read:

14 149.143 (2m) (a) 2. The amount of premiums, including amounts received for
15 premium, deductible, and prescription drug copayment subsidies, necessary to cover
16 60% of the plan costs for the plan year.

17 **SECTION 2054.** 149.143 (3) (a) of the statutes is amended to read:

18 149.143 (3) (a) If, during a plan year, the department determines that the
19 amounts estimated to be received as a result of the rates and amount set under sub.
20 (2) (a) 2. to 4. and any adjustments in insurer assessments and the provider payment
21 rate under s. 149.144 will not be sufficient to cover plan costs, the department may
22 by rule increase the premium rates set under sub. (2) (a) 2. for the remainder of the
23 plan year, subject to s. 149.146 (2) (b) and the maximum specified in sub. (2) (a) 2.,
24 by rule increase the assessments set under sub. (2) (a) 3. for the remainder of the plan
25 year, subject to sub. (1) (bm) 1., and by the same rule under which assessments are

ASSEMBLY BILL 100**SECTION 2054**

1 increased adjust the provider payment rate set under sub. (2) (a) 4. for the remainder
2 of the plan year, subject to sub. (1) (bm) 2. and s. 149.142 (1) (b).

3 **SECTION 2055.** 149.143 (3) (a) of the statutes, as affected by 2005 Wisconsin Act
4 (this act), is amended to read:

5 149.143 (3) (a) If, during a plan year, the department determines that the
6 amounts estimated to be received as a result of the rates and amount set under sub.
7 (2) (a) 2. to 4. and any adjustments in insurer assessments and the provider payment
8 rate under s. 149.144 will not be sufficient to cover plan costs, the department may
9 increase the premium rates set under sub. (2) (a) 2. for the remainder of the plan year,
10 subject to s. 149.146 (2) (b) and the maximum specified in sub. (2) (a) 2., increase the
11 assessments set under sub. (2) (a) 3. for the remainder of the plan year, subject to sub.
12 (1) (bm) 1., and adjust the provider payment rate set under sub. (2) (a) 4. for the
13 remainder of the plan year, subject to sub. (1) (bm) 2. and s. ~~149.142 (1) (b).~~

14 **SECTION 2056.** 149.143 (3) (b) of the statutes is amended to read:

15 149.143 (3) (b) If the department increases premium rates and insurer
16 assessments and adjusts the provider payment rate under par. (a) and determines
17 that there will still be a deficit and that premium rates have been increased to the
18 maximum extent allowable under par. (a), the department may further adjust, in
19 equal proportions, assessments set under sub. (2) (a) 3. and the provider payment
20 rate set under sub. (2) (a) 4., without regard to sub. (1) (bm) ~~but subject to s. 149.142~~
21 ~~(1) (b).~~

22 **SECTION 2057.** 149.143 (4) of the statutes is repealed.

23 **SECTION 2058.** 149.143 (5) (a) of the statutes is amended to read:

24 149.143 (5) (a) Annually, no later than April 30, the department shall perform
25 a reconciliation with respect to plan costs, premiums, insurer assessments, and

ASSEMBLY BILL 100

1 provider payment rate adjustments based on data from the previous calendar year.
2 On the basis of the reconciliation, the department shall make any necessary
3 adjustments in premiums, insurer assessments, or provider payment rates, subject
4 to ~~s. 149.142 (1) (b)~~, for the fiscal year beginning on the first July 1 after the
5 reconciliation, as provided in sub. (2) (b).

6 **SECTION 2059.** 149.143 (5) (b) of the statutes is amended to read:

7 149.143 (5) (b) Except as provided in sub. (3) and s. 149.144, the department
8 shall adjust the provider payment rates to meet the providers' specified portion of the
9 plan costs no more than once annually, ~~subject to s. 149.142 (1) (b)~~. The department
10 may not determine the adjustment on an individual provider basis or on the basis
11 of provider type, but shall determine the adjustment for all providers in the
12 aggregate, ~~subject to s. 149.142 (1) (b)~~.

13 **SECTION 2060.** 149.144 of the statutes is amended to read:

14 **149.144 Adjustments to insurer assessments and provider payment**
15 **rates for premium, deductible, and prescription drug copayment**
16 **reductions.** The department shall, ~~by rule~~, adjust in equal proportions the amount
17 of the assessment set under s. 149.143 (2) (a) 3. and the provider payment rate set
18 under s. 149.143 (2) (a) 4., subject to ss. 149.142 (1) (b) and 149.143 (1) (am), sufficient
19 to reimburse the plan for premium reductions under s. 149.165, deductible
20 reductions under s. 149.14 (5) (a), and any prescription drug copayment reductions
21 under s. 149.14 (5) (e). The department shall notify the commissioner so that the
22 commissioner may levy any increase in insurer assessments.

23 **SECTION 2061.** 149.144 of the statutes, as affected by 2005 Wisconsin Act
24 (this act), is amended to read:

ASSEMBLY BILL 100**SECTION 2061**

1 **149.144 Adjustments to insurer assessments and provider payment**
2 **rates for premium, deductible, and prescription drug copayment**
3 **reductions.** The department shall adjust in equal proportions the amount of the
4 assessment set under s. 149.143 (2) (a) 3. and the provider payment rate set under
5 s. 149.143 (2) (a) 4., subject to ~~ss. 149.142 (1) (b) and s.~~ s. 149.143 (1) (am), sufficient
6 to reimburse the plan for premium reductions under s. 149.165, deductible
7 reductions under s. 149.14 (5) (a), and any prescription drug copayment reductions
8 under s. 149.14 (5) (e). The department shall notify the commissioner so that the
9 commissioner may levy any increase in insurer assessments.

10 **SECTION 2062.** 149.145 of the statutes is amended to read:

11 **149.145 Program budget.** The department, in consultation with the board,
12 shall establish a program budget for each plan year. The program budget shall be
13 based on the provider payment rates specified in s. 149.142 and in the most recent
14 provider contracts that are in effect and on the funding sources specified in ss.
15 149.143 (1) and 149.144, including the methodologies specified in ss. 149.143,
16 149.144, and 149.146 for determining premium rates, insurer assessments, and
17 provider payment rates. Except as otherwise provided in s. 149.143 (3) (a) and (b)
18 and subject to s. 149.142 (1) (b), from the program budget the department shall derive
19 the actual provider payment rate for a plan year that reflects the providers'
20 proportional share of the plan costs, consistent with ss. 149.143 and 149.144. The
21 department may not implement a program budget established under this section
22 unless it is approved by the board.


23 **SECTION 2063.** 149.146 (2) (am) 5. of the statutes is amended to read:

24 149.146 (2) (am) 5. Subject to s. 149.14 (8) (b), the department may, by rule
25 under s. 149.17 (4), ~~establish for prescription drug coverage under this section~~

ASSEMBLY BILL 100

1 ~~copayment amounts, coinsurance rates, and establish a 3-tiered copayment~~
2 ~~structure for prescription drugs. The copayment and coinsurance out-of-pocket~~
3 ~~limits limit for prescription drug coverage under this section over which the plan will~~
4 ~~pay 100% of covered costs for prescription drugs. Any copayment amount,~~
5 ~~coinsurance rate, or out-of-pocket limit established under this subdivision is subject~~
6 ~~to the approval of the board under this section may be \$400. The department may~~
7 ~~establish that only certain copayment amounts count toward the out-of-pocket~~
8 ~~limit. Subject to s. 149.14 (8) (b), the department may change, by rule under s. 149.17~~
9 ~~(4), the out-of-pocket limit. Using the procedure under s. 227.24, the department~~
10 ~~may promulgate rules under this subdivision for the period before the effective date~~
11 ~~of any permanent rules promulgated under this subdivision, but not to exceed the~~
12 ~~period authorized under s. 227.24 (1) (c) and (2). Notwithstanding s. 227.24 (1) (a),~~
13 ~~(2) (b), and (3), the department is not required to provide evidence that promulgating~~
14 ~~a rule under this subdivision as an emergency rule is necessary for the preservation~~
15 ~~of the public peace, health, safety, or welfare and is not required to make a finding~~
16 ~~of emergency for promulgating a rule under this subdivision as an emergency rule.~~
17 Copayments and coinsurance paid by an eligible person under this subdivision are
18 separate from and do not count toward the deductible and covered costs not paid by
19 the plan under subs. 1. to 3.

20 ^{BA} SECTION 2064. 149.146 (2) (b) (intro.) of the statutes is amended to read:

21 149.146 (2) (b) (intro.) The schedule of premiums for coverage under this
22 section shall be promulgated by rule set by the department, as provided in s. 149.143.
23 The rates for coverage under this section shall be set such that they differ from the
24 rates for coverage under s. 149.14 (2) (a) by the same percentage as the percentage
25 difference between the following: 

END OF INFO A

ASSEMBLY BILL 100

SECTION 2102

1 the services of the division's examiners to the agency at a reasonable rate of
 2 compensation. Contracts entered into under this paragraph are exempt from ss.
 3 16.70 to 16.76 and, 16.767 to 16.77, and 16.78 to 16.82.

INS
 B

4 ⁹ ~~SECTION 2103.~~ 227.01 (13) (nm) of the statutes is created to read:

5 227.01 (13) (nm) Sets or adjusts premium rates, insurer assessments, or
 6 provider payment rates under ch. 149. ⁶ ~~7~~

7 **SECTION 2104.** 227.01 (13) (zL) of the statutes is created to read:

8 227.01 (13) (zL) Relates to the trial jobs plus pilot project under s. 49.147 (3)
 9 (d).

10 **SECTION 2105.** 227.01 (13) (zL) of the statutes, as created by 2005 Wisconsin
 11 Act (this act), is repealed.

12 **SECTION 2106.** 230.08 (2) (e) 1. of the statutes is amended to read:

13 230.08 (2) (e) 1. Administration — ~~13~~ 14.

14 **SECTION 2107.** 230.08 (2) (e) 5m. of the statutes is amended to read:

15 230.08 (2) (e) 5m. Historical society — ~~6~~ 5.

16 **SECTION 2108.** 230.08 (2) (eg) of the statutes is created to read:

17 230.08 (2) (eg) A general counsel position in each of the following agencies:

- 18 1. Department of administration.
- 19 2. Department of agriculture, trade, and rural resources.
- 20 3. Department of commerce.
- 21 4. Department of corrections.
- 22 5. Department of financial institutions.
- 23 6. Department of health and family services.
- 24 7. Department of natural resources.
- 25 8. Department of regulation and licensing.

ASSEMBLY BILL 100

SECTION 9319

1 **SECTION 9319. Initial applicability; governor.**

2 **SECTION 9320. Initial applicability; Health and Educational Facilities**
3 **Authority.**

4 **SECTION 9321. Initial applicability; health and family services.**

5 (1) MEDICAL ASSISTANCE FOR INDIVIDUALS LEAVING OUT-OF-HOME CARE.

6 (a) The creation of section 49.46 (1) (a) 5m. of the statutes first applies to
7 medical assistance eligibility determinations made on the effective date of this
8 paragraph.

9 (b) The amendment of section 49.46 (1) (a) 5m. of the statutes first applies to
10 medical assistance eligibility determinations made on the effective date of this
11 paragraph.

12 (2) PRESCRIPTION DRUG ASSISTANCE REIMBURSEMENT RATE. The treatment of
13 section 49.688 (1) (e) of the statutes first applies to reimbursement for prescription
14 drugs purchased on October 1, 2005.

15 (3) TRANSFER OF SANITARIAN REGISTRATION. The treatment of sections 20.435 (1)
16 (gm) (with respect to the transfer of the duty to regulate sanitarians), 21.72 (1) (a)
17 4., 49.857 (1) (d) 4., 73.0301 (1) (d) 3., 250.041 (1) (a), 250.05, 440.03 (13) (b) 66d.,
18 440.05 (intro.), 440.08 (2) (a) 68b., 440.23 (1), and 440.70 (9) and subchapter VI of
19 chapter 440 of the statutes first applies to applications for sanitarian registration or
20 for renewal of sanitarian registration made on the effective date of this subsection.

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21 (4) HEALTH INSURANCE RISK-SHARING PLAN PRESCRIPTION DRUG COPAYS AND
22 OUT-OF-POCKET LIMITS. The treatment of sections 149.14 (5) (e) and 149.146 (2) (am)
23 5. of the statutes first applies to prescription drug coverage on July 1, 2006.

24 (5) RECOVERY OF INCORRECT PAYMENTS UNDER MEDICAL ASSISTANCE AND
25 BADGERCARE.

ASSEMBLY BILL 100

SECTION 9418

1 **SECTION 9418. Effective dates; Fox River Navigational System**
2 **Authority.**

3 **SECTION 9419. Effective dates; governor.**

4 **SECTION 9420. Effective dates; Health and Educational Facilities**
5 **Authority.**

6 **SECTION 9421. Effective dates; health and family services.**

7 (1) **BADGER CARE COVERAGE FOR UNBORN CHILDREN.** The treatment of sections
8 49.665 (1) (g), (3), (4) (ap), (at) 3., (c), and (d), and (5) (ag), (am) (intro.), (b), and (c)
9 and 49.82 (2) of the statutes, the renumbering and amendment of section 49.665 (2)
10 (a) of the statutes, and the creation of section 49.665 (2) (a) 2. of the statutes take
11 effect on January 1, 2006.

12 (2) **MEDICAL ASSISTANCE FOR INDIVIDUALS LEAVING OUT-OF-HOME CARE.**

13 (a) The creation of section 49.46 (1) (a) 5m. of the statutes and SECTION 9321
14 (1) (a) of this act take effect on January 1, 2007.

15 (b) The amendment of section 49.46 (1) (a) 5m. of the statutes and SECTION 9321
16 (1) (b) of this act take effect on January 1, 2008.

17 (3) **HEALTH INSURANCE RISK-SHARING PLAN DEDUCTIBLE.** The treatment of
18 section 149.14 (5) (b) and (c) of the statutes takes effect on January 1, 2006.

19 (4) **HOME VISITATION SERVICES.** The treatment of sections 20.435 (5) (ab) (by
20 SECTION 322), 46.515 (1) (i) and (j), (2) (by SECTION 890), (3) (title), (a), and (b), and
21 46.516 of the statutes takes effect on January 1, 2007.

22 (5) **HEALTH INSURANCE RISK-SHARING PLAN PAYMENT RATE FOR PRESCRIPTION**
23 **DRUGS.** The treatment of sections 149.142 (1) (b) and (2), 149.143 (1) (am) 4. and (bm)
24 2., (2) (a) 4. (by SECTION 2051), (3) (a) (by SECTION 2055) and (b), and (5) (a) and (b),

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ASSEMBLY BILL 100

1 149.144 (by SECTION 2061), and 149.145 of the statutes takes effect on October 1,
2 2005.

3 (6) TRANSFER OF MENTAL HEALTH SERVICES FOR HOMELESS INDIVIDUALS. The
4 treatment of sections 20.435 (5) (ce) and (7) (ce) and 46.972 (title) and (3) of the
5 statutes, the repeal of section 46.972 (2) (title) of the statutes, the renumbering of
6 section 46.972 (2) of the statutes, and SECTION 9121 (5) of this act take effect
7 retroactively to July 1, 2005.

8 (7) FOSTER CARE RATES. The treatment of section 48.62 (4) of the statutes takes
9 effect on January 1, 2006.

10 (8) DIRECT CARE NURSING HOME REIMBURSEMENT. The treatment of section 49.45
11 (6m) (ag) 3m. and 3r. and (ar) 1. a., b., and c. of the statutes takes effect on July 1,
12 2006.

13 (9) ELIMINATION OF BOARD ON HEALTH CARE INFORMATION. The treatment of
14 sections 15.07 (2) (b) and (3) (bm) 1., 15.195 (6), 16.03 (3), 20.435 (4) (hg), 153.01 (2),
15 and 153.76 of the statutes and SECTION 9121 (8) and (9) of this act take effect on
16 October 1, 2005.

17 (10) MEDICAL ASSISTANCE PAYMENTS. The repeal of sections 20.435 (4) (rg) and
18 25.775 (1) and (5) of the statutes and the amendment of sections 46.27 (9) (a) (by
19 SECTION 859) and (10) (a) 1. (by SECTION 861), 46.275 (5) (a) (by SECTION 864) and (c)
20 (by SECTION 867), 46.278 (6) (d) (by SECTION 871), 46.283 (5) (by SECTION 874), 46.284
21 (5) (a) (by SECTION 876), 49.45 (2) (a) 17. (by SECTION 1122), (6m) (ag) (intro.) (by
22 SECTION 1127), (6v) (b) (by SECTION 1135), (6y) (a) (by SECTION 1138) and (am) (by
23 SECTION 1140), (6z) (a) (intro.) (by SECTION 1142), (8) (b) (by SECTION 1144), and (24m)
24 (intro.) (by SECTION 1146), 49.472 (6) (a) (by SECTION 1161) and (b) (by SECTION 1163),
25 and 49.473 (5) (by SECTION 1165) of the statutes take effect on June 30, 2007.

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

LRBb0498/1dn
CMH:lmk:pg

June 21, 2005

A.J.:

This amendment eliminates the restructuring of HIRSP and restores the governor's position in AB-100.

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