

1           **\*-0263/4.2\* SECTION 1580.** 49.46 (2) (dc) of the statutes is created to read:  
2           49.46 (2) (dc) For an individual who is eligible for medical assistance and who  
3           is eligible for coverage under Part D of Medicare under 42 USC 1395w-101 et seq.,  
4           benefits under par. (b) 6. h. do not include payment for any Part D drug, as defined  
5           in 42 CFR 423.100, regardless of whether the individual is enrolled in Part D of  
6           Medicare or whether, if the individual is enrolled, his or her Part D plan, as defined  
7           in 42 CFR 423.4, covers the Part D drug.

8           **\*-0905/3.52\* SECTION 1581.** 49.468 (1) (b) of the statutes is amended to read:  
9           49.468 (1) (b) For an elderly or disabled individual who is entitled to coverage  
10          under part A of medicare, entitled to coverage under part B of medicare and who does  
11          not meet the eligibility criteria for medical assistance under s. 49.46 (1), 49.465 or,  
12          49.47 (4), or 49.471 but meets the limitations on income and resources under par. (d),  
13          medical assistance shall pay the deductible and coinsurance portions of medicare  
14          services under 42 USC 1395 to 1395zz which are not paid under 42 USC 1395 to  
15          1395zz, including those medicare services that are not included in the approved state  
16          plan for services under 42 USC 1396; the monthly premiums payable under 42 USC  
17          1395v; the monthly premiums, if applicable, under 42 USC 1395i-2 (d); and the late  
18          enrollment penalty, if applicable, for premiums under part A of medicare. Payment  
19          of coinsurance for a service under part B of medicare under 42 USC 1395j to 1395w,  
20          other than payment of coinsurance for outpatient hospital services, may not exceed  
21          the allowable charge for the service under medical assistance minus the medicare  
22          payment.

23          **\*-0905/3.53\* SECTION 1582.** 49.468 (1) (c) of the statutes is amended to read:  
24          49.468 (1) (c) For an elderly or disabled individual who is only entitled to  
25          coverage under part A of medicare and who does not meet the eligibility criteria for

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1 medical assistance under s. 49.46 (1), 49.465 ~~or~~, 49.47 (4), or 49.471 but meets the  
2 limitations on income and resources under par. (d), medical assistance shall pay the  
3 deductible and coinsurance portions of medicare services under 42 USC 1395 to  
4 1395i which are not paid under 42 USC 1395 to 1395i, including those medicare  
5 services that are not included in the approved state plan for services under 42 USC  
6 1396; the monthly premiums, if applicable, under 42 USC 1395i-2 (d); and the late  
7 enrollment penalty for premiums under part A of medicare, if applicable.

8 **\*-0905/3.54\* SECTION 1583.** 49.468 (1m) (a) of the statutes is amended to read:

9 49.468 (1m) (a) Beginning on January 1, 1993, for an elderly or disabled  
10 individual who is entitled to coverage under part A of medicare and is entitled to  
11 coverage under part B of medicare, does not meet the eligibility criteria for medical  
12 assistance under s. 49.46 (1), 49.465 ~~or~~, 49.47 (4), or 49.471 but meets the limitations  
13 on income and resources under par. (b), medical assistance shall pay the monthly  
14 premiums under 42 USC 1395r.

15 **\*-0905/3.55\* SECTION 1584.** 49.468 (2) (a) of the statutes is amended to read:

16 49.468 (2) (a) Beginning on January 1, 1991, for a disabled working individual  
17 who is entitled under P.L. 101-239, section 6012 (a), to coverage under part A of  
18 medicare and who does not meet the eligibility criteria for medical assistance under  
19 s. 49.46 (1), 49.465 ~~or~~, 49.47 (4), or 49.471 but meets the limitations on income and  
20 resources under par. (b), medical assistance shall pay the monthly premiums for the  
21 coverage under part A of medicare, including late enrollment fees, if applicable.

22 **\*-0266/3.29\* SECTION 1585.** 49.47 (4) (a) (intro.) of the statutes is amended to  
23 read:

1           49.47 (4) (a) (intro.) Any individual who meets the limitations on income and  
2 resources under pars. (b) and to (c) and who complies with ~~par. pars.~~ (cm) and (cr)  
3 shall be eligible for medical assistance under this section if such individual is:

4           **\*-0330/P6.42\* SECTION 1586.** 49.47 (4) (as) 1. of the statutes is amended to  
5 read:

6           49.47 (4) (as) 1. The person would meet the financial and other eligibility  
7 requirements for home or community-based services under s. 46.27 (11), 46.277, or  
8 46.2785 or under the family care benefit if a waiver is in effect under s. 46.281 (1) (e)  
9 (1d) but for the fact that the person engages in substantial gainful activity under 42  
10 USC 1382c (a) (3).

11           **\*-0330/P6.43\* SECTION 1587.** 49.47 (4) (as) 3. of the statutes is amended to  
12 read:

13           49.47 (4) (as) 3. Funding is available for the person under s. 46.27 (11), 46.277,  
14 or 46.2785 or under the family care benefit if a waiver is in effect under s. 46.281 (1)  
15 (e) (1d).

16           **\*-0266/3.30\* SECTION 1588.** 49.47 (4) (b) 1. of the statutes is amended to read:

17           49.47 (4) (b) 1. ~~A~~ Subject to par. (bc), a home and the land used and operated  
18 in connection therewith or in lieu thereof a mobile home if the home or mobile home  
19 is used as the person's or his or her family's place of abode.

20           **\*-0266/3.31\* SECTION 1589.** 49.47 (4) (bc) of the statutes is created to read:

21           49.47 (4) (bc) 1. Subject to subd. 2., a person shall be ineligible under this  
22 section for medical assistance for nursing facility services or other long-term care  
23 services described in s. 49.453 (2) if the equity in his or her home and the land used  
24 and operated in connection with the home exceeds \$750,000. This subdivision does  
25 not apply if any of the following persons lawfully resides in the home:

1 a. The person's spouse.

2 b. The person's child who is under age 21 or who is disabled, as defined in s.

3 49.468 (1) (a) 1.

4 2. Subdivision 1. applies to all of the following:

5 a. At the time of application, to a person who applies for medical assistance for  
6 nursing facility services or other long-term care services described in s. 49.453 (2)  
7 after the effective date of this subd. 2. a. .... [revisor inserts date].

8 b. At the time of the person's first recertification after the effective date of this  
9 subd. 2. b. .... [revisor inserts date], to a person not specified in subd. 2. a. who applied  
10 for medical assistance for nursing facility services or other long-term care services  
11 described in s. 49.453 (2) on or after January 1, 2006, and who was eligible for medical  
12 assistance for those services on the effective date of this subd. 2. b. .... [revisor inserts  
13 date].

14 **\*-0266/3.32\* SECTION 1590.** 49.47 (4) (bm) of the statutes is created to read:

15 49.47 (4) (bm) For purposes of determining eligibility or benefits amount for  
16 a person described in par. (a) 3. or 4. who resides in a continuing care retirement  
17 community or a life care community, any entrance fee paid on admission to the  
18 community shall be considered a resource available to the person to the extent that  
19 all of the following apply:

20 1. The person has the ability to use the entrance fee, or the contract provides  
21 that the entrance fee may be used, to pay for care if the person's other resources or  
22 income are insufficient to pay for the care.

23 2. The person is eligible for a refund of any remaining entrance fee when the  
24 person dies or terminates the continuing care retirement community or life care  
25 community contract and leaves the community.

1           3. The entrance fee does not confer an ownership interest in the continuing care  
2 retirement community or life care community.

3           \***-0266/3.33\*** SECTION 1591. 49.47 (4) (cr) of the statutes is created to read:

4           49.47 (4) (cr) 1. As a condition of receiving medical assistance for long-term  
5 care services described in s. 49.453 (2) (a), an applicant for or recipient of the  
6 long-term care services shall disclose on the application or recertification form a  
7 description of any interest the individual or his or her community spouse, as defined  
8 in s. 49.453 (1) (ar), has in an annuity, regardless of whether the annuity is  
9 irrevocable or is treated as an asset. The application or recertification form shall  
10 include a statement that the state becomes a remainder beneficiary under any  
11 annuity in which the individual or his or her spouse has an interest by virtue of the  
12 provision of the medical assistance. The applicant or recipient shall, no later than  
13 30 days after the department receives the application or recertification form, take  
14 any action required by the annuity issuer to make the state a remainder beneficiary.

15           2. The department shall notify the issuer of an annuity disclosed under subd.  
16 1. of the state's right as a remainder beneficiary and shall request that the issuer  
17 notify the department of any changes to or payments made under the annuity  
18 contract.

19           3. This paragraph applies to all of the following:

20           a. Annuities purchased on or after February 8, 2006.

21           b. Annuities purchased before February 8, 2006, for which a transaction, as  
22 defined in s. 49.453 (4) (ac), has occurred on or after February 8, 2006.

23           \***-0263/4.3\*** SECTION 1592. 49.47 (6) (a) 1. of the statutes is amended to read:

24           49.47 (6) (a) 1. Except as provided in subds. 6. to 7., all beneficiaries, for all  
25 services under s. 49.46 (2) (a) and (b), subject to s. 49.46 (2) (dc).

1       \*-0930/2.2\* SECTION 1593. 49.47 (9m) of the statutes is repealed.

2       \*-0905/3.56\* SECTION 1594. 49.471 of the statutes is created to read:

3       **49.471 BadgerCare Plus. (1) DEFINITIONS.** In this section, unless the context  
4 requires otherwise:

5       (a) "BadgerCare Plus" means the Medical Assistance program described in this  
6 section.

7       (b) "Caretaker relative" means an individual who is maintaining a residence  
8 as a child's home, who exercises primary responsibility for the child's care and  
9 control, including making plans for the child, and who is any of the following with  
10 respect to the child:

11           1. A blood relative, including those of half-blood, and including first cousins,  
12 nephews, nieces, and individuals of preceding generations as denoted by prefixes of  
13 grand, great, or great-great.

14           2. A stepfather, stepmother, stepbrother, or stepsister.

15           3. An individual who is the adoptive parent of the child's parent, a natural or  
16 legally adopted child of such individual, or a relative of an adoptive parent.

17           4. A spouse of any individual named in this paragraph even if the marriage is  
18 terminated by death or divorce.

19       (c) "Child" means an individual who is under the age of 19 years. "Child"  
20 includes an unborn child.

21       (d) "Essential person" means an individual who satisfies all of the following:

22           1. Is related to an individual receiving benefits under this section.

23           2. Is otherwise nonfinancially eligible, except that the individual need not have  
24 a minor child under his or her care.

1           3. Provides at least one of the following to an individual receiving benefits  
2           under this section:

3           a. Child care that enables a caretaker to work outside the home for at least 30  
4           hours per week for pay, to receive training for at least 30 hours per week, or to attend,  
5           on a full-time basis as defined by the school, high school or a course of study meeting  
6           the standards established by the state superintendent of public instruction for the  
7           granting of a declaration of equivalency of high school graduation under s. 115.29 (4).

8           b. Care for anyone who is incapacitated.

9           (e) "Family" means all children for whom assistance is requested, their minor  
10          siblings, including half brothers, half sisters, stepbrothers, and stepsisters, and any  
11          parents of these minors and their spouses.

12          (f) "Family income" means the total gross earned and unearned income  
13          received by all members of a family.

14          (g) "Group health plan" has the meaning given in 42 USC 300gg-91 (a) (1).

15          (h) "Health insurance coverage" has the meaning given in 42 USC 300gg-91  
16          (b) (1), and also includes any arrangement under which a 3rd party agrees to pay for  
17          the health care costs of the individual.

18          (i) "Parent" has the meaning given in s. 49.141 (1) (j).

19          (j) "Recipient" means an individual receiving benefits under this section.

20          (k) "Unborn child" means an individual from conception until he or she is born  
21          alive for whom all of the following requirements are met:

22          1. The unborn child's mother is not eligible for medical assistance under this  
23          subchapter, except that she may be eligible for benefits under s. 49.45 (27).

1 2. The income of the unborn child's mother, mother and her spouse, or mother  
2 and her family, whichever is applicable, does not exceed 300 percent of the poverty  
3 line.

4 3. Each of the following applicable persons who is employed provides  
5 verification from his or her employer, in the manner specified by the department, of  
6 his or her earnings:

- 7 a. The unborn child's mother.
- 8 b. The spouse of the unborn child's mother.
- 9 c. Members of the unborn child's mother's family.

10 4. The unborn child's mother provides medical verification of her pregnancy,  
11 in the manner specified by the department. An unborn child's eligibility for coverage  
12 under this section does not begin before the first day of the month in which the  
13 unborn child's mother provides the medical verification.

14 5. The unborn child and the mother of the unborn child meet all other  
15 applicable eligibility requirements under this chapter or established by the  
16 department by rule except for any of the following:

- 17 a. The mother is not a U.S. citizen or an alien qualifying for Medicaid under  
18 8 USC 1612.
- 19 b. The mother is an inmate of a public institution.
- 20 c. The mother does not provide a social security number, but only if subd. 5. a.  
21 applies.

22 (2) WAIVER. The department shall request a waiver from, and submit  
23 amendments to the state Medical Assistance plan to, the secretary of the federal  
24 department of health and human services to implement BadgerCare Plus. If the  
25 state plan amendments are approved and a waiver that is consistent with all of the



1 provisions of this section is granted and in effect, the department shall implement  
2 BadgerCare Plus beginning on January 1, 2008, the effective date of the state plan  
3 amendments, or the effective date of the waiver, whichever is latest. If the state plan  
4 amendments are not approved or if a waiver that is consistent with all of the  
5 provisions of this section is not granted, BadgerCare Plus may not be implemented.  
6 If the state plan amendments are approved but approval is not continued or if a  
7 waiver that is consistent with all of the provisions of this section is granted but not  
8 continued in effect, BadgerCare Plus shall be discontinued.

9 (3) INELIGIBILITY FOR OTHER MEDICAL ASSISTANCE BENEFITS. (a) 1.  
10 Notwithstanding ss. 49.46 (1), 49.465, 49.47 (4), and 49.665 (4), if the amendments  
11 to the state plan under sub. (2) are approved and a waiver under sub. (2) that is  
12 consistent with all of the provisions of this section is granted and in effect, an  
13 individual described in sub. (4) (a) or (b) or (5) is not eligible under s. 49.46, 49.465,  
14 49.47, or 49.665 for Medical Assistance or BadgerCare health program benefits. The  
15 eligibility of an individual described in sub. (4) (a) or (b) or (5) for Medical Assistance  
16 benefits shall be determined under this section.

17 2. Notwithstanding subd. 1., an individual who is eligible for medical  
18 assistance under s. 49.46 (1) (a) 3. or 4. may not receive benefits under this section.

19 3. Notwithstanding subd. 1., an individual described in sub. (4) (a) or (b) or (5)  
20 who is eligible for medical assistance under s. 49.46 (1) (a) 5., 6m., 14., 14m., or 15.  
21 or (d) or 49.47 (4) (a) or (as) may receive medical assistance benefits under this  
22 section or under s. 49.46 or 49.47.

23 (b) 1. If an individual over 18 years of age who is eligible for and receiving  
24 Medical Assistance benefits under s. 49.46, 49.47, or 49.665 in the month before  
25 BadgerCare Plus is implemented loses that eligibility solely due to the

1 implementation of BadgerCare Plus and, because of his or her income, is not eligible  
2 for BadgerCare Plus, the individual shall continue receiving for 18 consecutive  
3 months the medical assistance he or she was receiving before the implementation of  
4 BadgerCare Plus if all of the following are satisfied:

5 a. The individual's eligibility for the Medical Assistance benefits in the month  
6 before the implementation of BadgerCare Plus was based on an application filed  
7 before the implementation of BadgerCare Plus.

8 b. The individual continues to pay any premium that he or she was required  
9 to pay for the Medical Assistance coverage in the same amount as the amount that  
10 was due in the month before the implementation of BadgerCare Plus.

11 c. The individual continues to meet all nonfinancial eligibility requirements for  
12 the coverage that he or she had in the month before the implementation of  
13 BadgerCare Plus.

14 d. The individual continues to be ineligible for BadgerCare Plus because of his  
15 or her income.

16 2. Notwithstanding subd. 1., if at any time during an individual's 18-month  
17 eligibility extension under subd. 1. any criterion under subd. 1. a. to d. is not satisfied,  
18 the individual's eligibility for the extended coverage is terminated and any time  
19 remaining in the eligibility period is lost.

20 (4) GENERAL ELIGIBILITY CRITERIA; APPLICABLE BENEFITS. (a) Except as otherwise  
21 provided in this section, all of the following individuals are eligible for the benefits  
22 described in s. 49.46 (2) (a) and (b), subject to sub. (6) (k):

23 1. A pregnant woman whose family income does not exceed 200 percent of the  
24 poverty line.

1           2. A child who is under one year of age, whose mother was, on the day the child  
2           was born, eligible for and receiving medical assistance under subd. 1. or 5. or s. 49.46  
3           or 49.47, and who lives with his or her mother in this state.

4           3. A child whose family income does not exceed 200 percent of the poverty line.  
5           For a child under this subdivision who is an unborn child, benefits are limited to  
6           prenatal care.

7           3m. A child who obtains eligibility under sub. (7) (b) 2.

8           4. An individual who satisfies all of the following criteria:

9           a. The individual is a parent or caretaker relative of a child who is living in the  
10          home with the parent or caretaker relative or who is temporarily absent from the  
11          home for not more than 6 months or, if the child has been removed from the home for  
12          more than 6 months, the parent or caretaker relative is working toward unifying the  
13          family by complying with a permanency plan under s. 48.38.

14          b. Except as provided in subd. 4. c., the individual's family income does not  
15          exceed 200 percent of the poverty line and does not include self-employment income.

16          c. If the individual's family income includes self-employment income, the  
17          individual's family income does not exceed 200 percent of the poverty line as  
18          calculated under sub. (7) (a) 2.

19          5. An individual who, regardless of family income, was born on or after January  
20          1, 1990, and who, on his or her 18th birthday, was in a foster care or treatment foster  
21          care placement under the responsibility of a state, as determined by the department.

22          The coverage for an individual under this subdivision ends on the last day of the  
23          month in which the individual becomes 21 years of age, unless he or she otherwise  
24          loses eligibility sooner.

1 6. Migrant workers and their dependents who are determined eligible under  
2 sub. (6) (f).

3 (b) Except as otherwise provided in this section, all of the following individuals  
4 are eligible for the benefits described in sub. (11):

5 1. A pregnant woman whose family income exceeds 200 percent but does not  
6 exceed 300 percent of the poverty line.

7 1m. A pregnant woman or unborn child who obtains eligibility under sub. (7)  
8 (b) 1.

9 2. A child who is under one year of age, whose mother was determined to be  
10 eligible under subd. 1., and who lives with his or her mother in this state.

11 3. A child whose family income exceeds 200 percent but does not exceed 300  
12 percent of the poverty line. For a child under this subdivision who is an unborn child,  
13 benefits are limited to prenatal care.

14 4. An individual who satisfies all of the following criteria:

15 a. The individual is a parent or caretaker relative of a child who is living in the  
16 home with the parent or caretaker relative or who is temporarily absent from the  
17 home for not more than 6 months or, if the child has been removed from the home for  
18 more than 6 months, the parent or caretaker relative is working toward unifying the  
19 family by complying with a permanency plan under s. 48.38.

20 b. The individual's family income includes self-employment income and does  
21 not exceed 200 percent of the poverty line as calculated under sub. (7) (a) 3.

22 (c) Except as otherwise provided in this section, a child who is not an unborn  
23 child and whose family income exceeds 300 percent of the poverty line is eligible to  
24 purchase coverage of the benefits described in sub. (11), at the full per member per  
25 month cost of the coverage.

1 (5) PRESUMPTIVE ELIGIBILITY. (a) In this subsection:

2 1. "Qualified entity" means an entity that satisfies the requirements under 42  
3 USC 1396r-1a (b) (3) (A), as determined by the department.

4 2. "Qualified provider" means a provider that satisfies the requirements under  
5 42 USC 1396r-1 (b) (2), as determined by the department.

6 (b) 1. Except as provided in sub. (6) (a), a pregnant woman is eligible for the  
7 benefits specified in par. (c) during the period beginning on the day on which a  
8 qualified provider determines, on the basis of preliminary information, that the  
9 woman's family income does not exceed 300 percent of the poverty line and ending  
10 on the applicable day specified in subd. 3.

11 2. Except as provided in sub. (6) (a), a child who is not an unborn child is eligible  
12 for the benefits described in s. 49.46 (2) (a) and (b) during the period beginning on  
13 the day on which a qualified entity determines, on the basis of preliminary  
14 information, that the child's family income does not exceed 150 percent of the poverty  
15 line and ending on the applicable day specified in subd. 3.

16 3. a. If the woman or child applies for benefits under sub. (4) within the time  
17 required under par. (d), the benefits specified in subd. 1. or 2., whichever is  
18 applicable, end on the day on which the department or the county department under  
19 s. 46.215, 46.22, or 46.23 determines whether the woman or child is eligible for  
20 benefits under sub. (4).

21 b. If the woman or child does not apply for benefits under sub. (4) within the  
22 time required under par. (d), the benefits specified in subd. 1. or 2., whichever is  
23 applicable, end on the last day of the month following the month in which the  
24 provider or entity makes the determination under this paragraph.

1 (c) On behalf of a woman under par. (b) 1., the department shall audit and pay  
2 allowable charges to a provider certified under s. 49.45 (2) (a) 11. only for ambulatory  
3 prenatal care services under the benefits under sub. (11).

4 (d) A woman or child who is determined to be eligible under par. (b) shall apply  
5 for benefits under sub. (4) on or before the last day of the month following the month  
6 in which the qualified provider or entity makes the eligibility determination.

7 (e) A qualified provider or entity that determines that a woman or child is  
8 eligible under par. (b) shall do all of the following:

9 1. Notify the department of that determination within 5 working days after the  
10 day on which the determination is made.

11 2. Notify the woman or child of the requirement under par. (d) at the time of  
12 the determination.

13 (f) The department shall provide qualified providers and qualified entities with  
14 application forms for the benefits under sub. (4) and information on how to assist  
15 women and children in completing the forms.

16 (6) MISCELLANEOUS ELIGIBILITY AND BENEFIT PROVISIONS. (a) Any pregnant  
17 woman, including a pregnant woman under sub (5) (b) 1., child who is not an unborn  
18 child, including a child under sub. (5) (b) 2., parent, or caretaker relative whose  
19 family income is less than 150 percent of the poverty line is eligible for medical  
20 assistance under this section for any of the 3 months prior to the month of application  
21 if the individual met the eligibility criteria under this section and had a family  
22 income of less than 150 percent of the poverty line in that month.

23 (b) A pregnant woman who is determined to be eligible for benefits under sub.  
24 (4) remains eligible for benefits under sub. (4) for the balance of the pregnancy and

1 to the last day of the month in which the 60th day after the last day of the pregnancy  
2 falls without regard to any change in the woman's family income.

3 (c) If a child who is eligible for benefits under sub. (4) is receiving inpatient  
4 services covered under sub. (4) on the day before his or her 19th birthday and, but  
5 for attaining 19 years of age, the child would remain eligible for benefits under sub.  
6 (4), the child remains eligible for benefits until the end of the stay for which the  
7 inpatient services are being furnished.

8 (d) If an application under this section shows that an individual is an essential  
9 person, the individual shall be provided the benefits specified under sub. (4) (a) or  
10 (b).

11 (e) The medical assistance eligibility extensions under s. 49.46 (1) (c), (cg), and  
12 (co) for individuals who lose eligibility due to increased income do not apply to  
13 BadgerCare Plus.

14 (f) The medical assistance eligibility provisions for migrant workers and their  
15 dependents under s. 49.47 (4) (av) apply to BadgerCare Plus.

16 (g) 1. Except as provided in subd. 2., as a condition of eligibility for coverage  
17 under this section, an individual with income shall provide verification, as  
18 determined by the department, of that income.

19 2. Subdivision 1. does not apply to an individual under sub. (4) (a) 5. or a child  
20 under the age of 18.

21 (h) Within 10 days after the change occurs, a recipient shall report to the  
22 department any change that might affect his or her eligibility or any change that  
23 might require premium payment by a recipient who was not required to pay  
24 premiums before the change.

1 (i) For purposes of determining eligibility and family income, the department  
2 shall include a family member who is temporarily absent from the home for not more  
3 than 6 months, as determined by the department.

4 (j) All of the following apply to BadgerCare Plus in the same respect as they  
5 apply under s. 49.46:

6 1. Section 49.46 (2) (c) and (cm), relating to benefits for individuals who are  
7 eligible for Medicare.

8 2. Section 49.46 (2) (d), relating to prohibiting payments for any part of any  
9 service payable through 3rd-party liability or any governmental or private benefit  
10 system.

11 3. Section 49.46 (2) (dm), relating to prohibiting payment for services to  
12 residents of institutions for mental diseases.

13 4. Section 49.46 (2) (f), relating to prohibiting payment for gastric bypass or  
14 stapling surgery.

15 (k) For an individual who is eligible for medical assistance under this section  
16 and who is eligible for coverage under Part D of Medicare under 42 USC 1395w-101  
17 et seq., benefits under sub. (11) (a) or s. 49.46 (2) (b) 6. h. do not include payment for  
18 any Part D drug, as defined in 42 CFR 423.100, regardless of whether the individual  
19 is enrolled in Part D of Medicare or whether, if the individual is enrolled, his or her  
20 Part D plan, as defined in 42 CFR 423.4, covers the Part D drug.

\*\*\*\*NOTE: This is reconciled s. 49.471 (6) (k). This SECTION has been affected by  
drafts with the following LRB numbers: -0263 and -0905.

21 (7) SPECIAL INCOME PROVISIONS. (a) 1. In the calculation of family income, if an  
22 adult member of the family has self-employment income, the department shall count  
23 the net self-employment earnings. Net self-employment earnings shall be



1 determined by subtracting from gross self-employment income all self-employment  
2 expenses that are allowed under federal and state tax law, except for depreciation.

3 2. If a parent's or caretaker relative's family income includes self-employment  
4 income and, without deducting depreciation, does not exceed 200 percent of the  
5 poverty line, the parent or caretaker relative is eligible under sub. (4) (a) 4.

6 3. If a parent's or caretaker relative's family income includes self-employment  
7 income and, without deducting depreciation, exceeds 200 percent of the poverty line,  
8 the parent or caretaker relative is eligible under sub. (4) (b) 4. if his or her family  
9 income does not exceed 200 percent of the poverty line after depreciation is deducted.

10 (b) 1. A pregnant woman, or an unborn child, whose family income exceeds 300  
11 percent of the poverty line may become eligible for coverage under this section if the  
12 difference between the pregnant woman's or unborn child's family income and the  
13 applicable income limit under sub. (4) (b) is obligated or expended for any member  
14 of the pregnant woman's or unborn child's family for medical care or any other type  
15 of remedial care recognized under state law or for personal health insurance  
16 premiums or for both. Eligibility obtained under this subdivision continues without  
17 regard to any change in family income for the balance of the pregnancy and, for a  
18 pregnant woman but not for an unborn child, to the last day of the month in which  
19 the 60th day after the last day of the woman's pregnancy falls. Eligibility obtained  
20 by a pregnant woman under this subdivision extends to all pregnant women in the  
21 pregnant woman's family.

22 2. A child who is not an unborn child and whose family income exceeds 150  
23 percent of the poverty line may obtain eligibility under this section if the difference  
24 between the child's family income and 150 percent of the poverty line is obligated or  
25 expended on behalf of the child or any member of the child's family for medical care

1 or any other type of remedial care recognized under state law or for personal health  
2 insurance premiums or for both. Eligibility obtained under this subdivision during  
3 any 6-month period, as determined by the department, continues for the remainder  
4 of the 6-month period and extends to all children in the family.

5 3. For a pregnant woman or an unborn child to obtain eligibility under subd.  
6 1., the amount that must be obligated or expended in any 6-month period is equal  
7 to the sum of the differences in each of those 6 months between the pregnant woman's  
8 or unborn child's monthly family income and the monthly family income that is 300  
9 percent of the poverty line. For a child to obtain eligibility under subd. 2., the amount  
10 that must be obligated or expended in any 6-month period is equal to the sum of the  
11 differences in each of those 6 months between the child's monthly family income and  
12 the monthly family income that is 150 percent of the poverty line.

13 (c) When calculating an individual's family income, the department shall do all  
14 of the following:

15 1. Deduct from family income any payments made by the individual for  
16 court-ordered child or family support or maintenance.

17 2. Disregard earnings of children under 18 years of age.

18 3. Determine separately the family incomes of caretaker relatives and the  
19 children for whom they are caring and not legally responsible.

20 4. Not include in the calculation any income of an individual receiving benefits  
21 under s. 49.77 or federal Title XVI.

22 (8) HEALTH INSURANCE COVERAGE AND ELIGIBILITY. (a) 1. Except as provided in  
23 subd. 2., any individual who is otherwise eligible under this section and who is  
24 eligible for enrollment in a group health plan shall, as a condition of eligibility for  
25 BadgerCare Plus and if the department determines that it is cost-effective to do so,

1 apply for enrollment in the group health plan, except that, for a minor, the parent  
2 of the minor shall apply on the minor's behalf.

3 2. If a parent of a minor fails to enroll the minor in a group health plan in  
4 accordance with subd. 1., the failure does not affect the minor's eligibility under this  
5 section.

6 (b) Except as provided in pars. (c) and (d), an individual whose family income  
7 exceeds 150 percent of the poverty line is not eligible for BadgerCare Plus if any of  
8 the following applies:

9 1. The individual has individual or family health insurance coverage that is any  
10 of the following:

11 a. Coverage provided by an employer and for which the employer pays at least  
12 80 percent of the premium.

13 b. Coverage under the state employee health plan under s. 40.51 (6).

14 2. The individual, in the 12 months before applying, had access to the health  
15 insurance coverage specified in subd. 1.

16 3. The individual could be covered under the health insurance coverage  
17 specified in subd. 1. if the coverage is applied for, and the coverage could become  
18 available to the individual in the month in which the individual applies for benefits  
19 under this section or in any of the next 3 calendar months.

20 (c) An unborn child, regardless of family income, is not eligible for BadgerCare  
21 Plus if any of the following applies:

22 1. The unborn child or the unborn child's mother has individual or family  
23 health insurance coverage.

24 2. The unborn child or the unborn child's mother, in the 12 months before  
25 applying, had access to the health insurance coverage specified in par. (b) 1.

1 3. The unborn child or the unborn child's mother could be covered under  
2 individual or family health insurance coverage if the coverage is applied for, and the  
3 coverage could become available to the unborn child or the unborn child's mother in  
4 the month in which the unborn child applies for benefits under this section or in any  
5 of the next 3 calendar months.

6 (d) 1. None of the following is ineligible for BadgerCare Plus by reason of having  
7 health insurance coverage or access to health insurance coverage:

8 a. A pregnant woman.

9 b. A child described in sub. (4) (a) 2. or (b) 2.

10 c. Except as provided in par. (c), a child who has health insurance coverage, or  
11 access to health insurance coverage, as a dependent of an absent parent but who  
12 resides outside of the service area of the absent parent's plan.

13 d. An individual described in sub. (4) (a) 5.

14 e. A child who obtains eligibility under sub. (7) (b) 2., but only for the remainder  
15 of the child's eligibility period under sub. (7) (b) 2.

16 2. An individual under par. (b) 2., or an individual who is an unborn child or  
17 an unborn child's mother under par. (c) 2., is not ineligible if any of the following good  
18 cause reasons is the reason that the individual did not obtain the health insurance  
19 coverage under par. (b) 1. to which they had access:

20 a. The individual's employment ended.

21 b. The individual's employer discontinued health insurance coverage for all  
22 employees.

23 c. One or more members of the individual's family were eligible for other health  
24 insurance coverage or Medical Assistance at the time the employee failed to enroll

1 in the health insurance coverage under par. (b) 1. and no member of the family was  
2 eligible for coverage under this section at that time.

3 d. The individual's access to health insurance coverage has ended due to the  
4 death or change in marital status of the subscriber.

5 e. Any other reason that the department determines is a good cause reason.

6 (e) If a pregnant woman has health insurance coverage and her family income  
7 exceeds 200 percent of the poverty line, the woman is required, as a condition of  
8 eligibility, to maintain the health insurance coverage.

9 (f) If an individual with a family income that exceeds 150 percent of the poverty  
10 line had the health insurance coverage specified in par. (b) 1. but no longer has the  
11 coverage, if an individual who is an unborn child or an unborn child's mother,  
12 regardless of family income, had health insurance coverage but no longer has the  
13 coverage, or if a pregnant woman specified in par. (e) has health insurance coverage  
14 and does not maintain the coverage, the individual or pregnant woman is not eligible  
15 for BadgerCare Plus for the 3 calendar months following the month in which the  
16 insurance coverage ended without a good cause reason specified in par. (g).

17 (g) Any of the following is a good cause reason for purposes of par. (f):

18 1. The individual or pregnant woman was covered by a group health plan that  
19 was provided by a subscriber through his or her employer, and the subscriber's  
20 employment ended for a reason other than voluntary termination, unless the  
21 voluntary termination was a result of the incapacitation of the subscriber or because  
22 on an immediate family member's health condition.

23 2. The individual or pregnant woman was covered by a group health plan that  
24 was provided by a subscriber through his or her employer, the subscriber changed  
25 employers, and the new employer does not offer health insurance coverage.

1           3. The individual or pregnant woman was covered by a group health plan that  
2 was provided by a subscriber through his or her employer, and the subscriber's  
3 employer discontinued health plan coverage for all employees.

4           4. The pregnant woman's coverage was continuation coverage and the  
5 continuation coverage was exhausted in accordance with 29 CFR 2590.701-2 (4).

6           5. The individual's or pregnant woman's coverage terminated due to the death  
7 or change in marital status of the subscriber.

8           6. Any other reason determined by the department to be a good cause reason.

9           **(9) EMPLOYER VERIFICATION OF INSURANCE COVERAGE.** (a) 1. Except as provided  
10 in subd. 2., for an applicant or recipient with a family income that exceeds 150  
11 percent of the poverty line, the department shall verify insurance coverage and  
12 access information directly with the employer through which the applicant or  
13 recipient may have health insurance coverage or access to coverage.

14           2. Subdivision 1. does not apply to any of the following:

15           a. A pregnant woman.

16           b. A child described in sub. (4) (a) 2. or (b) 2.

17           c. An individual described in sub. (4) (a) 5.

18           (b) An employer that receives a request from the department for insurance  
19 coverage and access to coverage information shall supply the information requested  
20 by the department in the format specified by the department within 30 calendar days  
21 after receiving the request.

22           (c) 1. Subject to subds. 2. and 3., an employer that does not comply with the  
23 requirements under par. (b) shall be required to pay, within 45 days after the  
24 requested information was due, a penalty equal to the full per member per month  
25 cost of coverage under BadgerCare Plus for the individual about whom the

1 information is requested, and for each of the individual's family members with  
2 coverage under BadgerCare Plus, for each month in which the individual and the  
3 individual's family members are covered before the employer provides the  
4 information.

5 2. An employer with fewer than 250 employees may not be required to pay more  
6 than \$1,000 in penalties under this paragraph that are attributable to any 6-month  
7 period. An employer with 250 or more employees may not be required to pay more  
8 than \$15,000 in penalties under this paragraph that are attributable to any 6-month  
9 period.

10 3. Notwithstanding subd. 1., an employer shall not be subject to any penalties  
11 if the employer, at least once per year, timely provides to the department, in the  
12 manner and format specified by the department, information from which the  
13 department may determine whether the employer provides its employees with  
14 access to health insurance coverage.

15 4. All penalty assessments collected under this paragraph shall be credited to  
16 the appropriation accounts under s. 20.435 (4) (jw) and (jz).

17 (d) An employer may contest a penalty assessment under par. (c) by sending  
18 a written request for hearing to the division of hearings and appeals in the  
19 department of administration. Proceedings before the division are governed by ch.  
20 227.

21 **(10) COST SHARING.** (a) *Copayments.* Except as provided in s. 49.45 (18) (am),  
22 all cost-sharing provisions under s. 49.45 (18) apply to a recipient with coverage of  
23 the benefits described in s. 49.46 (2) (a) and (b) to the same extent as they apply to  
24 a person eligible for medical assistance under s. 49.46, 49.468, or 49.47.

1 (b) *Premiums.* 1. Except as provided in subd. 4., a recipient who is an adult,  
2 who is not a pregnant woman, and whose family income is greater than 150 percent  
3 but not greater than 200 percent of the poverty line shall pay a premium for coverage  
4 under BadgerCare Plus that does not exceed 5 percent of his or her family income.  
5 If the recipient has self-employment income and is eligible under sub. (4) (b) 4., the  
6 premium may not exceed 5 percent of family income calculated before depreciation  
7 was deducted.

8 2. Except as provided in subds. 3. and 4., a recipient who is a child whose family  
9 income is greater than 200 percent of the poverty line shall pay a premium for  
10 coverage of the benefits described in sub. (11) that does not exceed the full per  
11 member per month cost of coverage for a child with a family income of 300 percent  
12 of the poverty line.

13 3. Except as provided in subd. 4., a recipient who is an unborn child, or a  
14 pregnant woman eligible under sub. (4) (b) 1., whose family income is greater than  
15 200 percent of the poverty line shall pay a premium for coverage of the benefits  
16 described in sub. (11) that does not exceed the full per member per month cost of  
17 coverage for an adult with a family income of 300 percent of the poverty line.

18 4. None of the following shall pay a premium:

19 a. A child who is a Native American or an Alaskan Native with a family income  
20 that does not exceed 300 percent of the poverty line.

21 b. A child who is eligible under sub. (4) (a) 2. or (b) 2.

22 c. A child whose family income does not exceed 200 percent of the poverty line.

23 d. A pregnant woman whose family income does not exceed 200 percent of the  
24 poverty line.

25 e. A child who obtains eligibility under sub. (7) (b) 2.



1 f. An individual who is eligible under sub. (4) (a) 5.

2 5. If a recipient who is required to pay a premium under this paragraph or  
3 under sub. (4) (c) does not pay a premium when due, the recipient's coverage  
4 terminates and the recipient is not eligible for BadgerCare Plus for 6 calendar  
5 months following the date on which the recipient's coverage terminated.

6 (11) BENCHMARK PLAN BENEFITS AND COPAYMENTS. Recipients who are not eligible  
7 for the benefits described in s. 49.46 (2) (a) and (b) shall have coverage of the following  
8 benefits and pay the following copayments:

9 (a) Subject to sub. (6) (k), prescription drugs bearing only a generic name, as  
10 defined in s. 450.12 (1) (b), with a copayment of no more than \$5 per prescription, and  
11 subject to the Badger Rx Gold program discounts.

12 (b) Physicians' services, including one annual routine physical examination,  
13 with a copayment of no more than \$15 per visit.

14 (c) Inpatient hospital services as medically necessary, subject to coinsurance  
15 payment per inpatient stay of no more than 10 percent of the allowable payment  
16 rates under s. 49.46 (2) for the services provided and a copayment of no more than  
17 \$50 per admission for psychiatric services.

18 (d) Outpatient hospital services, subject to coinsurance payment of no more  
19 than 10 percent of the allowable payment rates under s. 49.46 (2) for the services  
20 provided, except that use of emergency room services for treatment of a condition  
21 that is not an emergency medical condition, as defined in s. 632.85 (1) (a), shall  
22 require a copayment of no more than \$75.

23 (e) Laboratory and X-ray services, including mammography.

24 (f) Home health services, limited to 60 visits per year.

1 (g) Skilled nursing home services, limited to 30 days per year, and subject to  
2 coinsurance payment of no more than 10 percent of the allowable payment rates  
3 under s. 49.46 (2) for the services provided.

4 (h) Inpatient rehabilitation services, limited to 60 days per year, and subject  
5 to coinsurance payment of no more than 10 percent of the allowable payment rates  
6 under s. 49.46 (2) for the services provided.

7 (i) Physical, occupational, speech, and pulmonary therapy, limited to 20 visits  
8 per year for each type of therapy, and subject to coinsurance payment of no more than  
9 10 percent of the allowable payment rates under s. 49.46 (2) for the services provided.

10 (j) Cardiac rehabilitation, limited to 36 visits per year and subject to  
11 coinsurance payment of no more than 10 percent of the allowable payment rates  
12 under s. 49.46 (2) for the services provided.

13 (k) Inpatient, outpatient, and transitional treatment for nervous or mental  
14 disorders and alcoholism and other drug abuse problems, with a copayment of no  
15 more than \$15 per visit and coverage limits that are the same as those under the state  
16 employee health plan under s. 40.51 (6).

17 (L) Durable medical equipment, limited to \$2,500 per year, and subject to  
18 coinsurance payment of no more than 10 percent of the allowable payment rates  
19 under s. 49.46 (2) for the articles provided.

20 (m) Transportation to obtain emergency medical care only, as medically  
21 necessary, and subject to coinsurance payment of no more than 10 percent of the  
22 allowable payment rates under s. 49.46 (2) for the services provided.

23 (n) One refractive eye examination every 2 years, with a copayment of no more  
24 than \$15 per visit.

1 (o) Fifty percent of allowable charges for preventive and basic dental services,  
2 including services for accidental injury and for the diagnosis and treatment of  
3 temporomandibular disorders. The coverage under this paragraph is limited to \$750  
4 per year, applies only to pregnant women and children under 19 years of age, and  
5 requires an annual deductible of \$200 and a copayment of no more than \$15 per visit.

6 (p) Early childhood developmental services, for children under 6 years of age.

7 (q) Smoking cessation treatment, for pregnant women only.

8 (r) Prenatal care coordination, for pregnant women at high risk only.

9 **(11m) PROVIDER PAYMENTS AND REQUIREMENTS.** The provider of a service or  
10 equipment under sub. (11) shall collect the specified or allowable copayment or  
11 coinsurance, unless the provider determines that the cost of collecting the copayment  
12 or coinsurance exceeds the amount to be collected. The department shall reduce  
13 payments for services or equipment under sub. (11) by the amount of the specified  
14 or allowable copayment or coinsurance. A provider may deny care or services or  
15 equipment under sub. (11) if the recipient does not pay the specified or allowable  
16 copayment or coinsurance. If a provider provides care or services or equipment  
17 under sub. (11) to a recipient who is unable to share costs as specified in sub. (11),  
18 the recipient is not relieved of liability for those costs.

19 **(12) RULES; NOTICE OF EFFECTIVE DATE.** (a) 1. The department may promulgate  
20 any rules necessary for and consistent with its administrative responsibilities under  
21 this section, including additional eligibility criteria.

22 2. The department may promulgate emergency rules under s. 227.24 for the  
23 administration of this section for the period before the effective date of any  
24 permanent rules promulgated under subd. 1., but not to exceed the period authorized  
25 under s. 227.24 (1) (c) and (2). Notwithstanding s. 227.24 (1) (a), (2) (b), and (3), the

1 department is not required to provide evidence that promulgating a rule under this  
2 subdivision as an emergency rule is necessary for the preservation of the public  
3 peace, health, safety, or welfare and is not required to provide a finding of emergency  
4 for a rule promulgated under this subdivision.

5 (b) If the amendments to the state plan submitted under sub. (2) are approved  
6 and a waiver that is consistent with all of the provisions of this section is granted and  
7 in effect, the department shall publish a notice in the Wisconsin Administrative  
8 Register that states the date on which BadgerCare Plus is implemented.

9 **\*-0892/11.32\* SECTION 1595.** 49.472 (6) (a) of the statutes is amended to read:

10 49.472 (6) (a) Notwithstanding sub. (4) (a) 3., from the appropriation account  
11 under s. 20.435 (4) (b), ~~(gp)~~, or (w), or (xd), the department shall, on the part of an  
12 individual who is eligible for medical assistance under sub. (3), pay premiums for or  
13 purchase individual coverage offered by the individual's employer if the department  
14 determines that paying the premiums for or purchasing the coverage will not be more  
15 costly than providing medical assistance.

16 **\*-0892/11.33\* SECTION 1596.** 49.472 (6) (b) of the statutes is amended to read:

17 49.472 (6) (b) If federal financial participation is available, from the  
18 appropriation account under s. 20.435 (4) (b), ~~(gp)~~, or (w), or (xd), the department may  
19 pay medicare Part A and Part B premiums for individuals who are eligible for  
20 medicare and for medical assistance under sub. (3).

21 **\*-0905/3.57\* SECTION 1597.** 49.473 (2) (a) of the statutes is amended to read:

22 49.473 (2) (a) The woman is not eligible for medical assistance under ss. 49.46  
23 (1) and (1m), 49.465, 49.468, 49.47, 49.471, and 49.472, and is not eligible for health  
24 care coverage under s. 49.665.

25 **\*-0892/11.34\* SECTION 1598.** 49.473 (5) of the statutes is amended to read:

1       49.473 (5) The department shall audit and pay, from the appropriation  
2       accounts under s. 20.435 (4) (b), ~~(gp)~~, and (o), and (xd), allowable charges to a provider  
3       who is certified under s. 49.45 (2) (a) 11. for medical assistance on behalf of a woman  
4       who meets the requirements under sub. (2) for all benefits and services specified  
5       under s. 49.46 (2).

6       **\*-0248/3.3\* SECTION 1599.** 49.475 (1) (a) of the statutes is renumbered 49.475  
7       (1) (ar).

8       **\*-0248/3.4\* SECTION 1600.** 49.475 (1) (ag) of the statutes is created to read:  
9       49.475 (1) (ag) "Covered entity" means any of the following that is not an  
10       insurer:

- 11       1. A nonprofit hospital, as defined in s. 46.21 (2) (m).
- 12       2. An employer, as defined in s. 101.01 (4), labor union, or other group of persons  
13       organized in this state if the employer, labor union, or other group provides  
14       prescription drug coverage to covered individuals who reside or are employed in this  
15       state.
- 16       3. A comprehensive or limited health care benefits program administered by  
17       the state that provides prescription drug coverage.

18       **\*-0248/3.5\* SECTION 1601.** 49.475 (1) (am) of the statutes is created to read:  
19       49.475 (1) (am) "Covered individual" means an individual who is a member,  
20       participant, enrollee, policyholder, certificate holder, contract holder, or beneficiary  
21       of a covered entity, or a dependent of the individual, and who receives prescription  
22       drug coverage from or through the covered entity.

23       **\*-0248/3.6\* SECTION 1602.** 49.475 (1) (c) of the statutes is created to read:  
24       49.475 (1) (c) "Pharmacy benefits management" means the procurement of  
25       prescription drugs at a negotiated rate for dispensation in this state to covered

1 individuals; the administration or management of prescription drug benefits  
2 provided by a covered entity for the benefit of covered individuals; or any of the  
3 following services provided in the administration of pharmacy benefits:

- 4 1. Dispensation of prescription drugs by mail.
- 5 2. Claims processing, retail network management, and payment of claims to  
6 pharmacies for prescription drugs dispensed to covered individuals.
- 7 3. Clinical formulary development and management services.
- 8 4. Rebate contracting and administration.
- 9 5. Conduct of patient compliance, therapeutic intervention, generic  
10 substitution, and disease management programs.

11 **\*-0248/3.7\* SECTION 1603.** 49.475 (1) (d) of the statutes is created to read:

12 49.475 (1) (d) "Pharmacy benefits manager" means a person that performs  
13 pharmacy benefits management functions.

14 **\*-0248/3.8\* SECTION 1604.** 49.475 (1) (e) of the statutes is created to read:

15 49.475 (1) (e) "Recipient" means an individual or his or her spouse or dependent  
16 who has been or is one of the following:

- 17 1. A recipient of medical assistance or of a program administered under medical  
18 assistance under a waiver of federal Medicaid laws.
- 19 2. An enrollee of family care.
- 20 3. A recipient of the Badger Care health care program.
- 21 4. An individual who receives benefits under s. 49.68, 49.683, or 49.685.
- 22 5. A participant in the program of prescription drug assistance for elderly  
23 persons under s. 49.688.
- 24 6. A woman who receives services that are reimbursed under s. 255.06.

25 **\*-0248/3.9\* SECTION 1605.** 49.475 (1) (f) of the statutes is created to read:

1 49.475 (1) (f) "Third party" means an entity that by statute, rule, or contract  
2 is responsible for payment of a claim for a health care item or service. "Third party"  
3 includes all of the following:

4 1. An insurer.

5 2. An employee benefit plan described in 29 USC 1003 (a) that is not exempt  
6 under 29 USC 1003 (b) and is not a multiple employer welfare arrangement.

7 3. A service benefit plan, as specified in 42 USC 1396a (25) (I).

8 4. A pharmacy benefits manager.

9 \***-0248/3.10\*** SECTION 1606. 49.475 (2) of the statutes is repealed and  
10 recreated to read:

11 49.475 (2) REQUIREMENTS OF 3RD PARTIES. As a condition of doing business in this  
12 state, a 3rd party shall do all of the following:

13 (a) Upon the department's request and in the manner prescribed by the  
14 department, provide information to the department necessary for the department to  
15 ascertain all of the following with respect to a recipient:

16 1. Whether the recipient is being or has been provided coverage or a benefit or  
17 service by a 3rd party.

18 2. If subd. 1. applies, the nature and period of time of any coverage, benefit, or  
19 service provided, including the name, address, and identifying number of any  
20 applicable coverage plan.

21 (b) Accept assignment to the department of a right of a recipient to receive  
22 3rd-party payment for an item or service for which payment under medical  
23 assistance has been made and accept the department's right to recover any  
24 3rd-party payment made for which assignment has not been accepted.

1 (c) Respond to an inquiry by the department concerning a claim for payment  
2 of a health care item or service if the department submits the inquiry less than 36  
3 months after the date on which the health care item or service was provided.

4 (d) If all of the following apply, agree not to deny a claim submitted by the  
5 department under par. (b) solely because of the claim's submission date, the type or  
6 format of the claim form, or failure by a recipient to present proper documentation  
7 at the time of delivery of the service, benefit, or item that is the basis of the claim:

8 1. The department submits the claim less than 36 months after the date on  
9 which the health care item or service was provided.

10 2. Action by the department to enforce the department's rights under this  
11 section with respect to the claim is commenced less than 72 months after the  
12 department submits the claim.

13 \*-0248/3.11\* SECTION 1607. 49.475 (3) (intro.) of the statutes is amended to  
14 read:

15 49.475 (3) WRITTEN AGREEMENT. (intro.) Upon requesting an insurer a 3rd party  
16 to provide the information under sub. (2) (a), the department and the 3rd party shall  
17 enter into a written agreement with the insurer that satisfies all of the following:

18 \*-0248/3.12\* SECTION 1608. 49.475 (3) (a) of the statutes is amended to read:  
19 49.475 (3) (a) Identifies in detail the detailed format of the information to be  
20 disclosed provided to the department.

21 \*-0248/3.13\* SECTION 1609. 49.475 (3) (c) of the statutes is amended to read:  
22 49.475 (3) (c) Specifies how the insurer's 3rd party's reimbursable costs under  
23 sub. (5) will be determined and specifies the manner of payment.

24 \*-0248/3.14\* SECTION 1610. 49.475 (4) (a) of the statutes is amended to read:



1           49.475 (4) (a) ~~An insurer~~ A 3rd party shall provide the information requested  
2           under sub. (2) (a) within 180 days after receiving the department's request if it is the  
3           first time that the department has requested the insurer 3rd party to disclose  
4           information under this section.

5           **\*-0248/3.15\* SECTION 1611.** 49.475 (4) (b) of the statutes is amended to read:

6           49.475 (4) (b) ~~An insurer~~ A 3rd party shall provide the information requested  
7           under sub. (2) (a) within 30 days after receiving the department's request if the  
8           department has previously requested the insurer 3rd party to disclose information  
9           under this section.

10          **\*-0248/3.16\* SECTION 1612.** 49.475 (4) (d) of the statutes is created to read:

11          49.475 (4) (d) If a 3rd party other than an insurer fails to comply with par. (a)  
12          or (b), the department may so notify the attorney general.

13          **\*-0248/3.17\* SECTION 1613.** 49.475 (5) of the statutes is amended to read:

14          49.475 (5) From the appropriations under s. 20.435 (4) (bm) and (pa), the  
15          department shall reimburse ~~an insurer~~ A 3rd party that provides information under  
16          this section sub. (2) (a) for the insurer's 3rd party's reasonable costs incurred in  
17          providing the requested information, including its reasonable costs, if any, to develop  
18          and operate automated systems specifically for the disclosure of the information  
19          under this section.

20          **\*-0248/3.18\* SECTION 1614.** 49.475 (6) of the statutes is created to read:

21          49.475 (6) SHARING INFORMATION. The department of health and family services  
22          shall provide to the department of workforce development, for purposes of the  
23          medical support liability program under s. 49.22, any information that the  
24          department of health and family services receives under this section. The  
25          department of workforce development may allow a county child support agency

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1 under s. 59.53 (5) or a tribal child support agency access to the information, subject  
2 to the use and disclosure restrictions under s. 49.83, and shall consult with the  
3 department of health and family services regarding procedures and methods to  
4 adequately safeguard the confidentiality of the information provided under this  
5 subsection.

6 **\*-1261/5.581\* SECTION 1615.** 49.475 (6) of the statutes, as created by 2007  
7 Wisconsin Act ... (this act), is amended to read:

8 49.475 (6) SHARING INFORMATION. The department of health and family services  
9 shall provide to the department of workforce development children and families, for  
10 purposes of the medical support liability program under s. 49.22, any information  
11 that the department of health and family services receives under this section. The  
12 department of workforce development children and families may allow a county child  
13 support agency under s. 59.53 (5) or a tribal child support agency access to the  
14 information, subject to the use and disclosure restrictions under s. 49.83, and shall  
15 consult with the department of health and family services regarding procedures and  
16 methods to adequately safeguard the confidentiality of the information provided  
17 under this subsection.

\*\*\*\*NOTE: This is reconciled s. 49.475 (6). This SECTION has been affected by drafts  
with the following LRB numbers: -0248 and -1261.

18 **\*-1261/5.582\* \*-1267/P1.126\* SECTION 1616.** 49.48 (1m) of the statutes is  
19 amended to read:

20 49.48 (1m) If an individual who applies for or to renew a certification under  
21 sub. (1) does not have a social security number, the individual, as a condition of  
22 obtaining the certification, shall submit a statement made or subscribed under oath  
23 or affirmation to the department that the applicant does not have a social security

1 number. The form of the statement shall be prescribed by the department of  
2 ~~workforce development children and families~~. A certification issued or renewed in  
3 reliance upon a false statement submitted under this subsection is invalid.

4 **\*-1261/5.583\* \*-1267/P1.127\* SECTION 1617.** 49.48 (2) of the statutes is  
5 amended to read:

6 49.48 (2) The department of ~~health and family services~~ may not disclose any  
7 information received under sub. (1) to any person except to the department of  
8 ~~workforce development children and families~~ for the purpose of making  
9 certifications required under s. 49.857.

10 **\*-1261/5.584\* \*-1267/P1.128\* SECTION 1618.** 49.48 (3) of the statutes is  
11 amended to read:

12 49.48 (3) The department of ~~health and family services~~ shall deny an  
13 application for the issuance or renewal of a certification specified in sub. (1), shall  
14 suspend a certification specified in sub. (1) or may, under a memorandum of  
15 understanding under s. 49.857 (2), restrict a certification specified in sub. (1) if the  
16 department of ~~workforce development children and families~~ certifies under s. 49.857  
17 that the applicant for or holder of the certificate is delinquent in the payment of  
18 court-ordered payments of child or family support, maintenance, birth expenses,  
19 medical expenses or other expenses related to the support of a child or former spouse  
20 or fails to comply, after appropriate notice, with a subpoena or warrant issued by the  
21 department of ~~workforce development children and families~~ or a county child  
22 support agency under s. 59.53 (5) and related to paternity or child support  
23 proceedings.

24 **\*-0905/3.58\* SECTION 1619.** 49.49 (3m) (a) (intro.) of the statutes is amended  
25 to read:

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1 49.49 (3m) (a) (intro.) No provider may knowingly impose upon a recipient  
2 charges in addition to payments received for services under ss. 49.45 to 49.47 49.471  
3 or knowingly impose direct charges upon a recipient in lieu of obtaining payment  
4 under ss. 49.45 to 49.47 49.471 except under the following conditions:

5 \***-0905/3.59\*** SECTION 1620. 49.49 (3m) (a) 1. of the statutes is amended to  
6 read:

7 49.49 (3m) (a) 1. Benefits or services are not provided under s. 49.46 (2) or  
8 49.471 (11) and the recipient is advised of this fact prior to receiving the service.

9 \***-0250/2.1\*** SECTION 1621. 49.49 (3m) (a) 2. of the statutes is amended to read:

10 49.49 (3m) (a) 2. If an applicant is determined to be eligible retroactively under  
11 s. 49.46 (1) (b) or 49.47 (4) (d) and a provider bills the applicant directly for services  
12 and benefits rendered during the retroactive period, the provider shall, upon  
13 notification of the applicant's retroactive eligibility, submit claims for  
14 reimbursement payment under s. 49.45 for covered services or benefits rendered to  
15 the recipient during the retroactive period. Upon receipt of payment under s. 49.45,  
16 the provider shall reimburse the applicant recipient or other person who has made  
17 prior payment to the provider. ~~No provider may be required to reimburse the~~  
18 ~~applicant or other person in excess of the amount reimbursed under s. 49.45 for~~  
19 ~~services provided to the recipient during the retroactive eligibility period, by the~~  
20 amount of the prior payment made.

21 \***-0905/3.60\*** SECTION 1622. 49.49 (3m) (a) 2. of the statutes, as affected by  
22 2007 Wisconsin Act .... (this act), is amended to read:

23 49.49 (3m) (a) 2. If an applicant is determined to be eligible retroactively under  
24 s. 49.46 (1) (b) or, 49.47 (4) (d), or 49.471 and a provider bills the applicant directly  
25 for services and benefits rendered during the retroactive period, the provider shall,

1 upon notification of the applicant's retroactive eligibility, submit claims for payment  
2 under s. 49.45 for covered services or benefits rendered to the recipient during the  
3 retroactive period. Upon receipt of payment under s. 49.45, the provider shall  
4 reimburse the recipient or other person who has made prior payment to the provider  
5 for services provided to the recipient during the retroactive eligibility period, by the  
6 amount of the prior payment made.

\*\*\*\*NOTE: This is reconciled s. 49.49 (3m) (a) 2. This SECTION has been affected by  
LRB-0250 and LRB-0905.

7 **\*-0905/3.61\* SECTION 1623.** 49.49 (3m) (a) 3. of the statutes is amended to  
8 read:

9 49.49 (3m) (a) 3. Benefits or services for which recipient copayment,  
10 coinsurance, or deductible is required under s. 49.45 (18), not to exceed maximum  
11 amounts allowable under 42 CFR 447.53 to 447.58, or for which recipient copayment  
12 or coinsurance is required under s. 49.471 (11).

13 **\*-0905/3.62\* SECTION 1624.** 49.497 (title) of the statutes is amended to read:

14 **49.497 (title) Recovery of incorrect Medical Assistance or Badger Care**  
15 **payments and of unpaid employer penalties.**

16 **\*-0905/3.63\* SECTION 1625.** 49.497 (1r) of the statutes is created to read:

17 49.497 (1r) (a) The department may recover any penalty assessment not paid  
18 under s. 49.471 (9) (c) from the employer against which the penalty was assessed.  
19 If, after notice that payment of a penalty is overdue, the employer who is liable fails  
20 to pay the penalty amount, or enter into or comply with an agreement for payment,  
21 the department may bring an action to enforce the liability or may issue an order to  
22 compel payment of the liability. Any person aggrieved by an order issued by the  
23 department under this paragraph may appeal the order as a contested case under

1 ch. 227 by filing with the department a request for a hearing within 30 days after the  
2 date of the order. The only issue at the hearing shall be the determination by the  
3 department that the person has not paid the penalty or entered into, or complied  
4 with, an agreement for payment.

5 (b) If any employer named in an order to compel payment issued under par. (a)  
6 fails to pay the department any amount due under the terms of the order and no  
7 contested case to review the order is pending and the time for filing for a contested  
8 case review has expired, the department may present a certified copy of the order to  
9 the circuit court for any county. The sworn statement of the secretary shall be  
10 evidence of the failure to pay the penalty. The circuit court shall, without notice,  
11 render judgment in accordance with the order. A judgment rendered under this  
12 paragraph shall have the same effect and shall be entered in the judgment and lien  
13 docket and may be enforced in the same manner as if the judgment had been  
14 rendered in an action tried and determined by the circuit court.

15 (c) The recovery procedure under this subsection is in addition to any other  
16 recovery procedure authorized by law.

17 **\*-0905/3.64\* SECTION 1626.** 49.497 (4) of the statutes is amended to read:

18 49.497 (4) The department may appear for the state in any and all collection  
19 matters under this section, and may commence suit in the name of the department  
20 to recover an incorrect payment from the recipient to whom or on whose behalf it was  
21 made or to recover an unpaid penalty from the employer against which the penalty  
22 was assessed.

23 **\*-0905/3.65\* SECTION 1627.** 49.665 (4) (ap) 2. of the statutes is repealed.

24 **\*-0892/11.35\* SECTION 1628.** 49.665 (4) (at) 1. a. of the statutes is amended  
25 to read:

1 49.665 (4) (at) 1. a. Except as provided in subd. 1. b., the department shall  
2 establish a lower maximum income level for the initial eligibility determination if  
3 funding under s. 20.435 (4) ~~(bc)~~, (jz), (p), and (x), and (xd) is insufficient to DAK  
4 accommodate the projected enrollment levels for the health care program under this  
5 section. The adjustment may not be greater than necessary to ensure sufficient  
6 funding.

7 **\*-0892/11.36\* SECTION 1629.** 49.665 (4) (at) 1. cm. of the statutes is amended  
8 to read:

9 49.665 (4) (at) 1. cm. Notwithstanding s. 20.001 (3) (b), if, after reviewing the  
10 plan submitted under subd. 1. b., the joint committee on finance determines that the  
11 amounts appropriated under s. 20.435 (4) ~~(bc)~~, (jz), (p), and (x), and (xd) are DAK  
12 insufficient to accommodate the projected enrollment levels, the committee may  
13 transfer appropriated moneys from the general purpose revenue appropriation  
14 account of any state agency, as defined in s. 20.001 (1), other than a sum sufficient  
15 appropriation account, to the appropriation account under s. 20.435 (4) (bc) to  
16 supplement the health care program under this section if the committee finds that  
17 the transfer will eliminate unnecessary duplication of functions, result in more  
18 efficient and effective methods for performing programs, or more effectively carry out  
19 legislative intent, and that legislative intent will not be changed by the transfer.

20 **\*-0892/11.37\* SECTION 1630.** 49.665 (4) (at) 2. of the statutes is amended to  
21 read:

22 49.665 (4) (at) 2. If, after the department has established a lower maximum  
23 income level under subd. 1., projections indicate that funding under s. 20.435 (4) ~~(bc)~~, DAK  
24 (jz), (p), and (x), and (xd) is sufficient to raise the level, the department shall, by state

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1 plan amendment, raise the maximum income level for initial eligibility, but not to  
2 exceed 185% of the poverty line.

3 **\*-0248/3.19\* SECTION 1631.** 49.665 (5m) of the statutes is repealed and  
4 recreated to read:

5 49.665 (5m) INFORMATION ABOUT BADGER CARE RECIPIENTS. The department  
6 shall obtain and share information about Badger Care health care program  
7 recipients as provided in s. 49.475.

8 **\*-0242/1.7\* SECTION 1632.** 49.665 (6) of the statutes is repealed.

9 **\*-0905/3.66\* SECTION 1633.** 49.665 (7) (a) 1. of the statutes is amended to read:

10 49.665 (7) (a) 1. Notwithstanding sub. (4) (a) 3m. and (ap) 2., the department  
11 shall mail information verification forms to the employers of the individuals required  
12 to provide the verifications under sub. (4) (a) 3m. and (ap) 2. to obtain the information  
13 specified.

14 **\*-1140/2.1\* SECTION 1634.** 49.68 (3) (e) of the statutes is amended to read:

15 ~~49.68 (3) (e) State aids for services provided under this section shall be equal~~  
16 ~~to the allowable charges under the federal Medicare program. In no case shall state~~  
17 ~~rates for individual service elements exceed the federally defined allowable costs.~~  
18 ~~The rate of charges for services not covered by public and private insurance shall not~~  
19 ~~exceed the reasonable charges as established by medicare fee determination~~  
20 ~~procedures. A person that provides to a patient a service for which aid is provided~~  
21 ~~under this section shall accept the amount paid under this section for the service as~~  
22 ~~payment in full and may not bill the patient for any amount by which the charge for~~  
23 ~~the service exceeds the amount paid for the service under this section. The state may~~  
24 ~~not pay for the cost of travel, lodging, or meals for persons who must travel to receive~~



1 inpatient and outpatient dialysis treatment for kidney disease. This paragraph shall  
2 not apply to donor related costs as defined in par. (b).

3 **\*-1609/2.2\* SECTION 1635.** 49.686 (6) of the statutes is created to read:

4 **49.686 (6) HEALTH INSURANCE RISK-SHARING PLAN PILOT PROGRAM.** (a) Subject  
5 to par. (b), the department shall conduct a 3-year pilot program under which the  
6 department may pay premiums for coverage under the Health Insurance  
7 Risk-Sharing Plan under subch. II of ch. 149, and pay copayments under that plan  
8 for prescription drugs for which reimbursement may be provided under sub. (2), for  
9 individuals who satisfy all of the following:

- 10 1. The individuals are eligible for reimbursement under this section.
- 11 2. The individuals are currently taking antiretroviral drugs.
- 12 3. The individuals do not have health insurance coverage.
- 13 4. The individuals are not eligible for premium subsidies under s. 252.16 or  
14 252.17 because they are not on unpaid medical leave, are not unable to continue  
15 employment, and have not had to reduce their employment hours because of an  
16 illness or medical condition arising from or related to HIV.

17 (b) The pilot program shall be limited to no more than 100 individuals at any  
18 given time.

19 (c) The department may promulgate rules for the administration of the pilot  
20 program. Notwithstanding s. 227.24 (3), rules under this paragraph may be  
21 promulgated as emergency rules under s. 227.24 without a finding of emergency.

22 **\*-1140/2.2\* SECTION 1636.** 49.687 (title) of the statutes is amended to read:

23 **49.687 (title) ~~Disease aids; patient requirements; rebate agreements;~~**  
24 **~~cost-containment general provisions.~~**

25 **\*-1140/2.3\* SECTION 1637.** 49.687 (2r) of the statutes is created to read:

1           49.687 (2r) A person that provides a patient with a service for which aid is  
2           provided under s. 49.68, 49.683, or 49.685 shall accept the amount paid under s.  
3           49.68, 49.683, or 49.685 for the service as payment in full and may not bill the patient  
4           for any amount by which the charge for the service exceeds the amount paid for the  
5           service under s. 49.68, 49.683, or 49.685.

6           \***-1140/2.4\*** SECTION 1638. 49.687 (5) of the statutes is created to read:

7           49.687 (5) The department may investigate suspected fraudulent activity and  
8           other abuses on the part of persons receiving benefits under the programs under ss.  
9           49.68, 49.683, and 49.685. The activities of the department under this subsection  
10          may include comparisons of information provided to the department by an applicant  
11          with information provided by the applicant to other federal, state, and local agencies  
12          and the development of an advisory welfare investigation prosecution standard. The  
13          department shall cooperate with district attorneys regarding fraud prosecutions.

14          \***-0248/3.20\*** SECTION 1639. 49.687 (6) of the statutes is created to read:

15          49.687 (6) The department shall obtain and share information about  
16          individuals who receive benefits under s. 49.68, 49.683, or 49.685 as provided in s.  
17          49.475.

18          \***-0905/3.67\*** SECTION 1640. 49.688 (5) (a) (intro.) of the statutes is amended  
19          to read:

20          49.688 (5) (a) (intro.) Beginning on September 1, 2002, except as provided in  
21          sub. (7) (b), as a condition of participation by a pharmacy or pharmacist in the  
22          program under s. 49.45, 49.46, or 49.47, or 49.471, the pharmacy or pharmacist may  
23          not charge a person who presents a valid prescription order and a card indicating  
24          that he or she meets eligibility requirements under sub. (2) an amount for a  
25          prescription drug under the order that exceeds the following:

1           \***-0892/11.38\*** SECTION 1641. 49.688 (7) (a) of the statutes is amended to read:  
2           49.688 (7) (a) Except as provided in par. (b), from the appropriation accounts  
3           under s. 20.435 (4) (bv), (j), and (pg), and (xh), beginning on September 1, 2002, the  
4           department shall, under a schedule that is identical to that used by the department  
5           for payment of pharmacy provider claims under medical assistance, provide to  
6           pharmacies and pharmacists payments for prescription drugs sold by the  
7           pharmacies or pharmacists to persons eligible under sub. (2) who have paid the  
8           deductible specified under sub. (3) (b) 1. or 2. or who, under sub. (3) (b) 1., are not  
9           required to pay a deductible. The payment for each prescription drug under this  
10          paragraph shall be at the program payment rate, minus any copayment paid by the  
11          person under sub. (5) (a) 2. or 4., and plus, if applicable, incentive payments that are  
12          similar to those provided under s. 49.45 (8v). The department shall devise and  
13          distribute a claim form for use by pharmacies and pharmacists under this paragraph  
14          and may limit payment under this paragraph to those prescription drugs for which  
15          payment claims are submitted by pharmacists or pharmacies directly to the  
16          department. The department may apply to the program under this section the same  
17          utilization and cost control procedures that apply under rules promulgated by the  
18          department to medical assistance under subch. IV of ch. 49.

19          \***-0892/11.39\*** SECTION 1642. 49.688 (7) (b) of the statutes is amended to read:  
20          49.688 (7) (b) During any period in which funding under s. 20.435 (4) (bv) and,  
21          (pg), and (xh) is completely expended for the payments specified in par. (a), the  
22          requirements of par. (a) and subs. (3) (c), (5), and (6) (a) and (b) do not apply to drugs  
23          purchased during that period, but the department shall continue to accept  
24          applications and determine eligibility under sub. (4) and shall indicate to applicants  
25          that the eligibility of program participants to purchase prescription drugs as

1 specified in sub. (3), under the requirements of sub. (5), is conditioned on the  
2 availability of funding under s. 20.435 (4) (bv) and, (pg), and (xh).

3 **\*-0242/1.8\* SECTION 1643.** 49.688 (8) of the statutes is amended to read:

4 49.688 (8) The department shall, under methods promulgated by the  
5 department by rule, monitor compliance by pharmacies and pharmacists that are  
6 certified providers of medical assistance with the requirements of sub. (5) and shall  
7 annually report to the legislature under s. 13.172 (2) concerning the compliance. The  
8 report shall include information on any pharmacies or pharmacists that discontinue  
9 participation as certified providers of medical assistance and the reasons given for  
10 the discontinuance.

11 **\*-0248/3.21\* SECTION 1644.** 49.688 (8m) of the statutes is repealed and  
12 recreated to read:

13 49.688 (8m) The department shall obtain and share information about  
14 participants in the program under this section as provided in s. 49.475.

15 **\*-1261/5.585\* \*-1267/P1.129\* SECTION 1645.** 49.775 (2) (bm) of the statutes  
16 is amended to read:

17 49.775 (2) (bm) The custodial parent assigns to the state any right of the  
18 custodial parent or of the dependent child to support from any other person. No  
19 amount of support that begins to accrue after the individual ceases to receive  
20 payments under this section may be considered assigned to the state. Any money  
21 that is received by the department of workforce development children and families  
22 under an assignment to the state under this paragraph and that is not the federal  
23 share of support shall be paid to the custodial parent. The department of workforce  
24 development children and families shall pay the federal share of support assigned  
25 under this paragraph as required under federal law or waiver.

1           **\*-1261/5.586\* \*-1267/P1.130\* SECTION 1646.** 49.78 (4) of the statutes is  
2           amended to read:

3           49.78 (4) RULES; MERIT SYSTEM. The department of workforce development  
4           children and families shall promulgate rules for the efficient administration of aid  
5           to families with dependent children in agreement with the requirement for federal  
6           aid, including the establishment and maintenance of personnel standards on a merit  
7           basis. The provisions of this section relating to personnel standards on a merit basis  
8           supersede any inconsistent provisions of any law relating to county personnel. This  
9           subsection shall not be construed to invalidate the provisions of s. 46.22 (1) (d).

10          **\*-1261/5.587\* \*-1261/P3.493\* SECTION 1647.** 49.78 (5) of the statutes is  
11          amended to read:

12          49.78 (5) PERSONNEL EXAMINATIONS. Statewide examinations to ascertain  
13          qualifications of applicants in any county department administering aid to families  
14          with dependent children shall be given by the administrator of the division of merit  
15          recruitment and selection in the office of state employment relations. The office of  
16          state employment relations shall be reimbursed for actual expenditures incurred in  
17          the performance of its functions under this section from the appropriations available  
18          to the department of health and family services children and families for  
19          administrative expenditures.

20          **\*-1261/5.588\* \*-1267/P1.131\* SECTION 1648.** 49.78 (7) of the statutes is  
21          amended to read:

22          49.78 (7) COUNTY PERSONNEL SYSTEMS. Pursuant to rules promulgated under  
23          sub. (4), the department of workforce development children and families where  
24          requested by the county shall delegate to that county, without restriction because of  
25          enumeration, any or all of the authority of the department of workforce

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1 development's authority children and families under sub. (4) to establish and  
2 maintain personnel standards including salary levels.

3 **\*-0905/3.68\* SECTION 1649.** 49.785 (1) (intro.) of the statutes is amended to  
4 read:

5 49.785 (1) (intro.) Except as provided in sub. (1m), if any recipient of benefits  
6 under s. 49.148, 49.46 or 49.77, or under 42 USC 1381 to 1385 in effect on  
7 May 8, 1980, specified in sub. (1c) dies and the estate of the deceased recipient is  
8 insufficient to pay the funeral, burial, and cemetery expenses of the deceased  
9 recipient, the county or applicable tribal governing body or organization responsible  
10 for burial of the recipient shall pay, to the person designated by the county  
11 department under s. 46.215, 46.22, or 46.23 or applicable tribal governing body or  
12 organization responsible for the burial of the recipient, all of the following:

13 **\*-0905/3.69\* SECTION 1650.** 49.785 (1c) of the statutes is created to read:

14 49.785 (1c) All of the following are eligible recipients under this section:

15 (a) A recipient of benefits under s. 49.148, 49.46, or 49.77, or under 42 USC 1381  
16 to 1385 in effect on May 8, 1980.

17 (b) A recipient of benefits under s. 49.471 who is any of the following:

18 1. A pregnant woman or a child under 6 years of age with a family income not  
19 exceeding 185 percent of the poverty line at the time of death.

20 2. A child at least 6 years of age but less than 19 years of age with a family  
21 income not exceeding 100 percent of the poverty line at the time of death.

22 3. A parent or caretaker relative with a family income not exceeding 50 percent  
23 of the poverty line at the time of death.

24 **\*-1313/3.15\* SECTION 1651.** 49.79 (1) (b) of the statutes is repealed.

25 **\*-1313/3.16\* SECTION 1652.** 49.79 (1) (d) of the statutes is repealed.