2009 DRAFTING REQUEST

Received By: rryan

Bill

Received: 03/12/2010

Wanted: As time permits For: Donna Seidel (608) 266-0654 This file may be shown to any legislator: NO				Identical to LRB: 09-4210/2 By/Representing: Natalie Verette				
				May Co	ontact:			
Subject	Subject: Health - miscellaneous				Extra Copies:			
Submit	via email: YES							
Request	ter's email:	Rep.Seidel	@legis.wise	consin.gov				
Carbon	copy (CC:) to:							
Pre To	pic:							
No spec	cific pre topic gi	ven						
Topic:								
Health l	benefit counseld	ors grant						
Instruc	ctions:							
Same as	s 4210/2							
Draftin	ng History:				17-17-17-18-18-18-18-18-18-18-18-18-18-18-18-18-		· · · · · · · · · · · · · · · · · · ·	
Vers.	<u>Drafted</u>	Reviewed	Typed	Proofed	Submitted	<u>Jacketed</u>	Required	
/?	rryan 03/12/2010	kfollett 03/12/2010					State	
/1			rschluet 03/12/20	10	sbasford 03/12/2010	mbarman 03/12/2010		
FE Sent	t For:							

<**END>**

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Pre Topic:				
No specific pre topic given				
Topic:				
Health benefit counselors grant				
Instructions:				
Same as 4210/2				
Drafting History:				
Vers. Drafted Reviewed Typed Proofed // rryan	Submitted Jacketed Required			

<END>

Ryan, Robin

From:

Verette, Natalie

Sent:

Thursday, March 11, 2010 3:01 PM

To: Cc: Ryan, Robin Kuhn, Jamie

Subject:

LRB 4210/2

Hi Robin,

Rep. Seidel is going to be introducing an Assembly companion to Senator Miller's LRB 4210/2: providing assistance to individuals under age 60 to obtain and maintain health care.

Could you please send an Assembly LRB to us? Also if it's possible for you to give me the assigned LRB number so we can include it in the co-sponsor memo that is going out this afternoon, that would be great.

Thanks so much, Natalie

Natalie Verette Legislative Assistant **Office of State Representative Donna Seidel** Assistant Majority Leader 85th Assembly District

State Capitol, 218 North P.O. Box 8953 Madison, WI 53708

608.266.0654 888.534.0085 (toll-free) natalie.verette@legis.wisconsin.gov



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State of Misconsin 2009 - 2010 LEGISLATURE

(Today)

2009 BILL

4529/1 LRB-4210/2 -RLR:jld:md

RMNP



AN ACT to amend 20.145 (1) (g) (intro.) and 20.435 (4) (kv); and to create 20.435

(4) (kr) and 46.79 of the statutes; **relating to:** a grant for providing assistance to individuals to obtain and maintain health care benefits and making an appropriation.

Analysis by the Legislative Reference Bureau

This bill requires the Department of Health Services (DHS) to award funding to an organization to oversee a program to assist people in obtaining and maintaining health care services and coverage of health care expenses (health care benefits). The organization in turn must allocate funding to other entities to directly provide people assistance in obtaining and maintaining health care benefits. In addition, the oversight organization must provide training and technical assistance to the entities and provide legal services to aid low–income people in obtaining and maintaining health care benefits.

The services for which funding is authorized under the bill include assisting people in applying for health insurance or government health care programs; appealing denials of eligibility or denials of coverage for health care services; coordinating health care benefits for people who have more than one source of health care coverage; referring people to information and programs regarding preventive health care, chronic disease management, responsible utilization of health care services, and healthy lifestyle; coordinating efforts of community members who are involved in assisting people in obtaining and maintaining health care benefits; and educating people about the services provided under the grant program. The bill

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provides that the oversight organization may award funding for these services to nonprofit entities, governmental units, or institutions of higher education. The bill establishes minimum knowledge requirements for people employed by the entities to provide the services. The bill also prohibits an entity that receives funding, or its employees, from having a financial interest in a health insurance company or health insurance plan or from being directly involved in accrediting a hospital or nursing home.

The bill requires the oversight organization to provide matching funds for the grant in the first year that DHS awards the grant and requires each entity that receives funding from the oversight organization to provide matching funds on an ongoing basis. Finally, the bill requires DHS to apply for any federal funds available for assisting people in obtaining and maintaining health care benefits.

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

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

SECTION 1. 20.145 (1) (g) (intro.) of the statutes, as affected by 2009 Wisconsin Act 28, is amended to read:

20.145 (1) (g) General program operations. (intro.) The amounts in the schedule for general program operations, including organizational support services and oversight of care management organizations, and for transferring to the appropriation account under s. 20.435 (4) (kv) the amount allocated by the commissioner of insurance, and for transferring \$250,000 each fiscal year to the appropriation account under s. 20.435 (4) (kr). All of the following shall be credited to this appropriation account:

Section 2. 20.435 (4) (kr) of the statutes is created to read:

20.435 (4) (kr) *Health benefits counseling grant*. All moneys transferred from the appropriation account under s. 20.145 (1) (g) to the appropriation account under this paragraph for the program under s. 46.79.

1	Section 3. 20.435 (4) (kv) of the statutes, as created by 2009 Wisconsin Act 28,
2	is amended to read:
3	20.435 (4) (kv) Care management organization; oversight. All moneys
4	transferred from the appropriation account under s. 20.145 (1) (g) to the
5	appropriation account under this paragraph, for expenses related to financial
6	certification, monitoring, and assessment of care management organizations that
7	are subject to ch. 648.
8	SECTION 4. 46.79 of the statutes is created to read:
9	46.79 Health care benefits counseling. (1) In this section:
10	(a) "Administrator" has the meaning given in s. 633.01 (1).
11	(b) "Group health plan" has the meaning given in s. 632.745 (10).
12	(c) "Health care benefits" means health care services, coverage of expenses for
13	health care services, or both.
14	(d) "Health care plan" has the meaning given in s. 628.36 (2) (a) 1.
15	(e) "Health insurer" means an insurer, as defined in s. 600.03 (27), that is
16	authorized to do business in this state in one or more lines of insurance that includes
17	health insurance and that offers a health care plan.
18	(f) "Oversight organization" means the recipient of the grant under sub. (2).
19	(g) "Public health care benefits program" means a program to provide health
20	care benefits that is administered by a governmental entity or the Health Insurance
21	Risk-Sharing Plan Authority, other than health care benefits that the governmental
22	entity or the authority provides to its employees as a benefit of employment.
23	(2) Subject to sub. (4), the department shall award a grant to an organization
24	to do all of the following:

(a) Allocate funding to entities to provide services under sub. (3) (a) and oversee
provision of those services by the entities.

- (b) Provide training for individuals who provide services under sub. (3) (a).
- (c) Provide technical assistance to entities that receive funding under sub. (3).
- (d) Provide legal services to low-income individuals, and members of a family, who are under 60 years of age to assist them in obtaining and maintaining health care benefits.
- (e) By the date that is 16 months after the effective date of this paragraph [LRB inserts date], report to the department and the office of the commissioner of insurance regarding services provided by entities under sub. (3) (a) during the first 12 months that the entities received funding under sub. (3) and submit a plan to the department and office for providing services under sub. (3) (a) in additional counties.
- (3) (a) Subject to pars. (b) to (f), the oversight organization shall allocate moneys to entities to do any of the following:
- 1. Assist individuals, or members of a family, who are under 60 years of age in obtaining and maintaining health care benefits, including providing information regarding eligibility for health care benefits; providing advice and assistance in applying for health care benefits; providing information regarding health care services and expenses covered under a health care plan, group health plan, or public health care benefits program; and advocating on behalf of individuals and families to obtain those services and coverage of those expenses.
- 2. Counsel individuals, or members of a family, who are under 60 years of age regarding consumer rights and grievance procedures relating to health care benefits.
- 3. Refer individuals, or members of a family, who are under 60 years of age for legal assistance in obtaining and maintaining health care benefits.

encounters with the entity.

BILL

4. Coordinate health care benefits available to an individual, or members of a
family, who are under 60 years of age to maximize health care benefits for the
individual or family members.
5. Assist individuals, or members of a family, who are under 60 years of age in
obtaining coverage of expenses for drugs or medical equipment that has been
prescribed for them.
6. Monitor and track whether individuals and family members to whom the
entity provides services under this paragraph maintain health care benefits between

- 7. Refer individuals to information regarding, or programs that promote, preventive health care, chronic disease management, responsible utilization of health care services, and healthy lifestyle.
- 8. Assist individuals, or members of a family, who are under 60 years of age who require transportation, interpreter services, or other services to access health care benefits in obtaining those services.
- 9. Coordinate provision of services under this paragraph with any aging unit that provides benefit specialist services for older individuals under s. 46.81, any resource center under s. 46.283, or any agency under contract with the department to administer the children with special health care needs program under s. 253.02 that operates in the same geographic areas as the entity.
- 10. Bring together persons who work in the fields of public health, health care, elementary or secondary education, and other relevant fields for the purpose of educating them regarding activities under subds. 1. to 9. and for the purposes of sharing strategies for, and coordinating efforts to, assist individuals, and members

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- of a family, who are under 60 years of age in obtaining and maintaining health care benefits.
- (b) The oversight organization shall obtain approval of a request for proposals under par. (a) from the department and the office of the commissioner of insurance before issuing the request, and shall obtain approval for allocations of funding under par. (a) before finalizing the allocations.
- (c) The oversight organization may allocate moneys under this subsection only to a governmental unit, an institution of higher education, or an organization described in section 501 (c) of the Internal Revenue Code that is exempt from federal income tax under section 501 (a) of the Internal Revenue Code.
- (d) As a condition of receiving funding under this subsection, an entity shall ensure that individuals who provide services under par. (a) have knowledge of all of the following:
- 1. Health care benefits, and eligibility criteria and appeal procedures for health care benefits, under the federal Social Security Act for which an individual under 60 years of age may be eligible.
- 2. Health care benefits, eligibility criteria and appeal procedures for health care benefits, including procedures for appeals relating to disability determinations, under the Medical Assistance program subch. IV of ch. 49 and under Medical Assistance waiver programs under 42 USC 1396n.
- 3. Health care benefits, eligibility criteria, and appeal procedures under the Health Insurance Risk-Sharing Plan under subch. II of ch. 149.
- 4. Health care plans and group health plans, including appeal and grievance procedures under health care plans and group health plans.
 - 5. Federal law governing health care plans and group health plans.

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1	6. Coordination between health care plans or group health plans and public
2	health care benefits programs.
3	7. Provision of services in a family-centered and culturally competent manner.
4	(e) As a condition of receiving moneys under this subsection, an entity shall
5	provide funding, from a source other than an allocation under this subsection, to
6	support at least 25 percent of the cost of providing services under par. (a).
7	(f) An entity or an individual that the entity employs or contracts with to
8	provide services under par. (a) may not do any of the following:
9	1. Be directly involved in licensing or accrediting a hospital, as defined in s.
10	50.33 (2), or a nursing home, as defined in s. 50.01 (3).
11	2. Be directly involved in granting a certificate of authority to a health insurer.
12	3. Have a direct ownership or investment interest in a health insurer or an
13	administrator of a group health plan.
14	4. Be employed by or manage a health insurer or an administrator of a group
15	health plan.
16	5. Receive remuneration from a health insurer or an administrator of a group
17	health plan.
18	(4) As condition of receiving grant funding under sub. (2), the oversight
19	organization shall in the 12 months beginning on the date that is 3 months after the
20	effective date of this subsection [LRB inserts date], provide a total of \$150,000,
21	from sources other than the grant under sub. (2), to support the cost of performing
22	the duties under sub. (2).
23	(5) The department shall submit the report and plan received from the
24	oversight organization under sub. (2) (e) to the chief clerk of each house of the

legislature for distribution under s. 13.172 (2).

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(6) The department shall expend for the grant under sub. (2) any moneys received as federal financial participation under the federal Medicaid program for expenditures under s. 20.435 (4) (kr).

SECTION 5. Nonstatutory provisions.

(1) The department of health services shall apply for any federal moneys that are available to states for providing services described under section 46.79 (3) (a) of the statutes, as created by this act.

SECTION 6. Fiscal changes.

- (1) In the schedule under section 20.005 (3) of the statutes for the appropriation to the office of the commissioner of insurance under section 20.145 (1) (g) of the statutes, as affected by the acts of 2009, the dollar amount is increased by \$250,000 for the second fiscal year of the fiscal biennium in which this subsection takes effect to provide funding for the program under section 46.79 of the statutes, as created by this act.
- **SECTION 7. Effective dates.** This act takes effect on the day after publication, except as follows:
- (1) The treatment of sections 20.145 (1) (g) (intro.) and 20.435 (4) (kr) and (kv) of the statutes takes effect on July 1, 2010.

Barman, Mike

From:

Sent:

Verette, Natalie Friday, March 12, 2010 9:48 AM LRB.Legal

To:

Subject:

Draft Review: LRB 09-4529/1 Topic: Health benefit counselors grant

Please Jacket LRB 09-4529/1 for the ASSEMBLY.