



**SENATE AMENDMENT 8,
TO 2009 SENATE BILL 484**

February 23, 2010 – Offered by Senators SULLIVAN, KREITLOW and VINEHOUT.

1 At the locations indicated, amend the bill as follows:

2 **1.** Page 4, line 11: delete “is on the waiting list established” and substitute
3 “meets the eligibility requirements, and is on the waiting list established.”.

4 **2.** Page 4, line 14: after that line insert:

5 “(am) *Verification and information.* The department shall do all of the
6 following:

7 1. Verify monthly that an individual with coverage under the plan under this
8 section meets the eligibility criteria, including by using income, insurance coverage,
9 and other eligibility verification systems.

10 2. Provide to an applicant all of the following:

11 a. Information about the Health Insurance Risk–Sharing Plan under ch. 149,
12 including an estimate of the applicant’s premium under that plan and the differences

1 between the benefits provided under that plan and the benefits provided under the
2 health care benefit plan under s. 49.45 (23).

3 b. If the applicant is under 27 years of age, notice that he or she may be eligible
4 for coverage as a dependent under his or her parent's health care plan in accordance
5 with s. 632.885, and that his or her parent's plan must include coverage for services
6 that are not covered under the plan under this section.

7 c. Information about the applicant's right to purchase continuation coverage
8 under certain circumstances, as provided under the federal Consolidated Omnibus
9 Budget Reconciliation Act of 1985 and under s. 632.897, and about any state or
10 federal premium tax credits or other premium subsidies that might be available to
11 the applicant for that coverage.”.

12 **3.** Page 8, line 4: after that line insert:

13 **“(9) REPORTS TO JOINT COMMITTEE ON FINANCE.** The department shall on a
14 quarterly basis submit a report to the joint committee on finance that includes,
15 relevant to the period since the last report, all of the following concerning the plan
16 under this section:

17 (a) Information about solvency, including claims paid, premium collected, and
18 condition of reserves.

19 (b) A description of any changes to premiums, benefits, enrollee cost sharing,
20 or provider payment rates.

21 (c) Demographic information about applicants and enrollees, including age,
22 gender, residence, health status, employment, income, health insurance history, and
23 claims history under the plan under this section.

1 (d) A description of the department’s process for verifying eligibility of
2 applicants and enrollees and information about the number of applicants and
3 enrollees found to be eligible and the number of applicants and enrollees found to be
4 ineligible under the plan’s eligibility criteria.”.

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(END)