

**2011 DRAFTING REQUEST**

**Bill**

Received: **09/26/2011**

Received By: **tdodge**

Wanted: **As time permits**

Companion to LRB:

For: **Jennifer Shilling (608) 266-5490**

By/Representing: **Nathan**

May Contact:

Drafter: **tdodge**

Subject: **Health - medical assistance**

Addl. Drafters:

Extra Copies:

Submit via email: **YES**

Requester's email: **Sen.Shilling@legis.wisconsin.gov**

Carbon copy (CC:) to: **tamara.dodge@legis.wisconsin.gov**

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**Pre Topic:**

No specific pre topic given

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**Topic:**

Eliminating ability for DHS to make changes to Medical Assistance program without legislation or rules

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**Instructions:**

Eliminate language from Acts 10 and 32 regarding changes to MA program.

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**Drafting History:**

<u>Vers.</u>	<u>Drafted</u>	<u>Reviewed</u>	<u>Typed</u>	<u>Proofed</u>	<u>Submitted</u>	<u>Jacketed</u>	<u>Required</u>
/?				_____			S&L
/1	tdodge 09/26/2011	kfollett 09/27/2011	phenry 09/27/2011	_____	lparisi 09/27/2011	lparisi 09/28/2011	

FE Sent For:

<END>

↳ At Intro.

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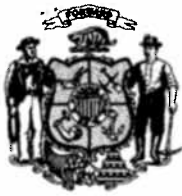
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/?	tdodge	1/1kf 9/27		Jb pk	9/27		S&L

FE Sent For:

<END>



State of Wisconsin  
2011 - 2012 LEGISLATURE



LRB-2996/

TJD: 10/2/11

RMR

In: 9/26/11

Due tomorrow  
9/27 Tues.

**PRELIMINARY DRAFT - NOT READY FOR INTRODUCTION**

Gen

1 **AN ACT ...; relating to:** eliminating the ability for the Department of Health  
 2 Services to alter Medical Assistance eligibility, provider payment methods, and  
 3 other Medical Assistance program procedures by policy and eliminating  
 4 <sup>the</sup> requirement to request <sup>a</sup> waiver regarding Medical Assistance program  
 5 eligibility.

***Analysis by the Legislative Reference Bureau***

Currently, the Department of Health Services (DHS) administers the Medical Assistance (MA) program, which is a joint federal and state program that provides health services to individuals who have limited resources. Some services are provided through programs that operated under a waiver of federal Medicaid laws (MA waiver programs). Current law requires DHS to study potential changes to the MA state plan and to waivers of federal Medicaid law for certain purposes, including increasing the cost effectiveness and efficiency of care for the MA program and MA waiver programs and improving the health status of individuals who receive benefits under the MA program or an MA waiver program. If DHS determines that revision of existing statutes or rules would be necessary to advance any of the purposes for which the study was conducted, DHS may propose a policy to do any of the following: require cost sharing from program benefit recipients up to the maximum allowed by the federal government; authorize providers to deny care or services if a program benefit recipient is unable to share costs; modify existing benefits or establish various benefits packages and offer different packages to different groups of

recipients; revise provider reimbursement models for particular services; mandate that program benefit recipients enroll in managed care; restrict or eliminate presumptive eligibility; impose restrictions on providing benefits to individuals who are not citizens of the United States; set standards for establishing and verifying eligibility requirements; develop standards and methodologies to assure accurate eligibility determinations and redetermine continuing eligibility; and reduce income levels for purposes of determining eligibility. Before implementing a policy that conflicts with a state statute, DHS must submit to the Joint Committee on Finance under the committee's passive review process the proposed amendment to the state MA plan or proposed waiver of federal Medicaid law and estimates of the projected cost savings associated with the amendment or waiver request. If the proposed state MA plan amendment or waiver request is not rejected by the committee, DHS must submit to the federal government the amendment or waiver request, if necessary, to the extent necessary to implement its policy. If the federal government does not allow the amendment or does not grant the waiver, DHS may not implement the policy.

Current law also requires DHS to request a waiver from the federal government to allow the department to implement eligibility standards, methodologies, and procedures under the state MA plan or federal Medicaid law waivers that are more restrictive than those in place on March 23, 2010. If the federal government does not approve the waiver request before December 31, 2011, DHS must reduce, on July 1, 2012, following the procedures under federal law, income levels to 133 percent of the federal poverty line for adults who are not pregnant or disabled for the purposes of determining eligibility, to the extent permitted under federal law.

This bill eliminates the requirement for DHS to conduct the study. DHS is not authorized, under the bill, to create a policy that would override elements of the MA program or MA waiver programs. The bill also eliminates the requirement for DHS to request a waiver to implement more restrictive eligibility standards, methodologies, and procedures for the MA program or MA waiver programs than those in place on March 23, 2010, and also removes the requirement that DHS reduce income eligibility levels on July 1, 2012, if that waiver is not approved by the federal government.

For further information see the *state and local* 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:*

2011 Wisconsin Act

- 1 SECTION 1. 49.45 (2m) of the statutes, as affected by 2011 Wisconsin Act 10
- 2 and 32, <sup>section 1423k,</sup> is repealed. X
- 3 SECTION 2. 49.45 (3) (n) of the statutes, as affected by 2011 Wisconsin Act 10
- 4 and 32, <sup>section 1424p)</sup> is repealed. X

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1 SECTION 3. 49.45 (6m) (n) of the statutes, as affected by 2011 Wisconsin Acts  
2 10 and 32, is repealed. section 1430d,

3 SECTION 4. 49.45 (8) (b) of the statutes, as affected by 2011 Wisconsin Acts  
4 and 32, is amended to read: section 1435y,

5 49.45 (8) (b) Unless otherwise provided by the department by a policy created  
6 under sub. (2m) (c), reimbursement Reimbursement under s. 20.435 (4) (b), (gm), (o),  
7 and (w) for home health services provided by a certified home health agency or  
8 independent nurse shall be made at the home health agency's or nurse's usual and  
9 customary fee per patient care visit, subject to a maximum allowable fee per patient  
10 care visit that is established under par. (c).

NOTE: NOTE: Par. (b) is amended eff. 1-1-15 by 2011 Wis. Act 32 to read: NOTE:

11 (b) Reimbursement under s. 20.435 (4) (b), (gm), (o), and (w) for home health services provided by a certified home health agency or independent nurse shall be  
12 made at the home health agency's or nurse's usual and customary fee per patient care visit, subject to a maximum allowable fee per patient care visit that is established  
under par. (c).

History: 1971 c. 40 s. 93; 1971 c. 42, 125; 1971 c. 213 s. 5; 1971 c. 215, 217, 307; 1973 c. 62, 90, 147; 1973 c. 333 ss. 106g, 106h, 106j, 201w; 1975 c. 39; 1975 c. 223 s. 28; 1975 c. 224 ss. 54h, 56 to 59m; 1975 c. 383 s. 4; 1975 c. 411; 1977 c. 29, 418; 1979 c. 34 ss. 837f to 838, 2102 (20) (a); 1979 c. 102, 177, 221, 355; 1981 c. 20 ss. 839 to 854, 2202 (20) (r); 1981 c. 93, 317; 1983 a. 27 ss. 1046 to 1062m, 2200 (42); 1983 a. 245, 447, 527; 1985 a. 29 ss. 1026m to 1031d, 3200 (23), (56), 3202 (27); 1985 a. 120, 176, 269; 1985 a. 332 ss. 91, 251 (5), 253; 1985 a. 340; 1987 a. 27 ss. 989r to 1000s, 2247, 3202 (24); 1987 a. 186, 307, 339, 399; 1987 a. 403 s. 256; 1987 a. 413; 1989 a. 6; 1989 a. 31 ss. 1402 to 1452g, 2909g, 2909i; 1989 a. 107, 173, 310, 336, 351, 359; 1991 a. 22, 39, 80, 250, 269, 315, 316; 1993 a. 16 ss. 1362g to 1403, 3883; 1993 a. 27, 107, 112, 183, 212, 246, 269, 335, 356, 437, 446, 469; 1995 a. 20; 1995 a. 27 ss. 2947 to 3002r, 7299, 9126 (19), 9130 (4), 9145 (1); 1995 a. 191, 216, 225, 289, 303, 398, 417, 457; 1997 a. 3, 13, 27, 114, 175, 191, 237, 252, 293; 1999 a. 9, 63, 103, 180, 185; 2001 a. 13, 16, 35, 38, 57, 67, 104, 109; 2003 a. 33, 318, 321; 2005 a. 22; 2005 a. 25 ss. 1120 to 1149f, 2503 to 2510; 2005 a. 107, 165, 253, 254, 264, 301, 340, 386, 441; 2007 a. 20 ss. 1513 to 1559h, 9121 (6) (a); 2007 a. 90, 97, 104, 141, 153; 2009 a. 2, 28, 113, 177, 180, 190, 221, 334, 342; 2011 a. 10, 32.

2011 Wisconsin Act

14 SECTION 5. 49.45 (8) (c) of the statutes, as affected by 2011 Wisconsin Acts  
15 and 32, is amended to read: section 1436h,

16 49.45 (8) (c) The department shall establish a maximum statewide allowable  
17 fee per patient care visit, for each type of visit with respect to provider, that may be  
18 no greater than the cost per patient care visit, as determined by the department from  
19 cost reports of home health agencies, adjusted for costs related to case management,  
20 care coordination, travel, record keeping and supervision, unless otherwise provided  
21 by the department by a policy created under sub. (2m) (e).

NOTE: NOTE: Par. (c) is amended eff. 1-1-15 by 2011 Wis. Act 32 to read: NOTE:

22 (c) The department shall establish a maximum statewide allowable fee per patient care visit, for each type of visit with respect to provider, that may be no greater  
23 than the cost per patient care visit, as determined by the department from cost reports of home health agencies, adjusted for costs related to case management, care  
24 coordination, travel, record keeping and supervision.

History: 1971 c. 40 s. 93; 1971 c. 42, 125; 1971 c. 213 s. 5; 1971 c. 215, 217, 307; 1973 c. 62, 90, 147; 1973 c. 333 ss. 106g, 106h, 106j, 201w; 1975 c. 39; 1975 c. 223 s. 28; 1975 c. 224 ss. 54h, 56 to 59m; 1975 c. 383 s. 4; 1975 c. 411; 1977 c. 29, 418; 1979 c. 34 ss. 837f to 838, 2102 (20) (a); 1979 c. 102, 177, 221, 355; 1981 c. 20 ss. 839 to 854, 2202 (20) (r); 1981 c. 93, 317; 1983 a. 27 ss. 1046 to 1062m, 2200 (42); 1983 a. 245, 447, 527; 1985 a. 29 ss. 1026m to 1031d, 3200 (23), (56), 3202 (27); 1985 a. 120, 176, 269; 1985 a. 332 ss. 91, 251 (5), 253; 1985 a. 340; 1987 a. 27 ss. 989r to 1000s, 2247, 3202 (24); 1987 a. 186, 307, 339, 399; 1987 a. 403 s. 256; 1987 a. 413; 1989 a. 6; 1989 a. 31 ss. 1402 to 1452g, 2909g, 2909i; 1989 a. 107, 173, 310, 336, 351, 359; 1991 a. 22, 39, 80, 250, 269, 315, 316; 1993 a. 16 ss. 1362g to 1403, 3883; 1993 a. 27, 107,

2011 Wisconsin Act

112, 183, 212, 246, 269, 335, 356, 437, 446, 469; 1995 a. 20; 1995 a. 27 ss. 2947 to 3002r, 7299, 9126 (19), 9130 (4), 9145 (1); 1995 a. 191, 216, 225, 289, 303, 398, 417, 457; 1997 a. 3, 13, 27, 114, 175, 191, 237, 252, 293; 1999 a. 9, 63, 103, 180, 185; 2001 a. 13, 16, 35, 38, 57, 67, 104, 109; 2003 a. 33, 318, 321; 2005 a. 22; 2005 a. 25 ss. 1120 to 1149f, 2503 to 2510; 2005 a. 107, 165, 253, 254, 264, 301, 340, 386, 441; 2007 a. 20 ss. 1513 to 1559h, 9121 (6) (a); 2007 a. 90, 97, 104, 141, 153; 2009 a. 2, 28, 113, 177, 180, 190, 221, 334, 342; 2011 a. 10, 32.

1 SECTION 6. 49.45 (8r) of the statutes, as affected by 2011 Wisconsin Act 10 and

2 section 1436y,  
32, is amended to read:

3 49.45 (8r) PAYMENT FOR CERTAIN OBSTETRIC AND GYNECOLOGICAL CARE. Unless  
4 otherwise provided by the department by a policy created under sub. (2m)(c), the The  
5 rate of payment for obstetric and gynecological care provided in primary care  
6 shortage areas, as defined in s. 36.60 (1) (cm), or provided to recipients of medical  
7 assistance who reside in primary care shortage areas, that is equal to 125% of the  
8 rates paid under this section to primary care physicians in primary care shortage  
9 areas, shall be paid to all certified primary care providers who provide obstetric or  
10 gynecological care to those recipients.

NOTE: NOTE: Sub. (8r) is amended eff. 1-1-15 by 2011 Wis. Act 32 to read:NOTE:

11 (8r) PAYMENT FOR CERTAIN OBSTETRIC AND GYNECOLOGICAL CARE. The rate of payment for obstetric and gynecological care provided in primary care shortage  
12 areas, as defined in s. 36.60 (1) (cm), or provided to recipients of medical assistance who reside in primary care shortage areas, that is equal to 125% of the rates paid  
13 under this section to primary care physicians in primary care shortage areas, shall be paid to all certified primary care providers who provide obstetric or gynecological  
14 care to those recipients.

History: 1971 c. 40 s. 93; 1971 c. 42, 125; 1971 c. 213 s. 5; 1971 c. 215, 217, 307; 1973 c. 62, 90, 147; 1973 c. 333 ss. 106g, 106h, 106j, 201w; 1975 c. 39; 1975 c. 223 s. 28; 1975 c. 224 ss. 54h, 56 to 59m; 1975 c. 383 s. 4; 1975 c. 411; 1977 c. 29, 418; 1979 c. 34 ss. 837f to 838, 2102 (20) (a); 1979 c. 102, 177, 221, 355; 1981 c. 20 ss. 839 to 854, 2202 (20) (r); 1981 c. 93, 317; 1983 a. 27 ss. 1046 to 1062m, 2200 (42); 1983 a. 245, 447, 527; 1985 a. 29 ss. 1026m to 1031d, 3200 (23), (56), 3202 (27); 1985 a. 120, 176, 269; 1985 a. 332 ss. 91, 251 (5), 253; 1985 a. 340; 1987 a. 27 ss. 989r to 1000s, 2247, 3202 (24); 1987 a. 186, 307, 339, 399; 1987 a. 403 s. 256; 1987 a. 413; 1989 a. 6; 1989 a. 31 ss. 1402 to 1452g, 2909g, 2909i; 1989 a. 107, 173, 310, 336, 351, 359; 1991 a. 22, 39, 80, 250, 269, 315, 316; 1993 a. 16 ss. 1362g to 1403, 3883; 1993 a. 27, 107, 112, 183, 212, 246, 269, 335, 356, 437, 446, 469; 1995 a. 20; 1995 a. 27 ss. 2947 to 3002r, 7299, 9126 (19), 9130 (4), 9145 (1); 1995 a. 191, 216, 225, 289, 303, 398, 417, 457; 1997 a. 3, 13, 27, 114, 175, 191, 237, 252, 293; 1999 a. 9, 63, 103, 180, 185; 2001 a. 13, 16, 35, 38, 57, 67, 104, 109; 2003 a. 33, 318, 321; 2005 a. 22; 2005 a. 25 ss. 1120 to 1149f, 2503 to 2510; 2005 a. 107, 165, 253, 254, 264, 301, 340, 386, 441; 2007 a. 20 ss. 1513 to 1559h, 9121 (6) (a); 2007 a. 90, 97, 104, 141, 153; 2009 a. 2, 28, 113, 177, 180, 190, 221, 334, 342; 2011 a. 10, 32.

15 SECTION 7. 49.45 (8v) of the statutes, as affected by 2011 Wisconsin Act 10 and

16 section 1437e,  
32, is amended to read:

17 49.45 (8v) INCENTIVE-BASED PHARMACY PAYMENT SYSTEM. The department shall  
18 establish a system of payment to pharmacies for legend and over-the-counter drugs  
19 provided to recipients of medical assistance that has financial incentives for  
20 pharmacists who perform services that result in savings to the medical assistance  
21 program. Under this system, the department shall establish a schedule of fees that  
22 is designed to ensure that any incentive payments made are equal to or less than the  
23 documented savings unless otherwise provided by the department by a policy

2011 Wisconsin Act

1 ~~created under sub. (2m) (e).~~ The department may discontinue the system established  
 2 under this subsection if the department determines, after performance of a study,  
 3 that payments to pharmacists under the system exceed the documented savings  
 4 under the system.

NOTE: NOTE: Sub. (8v) is amended eff. 1-1-15 by 2011 Wis. Act 32 to read:NOTE:

(8v) INCENTIVE-BASED PHARMACY PAYMENT SYSTEM. The department shall establish a system of payment to pharmacies for legend and over-the-counter drugs provided to recipients of medical assistance that has financial incentives for pharmacists who perform services that result in savings to the medical assistance program. Under this system, the department shall establish a schedule of fees that is designed to ensure that any incentive payments made are equal to or less than the documented savings. The department may discontinue the system established under this subsection if the department determines, after performance of a study, that payments to pharmacists under the system exceed the documented savings under the system.

History: 1971 c. 40 s. 93; 1971 c. 42, 125; 1971 c. 213 s. 5; 1971 c. 215, 217, 307; 1973 c. 62, 90, 147; 1973 c. 333 ss. 106g, 106h, 106j, 201w; 1975 c. 39; 1975 c. 223 s. 28; 1975 c. 224 ss. 54h, 56 to 59m; 1975 c. 383 s. 4; 1975 c. 411; 1977 c. 29, 418; 1979 c. 34 ss. 837f to 838, 2102 (20) (a); 1979 c. 102, 177, 221, 355; 1981 c. 20 ss. 839 to 854, 2202 (20) (r); 1981 c. 93, 317; 1983 a. 27 ss. 1046 to 1062m, 2200 (42); 1983 a. 245, 447, 527; 1985 a. 29 ss. 1026m to 1031d, 3200 (23), (56), 3202 (27); 1985 a. 120, 176, 269; 1985 a. 332 ss. 91, 251 (5), 253; 1985 a. 340; 1987 a. 27 ss. 989r to 1000s, 2247, 3202 (24); 1987 a. 186, 307, 339, 399; 1987 a. 403 s. 256; 1987 a. 413; 1989 a. 6; 1989 a. 31 ss. 1402 to 1452g, 2909g, 2909i; 1989 a. 107, 173, 310, 336, 351, 359; 1991 a. 22, 39, 80, 250, 269, 315, 316; 1993 a. 16 ss. 1362g to 1403, 3883; 1993 a. 27, 107, 112, 183, 212, 246, 269, 335, 356, 437, 446, 469; 1995 a. 20; 1995 a. 27 ss. 2947 to 3002r, 7299, 9126 (19), 9130 (4), 9145 (1); 1995 a. 191, 216, 225, 289, 303, 398, 417, 457; 1997 a. 3, 13, 27, 114, 175, 191, 237, 252, 293; 1999 a. 9, 63, 103, 180, 185; 2001 a. 13, 16, 35, 38, 57, 67, 104, 109; 2003 a. 33, 318, 321; 2005 a. 22; 2005 a. 25 ss. 1120 to 1149f, 2503 to 2510; 2005 a. 107, 165, 253, 254, 264, 301, 340, 386, 441; 2007 a. 20 ss. 1513 to 1559h, 9121 (6) (a); 2007 a. 90, 97, 104, 141, 153; 2009 a. 2, 28, 113, 177, 180, 190, 221, 334, 342; 2011 a. 10, 32.

10 SECTION 8. 49.45 (18) (ac) of the statutes, as affected by 2011 Wisconsin Act  
 2011 Wisconsin Act section 1437j,  
 11 10 and 32, is amended to read:

12 49.45 (18) (ac) Except as provided in pars. (am) to (d), and subject to par. (ag),  
 13 any person eligible for medical assistance under s. 49.46, 49.468, or 49.47, or for the  
 14 benefits under s. 49.46 (2) (a) and (b) under s. 49.471 shall pay up to the maximum  
 15 amounts allowable under 42 CFR 447.53 to 447.58 for purchases of services provided  
 16 under s. 49.46 (2). The service provider shall collect the specified or allowable  
 17 copayment, coinsurance, or deductible, unless the service provider determines that  
 18 the cost of collecting the copayment, coinsurance, or deductible exceeds the amount  
 19 to be collected. The department shall reduce payments to each provider by the  
 20 amount of the specified or allowable copayment, coinsurance, or deductible. Unless  
 21 otherwise provided by the department by a policy created under sub. (2m) (e), no No  
 22 provider may deny care or services because the recipient is unable to share costs, but  
 23 an inability to share costs specified in this subsection does not relieve the recipient  
 24 of liability for these costs.

NOTE: NOTE: Par. (ac) is amended eff. 1-1-15 by 2011 Wis. Act 32 to read:NOTE:

25 (ac) Except as provided in pars. (am) to (d), and subject to par. (ag), any person eligible for medical assistance under s. 49.46, 49.468, or 49.47, or for the benefits  
 26 under s. 49.46 (2) (a) and (b) under s. 49.471 shall pay up to the maximum amounts allowable under 42 CFR 447.53 to 447.58 for purchases of services provided under  
 27 s. 49.46 (2). The service provider shall collect the specified or allowable copayment, coinsurance, or deductible, unless the service provider determines that the cost



1 of collecting the copayment, coinsurance, or deductible exceeds the amount to be collected. The department shall reduce payments to each provider by the amount  
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3 to share costs specified in this subsection does not relieve the recipient of liability for these costs.

History: 1971 c. 40 s. 93; 1971 c. 42, 125; 1971 c. 213 s. 5; 1971 c. 215, 217, 307; 1973 c. 62, 90, 147; 1973 c. 333 ss. 106g, 106h, 106j, 201w; 1975 c. 39; 1975 c. 223 s.  
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190, 221, 334, 342; 2011 a. 10, 32.

4 SECTION 9. 49.45 (18) (ag) (intro.) of the statutes, as affected by 2011 Wisconsin  
5 Acts <sup>2011 Wisconsin Act</sup> 10 and 32, <sup>section 1437n,</sup> is amended to read:

6 49.45 (18) (ag) (intro.) Except as provided in pars. (am), (b), and (c), and subject  
7 to par. (d), a recipient specified in par. (ac) shall pay all of the following, unless  
8 otherwise provided by the department by a policy created under sub. (2m) (e):

9 NOTE: NOTE: Par. (ag) (intro.) is amended eff. 1-1-15 by 2011 Wis. Act 32 to read: NOTE:  
(ag) Except as provided in pars. (am), (b), and (c), and subject to par. (d), a recipient specified in par. (ac) shall pay all of the following:

History: 1971 c. 40 s. 93; 1971 c. 42, 125; 1971 c. 213 s. 5; 1971 c. 215, 217, 307; 1973 c. 62, 90, 147; 1973 c. 333 ss. 106g, 106h, 106j, 201w; 1975 c. 39; 1975 c. 223 s.  
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112, 183, 212, 246, 269, 335, 356, 437, 446, 469; 1995 a. 20; 1995 a. 27 ss. 2947 to 3002r, 7299, 9126 (19), 9130 (4), 9145 (1); 1995 a. 191, 216, 225, 289, 303, 398, 417, 457;  
1997 a. 3, 13, 27, 114, 175, 191, 237, 252, 293; 1999 a. 9, 63, 103, 180, 185; 2001 a. 13, 16, 35, 38, 57, 67, 104, 109; 2003 a. 33, 318, 321; 2005 a. 22; 2005 a. 25 ss. 1120 to  
1149f, 2503 to 2510; 2005 a. 107, 165, 253, 254, 264, 301, 340, 386, 441; 2007 a. 20 ss. 1513 to 1559h, 9121 (6) (a); 2007 a. 90, 97, 104, 141, 153; 2009 a. 2, 28, 113, 177, 180,  
190, 221, 334, 342; 2011 a. 10, 32.

10 SECTION 10. 49.45 (18) (b) (intro.) of the statutes, as affected by 2011 Wisconsin  
11 Acts <sup>2011 Wisconsin Act</sup> 10 and 32, <sup>section 1437g,</sup> is amended to read:

12 49.45 (18) (b) (intro.) Unless otherwise provided by the department by a policy  
13 created under sub. (2m) (e), the The following services are not subject to recipient cost  
14 sharing under this subsection:

15 NOTE: NOTE: Par. (b) (intro.) is amended eff. 1-1-15 by 2011 Wis. Act 32 to read: NOTE:  
(b) The following services are not subject to recipient cost sharing under this subsection:

History: 1971 c. 40 s. 93; 1971 c. 42, 125; 1971 c. 213 s. 5; 1971 c. 215, 217, 307; 1973 c. 62, 90, 147; 1973 c. 333 ss. 106g, 106h, 106j, 201w; 1975 c. 39; 1975 c. 223 s.  
28; 1975 c. 224 ss. 54h, 56 to 59m; 1975 c. 383 s. 4; 1975 c. 411; 1977 c. 29, 418; 1979 c. 34 ss. 837f to 838, 2102 (20) (a); 1979 c. 102, 177, 221, 355; 1981 c. 20 ss. 839 to  
854, 2202 (20) (r); 1981 c. 93, 317; 1983 a. 27 ss. 1046 to 1062m, 2200 (42); 1983 a. 245, 447, 527; 1985 a. 29 ss. 1026m to 1031d, 3200 (23), (56), 3202 (27); 1985 a. 120,  
176, 269; 1985 a. 332 ss. 91, 251 (5), 253; 1985 a. 340; 1987 a. 27 ss. 989r to 1000s, 2247, 3202 (24); 1987 a. 186, 307, 339, 399; 1987 a. 403 s. 256; 1987 a. 413; 1989 a. 6;  
1989 a. 31 ss. 1402 to 1452g, 2909g, 2909i; 1989 a. 107, 173, 310, 336, 351, 359; 1991 a. 22, 39, 80, 250, 269, 315, 316; 1993 a. 16 ss. 1362g to 1403, 3883; 1993 a. 27, 107,  
112, 183, 212, 246, 269, 335, 356, 437, 446, 469; 1995 a. 20; 1995 a. 27 ss. 2947 to 3002r, 7299, 9126 (19), 9130 (4), 9145 (1); 1995 a. 191, 216, 225, 289, 303, 398, 417, 457;  
1997 a. 3, 13, 27, 114, 175, 191, 237, 252, 293; 1999 a. 9, 63, 103, 180, 185; 2001 a. 13, 16, 35, 38, 57, 67, 104, 109; 2003 a. 33, 318, 321; 2005 a. 22; 2005 a. 25 ss. 1120 to  
1149f, 2503 to 2510; 2005 a. 107, 165, 253, 254, 264, 301, 340, 386, 441; 2007 a. 20 ss. 1513 to 1559h, 9121 (6) (a); 2007 a. 90, 97, 104, 141, 153; 2009 a. 2, 28, 113, 177, 180,  
190, 221, 334, 342; 2011 a. 10, 32.

16 SECTION 11. 49.45 (18) (d) of the statutes, as affected by 2011 Wisconsin Acts  
17 <sup>2011 Wisconsin Act</sup> 10 and 32, <sup>section 1437t,</sup> is amended to read:

18 49.45 (18) (d) No person who designates a pharmacy or pharmacist as his or  
19 her sole provider of prescription drugs and who so uses that pharmacy or pharmacist  
20 is liable under this subsection for more than \$12 per month for prescription drugs

1 received, unless otherwise provided by the department by a policy created under sub-  
2 (2m) (e).

NOTE: NOTE: Par. (d) is amended eff. 1-1-15 by 2011 Wis. Act 32 to read:NOTE:

3 (d) No person who designates a pharmacy or pharmacist as his or her sole provider of prescription drugs and who so uses that pharmacy or pharmacist is liable  
4 under this subsection for more than \$12 per month for prescription drugs received.

History: 1971 c. 40 s. 93; 1971 c. 42, 125; 1971 c. 213 s. 5; 1971 c. 215, 217, 307; 1973 c. 62, 90, 147; 1973 c. 333 ss. 106g, 106h, 106j, 201w; 1975 c. 39; 1975 c. 223 s. 28; 1975 c. 224 ss. 54h, 56 to 59m; 1975 c. 383 s. 4; 1975 c. 411; 1977 c. 29, 418; 1979 c. 34 ss. 837f to 838, 2102 (20) (a); 1979 c. 102, 177, 221, 355; 1981 c. 20 ss. 839 to 854, 2202 (20) (r); 1981 c. 93, 317; 1983 a. 27 ss. 1046 to 1062m, 2200 (42); 1983 a. 245, 447, 527; 1985 a. 29 ss. 1026m to 1031d, 3200 (23), (56), 3202 (27); 1985 a. 120, 176, 269; 1985 a. 332 ss. 91, 251 (5), 253; 1985 a. 340; 1987 a. 27 ss. 989r to 1000s, 2247, 3202 (24); 1987 a. 186, 307, 339, 399; 1987 a. 403 s. 256; 1987 a. 413; 1989 a. 6; 1989 a. 31 ss. 1402 to 1452g, 2909g, 2909i; 1989 a. 107, 173, 310, 336, 351, 359; 1991 a. 22, 39, 80, 250, 269, 315, 316; 1993 a. 16 ss. 1362g to 1403, 3883; 1993 a. 27, 107, 112, 183, 212, 246, 269, 335, 356, 437, 446, 469; 1995 a. 20; 1995 a. 27 ss. 2947 to 3002r, 7299, 9126 (19), 9130 (4), 9145 (1); 1995 a. 191, 216, 225, 289, 303, 398, 417, 457; 1997 a. 3, 13, 27, 114, 175, 191, 237, 252, 293; 1999 a. 9, 63, 103, 180, 185; 2001 a. 13, 16, 35, 38, 57, 67, 104, 109; 2003 a. 33, 318, 321; 2005 a. 22; 2005 a. 25 ss. 1120 to 1149f, 2503 to 2510; 2005 a. 107, 165, 253, 254, 264, 301, 340, 386, 441; 2007 a. 20 ss. 1513 to 1559h, 9121 (6) (a); 2007 a. 90, 97, 104, 141, 153; 2009 a. 2, 28, 113, 177, 180, 190, 221, 334, 342; 2011 a. 10, 32.

5 SECTION 12. 49.45 (23) (a) of the statutes, as affected by 2011 Wisconsin Acts  
6 10 and 32, <sup>2011 Wisconsin Act</sup> is amended to read: section 1438d,

7 49.45 (23) (a) The department shall request a waiver from the secretary of the  
8 federal department of health and human services to permit the department to  
9 conduct a demonstration project to provide health care coverage for basic primary  
10 and preventive care to adults who are under the age of 65, who have family incomes  
11 not to exceed 200 percent of the poverty line, and who are not otherwise eligible for  
12 medical assistance under this subchapter, the Badger Care health care program  
13 under s. 49.665, or Medicare under 42 USC 1395 et seq. If the department creates  
14 a policy under sub. (2m) (e) 10., this paragraph does not apply to the extent that it  
15 conflicts with the policy.

NOTE: NOTE: Par. (a) is amended eff. 1-1-15 by 2011 Wis. Act 32 to read:NOTE:

16 (a) The department shall request a waiver from the secretary of the federal department of health and human services to permit the department to conduct a  
17 demonstration project to provide health care coverage for basic primary and preventive care to adults who are under the age of 65, who have family incomes not to  
18 exceed 200 percent of the poverty line, and who are not otherwise eligible for medical assistance under this subchapter, the Badger Care health care program under  
19 s. 49.665, or Medicare under 42 USC 1395 et seq.

History: 1971 c. 40 s. 93; 1971 c. 42, 125; 1971 c. 213 s. 5; 1971 c. 215, 217, 307; 1973 c. 62, 90, 147; 1973 c. 333 ss. 106g, 106h, 106j, 201w; 1975 c. 39; 1975 c. 223 s. 28; 1975 c. 224 ss. 54h, 56 to 59m; 1975 c. 383 s. 4; 1975 c. 411; 1977 c. 29, 418; 1979 c. 34 ss. 837f to 838, 2102 (20) (a); 1979 c. 102, 177, 221, 355; 1981 c. 20 ss. 839 to 854, 2202 (20) (r); 1981 c. 93, 317; 1983 a. 27 ss. 1046 to 1062m, 2200 (42); 1983 a. 245, 447, 527; 1985 a. 29 ss. 1026m to 1031d, 3200 (23), (56), 3202 (27); 1985 a. 120, 176, 269; 1985 a. 332 ss. 91, 251 (5), 253; 1985 a. 340; 1987 a. 27 ss. 989r to 1000s, 2247, 3202 (24); 1987 a. 186, 307, 339, 399; 1987 a. 403 s. 256; 1987 a. 413; 1989 a. 6; 1989 a. 31 ss. 1402 to 1452g, 2909g, 2909i; 1989 a. 107, 173, 310, 336, 351, 359; 1991 a. 22, 39, 80, 250, 269, 315, 316; 1993 a. 16 ss. 1362g to 1403, 3883; 1993 a. 27, 107, 112, 183, 212, 246, 269, 335, 356, 437, 446, 469; 1995 a. 20; 1995 a. 27 ss. 2947 to 3002r, 7299, 9126 (19), 9130 (4), 9145 (1); 1995 a. 191, 216, 225, 289, 303, 398, 417, 457; 1997 a. 3, 13, 27, 114, 175, 191, 237, 252, 293; 1999 a. 9, 63, 103, 180, 185; 2001 a. 13, 16, 35, 38, 57, 67, 104, 109; 2003 a. 33, 318, 321; 2005 a. 22; 2005 a. 25 ss. 1120 to 1149f, 2503 to 2510; 2005 a. 107, 165, 253, 254, 264, 301, 340, 386, 441; 2007 a. 20 ss. 1513 to 1559h, 9121 (6) (a); 2007 a. 90, 97, 104, 141, 153; 2009 a. 2, 28, 113, 177, 180, 190, 221, 334, 342; 2011 a. 10, 32.

20 2011 Wisconsin Act SECTION 13. 49.45 (23) (b) of the statutes, as affected by 2011 Wisconsin Acts  
21 10 and 32, <sup>section 1438h,</sup> is amended to read:

22 49.45 (23) (b) If the waiver is granted and in effect, the department may  
23 promulgate rules defining the health care benefit plan, including more specific

1 eligibility requirements and cost-sharing requirements. ~~Unless otherwise provided~~  
 2 ~~by the department by a policy created under sub. (2m) (c), cost~~ Cost sharing may  
 3 include an annual enrollment fee, which may not exceed \$75 per year.  
 4 Notwithstanding s. 227.24 (3), the plan details under this subsection may be  
 5 promulgated as an emergency rule under s. 227.24 without a finding of emergency.  
 6 If the waiver is granted and in effect, the demonstration project under this subsection  
 7 shall begin on January 1, 2009, or on the effective date of the waiver, whichever is  
 8 later.

NOTE: NOTE: Par. (b) is amended eff. 1-1-15 by 2011 Wis. Act 32 to read:NOTE:

9 (b) If the waiver is granted and in effect, the department may promulgate rules defining the health care benefit plan, including more specific eligibility requirements  
 10 and cost-sharing requirements. ~~Cost sharing may include an annual enrollment fee, which may not exceed \$75 per year. Notwithstanding s. 227.24 (3), the plan details~~  
 12 ~~under this subsection may be promulgated as an emergency rule under s. 227.24 without a finding of emergency. If the waiver is granted and in effect, the demonstration~~  
~~project under this subsection shall begin on January 1, 2009, or on the effective date of the waiver, whichever is later.~~

History: 1971 c. 40 s. 93; 1971 c. 42, 125; 1971 c. 213 s. 5; 1971 c. 215, 217, 307; 1973 c. 62, 90, 147; 1973 c. 333 ss. 106g, 106h, 106j, 201w; 1975 c. 39; 1975 c. 223 s.  
 28; 1975 c. 224 ss. 54h, 56 to 59m; 1975 c. 383 s. 4; 1975 c. 411; 1977 c. 29, 418; 1979 c. 34 ss. 837f to 838, 2102 (20) (a); 1979 c. 102, 177, 221, 355; 1981 c. 20 ss. 839 to  
 854, 2202 (20) (r); 1981 c. 93, 317; 1983 a. 27 ss. 1046 to 1062m, 2200 (42); 1983 a. 245, 447, 527; 1985 a. 29 ss. 1026m to 1031d, 3200 (23), (56), 3202 (27); 1985 a. 120,  
 176, 269; 1985 a. 332 ss. 91, 251 (5), 253; 1985 a. 340; 1987 a. 27 ss. 989r to 1000s, 2247, 3202 (24); 1987 a. 186, 307, 339, 399; 1987 a. 403 s. 256; 1987 a. 413; 1989 a. 6;  
 1989 a. 31 ss. 1402 to 1452g, 2909g, 2909i; 1989 a. 107, 173, 310, 336, 351, 359; 1991 a. 22, 39, 80, 250, 269, 315, 316; 1993 a. 16 ss. 1362g to 1403, 3883; 1993 a. 27, 107,  
 112, 183, 212, 246, 269, 335, 356, 437, 446, 469; 1995 a. 20; 1995 a. 27 ss. 2947 to 3002r, 7299, 9126 (19), 9130 (4), 9145 (1); 1995 a. 191, 216, 225, 289, 303, 398, 417, 457;  
 1997 a. 3, 13, 27, 114, 175, 191, 237, 252, 293; 1999 a. 9, 63, 103, 180, 185; 2001 a. 13, 16, 35, 38, 57, 67, 104, 109; 2003 a. 33, 318, 321; 2005 a. 22; 2005 a. 25 ss. 1120 to  
 1149f, 2503 to 2510; 2005 a. 107, 165, 253, 254, 264, 301, 340, 386, 441; 2007 a. 20 ss. 1513 to 1559h, 9121 (6) (a); 2007 a. 90, 97, 104, 141, 153; 2009 a. 2, 28, 113, 177, 180,  
 190, 221, 334, 342; 2011 a. 10, 32.

13 SECTION 14. 49.45 (24g) (c) of the statutes, as affected by 2011 Wisconsin Acts  
 14 <sup>2011 Wisconsin Act</sup> 10 and <sup>section 1438L,</sup> 32, is amended to read:

15 49.45 (24g) (c) The department's proposal under par. (a) shall specify increases  
 16 in reimbursement rates for providers that satisfy the conditions under par. (a) 1. or  
 17 2., and shall provide for payment of a monthly per-patient care coordination fee to  
 18 those providers. The department shall set the increases in reimbursement rates and  
 19 the monthly per-patient care coordination fee so that together they provide  
 20 sufficient incentive for providers to satisfy a condition under par. (a) 1. or 2. The  
 21 proposal shall specify effective dates for the increases in reimbursement rates and  
 22 the monthly per-patient care coordination fee that are no sooner than July 1, 2011.  
 23 If the department ~~creates a policy under sub. (2m) (c) 4., this paragraph does not~~  
 24 ~~apply to the extent that it conflicts with the policy.~~

NOTE: NOTE: Par. (c) is amended eff. 1-1-15 by 2011 Wis. Act 32 to read:NOTE:

(c) The department's proposal under par. (a) shall specify increases in reimbursement rates for providers that satisfy the conditions under par. (a) 1. or 2., and shall provide for payment of a monthly per-patient care coordination fee to those providers. The department shall set the increases in reimbursement rates and the monthly per-patient care coordination fee so that together they provide sufficient incentive for providers to satisfy a condition under par. (a) 1. or 2. The proposal shall specify effective dates for the increases in reimbursement rates and the monthly per-patient care coordination fee that are no sooner than July 1, 2011.

History: 1971 c. 40 s. 93; 1971 c. 42, 125; 1971 c. 213 s. 5; 1971 c. 215, 217, 307; 1973 c. 62, 90, 147; 1973 c. 333 ss. 106g, 106h, 106j, 201w; 1975 c. 39; 1975 c. 223 s. 28; 1975 c. 224 ss. 54h, 56 to 59m; 1975 c. 383 s. 4; 1975 c. 411; 1977 c. 29, 418; 1979 c. 34 ss. 837f to 838, 2102 (20) (a); 1979 c. 102, 177, 221, 355; 1981 c. 20 ss. 839 to 854, 2202 (20) (r); 1981 c. 93, 317; 1983 a. 27 ss. 1046 to 1062m, 2200 (42); 1983 a. 245, 447, 527; 1985 a. 29 ss. 1026m to 1031d, 3200 (23), (56), 3202 (27); 1985 a. 120, 176, 269; 1985 a. 332 ss. 91, 251 (5), 253; 1985 a. 340; 1987 a. 27 ss. 989r to 1000s, 2247, 3202 (24); 1987 a. 186, 307, 339, 399; 1987 a. 403 s. 256; 1987 a. 413; 1989 a. 6; 1989 a. 31 ss. 1402 to 1452g, 2909g, 2909i; 1989 a. 107, 173, 310, 336, 351, 359; 1991 a. 22, 39, 80, 250, 269, 315, 316; 1993 a. 16 ss. 1362g to 1403, 3883; 1993 a. 27, 107, 112, 183, 212, 246, 269, 335, 356, 437, 446, 469; 1995 a. 20; 1995 a. 27 ss. 2947 to 3002r, 7299, 9126 (19), 9130 (4), 9145 (1); 1995 a. 191, 216, 225, 289, 303, 398, 417, 457; 1997 a. 3, 13, 27, 114, 175, 191, 237, 252, 293; 1999 a. 9, 63, 103, 180, 185; 2001 a. 13, 16, 35, 38, 57, 67, 104, 109; 2003 a. 33, 318, 321; 2005 a. 22; 2005 a. 25 ss. 1120 to 1149f, 2503 to 2510; 2005 a. 107, 165, 253, 254, 264, 301, 340, 386, 441; 2007 a. 20 ss. 1513 to 1559h, 9121 (6) (a); 2007 a. 90, 97, 104, 141, 153; 2009 a. 2, 28, 113, 177, 180, 190, 221, 334, 342; 2011 a. 10, 32.

SECTION 15. 49.45 (24s) (a) of the statutes, as created by 2011 Wisconsin Act

section 1441b,  
32, is amended to read:

49.45 (24s) (a) The department shall request a waiver from the secretary of the federal department of health and human services to permit the department to provide optional services for family planning, as defined in s. 253.07 (1) (a), under medical assistance, unless otherwise provided by the department by a policy created under sub. (2m) (e) 10. The department shall implement any waiver granted.

NOTE: NOTE: Par. (a) is amended eff. 1-1-15 by 2011 Wis. Act 32, s. 1441bg, to read as follows below. Par. (a) was created by 2011 Wis. Act 32, s. 1441b. Although the language in brackets was removed from the creation of par. (a) in s. 1441b by the governor's partial veto, the amendment by s. 1441bg of par. (a) does not reflect the removal of that language. NOTE:

(a) The department shall request a waiver from the secretary of the federal department of health and human services to permit the department to provide optional services for family planning, as defined in s. 253.07 (1) (a), under medical assistance [to any female between the ages of 15 and 44 whose family income does not exceed 200 percent of the poverty line for a family the size of the female's family]. The department shall implement any waiver granted.

History: 1971 c. 40 s. 93; 1971 c. 42, 125; 1971 c. 213 s. 5; 1971 c. 215, 217, 307; 1973 c. 62, 90, 147; 1973 c. 333 ss. 106g, 106h, 106j, 201w; 1975 c. 39; 1975 c. 223 s. 28; 1975 c. 224 ss. 54h, 56 to 59m; 1975 c. 383 s. 4; 1975 c. 411; 1977 c. 29, 418; 1979 c. 34 ss. 837f to 838, 2102 (20) (a); 1979 c. 102, 177, 221, 355; 1981 c. 20 ss. 839 to 854, 2202 (20) (r); 1981 c. 93, 317; 1983 a. 27 ss. 1046 to 1062m, 2200 (42); 1983 a. 245, 447, 527; 1985 a. 29 ss. 1026m to 1031d, 3200 (23), (56), 3202 (27); 1985 a. 120, 176, 269; 1985 a. 332 ss. 91, 251 (5), 253; 1985 a. 340; 1987 a. 27 ss. 989r to 1000s, 2247, 3202 (24); 1987 a. 186, 307, 339, 399; 1987 a. 403 s. 256; 1987 a. 413; 1989 a. 6; 1989 a. 31 ss. 1402 to 1452g, 2909g, 2909i; 1989 a. 107, 173, 310, 336, 351, 359; 1991 a. 22, 39, 80, 250, 269, 315, 316; 1993 a. 16 ss. 1362g to 1403, 3883; 1993 a. 27, 107, 112, 183, 212, 246, 269, 335, 356, 437, 446, 469; 1995 a. 20; 1995 a. 27 ss. 2947 to 3002r, 7299, 9126 (19), 9130 (4), 9145 (1); 1995 a. 191, 216, 225, 289, 303, 398, 417, 457; 1997 a. 3, 13, 27, 114, 175, 191, 237, 252, 293; 1999 a. 9, 63, 103, 180, 185; 2001 a. 13, 16, 35, 38, 57, 67, 104, 109; 2003 a. 33, 318, 321; 2005 a. 22; 2005 a. 25 ss. 1120 to 1149f, 2503 to 2510; 2005 a. 107, 165, 253, 254, 264, 301, 340, 386, 441; 2007 a. 20 ss. 1513 to 1559h, 9121 (6) (a); 2007 a. 90, 97, 104, 141, 153; 2009 a. 2, 28, 113, 177, 180, 190, 221, 334, 342; 2011 a. 10, 32.

SECTION 16. 49.45 (25g) (c) of the statutes, as affected by 2011 Wisconsin Act

section 1441c,  
10 and 32, is amended to read:

49.45 (25g) (c) The department's proposal under par. (b) shall specify increases in reimbursement rates for providers that satisfy the conditions under par. (b), and shall provide for payment of a monthly per-patient care coordination fee to those providers. The department shall set the increases in reimbursement rates and the monthly per-patient care coordination fee so that together they provide sufficient incentive for providers to satisfy a condition under par. (b) 1. or 2. The proposal shall specify effective dates for the increases in reimbursement rates and the monthly per-patient care coordination fee that are no sooner than January 1, 2011. The

check this

2011 Wisconsin Act

1 increases in reimbursement rates and monthly per-patient care coordination fees  
 2 that are not provided by the federal government shall be paid from the appropriation  
 3 under s. 20.435 (1) (am). ~~If the department creates a policy under sub. (2m) (c) 4,~~  
 4 ~~this paragraph does not apply to the extent it conflicts with the policy.~~

NOTE: NOTE: Par. (c) is amended eff. 1-1-15 by 2011 Wis. Act 32 to read:NOTE:

(c) The department's proposal under par. (b) shall specify increases in reimbursement rates for providers that satisfy the conditions under par. (b), and shall provide for payment of a monthly per-patient care coordination fee to those providers. The department shall set the increases in reimbursement rates and the monthly per-patient care coordination fee so that together they provide sufficient incentive for providers to satisfy a condition under par. (b) 1. or 2. The proposal shall specify effective dates for the increases in reimbursement rates and the monthly per-patient care coordination fee that are no sooner than January 1, 2011. The increases in reimbursement rates and monthly per-patient care coordination fees that are not provided by the federal government shall be paid from the appropriation under s. 20.435 (1) (am).

History: 1971 c. 40 s. 93; 1971 c. 42, 125; 1971 c. 213 s. 5; 1971 c. 215, 217, 307; 1973 c. 62, 90, 147; 1973 c. 333 ss. 106g, 106h, 106j, 201w; 1975 c. 39; 1975 c. 223 s. 28; 1975 c. 224 ss. 54h, 56 to 59m; 1975 c. 383 s. 4; 1975 c. 411; 1977 c. 29, 418; 1979 c. 34 ss. 837f to 838, 2102 (20) (a); 1979 c. 102, 177, 221, 355; 1981 c. 20 ss. 839 to 854, 2202 (20) (r); 1981 c. 93, 317; 1983 a. 27 ss. 1046 to 1062m, 2200 (42); 1983 a. 245, 447, 527; 1985 a. 29 ss. 1026m to 1031d, 3200 (23), (56), 3202 (27); 1985 a. 120, 176, 269; 1985 a. 332 ss. 91, 251 (5), 253; 1985 a. 340; 1987 a. 27 ss. 989r to 1000s, 2247, 3202 (24); 1987 a. 186, 307, 339, 399; 1987 a. 403 s. 256; 1987 a. 413; 1989 a. 6; 1989 a. 31 ss. 1402 to 1452g, 2909g, 2909i; 1989 a. 107, 173, 310, 336, 351, 359; 1991 a. 22, 39, 80, 250, 269, 315, 316; 1993 a. 16 ss. 1362g to 1403, 3883; 1993 a. 27, 107, 112, 183, 212, 246, 269, 335, 356, 437, 446, 469; 1995 a. 20; 1995 a. 27 ss. 2947 to 3002r, 7299, 9126 (19), 9130 (4), 9145 (1); 1995 a. 191, 216, 225, 289, 303, 398, 417, 457; 1997 a. 3, 13, 27, 114, 175, 191, 237, 252, 293; 1999 a. 9, 63, 103, 180, 185; 2001 a. 13, 16, 35, 38, 57, 67, 104, 109; 2003 a. 33, 318, 321; 2005 a. 22; 2005 a. 25 ss. 1120 to 1149f, 2503 to 2510; 2005 a. 107, 165, 253, 254, 264, 301, 340, 386, 441; 2007 a. 20 ss. 1513 to 1559h, 9121 (6) (a); 2007 a. 90, 97, 104, 141, 153; 2009 a. 2, 28, 113, 177, 180, 190, 221, 334, 342; 2011 a. 10, 32.

2011 Wisconsin Act SECTION 17. 49.45 (27) of the statutes, as affected by 2011 Wisconsin Act 10 and 32, section 1441F, is amended to read:

13 49.45 (27) ELIGIBILITY OF ALIENS. A person who is not a U.S. citizen or an alien  
 14 lawfully admitted for permanent residence or otherwise permanently residing in the  
 15 United States under color of law may not receive medical assistance benefits except  
 16 as provided under 8 USC 1255a (h) (3) or 42 USC 1396b (v), unless otherwise  
 17 provided by the department by a policy created under sub. (2m) (c).

NOTE: NOTE: Sub. (27) is amended eff. 1-1-15 by 2011 Wis. Act 32 to read:NOTE:

(27) ELIGIBILITY OF ALIENS. A person who is not a U.S. citizen or an alien lawfully admitted for permanent residence or otherwise permanently residing in the United States under color of law may not receive medical assistance benefits except as provided under 8 USC 1255a (h) (3) or 42 USC 1396b (v).

History: 1971 c. 40 s. 93; 1971 c. 42, 125; 1971 c. 213 s. 5; 1971 c. 215, 217, 307; 1973 c. 62, 90, 147; 1973 c. 333 ss. 106g, 106h, 106j, 201w; 1975 c. 39; 1975 c. 223 s. 28; 1975 c. 224 ss. 54h, 56 to 59m; 1975 c. 383 s. 4; 1975 c. 411; 1977 c. 29, 418; 1979 c. 34 ss. 837f to 838, 2102 (20) (a); 1979 c. 102, 177, 221, 355; 1981 c. 20 ss. 839 to 854, 2202 (20) (r); 1981 c. 93, 317; 1983 a. 27 ss. 1046 to 1062m, 2200 (42); 1983 a. 245, 447, 527; 1985 a. 29 ss. 1026m to 1031d, 3200 (23), (56), 3202 (27); 1985 a. 120, 176, 269; 1985 a. 332 ss. 91, 251 (5), 253; 1985 a. 340; 1987 a. 27 ss. 989r to 1000s, 2247, 3202 (24); 1987 a. 186, 307, 339, 399; 1987 a. 403 s. 256; 1987 a. 413; 1989 a. 6; 1989 a. 31 ss. 1402 to 1452g, 2909g, 2909i; 1989 a. 107, 173, 310, 336, 351, 359; 1991 a. 22, 39, 80, 250, 269, 315, 316; 1993 a. 16 ss. 1362g to 1403, 3883; 1993 a. 27, 107, 112, 183, 212, 246, 269, 335, 356, 437, 446, 469; 1995 a. 20; 1995 a. 27 ss. 2947 to 3002r, 7299, 9126 (19), 9130 (4), 9145 (1); 1995 a. 191, 216, 225, 289, 303, 398, 417, 457; 1997 a. 3, 13, 27, 114, 175, 191, 237, 252, 293; 1999 a. 9, 63, 103, 180, 185; 2001 a. 13, 16, 35, 38, 57, 67, 104, 109; 2003 a. 33, 318, 321; 2005 a. 22; 2005 a. 25 ss. 1120 to 1149f, 2503 to 2510; 2005 a. 107, 165, 253, 254, 264, 301, 340, 386, 441; 2007 a. 20 ss. 1513 to 1559h, 9121 (6) (a); 2007 a. 90, 97, 104, 141, 153; 2009 a. 2, 28, 113, 177, 180, 190, 221, 334, 342; 2011 a. 10, 32.

2011 Wisconsin Act SECTION 18. 49.45 (39) (b) 1. of the statutes, as affected by 2011 Wisconsin Act 10 and 32, section 1442g, is amended to read:

22 49.45 (39) (b) 1. 'Payment for school medical services.' If a school district or a  
 23 cooperative educational service agency elects to provide school medical services and  
 24 meets all requirements under par. (c), the department shall reimburse the school

1 district or the cooperative educational service agency for 60% of the federal share of  
2 allowable charges for the school medical services that it provides, ~~unless otherwise~~  
3 ~~provided by the department by a policy created under sub. (2m) (c)~~, and, as specified  
4 in subd. 2., for allowable administrative costs. If the Wisconsin Center for the Blind  
5 and Visually Impaired or the Wisconsin Educational Services Program for the Deaf  
6 and Hard of Hearing elects to provide school medical services and meets all  
7 requirements under par. (c), the department shall reimburse the department of  
8 public instruction for 60% of the federal share of allowable charges for the school  
9 medical services that the Wisconsin Center for the Blind and Visually Impaired or  
10 the Wisconsin Educational Services Program for the Deaf and Hard of Hearing  
11 provides, ~~unless otherwise provided by the department by a policy created under sub.~~  
12 ~~(2m) (c)~~, and, as specified in subd. 2., for allowable administrative costs. A school  
13 district, cooperative educational service agency, the Wisconsin Center for the Blind  
14 and Visually Impaired or the Wisconsin Educational Services Program for the Deaf  
15 and Hard of Hearing may submit, and the department shall allow, claims for common  
16 carrier transportation costs as a school medical service unless the department  
17 receives notice from the federal health care financing administration that, under a  
18 change in federal policy, the claims are not allowed. If the department receives the  
19 notice, a school district, cooperative educational service agency, the Wisconsin  
20 Center for the Blind and Visually Impaired, or the Wisconsin Educational Services  
21 Program for the Deaf and Hard of Hearing may submit, and the department shall  
22 allow, unreimbursed claims for common carrier transportation costs incurred before  
23 the date of the change in federal policy. The department shall promulgate rules  
24 establishing a methodology for making reimbursements under this paragraph. All  
25 other expenses for the school medical services provided by a school district or a

1 cooperative educational service agency shall be paid for by the school district or the  
 2 cooperative educational service agency with funds received from state or local taxes.  
 3 The school district, the Wisconsin Center for the Blind and Visually Impaired, the  
 4 Wisconsin Educational Services Program for the Deaf and Hard of Hearing, or the  
 5 cooperative educational service agency shall comply with all requirements of the  
 6 federal department of health and human services for receiving federal financial  
 7 participation.

NOTE: NOTE: Subd. 1. is amended eff. 1-1-15 by 2011 Wis. Act 32 to read:NOTE:

1. Payment for school medical services. If a school district or a cooperative educational service agency elects to provide school medical services and meets all requirements under par. (c), the department shall reimburse the school district or the cooperative educational service agency for 60% of the federal share of allowable charges for the school medical services that it provides and, as specified in subd. 2., for allowable administrative costs. If the Wisconsin Center for the Blind and Visually Impaired or the Wisconsin Educational Services Program for the Deaf and Hard of Hearing elects to provide school medical services and meets all requirements under par. (c), the department shall reimburse the department of public instruction for 60% of the federal share of allowable charges for the school medical services that the Wisconsin Center for the Blind and Visually Impaired or the Wisconsin Educational Services Program for the Deaf and Hard of Hearing provides and, as specified in subd. 2., for allowable administrative costs. A school district, cooperative educational service agency, the Wisconsin Center for the Blind and Visually Impaired, or the Wisconsin Educational Services Program for the Deaf and Hard of Hearing may submit, and the department shall allow, claims for common carrier transportation costs as a school medical service unless the department receives notice from the federal health care financing administration that, under a change in federal policy, the claims are not allowed. If the department receives the notice, a school district, cooperative educational service agency, the Wisconsin Center for the Blind and Visually Impaired, or the Wisconsin Educational Services Program for the Deaf and Hard of Hearing may submit, and the department shall allow, unreimbursed claims for common carrier transportation costs incurred before the date of the change in federal policy. The department shall promulgate rules establishing a methodology for making reimbursements under this paragraph. All other expenses for the school medical services provided by a school district or a cooperative educational service agency shall be paid for by the school district or the cooperative educational service agency with funds received from state or local taxes. The school district, the Wisconsin Center for the Blind and Visually Impaired, the Wisconsin Educational Services Program for the Deaf and Hard of Hearing, or the cooperative educational service agency shall comply with all requirements of the federal department of health and human services for receiving federal financial participation.

History: 1971 c. 40 s. 93; 1971 c. 42, 125; 1971 c. 213 s. 5; 1971 c. 215, 217, 307; 1973 c. 62, 90, 147; 1973 c. 333 ss. 106g, 106h, 106j, 201w; 1975 c. 39; 1975 c. 223 s. 28; 1975 c. 224 ss. 54h, 56 to 59m; 1975 c. 383 s. 4; 1975 c. 411; 1977 c. 29, 418; 1979 c. 34 ss. 837f to 838, 2102 (20) (a); 1979 c. 102, 177, 221, 355; 1981 c. 20 ss. 839 to 854, 2202 (20) (r); 1981 c. 93, 317; 1983 a. 27 ss. 1046 to 1062m, 2200 (42); 1983 a. 245, 447, 527; 1985 a. 29 ss. 1026m to 1031d, 3200 (23), (56), 3202 (27); 1985 a. 120, 176, 269; 1985 a. 332 ss. 91, 251 (5), 253; 1985 a. 340; 1987 a. 27 ss. 989r to 1000s, 2247, 3202 (24); 1987 a. 186, 307, 339, 399; 1987 a. 403 s. 256; 1987 a. 413; 1989 a. 6; 1989 a. 31 ss. 1402 to 1452g, 2909g, 2909i; 1989 a. 107, 173, 310, 336, 351, 359; 1991 a. 22, 39, 80, 250, 269, 315, 316; 1993 a. 16 ss. 1362g to 1403, 3883; 1993 a. 27, 107, 112, 183, 212, 246, 269, 335, 356, 437, 446, 469; 1995 a. 20; 1995 a. 27 ss. 2947 to 3002r, 7299, 9126 (19), 9130 (4), 9145 (1); 1995 a. 191, 216, 225, 289, 303, 398, 417, 457; 1997 a. 3, 13, 27, 114, 175, 191, 237, 252, 293; 1999 a. 9, 63, 103, 180, 185; 2001 a. 13, 16, 35, 38, 57, 67, 104, 109; 2003 a. 33, 318, 321; 2005 a. 22; 2005 a. 25 ss. 1120 to 1149f, 2503 to 2510; 2005 a. 107, 165, 253, 254, 264, 301, 340, 386, 441; 2007 a. 20 ss. 1513 to 1559h, 9121 (6) (p); 2007 a. 90, 97, 104, 141, 153; 2009 a. 2, 28, 113, 177, 180, 190, 221, 334, 342; 2011 a. 10, 32.

24 SECTION 19. 49.46 (1) (n) of the statutes, as affected by 2011 Wisconsin Acts 10  
 25 Act and 32, is repealed.

26 SECTION 20. 49.46 (2) (a) (intro.) of the statutes, as affected by 2011 Wisconsin  
 27 Act 10 and 32, is amended to read:

28 49.46 (2) (a) (intro.) Except as provided in par. (be) and unless otherwise  
 29 provided by the department by a policy created under s. 49.45 (2m) (e), the  
 30 department shall audit and pay allowable charges to certified providers for medical  
 31 assistance on behalf of recipients for the following federally mandated benefits:

NOTE: NOTE: Par. (a) (intro.) is amended eff. 1-1-15 by 2011 Wis. Act 32 to read:NOTE:

(a) Except as provided in par. (be), the department shall audit and pay allowable charges to certified providers for medical assistance on behalf of recipients for the following federally mandated benefits:

History: 1971 c. 125, 211, 215; 1973 c. 90, 147; 1975 c. 39; 1977 c. 29 ss. 592m, 1656 (18); 1977 c. 389, 418; 1979 c. 34, 221; 1981 c. 20, 93, 317; 1983 a. 27; 1983 a. 189 s. 329 (5); 1983 a. 245 ss. 10, 15; 1983 a. 538; 1985 a. 29, 120, 176, 253; 1987 a. 27, 307, 339, 399, 413; 1989 a. 9; 1989 a. 31 ss. 1454d to 1460 and 2909g, 2909i; 1989 a. 122.

173, 333, 336, 351; 1991 a. 39, 178, 269, 316; 1993 a. 16, 99, 269, 277, 446, 450, 491; 1995 a. 27, 77, 164, 289, 303, 457; 1997 a. 27, 35, 105, 237; 1999 a. 9; 2001 a. 16; 2003 a. 33; 2005 a. 25, 253; 2007 a. 20, 91; 2009 a. 28, 221; 2011 a. 10, 32.

2011 Wisconsin Act

1 SECTION 21. 49.46 (2) (b) (intro.) of the statutes, as affected by 2011 Wisconsin  
2 Act 10 and 32, section 1453K, is amended to read:

3 49.46 (2) (b) (intro.) Except as provided in pars. (be) and (dc) and unless  
4 otherwise provided by the department by a policy created under s. 49.45 (2m) (e), the  
5 department shall audit and pay allowable charges to certified providers for medical  
6 assistance on behalf of recipients for the following services:

NOTE: NOTE: Par. (b) (intro.) is amended eff. 1-1-15 by 2011 Wis. Act 32 to read: NOTE:

7 (b) Except as provided in pars. (be) and (dc), the department shall audit and pay allowable charges to certified providers for medical assistance on behalf of recipients  
8 for the following services:

History: 1971 c. 125, 211, 215; 1973 c. 90, 147; 1975 c. 39; 1977 c. 29 ss. 592m, 1656 (18); 1977 c. 389, 418; 1979 c. 34, 221; 1981 c. 20, 93, 317; 1983 a. 27; 1983 a. 189 s. 329 (5); 1983 a. 245 ss. 10, 15; 1983 a. 538; 1985 a. 29, 120, 176, 253; 1987 a. 27, 307, 339, 399, 413; 1989 a. 9; 1989 a. 31 ss. 1454d to 1460 and 2909g, 2909i; 1989 a. 122, 173, 333, 336, 351; 1991 a. 39, 178, 269, 316; 1993 a. 16, 99, 269, 277, 446, 450, 491; 1995 a. 27, 77, 164, 289, 303, 457; 1997 a. 27, 35, 105, 237; 1999 a. 9; 2001 a. 16; 2003 a. 33; 2005 a. 25, 253; 2007 a. 20, 91; 2009 a. 28, 221; 2011 a. 10, 32.

2011 Wisconsin Act

9 SECTION 22. 49.465 (2) (intro.) of the statutes, as affected by 2011 Wisconsin  
10 Act 10 and 32, section 1453r, is amended to read:

11 49.465 (2) (intro.) Unless otherwise provided by the department by a policy  
12 created under s. 49.45 (2m) (e), a pregnant woman is eligible for medical assistance  
13 benefits, as provided under sub. (3), during the period beginning on the day on which  
14 a qualified provider determines, on the basis of preliminary information, that the  
15 woman's family income does not exceed the highest level for eligibility for benefits  
16 under s. 49.46 (1) or 49.47 (4) (am) or (c) 1. and ending as follows:

NOTE: NOTE: Sub. (2) (intro.) is amended eff. 1-1-15 by 2011 Wis. Act 32 to read: NOTE:

17 (2) A pregnant woman is eligible for medical assistance benefits, as provided under sub. (3), during the period beginning on the day on which a qualified provider  
18 determines, on the basis of preliminary information, that the woman's family income does not exceed the highest level for eligibility for benefits under s. 49.46 (1) or  
19 49.47 (4) (am) or (c) 1. and ending as follows:

History: 1987 a. 27, 307, 413; 1989 a. 9; 1989 a. 31 ss. 1460p, 2909g, 2909i; 1991 a. 269; 1995 a. 289; 1997 a. 27; 2011 a. 10, 32.

2011 Wisconsin Act

20 SECTION 23. 49.47 (4) (a) (intro.) of the statutes, as affected by 2011 Wisconsin  
21 Act 10 and 32, section 1457p, is amended to read:

22 49.47 (4) (a) (intro.) Unless otherwise provided by the department by a policy  
23 created under s. 49.45 (2m) (e), any Any individual who meets the limitations on  
24 income and resources under pars. (b) to (c) and who complies with pars. (cm) and (cr)  
25 shall be eligible for medical assistance under this section if such individual is:



1 NOTE: NOTE: NOTE: Par. (a) (intro.) is amended eff. 1-1-15 by 2011 Wis. Act 32 to read:NOTE:

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

History: 1971 c. 125; 1971 c. 213 s. 5; 1971 c. 215; 1973 c. 90, 147, 333; 1977 c. 29 ss. 593, 1656 (18); 1977 c. 105 s. 59; 1977 c. 273, 418; 1979 c. 34; 1981 c. 20, 93; 1981  
c. 314 s. 144; 1983 a. 27, 245; 1985 a. 29; 1987 a. 27, 307, 399, 413; 1989 a. 9; 1989 a. 31 ss. 1462k to 1466d, 2909c to 2909i; 1989 a. 173, 336, 351; 1991 a. 39, 178, 269, 316;  
1993 a. 16, 269, 277, 437; 1995 a. 27 ss. 3026 to 3028, 9126 (19); 1995 a. 225, 289, 295; 1997 a. 27; 1999 a. 9; 2001 a. 16; 2005 a. 25, 253; 2007 a. 11, a. 20 ss. 1596 to 1604,  
9121 (6) (a); 2009 a. 28, 180; 2011 a. 10, 32.

4 SECTION 24. 49.47 (5) (c) of the statutes, as affected by 2011 Wisconsin Acts 10  
5 Act and section 1459i,  
and 32, is repealed.

6 SECTION 25. 49.47 (6) (a) (intro.) of the statutes, as affected by 2011 Wisconsin  
7 Act Act 10 and section 1459n,  
and 32, is amended to read:

8 49.47 (6) (a) Unless otherwise provided by the department by a policy created  
9 under s. 49.45 (2m) (e), the The department shall audit and pay charges to certified  
10 providers for medical assistance on behalf of the following:

NOTE: NOTE: Par. (a) (intro.) is amended eff. 1-1-15 by 2011 Wis. Act 32 to read:NOTE:

11 (a) The department shall audit and pay charges to certified providers for medical assistance on behalf of the following:

History: 1971 c. 125; 1971 c. 213 s. 5; 1971 c. 215; 1973 c. 90, 147, 333; 1977 c. 29 ss. 593, 1656 (18); 1977 c. 105 s. 59; 1977 c. 273, 418; 1979 c. 34; 1981 c. 20, 93; 1981  
c. 314 s. 144; 1983 a. 27, 245; 1985 a. 29; 1987 a. 27, 307, 399, 413; 1989 a. 9; 1989 a. 31 ss. 1462k to 1466d, 2909c to 2909i; 1989 a. 173, 336, 351; 1991 a. 39, 178, 269, 316;  
1993 a. 16, 269, 277, 437; 1995 a. 27 ss. 3026 to 3028, 9126 (19); 1995 a. 225, 289, 295; 1997 a. 27; 1999 a. 9; 2001 a. 16; 2005 a. 25, 253; 2007 a. 11, a. 20 ss. 1596 to 1604,  
9121 (6) (a); 2009 a. 28, 180; 2011 a. 10, 32.

12 SECTION 26. 49.471 (13) of the statutes, as affected by 2011 Wisconsin Acts 10  
13 Act and section 1461g,  
and 32, is repealed.

14 SECTION 27. 49.472 (3) (intro.) of the statutes, as affected by 2011 Wisconsin  
15 Act Act 10 and section 1461p,  
and 32, is amended to read:

16 49.472 (3) ELIGIBILITY. (intro.) Except as provided in sub. (6) (a) and unless  
17 otherwise provided by the department by a policy created under s. 49.45 (2m) (e), an  
18 individual is eligible for and shall receive medical assistance under this section if all  
19 of the following conditions are met:

NOTE: NOTE: Sub. (3) (intro.) is amended eff. 1-1-15 by 2011 Wis. Act 32 to read:NOTE:

20 (3) ELIGIBILITY. Except as provided in sub. (6) (a), an individual is eligible for and shall receive medical assistance under this section if all of the following conditions  
21 are met:

History: 1999 a. 9, 185; 2001 a. 16; 2003 a. 33; 2009 a. 2; 2011 a. 10, 32.

22 SECTION 28. 49.472 (4) (b) (intro.) of the statutes, as affected by 2011 Wisconsin  
23 Act Act 10 and section 1462g,  
and 32, is amended to read:

24 49.472 (4) (b) (intro.) The department may waive monthly premiums that are  
25 calculated to be below \$10 per month. Unless otherwise provided by the department

1 ~~by a policy created under s. 49.45 (2m) (c), the~~ The department may not assess a  
 2 monthly premium for any individual whose income level, after adding the  
 3 individual's earned income and unearned income, is below 150% of the poverty line.

NOTE: NOTE: Par. (b) is amended eff. 1-1-15 by 2011 Wis. Act 32 to read: NOTE:

4 (b) The department may waive monthly premiums that are calculated to be below \$10 per month. The department may not assess a monthly premium for any  
 5 individual whose income level, after adding the individual's earned income and unearned income, is below 150% of the poverty line.

History: 1999 a. 9, 185; 2001 a. 16; 2003 a. 33; 2009 a. 2; 2011 a. 10, 32.

2011 Wisconsin Act 7

SECTION 29. 49.473 (2) (intro.) of the statutes, as affected by 2011 Wisconsin

Act 10 and 32, <sup>section 1465A,</sup> is amended to read:

8 49.473 (2) (intro.) Unless otherwise provided by the department by a policy  
 9 ~~created under s. 49.45 (2m) (c), a~~ A woman is eligible for medical assistance as  
 10 provided under sub. (5) if, after applying to the department or a county department,  
 11 the department or a county department determines that she meets all of the  
 12 following requirements:

NOTE: NOTE: Sub. (2) (intro.) is amended eff. 1-1-15 by 2011 Wis. Act 32 to read: NOTE:

13 (2) A woman is eligible for medical assistance as provided under sub. (5) if, after applying to the department or a county department, the department or a county  
 14 department determines that she meets all of the following requirements:

History: 2001 a. 16, 104; 2003 a. 33; 2007 a. 20; 2009 a. 2; 2011 a. 10, 32.

2011 Wisconsin Act

SECTION 30. 49.473 (5) of the statutes, as affected by 2011 Wisconsin Acts 10

and 32, <sup>section 14694,</sup> is amended to read:

17 49.473 (5) The department shall audit and pay, from the appropriation  
 18 accounts under s. 20.435 (4) (b), (gm), and (o), allowable charges to a provider who  
 19 is certified under s. 49.45 (2) (a) 11. for medical assistance on behalf of a woman who  
 20 meets the requirements under sub. (2) for all benefits and services specified under  
 21 s. 49.46 (2), ~~unless otherwise provided by the department by a policy created under~~  
 22 s. 49.45 (2m) (c).

NOTE: NOTE: Sub. (5) is amended eff. 1-1-15 by 2011 Wis. Act 32 to read: NOTE:

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

History: 2001 a. 16, 104; 2003 a. 33; 2007 a. 20; 2009 a. 2; 2011 a. 10, 32.

25

(END)

**Parisi, Lori**

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**From:** Pennoyer, Kara  
**Sent:** Tuesday, September 27, 2011 3:43 PM  
**To:** LRB.Legal  
**Subject:** Draft Review: LRB 11-2996/1 Topic: Eliminating ability for DHS to make changes to Medical Assistance program without legislation or rules

Please Jacket LRB 11-2996/1 for the SENATE.