

**2011 Jr1 DRAFTING REQUEST**

**Senate Amendment (SA-SB11)**

Received: 02/16/2011

Received By: **tdodge**

Wanted: **As time permits**

Companion to LRB:

For: **Administration 7-7980**

By/Representing: **Marta Skwarczek**

May Contact:

Drafter: **tdodge**

Subject: **Health - medical assistance**

Addl. Drafters:

Extra Copies:

Submit via email: **YES**

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**Pre Topic:**

No specific pre topic given

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**Topic:**

Sunset Medical Assistance provisions on December 31, 2014.

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**Instructions:**

See attached

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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>
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FE Sent For:

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/?	tdodge	Tjs 2/15/11	J/16/11	J/16/11			
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FE Sent For:

<END>



NSW  
State of Wisconsin  
2011 - 2012 LEGISLATURE

January 2011 Special Session

In: 2/10



LRBb0015/20  
TJD: /:.... )

RMR

**PRELIMINARY DRAFT - NOT READY FOR INTRODUCTION  
SENATE AMENDMENT,  
TO SENATE BILL 11**

gjs

as affected by 2011  
Wisconsin Act Δ...Δ (this  
act) ↗

as created by 2011  
Wisconsin Act Δ...Δ (this  
act) ↗

- 1 At the locations indicated, amend the bill as follows:
- 2 **1.** Page 48, line 2: after that line insert:
- 3 "SECTION 112d. 49.45 (2m) of the statutes is repealed."
- 4 **2.** Page 48, line 5: after that line insert:
- 5 "SECTION 113d. 49.45 (3) (n) of the statutes is repealed."
- 6 **3.** Page 48, line 8: after that line insert:
- 7 "SECTION 114d. 49.45 (6m) (n) of the statutes is repealed."
- 8 **4.** Page 48, line 15: after that line insert:
- 9 "SECTION 115d. 49.45 (8) (b) of the statutes is amended to read:
- 10 49.45 (8) (b) Unless otherwise provided by the department by rule promulgated
- 11 under sub. (2m) (e), reimbursement Reimbursement under s. 20.435 (4) (b), (o), and
- 12 (w) for home health services provided by a certified home health agency or

as affected by 2011 Wisconsin Act (this act)

1 independent nurse shall be made at the home health agency's or nurse's usual and  
2 customary fee per patient care visit, subject to a maximum allowable fee per patient  
3 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.

4 **5.** Page 48, line 22: after that line insert:

5 **“SECTION 116d.** 49.45 (8) (c) of the statutes is amended to read:

6 49.45 (8) (c) The department shall establish a maximum statewide allowable  
7 fee per patient care visit, for each type of visit with respect to provider, that may be  
8 no greater than the cost per patient care visit, as determined by the department from  
9 cost reports of home health agencies, adjusted for costs related to case management,  
10 care coordination, travel, record keeping and supervision, ~~unless otherwise provided~~  
11 ~~by the department by rule promulgated under sub. (2m) (e).”~~

**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.

12 **6.** Page 49, line 6: after that line insert:

13 **“SECTION 117d.** 49.45 (8r) of the statutes is amended to read:

14 49.45 (8r) PAYMENT FOR CERTAIN OBSTETRIC AND GYNECOLOGICAL CARE. ~~Unless~~  
15 ~~otherwise provided by the department by rule promulgated under sub. (2m) (e), the~~  
16 The rate of payment for obstetric and gynecological care provided in primary care  
17 shortage areas, as defined in s. 36.60 (1) (cm), or provided to recipients of medical  
18 assistance who reside in primary care shortage areas, that is equal to 125% of the  
19 rate paid under this section to primary care physicians in primary care shortage

as affected by 2011 Wisconsin Act (this act)

1 areas, shall be paid to all certified primary care providers who provide obstetric or  
2 gynecological 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.

3 **7.** Page 49, line 18: after that line insert:

4 **“SECTION 118d.** 49.45 (8v) of the statutes is amended to read:

5 49.45 (8v) INCENTIVE-BASED PHARMACY PAYMENT SYSTEM. The department shall  
6 establish a system of payment to pharmacies for legend and over-the-counter drugs  
7 provided to recipients of medical assistance that has financial incentives for  
8 pharmacists who perform services that result in savings to the medical assistance  
9 program. Under this system, the department shall establish a schedule of fees that  
10 is designed to ensure that any incentive payments made are equal to or less than the  
11 documented savings unless otherwise provided by the department by rule  
12 promulgated under sub. (2m) (e). The department may discontinue the system  
13 established under this subsection if the department determines, after performance  
14 of a study, that payments to pharmacists under the system exceed the documented  
15 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.

16 **8.** Page 50, line 7: after that line insert:

17 **“SECTION 119d.** 49.45 (18) (ac) of the statutes is amended to read:

18 49.45 (18) (ac) Except as provided in pars. (am) to (d), and subject to par. (ag),  
19 any person eligible for medical assistance under s. 49.46, 49.468, or 49.47, or for the

as affected by 2011 Wisconsin Act  $\Delta$ ---- $\Delta$  (this act)

1 benefits under s. 49.46 (2) (a) and (b) under s. 49.471 shall pay up to the maximum  
2 amounts allowable under 42 CFR 447.53 to 447.58 for purchases of services provided  
3 under s. 49.46 (2). The service provider shall collect the specified or allowable  
4 copayment, coinsurance, or deductible, unless the service provider determines that  
5 the cost of collecting the copayment, coinsurance, or deductible exceeds the amount  
6 to be collected. The department shall reduce payments to each provider by the  
7 amount of the specified or allowable copayment, coinsurance, or deductible. Unless  
8 otherwise provided by the department by rule promulgated under sub. (2m) (e), no  
9 No provider may deny care or services because the recipient is unable to share costs,  
10 but an inability to share costs specified in this subsection does not relieve the  
11 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. 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.

12 **9.** Page 50, line 11: after that line insert:

13 “SECTION 120d. 49.45 (18) (ag) (intro.) of the statutes is amended to read:

14 49.45 (18) (ag) (intro.) Except as provided in pars. (am), (b), and (c), and subject

15 to par. (d), a recipient specified in par. (ac) shall pay all of the following, unless

16 otherwise provided by the department by rule promulgated under sub. (2m) (e).”.

**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.

17 **10.** Page 50, line 15: after that line insert:

18 “SECTION 121d. 49.45 (18) (b) (intro.) of the statutes is amended to read:

as affected by 2011 Wisconsin Act (this act)

1 49.45 (18) (b) (intro.) ~~Unless otherwise provided by the department by rule~~  
2 ~~promulgated under sub. (2m) (e), the~~ The following services are not subject to  
3 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.

4 **11.** Page 50, line 21: after that line insert:

5 “SECTION 122d. 49.45 (18) (d) of the statutes is amended to read:

6 49.45 (18) (d) No person who designates a pharmacy or pharmacist as his or  
7 her sole provider of prescription drugs and who so uses that pharmacy or pharmacist  
8 is liable under this subsection for more than \$12 per month for prescription drugs  
9 received, ~~unless otherwise provided by the department by rule promulgated under~~  
10 ~~sub. (2m) (e).”~~

**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.

11 **12.** Page 51, line 6: after that line insert:

12 “SECTION 123d. 49.45 (23) (a) of the statutes is amended to read:

13 49.45 (23) (a) The department shall request a waiver from the secretary of the  
14 federal department of health and human services to permit the department to  
15 conduct a demonstration project to provide health care coverage for basic primary  
16 and preventive care to adults who are under the age of 65, who have family incomes  
17 not to exceed 200 percent of the poverty line, and who are not otherwise eligible for  
18 medical assistance under this subchapter, the Badger Care health care program  
19 under s. 49.665, or Medicare under 42 USC 1395 et seq. ~~If the department~~

Struck period

1 ~~promulgates a rule under sub. (2m) (e) 10., this paragraph does not apply to the~~  
2 ~~extent that it conflicts with the rule”.~~

**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.

3 **13.** Page 51, line 17: after that line insert:

4 **“SECTION 124d.** 49.45 (23) (b) of the statutes is amended to read:

5 49.45 (23) (b) If the waiver is granted and in effect, the department may  
6 promulgate rules defining the health care benefit plan, including more specific  
7 eligibility requirements and cost-sharing requirements. ~~Unless otherwise provided~~  
8 ~~by the department by rule promulgated under sub. (2m) (e), cost~~ Cost sharing may  
9 include an annual enrollment fee, which may not exceed \$75 per year.  
10 Notwithstanding s. 227.24 (3), the plan details under this subsection may be  
11 promulgated as an emergency rule under s. 227.24 without a finding of emergency.  
12 If the waiver is granted and in effect, the demonstration project under this subsection  
13 shall begin on January 1, 2009, or on the effective date of the waiver, whichever is  
14 later.”

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**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.

15 **14.** Page 52, line 3: after that line insert:

16 **“SECTION 125d.** 49.45 (24g) (c) of the statutes is amended to read:

17 49.45 (24g) (c) The department’s proposal under par. (a) shall specify increases  
18 in reimbursement rates for providers that satisfy the conditions under par. (a) 1. or  
19 2., and shall provide for payment of a monthly per-patient care coordination fee to



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1 those providers. The department shall set the increases in reimbursement rates and  
2 the monthly per-patient care coordination fee so that together they provide  
3 sufficient incentive for providers to satisfy a condition under par. (a) 1 or 2. The  
4 proposal shall specify effective dates for the increases in reimbursement rates and  
5 the monthly per-patient care coordination fee that are no sooner than July 1, 2011.  
6 ~~If the department promulgates a rule under sub. (2m) (c) 4., this paragraph does not~~  
7 ~~apply to the extent that it conflicts with the rule.”.~~

**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.

8 **15.** Page 52, line 11: after that line insert:

9 **“SECTION 126d.** 49.45 (24r) (a) of the statutes is amended to read:

10 49.45 (24r) (a) The department shall implement any waiver granted by the  
11 secretary of the federal department of health and human services to permit the  
12 department to conduct a demonstration project to provide family planning, as  
13 defined in s. 253.07 (1) (a), under medical assistance to any woman between the ages  
14 of 15 and 44 whose family income does not exceed 200% of the poverty line for a family  
15 the size of the woman’s family. ~~If the department promulgates a rule under sub. (2m)~~  
16 ~~(c) 10., this paragraph does not apply to the extent it conflicts with the rule.”.~~

**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.

17 **16.** Page 52, line 19: after that line insert:

18 **“SECTION 127d.** 49.45 (24r) (b) of the statutes is amended to read:

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1           49.45 (24r) (b) The department may request an amended waiver from the  
2 secretary to permit the department to conduct a demonstration project to provide  
3 family planning to any man between the ages of 15 and 44 whose family income does  
4 not exceed 200 percent of the poverty line for a family the size of the man's family.  
5 If the amended waiver is granted, the department may implement the waiver. If the  
6 department promulgates a rule under sub. (2m) (c) 10., this paragraph does not apply  
7 to the extent it conflicts with the rule.”

**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.

8           **17.** Page 53, line 7: after that line insert:

9           “**SECTION 128d.** 49.45 (25g) (c) of the statutes is amended to read:

10           49.45 (25g) (c) The department's proposal under par. (b) shall specify increases  
11 in reimbursement rates for providers that satisfy the conditions under par. (b), and  
12 shall provide for payment of a monthly per-patient care coordination fee to those  
13 providers. The department shall set the increases in reimbursement rates and the  
14 monthly per-patient care coordination fee so that together they provide sufficient  
15 incentive for providers to satisfy a condition under par. (b) 1. or 2. The proposal shall  
16 specify effective dates for the increases in reimbursement rates and the monthly  
17 per-patient care coordination fee that are no sooner than January 1, 2011. The  
18 increases in reimbursement rates and monthly per-patient care coordination fees  
19 that are not provided by the federal government shall be paid from the appropriation  
20 under s. 20.435 (1) (am). If the department promulgates a rule under sub. (2m) (c)  
21 4., this paragraph does not apply to the extent it conflicts with the rule.”

**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,

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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.

1 **18.** Page 53, line 13: after that line insert:

2 **"SECTION 129d.** 49.45 (27) of the statutes is amended to read:

3 49.45 (27) ELIGIBILITY OF ALIENS. A person who is not a U.S. citizen or an alien  
4 lawfully admitted for permanent residence or otherwise permanently residing in the  
5 United States under color of law may not receive medical assistance benefits except  
6 as provided under 8 USC 1255a (h) (3) or 42 USC 1396b (v), unless otherwise  
7 provided by the department by rule promulgated under sub. (2m) (e)."

**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 (2) (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.

8 **19.** Page 54, line 24: after that line insert:

9 **"SECTION 130d.** 49.45 (39) (b) 1. of the statutes is amended to read:

10 49.45 (39) (b) 1. 'Payment for school medical services.' If a school district or a  
11 cooperative educational service agency elects to provide school medical services and  
12 meets all requirements under par. (c), the department shall reimburse the school  
13 district or the cooperative educational service agency for 60% of the federal share of  
14 allowable charges for the school medical services that it provides, unless otherwise  
15 provided by the department by rule promulgated under sub. (2m) (e), and, as  
16 specified in subd. 2., for allowable administrative costs. If the Wisconsin Center for  
17 the Blind and Visually Impaired or the Wisconsin Educational Services Program for  
18 the Deaf and Hard of Hearing elects to provide school medical services and meets all  
19 requirements under par. (c), the department shall reimburse the department of  
20 public instruction for 60% of the federal share of allowable charges for the school

1 medical services that the Wisconsin Center for the Blind and Visually Impaired or  
2 the Wisconsin Educational Services Program for the Deaf and Hard of Hearing  
3 provides, ~~unless otherwise provided by the department by rule promulgated under~~  
4 ~~sub. (2m)(e)~~, and, as specified in subd. 2., for allowable administrative costs. A school  
5 district, cooperative educational service agency, the Wisconsin Center for the Blind  
6 and Visually Impaired or the Wisconsin Educational Services Program for the Deaf  
7 and Hard of Hearing may submit, and the department shall allow, claims for common  
8 carrier transportation costs as a school medical service unless the department  
9 receives notice from the federal health care financing administration that, under a  
10 change in federal policy, the claims are not allowed. If the department receives the  
11 notice, a school district, cooperative educational service agency, the Wisconsin  
12 Center for the Blind and Visually Impaired, or the Wisconsin Educational Services  
13 Program for the Deaf and Hard of Hearing may submit, and the department shall  
14 allow, unreimbursed claims for common carrier transportation costs incurred before  
15 the date of the change in federal policy. The department shall promulgate rules  
16 establishing a methodology for making reimbursements under this paragraph. All  
17 other expenses for the school medical services provided by a school district or a  
18 cooperative educational service agency shall be paid for by the school district or the  
19 cooperative educational service agency with funds received from state or local taxes.  
20 The school district, the Wisconsin Center for the Blind and Visually Impaired, the  
21 Wisconsin Educational Services Program for the Deaf and Hard of Hearing, or the  
22 cooperative educational service agency shall comply with all requirements of the

↑ as created by 2011 Wisconsin Act Δ.....Δ (this act) ↑

1 federal department of health and human services for receiving federal financial  
2 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, 359, 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.

3 **20.** Page 55, line 2: after that line insert:

4 “SECTION 131d. 49.46 (1) (n) of the statutes is repealed.”

↑ as affected by 2011 Wisconsin Act Δ.....Δ (this act) ↑

5 **21.** Page 55, line 7: after that line insert:

6 “SECTION 132d. 49.46 (2) (a) (intro.) of the statutes is amended to read:

7 49.46 (2) (a) (intro.) Except as provided in par. (be) and unless otherwise  
8 provided by the department by rule promulgated under s. 49.45 (2m) (c), the  
9 department shall audit and pay allowable charges to certified providers for medical  
10 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.

11 **22.** Page 55, line 12: after that line insert:

12 “SECTION 133d. 49.46 (2) (b) (intro.) of the statutes is amended to read:

13 49.46 (2) (b) (intro.) Except as provided in pars. (be) and (dc) and unless  
14 otherwise provided by the department by rule promulgated under s. 49.45 (2m) (e),  
15 the department shall audit and pay allowable charges to certified providers for  
16 medical assistance on behalf of recipients 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.

17 **23.** Page 55, line 20: after that line insert:

18 “SECTION 134d. 49.465 (2) (intro.) of the statutes is amended to read:

as created by 2011 Wisconsin Act (this act)

1 49.465 (2) (intro.) ~~Unless otherwise provided by the department by rule~~  
2 ~~promulgated under s. 49.45 (2m) (e), a~~ A pregnant woman is eligible for medical  
3 assistance benefits, as provided under sub. (3), during the period beginning on the  
4 day on which a qualified provider determines, on the basis of preliminary  
5 information, that the woman's family income does not exceed the highest level for  
6 eligibility for benefits under s. 49.46 (1) or 49.47 (4) (am) or (c) 1. and ending as  
7 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.

8 **24.** Page 55, line 25: after that line insert:

as affected by 2011 Wisconsin Act (this act)

9 "SECTION 135d. 49.47 (4) (a) (intro.) of the statutes is amended to read:

10 49.47 (4) (a) (intro.) ~~Unless otherwise provided by the department by rule~~  
11 ~~under s. 49.45 (2m) (e), any~~ Any individual who meets the limitations on income and  
12 resources under pars. (b) to (c) and who complies with pars. (cm) and (cr) shall be  
13 eligible for medical 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.

14 **25.** Page 56, line 13: after that line insert:

15 "SECTION 138d. 49.47 (5) (c) of the statutes is repealed."

16 **26.** Page 56, line 17: after that line insert:

17 "SECTION 139d. 49.47 (6) (a) (intro.) of the statutes is amended to read:

18 49.47 (6) (a) (intro.) ~~Unless otherwise provided by the department by rule~~  
19 ~~promulgated under s. 49.45 (2m) (e), the~~ The department shall audit and pay charges  
20 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.

21 **27.** Page 56, line 21: after that line insert:

↓ 13 -  
↑ as created by 2011 Wisconsin Act Δ...Δ (this act) ↑

1 "SECTION 140d. 49.471 (13) of the statutes is repealed."

2 **28.** Page 57, line 2: after that line insert:

3 "SECTION 141d. 49.472 (3) (intro.) of the statutes is amended to read:

4 49.472 (3) ELIGIBILITY. (intro.) Except as provided in sub. (6) (a) and unless  
5 otherwise provided by the department by rule promulgated under s. 49.45 (2m) (c),  
6 an individual is eligible for and shall receive medical assistance under this section  
7 if all of the following conditions are met:"

↑ as affected by  
2011 Wisconsin Act  
Δ...Δ (this act) ↑

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

8 **29.** Page 57, line 8: after that line insert:

9 "SECTION 142d. 49.472 (4) (b) (intro.) of the statutes is amended to read:

10 49.472 (4) (b) (intro.) The department may waive monthly premiums that are  
11 calculated to be below \$10 per month. Unless otherwise provided by the department  
12 by rule promulgated under s. 49.45 (2m) (c), the department may not assess a  
13 monthly premium for any individual whose income level, after adding the  
14 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.

15 **30.** Page 57, line 14: after that line insert:

16 "SECTION 143d. 49.473 (2) (intro.) of the statutes is amended to read:

17 49.473 (2) (intro.) Unless otherwise provided by the department by rule  
18 promulgated under s. 49.45 (2m) (c), a woman is eligible for medical assistance as  
19 provided under sub. (5) if, after applying to the department or a county department,  
20 the department or a county department determines that she meets all of the  
21 following requirements:"

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

22 **31.** Page 57, line 21: after that line insert:


23 "SECTION 144d. 49.473 (5) of the statutes is amended to read:

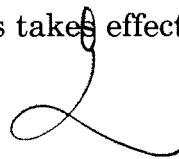
1           49.473 (5) The department shall audit and pay, from the appropriation  
2 accounts under s. 20.435 (4) (b) and (o), allowable charges to a provider who is  
3 certified under s. 49.45 (2) (a) 11. for medical assistance on behalf of a woman who  
4 meets the requirements under sub. (2) for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

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

7           **32.** Page 144, line 3: after that line insert:

8           <sup>9</sup> **SECTION 9421. Effective dates; Health Services.**

9           (1) <sup>9</sup> MEDICAL ASSISTANCE PROGRAM CHANGES. The treatment of sections 49.45 (8)  
10 (b) (by SECTION 115d), (8) (c) (by SECTION 116d), (8r) (by SECTION 117d), (8v) (by  
11 SECTION 118d), (18) (ac) (by SECTION 119d), (18) (ag) (intro.) (by SECTION 120d), (18)  
12 (b) (intro.) (by SECTION 121d), (18) (d) (by SECTION 122d), (23) (a) (by SECTION 123d),  
13 (23) (b) (by SECTION 124d), (24g) (c) (by SECTION 125d), (24r) (a) (by SECTION 126d),  
14 (24r) (b) (by SECTION 127d), (25g) (c) (by SECTION 128d), (27) (by SECTION 129d), and  
15 (39) (b) 1. (by SECTION 130d), 49.46 (2) (a) (intro.) (by SECTION 132d) and (2) (b) (intro.)  
16 (by SECTION 133d), 49.465 (2) (intro.) (by SECTION 134d), 49.47 (4) (a) (intro.) (by  
17 SECTION 135d) and (6) (a) (intro.) (by SECTION 139d), 49.472 (3) (intro.) (by SECTION  
18 141d) and (4) (b) (intro.) (by SECTION 142d), 49.473 (2) (intro.) (by SECTION 143d) and  
19 (5) (by SECTION 144d) of the statutes and the repeal of sections 49.45 (2m), (3) (n), and  
20 (6m) (n), 49.46 (1) (n), 49.47 (5) (c), and 49.471 (13) of the statutes takes effect on  
21 January 1, 2015. <sup>21</sup> 



22           (END)





State of Wisconsin  
2011 - 2012 LEGISLATURE

January 2011 Special Session



LRBb0015/1  
TJD:cjs:ph

SENATE AMENDMENT ,  
TO SENATE BILL 11

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

2 **1.** Page 48, line 2: after that line insert:

3 “SECTION 112d. 49.45 (2m) of the statutes, as created by 2011 Wisconsin Act  
4 .... (this act), is repealed.”.

5 **2.** Page 48, line 5: after that line insert:

6 “SECTION 113d. 49.45 (3) (n) of the statutes, as created by 2011 Wisconsin Act  
7 .... (this act), is repealed.”.

8 **3.** Page 48, line 8: after that line insert:

9 “SECTION 114d. 49.45 (6m) (n) of the statutes, as created by 2011 Wisconsin Act  
10 .... (this act), is repealed.”.

11 **4.** Page 48, line 15: after that line insert:

12 “SECTION 115d. 49.45 (8) (b) of the statutes, as affected by 2011 Wisconsin Act  
13 .... (this act), is amended to read:

1           49.45 (8) (b) ~~Unless otherwise provided by the department by rule promulgated~~  
2 ~~under sub. (2m) (c), reimbursement~~ Reimbursement under s. 20.435 (4) (b), (o), and  
3 (w) for home health services provided by a certified home health agency or  
4 independent nurse shall be made at the home health agency's or nurse's usual and  
5 customary fee per patient care visit, subject to a maximum allowable fee per patient  
6 care visit that is established under par. (c).”.

7           **5.** Page 48, line 22: after that line insert:

8           “**SECTION 116d.** 49.45 (8) (c) of the statutes, as affected by 2011 Wisconsin Act  
9 .... (this act), is amended to read:

10           49.45 (8) (c) The department shall establish a maximum statewide allowable  
11 fee per patient care visit, for each type of visit with respect to provider, that may be  
12 no greater than the cost per patient care visit, as determined by the department from  
13 cost reports of home health agencies, adjusted for costs related to case management,  
14 care coordination, travel, record keeping and supervision, ~~unless otherwise provided~~  
15 ~~by the department by rule promulgated under sub. (2m) (c).~~”.

16           **6.** Page 49, line 6: after that line insert:

17           “**SECTION 117d.** 49.45 (8r) of the statutes, as affected by 2011 Wisconsin Act ....  
18 (this act), is amended to read:

19           49.45 (8r) **PAYMENT FOR CERTAIN OBSTETRIC AND GYNECOLOGICAL CARE.** ~~Unless~~  
20 ~~otherwise provided by the department by rule promulgated under sub. (2m) (c), the~~  
21 The rate of payment for obstetric and gynecological care provided in primary care  
22 shortage areas, as defined in s. 36.60 (1) (cm), or provided to recipients of medical  
23 assistance who reside in primary care shortage areas, that is equal to 125% of the  
24 rates paid under this section to primary care physicians in primary care shortage

1 areas, shall be paid to all certified primary care providers who provide obstetric or  
2 gynecological care to those recipients.”.

3 **7.** Page 49, line 18: after that line insert:

4 “**SECTION 118d.** 49.45 (8v) of the statutes, as affected by 2011 Wisconsin Act ....  
5 (this act), is amended to read:

6 49.45 (8v) INCENTIVE-BASED PHARMACY PAYMENT SYSTEM. The department shall  
7 establish a system of payment to pharmacies for legend and over-the-counter drugs  
8 provided to recipients of medical assistance that has financial incentives for  
9 pharmacists who perform services that result in savings to the medical assistance  
10 program. Under this system, the department shall establish a schedule of fees that  
11 is designed to ensure that any incentive payments made are equal to or less than the  
12 documented savings ~~unless otherwise provided by the department by rule~~  
13 ~~promulgated under sub. (2m) (c).~~ The department may discontinue the system  
14 established under this subsection if the department determines, after performance  
15 of a study, that payments to pharmacists under the system exceed the documented  
16 savings under the system.”.

17 **8.** Page 50, line 7: after that line insert:

18 “**SECTION 119d.** 49.45 (18) (ac) of the statutes, as affected by 2011 Wisconsin  
19 Act .... (this act), is amended to read:

20 49.45 (18) (ac) Except as provided in pars. (am) to (d), and subject to par. (ag),  
21 any person eligible for medical assistance under s. 49.46, 49.468, or 49.47, or for the  
22 benefits under s. 49.46 (2) (a) and (b) under s. 49.471 shall pay up to the maximum  
23 amounts allowable under 42 CFR 447.53 to 447.58 for purchases of services provided  
24 under s. 49.46 (2). The service provider shall collect the specified or allowable

1 copayment, coinsurance, or deductible, unless the service provider determines that  
2 the cost of collecting the copayment, coinsurance, or deductible exceeds the amount  
3 to be collected. The department shall reduce payments to each provider by the  
4 amount of the specified or allowable copayment, coinsurance, or deductible. ~~Unless~~  
5 ~~otherwise provided by the department by rule promulgated under sub. (2m) (e), no~~  
6 No provider may deny care or services because the recipient is unable to share costs,  
7 but an inability to share costs specified in this subsection does not relieve the  
8 recipient of liability for these costs.”

9 **9.** Page 50, line 11: after that line insert:

10 “**SECTION 120d.** 49.45 (18) (ag) (intro.) of the statutes, as affected by 2011  
11 Wisconsin Act .... (this act), is amended to read:

12 49.45 (18) (ag) (intro.) Except as provided in pars. (am), (b), and (c), and subject  
13 to par. (d), a recipient specified in par. (ac) shall pay all of the following, ~~unless~~  
14 ~~otherwise provided by the department by rule promulgated under sub. (2m) (e):”.~~

15 **10.** Page 50, line 15: after that line insert:

16 “**SECTION 121d.** 49.45 (18) (b) (intro.) of the statutes, as affected by 2011  
17 Wisconsin Act .... (this act), is amended to read:

18 49.45 (18) (b) (intro.) ~~Unless otherwise provided by the department by rule~~  
19 ~~promulgated under sub. (2m) (e), the~~ The following services are not subject to  
20 recipient cost sharing under this subsection.”

21 **11.** Page 50, line 21: after that line insert:

22 “**SECTION 122d.** 49.45 (18) (d) of the statutes, as affected by 2011 Wisconsin Act  
23 .... (this act), is amended to read:

1           49.45 (18) (d) No person who designates a pharmacy or pharmacist as his or  
2 her sole provider of prescription drugs and who so uses that pharmacy or pharmacist  
3 is liable under this subsection for more than \$12 per month for prescription drugs  
4 received, ~~unless otherwise provided by the department by rule promulgated under~~  
5 ~~sub. (2m) (e).~~”.

6           **12.** Page 51, line 6: after that line insert:

7           “**SECTION 123d.** 49.45 (23) (a) of the statutes, as affected by 2011 Wisconsin Act  
8 .... (this act), is amended to read:

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

18           **13.** Page 51, line 17: after that line insert:

19           “**SECTION 124d.** 49.45 (23) (b) of the statutes, as affected by 2011 Wisconsin Act  
20 .... (this act), is amended to read:

21           49.45 (23) (b) If the waiver is granted and in effect, the department may  
22 promulgate rules defining the health care benefit plan, including more specific  
23 eligibility requirements and cost-sharing requirements. ~~Unless otherwise provided~~  
24 ~~by the department by rule promulgated under sub. (2m) (e), cost~~ Cost sharing may

1 include an annual enrollment fee, which may not exceed \$75 per year.  
2 Notwithstanding s. 227.24 (3), the plan details under this subsection may be  
3 promulgated as an emergency rule under s. 227.24 without a finding of emergency.  
4 If the waiver is granted and in effect, the demonstration project under this subsection  
5 shall begin on January 1, 2009, or on the effective date of the waiver, whichever is  
6 later.”.

7 **14.** Page 52, line 3: after that line insert:

8 “**SECTION 125d.** 49.45 (24g) (c) of the statutes, as affected by 2011 Wisconsin  
9 Act ... (this act), is amended to read:

10 49.45 (**24g**) (c) The department’s proposal under par. (a) shall specify increases  
11 in reimbursement rates for providers that satisfy the conditions under par. (a) 1. or  
12 2., and shall provide for payment of a monthly per-patient care coordination fee to  
13 those providers. The department shall set the increases in reimbursement rates and  
14 the monthly per-patient care coordination fee so that together they provide  
15 sufficient incentive for providers to satisfy a condition under par. (a) 1. or 2. The  
16 proposal shall specify effective dates for the increases in reimbursement rates and  
17 the monthly per-patient care coordination fee that are no sooner than July 1, 2011.  
18 ~~If the department promulgates a rule under sub. (2m) (c) 4., this paragraph does not~~  
19 ~~apply to the extent that it conflicts with the rule.”.~~

20 **15.** Page 52, line 11: after that line insert:

21 “**SECTION 126d.** 49.45 (24r) (a) of the statutes, as affected by 2011 Wisconsin  
22 Act ... (this act), is amended to read:

23 49.45 (**24r**) (a) The department shall implement any waiver granted by the  
24 secretary of the federal department of health and human services to permit the

1 department to conduct a demonstration project to provide family planning, as  
2 defined in s. 253.07 (1) (a), under medical assistance to any woman between the ages  
3 of 15 and 44 whose family income does not exceed 200% of the poverty line for a family  
4 the size of the woman's family. ~~If the department promulgates a rule under sub. (2m)~~  
5 ~~(e) 10., this paragraph does not apply to the extent it conflicts with the rule."~~

6 **16.** Page 52, line 19: after that line insert:

7 "SECTION 127d. 49.45 (24r) (b) of the statutes, as affected by 2011 Wisconsin  
8 Act .... (this act), is amended to read:

9 49.45 (24r) (b) The department may request an amended waiver from the  
10 secretary to permit the department to conduct a demonstration project to provide  
11 family planning to any man between the ages of 15 and 44 whose family income does  
12 not exceed 200 percent of the poverty line for a family the size of the man's family.  
13 If the amended waiver is granted, the department may implement the waiver. ~~If the~~  
14 ~~department promulgates a rule under sub. (2m) (e) 10., this paragraph does not apply~~  
15 ~~to the extent it conflicts with the rule."~~

16 **17.** Page 53, line 7: after that line insert:

17 "SECTION 128d. 49.45 (25g) (c) of the statutes, as affected by 2011 Wisconsin  
18 Act .... (this act), is amended to read:

19 49.45 (25g) (c) The department's proposal under par. (b) shall specify increases  
20 in reimbursement rates for providers that satisfy the conditions under par. (b), and  
21 shall provide for payment of a monthly per-patient care coordination fee to those  
22 providers. The department shall set the increases in reimbursement rates and the  
23 monthly per-patient care coordination fee so that together they provide sufficient  
24 incentive for providers to satisfy a condition under par. (b) 1. or 2. The proposal shall

1 specify effective dates for the increases in reimbursement rates and the monthly  
2 per-patient care coordination fee that are no sooner than January 1, 2011. The  
3 increases in reimbursement rates and monthly per-patient care coordination fees  
4 that are not provided by the federal government shall be paid from the appropriation  
5 under s. 20.435 (1) (am). ~~If the department promulgates a rule under sub. (2m) (e)~~  
6 ~~4., this paragraph does not apply to the extent it conflicts with the rule.”.~~

7 **18.** Page 53, line 13: after that line insert:

8 **“SECTION 129d.** 49.45 (27) of the statutes, as affected by 2011 Wisconsin Act  
9 ... (this act), is amended to read:

10 49.45 **(27)** ELIGIBILITY OF ALIENS. A person who is not a U.S. citizen or an alien  
11 lawfully admitted for permanent residence or otherwise permanently residing in the  
12 United States under color of law may not receive medical assistance benefits except  
13 as provided under 8 USC 1255a (h) (3) or 42 USC 1396b (v), ~~unless otherwise~~  
14 ~~provided by the department by rule promulgated under sub. (2m) (e).”.~~

15 **19.** Page 54, line 24: after that line insert:

16 **“SECTION 130d.** 49.45 (39) (b) 1. of the statutes, as affected by 2011 Wisconsin  
17 Act ... (this act), is amended to read:

18 49.45 **(39)** (b) 1. ‘Payment for school medical services.’ If a school district or a  
19 cooperative educational service agency elects to provide school medical services and  
20 meets all requirements under par. (c), the department shall reimburse the school  
21 district or the cooperative educational service agency for 60% of the federal share of  
22 allowable charges for the school medical services that it provides, ~~unless otherwise~~  
23 ~~provided by the department by rule promulgated under sub. (2m) (e), and, as~~  
24 specified in subd. 2., for allowable administrative costs. If the Wisconsin Center for



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

1 cooperative educational service agency shall comply with all requirements of the  
2 federal department of health and human services for receiving federal financial  
3 participation.”.

4 **20.** Page 55, line 2: after that line insert:

5 “SECTION 131d. 49.46 (1) (n) of the statutes, as created by 2011 Wisconsin Act  
6 .... (this act), is repealed.”.

7 **21.** Page 55, line 7: after that line insert:

8 “SECTION 132d. 49.46 (2) (a) (intro.) of the statutes, as affected by 2011  
9 Wisconsin Act .... (this act), is amended to read:

10 49.46 (2) (a) (intro.) Except as provided in par. (be) ~~and unless otherwise~~  
11 ~~provided by the department by rule promulgated under s. 49.45 (2m) (c),~~ the  
12 department shall audit and pay allowable charges to certified providers for medical  
13 assistance on behalf of recipients for the following federally mandated benefits:”.

14 **22.** Page 55, line 12: after that line insert:

15 “SECTION 133d. 49.46 (2) (b) (intro.) of the statutes, as affected by 2011  
16 Wisconsin Act .... (this act), is amended to read:

17 49.46 (2) (b) (intro.) Except as provided in pars. (be) and (dc) ~~and unless~~  
18 ~~otherwise provided by the department by rule promulgated under s. 49.45 (2m) (c),~~  
19 the department shall audit and pay allowable charges to certified providers for  
20 medical assistance on behalf of recipients for the following services:”.

21 **23.** Page 55, line 20: after that line insert:

22 “SECTION 134d. 49.465 (2) (intro.) of the statutes, as affected by 2011 Wisconsin  
23 Act .... (this act), is amended to read:

1           49.465 (2) (intro.) ~~Unless otherwise provided by the department by rule~~  
2 ~~promulgated under s. 49.45 (2m) (c), a~~ A pregnant woman is eligible for medical  
3 assistance benefits, as provided under sub. (3), during the period beginning on the  
4 day on which a qualified provider determines, on the basis of preliminary  
5 information, that the woman's family income does not exceed the highest level for  
6 eligibility for benefits under s. 49.46 (1) or 49.47 (4) (am) or (c) 1. and ending as  
7 follows:".

8           **24.** Page 55, line 25: after that line insert:

9           "SECTION 135d. 49.47 (4) (a) (intro.) of the statutes, as affected by 2011  
10 Wisconsin Act .... (this act), is amended to read:

11           49.47 (4) (a) (intro.) ~~Unless otherwise provided by the department by rule~~  
12 ~~under s. 49.45 (2m) (c), any~~ Any individual who meets the limitations on income and  
13 resources under pars. (b) to (c) and who complies with pars. (cm) and (cr) shall be  
14 eligible for medical assistance under this section if such individual is:".

15           **25.** Page 56, line 13: after that line insert:

16           "SECTION 138d. 49.47 (5) (c) of the statutes, as created by 2011 Wisconsin Act  
17 .... (this act), is repealed."

18           **26.** Page 56, line 17: after that line insert:

19           "SECTION 139d. 49.47 (6) (a) (intro.) of the statutes, as affected by 2011  
20 Wisconsin Act .... (this act), is amended to read:

21           49.47 (6) (a) (intro.) ~~Unless otherwise provided by the department by rule~~  
22 ~~promulgated under s. 49.45 (2m) (c), the~~ The department shall audit and pay charges  
23 to certified providers for medical assistance on behalf of the following:".

24           **27.** Page 56, line 21: after that line insert:

1           **“SECTION 140d.** 49.471 (13) of the statutes, as created by 2011 Wisconsin Act  
2     .... (this act), is repealed.”.

3           **28.** Page 57, line 2: after that line insert:

4           **“SECTION 141d.** 49.472 (3) (intro.) of the statutes, as affected by 2011 Wisconsin  
5     Act .... (this act), is amended to read:

6           49.472 (3) ELIGIBILITY. (intro.) Except as provided in sub. (6) (a) ~~and unless~~  
7     ~~otherwise provided by the department by rule promulgated under s. 49.45 (2m) (c),~~  
8     an individual is eligible for and shall receive medical assistance under this section  
9     if all of the following conditions are met:”.

10          **29.** Page 57, line 8: after that line insert:

11          **“SECTION 142d.** 49.472 (4) (b) (intro.) of the statutes, as affected by 2011  
12     Wisconsin Act .... (this act), is amended to read:

13          49.472 (4) (b) (intro.) The department may waive monthly premiums that are  
14     calculated to be below \$10 per month. ~~Unless otherwise provided by the department~~  
15     ~~by rule promulgated under s. 49.45 (2m) (c), the~~ The department may not assess a  
16     monthly premium for any individual whose income level, after adding the  
17     individual’s earned income and unearned income, is below 150% of the poverty line.”.

18          **30.** Page 57, line 14: after that line insert:

19          **“SECTION 143d.** 49.473 (2) (intro.) of the statutes, as affected by 2011 Wisconsin  
20     Act .... (this act), is amended to read:

21          49.473 (2) (intro.) ~~Unless otherwise provided by the department by rule~~  
22     ~~promulgated under s. 49.45 (2m) (c), a~~ A woman is eligible for medical assistance as  
23     provided under sub. (5) if, after applying to the department or a county department,

1 the department or a county department determines that she meets all of the  
2 following requirements:”.

3 **31.** Page 57, line 21: after that line insert:

4 “**SECTION 144d.** 49.473 (5) of the statutes, as affected by 2011 Wisconsin Act  
5 .... (this act), is amended to read:

6 49.473 (5) The department shall audit and pay, from the appropriation  
7 accounts under s. 20.435 (4) (b) and (o), allowable charges to a provider who is  
8 certified under s. 49.45 (2) (a) 11. for medical assistance on behalf of a woman who  
9 meets the requirements under sub. (2) for all benefits and services specified under  
10 s. 49.46 (2), ~~unless otherwise provided by the department by rule promulgated under~~  
11 ~~s. 49.45 (2m) (e).~~”.

12 **32.** Page 144, line 3: after that line insert:

13 “**SECTION 9421. Effective dates; Health Services.**

14 (1q) **MEDICAL ASSISTANCE PROGRAM CHANGES.** The treatment of sections 49.45 (8)  
15 (b) (by SECTION 115d), (8) (c) (by SECTION 116d), (8r) (by SECTION 117d), (8v) (by  
16 SECTION 118d), (18) (ac) (by SECTION 119d), (18) (ag) (intro.) (by SECTION 120d), (18)  
17 (b) (intro.) (by SECTION 121d), (18) (d) (by SECTION 122d), (23) (a) (by SECTION 123d),  
18 (23) (b) (by SECTION 124d), (24g) (c) (by SECTION 125d), (24r) (a) (by SECTION 126d),  
19 (24r) (b) (by SECTION 127d), (25g) (c) (by SECTION 128d), (27) (by SECTION 129d), and  
20 (39) (b) 1. (by SECTION 130d), 49.46 (2) (a) (intro.) (by SECTION 132d) and (2) (b) (intro.)  
21 (by SECTION 133d), 49.465 (2) (intro.) (by SECTION 134d), 49.47 (4) (a) (intro.) (by  
22 SECTION 135d) and (6) (a) (intro.) (by SECTION 139d), 49.472 (3) (intro.) (by SECTION  
23 141d) and (4) (b) (intro.) (by SECTION 142d), 49.473 (2) (intro.) (by SECTION 143d) and  
24 (5) (by SECTION 144d) of the statutes and the repeal of sections 49.45 (2m), (3) (n), and

1 (6m) (n), 49.46 (1) (n), 49.47 (5) (c), and 49.471 (13) of the statutes take effect on  
2 January 1, 2015.”

3 (END)