AN ACT to amend 45.40 (2) (a); and to create 45.40 (2) (d), 45.40 (6) and 45.40 (7) of the statutes; relating to: health care aid for certain veterans and their family members.

Analysis by the Legislative Reference Bureau

This bill authorizes the Department of Veterans Affairs (DVA) to provide needy veterans and their eligible family members with health care aid related to mental illness or treatment for substance abuse. Under current law, that aid is limited to dental, vision, and hearing care. The bill also requires DVA to provide a voucher for care related to mental illness or treatment for substance abuse within 48 hours after a request for such care, including private and emergency counseling, family and marriage counseling, and suicide prevention. The bill also exempts family members of deceased veterans from certain residency requirements before receiving health care aid from DVA and authorizes DVA, at the determination of the county veterans service officer, to waive income and other financial reporting requirements to receive that aid.

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

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:
SECTION 1. 45.40 (2) (a) of the statutes is amended to read:

45.40 (2) (a) The department may provide health care aid to a veteran for dental care, including dentures; vision care, including eyeglass frames and lenses; and hearing care, including hearing aids; and care related to mental illness or treatment for substance abuse.

SECTION 2. 45.40 (2) (d) of the statutes is created to read:

45.40 (2) (d) The department shall provide a voucher for care related to mental illness or treatment for substance abuse within 48 hours after a request to the department or through a county veterans service office for such care, including private and emergency counseling, family and marriage counseling, and suicide prevention. A veteran or eligible family member is not required to be denied care at a U.S. department of veterans affairs hospital or clinic or be denied coverage under an insurance policy or by the U.S. department of veterans affairs or by state medical assistance before seeking and receiving a voucher under this paragraph.

SECTION 3. 45.40 (6) of the statutes is created to read:

45.40 (6) EXPANDED ELIGIBILITY. The eligibility requirements under s. 45.02 (2) do not apply to a person applying for assistance under this section.

SECTION 4. 45.40 (7) of the statutes is created to read:

45.40 (7) WAIVER OF REPORTING REQUIREMENTS. The department may waive any income or other financial reporting requirements under this section at the determination of the county veterans service officer.

(END)