



State of Wisconsin  
2019 - 2020 LEGISLATURE

LRBb0574/?  
TD/SB/KP/MM:...

*dep,*  
*axe*  
*all*

**PRELIMINARY DRAFT - NOT READY FOR INTRODUCTION**  
**SENATE AMENDMENT ,**  
**TO ASSEMBLY BILL 56**

1           At the locations indicated, amend the bill, as shown by assembly substitute  
2 amendment 1, as follows:

3           ✓ **1.** Page 36, line 5: increase the dollar amount for fiscal year 2019-20 by  
4 \$127,900 and increase the dollar amount for fiscal year 2020-21 by \$127,900 for the  
5 purpose of funding 1.07 FTE positions to administer the Wisconsin healthcare  
6 stability plan.

7           ✓ **2.** Page 36, line 5: increase the dollar amount for fiscal year 2019-20 by  
8 \$541,300 and increase the dollar amount for fiscal year 2020-21 by \$541,300 for the  
9 purpose of funding 5.10 FTE positions to provide health insurance education and  
10 outreach activities, including assisting individuals with enrolling in the health  
11 insurance exchange.

1           **3.** Page 134, line 4: increase the dollar amount for fiscal year 2019-20 by  
2           \$172,500 and increase the dollar amount for fiscal year 2020-21 by \$222,900 for the  
3           purpose of lead exposure and poisoning prevention activities.

4           **4.** Page 134, line 12: after that line insert:  
5           “(bk) Healthy aging grant program       GPR       A       250,000       250,000”.

6           **5.** Page 135, line 20: increase the dollar amount for fiscal year 2019-20 by  
7           \$489,500 and increase the dollar amount for fiscal year 2020-21 by \$489,500 for the  
8           purpose of increasing the authorized FTE positions for the department of health  
9           services by 4.6 GPR positions, beginning in fiscal year 2019-20, in the division of  
10          public health, to expand dental services to recipients under the Medical Assistance  
11          program, BadgerCare Plus, and other low-income patients.

12          **6.** Page 136, line 10: increase the dollar amount for fiscal year 2019-20 by  
13          \$1,687,100 and increase the dollar amount for fiscal year 2020-21 by \$4,821,500 for  
14          the purpose of lead abatement grants, training, and outreach.

15          **7.** Page 136, line 19: increase the dollar amount for fiscal year 2019-20 by  
16          \$193,600 and increase the dollar amount for fiscal year 2020-21 by \$193,600 for the  
17          purpose of increasing funding for the women’s health block grant program.

18          **8.** Page 137, line 4: increase the dollar amount for fiscal year 2019-20 by  
19          \$3,300,000 and increase the dollar amount for fiscal year 2020-21 by \$3,300,000 for  
20          the purpose of awarding tobacco use control grants.

21          **9.** Page 138, line 18: increase the dollar amount for fiscal year 2019-20 by  
22          \$3,871,700 and increase the dollar amount for fiscal year 2020-21 by \$11,014,200 for  
23          the purpose of lead abatement grants, training, and outreach.

1           **10.** Page 139, line 22: increase the dollar amount for fiscal year 2019-20 by  
2           \$1,076,900 for the purpose of creating a separate admissions unit and increasing  
3           evening and nighttime supervisory staff at Winnebago Mental Health Institute.

4           **11.** Page 140, line 19: increase the dollar amount for fiscal year 2019-20 by  
5           \$1,422,800 and increase the dollar amount for fiscal year 2020-21 by \$1,422,800 for  
6           the purpose of increasing pay-for-performance incentives to BadgerCare Plus  
7           health maintenance organizations to conduct blood-lead testing for children.

8           **12.** Page 140, line 19: decrease the dollar amount for fiscal year 2019-20 by  
9           \$159,473,300 and decrease the dollar amount for fiscal year 2020-21 by  
10          \$165,011,600 for the purpose of expanding eligibility under the Medical Assistance  
11          program under s. 49.471 (4) (a) 4. and 8.

12          **13.** Page 140, line 19: increase the dollar amount for fiscal year 2019-20 by  
13          \$5,760,000 and increase the dollar amount for fiscal year 2020-21 by \$12,437,600 for  
14          the purpose of dental access incentive payments under s. 49.45 (24L) beginning  
15          January 1, 2020.

16          **14.** Page 140, line 19: increase the dollar amount for fiscal year 2019-20 only  
17          by \$192,000 to provide one-time grants for community-based doulas under SECTION  
18          9119 (8m) and increase the dollar amount for fiscal year 2020-21 by \$426,700 for the  
19          purpose of providing reimbursement for certified doula services provided through  
20          the Medical Assistance program in select counties, beginning in fiscal year 2020-21.

21          **15.** Page 140, line 19: decrease the dollar amount for fiscal year 2019-20 by  
22          \$1,750,000 and decrease the dollar amount for fiscal year 2020-21 by \$1,750,000 for  
23          the purpose of making payments to rural critical care hospitals.

1           **16.** Page 140, line 19: decrease the dollar amount for fiscal year 2019-20 by  
2           \$7,700,000 and decrease the dollar amount for fiscal year 2020-21 by \$7,700,000 for  
3           the purpose of making hospital access payments and critical access hospital  
4           payments.

5           **17.** Page 140, line 19: increase the dollar amount for fiscal year 2020-21 by  
6           \$22,500,000 for the purpose of providing as a benefit in the Medical Assistance  
7           program nonmedical services that contribute to the determinants of health under s.  
8           49.46 (2) (b) 21.

9           **18.** Page 140, line 19: increase the dollar amount for fiscal year 2020-21 by  
10          \$9,255,000 for the purpose of extending Medical Assistance eligibility for  
11          post-partum women.

12          **19.** Page 140, line 19: decrease the dollar amount for fiscal year 2019-20 by  
13          \$11,474,100 and decrease the dollar amount for fiscal year 2020-21 by \$7,783,400  
14          for the purpose of reimbursing under the Medical Assistance program direct care to  
15          nursing facilities and intermediate care facilities for persons with an intellectual  
16          disability.

17          **20.** Page 140, line 19: decrease the dollar amount for fiscal year 2019-20 by  
18          \$13,947,900 and decrease the dollar amount for fiscal year 2020-21 by \$16,150,900  
19          for the purpose of reimbursing personal care services under the Medical Assistance  
20          program.

21          **21.** Page 140, line 19: increase the dollar amount for fiscal year 2019-20 by  
22          \$2,454,300 and increase the dollar amount for fiscal year 2020-21 by \$2,454,300 for  
23          the purpose of eliminating copayments for prescription drugs for Medical Assistance  
24          enrollees.

1       **22.** Page 140, line 19: increase the dollar amount for fiscal year 2019-20 by  
2       \$8,732,100 and increase the dollar amount for fiscal year 2020-21 by \$18,217,800 for  
3       the purpose of funding an increase of Medical Assistance reimbursement rates for  
4       mental health, behavioral health, and psychiatric services provided by physicians  
5       and medical clinics, effective January 1, 2020.

6       **23.** Page 140, line 19: increase the dollar amount for fiscal year 2020-21 by  
7       \$2,000,000 for the purpose of funding incentive grants to behavioral health providers  
8       that adopt electronic health records systems or participate in the state's health  
9       information exchange.

10       **24.** Page 140, line 19: increase the dollar amount for fiscal year 2019-20 by  
11       \$6,613,900 and decrease the dollar amount for fiscal year 2020-21 by \$872,700 for  
12       the purpose of providing the cost to continue Medical Assistance benefits.

13       **25.** Page 140, line 19: increase the dollar amount for fiscal year 2019-20 by  
14       \$1,088,200 and increase the dollar amount for fiscal year 2020-21 by \$1,692,900 for  
15       the purpose of telehealth reimbursement under the Medical Assistance program.

16       **26.** Page 140, line 19: increase the dollar amount for fiscal year 2019-20 by  
17       \$406,000 and increase the dollar amount for fiscal year 2020-21 by \$609,000 for the  
18       purpose of providing dental services to Medical Assistance recipients who have  
19       disabilities.

20       **27.** Page 140, line 19: decrease the dollar amount for fiscal year 2019-20 by  
21       \$6,000,000 and decrease the dollar amount for fiscal year 2020-21 by \$9,000,000 for  
22       the purpose of funding the direct care and services portion of the capitation rates  
23       provided to care management organizations that administer Family Care in  
24       recognition of the direct caregiver workforce challenges facing the state.

1           **28.** Page 140, line 19: increase the dollar amount for fiscal year 2019-20 by  
2           \$10,000,000 and increase the dollar amount for fiscal year 2020-21 by \$10,000,000  
3           for the purpose of funding a pediatric supplemental hospital payment under s. 49.45  
4           (6xm).

5           **29.** Page 140, line 19: increase the dollar amount for fiscal year 2020-21 by  
6           \$89,900 for the purpose of providing supportive services delivered under the Medical  
7           Assistance medical home health benefit for persons with substance abuse disorders.

8           **30.** Page 140, line 20: increase the dollar amount for fiscal year 2019-20 by  
9           \$687,800 and increase the dollar amount for fiscal year 2020-21 by \$874,600 for the  
10          purpose of implementing a statewide contract for children's long-term care intake,  
11          application, and screening function for the Katie Beckett program, children's  
12          long-term supports waiver program, and children's communication options program  
13          and specifically to fund 5 children's services navigators, 2 children's disability  
14          resource specialists to assist families with complex or multisystem concerns, and 2  
15          children's disability ombudsmen to provide advocacy services.

16          **31.** Page 141, line 7: increase the dollar amount for fiscal year 2019-20 by  
17          \$4,380,900 and increase the dollar amount for fiscal year 2020-21 by \$1,550,500 for  
18          the purpose of supporting contracted services and general program operations for  
19          the division of Medicaid services in the department of health services, including  
20          projects to modify claims and eligibility information systems to implement state and  
21          federal law and policy changes and rate increases incorporated into current  
22          contracts.

23          **32.** Page 141, line 12: increase the dollar amount for fiscal year 2019-20 by  
24          \$1,039,800 and increase the dollar amount for fiscal year 2020-21 by \$767,500 for

1 the purpose of providing funding necessary to support payments under the  
2 Wisconsin funeral and cemetery aids program.

3 **33.** Page 141, line 15: delete lines 15 and 16 and substitute:

4 “(bv) Prescription drug assistance for 20,090,100” ~~✗~~  
5 elderly; aids GPR B 16,491,400

6 **34.** Page 141, line 18: delete lines 18 to 20 and substitute:

7 <sup>LE</sup> (ed) State supplement to federal sup-  
8 plemental security income 159,747,400 ~~✗~~  
9 program GPR S 158,637,000

10 **35.** Page 142, line 18: delete lines 18 and 19 and substitute:

11 “(j) Prescription drug assistance for 85,887,500” ~~✗~~  
12 elderly; manufacturer rebates PR C 81,753,400

13 **36.** Page 144, line 8: increase the dollar amount for fiscal year 2019-20 by  
14 \$2,077,300 and increase the dollar amount for fiscal year 2020-21 by \$2,077,300 for  
15 the purpose of increasing pay-for-performance incentives to BadgerCare Plus  
16 health maintenance organizations to conduct blood-lead testing for children.

17 **37.** Page 144, line 14: delete lines 14 and 15 and substitute:

18 “(pg) Federal aid; prescription drug 17,333,500” ~~✗~~  
19 assistance for elderly PR-F C 14,170,000

20 **38.** Page 144, line 16: increase the dollar amount for fiscal year 2019-20 by  
21 \$7,700,000 and increase the dollar amount for fiscal year 2020-21 by \$7,700,000 for  
22 the purpose of making hospital access payments and critical access hospital  
23 payments.





1           **46.** Page 149, line 3: increase the dollar amount for fiscal year 2019-20 by  
2           \$1,680,000 and increase the dollar amount for fiscal year 2020-21 by \$1,680,000 for  
3           the purpose of grants to aging and disability resource centers and tribes to fund 27  
4           additional dementia care specialists and 3 new tribal dementia care specialists.

5           **47.** Page 149, line 3: increase the dollar amount for fiscal year 2019-20 only  
6           by \$61,600 and increase the dollar amount for fiscal year 2020-21 only by \$78,200  
7           for the purpose of funding a two year academic detailing primary care clinic  
8           dementia training pilot program under SECTION 9119 (3g).

9           **48.** Page 149, line 7: increase the dollar amount for fiscal year 2019-20 by  
10          \$1,550,000 and increase the dollar amount for fiscal year 2020-21 by \$7,600,000 for  
11          the purpose of increasing funding for the Birth to 3 Program.

12          **49.** Page 157, line 4: increase the dollar amount for fiscal year 2019-20 by  
13          \$512,500 and increase the dollar amount for fiscal year 2020-21 by \$675,000 for the  
14          purpose of funding services to prevent child abuse or neglect.

15          **50.** Page 231, line 6: decrease the dollar amount for fiscal year 2019-20 by  
16          \$444,700 and decrease the dollar amount for fiscal year 2020-21 by \$416,500 for the  
17          purpose of transferring the moneys for children's long-term care program.

18          **51.** Page 231, line 6: decrease the dollar amount for fiscal year 2020-21 by  
19          \$89,900 for the purpose of providing supportive services delivered under the Medical  
20          Assistance medical home health benefit for persons with substance abuse disorders.

21          **52.** Page 231, line 6: decrease the dollar amount for fiscal year 2019-20 by  
22          \$1,088,200 and decrease the dollar amount for fiscal year 2020-21 by \$1,692,900 for  
23          the purpose of telehealth reimbursement under the Medical Assistance program.

- 1        **53.** Page 249, line 15: after that line insert:
- 2        “**SECTION 188m.** 20.435 (1) (bk) of the statutes is created to read:
- 3        20.435 (1) (bk) *Healthy aging grant program.* The amounts in the schedule for
- 4        grants to an entity that conducts programs in healthy aging.”
- 5        **54.** Page 249, line 16: delete lines 16 to 18 and substitute:
- 6        “**SECTION 189b.** 20.435 (1) (cr) of the statutes is created to read:
- 7        20.435 (1) (cr) *Minority health grants.* The amounts in the schedule for the
- 8        minority health program under s. 250.20 (3) and (4).”
- 9        **55.** Page 249, line 24: delete that line and substitute:
- 10       “**SECTION 190b.** 20.435 (1) (fj) of the statutes is repealed.”
- 11       **56.** Page 249, line 25: delete that line and substitute:
- 12       “**SECTION 191b.** 20.435 (1) (kb) of the statutes is repealed.”
- 13       **57.** Page 252, line 3: delete that line and substitute:
- 14       “49.685, ~~for distributing grants under s. 146.64,~~ and for reduction of any
- 15       operating”.
- 16       **58.** Page 253, line 1: delete lines 1 to 4 and substitute:
- 17       “**SECTION 195b.** 20.435 (4) (bf) of the statutes is amended to read:
- 18       20.435 (4) (bf) *Graduate medical training support grants.* As a continuing
- 19       appropriation, the amounts in the schedule to award grants to rural hospitals under
- 20       s. 146.63 and to support graduate medical training programs under s. 146.64.”
- 21       **59.** Page 255, line 2: after that line insert:
- 22       “**SECTION 201c.** 20.435 (4) (jw) of the statutes is amended to read:

1           20.435 (4) (jw) *BadgerCare Plus and hospital assessment*. All moneys received  
2 from payment of enrollment fees under the program under s. 49.45 (23), all moneys  
3 transferred under s. 50.38 (9), all moneys transferred from the appropriation account  
4 under par. (jz), and 10 percent of all moneys received from penalty assessments  
5 under s. 49.471 (9) (c), for administration of the program under s. 49.45 (23), to  
6 provide a portion of the state share of administrative costs for the BadgerCare Plus  
7 Medical Assistance program under s. 49.471, and for administration of the hospital  
8 assessment under s. 50.38.”

9           **60.** Page 255, line 10: delete lines 10 to 14 and substitute:

10           “**SECTION 203b.** 20.435 (5) (cf) of the statutes is amended to read:

11           20.435 (5) (cf) *Mobile crisis team Crisis program enhancement grants*.

12 Biennially, the amounts in the schedule for awarding grants to counties or regions  
13 to establish certified or enhance crisis programs ~~that create mental health mobile~~  
14 ~~crisis teams~~ under s. 46.536.”

15           **61.** Page 255, line 15: delete lines 15 to 18 and substitute:

16           “**SECTION 204b.** 20.435 (5) (ct) of the statutes is created to read:

17           20.435 (5) (ct) *Mental health consultation program*. The amounts in the  
18 schedule for developing a plan for a mental health consultation program under s.  
19 51.441. No moneys may be encumbered under this paragraph after June 30, 2021.”

20           **62.** Page 255, line 18: after that line insert:

21           “**SECTION 205c.** 20.435 (5) (dg) of the statutes is created to read:

22           20.435 (5) (dg) *Regional crisis stabilization facilities*. The amounts in the  
23 schedule to provide grants to regional crisis stabilization facilities under s. 51.03  
24 (7).”

1           **63.** Page 265, line 17: delete that line and substitute:

2           “**SECTION 279b.** 20.505 (8) (hm) 6e. of the statutes is repealed.”

3           **64.** Page 279, line 8: after that line insert:

4           “**SECTION 318f.** 20.940 of the statutes is repealed.”

5           **65.** Page 292, line 25: after that line insert:

6           “**SECTION 414i.** 40.51 (8) of the statutes is amended to read:

7           40.51 **(8)** Every health care coverage plan offered by the state under sub. (6)  
8 shall comply with ss. 631.89, 631.90, 631.93 (2), 631.95, 632.72 (2), 632.728, 632.746  
9 (1) to (8) and (10), 632.747, 632.748, 632.798, 632.83, 632.835, 632.85, 632.853,  
10 632.855, 632.867, 632.87 (3) to (6), 632.885, 632.89, 632.895 (5m) and (8) to (17), and  
11 632.896.

12           **SECTION 415i.** 40.51 (8m) of the statutes is amended to read:

13           40.51 **(8m)** Every health care coverage plan offered by the group insurance  
14 board under sub. (7) shall comply with ss. 631.95, 632.728, 632.746 (1) to (8) and (10),  
15 632.747, 632.748, 632.798, 632.83, 632.835, 632.85, 632.853, 632.855, 632.867,  
16 632.885, 632.89, and 632.895 ~~(11)~~ (8) and (10) to (17).”

17           **66.** Page 295, line 23: delete the material beginning with that line and ending  
18 with page 304, line 9, and substitute:

19           “**SECTION 441b.** 46.10 (16) of the statutes is amended to read:

20           46.10 **(16)** The department shall delegate to county departments under ss.  
21 51.42 and 51.437 or the local providers of care and services meeting the standards  
22 established by the department under s. 46.036, the responsibilities vested in the  
23 department under this section for collection of patient fees for services other than  
24 those provided at state facilities, those provided to children that are reimbursed

1 under a waiver under s. ~~46.27 (11)~~, 46.275, 46.278, or 46.2785, or those provided  
2 under the disabled children's long-term support program if the county departments  
3 or providers meet the conditions that the department determines are appropriate.  
4 The department may delegate to county departments under ss. 51.42 and 51.437 the  
5 responsibilities vested in the department under this section for collection of patient  
6 fees for services provided at the state facilities if the necessary conditions are met.

7 **SECTION 442b.** 46.21 (2m) (b) 1. a. of the statutes is amended to read:

8 46.21 (2m) (b) 1. a. The powers and duties of the county departments under ss.  
9 46.215, 51.42 and 51.437, ~~including the administration of the long-term support~~  
10 ~~community options program under s. 46.27, if the county department under s. 46.215~~  
11 ~~is designated as the administering agency under s. 46.27 (3) (b) 1.~~

12 **SECTION 443b.** 46.21 (2m) (b) 1. b. of the statutes is repealed.

13 **SECTION 444b.** 46.215 (1) (m) of the statutes is repealed.

14 **SECTION 445b.** 46.22 (1) (b) 1. e. of the statutes is repealed.

15 **SECTION 446b.** 46.23 (3) (bm) of the statutes is repealed.

16 **SECTION 447b.** 46.269 of the statutes is amended to read:

17 **46.269 Determining financial eligibility for long-term care programs.**

18 To the extent approved by the federal government, the department or its designee  
19 shall exclude any assets accumulated in a person's independence account, as defined  
20 in s. 49.472 (1) (c), and any income or assets from retirement benefits earned or  
21 accumulated from income or employer contributions while employed and receiving  
22 ~~state-funded benefits under s. 46.27~~ or medical assistance under s. 49.472 in  
23 determining financial eligibility and cost-sharing requirements, if any, for a  
24 long-term care program under s. ~~46.27~~, 46.275, or 46.277, for the family care  
25 program that provides the benefit defined in s. 46.2805 (4), for the Family Care

1 Partnership program, or for the self-directed services option, as defined in s. 46.2897  
2 (1).

3 **SECTION 448b.** 46.27 of the statutes is repealed.

4 **SECTION 449b.** 46.271 (1) (c) of the statutes is amended to read:

5 46.271 (1) (c) The department may contract with an aging unit, as defined in  
6 s. ~~46.27~~ 46.82 (1) (a), for administration of services under par. (a) if, by resolution,  
7 the county board of supervisors of that county so requests the department.

8 **SECTION 450b.** 46.275 (3) (e) of the statutes is repealed.

9 **SECTION 451b.** 46.275 (5) (b) 7. of the statutes is amended to read:

10 46.275 (5) (b) 7. Provide services in any community-based residential facility  
11 unless the county or department uses as a service contract the approved model  
12 contract developed under s. 46.27 (2) (j), 2017 stats., or a contract that includes all  
13 of the provisions of the approved model contract.

14 **SECTION 452b.** 46.277 (1m) (at) of the statutes is amended to read:

15 46.277 (1m) (at) "Private nonprofit agency" ~~has the meaning specified in s.~~  
16 ~~46.27 (1) (bm)~~ means a nonprofit corporation, as defined in s. 181.0103 (17), that  
17 provides a program of all-inclusive care for the elderly under 42 USC 1395eee or  
18 1396u-4.

19 **SECTION 453b.** 46.277 (3) (a) of the statutes is amended to read:

20 46.277 (3) (a) ~~Sections 46.27 (3) (b) and Section 46.275 (3) (a) and (c) to (e) apply~~  
21 applies to county participation in this program, except that services provided in the  
22 program shall substitute for care provided a person in a skilled nursing facility or  
23 intermediate care facility who meets the level of care requirements for medical  
24 assistance reimbursement to that facility rather than for care provided at a state  
25 center for the developmentally disabled. The number of persons who receive services

1 provided by the program under this paragraph may not exceed the number of  
2 nursing home beds, other than beds specified in sub. (5g) (b), that are delicensed as  
3 part of a plan submitted by the facility and approved by the department.

4 **SECTION 454b.** 46.277 (5) (d) 2. (intro.) and b. of the statutes are consolidated,  
5 renumbered 46.277 (5) (d) 2. and amended to read:

6 46.277 (5) (d) 2. No county may use funds received under this section to provide  
7 residential services in any community-based residential facility, as defined in s.  
8 50.01 (1g), unless ~~one of the following applies:~~ ~~b.~~ The ~~the~~ department approves the  
9 provision of services in a community-based residential facility that entirely consists  
10 of independent apartments, each of which has an individual lockable entrance and  
11 exit and individual separate kitchen, bathroom, sleeping and living areas, to  
12 individuals who are eligible under this section and are physically disabled or are at  
13 least 65 years of age.

14 **SECTION 455b.** 46.277 (5) (d) 2. a. of the statutes is repealed.

15 **SECTION 456b.** 46.277 (5) (d) 3. of the statutes is amended to read:

16 46.277 (5) (d) 3. If subd. 2. ~~a.~~ ~~or b.~~ applies, no county may use funds received  
17 under this section to pay for services provided to a person who resides or intends to  
18 reside in a community-based residential facility and who is initially applying for the  
19 services, if the projected cost of services for the person, plus the cost of services for  
20 existing participants, would cause the county to exceed the limitation under sub. (3)  
21 (c). The department may grant an exception to the requirement under this  
22 subdivision, under the conditions specified by rule, to avoid hardship to the person.

23 **SECTION 457b.** 46.277 (5) (f) of the statutes is amended to read:

24 46.277 (5) (f) No county or private nonprofit agency may use funds received  
25 under this subsection to provide services in any community-based residential

1 facility unless the county or agency uses as a service contract the approved model  
2 contract developed under s. 46.27 (2) (j), 2017 stats., or a contract that includes all  
3 of the provisions of the approved model contract.

4 **SECTION 458b.** 46.278 (4) (a) of the statutes is amended to read:

5 46.278 (4) (a) ~~Sections 46.27 (3) (b) and Section 46.275 (3) (a) and (c) to (e) apply~~  
6 applies to county participation in a program, except that services provided in the  
7 program shall substitute for care provided a person in an intermediate care facility  
8 for persons with an intellectual disability or in a brain injury rehabilitation facility  
9 who meets the intermediate care facility for persons with an intellectual disability  
10 or brain injury rehabilitation facility level of care requirements for medical  
11 assistance reimbursement to that facility rather than for care provided at a state  
12 center for the developmentally disabled.

13 **SECTION 459b.** 46.2803 of the statutes is repealed.

14 **SECTION 460b.** 46.2805 (1) (b) of the statutes is amended to read:

15 46.2805 (1) (b) A demonstration program known as the ~~Wisconsin partnership~~  
16 Family Care Partnership program under a federal waiver authorized under 42 USC  
17 ~~1315~~ 1396n.

18 **SECTION 461b.** 46.281 (1d) of the statutes is amended to read:

19 46.281 (1d) **WAIVER REQUEST.** The department shall request from the secretary  
20 of the federal department of health and human services any waivers of federal  
21 medicaid laws necessary to permit the use of federal moneys to provide the family  
22 care benefit and the self-directed services option to recipients of medical assistance.  
23 The department shall implement any waiver that is approved and that is consistent  
24 with ss. 46.2805 to 46.2895. Regardless of whether a waiver is approved, the



1 department may implement operation of resource centers, care management  
2 organizations, and the family care benefit.

3 **SECTION 462b.** 46.281 (1n) (d) of the statutes is repealed.

4 **SECTION 463b.** 46.281 (3) of the statutes is repealed.

5 **SECTION 464b.** 46.2825 of the statutes is repealed.

6 **SECTION 465b.** 46.283 (3) (f) of the statutes is amended to read:

7 46.283 (3) (f) Assistance to a person who is eligible for the family care benefit  
8 with respect to the person's choice of whether or not to enroll in the self-directed  
9 services option, as defined in s. 46.2899 (1), a care management organization for the  
10 family care benefit or the Family Care Partnership program, or the program of  
11 all-inclusive care for the elderly and, if so, which available long-term care program  
12 or care management organization would best meet his or her needs.

13 **SECTION 466b.** 46.283 (4) (e) of the statutes is repealed.

14 **SECTION 467b.** 46.283 (4) (f) of the statutes is amended to read:

15 46.283 (4) (f) Perform a functional screening and a financial and cost-sharing  
16 screening for any resident, ~~as specified in par. (e),~~ who requests a screening and  
17 assist any resident who is eligible and chooses to enroll in a care management  
18 organization or the self-directed services option to do so.

19 **SECTION 468b.** 46.283 (6) (b) 7. of the statutes is repealed.

20 **SECTION 469b.** 46.283 (6) (b) 9. of the statutes is amended to read:

21 46.283 (6) (b) 9. Review the number and types of grievances and appeals  
22 concerning the long-term care system in the area served by related to the resource  
23 center, to determine if a need exists for system changes, and recommend system or  
24 other changes if appropriate.

25 **SECTION 470b.** 46.283 (6) (b) 10. of the statutes is repealed.

1           **SECTION 471b.** 46.285 (intro.) of the statutes is renumbered 46.285 and  
2 amended to read:

3           **46.285 Operation of resource center and care management**  
4 **organization.** In order to meet federal requirements and assure federal financial  
5 participation in funding of the family care benefit, a county, a tribe or band, a  
6 long-term care district or an organization, including a private, nonprofit  
7 corporation, may not directly operate both a resource center and a care management  
8 organization, ~~except as follows:~~

9           **SECTION 472b.** 46.285 (1) of the statutes is repealed.

10          **SECTION 473b.** 46.285 (2) of the statutes is repealed.

11          **SECTION 474b.** 46.286 (3) (b) 2. a. of the statutes is repealed.

12          **SECTION 475b.** 46.287 (2) (a) 1. (intro.) of the statutes is amended to read:

13          **46.287 (2) (a) 1. (intro.)** Except as provided in subd. 2., a client may contest any  
14 of the following applicable matters by filing, within 45 days of the failure of a resource  
15 center or ~~care management organization~~ county to act on the contested matter  
16 within the time frames specified by rule by the department or within 45 days after  
17 receipt of notice of a decision in a contested matter, a written request for a hearing  
18 under s. 227.44 to the division of hearings and appeals created under s. 15.103 (1):

19          **SECTION 476b.** 46.287 (2) (a) 1. d. of the statutes is renumbered 46.287 (2) (a)  
20 1m. b.

21          **SECTION 477b.** 46.287 (2) (a) 1. e. of the statutes is repealed.

22          **SECTION 478b.** 46.287 (2) (a) 1. f. of the statutes is repealed.

23          **SECTION 479b.** 46.287 (2) (a) 1m. of the statutes is created to read:

24          **46.287 (2) (a) 1m.** Except as provided in subd. 2., a client may contest any of  
25 the following adverse benefit determinations by filing, within 90 days of the failure

1 of a care management organization to act on a contested adverse benefit  
2 determination within the time frames specified by rule by the department or within  
3 90 days after receipt of notice of a decision upholding the adverse benefit  
4 determination, a written request for a hearing under s. 227.44 to the division of  
5 hearings and appeals created under s. 15.103 (1):

6 a. Denial of functional eligibility under s. 46.286 (1) as a result of the care  
7 management organization's administration of the long-term care functional screen,  
8 including a change from a nursing home level of care to a non-nursing home level  
9 of care.

10 c. Denial or limited authorization of a requested service, including  
11 determinations based on type or level of service, requirements or medical necessity,  
12 appropriateness, setting, or effectiveness of a covered benefit.

13 d. Reduction, suspension, or termination of a previously authorized service,  
14 unless the service was only authorized for a limited amount or duration and that  
15 amount or duration has been completed.

16 e. Denial, in whole or in part, of payment for a service.

17 f. The failure of a care management organization to act within the time frames  
18 provided in 42 CFR 438.408 (b) (1) and (2) regarding the standard resolution of  
19 grievances and appeals.

20 g. Denial of an enrollee's request to dispute financial liability, including  
21 copayments, premiums, deductibles, coinsurance, other cost sharing, and other  
22 member financial liabilities.

23 h. Denial of an enrollee, who is a resident of a rural area with only one care  
24 management organization, to obtain services outside the care management  
25 organization's network of contracted providers.

1 i. Development of a plan of care that is unacceptable to the enrollee because the  
2 plan of care requires the enrollee to live in a place that is unacceptable to the enrollee;  
3 the plan of care does not provide sufficient care, treatment, or support to meet the  
4 enrollee's needs and support the enrollee's identified outcomes; or the plan of care  
5 requires the enrollee to accept care, treatment, or support that is unnecessarily  
6 restrictive or unwanted by the enrollee.

7 j. Involuntary disenrollment from the care management organization.

8 **SECTION 480b.** 46.287 (2) (b) of the statutes is amended to read:

9 46.287 (2) (b) An enrollee may contest a decision, omission or action of a care  
10 management organization other than those specified in par. (a), ~~or may contest the~~  
11 ~~choice of service provider. In these instances, the enrollee shall first send a written~~  
12 ~~request for review by the unit of the department that monitors care management~~  
13 ~~organization contracts. This unit shall review and attempt to resolve the dispute.~~  
14 1m. by filing a grievance with the care management organization. If the dispute  
15 grievance is not resolved to the satisfaction of the enrollee, he or she may request  
16 a hearing under the procedures specified in par. (a) 1. (intro.) that the department  
17 review the decision of the care management organization.

18 **SECTION 481b.** 46.288 (2) (intro.) of the statutes is renumbered 46.288 (2) and  
19 amended to read:

20 46.288 (2) Criteria and procedures for determining functional eligibility under  
21 s. 46.286 (1) (a), financial eligibility under s. 46.286 (1) (b), and cost sharing under  
22 s. 46.286 (2) (a). ~~The rules for determining functional eligibility under s. 46.286 (1)~~  
23 ~~(a) 1m. shall be substantially similar to eligibility criteria for receipt of the long-term~~  
24 ~~support community options program under s. 46.27. Rules under this subsection~~  
25 ~~shall include definitions of the following terms applicable to s. 46.286:~~



1           **46.854 Healthy aging grant program.** From the appropriation under s.  
2 20.435 (1) (bk), the department shall award in each fiscal year a grant of \$250,000  
3 to an entity that conducts programs in healthy aging.”.

4           **70.** Page 346, line 3: delete lines 3 to 5 and substitute:

5           “(u) *Prevention services.* For services to prevent child abuse or neglect,  
6 ~~\$5,289,600 in each fiscal year~~ \$6,302,100 in fiscal year 2019-20 and \$7,464,600 in  
7 fiscal year 2020-21.”.

8           **71.** Page 348, line 15: after that line insert:

9           “**SECTION 652c.** 49.45 (2p) of the statutes is repealed.

10          **SECTION 653t.** 49.45 (2t) of the statutes is repealed.”.

11          **72.** Page 348, line 21: after that line insert:

12          “**SECTION 654f.** 49.45 (3) (e) 11. of the statutes is amended to read:

13          49.45 (3) (e) 11. The department shall use a portion of the moneys collected  
14 under s. 50.38 (2) (a) to pay for services provided by eligible hospitals, as defined in  
15 s. 50.38 (1), other than critical access hospitals, under the Medical Assistance  
16 Program under this subchapter, including services reimbursed on a fee-for-service  
17 basis and services provided under a managed care system. For state fiscal year  
18 2008-09, total payments required under this subdivision, including both the federal  
19 and state share of Medical Assistance, shall equal the amount collected under s.  
20 50.38 (2) (a) for fiscal year 2008-09 divided by 57.75 percent. For each state fiscal  
21 year after state fiscal year 2008-09, total payments required under this subdivision,  
22 including both the federal and state share of Medical Assistance, shall equal the  
23 amount collected under s. 50.38 (2) (a) for the fiscal year divided by ~~61.68~~ 53.69  
24 percent.

1           **SECTION 654h.** 49.45 (3) (e) 12. of the statutes is amended to read:

2           49.45 (3) (e) 12. The department shall use a portion of the moneys collected  
3 under s. 50.38 (2) (b) to pay for services provided by critical access hospitals under  
4 the Medical Assistance Program under this subchapter, including services  
5 reimbursed on a fee-for-service basis and services provided under a managed care  
6 system. For each state fiscal year, total payments required under this subdivision,  
7 including both the federal and state share of Medical Assistance, shall equal the  
8 amount collected under s. 50.38 (2) (b) for the fiscal year divided by ~~61.68~~ 53.69  
9 percent.

10           **SECTION 657b.** 49.45 (3m) (a) (intro.) of the statutes is amended to read:

11           49.45 (3m) (a) (intro.) Subject to par. (c) and notwithstanding sub. (3) (e), from  
12 the appropriations under s. 20.435 (4) (b) and (o), in each fiscal year, the department  
13 shall pay to hospitals that serve a disproportionate share of low-income patients an  
14 amount equal to the sum of ~~\$27,500,000~~ \$56,500,000, as the state share of payments,  
15 and the matching federal share of payments. The department may make a payment  
16 to a hospital under this subsection under the calculation method described in par. (b)  
17 if the hospital meets all of the following criteria:

18           **SECTION 658b.** 49.45 (3m) (b) 3. a. of the statutes is amended to read:

19           49.45 (3m) (b) 3. a. No single hospital receives more than \$4,600,000  
20 \$9,200,000, except that a hospital that is a free-standing pediatric teaching hospital  
21 located in Wisconsin that has a percentage calculated under subd. 1. a. greater than  
22 50 percent may receive up to \$12,000,000 each fiscal year.”.

23           **73.** Page 348, line 23: delete the material beginning with that line and ending  
24 with page 349, line 11, and substitute:

1           “49.45 (3p) (a) Subject to par. (c) and notwithstanding sub. (3) (e), from the  
2 appropriations under s. 20.435 (4) (b) and (o), in each fiscal year, the department  
3 shall pay to hospitals that ~~would~~ are not eligible for payments under sub. (3m) but  
4 that meet the criteria under sub. (3m) (a) except that the hospitals do not provide  
5 obstetric services 1. and 2. and that, in the most recent year for which information  
6 is available, charged at least 6 percent of overall charges for services to the Medical  
7 Assistance program for services provided to Medical Assistance recipients an  
8 amount equal to the sum of \$250,000 \$500,000, as the state share of payments, and  
9 the matching federal share of payments. The department may make a payment to  
10 a hospital under this subsection under a calculation method determined by the  
11 department that provides a fee-for-service supplemental payment that increases as  
12 the hospital’s percentage of inpatient days for Medical Assistance recipients at the  
13 hospital the total amount of the hospital’s overall charges for services that are  
14 charges to the Medical Assistance program increases.”.

15           74. Page 349, line 12: delete the material beginning with that line and ending  
16 with page 351, line 15, and substitute:

17           “SECTION 660b. 49.45 (5) (a) of the statutes is amended to read:

18           49.45 (5) (a) Any person whose application for medical assistance is denied or  
19 is not acted upon promptly or who believes that the payments made in the person’s  
20 behalf have not been properly determined or that his or her eligibility has not been  
21 properly determined may file an appeal with the department pursuant to par. (b).  
22 Review is unavailable if the decision or failure to act arose more than 45 days before  
23 submission of the petition for a hearing, except as provided in par. (ag) or (ar).

24           SECTION 661b. 49.45 (5) (ag) of the statutes is created to read:



1           49.45 (5) (ag) A person shall request a hearing within 90 days of the date of  
2 receipt of a notice from a care management organization or managed care  
3 organization upholding its adverse benefit determination relating to any of the  
4 following or within 90 days of the date the care management organization or  
5 managed care organization failed to act on the contested matter within the time  
6 specified by the department:

7           1. Denial or limited authorization of a requested services, including a  
8 determination based on the type or level of service, requirement for medical  
9 necessity, appropriateness, setting, or effectiveness of a covered benefit.

10           2. Reduction, suspension, or termination of a previously authorized service,  
11 unless the service was only authorized for a limited amount or duration and that  
12 amount or duration has been completed.

13           3. Denial, in whole or in part, of payment for a service.

14           4. Failure to provide services in a timely manner.

15           5. Failure of a care management organization or managed care organization  
16 to act within the time frames provided in 42 CFR 438.408 (b) (1) and (2) regarding  
17 the standard resolution of grievances and appeals.

18           6. Denial of an enrollee's request to dispute financial liability, including  
19 copayments, premiums, deductibles, coinsurance, other cost sharing, and other  
20 member financial liabilities.

21           7. Denial of an enrollee, who is a resident of a rural area with only one care  
22 management organization or managed care organization, to obtain services outside  
23 the organization's network of contracted providers.

24           **SECTION 662b.** 49.45 (5) (ar) of the statutes is created to read:

1           49.45 (5) (ar) If a federal regulation specifies a different time limit to request  
2 a hearing than par. (a) or (ag), the time limit in the federal regulation shall apply.

3           **SECTION 663b.** 49.45 (5) (b) 1. (intro.) of the statutes is amended to read:

4           49.45 (5) (b) 1. (intro.) Upon receipt of a timely petition under par. (a) the  
5 department shall give the applicant or recipient reasonable notice and opportunity  
6 for a fair hearing. The department may make such additional investigation as it  
7 considers necessary. Notice of the hearing shall be given to the applicant or recipient  
8 and, if a county department under s. 46.215, 46.22, or 46.23 is responsible for making  
9 the medical assistance determination, to the county clerk of the county. The county  
10 may be represented at such hearing. The department shall render its decision as  
11 soon as possible after the hearing and shall send a certified copy of its decision to the  
12 applicant or recipient, to the county clerk, and to any county officer charged with  
13 administration of the Medical Assistance program. The decision of the department  
14 shall have the same effect as an order of a county officer charged with the  
15 administration of the Medical Assistance program. The decision shall be final, but  
16 may be revoked or modified as altered conditions may require. The department shall  
17 deny a petition for a hearing or shall refuse to grant relief if:

18           **SECTION 664b.** 49.45 (5) (b) 1. d. of the statutes is created to read:

19           49.45 (5) (b) 1. d. The issue is an adverse benefit determination described in  
20 par. (ag) 1. to 7. made by a care management organization or managed care  
21 organization and the person requesting the hearing has not exhausted the internal  
22 appeal procedure with the organization.”.

23           ~~75.~~ Page 352, line 22: after that line insert:

24           **“SECTION 667b.** 49.45 (6xm) of the statutes is created to read:

1           **49.45 (6xm)** PEDIATRIC INPATIENT SUPPLEMENT. (a) From the appropriations  
2           under s. 20.435 (4) (b), (o), and (w), the department shall, using a method determined  
3           by the department, distribute a total sum of \$2,000,000 each state fiscal year to  
4           hospitals that meet all of the following criteria:

5           1. The hospital is an acute care hospital located in this state.

6           2. During the hospital's fiscal year, the inpatient days in the hospital's acute  
7           care pediatric units and intensive care pediatric units totaled more than 12,000 days,  
8           not including neonatal intensive care units. For purposes of this subsection, the  
9           hospital's fiscal year is the hospital's fiscal year that ended in the 2nd calendar year  
10          preceding the beginning of the state fiscal year.

11          (b) Notwithstanding par. (a), from the appropriations under s. 20.435 (4) (b),  
12          (o), and (w), the department may, using a method determined by the department,  
13          distribute an additional total sum of \$10,000,000 in each state fiscal year to hospitals  
14          that are free-standing pediatric teaching hospitals located in Wisconsin that have  
15          a percentage calculated under s. 49.45 (3m) (b) 1. a. greater than 45 percent.

16          **SECTION 668h.** 49.45 (19) (title) of the statutes is amended to read:

17          **49.45 (19)** (title) ASSIGNING ESTABLISHING PATERNITY AND ASSIGNING MEDICAL  
18          SUPPORT RIGHTS.

19          **SECTION 669m.** 49.45 (19) (a) of the statutes is amended to read:

20          **49.45 (19)** (a) As Except as provided in par. (c), as a condition of eligibility for  
21          medical assistance, a person shall, notwithstanding other provisions of the statutes,  
22          be deemed to have assigned to the state, by applying for or receiving medical  
23          assistance, any rights to medical support or other payment of medical expenses from  
24          any other person, including rights to unpaid amounts accrued at the time of

1 application for medical assistance as well as any rights to support accruing during  
2 the time for which medical assistance is paid.

3 **SECTION 670h.** 49.45 (19) (am) of the statutes is created to read:

4 49.45 (19) (am) As a condition of eligibility for medical assistance, a person  
5 shall cooperate in good faith with efforts directed at establishing the paternity of a  
6 nonmarital child and obtaining support payments or any other payments or property  
7 to which the person and the dependent child or children may have rights. This  
8 cooperation shall be in accordance with federal law and regulations applying to  
9 paternity establishment and collection of support payments and may not be required  
10 if the person has good cause for refusing to cooperate, as determined by the  
11 department in accordance with federal law and regulations.

12 **SECTION 671m.** 49.45 (19) (c) of the statutes is amended to read:

13 49.45 (19) (c) ~~If the mother of a child was enrolled in a health maintenance~~  
14 ~~organization or other prepaid health care plan under medical assistance at the time~~  
15 ~~of the child's birth, The state may not seek recovery of birth expenses that may be~~  
16 ~~recovered by the state under this subsection are the birth expenses incurred by the~~  
17 ~~health maintenance organization or other prepaid health care plan.~~

18 **SECTION 672c.** 49.45 (23) of the statutes is repealed.

19 **SECTION 673g.** 49.45 (23) (g) of the statutes is repealed.

20 **SECTION 674g.** 49.45 (23b) of the statutes is repealed.

21 **SECTION 676m.** 49.45 (24L) of the statutes is created to read:

22 49.45 (24L) CRITICAL ACCESS REIMBURSEMENT PAYMENTS TO DENTAL PROVIDERS. (a)  
23 Based on the criteria in pars. (b) and (c), the department shall increase  
24 reimbursements to dental providers that meet quality of care standards, as  
25 established by the department.

1 (b) In order to be eligible for enhanced reimbursement under this subsection,  
2 the provider must meet one of the following qualifications:

3 1. For a nonprofit or public provider, 50 percent or more of the individuals  
4 served by the provider are individuals who are without dental insurance or are  
5 enrolled in the Medical Assistance program.

6 2. For a for-profit provider, 5 percent or more of the individuals served by the  
7 provider are enrolled in the Medical Assistance program.

8 (c) For dental services rendered on or after January 1, 2020, by a qualified  
9 nonprofit critical access dental provider, the department shall increase  
10 reimbursement by 50 percent above the reimbursement rate that would otherwise  
11 be paid to that provider. For dental services rendered on or after January 1, 2020,  
12 by a qualified for-profit critical access dental provider, the department shall increase  
13 reimbursement by 30 percent above the reimbursement rate that would otherwise  
14 be paid to that provider. For dental providers rendering services to individuals in  
15 managed care under the Medical Assistance program, for services rendered on or  
16 after January 1, 2020, the department shall increase reimbursement to pay an  
17 additional amount on the basis of the rate that would have been paid to the dental  
18 provider had the individual not been enrolled in managed care.

19 (d) If a provider has more than one service location, the thresholds described  
20 under par. (b) apply to each location, and payment for each service location would be  
21 determined separately.”

22 **76.** Page 352, line 24: delete the material beginning with that line and ending  
23 with page 353, line 8 and substitute:

1           “49.45 (29w) (b) 1. b. “Telehealth” is means a service provided from a remote  
2 location using a combination of interactive video, audio, and externally acquired  
3 images through a networking environment between an individual or a provider at  
4 an originating site and a provider at a remote location with the service being of  
5 sufficient audio and visual fidelity and clarity as to be functionally equivalent to  
6 face-to-face contact; or, in circumstances determined by the department, an  
7 asynchronous transmission of digital clinical information through a secure  
8 electronic communications system from one provider to another provider.  
9 “Telehealth” does not include telephone conversations or Internet-based  
10 communications between providers or between providers and individuals.”.

11           **77.** Page 353, line 9: delete that line and substitute:

12           “**SECTION 678b.** 49.45 (29y) (d) of the statutes is repealed.

13           **SECTION 679p.** 49.45 (30y) of the statutes is created to read:

14           49.45 (30y) CERTIFIED DOULA SERVICES; PILOT PROJECT. (a) In this subsection,  
15 “certified doula” means an individual who has received certification from a doula  
16 certifying organization recognized by the department.

17           (b) For purposes of this subsection, services provided by certified doulas include  
18 continuous emotional and physical support during labor and birth of a child and  
19 intermittent services during the prenatal and postpartum periods.

20           (c) Subject to par. (d), the department shall reimburse under the Medical  
21 Assistance program benefits as provided under this subsection for pregnant women  
22 enrolled in the Medical Assistance program who reside in the counties of Brown,  
23 Dane, Milwaukee, Rock, or Sheboygan, or another county as determined by the  
24 department.

1 (d) The department shall request from the secretary of the federal department  
2 of health and human services any approval necessary to allow reimbursement under  
3 the Medical Assistance program for services provided by a certified doula. The  
4 department may not pay reimbursement unless federal approval is not required or  
5 any required federal approval allowing reimbursement under s. 49.46 (2) (b) 12p. is  
6 approved and in effect.”.

7 **78.** Page 353, line 11: delete the material beginning with that line and ending  
8 with page 354, line 17, and substitute:

9 “49.45 (41) ~~MENTAL HEALTH CRISIS~~ CRISIS INTERVENTION SERVICES. (a) In this  
10 subsection, “~~mental health crisis intervention services~~” means crisis intervention  
11 services for the treatment of mental illness, intellectual disability, substance abuse,  
12 and dementia that are provided by a ~~mental health~~ crisis intervention program  
13 operated by, or under contract with, a county, if the county is certified as a medical  
14 assistance provider.

15 (b) If a county elects to become certified as a provider of mental health crisis  
16 intervention services, the county may provide ~~mental health~~ crisis intervention  
17 services under this subsection in the county to medical assistance recipients through  
18 the medical assistance program. A county that elects to provide the services shall  
19 pay the amount of the allowable charges for the services under the medical  
20 assistance program that is not provided by the federal government. The department  
21 shall reimburse the county under this subsection only for the amount of the allowable  
22 charges for those services under the medical assistance program that is provided by  
23 the federal government.

24 **SECTION 681b.** 49.45 (41) (c) of the statutes is created to read:

1           49.45 (41) (c) Notwithstanding par. (b), if a county elects to deliver crisis  
2 intervention services under the Medical Assistance program on a regional basis  
3 according to criteria established by the department, all of the following apply:

4           1. After January 1, 2020, the department shall require the county to annually  
5 contribute for the crisis intervention services an amount equal to 75 percent of the  
6 county's expenditures for crisis intervention services under this subsection in  
7 calendar year 2017, as determined by the department.

8           2. The department shall reimburse the provider of crisis intervention services  
9 in the county the amount of allowable charges for those services under the Medical  
10 Assistance program, including both the federal share and nonfederal share of those  
11 charges, that exceeds the amount of the county contribution required under subd. 1.

12           3. If a county submits a certified cost report under s. 49.45 (52) (b) to claim  
13 federal medical assistance funds, the claim based on certified costs made by a county  
14 for amounts under subd. 2. may not include any part of the nonfederal share of the  
15 amount under subd. 2.”.

16           ~~79.~~ Page 354, line 23: delete the material beginning with that line and ending  
17 with page 355, line 6, and substitute:

18           “**SECTION 683b.** 49.45 (47) (dm) of the statutes is created to read:

19           49.45 (47) (dm) Every 24 months, on a schedule determined by the department,  
20 an adult day care center shall submit through an online system prescribed by the  
21 department a report in the form and containing the information that the department  
22 requires, including payment of any fee due under par. (c). If a complete report is not  
23 timely filed, the department shall issue a warning to the operator of the adult day  
24 care center. The department may revoke an adult day care center's certification for



1 failure to timely and completely report within 60 days after the report date  
2 established under the schedule determined by the department.”.

3 **80.** Page 355, line 6: after that line insert:

4 “**SECTION 685b.** 49.46 (1) (a) 1m. of the statutes is amended to read:

5 49.46 (1) (a) 1m. Any pregnant woman whose income does not exceed the  
6 standard of need under s. 49.19 (11) and whose pregnancy is medically verified.  
7 Eligibility continues to the last day of the month in which the 60th day or, if approved  
8 by the federal government, the 365th day after the last day of the pregnancy falls.”.

9 **81.** Page 355, line 21: after that line insert:

10 “**SECTION 688b.** 49.46 (1) (j) of the statutes is amended to read:

11 49.46 (1) (j) An individual determined to be eligible for benefits under par. (a)  
12 9. remains eligible for benefits under par. (a) 9. for the balance of the pregnancy and  
13 to the last day of the month in which the 60th day or, if approved by the federal  
14 government, the 365th day after the last day of the pregnancy falls without regard  
15 to any change in the individual’s family income.”.

16 **82.** Page 356, line 2: after that line insert:

17 “**SECTION 690p.** 49.46 (2) (b) 12p. of the statutes is created to read:

18 49.46 (2) (b) 12p. Subject to the limitations under s. 49.45 (30y), services  
19 provided by a certified doula.”.

20 **83.** Page 356, line 4: delete lines 4 and 5 and substitute:

21 “49.46 (2) (b) 15. ~~Mental health crisis~~ Crisis intervention services under s.  
22 49.45 (41).”.

23 **84.** Page 356, line 5: after that line insert:

24 “**SECTION 691d.** 49.46 (2) (b) 21. of the statutes is created to read:

1           49.46 (2) (b) 21. Subject to par. (bv), nonmedical services that contribute to the  
2 determinants of health.

3           **SECTION 691g.** 49.46 (2) (bv) of the statutes is created to read:

4           49.46 (2) (bv) The department shall determine those services under par. (b) 21.  
5 that contribute to the determinants of health. The department shall seek any  
6 necessary state plan amendment or request any waiver of federal Medicaid law to  
7 implement this paragraph. The department is not required to provided the services  
8 under this paragraph as a benefit under the Medical Assistance program if the  
9 federal department of health and human services does not provide federal financial  
10 participation for the services under this paragraph.

11           **SECTION 694h.** 49.463 of the statutes is repealed.

12           **SECTION 695b.** 49.47 (4) (ag) 2. of the statutes is amended to read:

13           49.47 (4) (ag) 2. Pregnant and the woman's pregnancy is medically verified  
14 Eligibility continues to the last day of the month in which the 60th day or, if approved  
15 by the federal government, the 365th day after the last day of the pregnancy falls.”

16           ~~85.~~ Page 356, line 23: after that line insert:

17           “**SECTION 699c.** 49.471 (1) (cr) of the statutes is created to read:

18           49.471 (1) (cr) “Enhanced federal medical assistance percentage” means a  
19 federal medical assistance percentage described under 42 USC 1396d (y) or (z).

20           **SECTION 700c.** 49.471 (4) (a) 4. b. of the statutes is amended to read:

21           49.471 (4) (a) 4. b. The individual's family income does not exceed ~~100~~ 133  
22 percent of the poverty line ~~before application of the 5 percent income disregard under~~  
23 ~~42 CFR 435.603 (d).~~

24           **SECTION 701c.** 49.471 (4) (a) 8. of the statutes is created to read:

1 49.471 (4) (a) 8. An individual who meets all of the following criteria:

2 a. The individual is an adult under the age of 65.

3 b. The adult has a family income that does not exceed 133 percent of the poverty  
4 line, except as provided in sub. (4g).

5 c. The adult is not otherwise eligible for the Medical Assistance program under  
6 this subchapter or the Medicare program under 42 USC 1395 et seq.

7 **SECTION 702c.** 49.471 (4g) of the statutes is created to read:

8 49.471 (4g) MEDICAID EXPANSION; FEDERAL MEDICAL ASSISTANCE PERCENTAGE. For  
9 services provided to individuals described under sub. (4) (a) 8., the department shall  
10 comply with all federal requirements to qualify for the highest available enhanced  
11 federal medical assistance percentage. The department shall submit any  
12 amendment to the state medical assistance plan, request for a waiver of federal  
13 Medicaid law, or other approval request required by the federal government to  
14 provide services to the individuals described under sub. (4) (a) 8. and qualify for the  
15 highest available enhanced federal medical assistance percentage.

16 **SECTION 703b.** 49.471 (6) (b) of the statutes is amended to read:

17 49.471 (6) (b) A pregnant woman who is determined to be eligible for benefits  
18 under sub. (4) remains eligible for benefits under sub. (4) for the balance of the  
19 pregnancy and to the last day of the month in which the 60th day or, if approved by  
20 the federal government, the 365th day after the last day of the pregnancy falls  
21 without regard to any change in the woman's family income.

22 **SECTION 704b.** 49.471 (6) (L) of the statutes is created to read:

23 49.471 (6) (L) The department shall request from the federal department of  
24 health and human services approval of a state plan amendment, a waiver of federal  
25 Medicaid law, or approval of a demonstration project to maintain eligibility for

1 post-partum women to the last day of the month in which the 365th day after the  
2 last day of the pregnancy falls under ss. 49.46 (1) (a) 1m. and 9. and (j), 49.47 (4) (ag)  
3 2., and 49.471 (4) (a) 1g. and 1m., (6) (b), and (7) (b) 1.

4 **SECTION 705b.** 49.471 (7) (b) 1. of the statutes is amended to read:

5 49.471 (7) (b) 1. A pregnant woman whose family income exceeds 300 percent  
6 of the poverty line may become eligible for coverage under this section if the  
7 difference between the pregnant woman's family income and the applicable income  
8 limit under sub. (4) (a) is obligated or expended for any member of the pregnant  
9 woman's family for medical care or any other type of remedial care recognized under  
10 state law or for personal health insurance premiums or for both. Eligibility obtained  
11 under this subdivision continues without regard to any change in family income for  
12 the balance of the pregnancy and to the last day of the month in which the 60th day  
13 or, if approved by the federal government, the 365th day after the last day of the  
14 woman's pregnancy falls. Eligibility obtained by a pregnant woman under this  
15 subdivision extends to all pregnant women in the pregnant woman's family.”.

16 **86.** Page 357, line 18: after that line insert:

17 **“SECTION 711c.** 49.686 (3) (d) of the statutes is amended to read:

18 49.686 (3) (d) Has applied for coverage under and has been denied eligibility  
19 for medical assistance within 12 months prior to application for reimbursement  
20 under sub. (2). This paragraph does not apply to an individual who is eligible for  
21 ~~benefits under the demonstration project for childless adults under s. 49.45 (23)~~  
22 BadgerCare Plus under s. 49.471 (4) (a) 8. or to an individual who is eligible for  
23 benefits under BadgerCare Plus under s. 49.471 (11).”.

24 **87.** Page 358, line 10: after that line insert:

1           “**SECTION 726m.** 49.855 (3) of the statutes is amended to read:

2           49.855 (3) Receipt of a certification by the department of revenue shall  
3           constitute a lien, equal to the amount certified, on any state tax refunds or credits  
4           owed to the obligor. The lien shall be foreclosed by the department of revenue as a  
5           setoff under s. 71.93 (3), (6), and (7). When the department of revenue determines  
6           that the obligor is otherwise entitled to a state tax refund or credit, it shall notify the  
7           obligor that the state intends to reduce any state tax refund or credit due the obligor  
8           by the amount the obligor is delinquent under the support, maintenance, or receiving  
9           and disbursing fee order or obligation, by the outstanding amount for past support,  
10          or medical expenses, or birth expenses under the court order, or by the amount due  
11          under s. 46.10 (4), 49.345 (4), or 301.12 (4). The notice shall provide that within 20  
12          days the obligor may request a hearing before the circuit court rendering the order  
13          under which the obligation arose. Within 10 days after receiving a request for  
14          hearing under this subsection, the court shall set the matter for hearing. Pending  
15          further order by the court or a circuit court commissioner, the department of children  
16          and families or its designee, whichever is appropriate, is prohibited from disbursing  
17          the obligor’s state tax refund or credit. A circuit court commissioner may conduct the  
18          hearing. The sole issues at that hearing shall be whether the obligor owes the  
19          amount certified and, if not and it is a support or maintenance order, whether the  
20          money withheld from a tax refund or credit shall be paid to the obligor or held for  
21          future support or maintenance, except that the obligor’s ability to pay shall also be  
22          an issue at the hearing if the obligation relates to an order under s. 767.805 (4) (d)  
23          1. or 767.89 (3) (e) 1. regarding birth expenses and the order specifies that the court  
24          found that the obligor’s income was at or below the poverty line established under  
25          42 USC 9902 (2).

1           **SECTION 727m.** 49.855 (4m) (b) of the statutes is amended to read:

2           49.855 (4m) (b) The department of revenue may provide a certification that it  
3 receives under sub. (1), (2m), (2p), or (2r) to the department of administration. Upon  
4 receipt of the certification, the department of administration shall determine  
5 whether the obligor is a vendor or is receiving any other payments from this state,  
6 except for wages, retirement benefits, or assistance under s. 45.352, 1971 stats., s.  
7 45.40 (1m), this chapter, or ch. 46, 108, or 301. If the department of administration  
8 determines that the obligor is a vendor or is receiving payments from this state,  
9 except for wages, retirement benefits, or assistance under s. 45.352, 1971 stats., s.  
10 45.40 (1m), this chapter, or ch. 46, 108, or 301, it shall begin to withhold the amount  
11 certified from those payments and shall notify the obligor that the state intends to  
12 reduce any payments due the obligor by the amount the obligor is delinquent under  
13 the support, maintenance, or receiving and disbursing fee order or obligation, by the  
14 outstanding amount for past support, or medical expenses, or birth expenses under  
15 the court order, or by the amount due under s. 46.10 (4), 49.345 (4), or 301.12 (4). The  
16 notice shall provide that within 20 days after receipt of the notice the obligor may  
17 request a hearing before the circuit court rendering the order under which the  
18 obligation arose. An obligor may, within 20 days after receiving notice, request a  
19 hearing under this paragraph. Within 10 days after receiving a request for hearing  
20 under this paragraph, the court shall set the matter for hearing. A circuit court  
21 commissioner may conduct the hearing. Pending further order by the court or circuit  
22 court commissioner, the department of children and families or its designee,  
23 whichever is appropriate, may not disburse the payments withheld from the obligor.  
24 The sole issues at the hearing are whether the obligor owes the amount certified and,  
25 if not and it is a support or maintenance order, whether the money withheld shall be

1 paid to the obligor or held for future support or maintenance, except that the obligor's  
2 ability to pay is also an issue at the hearing if the obligation relates to an order under  
3 s. 767.805 (4) (d) 1. or 767.89 (3) (e) 1. regarding birth expenses and the order specifies  
4 that the court found that the obligor's income was at or below the poverty line  
5 established under 42 USC 9902 (2).".

6 **88.** Page 358, line 11: delete the material beginning with that line and ending  
7 with page 359, line 11, and substitute:

8 **"SECTION 728b.** 50.03 (3) (b) (intro.) of the statutes is amended to read:

9 50.03 (3) (b) (intro.) The application for a license and, except as otherwise  
10 provided in this subchapter, the report of a licensee shall be in writing upon forms  
11 provided by the department and shall contain such information as the department  
12 requires, including the name, address and type and extent of interest of each of the  
13 following persons:

14 **SECTION 729b.** 50.03 (4) (c) 1. of the statutes is amended to read:

15 50.03 (4) (c) 1. A community-based residential facility license is valid until it  
16 is revoked or suspended under this section. Every 24 months, on a schedule  
17 determined by the department, a community-based residential facility licensee  
18 shall submit through an online system prescribed by the department a biennial  
19 report in the form and containing the information that the department requires,  
20 including payment of the fees required any fee due under s. 50.037 (2) (a). If a  
21 complete biennial report is not timely filed, the department shall issue a warning to  
22 the licensee. The department may revoke a community-based residential facility  
23 license for failure to timely and completely report within 60 days after the report date  
24 established under the schedule determined by the department.

1           **SECTION 730b.** 50.033 (2m) of the statutes is amended to read:

2           50.033 **(2m)** REPORTING. Every 24 months, on a schedule determined by the  
3 department, a licensed adult family home shall submit through an online system  
4 prescribed by the department a biennial report in the form and containing the  
5 information that the department requires, including payment of the any fee required  
6 due under sub. (2). If a complete biennial report is not timely filed, the department  
7 shall issue a warning to the licensee. The department may revoke the license for  
8 failure to timely and completely report within 60 days after the report date  
9 established under the schedule determined by the department.”.

10           **89.** Page 359, line 22: delete the material beginning with that line and ending  
11 with page 360, line 9, and substitute:

12           **“SECTION 732b.** 50.034 (2m) of the statutes is created to read:

13           50.034 **(2m)** REPORTING. Every 24 months, on a schedule determined by the  
14 department, a residential care apartment complex shall submit through an online  
15 system prescribed by the department a report in the form and containing the  
16 information that the department requires, including payment of any fee required  
17 under sub. (1). If a complete report is not timely filed, the department shall issue a  
18 warning to the operator of the residential care apartment complex. The department  
19 may revoke a residential care apartment complex’s certification or registration for  
20 failure to timely and completely report within 60 days after the report date  
21 established under the schedule determined by the department.”.

22           **90.** Page 363, line 8: after that line insert:

23           **“SECTION 746t.** 51.03 (7) of the statutes is created to read:



1           51.03 (7) From the appropriation under s. 20.435 (5) (dg), the department shall  
2           award grants to regional crisis stabilization facilities for adults. The department  
3           shall establish criteria for a regional crisis stabilization facility to receive a grant  
4           under this subsection.”.

5           **91.** Page 364, line 14: delete the material beginning with that line and ending  
6           with page 365, line 8, and substitute:

7           **“SECTION 750b.** 51.422 (1) of the statutes is amended to read:

8           51.422 (1) PROGRAM CREATION. The department shall create 2 or 3 new, regional  
9           comprehensive opioid treatment programs, and in the 2017-19 fiscal biennium,  
10          shall create 2 or 3 additional regional comprehensive opioid and methamphetamine  
11          treatment programs, to provide treatment for opioid and opiate addiction and  
12          methamphetamine addiction in underserved, high-need areas. The department  
13          shall obtain and review proposals for opioid and methamphetamine treatment  
14          programs in accordance with its request-for-proposal procedures. ~~A program under~~  
15          ~~this section may not offer methadone treatment.~~

16          **SECTION 751b.** 51.422 (2) of the statutes is amended to read:

17          51.422 (2) PROGRAM COMPONENTS. An opioid or methamphetamine treatment  
18          program created under this section shall offer an assessment to individuals in need  
19          of service to determine what type of treatment is needed. The program shall  
20          transition individuals to a certified residential program, if that level of treatment is  
21          necessary. The program shall provide counseling, medication-assisted treatment,  
22          including ~~both long-acting opioid antagonist and partial-agonist medications that~~  
23          have been approved by the federal food and drug administration if for treating opioid  
24          addiction, and abstinence-based treatment. The program shall transition

1 individuals who have completed treatment to county-based or private  
2 post-treatment care.”.

3 **92.** Page 365, line 9: delete lines 9 to 16 and substitute:

4 **“SECTION 752b.** 51.441 of the statutes is created to read:

5 **51.441 Comprehensive mental health consultation program.** The  
6 department shall convene a statewide group of interested persons, including at least  
7 one representative of the Medical College of Wisconsin, to develop a concept paper,  
8 business plan, and standards for a comprehensive mental health consultation  
9 program that incorporates general psychiatry, geriatric psychiatry, addiction  
10 medicine and psychiatry, a perinatal psychiatry consultation program, and the child  
11 psychiatry consultation program under s. 51.442.”.

12 **93.** Page 369, line 19: after that line insert:

13 **“SECTION 775i.** 66.0137 (4) of the statutes is amended to read:

14 **66.0137 (4) SELF-INSURED HEALTH PLANS.** If a city, including a 1st class city, or  
15 a village provides health care benefits under its home rule power, or if a town  
16 provides health care benefits, to its officers and employees on a self-insured basis,  
17 the self-insured plan shall comply with ss. 49.493 (3) (d), 631.89, 631.90, 631.93 (2),  
18 632.728, 632.746 (1) and (10) (a) 2. and (b) 2., 632.747 (3), 632.798, 632.85, 632.853,  
19 632.855, 632.867, 632.87 (4) to (6), 632.885, 632.89, 632.895 ~~(9)~~ (8) to (17), 632.896,  
20 and 767.513 (4).”.

21 **94.** Page 418, line 7: after that line insert:

22 **“SECTION 1686i.** 120.13 (2) (g) of the statutes is amended to read:

23 120.13 (2) (g) Every self-insured plan under par. (b) shall comply with ss.  
24 49.493 (3) (d), 631.89, 631.90, 631.93 (2), 632.728, 632.746 (1) and (10) (a) 2. and (b)

1 2., 632.747 (3), 632.798, 632.85, 632.853, 632.855, 632.867, 632.87 (4) to (6), 632.885,  
2 632.89, 632.895 (9) (8) to (17), 632.896, and 767.513 (4).”

3 **95.** Page 427, line 19: delete the material beginning with that line and ending  
4 with page 428, line 18, and substitute:

5 **SECTION 1764b.** 146.63 (2) (a) of the statutes is amended to read:

6 146.63 (2) (a) Subject to subs. (4) and (5), the department shall distribute  
7 grants from the appropriation under s. 20.435 (1) (f) (4) (bf) to assist rural hospitals  
8 and groups of rural hospitals in procuring infrastructure and increasing case volume  
9 to the extent necessary to develop accredited graduate medical training programs.  
10 The department shall distribute the grants under this paragraph to rural hospitals  
11 and groups of rural hospitals that apply to receive a grant under sub. (3) and that  
12 satisfy the criteria established by the department under par. (b) and the eligibility  
13 requirement under sub. (6).

14 **SECTION 1765b.** 146.63 (6) (intro.) of the statutes is amended to read:

15 146.63 (6) ELIGIBILITY. (intro.) A rural hospital or group of rural hospitals may  
16 only receive a grant under sub. (3) if the plan to use the funds involves developing  
17 an accredited graduate medical training program in any of the following specialties  
18 a specialty, including any of the following:

19 **SECTION 1766b.** 146.64 (2) (c) 1. of the statutes is amended to read:

20 146.64 (2) (c) 1. The department shall distribute funds for grants under par.  
21 (a) from the appropriation under s. 20.435 (4) (b) (bf). The department may not  
22 distribute more than \$225,000 from the appropriation under s. 20.435 (4) (b) (bf) to  
23 a particular hospital in a given state fiscal year and may not distribute more than

1 \$75,000 from the appropriation under s. 20.435 (4) (b) (bf) to fund a given position  
2 in a graduate medical training program in a given state fiscal year.

3 **SECTION 1767b.** 146.64 (4) (intro.) of the statutes is amended to read:

4 146.64 (4) ELIGIBILITY. (intro.) A hospital that has an accredited graduate  
5 medical training program in ~~any of the following specialties~~ a specialty, including  
6 any of the following, may apply to receive a grant under sub. (3):”.

7 **96.** Page 430, line 15: after that line insert:

8 **SECTION 1801i.** 185.983 (1) (intro.) of the statutes is amended to read:

9 185.983 (1) (intro.) Every voluntary nonprofit health care plan operated by a  
10 cooperative association organized under s. 185.981 shall be exempt from chs. 600 to  
11 646, with the exception of ss. 601.04, 601.13, 601.31, 601.41, 601.42, 601.43, 601.44,  
12 601.45, 611.26, 611.67, 619.04, 623.11, 623.12, 628.34 (10), 631.17, 631.89, 631.93,  
13 631.95, 632.72 (2), 632.728, 632.745 to 632.749, 632.775, 632.79, 632.795, 632.798,  
14 632.85, 632.853, 632.855, 632.867, 632.87 (2) to (6), 632.885, 632.89, 632.895 (5) and  
15 (8) to (17), 632.896, and 632.897 (10) and chs. 609, 620, 630, 635, 645, and 646, but  
16 the sponsoring association shall:”.

17 **97.** Page 433, line 4: after that line insert:

18 **SECTION 1891b.** 250.048 of the statutes is created to read:

19 **250.048 Prescription drug importation program.** (1) IMPORTATION  
20 PROGRAM REQUIREMENTS. The department, in consultation with persons interested in  
21 the sale and pricing of prescription drugs and appropriate officials and agencies of  
22 the federal government, shall design and implement a prescription drug importation  
23 program for the benefit of residents of this state, that generates savings for residents,  
24 and that satisfies all of the following:

1 (a) The department shall designate a state agency to become a licensed  
2 wholesale distributor or to contract with a licensed wholesale distributor and shall  
3 seek federal certification and approval to import prescription drugs.

4 (b) The prescription drug importation program under this section shall comply  
5 with relevant requirements of 21 USC 384, including safety and cost savings  
6 requirements.

7 (c) The prescription drug importation program under this section shall import  
8 prescription drugs from Canadian suppliers regulated under any appropriate  
9 Canadian or provincial laws.

10 (d) The prescription drug importation program under this section shall have  
11 a process to sample the purity, chemical composition, and potency of imported  
12 prescription drugs.

13 (e) The prescription drug importation program under this section shall import  
14 only those prescription drugs for which importation creates substantial savings for  
15 residents of the state and only those prescription drugs that are not brand-name  
16 drugs and that have fewer than 4 competitor prescription drugs in the United States.

17 (f) The department shall ensure that prescription drugs imported under the  
18 program under this section are not distributed, dispensed, or sold outside of the  
19 state.

20 (g) The prescription drug importation program under this section shall ensure  
21 all of the following:

22 1. Participation by any pharmacy or health care provider in the program is  
23 voluntary.

24 2. Any pharmacy or health care provider participating in the program has the  
25 appropriate license or other credential in this state.

1           3. Any pharmacy or health care provider participating in the program charges  
2 a consumer or health plan the actual acquisition cost of the imported prescription  
3 drug that is dispensed.

4           (h) The prescription drug importation program under this section shall ensure  
5 that a payment by a health plan or health insurance policy for a prescription drug  
6 imported under the program reimburses no more than the actual acquisition cost of  
7 the imported prescription drug that is dispensed.

8           (i) The prescription drug importation program under this section shall ensure  
9 that any health plan or health insurance policy participating in the program does all  
10 of the following:

11           1. Maintains a formulary and claims payment system with current information  
12 on prescription drugs imported under the program.

13           2. Bases cost-sharing amounts for participants or insureds under the plan or  
14 policy on no more than the actual acquisition cost of the prescription drug imported  
15 under the program that is dispensed to the participant or insured.

16           3. Demonstrates to the department or a state agency designated by the  
17 department how premiums under the policy or plan are affected by savings on  
18 prescription drugs imported under the program.

19           (j) Any wholesale distributor importing prescription drugs under the program  
20 under this section shall limit its profit margin to the amount established by the  
21 department or a state agency designated by the department.

22           (k) The prescription drug importation program under this section may not  
23 import any generic prescription drug that would violate federal patent laws on  
24 branded products in this country.

1 (L) The prescription drug importation program under this section shall comply  
2 to the extent practical and feasible before the prescription drug to be imported comes  
3 into possession of the state's wholesale distributor and fully after the prescription  
4 drug to be imported is in possession of the state's wholesale distributor with tracking  
5 and tracing requirements of 21 USC 360eee to 360eee-1.

6 (m) The prescription drug importation program under this section shall  
7 establish a fee or other approach to finance the program that does not jeopardize  
8 significant savings to residents of the state.

9 (n) The prescription drug importation program under this section shall have  
10 an audit function that ensures all of the following:

11 1. The department has a sound methodology to determine the most  
12 cost-effective prescription drugs to include in the importation program under this  
13 section.

14 2. The department has a process in place to select Canadian suppliers that are  
15 high quality, high performing, and in full compliance with Canadian laws.

16 3. Prescription drugs imported under the program are pure, unadulterated,  
17 potent, and safe.

18 4. The prescription drug importation program is complying with the  
19 requirements of this subsection.

20 5. The prescription drug importation program under this section is adequately  
21 financed to support administrative functions of the program while generating  
22 significant cost savings to residents of the state.

23 6. The prescription drug importation program under this section does not put  
24 residents of the state at a higher risk than if the program did not exist.

1           7. The prescription drug importation program under this section provides and  
2 is projected to continue to provide substantial cost savings to residents of the state.

3           **(2) ANTICOMPETITIVE BEHAVIOR.** The department, in consultation with the  
4 attorney general, shall identify the potential for and monitor anticompetitive  
5 behavior in industries affected by a prescription drug importation program.

6           **(3) APPROVAL OF PROGRAM DESIGN; CERTIFICATION.** No later than the first day of  
7 the 7th month beginning after the effective date of this subsection .... [LRB inserts  
8 date], the department shall submit to the joint committee on finance a report that  
9 includes the design of the prescription drug importation program in accordance with  
10 this section. The department may not submit the proposed prescription drug  
11 importation program to the federal department of health and human services unless  
12 the joint committee on finance approves the proposed prescription drug  
13 implementation program. Within 14 days of the date of approval by the joint  
14 committee on finance of the proposed prescription drug importation program, the  
15 department shall submit to the federal department of health and human services a  
16 request for certification of the approved prescription drug importation program.

17           **(4) IMPLEMENTATION OF CERTIFIED PROGRAM.** After the federal department of  
18 health and human services certifies the prescription drug importation program  
19 submitted under sub. (3), the department shall begin implementation of the program  
20 and the program shall be fully operational by 180 days after the date of certification  
21 by the federal department of health and human services. The department shall do  
22 all of the following to implement the prescription drug importation program to the  
23 extent the action is in accordance with other state laws and the certification by the  
24 federal department of health and human services:



1 (a) Become a licensed wholesale distributor, designate another state agency to  
2 become a licensed wholesale distributor, or contract with a licensed wholesale  
3 distributor.

4 (b) Contract with one or more Canadian suppliers that meet the criteria in sub.  
5 (1) (c).

6 (c) Create an outreach and marketing plan to communicate with and provide  
7 information to health plans and health insurance policies, employers, pharmacies,  
8 health care providers, and residents of the state on participating in the prescription  
9 drug importation program.

10 (d) Develop and implement a registration process for health plans and health  
11 insurance policies, pharmacies, and health care providers interested in participating  
12 in the prescription drug importation program.

13 (e) Create a publicly accessible source for listing prices of prescription drugs  
14 imported under the program.

15 (f) Create, publicize, and implement a method of communication to promptly  
16 answer questions from and address the needs of persons affected by the  
17 implementation of the program before the program is fully operational.

18 (g) Establish the audit functions under sub. (1) (n) with a timeline to complete  
19 each audit function every 2 years.

20 (h) Conduct any other activities determined by the department to be important  
21 to successful implementation of the prescription drug importation program under  
22 this section.

23 **(5) REPORT.** By January 1 and July 1 of each year, the department shall submit  
24 to the joint committee on finance a report including all of the following:

1 (a) A list of prescription drugs included in the importation program under this  
2 section.

3 (b) The number of pharmacies, health care providers, and health plans and  
4 health insurance policies participating in the prescription drug importation program  
5 under this section.

6 (c) The estimated amount of savings to residents of the state, health plans and  
7 health insurance policies, and employers resulting from the implementation of the  
8 prescription drug importation program under this section reported from the date of  
9 the previous report under this subsection and from the date the program was fully  
10 operational.

11 (d) Findings of any audit functions under sub. (1) (n) completed since the date  
12 of the previous report under this subsection.”

13 **98.** Page 433, line 5: delete lines 5 to 11 and substitute:

14 “**SECTION 1892b.** 250.10 (1m) (b) of the statutes is amended to read:

15 250.10 (1m) (b) Award in each fiscal year to qualified applicants grants totaling  
16 \$25,000 no less than \$50,000 for fluoride supplements, ~~\$25,000 for a fluoride~~  
17 ~~mouth-rinse program~~ varnish and other evidence-based oral health activities,  
18 \$700,000 for school-based preventive dental services, and ~~\$120,000 for a~~  
19 ~~school-based dental sealant program~~ \$100,000 for school-based restorative dental  
20 services.”.

21 **99.** Page 433, line 12: delete the material beginning with that line and ending  
22 with page 434, line 2, and substitute:

23 “**SECTION 1893b.** 250.20 (3) of the statutes is amended to read: