2019 DRAFTING REQUEST

Bill

For:	**Legislative Fiscal Bureau**	Drafter:	**tdodge**
By:	**Morgan**	Secondary Drafters:	
Date:	**4/2/2020**	May Contact:	

Same as LRB:

Submit via email: **YES**
Requester's email: **Charlie.morgan@legis.wisconsin.gov**
Carbon copy (CC) to: **jon.dyck@legis.wisconsin.gov**
Alexandra.bentzen@legis.wisconsin.gov
Becky.hannah@legis.wisconsin.gov
tamara.dodge@legis.wisconsin.gov

Pre Topic:

No specific pre topic given

Topic:

Data elements

Drafting History:

Vers.	Drafted	Reviewed	Submitted	Jacketed	Required
/?	tdodge 4/2/2020	anienaja 4/2/2020			
/P1	tdodge 4/6/2020		anienaja 4/2/2020		
/P2	tdodge 4/10/2020	ccarmich 4/6/2020	mbarman 4/6/2020		
/P3		aernsttr 4/10/2020	wjackson 4/10/2020		

FE Sent For: **<END>**

From:	Morgan, Charlie
Sent:	Thursday, April 02, 2020 1:32 PM
To:	Dodge, Tamara
Cc:	Dyck, Jon; Bentzen, Alexandra; Lang, Bob
Subject:	FW: Data elements

Hi, Tami -

Heather Smith in Rep. Vos' office has indicated that the Speaker would like to include new reporting requirements for hospitals in their legislative package (the Vos-Fitz bill).   I wanted to forward this description to you as soon as possible, so you can begin to work on this, or have a sense of what they are trying to do.

I will forward to you any additional information from Heather I receive.   If you have some questions about this, perhaps you should address them to Heather and cc me on them, as I have nothing on this except Heather's original email.

Best,

Charles Morgan, Program Supervisor
Wisconsin Legislative Fiscal Bureau
1 East Main Street, Suite 301
Madison, WI 53703

Telephone: (608) 266-3847
FAX: (608) 267-6873
Email: Charlie.Morgan@legis.wisconsin.gov

From: Smith, Heather <Heather.Smith@legis.wisconsin.gov>
Sent: Thursday, April 02, 2020 1:23 PM
To: Morgan, Charlie <Charlie.Morgan@legis.wisconsin.gov>; Dyck, Jon <Jon.Dyck@legis.wisconsin.gov>; Lang, Bob <Bob.Lang@legis.wisconsin.gov>
Subject: Data elements

Still waiting on DHS and their slimmed down list of 1135 items.

Data:

- We want to require hospitals and isolation facilities (and any other entity providing hospitalization during this) to report daily to DHS and require DHS to report these out publicly:

  - New positive test results for workers and patients
  - Number of covid patients in the hospital
  - Number of presumptive covid cases in the hospital (these are pending test results)
  - Specify of the hospitalized
    - How many in ICU bed
    - How many covid patients on vent

- Then weekly we want reported to and by DHS:
  - The movement of patients from reg hosp bed to ICU, and to vent
  - The movement of patients from ICU or vent down to reg hospital bed

- o The release of patients from the hospital (confirmed cases)
- o We want to be able to track the length of time patients are staying at each level of care

- o Also we want tracked the acquisition of ventilators by DHS and private, and have that reported (private purchase reported to DHS, and all reported out. So that we have a running count of:
  - Total vents in the state
  - Total in use, and total in use by covid patients

- We want to specify that these metrics be reported to DHS for the past since case #1. The idea on this is to get back data so the picture is clear.

- We want to have DHS report covid test capacity in the state weekly, and the current lag time from test to result by lab I think.
- We want to have private labs be required to report current covid capacity to DHS

- We would like to put something in that suggests that DHS create a metric to withhold CARES funds from providers not complying with the provision of data.

- DHS may need some lead time to get this fully supported, but I think if we say that the providers need to get this in so that DHS can put up these full metrics April 24th that's fair.

Separate from the covid data provisions we want to:

Direct the department (DMS) to develop a pay for performance metric that includes participation by providers in an health Information exchange at a minimum level of Patient Record access, and increases as participation level in an HIE increases. The idea is to incentivize participation in data sharing that will facilitate better patient care, reduced costs and easier access to patient information that has proven to be a material challenge in this crisis.
- Specify that the department begin this in the 2021 contract year
- Direct the department to seek available federal funds, or use CARES funds to the extent allowable to assist small, rural providers with IT costs of setup.

PRELIMINARY DRAFT - NOT READY FOR INTRODUCTION

1 AN ACT **relating to:** collection and reporting of COVID-19 data and

2 pay-for-performance system for health information exchange use.

Analysis by the Legislative Reference Bureau

HEALTH AND HUMAN SERVICES

Collection and reporting of COVID-19 data

This bill requires the reporting to the Department of Health Services of certain data related to COVID-19 as specified in the bill, including hospitalization data, the movement of patients among levels of care, ventilator availability, and COVID-19 testing capacity. Under the bill, DHS must publicly report all of the data reported to it and an accounting of any ventilators acquired directly by DHS. The bill allows DHS to create a metric to allow it to measure compliance with the requirements to report data under the bill and withhold moneys available under the federal Coronavirus Aid, Relief, and Economic Security Act, known as the CARES Act, to noncompliant providers.

Health information exchange pay-for-performance system

DHS shall develop for the Medical Assistance program a payment system based on performance to incentivize participation in the health information exchange as specified in the bill.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

1   **SECTION 1. Nonstatutory provisions.**

2   (1) COLLECTION AND REPORTING OF COVID-19 DATA.

3   (a) In this subsection:

4   1. "COVID-19" means an infection caused by the SARS-CoV-2 coronavirus.

5   2. "Department" means the department of health services.

6   (b) Every hospital, isolation facility, and other facility that is considered to be

7 providing hospitalization shall report to the department on a daily basis beginning

8 on the date of the first case of COVID-19 at the hospital or facility and daily

9 thereafter all of the following:

10   1. The number of new positive COVID-19 test results for individuals working

11 at the hospital or facility and for patients.

12   2. The daily census of COVID-19 patients in the hospital or facility.

13   3. The daily census of presumptive COVID-19 cases in the hospital or facility.

14   4. Of the individuals specified under subds. 2. and 3., the number of individuals

15 in a bed in an intensive care unit.

16   5. Of the individuals specified under subds. 2. and 3., the number of individuals

17 on ventilators.

18   (c) Every hospital, isolation facility, and other facility that is considered to be

19 providing hospitalization shall report to the department on a weekly basis beginning

20 on the date of the first case of COVID-19 at the hospital or facility and weekly

21 thereafter all of the following:

22   1. The number of COVID-19 patients at the hospital or facility who moved from

23 a regular hospital bed to a bed in an intensive care unit and, as applicable, onto a

24 ventilator, including the amount of time each patient spent at each level of care.

1   2. The number of COVID-19 patients at the hospital or facility who moved from

2   a bed in an intensive care unit or being on a ventilator to a regular hospital bed,

3   including the amount of time each patient spent at each level of care.

4   3. The number of patients who were confirmed to have COVID-19 and who

5   were released from the hospital or facility, including the amount of time each patient

6   spent in the hospital or facility.

7   (d) Every hospital, medical facility, isolation facility, and other facility that is

8   considered to be providing hospitalization shall submit to the department on a daily

9   basis beginning on the date of the first case of COVID-19 at the hospital or facility

10   and daily thereafter the total number of functional ventilators possessed by the

11   hospital or facility and, of the number of ventilators possessed, the number of

12   ventilators that are in use and the number of ventilators that are in use by

13   COVID-19 patients or presumptive COVID-19 patients.

14   (e) Every private laboratory that is testing individuals for COVID-19 shall

15   report on a weekly basis the number of tests the laboratory is capable of processing

16   and the average amount of time the laboratory takes to produce a result from the

17   time the test has been submitted.

18   (f) Beginning April 24, 2020, the department shall report publicly all of the

19   following:

20   1. On a daily basis, the data reported under par. (b).

21   2. On a weekly basis, the data reported under par. (c).

22   3. The daily availability of ventilators in the state, including an accounting of

23   any ventilators acquired directly by the department and the data reported under par.

24   (d).

1   4. The weekly capacity for testing for COVID-19 in the state, including the data

2   reported under par. (e).

3   (g) The department may create a metric to allow the department to measure

4   compliance with the requirements to report data under this subsection and withhold

5   moneys available under the federal Coronavirus Aid, Relief, and Economic Security

6   Act, P.L. 116-136, to noncompliant providers.

7   (2) PAY-FOR-PERFORMANCE; HEALTH INFORMATION EXCHANGE. The department of

8   health services shall develop for the Medical Assistance program a payment system

9   based on performance to incentivize participation in health information data sharing

10   to facilitate better patient care, reduced costs, and easier access to patient

11   information. The department shall establish performance metrics for the payment

12   system under this subsection that satisfy all of the following:

13   (a) The metric shall include participation by providers in a health information

14   exchange at a minimum level of patient record access.

15   (b) The payment under the payment system shall increase as the participation

16   level in the health information exchange increases.

17   (c) The payment system shall begin in the 2021 contract year.

18   (d)   For purposes of this payment system, the department shall seek any

19   available federal moneys, including any moneys available for this purpose under the

20   the federal Coronavirus Aid, Relief, and Economic Security Act, P.L. 116-136, to

21   assist small, rural providers with the costs of information technology setup to

22   participate in the health information exchange.

23   **(END)**

PRELIMINARY DRAFT - NOT READY FOR INTRODUCTION

1 AN ACT **relating to:** collection and reporting of COVID-19 data and

2 pay-for-performance system for health information exchange use.

Analysis by the Legislative Reference Bureau

HEALTH AND HUMAN SERVICES

Collection and reporting of COVID-19 data

This bill requires the reporting to the Department of Health Services of certain data related to COVID-19 as specified in the bill, including hospitalization data, the movement of patients among levels of care, and the number of functioning ventilators. Under the bill, DHS must publicly report all of the data reported to it, testing capacity for COVID-19, and an accounting of any ventilators acquired directly by DHS and ventilator usage. The bill allows DHS to create a metric to allow it to measure compliance with the requirements to report data under the bill and withhold moneys available under the federal Coronavirus Aid, Relief, and Economic Security Act, known as the CARES Act, to noncompliant providers.

Health information exchange pay-for-performance system

DHS shall develop for the Medical Assistance program a payment system based on performance to incentivize participation in the health information exchange as specified in the bill.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

1   **SECTION 1. Nonstatutory provisions.**

2   (1) COLLECTION AND REPORTING OF COVID-19 DATA.

3   (a) In this subsection:

4   1. "COVID-19" means an infection caused by the SARS–CoV–2 coronavirus.

5   2. "Department" means the department of health services.

6   (b) Every hospital, isolation facility, and other facility that is considered to be

7   providing hospitalization shall report to the department on a daily basis beginning

8   on the date of the first case of COVID-19 at the hospital or facility and daily

9   thereafter all of the following:

10   1. The number of new positive COVID-19 test results for individuals working

11   at the hospital or facility and for patients.

12   2. The daily census of COVID-19 patients in the hospital or facility.

13   3. The daily census of presumptive COVID-19 cases in the hospital or facility.

14   4. Of the individuals specified under subds. 2. and 3., the number of individuals

15   in a bed in an intensive care unit.

16   5. Of the individuals specified under subds. 2. and 3., the number of individuals

17   on ventilators.

18   (c) Every hospital, isolation facility, and other facility that is considered to be

19   providing hospitalization shall report to the department on a weekly basis beginning

20   on the date of the first case of COVID-19 at the hospital or facility and weekly

21   thereafter all of the following:

22   1. The number of COVID-19 patients at the hospital or facility who moved from

23   a regular hospital bed to a bed in an intensive care unit and, as applicable, onto a

24   ventilator, including the amount of time each patient spent at each level of care.

1   2. The number of COVID-19 patients at the hospital or facility who moved from

2   a bed in an intensive care unit or being on a ventilator to a regular hospital bed,

3   including the amount of time each patient spent at each level of care.

4   3. The number of patients who were confirmed to have COVID-19 and who

5   were released from the hospital or facility, including the amount of time each patient

6   spent in the hospital or facility.

7   (d) By April 14, hospitals shall submit to the department the total number of

8   functional ventilators possessed by hospitals. During the COVID-19 pandemic,

9   hospitals shall update the number of ventilators submitted under this paragraph as

10   ventilators are acquired or are no longer functional.

11   (e) Beginning April 24, 2020, the department shall report publicly all of the

12   following:

13   1. On a daily basis, the data reported under par. (b).

14   2. On a weekly basis, the data reported under par. (c).

15   3. The daily availability of ventilators in the state, including an accounting of

16   any ventilators acquired directly by the department and the data reported under par.

17   (d), and the daily ventilator usage in the state.

18   4. The weekly capacity for testing for COVID-19 in the state.

19   (f) The department may create a metric to allow the department to measure

20   compliance with the requirements to report data under this subsection and withhold

21   moneys available under the federal Coronavirus Aid, Relief, and Economic Security

22   Act, P.L. 116-136, to noncompliant providers.

23   (2) PAY-FOR-PERFORMANCE; HEALTH INFORMATION EXCHANGE. The department of

24   health services shall develop for the Medical Assistance program a payment system

25   based on performance to incentivize participation in health information data sharing

1   to facilitate better patient care, reduced costs, and easier access to patient

2   information. The department shall establish performance metrics for the payment

3   system under this subsection that satisfy all of the following:

4   (a) The metric shall include participation by providers in a health information

5   exchange at a minimum level of patient record access.

6   (b) The payment under the payment system shall increase as the participation

7   level in the health information exchange increases.

8   (c) The payment system shall begin in the 2021 rate year.

9   (d) For purposes of this payment system, the department shall seek any

10   available federal moneys, including any moneys available for this purpose under the

11   the federal Coronavirus Aid, Relief, and Economic Security Act, P.L. 116–136, to

12   assist small, rural providers with the costs of information technology setup to

13   participate in the health information exchange.

14   **(END)**

From:	Morgan, Charlie
Sent:	Friday, April 10, 2020 1:49 PM
To:	Dodge, Tamara
Subject:	RE: Data Dashboard Publication Language

Yes, thank you.
Charlie

Charles Morgan, Program Supervisor
Wisconsin Legislative Fiscal Bureau
1 East Main Street, Suite 301
Madison, WI 53703

Telephone: (608) 266-3847
FAX: (608) 267-6873
Email: Charlie.Morgan@legis.wisconsin.gov

From: Dodge, Tamara <Tamara.Dodge@legis.wisconsin.gov>
Sent: Friday, April 10, 2020 1:39 PM
To: Morgan, Charlie <Charlie.Morgan@legis.wisconsin.gov>
Subject: RE: Data Dashboard Publication Language

Hi Charlie,

To be clear, this language will replace sub. (1) in -6098/P2. Sub. (2) of the nonstat in that version of the draft will remain as is.

Tami

Tamara J. Dodge
Senior Legislative Attorney
Wisconsin Legislative Reference Bureau
P.O. Box 2037
Madison, WI 53701-2037
(608) 504 - 5808
tamara.dodge@legis.wisconsin.gov

Please note my new direct phone number (as of June 13, 2018).

From: Morgan, Charlie <Charlie.Morgan@legis.wisconsin.gov>
Sent: Friday, April 10, 2020 1:29 PM
To: Dodge, Tamara <Tamara.Dodge@legis.wisconsin.gov>
Cc: Dyck, Jon <Jon.Dyck@legis.wisconsin.gov>; Bentzen, Alexandra <Alexandra.Bentzen@legis.wisconsin.gov>
Subject: FW: Data Dashboard Publication Language

Hi, Tami -
Could you please prepare a draft that would replace all of the hospital and DHS reporting requirements, summarized as DHS Item 5 in the April 7th lfb summary of GOP provisions with the text that Jenny sent me (below)?

1

Thanks very much!

Charles Morgan, Program Supervisor
Wisconsin Legislative Fiscal Bureau
1 East Main Street, Suite 301
Madison, WI 53703

Telephone: (608) 266-3847
FAX: (608) 267-6873
Email: Charlie.Morgan@legis.wisconsin.gov

From: Smith, Heather <Heather.Smith@legis.wisconsin.gov>
Sent: Friday, April 10, 2020 12:40 PM
To: Morgan, Charlie <Charlie.Morgan@legis.wisconsin.gov>; Dyck, Jon <Jon.Dyck@legis.wisconsin.gov>
Cc: Ottman, Tad <Tad.Ottman@legis.wisconsin.gov>
Subject: Fwd: Data Dashboard Publication Language

This is to be substituted for the entirety of the data reporting provision.

From: Toftness, Jenny <jenny.toftness@legis.wisconsin.gov>
Sent: Friday, April 10, 2020, 12:37 PM
To: Smith, Heather
Subject: FW: Data Dashboard Publication Language

From: O'Brien, Kyle <kobrien@wha.org>
Sent: Wednesday, April 08, 2020 10:00 AM
To: Toftness, Jenny <Jenny.Toftness@legis.wisconsin.gov>
Cc: Borgerding, Eric <EBorgerding@wha.org>
Subject: Data Dashboard Publication Language

Jenny –

Please see the information below.

Thanks,
Kyle

153.23 is created to read:
153.23 Public health emergency dashboard. During a state of emergency or public health emergency declared
by the governor or a declared emergency under the Stafford Act or National Emergencies Act or a public health
emergency under Section 319 of the Public Health Services Act, the entity under contract under s.
153.05(2m)(a) shall prepare and publish a public health emergency dashboard using healthcare emergency
preparedness program information collected by the state from acute care hospitals. The published dashboards
shall include information to assist emergency response planning activities. The entity and the department shall
enter a data use agreement and mutually agree to the healthcare emergency preparedness program information
the department will provide to the entity, the information the entity will include in the dashboard, any
publication schedule, and any other terms deemed necessary by the parties.

PRELIMINARY DRAFT - NOT READY FOR INTRODUCTION

1   AN ACT *to create* 153.23 of the statutes; **relating to:** collection and reporting of

2   public health emergency data and pay-for-performance system for health

3   information exchange use.

Analysis by the Legislative Reference Bureau
HEALTH AND HUMAN SERVICES

Collection and reporting of public health emergency data

    This bill requires the entity that is under contract under current law to collect, analyze, and disseminate the health care information of hospitals and ambulatory surgery centers to prepare and publish a public health emergency dashboard during a state of emergency declared by the governor or a federally declared emergency, disaster, or public health emergency that involves Wisconsin. The public health emergency dashboard uses health care emergency preparedness information collected by the state from acute care hospitals and must include information to assist emergency response planning activities. The entity and the Department of Health Services must enter into a data use agreement and mutually agree to certain items specified in the bill.

Health information exchange pay-for-performance system

DHS shall develop for the Medical Assistance program a payment system based on performance to incentivize participation in the health information exchange as specified in the bill.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

1   SECTION 1. 153.23 of the statutes is created to read:

2   **153.23 Public health emergency dashboard.** During a state of emergency

3   declared under s. 323.10, an emergency declared under 50 USC 1621 that involves

4   this state, an emergency or disaster declared under the federal Stafford Act, 42 USC

5   5121 to 5207, that involves this state, or a public health emergency declared under

6   42 USC 247d by the secretary of the federal department of health and human

7   services that involves this state, the entity under contract under s. 153.05 (2m) (a)

8   shall prepare and publish a public health emergency dashboard using health care

9   emergency preparedness program information collected by the state from acute care

10   hospitals. A dashboard published under this section shall include information to

11   assist emergency response planning activities. For purposes of this section, the

12   entity and the department shall enter into a data use agreement and mutually agree

13   to the health care emergency preparedness program information the department

14   will provide to the entity, the information the entity will include in the dashboard,

15   any publication schedule, and any other terms considered necessary by the entity or

16   the department.

17   **SECTION 2. Nonstatutory provisions.**

18   (1) PAY-FOR-PERFORMANCE; HEALTH INFORMATION EXCHANGE. The department of

19   health services shall develop for the Medical Assistance program a payment system

20   based on performance to incentivize participation in health information data sharing

1   to facilitate better patient care, reduced costs, and easier access to patient

2   information. The department shall establish performance metrics for the payment

3   system under this subsection that satisfy all of the following:

4   (a) The metric shall include participation by providers in a health information

5   exchange at a minimum level of patient record access.

6   (b) The payment under the payment system shall increase as the participation

7   level in the health information exchange increases.

8   (c) The payment system shall begin in the 2021 rate year.

9   (d) For purposes of this payment system, the department shall seek any

10   available federal moneys, including any moneys available for this purpose under the

11   the federal Coronavirus Aid, Relief, and Economic Security Act, P.L. 116-136, to

12   assist small, rural providers with the costs of information technology setup to

13   participate in the health information exchange.

14   **(END)**