
Wisconsin Legislative Council

AMENDMENT MEMO



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Contact: Steve McCarthy, Staff Attorney

2019 Senate Bill 600

**Senate Amendment 1
and Senate Amendment 1 to
Senate Amendment 1**

2019 SENATE BILL 600

2019 Senate Bill 600 makes two changes related to the state Medical Assistance (MA) program. First, the bill makes acupuncture provided by a certified acupuncturist a reimbursable benefit under the MA program, subject to any necessary federal approval. This part of the bill is not affected by the amendments.

Second, the bill increases the Joint Committee on Finance's (JCF) supplemental general program revenue (GPR) appropriation by \$500,000 in fiscal year 2019-20 and \$500,000 in fiscal year 2020-21 for the purpose of increasing reimbursement rates for physical health services under the MA program. The term "physical health services" is defined to mean nonpharmaceutical interventions used for the treatment or mitigation of pain, including chiropractic methods and physical therapy. To obtain the supplemental funds, the Department of Health Services (DHS) must submit a proposal to JCF and, if JCF approves the proposal, JCF may release the supplemental funds without finding that an emergency exists.¹

SENATE AMENDMENT 1, AS AMENDED

Senate Amendment 1 ("the amendment"), as amended by Senate Amendment 1 to Senate Amendment 1 ("the amendment to the amendment"), modifies the second part of the bill relating to increased reimbursement rates for physical health services, as follows.

Amount Appropriated

Under **the amendment**, JCF's supplemental GPR appropriation is increased by \$1,000,000 in fiscal year 2019-20 and \$1,000,000 in fiscal year 2020-21 for the purpose of increasing reimbursement rates for physical health services under the MA program.

Under **the amendment to the amendment**, the appropriation for fiscal year 2019-20 is deleted, and JCF's supplemental GPR appropriation is increased by \$1,000,000 in fiscal year 2020-21 for the purpose of increasing reimbursement rates for physical health services under the MA program.

¹ Typically, JCF may supplement an agency's appropriation from its supplemental fund if the agency's funding is insufficient because of unforeseen emergencies or is insufficient to accomplish the purpose for which it was made, and JCF finds that: (1) an emergency exists; (2) no funds are available for such purposes; and (3) the purposes for which a supplemental appropriation is requested have been authorized or directed by the Legislature. [s. 13.101(3)(a), Stats.]

Definition of Physical Health Services

The amendment deletes the bill's definition of physical health services and instead specifies that the supplemental funds are to be allocated in each fiscal year as follows: (1) \$300,000 for acupuncture services; (2) \$350,000 for physical therapy; and (3) \$350,000 for chiropractic services. This provision is the same in **the amendment to the amendment**.

DHS's Request for Funding

Similar to the bill, **the amendment** requires that DHS submit a proposal to JCF in order to obtain the supplemental funds and authorizes JCF to release the funds without finding that an emergency exists. The amendment also adds the following requirements, which apply to DHS's proposal:

- DHS must consult with acupuncturists in developing a proposal for acupuncture services and must consult with physical therapists in developing a proposal for physical therapy.
- With regard to a proposal to increase reimbursement rates for chiropractic services, DHS must first propose that chiropractic providers be reimbursed at the same rates as physicians for radiology and office visit services, under current procedural technology codes. If additional funding remains after that increase, DHS may also propose an increase in reimbursements for spinal manipulation performed by chiropractic providers.

The amendment to the amendment deletes the requirement in the second bullet point, above, and adds a requirement that DHS may only propose to provide reimbursement for acupuncture services, which relate to treatment for pain or substance abuse.

BILL HISTORY

Senator Bernier introduced Senate Amendment 1 on January 9, 2020 and Senate Amendment 1 to Senate Amendment 1 on January 21, 2020. On January 23, 2020, the Senate Committee on Health and Human Services recommended adoption of Senate Amendment 1 to Senate Amendment 1 on a vote of Ayes, 5; Noes, 0. On the same day, the committee recommended adoption of Senate Amendment 1, as amended, and passage of the bill, as amended, on votes of Ayes, 3; Noes, 2.

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