



State of Wisconsin
2025 - 2026 LEGISLATURE

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2025 ASSEMBLY BILL 353

July 8, 2025 - Introduced by Representatives WITKE, DONOVAN, BROOKS, BEHNKE, GUSTAFSON, KNODL, MAXEY, MURPHY, MURSAU, O'CONNOR, SORTWELL and TUSLER, cosponsored by Senators BRADLEY, FELZKOWSKI, WIMBERGER, HUTTON, LARSON, NASS and TOMCZYK. Referred to Committee on Health, Aging and Long-Term Care.

1 **AN ACT** *to amend* 50.32, 50.33 (intro.), 50.33 (3), 50.34, 50.36 (1), 50.39 (1),
2 50.39 (2), 50.39 (3), 50.39 (4) and 51.036 (2) (b) 1.; **to create** 50.40 and 50.42 of
3 the statutes; **relating to:** price transparency in hospitals, restricting certain
4 debt collection actions against patients, and providing a penalty.

Analysis by the Legislative Reference Bureau

This bill creates several requirements for a hospital to provide cost information for certain items and services provided by the hospital and restricts certain legal actions against a patient that seek judgment for debts owed on hospital items and services provided to the patient if the hospital that provided the item or service is not in compliance with applicable price transparency requirements.

The bill provides that the Department of Health Services must enforce federal hospital price transparency requirements for hospitals. If the secretary of health services determines that the federal hospital price transparency requirements are no longer substantially enforceable in this state, the bill directs the secretary of health services to submit a notice to the Legislative Reference Bureau for publication in the Wisconsin Administrative Register that the federal hospital price transparency requirements are no longer substantially enforceable in this state. If the secretary of health services submits such a notice, the bill provides that DHS

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must instead enforce the other hospital price transparency requirements established in the bill, beginning on the first day of the fourth month beginning after the notice is published in the Wisconsin Administrative Register. The hospital price transparency requirements established in the bill would require each hospital to make publicly available a digital file in a machine-readable format that contains a list of standard charges for certain items and services provided by the hospital and a consumer-friendly list of standard charges for certain shoppable services. “Standard charge” is defined to mean the regular rate established by the hospital for an item or service provided to a specific group of paying patients and includes certain price information, including the gross charge, the payer-specific negotiated charge, and the discounted cash price. “Shoppable service” is defined to mean a service that may be scheduled by a health care consumer in advance. Every time a hospital updates the list of standard charges or the consumer-friendly list of standard charges for shoppable services, the hospital must submit the updated list to DHS.

The list of standard charges must be available at all times to the public in a machine-readable format, must be displayed in a prominent location on the home page of the hospital’s website, and must include certain information, including a description of each hospital item or service provided and any code used by the hospital for purposes of accounting or billing. Further, the list of standard charges must meet certain criteria, including that the list must be available free of charge and without having to establish a user account or password, that the list is available without having to submit personal identifying information, that the list is digitally searchable, and that the list is accessible to a commercial operator of an Internet search engine as necessary for the search engine to index the list and display the list as a result in response to a search query of a user of the search engine. The list of standard charges must be updated at least once each year.

The consumer-friendly list of standard charges for shoppable services must be publicly available and must contain standard charge information for each of at least 300 shoppable services provided by the hospital. The bill allows a hospital to select the shoppable services to be included in the list, except that the list must include either the 70 services specified as shoppable services by the federal Centers for Medicare and Medicaid Services (CMS) or, if the hospital does not provide all of the shoppable services specified by CMS, as many of the 70 services specified as shoppable services by CMS as the hospital provides. If a hospital does not provide at least 300 shoppable services, the bill requires the hospital to maintain a list of all shoppable services that the hospital provides. The consumer-friendly list of standard charges for shoppable services must include certain information, including certain price information and a plain-language description of each shoppable service included on the list, whether each hospital location provides the shoppable service and whether the standard charges included in the list apply at that location, and whether one or more of the shoppable services specified by CMS is not provided by the hospital. The consumer-friendly list of standard charges for

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shoppable services must meet certain criteria, including that the list is available free of charge without having to establish a user account or password, that the list is searchable by service description, billing code, and payer, and that the list is accessible to a common commercial operator of an Internet search engine as necessary for the search engine to index the list and display the list as a result in response to a search query of a user of the search engine. The consumer-friendly list of standard charges for shoppable services must be updated at least once each year.

Under the bill, regardless of whether the federal hospital price transparency requirements or the requirements established in the bill apply, DHS must monitor each hospital's compliance with the applicable price transparency requirements specified in the bill by evaluating complaints, reviewing any analysis prepared regarding noncompliance, auditing the websites of hospitals, or confirming that each hospital submitted the required lists. If DHS determines that a hospital is not in compliance with any of the price transparency requirements specified in the bill, the bill requires DHS to take certain actions, including providing a written notice to the hospital, requesting a corrective action plan from the hospital, or imposing a penalty. The bill requires DHS to maintain a publicly available list of any hospital that has been found to have violated any of the price transparency requirements specified in the bill, including the dates that the hospital was not in compliance.

Finally, the bill provides that any party seeking judgment against a patient for a debt owed for hospital items or services that are purchased for or provided to the patient by a hospital shall file a certification under oath to the court stating that the hospital that provided the hospital items or services to the patient is not, according to the publicly available list maintained by DHS, out of compliance with the applicable price transparency requirements as of the date of the certification before judgment may be entered in favor of the party seeking judgment.

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

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

- 1 **SECTION 1.** 50.32 of the statutes is amended to read:
- 2 **50.32 Hospital regulation and approval act.** Sections 50.32 to ~~50.39~~
- 3 50.42 shall constitute the "Hospital Regulation and Approval Act".
- 4 **SECTION 2.** 50.33 (intro.) of the statutes is amended to read:
- 5 **50.33 Definitions.** (intro.) Whenever used in ss. 50.32 to ~~50.39~~ 50.42:
- 6 **SECTION 3.** 50.33 (3) of the statutes is amended to read:

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1 50.33 (3) “Requirements for hospitals” means all of the rules, standards, and
2 requirements described in or promulgated under ss. 50.32 to ~~50.39~~ 50.42 that apply
3 to hospitals, including the standards described under s. 50.36 (1).

4 **SECTION 4.** 50.34 of the statutes is amended to read:

5 **50.34 Purpose.** The purpose of ss. 50.32 to ~~50.39~~ 50.42 is to provide for the
6 development, establishment and enforcement of rules and standards for the
7 construction, maintenance and operation of hospitals which, in the light of
8 advancing knowledge, will promote safe and adequate care and treatment of
9 patients in such hospitals.

10 **SECTION 5.** 50.36 (1) of the statutes is amended to read:

11 50.36 (1) The department may use and enforce the conditions in 42 CFR
12 482.60 as standards that apply to psychiatric hospitals, which are hospitals
13 primarily engaged in providing psychiatric services for the diagnosis and treatment
14 of persons who have mental illness. Beginning on July 1, 2016, except as otherwise
15 provided under ss. 50.32 to ~~50.39~~ 50.42, the department shall use and enforce the
16 conditions for Medicare participation for hospitals as the minimum standards that
17 apply to hospitals. The department shall interpret the conditions for Medicare
18 participation for hospitals using guidelines adopted by the federal centers for
19 medicare and medicaid services, unless the department determines that a different
20 interpretation is reasonably necessary to protect public health and safety. The
21 department may promulgate, adopt, amend, and enforce additional rules and
22 standards for the construction, maintenance, and operation of hospitals that the
23 department determines are necessary to provide safe and adequate care and
24 treatment of hospital patients and to protect the health and safety of the patients

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1 and employees. The building codes and construction standards of the department
2 of safety and professional services shall apply to all hospitals to the extent that they
3 are not incompatible with any building codes or construction standards required by
4 the conditions for Medicare participation for hospitals. Except for the construction
5 codes and standards of the department of safety and professional services and
6 except as provided in s. 50.39 (3), the department shall be the sole agency to adopt
7 and enforce rules and standards pertaining to hospitals.

8 **SECTION 6.** 50.39 (1) of the statutes is amended to read:

9 50.39 (1) The requirements for hospitals apply to all facilities coming under
10 the definition of a “hospital” which are not specifically exempt by ss. 50.32 to ~~50.39~~
11 50.42.

12 **SECTION 7.** 50.39 (2) of the statutes is amended to read:

13 50.39 (2) The use of the title “hospital” to represent or identify any facility
14 which does not meet the definition of a “hospital” as provided herein or is not
15 subject to approval under ss. 50.32 to ~~50.39~~ 50.42 is prohibited, except that
16 institutions governed by s. 51.09 are exempt.

17 **SECTION 8.** 50.39 (3) of the statutes is amended to read:

18 50.39 (3) Facilities governed by ss. 45.50, 48.62, 49.70, 49.72, 50.02, 51.09,
19 and 252.10, juvenile correctional facilities as defined in s. 938.02 (10p), correctional
20 institutions governed by the department of corrections under s. 301.02, and the
21 offices and clinics of persons licensed to treat the sick under chs. 446, 447, and 448
22 are exempt from ss. 50.32 to ~~50.39~~ 50.42. Sections 50.32 to ~~50.39~~ 50.42 do not
23 abridge the rights of the medical examining board, physician assistant affiliated
24 credentialing board, physical therapy examining board, podiatry affiliated

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1 credentialing board, dentistry examining board, pharmacy examining board,
2 chiropractic examining board, and board of nursing in carrying out their statutory
3 duties and responsibilities.

4 **SECTION 9.** 50.39 (4) of the statutes is amended to read:

5 50.39 (4) All orders issued by the department pursuant to ss. 50.32 to ~~50.39~~
6 50.42 shall be enforced by the attorney general. The circuit court of Dane County
7 shall have jurisdiction to enforce such orders by injunctive and other appropriate
8 relief.

9 **SECTION 10.** 50.40 of the statutes is created to read:

10 **50.40 Hospital price transparency. (1) DEFINITIONS.** In this section:

11 (a) “Ancillary service” means a hospital item or service that a hospital
12 customarily provides as part of a shoppable service.

13 (b) “Chargemaster” means the list of all hospital items or services maintained
14 by a hospital for which the hospital has established a charge.

15 (c) “De-identified maximum negotiated charge” means the highest charge
16 that a hospital has negotiated with all 3rd-party payers for a hospital item or
17 service.

18 (d) “De-identified minimum negotiated charge” means the lowest charge that
19 a hospital has negotiated with all 3rd-party payers for a hospital item or service.

20 (e) “Discounted cash price” means the charge that applies to an individual
21 who pays cash, or a cash equivalent, for a hospital item or service.

22 (f) “Gross charge” means the charge for a hospital item or service that is
23 reflected on a hospital’s chargemaster, absent any discounts.

24 (g) “Hospital items or services” means all items and services, including

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1 individual items and services and service packages, that may be provided by a
2 hospital to a patient in connection with an inpatient admission or an outpatient
3 department visit for which the hospital has established a standard charge,
4 including all of the following:

- 5 1. Supplies and procedures.
- 6 2. Room and board.
- 7 3. Use of the hospital and other areas.
- 8 4. Services of physicians and nonphysician practitioners employed by the
9 hospital.
- 10 5. Any other item or service for which a hospital has established a standard
11 charge.

12 (gm) “Hospital price transparency laws” means 42 USC 300gg-18 and any
13 regulations adopted by the federal department of health and human services
14 implementing 42 USC 300gg-18, including 45 CFR part 180.

15 (h) “Machine-readable format” means a digital representation of information
16 in a file that can be imported or read into a computer system for further processing.
17 “Machine-readable format” includes .XML, .JSON, and .CSV formats.

18 (i) “Payer-specific negotiated charge” means the charge that a hospital has
19 negotiated with a 3rd-party payer for a hospital item or service.

20 (j) “Service package” means an aggregation of individual hospital items or
21 services into a single service with a single charge.

22 (k) “Shoppable service” means a service that may be scheduled by a health
23 care consumer in advance.

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1 (L) "Standard charge" means the regular rate established by the hospital for
2 a hospital item or service provided to a specific group of paying patients and
3 includes all of the following:

- 4 1. The gross charge.
- 5 2. The payer-specific negotiated charge.
- 6 3. The de-identified minimum negotiated charge.
- 7 4. The de-identified maximum negotiated charge.
- 8 5. The discounted cash price.

9 (m) "Third-party payer" means an entity that is, by statute, contract, or
10 agreement, legally responsible for payment of a claim for a hospital item or service.

11 **(1m)** ADOPTION OF FEDERAL STANDARDS. (a) Except as provided in par. (b),
12 the department shall enforce hospital price transparency laws for hospitals as if the
13 department were the secretary of the federal department of health and human
14 services and the federal centers for medicare and medicaid services.

15 (b) 1. If the secretary determines that hospital price transparency laws are no
16 longer substantially enforceable in this state, the secretary shall send a notice to
17 the legislative reference bureau for publication in the Wisconsin Administrative
18 Register that states that hospital price transparency laws are no longer
19 substantially enforceable in this state.

20 2. Subsections (2) to (5), (7), and (8) apply only after the first day of the 4th
21 month beginning after a notice described under subd. 1. is published in the
22 Wisconsin Administrative Register, and from that date par. (a) does not apply.

23 **(2)** PUBLIC AVAILABILITY OF PRICE INFORMATION REQUIRED. A hospital shall
24 make publicly available all of the following:

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1 (a) A digital file in a machine-readable format that contains a list of all
2 standard charges for all hospital items or services described under sub. (3).

3 (b) A consumer-friendly list of standard charges for a limited set of shoppable
4 services as provided in sub. (4).

5 **(3) LIST OF STANDARD CHARGES REQUIRED.** (a) A hospital shall do all of the
6 following:

7 1. Maintain a list of all standard charges for all hospital items or services in
8 accordance with this section.

9 2. Ensure the list required under subd. 1. is available at all times to the
10 public, including by posting the list electronically in the manner provided in this
11 section.

12 (b) The standard charges contained in the list required to be maintained by a
13 hospital under par. (a) 1. shall reflect the standard charges applicable to that
14 location of the hospital, regardless of whether the hospital operates in more than
15 one location or operates under the same license as another hospital.

16 (c) The list required under par. (a) 1. shall include all of the following
17 information:

18 1. A description of each hospital item or service provided by the hospital.

19 2. The following charges for each individual hospital item or service when
20 provided in either an inpatient setting or an outpatient department setting:

21 a. The gross charge.

22 b. The de-identified minimum negotiated charge.

23 c. The de-identified maximum negotiated charge.

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1 d. The discounted cash price.

2 e. The payer-specific negotiated charge, listed by the name of the 3rd-party
3 payer and plan associated with the charge and displayed in a manner that clearly
4 associates the charge with each 3rd-party payer and plan.

5 3. Any code used by the hospital for purposes of accounting or billing for the
6 hospital item or service, including the current procedural terminology code, the
7 healthcare common procedure coding system code, the diagnosis related group code,
8 the national drug code, or any other common identifier.

9 (d) The information contained in the list required under par. (a) 1. shall be
10 published in a single digital file that is in a machine-readable format.

11 (e) The list required under par. (a) 1. shall be displayed in a prominent
12 location on the home page of the hospital's website or accessible by selecting a
13 dedicated link that is prominently displayed on the hospital's website. If the
14 hospital operates multiple locations and maintains a single website, the list
15 required under par. (a) 1. shall be posted for each location the hospital operates in a
16 manner that clearly associates the list with the applicable location of the hospital.

17 (f) The list required under par. (a) 1. shall satisfy all of the following criteria:

18 1. The list is available free of charge and without having to establish a user
19 account or password.

20 2. The list is available without having to submit personal identifying
21 information.

22 3. The list is available without having to overcome any other impediment,
23 including entering a code.

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1 4. The list is accessible to a common commercial operator of an Internet
2 search engine to the extent necessary for the search engine to index the list and
3 display the list as a result in response to a search query of a user of the search
4 engine.

5 5. The list is formatted in a manner prescribed by the department.

6 6. The list is digitally searchable.

7 7. The list uses a naming convention specified by the federal centers for
8 medicare and medicaid services.

9 (g) In prescribing the format of the list under par. (f) 5., the department shall
10 do all of the following:

11 1. Develop a template for each hospital to use in formatting the list.

12 2. Consider any applicable federal guidelines for formatting similar lists
13 required by federal law or rule and ensure that the design of the template enables
14 health care researchers to compare the charges contained in the lists maintained by
15 each hospital.

16 3. Design the template under subd. 1. to be substantially similar to the
17 template used by the federal centers for medicare and medicaid services for
18 purposes similar to the purposes of the list required under par. (a) 1. if the
19 department determines that designing the template under subd. 1. to be
20 substantially similar to the template used by the federal centers for medicare and
21 medicaid services benefits the department.

22 (h) A hospital shall update the list required under par. (a) 1. at least once each

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1 year. The hospital shall clearly indicate the date on which the list was most recently
2 updated, either on the list or in a manner that is clearly associated with the list.

3 (4) CONSUMER-FRIENDLY LIST OF SHOPPABLE SERVICES. (a) Except as
4 provided in par. (c), a hospital shall maintain and make publicly available a list of
5 the standard charges described under sub. (3) (c) 2. b., c., d., and e. for each of at
6 least 300 shoppable services provided by the hospital. The hospital may select the
7 shoppable services to be included in the list, except that the list shall include either
8 the 70 services specified as shoppable services by the federal centers for medicare
9 and medicaid services or, if the hospital does not provide all of the shoppable
10 services specified by the federal centers for medicare and medicaid services, as
11 many of the 70 services specified as shoppable services by the federal centers for
12 medicare and medicaid services as the hospital provides.

13 (b) In selecting a shoppable service for inclusion in the list, the hospital shall
14 consider how frequently the hospital provides the service and the hospital's billing
15 rate for the service and prioritize the selection of services that are among the
16 services most frequently provided by the hospital.

17 (c) If a hospital does not provide at least 300 shoppable services, then the
18 hospital shall maintain a list of all shoppable services that the hospital provides
19 consistent with the requirements of this subsection.

20 (d) The list required under this subsection shall satisfy all of the following:

21 1. The list shall include the following information:

22 a. A plain-language description of each shoppable service included on the list.

23 b. The payer-specific negotiated charge that applies to each shoppable service

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1 included on the list and any ancillary service, listed by the name of the 3rd-party
2 payer and plan associated with the negotiated charge and displayed in a manner
3 that clearly associates the negotiated charge with the 3rd-party payer and plan.

4 c. The discounted cash price that applies to each shoppable service included
5 on the list and any ancillary service or, if the hospital does not offer a discounted
6 cash price for one or more of the shoppable services on the list or ancillary services,
7 the gross charge for the shoppable service or ancillary service.

8 d. The de-identified minimum negotiated charge that applies to each
9 shoppable service included on the list and any ancillary service.

10 e. The de-identified maximum negotiated charge that applies to each
11 shoppable service included on the list and any ancillary service.

12 f. Any code used by the hospital for purposes of accounting or billing for each
13 shoppable service included on the list and any ancillary service, including the
14 current procedural terminology code, the healthcare common procedure coding
15 system code, the diagnosis related group code, the national drug code, or any other
16 common identifier.

17 2. If applicable, the list shall do all of the following:

18 a. State each location at which the hospital provides the shoppable service
19 and whether the standard charges included in the list apply at that location to the
20 provision of that shoppable service in an inpatient setting, in an outpatient
21 department setting, or in both of those settings.

22 b. Indicate if one or more of the shoppable services specified by the federal
23 centers for medicare and medicaid services is not provided by the hospital.

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1 (e) The list required under this subsection shall satisfy all of the following
2 criteria:

3 1. The list is displayed in the manner provided in sub. (3) (e).

4 2. The list is available free of charge, without having to register or establish a
5 user account or password, without having to submit personal identifying
6 information, and without having to overcome any other impediment, including
7 entering a code to access the list.

8 3. The list is searchable by service description, billing code, and payer.

9 4. The list is updated in the manner provided in sub. (3) (h).

10 5. The list is accessible to a common commercial operator of an Internet
11 search engine to the extent necessary for the search engine to index the list and
12 display the list as a result in response to a search query of a user of the search
13 engine.

14 6. The list is formatted in a manner that is consistent with the format
15 prescribed by the department under sub. (3) (f) 5.

16 **(5) REPORTING.** Every time a hospital updates a list as required under subs.
17 (3) (h) and (4) (e) 4., the hospital shall submit the updated list to the department.
18 The department shall prescribe the form in which the updated list shall be
19 submitted to the department.

20 **(6) MONITORING AND ENFORCEMENT.** (a) The department shall monitor each
21 hospital's compliance with the requirements of this section using any of the
22 following methods:

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1 1. Evaluating complaints made by persons to the department regarding
2 noncompliance with this section.

3 2. Reviewing any analysis prepared regarding noncompliance with this
4 section.

5 3. Auditing the websites of hospitals for noncompliance with this section.

6 4. Confirming that each hospital submitted the lists required under sub. (5).

7 (b) If the department determines that a hospital is not in compliance with any
8 provisions of this section, the department shall take the following actions:

9 1. Provide a written notice to the hospital that clearly explains the manner in
10 which the hospital is not in compliance with this section.

11 2. Request a corrective action plan from the hospital if the hospital has
12 materially violated a provision of this section.

13 3. Impose a penalty and publicize the penalty on the department's website.
14 The department shall impose a penalty only if the hospital does any of the
15 following:

16 a. Fails to respond to the department's request to submit a corrective action
17 plan.

18 b. Fails to comply with the requirements of a corrective action plan submitted
19 to the department.

20 (c) The department shall create and maintain a publicly available list on its
21 website of any hospital that has been found to have violated any provision of this
22 section, including the dates that the hospital was not in compliance, that has been

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1 issued a penalty, or that has been sent a warning notice, request for a corrective
2 action plan, or any other written communication from the department.

3 (d) In considering an application for renewal of a hospital's license, the
4 department shall consider whether the hospital is or has been in compliance with
5 this section.

6 **(7) MATERIAL VIOLATION; CORRECTIVE ACTION PLAN.** (a) A hospital materially
7 violates this section if the hospital does any of the following:

- 8 1. Fails to comply with the requirements of sub. (2).
9 2. Fails to publicize the hospital's standard charges in the form and manner
10 required by subs. (3) and (4).

11 (b) If the department determines that a hospital has materially violated this
12 section, the department shall issue a notice of material violation to the hospital and
13 request that the hospital submit a corrective plan of action. The notice shall
14 indicate the form and manner in which the corrective action plan shall be
15 submitted to the department and clearly state the date by which the hospital is
16 required to submit the plan.

17 (c) A hospital that receives a notice under par. (b) shall do all of the following:

- 18 1. Submit a corrective action plan in the form and manner, and by the
19 specified date, prescribed by the notice of violation.
20 2. As soon as practicable after submission of a corrective action plan to the
21 department, act to comply with the corrective action plan.

22 (d) A corrective action plan submitted to the department under par. (c) shall
23 satisfy all of the following criteria:

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1 1. Describe in detail the corrective actions the hospital will take to address
2 any violation identified by the department in the notice provided under par. (b).

3 2. Provide a date by which the hospital will complete the corrective actions
4 described in subd. 1.

5 (e) A corrective action plan under this subsection is subject to review and
6 approval by the department. After the department reviews and approves a
7 hospital's corrective action plan, the department shall monitor and evaluate the
8 hospital's compliance with the corrective action plan.

9 (f) A hospital is considered to have failed to respond to the department's
10 request to submit a corrective action plan if the hospital does any of the following:

11 1. Fails to submit a corrective action plan in the form and manner specified in
12 the notice provided under par. (b).

13 2. Fails to submit a corrective action plan by the date specified in the notice
14 provided under par. (b).

15 (g) A hospital is considered to have failed to comply with a corrective action
16 plan under this subsection if the hospital fails to address a violation within the
17 specified period of time contained in the corrective action plan.

18 **(8) FORFEITURE.** (a) The department shall impose a forfeiture on a hospital if
19 the hospital does any of the following:

20 1. Fails to respond to the department's request to submit a corrective action
21 plan under sub. (7).

22 2. Fails to comply with the requirements of a corrective action plan submitted
23 to the department under sub. (7).

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1 (b) The department shall impose a forfeiture on a hospital for each violation of
2 a requirement of this section. The department shall set the forfeiture in an amount
3 sufficient to ensure compliance by hospitals with the provisions of this section
4 subject to the limitations under par. (c).

5 (c) The forfeiture imposed under this subsection shall comply with all of the
6 following:

7 1. In the case of a hospital with 30 beds or fewer, the forfeiture may not be
8 lower than \$600 for each day in which the hospital violates this section.

9 2. In the case of a hospital with a bed count that is greater than 30 but less
10 than 101, the forfeiture may not be lower than \$1,200 for each day in which the
11 hospital violates this section.

12 3. In the case of a hospital with a bed count that is greater than 100 but less
13 than 551, the forfeiture may not be lower than \$2,500 for each day in which the
14 hospital violates this section.

15 4. In the case of a hospital with a bed count that is greater than 550, the
16 forfeiture may not be less than \$10,000 for each day in which the hospital violates
17 this section.

18 (d) Each day a violation of this section continues is considered a separate
19 violation for purposes of this subsection.

20 (e) In determining the amount of the forfeiture under this subsection, the
21 department shall consider all of the following factors:

22 1. Previous violations by the hospital's operator.

23 2. The seriousness of the violation.

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1 3. Any demonstrated good faith by the hospital's operator.

2 4. Any other matters that the department determines is relevant.

3 (f) If a hospital desires to contest the imposing of a forfeiture under this
4 subsection, the hospital shall, within 15 days after receipt of notice, notify the
5 department in writing of its request for a hearing under s. 227.44. The department
6 shall hold the hearing within 30 days after receipt of such notice and shall send
7 notice to the hospital of the hearing as provided under s. 227.44 (2).

8 (g) All forfeitures shall be paid to the department within 15 days after receipt
9 of notice of forfeiture or, if the forfeiture is contested under par. (f), within 15 days
10 after receipt of the final decision after exhaustion of administrative review, unless
11 the final decision is appealed and the order is stayed by court order.

12 (h) 1. All administrative remedies shall be exhausted before an agency
13 determination under this subsection shall be subject to judicial review. Final
14 decisions after hearing shall be subject to judicial review exclusively as provided in
15 s. 227.52, except that any petition for review of department action under this
16 subsection shall be filed within 15 days after receipt of notice of the final agency
17 determination.

18 2. The court may stay enforcement under s. 227.54 of the department's final
19 decision if a showing is made that there is a substantial probability that the party
20 seeking review will prevail on the merits and will suffer irreparable harm if a stay
21 is not granted and that the hospital will meet the requirements of this section
22 during such stay. When a stay is granted, the court may impose such conditions on

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1 the granting of the stay as may be necessary to safeguard the public and to assure
2 compliance by the hospital with the requirements of this section.

3 3. The attorney general may delegate to the department the authority to
4 represent the state in any action brought to challenge department decisions prior to
5 exhaustion of administrative remedies and final disposition by the department
6 under this subsection.

7 (i) The department shall remit all forfeitures paid under this subsection to the
8 secretary of administration for deposit in the general fund.

9 **(9) LEGISLATIVE RECOMMENDATIONS.** Biennially, the department shall
10 prepare a report to be distributed to the legislature in the manner provided in s.
11 13.172 (2) recommending amendments to this section, including recommendations
12 in response to amendments to 45 CFR part 180.

13 **SECTION 11.** 50.42 of the statutes is created to read:

14 **50.42 Restricting debt collection actions against patients for**
15 **noncompliant hospitals.** (1) In this section:

16 (a) 1. “Debt” means any obligation or alleged obligation of a consumer to pay
17 money arising out of a transaction, whether or not the obligation has been reduced
18 to judgment.

19 2. “Debt” does not include an obligation for business, investment, commercial,
20 or agricultural purposes or an obligation incurred by a business.

21 (b) “Hospital items or services” has the meaning given in s. 50.40 (1) (g).

22 **(2)** A party seeking judgment against a patient for a debt owed for hospital
23 items or services that are purchased for or provided to the patient by a hospital

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1 shall file a certification under oath to the court stating that the hospital that
2 provided the hospital items or services to the patient is not, according to the
3 department's list under s. 50.40 (6) (c), out of compliance with the requirements of
4 s. 50.40 as of the date of the certification before judgment may be entered in favor of
5 the party seeking judgment.

6 **SECTION 12.** 51.036 (2) (b) 1. of the statutes is amended to read:

7 51.036 (2) (b) 1. A crisis urgent care and observation facility certified under
8 this section is not subject to facility regulation under ch. 50, unless otherwise
9 required due to the facility's licensure or certification for other services or purposes.
10 A crisis urgent care and observation facility is not a hospital subject to approval
11 under ss. 50.32 to ~~50.39~~ 50.42 and nothing in this subsection limits services a
12 hospital may provide under ch. 50.

13 **SECTION 13. Initial applicability.**

14 (1) This act first applies to items and services provided by a hospital to a
15 patient on the effective date of this subsection.

16 **SECTION 14. Effective date.**

17 (1) This act takes effect on the first day of the 4th month beginning after
18 publication.

19 **(END)**