

1987 Senate Bill 116

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1987 Wisconsin Act 18

AN ACT to amend 49.02 (5) (am) and 49.02 (5) (c) (intro.), 1m, 2g, 2r and 3; to repeal and recreate 49.02 (5) (ar); and to create 49.02 (5) (cw) and (d) of the statutes, relating to liability for general relief emergency medical treatment and hospitalization.

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

SECTION 1. 49.02 (5) (am) of the statutes is amended to read:

49.02 (5) (am) After December 31, 1986, except as otherwise provided in this section, ~~a general relief agency the county under par. (ar)~~ shall be liable for emergency hospitalization and care if a physician hospitalizes on an emergency basis or renders care on that basis ~~in the county in which the general relief agency is located~~ to a person who is determined to be an eligible dependent person under this chapter, without previously authorizing the same, when, in the reasonable professional judgment of a physician, emergency medical treatment or hospitalization is necessary because severe physical or psychological damage to the person would result if the treatment or hospitalization was delayed pending the receipt of prior authorization from the general relief agency of the county under par. (ar).

SECTION 2. 49.02 (5) (ar) of the statutes is repealed and recreated to read:

49.02 (5) (ar) If an eligible dependent person under this chapter receives emergency medical treatment or hospitalization under par. (am) the county of the person's residence at the time the injury or incident which necessitated emergency medical treatment or hospitalization occurred is liable for the costs of the emergency medical treatment or hospitalization and for all treatment or hospitalization provided under this section as a result of the injury or illness for which the emergency medical treatment was provided. If an eligible dependent person under this chapter has no residence, the county in which the injury or incident which necessitated emergency medical treatment or hospitalization occurred is liable.

SECTION 3. 49.02 (5) (c) (intro.), 1m, 2g, 2r and 3 of the statutes are amended to read:

49.02 (5) (c) (intro.) ~~A~~ Except as provided in par. (d), a county is not liable for the costs of treatment or hospitalization provided under par. (a) before January 1, 1987, or under par. (am) after December 31, 1986, unless:

1m. After December 31, 1986, within 3 working days after the patient is initially provided emergency medical treatment or hospitalization by a hospital or other health care provider an agent of the hospital or other health care provider has written notice of the treatment or hospitalization mailed or delivered to the general relief agency of the county in which the hospital or other health care provider is located which is liable under par. (ar). Each notice provided under this subdivision shall include the patient's name, address and county of residence, if any, and a statement about the nature of the illness or injury and the probable duration of necessary treatment and hospitalization. Each written notice provided under this subdivision shall also include a written statement by the attending physician certifying the need for the emergency medical treatment or hospitalization;

2g. After December 31, 1986, within 10 days after the patient is initially provided emergency medical treatment or hospitalization by a hospital or other health care provider an agent of the hospital or other health care provider mails or delivers the form required under this subdivision to the general relief agency of the county ~~in which the hospital or other health care provider is located which is liable under par. (ar)~~. The hospital or other health care provider shall provide the information that it has obtained that is requested on a form developed and provided by the department. The hospital or other health care provider shall make reasonable efforts to obtain the information requested on the form either from the patient, if able, or some other person who has knowledge of the facts. The form shall, at a minimum, include the patient's name, address and county of residence, if any, phone number, the name of the patient's closest relative, the name of the patient's employer, information regarding the patient's finances including income, assets, liabilities and insurance coverage and information related to the patient's eligibility for other medical and hospital or other health care provider assistance programs. The form shall also include a sworn statement of facts relating to the patient's residence from the patient, if able, or some other person who has knowledge of the facts. For 20 days after the

initial information is provided under this subdivision, the hospital or other health care provider has a continuing obligation to seek and report information relevant to the patient's care and eligibility under this section to the general relief agency of the county ~~in which the hospital or other health care provider is located~~ which is liable under par. (ar);

2r. After December 31, 1986, within 10 days after the patient is initially provided emergency medical treatment or hospitalization by a hospital or other health care provider an agent of the hospital or other health care provider mails or delivers to the general relief agency of the county ~~in which the hospital or other health care provider is located~~ which is liable under par. (ar) a form signed by the patient, if able, that authorizes the general relief agency ~~of the county in which the hospital or other health care provider is located~~ to verify any information submitted to that agency by the hospital or other health care provider; and

3. If a county elects to require hospitals or other health care providers to obtain authorization as provided in this subdivision, within 72 hours after the patient is initially provided emergency medical treatment or hospitalization by a hospital or other health care provider an agent of the hospital or other health care provider obtains authorization for continued treatment or hospitalization of the patient from the county ~~in which the hospital or other health care provider is located~~ which is liable under par. (ar). If an agent of the hospital or other health care provider fails to obtain the authorization within the 72-hour period, either because he or she was unable to reach the county or because the county has failed to grant or deny the authorization within the 72-hour period, the hospital or other health care provider may continue to provide the treatment or hospitalization until the authorization is denied if an agent of the hospital or other health care provider makes daily good faith efforts to obtain authorization from the county for continued treatment or hospitalization of the patient.

A county is liable for such continued treatment and hospitalization if all other requirements under this subsection are met.

SECTION 4. 49.02 (5) (cw) and (d) of the statutes are created to read:

49.02 (5) (cw) 1. A county which receives a notice under par. (c) 2g shall, within 30 days after receipt of the notice, mail or deliver a written acceptance or denial that it is the county of liability under par. (ar) to the hospital or other health care provider. Except as provided in subd. 3, if the county fails to provide the written response within 30 days, the county is liable under par. (ar).

2. The sworn statement under par. (c) 2g establishes a person's residency under this section unless the county which receives the sworn statement provides evidence to rebut the facts in the sworn statement.

3. This paragraph does not preclude a county from denying liability for emergency medical treatment or hospitalization provided to a person on the grounds that the person is not eligible for benefits under this section.

(d) Notwithstanding par. (c), if a hospital or other health care provider provides treatment or hospitalization under par. (am) and makes a good faith effort to determine the county which is liable under par. (ar) but an agent of the hospital or other health care provider fails to timely comply with par. (c) 1m, 2g, 2r or 3 solely as the result of an error in determining the county which is liable under par. (ar), then the county under par. (ar) is liable for the costs of the treatment or hospitalization if an agent of the provider complies with the requirements of par. (c) 1m, 2g or 2r and, if the patient is still receiving treatment or hospitalization, the requirements of par. (c) 3 within 10 working days after discovering the error.

SECTION 5. **Initial applicability.** This act first applies to emergency medical treatment or hospitalization initiated on the effective date of this SECTION.