

HEALTH SERVICES -- SSI AND PUBLIC HEALTH

Public Health Omnibus Motion
[LFB Papers 365, 366, 367, and 368]

Motion:

Move to modify the bill as follows:

1. *SSI -- Reestimate and Program Transfer (Paper #365)*. Adopt Alternative 2, which would delete all provisions relating to the transfer of the program from DHS to DCF. Increase funding in DHS by \$146,314,800 GPR in 2011-12 and \$149,230,800 GPR in 2012-13 and \$29,235,900 PR annually, and decrease funding in DCF by \$145,179,200 GPR in 2011-12 and \$147,591,600 GPR in 2012-13.

2. *Rename and Modify State Family Planning Funding (Paper #366)*. Adopt Alternative 3, which would provide \$1,742,000 GPR annually for family planning (an amount equal to base funding of \$1,935,600, less a 10% reduction of \$193,600). Modify current statutes relating to the program as follows:

Rename the GPR appropriation under s. 20.435(1)(f) the "Women's Health Block Grant," and the title of the statutory section under s. 253.07 of the statutes the "Women's Health Block Grant and Related Provisions." (The current name of that appropriation and section is "Family Planning.")

Require that DHS allocate GPR funds budgeted under the Women's Health Block Grant (as renamed under this motion), and any federal funds the state receives under Title V of the Social Security Act that are allocated for the same purposes, to public entities.

Permit public entities that receive state GPR under this allocation, or federal Title V funds that are allocated for the same purpose, to provide these funds to other public or private entities, subject to the following limitation: prohibit any allocation of these funds to entities that provide abortion services or referrals for abortion services, or any providers that have affiliates that provide abortion services or referrals for abortion services, unless otherwise permitted under provisions related for allowable expenditure of public funds under current law.

Modify the current statutory definitions of "family planning" and "family planning services" under s. 253.07 to delete "pregnancy termination" from the list of nondirective information that may be provided.

Specify that these funds may be allocated for any activities for which they were allocated prior to the enactment of the bill, which may include, but not are not limited to, pregnancy testing, perinatal care coordination and follow-up, cervical cancer screening, sexually transmitted infection prevention, testing, treatment, and follow-up and general health screening.

3. *Fees for Patient Health Care Records (Paper #367)*. Adopt Alternative 1 to approve the Governor's recommendations, with the following modifications:

Delete the provision in the bill that would authorize DHS to set fees by administrative rule. Instead, set the following maximum fees for copies of patient health care records in statute: (a) \$1.00 per page for pages 1 through 25; (b) \$0.75 per page for pages 26 through 50; (c) \$0.50 per page, for pages 51 through 100; (d) \$0.30 per page, for pages 101 and over; (e) for retrieval of copies for a requester that is not the patient, \$20; (f) for certification of copies for a requester that is not the patient, \$8; (g) for a print of an X-ray, \$10 per image; (h) for microfiche or microfilm copies, \$1.50 per page; (i) actual shipping costs; and (j) any applicable taxes.

Require DHS, beginning on July 1, 2012, and on each July 1 after that, to adjust the dollar amounts identified above by the percentage difference between the consumer price index for the 12-month period ending on December 31 of the preceding year and the consumer price index for the 12-month period ending on December 31 of the year before the preceding year. Require DHS to publish the adjusted amounts in the Wisconsin Administrative Register.

Maintain current law that prohibits a health care provider from charging DHS more than the amount that the federal Social Security Administration reimburses DHS for copies of patient health care records, if DHS requests copies of a patient's health care records for use in determining eligibility for social security disability insurance or supplemental security income (the provision under s. 146.83(1h)(c) of the statutes).

Specify that the maximum fees that a health care provider can charge for providing one copy of a patient's health care records, if the patient is eligible for medical assistance (MA), would equal 25% of the fees that are charged for patients that are not eligible for MA. (Under the bill, a health care provider could not charge a fee for providing one set of copies of to a patient who is eligible for MA).

4. *"Family Planning Only" MA Optional Eligibility (Paper #368)*. Adopt Alternative 4, which would direct DHS to take such actions as are required to: (a) discontinue providing optional family planning only services to males; and (b) allow the Department to provide optional family planning only services to woman (not males) between the ages of 15 and 44 with family income not greater than 200% of the FPL. Revise current statutory provisions to delete obsolete references to the former family planning waiver program and create new provisions that authorize DHS to request, and if granted, to implement federal authorization to provide optional family planning only services to women between the ages of 15 and 44 with family income not greater than 200% of the FPL.

In addition, direct DHS to request such federal approval as necessary to require: (a) parental notification for family planning services provided to females under age 18; and (b) for recipients under age 18, eligibility for services to be determined by the recipient's family income, rather than just the recipient's income.

5. *Fees for Congenital Disorder Tests.* Specify that the Department shall (rather than "may" as specified under the bill) include as part of the fees for tests for congenital disorders amounts to fund the provision of diagnostic and counseling services, special dietary treatment, periodic evaluation of infant screening programs, the costs of consulting with experts, the costs of administering the hearing screening program, and the costs of administering the congenital disorder program.

6. *Seal-a-Smile Program.* Increase funding in the Joint Committee on Finance's supplemental appropriation by \$250,000 GPR in 2012-13 for the purpose of providing funds to support the school-based dental sealant program described in s. 250.10(1m)(b) of the statutes ("Seal-a-Smile"). Require DHS to submit a request to the Committee for allocation of these funds, which the Committee may approve under a 14-day passive review process. Require DHS, as part of the request, to verify that a private entity will provide matching funds for this grant for the school-based dental sealant program.

7. *Grants to Dental Clinics.* Provide \$850,000 GPR annually to be distributed to no fewer than nine non-profit dental clinics located throughout the state. Specify that to receive a grant under this section, a clinic must not receive federal funding under Section 330 of the Public Health Services Act as a federally qualified health center, and must have a primary purpose of providing dental care to low-income patients which can include any combination of the following individuals: (a) recipients of Medical Assistance (MA); (b) low-income individuals who do not qualify for MA; (c) children under the age of 18; (d) individuals over 65 years of age; or (e) individuals with disabilities. Create an annual GPR appropriation to fund these grants. In addition, require the department to seek federal funding to support the operations of the low-income dental clinics that receive these grants.

8. *Tobacco Use Control Grants.* Reduce funding for tobacco use control grants by \$850,000 GPR annually.

Note:

The motion modifies the bill to reflect changes in funding and other programmatic changes related to public health programs administered by the Department of Health Services. The following table summarizes the fiscal effect of this motion to the bill.

Attachment

ATTACHMENT
Change to Bill

Item	Subject	2011-12			2012-13			2011-13					
		GPR	FED	PR	Total	GPR	FED	PR	Total	GPR	FED	PR	Total
1	SSI Reestimate and Transfer (Paper #365) DHS DCF	\$146,314,800	\$0	\$29,235,900	\$175,550,700	\$149,230,800	\$0	\$29,235,900	\$178,466,700	\$295,545,600	\$0	\$58,471,800	\$354,017,400
		-145,179,200	0	0	-145,179,200	-147,591,600	0	0	-147,591,600	-292,770,800	0	0	-292,770,800
2	Funding for Family Planning (Paper #366)	1,742,000	0	0	1,742,000	1,742,000	0	0	1,742,000	3,484,000	0	0	3,484,000
3	Fees for Medical Records (Paper #367)	0	0	0	0	0	0	0	0	0	0	0	0
4	"Family Planning Only" MA (Paper #368)	0	0	0	0	0	0	0	0	0	0	0	0
5	Congenital Disorder Testing Fees	0	0	0	0	0	0	0	0	0	0	0	0
6	Seal-a-Smile Program	0	0	0	0	250,000	0	0	250,000	250,000	0	0	250,000
7	Dental Clinic Grants	850,000	0	0	850,000	850,000	0	0	850,000	1,700,000	0	0	1,700,000
8	Tobacco Use Control Grants	-850,000	0	0	-850,000	-850,000	0	0	-850,000	-1,700,000	0	0	-1,700,000
	Total	\$2,877,600	\$0	\$29,235,900	\$32,113,500	\$3,631,200	\$0	\$29,235,900	\$32,867,100	\$6,508,800	\$0	\$58,471,800	\$64,980,600