

**SECTION 2429.** 146.68 (intro.) of the statutes is amended to read:

**146.68 Grant for colonoscopies and other services.** (intro.) From the appropriation account under s. 20.435 (5) (1) (dg), the department shall provide \$100,000 in fiscal year 2007-08 and \$75,000 in each subsequent fiscal year to an entity that satisfies the following criteria to provide colonoscopic examinations and to provide services to medical assistance recipients or persons who are eligible for medical assistance:

**SECTION 2429b.** 146.81 (1) (q) of the statutes is created to read:

146.81 (1) (q) An ambulance service provider, as defined in s. 256.01 (3).

**SECTION 2429c.** 146.81 (1) (r) of the statutes is created to read:

146.81 (1) (r) An emergency medical technician, as defined in s. 256.01 (5).

**SECTION 2429d.** 146.81 (1) (s) of the statutes is created to read:

146.81 (1) (s) A first responder, as defined in s. 256.01 (9).

**SECTION 2429e.** 146.81 (4) of the statutes is amended to read:

146.81 (4) "Patient health care records" means all records related to the health of a patient prepared by or under the supervision of a health care provider, ~~but, and~~ and all records made by an ambulance service provider, as defined in s. 256.01 (3), an emergency medical technician, as defined in s. 256.01 (5), or a first responder, as defined in s. 256.01 (9), in administering emergency care procedures to and handling and transporting sick, disabled, or injured individuals. "Patient health care records" includes billing statements and invoices for treatment or services provided by a health care provider and includes health summary forms prepared under s. 302.388 (2). "Patient health care records" does not include those records subject to s. 51.30, reports collected under s. 69.186, records of tests administered under s. 252.15 (2) (a) 7., 343.305, 938.296 (4) or (5) or 968.38 (4) or (5), records related to sales of pseudoephedrine products, as defined in s. 961.01 (20c), that are maintained by pharmacies under s. 961.235, fetal monitor tracings, as defined under s. 146.817 (1), or a pupil's physical health records maintained by a school under s. 118.125. ~~"Patient health care records" also includes health summary forms prepared under s. 302.388 (2).~~

**SECTION 2430.** 146.81 (5) of the statutes is amended to read:

146.81 (5) "Person authorized by the patient" means the parent, guardian, or legal custodian of a minor patient, as defined in s. 48.02 (8) and (11), the person vested with supervision of the child under s. 938.183 or 938.34 (4d), (4h), (4m), or (4n), the guardian of a patient adjudicated incompetent in this state, the personal representative ~~or~~ spouse, or domestic partner under ch. 770 of a deceased

patient, any person authorized in writing by the patient or a health care agent designated by the patient as a principal under ch. 155 if the patient has been found to be incapacitated under s. 155.05 (2), except as limited by the power of attorney for health care instrument. If no spouse or domestic partner survives a deceased patient, "person authorized by the patient" also means an adult member of the deceased patient's immediate family, as defined in s. 632.895 (1) (d). A court may appoint a temporary guardian for a patient believed incompetent to consent to the release of records under this section as the person authorized by the patient to decide upon the release of records, if no guardian has been appointed for the patient.

**SECTION 2431.** 146.82 (2) (a) 8. of the statutes is amended to read:

146.82 (2) (a) 8. To the department under s. 255.04 and to the persons specified under s. 255.04 (3). The release of a patient health care record under this subdivision shall be limited to the information prescribed by the department under s. 255.04 (2).

**SECTION 2432.** 146.82 (2) (a) 18m. of the statutes is amended to read:

146.82 (2) (a) 18m. If the subject of the patient health care records is a child or juvenile who has been placed in a foster home, ~~treatment foster home,~~ group home, residential care center for children and youth, or juvenile correctional facility, including a placement under s. 48.205, 48.21, 938.205, or 938.21, or for whom placement in a foster home, ~~treatment foster home,~~ group home, residential care center for children and youth, or juvenile correctional facility is recommended under s. 48.33 (4), 48.425 (1) (g), 48.837 (4) (c), or 938.33 (3) or (4), to an agency directed by a court to prepare a court report under s. 48.33 (1), 48.424 (4) (b), 48.425 (3), 48.831 (2), 48.837 (4) (c), or 938.33 (1), to an agency responsible for preparing a court report under s. 48.365 (2g), 48.425 (1), 48.831 (2), 48.837 (4) (c), or 938.365 (2g), to an agency responsible for preparing a permanency plan under s. 48.355 (2e), 48.38, 48.43 (1) (c) or (5) (c), 48.63 (4) or (5) (c), 48.831 (4) (e), 938.355 (2e), or 938.38 regarding the child or juvenile, or to an agency that placed the child or juvenile or arranged for the placement of the child or juvenile in any of those placements and, by any of those agencies, to any other of those agencies and, by the agency that placed the child or juvenile or arranged for the placement of the child or juvenile in any of those placements, to the foster parent ~~or treatment foster parent~~ of the child or juvenile or the operator of the group home, residential care center for children and youth, or juvenile correctional facility in which the child or juvenile is placed, as provided in s. 48.371 or 938.371.

**SECTION 2433b.** 146.83 (1) (intro.) and (a) of the statutes are consolidated, renumbered 146.83 (1d) and amended to read:

146.83 (1d) Except as provided in s. 51.30 or 146.82 (2), any patient or ~~other person~~ authorized by the patient

may, upon submitting a statement of informed consent: (a) ~~Inspect, inspect~~ the health care records of a health care provider pertaining to that patient ~~at any time.~~ Except as provided in sub. (1g), the health care provider shall make the records available for inspection by the patient or person authorized by the patient during regular business hours, upon reasonable ~~within 21 days after the health care provider receives notice from the patient or person authorized by the patient.~~ A health care provider may not charge a fee for inspection under this subsection.

**Vetoed  
In Part**

**SECTION 2433c.** 146.83 (1) (b) and (c) of the statutes are repealed.

**SECTION 2433d.** 146.83 (1f) of the statutes is created to read:

146.83 (1f) (a) Except as provided in par. (b), sub. (1g), or s. 51.30 or 146.82 (2), if a patient or a person authorized by the patient requests copies of the patient's health care records, provides informed consent, and pays the applicable fees under par. (c) or (d), the health care provider shall, subject to sub. (1k), provide the patient or person authorized by the patient copies of the requested records within 21 days after receiving the request.

**Vetoed  
In Part**

(b) Except as provided in sub. (1g) or s. 51.30 or 146.82 (2), if a patient or a person authorized by the patient requests a copy of a health care provider's report regarding an X-ray of the patient, provides informed consent, and pays the applicable fees under par. (c) or (d), the health care provider shall, subject to sub. (1k), provide the patient or person authorized by the patient a copy of the report or provide the X-ray to another health care provider of the patient's choice within 30 days after receiving the request.

(c) Except as provided in par. (d), a health care provider may charge no more than the total of all of the following that apply for providing copies requested under par. (a) or (b):

1. For paper copies, 35 cents per page.
2. For microfiche or microfilm copies, \$1.25 per page.
3. For a print of an X-ray, \$10 per image.
- 3m. For providing copies in digital or electronic format, a single charge of \$5 for all copies requested.

**Vetoed  
In Part**

A health care provider may not charge a fee for the disc or other storage medium on which copies are provided in a digital or electronic format.

4. Actual shipping costs.
5. If the patient or person authorized by the patient requests delivery of the copies within 7 or fewer days after making a request for copies, and the health care provider delivers the copies within that time, a fee equal to 10 percent of the total fees that may be charged under subs. 1. to 4.

(d) 1. If a patient or person authorized by the patient requests copies of the patient's health care records under this subsection for use in appealing a denial of social security disability insurance, under 42 USC 401 to 433,

or supplemental security income, under 42 USC 1381 to 1385, the health care provider may charge the patient or person authorized by the patient no more than the amount that the federal social security administration reimburses the department for copies of patient health care records.

2. Except as provided in sub. (1g), a health care provider may not charge a fee for providing one set of copies of a patient's health care records under this subsection if the patient is eligible for medical assistance, as defined in s. 49.43 (8). A health care provider may require that a patient or person authorized by the patient provide proof that the patient is eligible for medical assistance before providing copies under this subdivision without charge. A health care provider may charge the fees under par. (c) for providing a 2nd or additional set of copies of patient health care records for a patient who is eligible for medical assistance.

**SECTION 2433e.** 146.83 (1g) of the statutes is created to read:

146.83 (1g) The time limit for making records available for inspection under sub. (1d), the time limits for providing copies of records under sub. (1f) (a) and (b), and the requirement under sub. (1f) (d) 2. to provide one set of copies of records without charge if the patient is eligible for medical assistance do not apply if the health care provider is the department or the department of corrections.

**SECTION 2433f.** 146.83 (1h) of the statutes is created to read:

146.83 (1h) (a) Except as provided in s. 51.30 or 146.82 (2), if a person other than a patient and other than a person authorized by the patient requests copies of a patient's health care records, provides informed consent, and pays the applicable fees under par. (b) or (c), the health care provider shall, subject to sub. (1k), provide the person making the request copies of the requested records.

(b) Except as provided in par. (c), a health care provider may charge no more than the total of all of the following that apply for providing copies requested under par. (a):

1. For paper copies, 35 cents per page.
2. For microfiche or microfilm copies, \$1.25 per page.
3. For a print of an X-ray, \$10 per image.
- 3m. For providing copies in digital or electronic format, a single charge of \$5 for all copies requested.

**Vetoed  
In Part**

A health care provider may not charge a fee for the disc or other storage medium on which copies are provided in a digital or electronic format.

4. For certification of copies, \$5.
5. For processing and handling, a single \$15 charge for all copies requested.
6. Actual shipping costs.
7. If the requester requests delivery of the copies within 7 or fewer days after making a request for copies,

and the health care provider delivers the copies within that time, a fee equal to 10 percent of the total fees that may be charged under subs. 1. to 6.

(c) If the department requests copies of a patient's health care records for use in determining eligibility for social security disability insurance, under 42 USC 401 to 433, or supplemental security income, under 42 USC 1381 to 1385, the health care provider may charge no more than the amount that the federal social security administration reimburses the department for copies of patient health care records.

**SECTION 2433h.** 146.83 (1k) of the statutes is created to read:

146.83 (1k) Upon the request of the person requesting copies of patient health care records under sub. (1f) or (1h), the health care provider shall provide the copies in a digital or electronic format unless the health care provider's record system does not provide for the creation or transmission of records in a digital or electronic format, in which case the health care provider shall provide the person a written explanation for why the copies cannot be provided in a digital or electronic format. The health care provider may include the written explanation with the production of paper copies of the records if the person chooses to receive paper copies.

**SECTION 2433j.** 146.83 (1m) (a) of the statutes is renumbered 146.83 (1m).

**SECTION 2433L.** 146.83 (1m) (b) of the statutes is repealed.

**SECTION 2433n.** 146.83 (3m) of the statutes is repealed.

**SECTION 2433p.** 146.84 (2) (a) 1. of the statutes is amended to read:

146.84 (2) (a) 1. Requests or obtains confidential information under s. 146.82 or 146.83 ~~(1)~~ (1d), (1f), or (1h) under false pretenses.

**SECTION 2433r.** 146.84 (2) (d), (e) and (f) of the statutes are created to read:

146.84 (2) (d) Any health care provider who does not allow inspection of patient health care records under s. 146.83 (1d) within 21 days after receiving notice from a patient or person authorized by the patient is subject to a forfeiture of \$100, plus \$10 for each day after 21 days that the health care provider does not allow inspection.

(e) Any health care provider who does not provide copies of patient health records requested under s. 146.83 (1f) (a) within 21 days after receiving the request is subject to a forfeiture of \$100, plus \$10 for each day after 21 days that the health care provider does not provide the copies.

(f) Any health care provider who does not provide a copy of an X-ray report or provide a copy of an X-ray to another health care provider within 30 days after a patient or person authorized by the patient makes a request for the X-ray report under s. 146.83 (1f) (b) is subject to a forfeiture of \$100, plus \$10 for each day after 30 days that

the health care provider does not provide the copy of the report or provide the X-ray.

**SECTION 2433t.** 146.905 (1) of the statutes is amended to read:

146.905 (1) Except as provided in sub. (2), a health care provider, as defined in s. 146.81 (1) (a) to (p), that provides a service or a product to an individual with coverage under a disability insurance policy, as defined in s. 632.895 (1) (a), may not reduce or eliminate or offer to reduce or eliminate coinsurance or a deductible required under the terms of the disability insurance policy.

**SECTION 2433v.** 146.96 of the statutes is amended to read:

**146.96 Uniform claim processing form.** Beginning no later than July 1, 2004, every health care provider, as defined in s. 146.81 (1) (a) to (p), shall use the uniform claim processing form developed by the commissioner of insurance under s. 601.41 (9) (b) when submitting a claim to an insurer.

**SECTION 2433x.** 146.98 of the statutes is created to read:

**146.98 Ambulatory surgical center assessment.** (1) In this section, "ambulatory surgical center" has the meaning given in 42 CFR 416.2.

(2) The department of revenue may impose an assessment on ambulatory surgical centers in this state that satisfies the requirements under 42 CFR 433.68 for collecting an assessment without incurring a reduction in federal financial participation under the federal Medicaid program. The department shall allocate any assessment imposed under this section among ambulatory surgical centers in proportion to their gross patient revenue.

(3) The department of revenue may do all of the following:

(a) Subject to sub. (2), determine the amount of assessment under this section.

(b) Collect assessments imposed under this section from ambulatory surgical centers.

(c) Require ambulatory surgical centers to provide the department of revenue any data that is required by the department of revenue to determine assessment amounts under this section.

(d) Establish deadlines by which ambulatory surgical centers shall pay assessments required under this section and provide data required under par. (c).

(e) Impose penalties on ambulatory surgical centers that do not comply with requirements under this section or rules promulgated under sub. (5).

(4) The department of revenue shall transfer 99.5 percent of the moneys collected under this section to the Medical Assistance trust fund.

(5) The department of revenue shall promulgate rules for the administration of the assessment under this section.

**SECTION 2434.** 149.12 (2) (f) 2. h. of the statutes is created to read:

**Vetoed  
In Part**

**Vetoed  
In Part**