

STATE OF WISCONSIN
Senate Journal
Ninety–Ninth Regular Session

WEDNESDAY, December 29, 2010

The Chief Clerk makes the following entries under the above date.

PETITIONS AND COMMUNICATIONS

**State of Wisconsin
Legislative Reference Bureau**

December 29, 2010

To the Honorable, the Legislature:

The following rules have been published in the December 31, 2010 Wisconsin Administrative [Register No. 6660](#):

Clearinghouse Rules	Effective Date(s)
08–022	1–1–2011
08–034	1–1–2011
09–054	1–1–2011
09–096	1–1–2011
09–102	1–1–2011
09–104	1–1–2011
09–105	1–1–2011
09–112	1–1–2011
10–006	1–1–2011
10–013	1–1–2011
10–042	1–1–2011
10–045	1–1–2011
10–046	1–1–2011
10–047	1–1–2011
10–051	1–1–2011
10–053	1–1–2011
10–058	1–1–2011
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10–066	1–1–2011
10–068	1–1–2011
10–069	1–1–2011
10–077	1–1–2011
10–079	1–1–2011
10–080	1–1–2011
10–081	1–1–2011
10–082	1–1–2011
10–084	1–1–2011
10–085	1–1–2011
10–086	1–1–2011
10–088	1–1–2011
10–091	1–1–2011
10–092	1–1–2011
10–097	1–1–2011

Sincerely,
BRUCE J. HOESLY
Senior Legislative Attorney/Code Editor

**State of Wisconsin
Joint Legislative Council**

December 20, 2010

The Honorable, The Senate:

Enclosed is a copy of the General Report of the Joint Legislative Council to the 2009–10 Legislature, prepared and submitted pursuant to s. [13.81 \(3\)](#), Stats.

I would appreciate your noting in the Senate Journal, pursuant to s. [13.172](#), Stats.

Thank you.

Sincerely,
TERRY C. ANDERSON
Director

Medical College of Wisconsin

December 20, 2010

The Honorable, The Legislature:

Enclosed please find the Medical College of Wisconsin's (MCW) annual report for the Breast and Prostate Cancer Research Program. This Program is funded through the Wisconsin income tax check-off created by the 2003 Wisconsin ACT 176 (breast cancer) and the 2005 Wisconsin ACT 460 (prostate cancer). The law requires that MCW use this money for breast and prostate cancer research and to report annually on the use of funds.

This document reports activities, projects and research funded through the Breast and Prostate Cancer Research Program at MCW for the period of July 1, 2009–June 30, 2010.

If you have any questions or comments regarding this report, please contact me at 414–955–8217.

Sincerely,
KATHRYN A. KUHN
Vice President
Government and Community Relations

**State of Wisconsin
Department of Natural Resources**

December 21, 2010

The Honorable, The Senate:

In fulfillment of the requirements under s. [299.83\(8\)\(h\)](#), Wisconsin State Statutes, I am transmitting the 2009 Green Tier Biennial Progress Report. Please distribute as appropriate. I am also providing a copy of the Report to the Governor and to the Chief Clerk of the Assembly.

Green Tier continues to provide tools and strategies to make Wisconsin the ideal state for growing the green bottom line.

Businesses have weathered the economic crisis and some have even grown as a result of the working relationships and flexibility that we have been able to provide. This report not only provides some retrospective analysis of what we have done but also the insights of some very thoughtful partners about what we can do. In so doing, our hope is that the report will provide information that stimulates conversations and actions that make sustainable behavior and practices a more integral part of public policy and business practice.

For more information on the Green Tier and environmental performance programs or additional copies of this report, please contact Mark McDermid at (608) 267-3125, or visit our website at <http://greentier.wi.gov>. Here is a link to the report:

<http://dnr.wi.gov/org/caer/cea/environmental/reports/2010report.pdf>.

Thank you.

Sincerely,
 MATTHEW J. FRANK
 Secretary

**State of Wisconsin
 Department of Health Services**

December 22, 2010

The Honorable, The Legislature:

As required by 2009 Act 28, Section 1301e, this letter provides a brief summary of the Southeast Wisconsin HMO plans for implementing Patient-Centered Medical Homes for high-risk pregnant women in their service area. I have also attached a copy of each of the four complete plans for your information as well as a copy of the relevant HMO contract language.

The four BadgerCare Plus-contracted health plans in SE Wisconsin are: Abri Health Plan, Children's Community Health Plan, CommunityConnect Healthplan and United Healthcare. These four HMOs were selected through a Request for Proposal to serve BadgerCare Plus members enrolled in the Standard and Benchmark plans in Milwaukee County and the five surrounding counties.

I am pleased to report that all four health plans are working together on this initiative and have jointly recruited several clinics to serve as medical home pilot sites. The sites serve predominately low-income, minority populations and provide comprehensive prenatal and postpartum care for high-risk women. A list of the sites is enclosed for your information.

The medical home pilots will begin operation on January 1, 2011 and continue through the life of the current contract, December 30, 2013. By contract, each HMO is required to enroll a minimum of 100 women in the medical homes in year one, 200 per HMO in year two and 300 per HMO in year three. DHS anticipates much higher enrollment rates by the second year of the pilot.

The implementation plans met and, often exceeded, requirements specified in the contract. DHS is pleased with proposed comprehensive efforts to identify women who may benefit from participating in a medical home, including extensive work with community-based organizations to assist with outreach. The plans include a range of incentives designed to help ensure that women remain enrolled in the medical home throughout their pregnancy and through the postpartum period. Centering Pregnancy, an evidence-based program providing group-based care for women with similar due dates, is a key component of patient engagement strategies.

Each implementation plan describes appropriate protocols for ensuring that women keep appointments and for follow-up for missed appointments, including home visits, personal phone calls and the use of collateral contacts. Each plan also emphasizes that an obstetric care provider will be the primary point of contact for the pregnant woman and will be responsible for coordinating all needed care among multi-disciplinary teams. Protocols appear to be in place for ensuring immediate access to care and 24/7 access to medical advice.

Each participating clinic follows prenatal and postpartum guidelines issued by the American College of Obstetrics and Gynecology and other nationally-recognized guidelines for treating women with chronic conditions such as diabetes and hypertension. Care coordinators will work with each clinic to ensure that each BadgerCare Plus member enrolled in the medical home receives the services and supports she needs to have a healthy baby.

Throughout the medical home initiative, the HMOs will monitor and report on a number of performance measures, including three HEDIS (Healthcare Effectiveness Data and Information Set) measures-early prenatal care, frequency of prenatal care and postpartum care-as well as patient satisfaction. Performance information will be shared regularly with practices, providers and patients.

DHS is working collaboratively with the HMOs to develop a comprehensive evaluation of the medical home pilots for high-risk pregnant women. We would be happy to share the evaluation plan when it is completed.

Please feel free to contact Jason Helgerson, Medicaid Director and Administrator, Division of Health Care Access and Accountability, Jason.Helgerson@wi.gov or 608.267.9466, if you have any questions or need additional information.

Sincerely,
 KAREN E. TIMBERLAKE
 Secretary

**State of Wisconsin
 Department of Children & Families**

December 22, 2010

The Honorable, The Senate:

Enclosed is a copy of the Child Abuse and Neglect Report, 2009 Data, pursuant to s. 48.981. The report includes a statistical analysis of suspected child abuse and neglect reports received and investigated by county child protective services (CPS) agencies and the state Bureau of Milwaukee Child Welfare in calendar year 2009. The report also contains information on child fatalities due to child abuse or neglect and date regarding children who are identified as victims of abusive head trauma.

Sincerely,
 REGGIE BICHA
 Secretary

**State of Wisconsin
 Department of Health Services**

December 27, 2010

The Honorable, The Legislature:

The Wisconsin State Legislature is to be commended for taking steps to address a dangerous and costly threat to Wisconsin's children. In spring 2010, the Wisconsin State

Legislature approved Joint Resolution 65 (JR65) calling for the Wisconsin Childhood Lead Poisoning Elimination Implementation and Oversight Committee (IOC) within the Department of Health Services, to report on three lead poisoning elimination components: 1) ways to evaluate the costs borne by Wisconsin's educational and criminal justice systems attributable to childhood lead poisoning; 2) alternative methods to prevent lead poisoning and abating lead paint hazards in housing; and 3) various sources of funds to achieve those goals.

Joint Resolution 65 requires the IOC to submit its report to the legislature's standing committees dealing with the public health and welfare of Wisconsin citizens. Due to the prevalence and severe impact of lead poisoning in Wisconsin, this report also is being shared with all Wisconsin legislators. For Wisconsin, the cost benefit of ending lead poisoning amounts to billions of dollars.

Each year, more than 1,500 children across Wisconsin are identified with lead poisoning. Lead-poisoned children are found in all 72 counties and 11 Tribal communities in the state. There are undoubtedly more lead-poisoned children who have not been identified because they have not been tested. Wisconsin can prevent the lead poisoning of children by controlling lead-based paint hazards in Wisconsin homes built before 1950, which are the primary source of poisoning. Over time, chipping and peeling lead-based paint creates dust, especially on windows, floors and porches that gets on children's hands and into their mouths.

Lead poisoning causes permanent brain damage that research has linked to reduced school performance, juvenile delinquency, adult criminality and life-long physical health problems. As a result, society is faced with increased costs in special education services, criminal justice, medical services, and other harder to measure outcomes like teen pregnancy due to lack of behavioral control.

The IOC, including public and private partners, is committed to eliminating childhood lead poisoning. On behalf of the Implementation and Oversight Committee, we thank you for your interest in creating a solution that eliminates lead poisoning among our children.

Sincerely,
CHARLES WARZECHA
Director

KAREN ORDINANS
Executive Director

**State of Wisconsin
Department of Administration**

December 27, 2010

The Honorable, The Legislature:

Please find enclosed the Service Award Program 2010 Annual Report. The Service Award Board approved the report at its meeting on November 16, 2010. The report provides an overview of the program and outlines the accomplishments for the program year.

Wisconsin State Statute 16.25(6) requires the Department to submit the report to the Chief Clerk of each house annually describing the activities of the board.

If you have any questions regarding the report, please contact Dawn Vick at the Department of Administration, Division of Intergovernmental Relations at 608-266-7043.

Sincerely,
BRIAN VIGUE
Secretary, Service Award Board

**State of Wisconsin
Government Accountability Board**

December 28, 2010

The Honorable, The Senate:

The following lobbyists have been authorized to act on behalf of the organizations set opposite their names.

For more detailed information about these lobbyists and organizations and a complete list of organizations and people authorized to lobby the 2009-2010 session of the legislature, visit the Government Accountability Board's web site at: <http://gab.wi.gov/>

Jermain, James F. AT&T Wisconsin

Also available from the Wisconsin Government Accountability Board are reports identifying the amount and value of time state agencies have spent to affect legislative action and reports of expenditures for lobbying activities filed by organizations that employ lobbyists.

Sincerely,
KEVIN KENNEDY
Director and General Counsel

**State of Wisconsin
Department of Corrections**

December 28, 2010

The Honorable, The Legislature:

Attached in compliance with s. 301.03 (6t) is the Department's information on the use of overtime in each state adult correctional institutions for fiscal year 2010, with the stated reasons for the overtime. Should you have any questions related to this information please contact Roland Couey at 608-240-5405.

Sincerely,
RICK RAEMISCH
Secretary

Referred to joint committee on **Finance**.

**State of Wisconsin
Department of Health Services**

December 29, 2010

The Honorable, The Legislature:

In accordance with Section 51.06 (8), Wisconsin Statutes, enclosed is a copy of the report on people relocated and diverted from nursing homes, intermediate care facilities for the mentally retarded (ICFs-MR), and State Centers for the Developmentally Disabled in state fiscal year (SFY) 2010. This report provides information related to four programs, the ICF-MR Restructuring Initiative, Relocations from the State Centers for the Developmentally Disabled, the Community Relocation Initiative, and the Nursing Home Diversion Initiative.

The Department's relocation and diversion programs have been highly successful, providing the opportunity in SFY10 for 898 elderly individuals and people with physical and developmental disabilities to live in community based settings, who otherwise would have resided in ICFs—MR and nursing facilities. Since FY 2006, approximately 3,940 elders and people with physical and developmental disabilities have successfully relocated from institutional settings and an additional 812 individuals were diverted from admission to a nursing home through the Department's programs. The quality of life for these 4,752 individuals has been enhanced through the opportunity to live in the community and be near family and friends and more fully involved in community activities.

Highlights of the relocation and diversion initiatives include:

- 735 people with developmental disabilities, many of whom resided in institutions for decades, moved to the community and participated in community activities that were not available to them when they resided in institutions.
- 2,187 frail elders who resided in nursing facilities chose to live in the community near their families and friends. Prior to this initiative, these people would have been on a waiting list for home and community-based care, and few would have had the opportunity to return to the community.
- 1,018 people with physical disabilities chose to live in the community where they were able to access community activities, rather than live in nursing facilities.
- People with developmental disabilities have been served in the community at a cost that is within the institutional budget for this population.
- Frail elders and people with physical disabilities are being served in the community at a cost below that of institutional care, resulting in a level of savings under the Medical Assistance Program in SFY 2010 of \$5.9 million for the people relocated during the year.
- 567 elders and 245 people with physical disabilities, who were determined to be at imminent risk of having to move to a nursing facility, were able to remain in community-based settings because diversion funding was made available.

I trust you will find the enclosed report useful. Please contact Fredi-Ellen Bove, Deputy Administrator of the Division of Long Term Care at 608-261-5987 if you have any questions.

Sincerely,
KAREN E. TIMBERLAKE
 Secretary

Referred to joint committee on **Finance**.

**State of Wisconsin
 Department of Health Services
 Department of Children and Families**

December 29, 2010

The Honorable, The Legislature:

In [1997 Act 27](#), the 1997-99 Biennial Budget, the Legislature established requirements in state law intended to strengthen protections for children and vulnerable adults in organized care settings. The provisions require, among other things, that designated caregivers conduct background checks on all new and existing staff and bar them from employing anyone who has committed certain crimes or acts. Effective

July 1, 2008, the Department of Health and Family Services (DHFS) became the Department of Health Services (DHS) and the DHFS Division of Children and Family Services became the Department of Children and Families (DCF) as a result of [2007 Act 20](#) (the 2007-09 biennial budget bill). DHS, DCF and (for certain child care providers) counties and local school boards must perform checks on a provider before issuing a license or other credential. Individuals who have committed prohibited crimes or acts may apply to DHS and/or DCF, counties, or school boards for a waiver of the employment or licensing bans upon evidence of rehabilitation.

Sections [48.685\(5g\)](#) and [50.065\(5g\)](#) of the Wisconsin Statutes direct DHS and DCF to submit an annual report to the legislature that specifies the number of persons who have sought waivers of employment or licensing bans by requesting to demonstrate that they have been rehabilitated. The report must also specify the number of requests that were approved and the reasons for the success or failure of the requests. DHS has continued to utilize the skills, support and knowledge of its personnel to process all rehabilitation review applications and we are, therefore, submitting a joint report. Attached is the report for 2010.

Questions about this report should be referred to the Department of Health Services, Diane Welsh, Chief Legal Counsel, at 608-266-9622.

Sincerely,
KAREN E. TIMBERLAKE
 Secretary
REGGIE BICHA
 Secretary

**State of Wisconsin
 Department of Health Services**

December 29, 2010

The Honorable, The Legislature:

I am writing to report that, after six months in operation, BadgerCare Plus Basic is financially solvent and successfully meeting the health care needs of 5,066 Wisconsin residents.

This letter and the attached statistics fulfill the Department's legislative reporting requirements for Basic under section 49.67 of the Wisconsin Statutes.

With the successful launch of BadgerCare Plus Basic on July 1, 2010, uninsured Wisconsin residents gained another option for health care access. Basic was created to provide an affordable coverage choice to those on the waitlist for the BadgerCare Plus Core Plan. Core enrollment was capped in October 2009 due to limited federal funding. The Core wait list was established at that time.

For \$130 per month, Basic provides access to ten doctor's visits per year, a comprehensive generic drug benefit, one inpatient hospital stay and five outpatient hospital procedures before a hospital deductible is applied. Other professional medical services are also covered. Though the plan's benefits are very limited, Basic provides protection and peace of mind for those who have no other access to health insurance. Basic is self-funded, and state taxpayers pay nothing to support the program.

Per the specific reporting requirements identified in [s.49.67\(9g\)](#), claims payments for Basic totaled \$3,203,769 through December 13, 2010. Premium revenue totaling \$3,451,680 had been collected as of the same date. Additional reserve revenue of \$1 million remains available to support

Basic through the federal State Health Access Program (SHAP) grant administered by the Health Resource Services Administration (HRSA). In short, BadgerCare Plus Basic is solvent after its first six months of operation.

In August, DHS notified members already enrolled in Basic of opportunities to pay premiums in advance at a discounted rate. Advance payments reduce adverse selection by increasing member longevity in the plan. Beginning with the October 2010 benefit month, Basic members have options to pay a \$360 quarterly premium, a \$660 semi-annual premium or a \$1,200 annual premium. More than 1,200 existing members have opted to make an advance premium payment.

No changes to premiums or provider payment rates have been implemented since the program began on July 1, 2010. Effective January 1, 2011, Basic benefits and cost-sharing are being adjusted as follows:

- Co-payments for brand name prescriptions are increasing from \$5 to \$10.
- Radiology co-payments, tiered at \$5 and \$20, will be implemented.
- Vaccination co-payments of \$10 will be implemented.
- Covered emergency room visits will be reduced from five to two per enrollment year.

As of December 14, 5,066 people were enrolled in BadgerCare Plus Basic. Member demographic information, including age, gender and county of residence, is attached. Enrolling in Basic requires beginning an application for the BadgerCare Plus Core Plan online at access.wi.gov or by phone. That process involves reporting income and insurance information to determine if the applicant is eligible to be added to the Core waitlist. Since enrollment for Basic began, 876 Basic applicants were determined ineligible at the point of applying for the Core waitlist.

Once individuals have enrolled, the Basic verification process uses a variety of wage, income and insurance databases to verify the information members have reported. Disparities trigger DHS follow-up and potential disenrollment. As of

September 15, DHS had determined 91 individuals ineligible for Basic due to other insurance.

In July, the Centers for Medicare and Medicaid Services (CMS) approved the Department's amendment to the Core Plan waiver to create a waitlist bypass into Core for Basic members based on medical severity. This policy allows Basic members to be tracked into a benefit more appropriate to their health care needs. The initial medical criterion for this policy was a cancer diagnosis. This month, the Department expanded the criteria to include severe cardiac conditions. More than 100 Basic members have transitioned to Core as a result of these policies. Other Basic members are being transitioned to Well Woman Medicaid and SSI Medicaid, as appropriate.

In its second quarter of operation, BadgerCare Plus Basic continues to be an important and successful link to health care for thousands of Wisconsin residents.

Sincerely,
KAREN E. TIMBERLAKE
 Secretary

Referred to joint committee on **Finance**.

**REFERRALS AND RECEIPT OF COMMITTEE
 REPORTS CONCERNING PROPOSED
 ADMINISTRATIVE RULES**

The committee on **Commerce, Utilities, Energy, and Rail** reports and recommends:

Senate Clearinghouse Rule 08-070

Relating to electric rate changes due to the cost of fuel.
 No action taken.

Senate Clearinghouse Rule 10-057

Relating to the siting of wind energy systems.
 No action taken.

JEFFREY PLALE
 Chairperson