

State of Wisconsin



2013 Assembly Bill 454

Date of enactment: **February 6, 2014**

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2013 WISCONSIN ACT 128

AN ACT *to create* 20.235 (1) (fp), 39.385 and 71.05 (6) (b) 51. of the statutes; **relating to:** creation of a primary care and psychiatry shortage grant program, exempting from taxation amounts received from such a grant program, granting rule-making authority, and making an appropriation.

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

SECTION 1. 20.005 (3) (schedule) of the statutes: at the appropriate place, insert the following amounts for the purposes indicated:

			2013–14	2014–15
20.235	Higher educational aids board			
(1)	STUDENT SUPPORT ACTIVITIES			
(fp)	Primary care and psychiatry shortage grant program	GPR C	–0–	1,500,000

SECTION 2. 20.235 (1) (fp) of the statutes is created to read:

20.235 (1) (fp) *Primary care and psychiatry shortage grant program.* As a continuing appropriation, the amounts in the schedule for the primary care and psychiatry shortage grant program under s. 39.385.

SECTION 3. 39.385 of the statutes is created to read:

39.385 Primary care and psychiatry shortage grant program. (1) DEFINITIONS. In this section:

(a) “Graduate medical education training program” means any of the following:

1. A program of education in a medical specialty following the completion of medical school that prepares a physician for the independent practice of medicine in that specialty.

2. A program of education in a medical subspecialty following the completion of education in a medical specialty that prepares a physician for the independent practice of medicine in that subspecialty.

(b) “Grant program” means the primary care and psychiatry shortage grant program under this section.

(c) “Health professional shortage area” has the meaning given in s. 36.60 (1) (aj).

(d) “Health service shortage area” means an area designated by the governor and certified by the federal secretary of health and human services under [42 USC 1395x](#) as an area with a shortage of personal health services.

(e) “Medically underserved area” has the meaning given in [42 CFR Part 51c](#), section 102 (e).

* Section 991.11, WISCONSIN STATUTES: Effective date of acts. “Every act and every portion of an act enacted by the legislature over the governor’s partial veto which does not expressly prescribe the time when it takes effect shall take effect on the day after its date of publication.”

(f) "Primary care medicine" means any of the following medical specialties:

1. Family practice.
2. Internal medicine.
3. Pediatrics.
4. General surgery.

(g) "Psychiatry" includes child psychiatry.

(h) "Underserved area" means a health professional shortage area, a health service shortage area, or a medically underserved area.

(2) ESTABLISHMENT OF PROGRAM. There is established, to be administered by the board, a primary care and psychiatry shortage grant program to encourage primary care physicians and psychiatrists who meet the eligibility requirements specified in sub. (3) to practice primary care medicine and psychiatry in underserved areas in this state by providing grants of financial assistance to those physicians and psychiatrists as provided in sub. (4).

(3) ELIGIBILITY. A physician or psychiatrist is eligible for financial assistance as provided under sub. (4) if the physician or psychiatrist meets all of the following requirements:

(a) He or she practices primary care medicine or psychiatry in an underserved area in this state.

(b) He or she graduated from a graduate medical education training program in this state with an emphasis on primary care medicine or psychiatry.

(c) He or she does not appear on the statewide support lien docket under s. 49.854 (2) (b), unless the physician provides to the board a payment agreement that has been approved by the county child support agency under s. 59.53 (5) and that is consistent with rules promulgated under s. 49.858 (2) (a).

(4) FINANCIAL ASSISTANCE. (a) 1. From the appropriation account under s. 20.235 (1) (fp), the board shall grant financial assistance to physicians and psychiatrists who meet the eligibility requirements specified in sub. (3), who apply for participation in the grant program as provided in par. (b), and who submit claims for that financial assistance as provided in par. (c). From s. 20.235 (1) (fp), the board shall allocate not more than \$750,000 for financial assistance under the grant program to physicians and not more than \$750,000 for financial assistance under the grant program to psychiatrists.

2. The board may grant financial assistance under the grant program to no more than 12 physicians and no more than 12 psychiatrists in a fiscal year. If more than 12 physicians or more than 12 psychiatrists apply for participation in the grant program in a fiscal year, the board shall consider the order in which those applications are received and the health professional shortage area score, as determined by the health resources and services administration of the federal department of health and human services, of the underserved area in which the applicant is practicing primary care medicine or psychiatry in selecting participants in the grant program.

3. An individual physician or psychiatrist may receive financial assistance under the grant program in no more than 3 fiscal years.

(b) A physician or psychiatrist may apply for participation in the grant program by submitting an application to the board in a form prescribed by the board. A physician or psychiatrist may submit that application while the physician or psychiatrist is participating in a graduate medical education training program described in sub. (3) (b), but must submit that application before accepting employment or any other affiliation as a primary care physician or psychiatrist in an underserved area in this state. The application shall include such information as the board may require to establish that the physician or psychiatrist meets the eligibility requirements specified in sub. (3) for participation in the grant program and any other information the board may require by rule promulgated under sub. (5).

(c) After each year in which a physician or psychiatrist who has been accepted for participation in the grant program practices primary care medicine or psychiatry in an underserved area in this state, the physician or psychiatrist may submit to the board a claim for financial assistance. The claim shall include the signature of the physician or psychiatrist and of a representative of the practice in which the physician or psychiatrist is employed or otherwise affiliated certifying that during the period for which financial assistance is claimed the physician or psychiatrist practiced primary care medicine or psychiatry in an underserved area in this state and such other information as the board may require by rule promulgated under sub. (5) to verify the physician's or psychiatrist's eligibility for financial assistance.

(d) If the board determines that a physician or psychiatrist who submits a claim for financial assistance under par. (c) is eligible to receive that assistance, the board shall provide that assistance, subject to the amounts available in the appropriation account under s. 20.235 (1) (fp).

(5) RULES. The board shall promulgate rules to implement and administer this section. Those rules shall include rules specifying the information a physician or psychiatrist must include in an application for participation in the grant program under sub. (4) (b) and in a claim for financial assistance under sub. (4) (c).

SECTION 4. 71.05 (6) (b) 51. of the statutes is created to read:

71.05 (6) (b) 51. For taxable years beginning after December 31, 2013, any amount received by a physician or psychiatrist, in the taxable year to which the subtraction relates, from the primary care and psychiatry shortage grant program under s. 39.385.

SECTION 5. Nonstatutory provisions.

(1) PRIMARY CARE AND PSYCHIATRY SHORTAGE GRANT PROGRAM. Notwithstanding section 16.42 (1) (e) of the statutes, in submitting information under section 16.42 of

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the statutes for purposes of the 2015–17 biennial budget bill, the higher educational aids board shall submit information concerning the appropriation under section 20.235 (1) (fp) of the statutes, as created by this act, as though that appropriation had not been made.

SECTION 6. Initial applicability.

(1) PRIMARY CARE AND PSYCHIATRY SHORTAGE GRANT PROGRAM. This act first applies to a physician or psychiatrist who graduates from a graduate medical education training program in this state with an emphasis on primary care medicine or psychiatry in 2014.
