CHAPTER 153

HEALTH CARE INFORMATION

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SUBCHAPTER I

INFORMATION COLLECTION AND DISSEMINATION

153.01 Definitions. In this subchapter:

(1d) "Administrator" has the meaning given in s. 633.01 (1).

(1g) "Ambulatory surgery center" has the meaning given under 42 CFR 416.2.

(2g) "Calculated variable" means a data element that is computed or derived from an original data item or derived using another data source.

(2m) "Data element" means an item of information from a uniform patient billing form.

(3g) "Data organization" means a nonstock corporation organized under ch. 181 that is described in section 501 (c) (3) of the Internal Revenue Code, is exempt from federal income tax under section 501 (a) of the Internal Revenue Code, and, in its capacity as a public health authority, does all of the following:

(a) Represents health care consumers, insurers, administrators, and health care providers.

(b) Is formed specifically to do all of the following:

1. Create a centralized claims repository for this state with credible and useful data elements for the purposes of quality improvement, health care provider performance comparisons, ready understandability, and consumer decision making.

2. Use the information it collects to develop and disseminate unified public reports on health care quality, safety, and efficiency.

(4) "Department" means the department of health services.

(4h) "Employer coalition" means an organization of employers formed for the purpose of purchasing health care coverage or services as a group.

(4j) "Entity" means a nonstock corporation organized under ch. 181 that is described in section 501 (c) (6) of the Internal Revenue Code and is exempt from federal income tax under section 501 (a) of the Internal Revenue Code, and that does all of the following:

(a) Represents at least 70 percent of the hospitals in Wisconsin.

(b) Receives oversight with respect to services performed by the entity under this subchapter from the secretary of health services.

(4p) "Health care plan" means an insured or self−insured plan providing coverage of health care expenses or an employer coalition.

(4t) "Health care provider" has the meaning given in s. 146.81 (1) (a) to (p) and includes an ambulatory surgery center.

(5) "Hospital" has the meaning given under s. 50.33 (2).

(5m) "Insurer" has the meaning given under s. 632.745 (15).

(7) "Patient" means a person who receives health care services from a health care provider.

(8) "Payer" means a 3rd−party payer, including an insurer, federal, state or local government or another who is responsible for payment of a hospital charge.

(8m) "Public health authority" means the department or a person acting under this subchapter under a grant of authority from or contract with the department.

History: 1987 a. 399; 1993 a. 16, 185, 491; 1997 a. 27, 231; 1999 a. 9 s. 2280ge; 1999 a. 32; 2003 a. 33; 2005 a. 228, 253; 2007 a. 20 s. 9121 (6) (a); 2009 a. 28, 274.

153.05 Collection and dissemination of health care and related information. (1) In order to provide to health care providers, insurers, consumers, governmental agencies and others information concerning health care providers and uncompensated health care services, and in order to provide information to assist in peer review for the purpose of quality assurance:

(a) Subject to s. 153.455, the department shall collect from health care providers other than hospitals and ambulatory surgery centers, analyze, and disseminate health care information, as adjusted for case mix and severity, in language that is understandable to laypersons.

(b) The entity under contract under sub. (2m) (a) shall collect from hospitals and ambulatory surgery centers the health care information required of hospitals and ambulatory surgery centers by the department under ch. 153, 2001 stats., and the rules promulgated under ch. 153, 2001 stats., including, by the date that is 18 months after the date of the contract under sub. (2m) (a), outpatient hospital−based services. The entity shall analyze and disseminate that health care information, as adjusted for case mix and severity, in the manner required under this subchapter, under ch. 153, 2001 stats., and under the rules promulgated under ch. 153, 2001 stats., and in language that is understandable to laypersons.

(c) Subject to s. 153.455 (1) to (3), the data organization under contract under sub. (2r) may request health care claims information from insurers and administrators. The data organization shall analyze and publicly report the health care claims information with respect to the cost, quality, and effectiveness of health care, in language that is understandable by lay persons, and shall develop and maintain a centralized data repository. The data organization shall provide to the department, without charge, health care claims information collected by and reports produced by the data organization that the department requests. If s. 153.455 (4) applies, the department may request health care claims information, which may be voluntarily provided by insurers and adminis-

trators, and may perform or contract for the performance of the other duties specified for the data organization under this paragraph.

(2m) (a) Notwithstanding s. 16.75 (1), (2), and (3m), by the 2nd month after July 26, 2003, the department of administration shall, from the appropriation under s. 20.505 (1) (im), contract with an entity to perform services under this subchapter that are specified for the entity with respect to the collection, analysis, and dissemination of health care information of hospitals and ambulatory surgery centers. The department of administration may not, by this contract, require from the entity any collection, analysis, or dissemination of health care information of hospitals and ambulatory surgery centers that is in addition to that required under this subchapter.

(b) Biennially, the group specified under s. 153.01 (4j) (b) shall review the entity's performance, including the timeliness and quality of the reports generated by the entity. If the group is dissatisfied with the entity's performance, the group may recommend to the department of administration that that department use a competitive request–for–proposal process to solicit offers from other organizations for performance of the services. If no organization responds to the request for proposal, the department of health services shall perform the services specified for the entity with respect to the collection, analysis, and dissemination of health care information of hospitals and ambulatory surgery centers under this subchapter.

(c) By April 1, annually, the secretary of health services shall submit to the chief clerk of each house of the legislature for distribution to the legislature under s. 13.172 (2), a report concerning the content and number of reports and currency of information and reports generated in the previous calendar year by the entity under contract under this subsection.

(2r) Notwithstanding s. 16.75 (1), (2), and (3m), from the appropriation account under s. 20.515 (1) (w) the department of employee trust funds may expend up to $150,000, and from the appropriation accounts under s. 20.435 (1) (fn), (hg), and (hi) the department of health services, in its capacity as a public health authority, may expend moneys, to contract with a data organization to perform services under this subchapter that are specified for the data organization under sub. (1) (c) or, if s. 153.455 (4) applies, for the department of health services to perform or contract for the performance of these services. As a condition of the contract under this subsection, all of the following apply:

(a) At least during the period of the contract, the data organization shall include as voting members of the board of directors of the data organization the secretary of health services and the secretary of employee trust funds, or their designees.

(b) The data organization shall provide matching funds, which may include in–kind contributions, as specified in the contract.

(c) Termination of funding and of services of the data organization under the contract or modification of the contract is subject to a determination made under s. 153.455 (3).

(d) The data organization shall provide an Internet site that offers health care provider cost and quality data and reports to consumers in a manner that is comprehensive and transparent and that uses language that is understandable to laypersons.

(e) The data organization shall conduct statewide consumer information campaigns to improve health literacy.

(f) The data organization shall provide a review and reconsideration software solution to allow health care providers to validate their cost and quality data prior to publication on the Internet site described in par. (d).

(g) The data organization shall conduct other functions in support of the responsibilities under sub. (1) (c) as specified in the contract by the department of health services and the department of employee trust funds.

(h) The data organization shall fulfill the requirements under this subsection according to timelines established by the department of health services and the department of employee trust funds.

(2s) Annually, the department of health services and the department of employee trust funds shall jointly prepare and submit under s. 13.172 (3) to standing committees of the legislature with jurisdiction over health issues a report on the activities of the data organization under this subchapter.

(3) (a) Upon request of the department for health care information relating to health care providers other than hospitals and ambulatory surgery centers and, if s. 153.455 (4) applies, for health care claims information as specified in sub. (1) (c), state agencies shall provide that information to the department for use in preparing reports under this subchapter.

(b) Upon request of the entity under contract under sub. (2m) (a) for health care information relating to hospitals and ambulatory surgery centers, state agencies shall provide that health care information to the entity for use in preparing reports under this subchapter.

(c) Upon request of the data organization under contract under sub. (2r) for health care claims information, insurers and administrators may provide the health care claims information to the data organization for use in preparing reports and developing and maintaining a central data repository under this subchapter, and, if s. 153.455 (4) applies, insurers and administrators may provide the health care claims information as requested by the department.

(3m) The entity under contract under sub. (2m) (a) may report quality indicators identifying individual hospitals based on data the entity collects under this subchapter.

(5) (a) Unless sub. (13) applies, subject to s. 153.455, the department may require health care providers other than hospitals and ambulatory surgery centers to submit to the department health care information specified by rule under s. 153.75 (1) (n) for the preparation of reports, plans, and recommendations in the form specified by the department by rule.

(b) Unless sub. (13) applies, the entity under contract under sub. (2m) (a) may require hospitals and ambulatory surgery centers to submit to the entity information for the preparation of reports, plans, and recommendations in the form specified by the entity.

(c) Subject to s. 153.455 (1) to (3), the data organization under contract under sub. (2r) may request insurers and administrators to submit to the data organization health care claims information for the preparation of reports, plans, and recommendations in the form specified by the data organization, including in standard electronic format. If s. 153.455 (4) applies, the department may request submission of the health care claims information from insurers and administrators in the form specified by the department, including in standard electronic format.

(6) The department may contract with a public or private organization that is not a major purchaser, payer or provider of health care services in this state for the provision of data processing services for the collection, analysis and dissemination of health care information under sub. (1) (a).

(6m) The department may contract with the group insurance board for the provision of data collection and analysis services related to health maintenance organizations and insurance companies that provide health insurance for state employees. The department shall establish contract fees for the provision of the services. All moneys collected under this subsection shall be credited to the appropriation under s. 20.435 (1) (hg).

(8) (a) Unless sub. (13) applies, subject to s. 153.455, the department shall collect, analyze and disseminate, in language that is understandable to laypersons, claims information and other health care information, as adjusted for case mix and severity, under the provisions of this subchapter, as determined by rules promulgated by the department, from health care providers, other than hospitals and ambulatory surgery centers, specified by rules promulgated by the department. Data from those health care

providers may be obtained through sampling techniques in lieu of collection of data on all patient encounters and data collection procedures shall minimize unnecessary duplication and administrative burdens. If the department collects from health care plans data that is specific to health care providers other than hospitals and ambulatory surgery centers, the department shall attempt to avoid collecting the same data from those health care providers.

(b) Unless sub. (13) applies, the entity under contract under sub. (2m) (a) shall collect, analyze, and disseminate, in language that is understandable to laypersons, claims information and other health care information, as adjusted for case mix and severity, under the provisions of this subchapter, from hospitals and ambulatory surgery centers. In addition to the information required to be submitted under sub. (1) (b), hospitals and ambulatory surgery centers shall submit for each patient to the entity under contract under sub. (2m) (a) all data elements specified by the entity that are contained in the applicable American National Standards Institute 837 format used for electronic data interchange or in a successor format specified by the entity. Data from hospitals and ambulatory surgery centers may be obtained through sampling techniques in lieu of collection of data on all patient encounters, and data collection procedures shall minimize unnecessary duplication and administrative burdens.

(c) Subject to s. 153.455 (1) to (3), the data organization under contract under sub. (2r) may request, analyze, and publicly report, in language that is understandable to laypersons, health care claims information, as adjusted for case mix and severity, from insurers and administrators. Data from these sources may be obtained through sampling techniques in lieu of collection of data on all insureds, and data collection procedures shall minimize unnecessary duplication and administrative burdens. If s. 153.455 (4) applies, the department may request health care claims information, which may be voluntarily provided by insurers and administrators, and may perform or contract for the performance of the other duties specified for the data organization under this paragraph.

(9) (a) Subject to s. 153.455, the department shall provide orientation and training to health care providers, other than hospitals and ambulatory surgery centers, who submit data under this subchapter, to explain the process of data collection and analysis and the procedures for data verification, comment, interpretation, and release.

(b) The entity under contract under sub. (2m) (a) shall provide orientation and training to hospitals and ambulatory surgery centers that submit data under this subchapter, to explain the process of data collection and analysis and the procedures for data verification, comment, interpretation, and release.

(c) Subject to s. 153.455 (1) to (3), the data organization under contract under sub. (2r) shall provide orientation and training to insurers and administrators that submit data under this subchapter, to explain the process of data collection and analysis and the procedures for data verification, comment, interpretation, and release. If s. 153.455 (4) applies, the department may perform or contract for the performance of the duties specified for the data organization under this paragraph.

(12) (a) Subject to s. 153.455, the department shall, to the extent possible and upon request, assist members of the public in interpreting data in health care information disseminated by the department.

(b) The entity under contract under sub. (2m) (a) shall, to the extent possible and upon request, assist members of the public in interpreting data in health care information disseminated by the entity.

(c) The data organization under contract under sub. (2r) shall, subject to s. 153.455 (1) to (3), to the extent possible and upon request, assist members of the public in interpreting data in health care information disseminated by the data organization. If s. 153.455 (4) applies, the department may perform or contract for the performance of the duties specified for the data organization under this paragraph.

(13) The department may waive the requirement under sub. (1), (5) or (8) for a health care provider, who requests the waiver and presents evidence to the department that the requirement under sub. (1), (5) or (8) is burdensome, under standards established by the department by rule. The department shall develop a form for use by a health care provider in submitting a request under this subsection.

History: 1987 a. 399; 1989 a. 18, 56; 1991 a. 250, 269; 1993 a. 16, 104, 185, 491; 1995 a. 27 ss. 4393, 9126 (19); 1997 a. 27, 231; 1999 a. 9; 2003 a. 33; 2005 a. 25, 228; 2007 a. 20 ss. 2898h, 9121 (6) (a); 2007 a. 97; 2009 a. 180, 274; 2011 a. 2; 2011 a. 260 s. 81; 2013 a. 20; 2015 a. 287; 2019 a. 9; s. 35.17 correction in (2m) (c).

Cross−reference: See also ch. DHS 120, Wis. adm. code.

153.08 Hospital rate increases or charges in excess of rates. (1) In this section:

(a) "Consumer price index" has the meaning given in s. 16.004 (8) (e) 1.

(b) Notwithstanding s. 153.01 (5), "hospital" has the meaning given in s. 50.33 (2), except that "hospital" does not include a center for the developmentally disabled as defined in s. 51.01 (3).

(c) "Rates" means individual charges of a hospital for the services that it provides.

(2) No hospital may increase its rates or charge any payer an amount exceeding its rates that are in effect on May 12, 1992, unless the hospital first causes to be published a class 1 notice under ch. 985 in a newspaper likely to give notice in the area where the hospital is located, no sooner than 45 days and no later than 30 days before the proposed rate change is to take effect. The notice shall describe the proposed rate change.

(3) This section does not apply to a hospital that proposes to increase its rates during the course of the hospital's fiscal year by any amount or amounts that, in the aggregate, do not exceed the percentage amount that is the percentage difference between the consumer price index reported for the 12−month period ending on December 31 of the preceding year and the consumer price index reported for the 12−month period ending on December 31 of the year prior to the preceding year.

(4) A hospital shall publish a class 1 notice under ch. 985 at least 10 days prior to the institution by the hospital of a rate increase.

(5) The entity under contract under s. 153.05 (2m) (a) shall annually publish a hospital rate increase report that contains all of the following information:

(a) For each hospital that publishes a notice under sub. (4), all of the following:

1. The name of the hospital and the city, village, or town in which the hospital is located.

2. The date the rate increase is to take effect.

3. The annualized percentage rate increase that will result.

4. The geographic area of analysis in which the hospital is located.

(b) A list of hospitals that have closed since 1993.

History: 1993 a. 16 ss. 2644 to 2646; 1993 a. 104 ss. 3, 5m, 7, 8, 9; 1993 a. 491; 1997 a. 27, 231; 2003 a. 33.

153.10 Health care data reports. (1) Subject to s. 153.455, the department shall prepare, and submit to the governor and the chief clerk of each house of the legislature for distribution to the legislature under s. 13.172 (2), standard reports concerning health care providers other than hospitals and ambulatory surgery centers that the department prepares and shall collect information necessary for preparation of those reports. If s. 153.455 (4) applies, the department shall include in the reports under this subsection reports concerning any health care claims information the department collects or contracts to collect under s. 153.05.

(2) The entity under contract under s. 153.05 (2m) (a) shall prepare, and submit to the governor and the chief clerk of each

house of the legislature for distribution to the legislature under s. 13.172 (2), standard reports concerning hospitals and ambulatory surgery centers that the entity prepares and shall collect information necessary for preparation of those reports.

History: 1987 a. 399; 1997 a. 27, 231; 2003 a. 33; 2005 a. 228.

153.20 Uncompensated health care services report. **(1)** The entity under contract under s. 153.05 (2m) (a) shall prepare, and submit to the governor and to the chief clerk of each house of the legislature for distribution to the legislature under s. 13.172 (2), an annual report setting forth the number of patients to whom uncompensated health care services were provided by each hospital and the total charges for the uncompensated health care services provided to the patients for the preceding year, together with the number of patients and the total charges that were projected by the hospital for that year in the plan filed under sub. (2).

(2) Every hospital shall file with the entity under contract under s. 153.05 (2m) (a) an annual plan setting forth the projected number of patients to whom uncompensated health care services will be provided by the hospital and the projected total charges for the uncompensated health care services to be provided to the patients for the ensuing year.

History: 1987 a. 399; 1989 a. 18; 1997 a. 27, 231; 2003 a. 33.

153.21 Consumer guide; list for hospital charge disclosures. **(1)** The department shall prepare and submit to the governor and to the chief clerk of each house of the legislature for distribution to the legislature under s. 13.172 (2) an annual guide to assist consumers in selecting health care providers and health care plans. The guide shall be written in language that is understandable to laypersons. The department shall widely publicize and distribute the guide to consumers.

(2) The entity under contract under s. 153.05 (2m) (a) shall prepare and submit to the governor and to the chief clerk of each house of the legislature for distribution to the legislature under s. 13.172 (2) an annual guide to assist consumers in selecting hospitals and ambulatory surgery centers. The guide shall be written in language that is understandable to laypersons and shall include data derived from the annual survey of hospitals conducted by the American Hospital Association and the annual hospital fiscal survey. The entity shall widely publicize and distribute the guide to consumers.

(3) The entity under contract under s. 153.05 (2m) (a) shall, using data collected under s. 153.05 (1) (b), annually identify the 75 diagnosis related groups for which hospitals in this state most frequently provide inpatient care and the 75 outpatient surgical procedures most frequently performed by hospitals in this state, and shall distribute a list of the identified diagnosis related groups and surgical procedures to all hospitals in the state and to the department.

History: 1997 a. 231; 2003 a. 33; 2009 a. 146.

153.22 Patient−level data utilization, charge, and quality report. The entity under contract under s. 153.05 (2m) (a) shall prepare and submit to the governor and to the chief clerk of each house of the legislature for distribution to the legislature under s. 13.172 (2), an annual report that summarizes utilization, charge, and quality data on patients treated by hospitals and ambulatory surgery centers during the most recent calendar year.

History: 2003 a. 33; 2005 a. 228.

153.23 Public health emergency dashboard. **(1)** In this section, "public health emergency related to the 2019 novel coronavirus" means the period covered by any of the following:

(a) The national emergency declared by the U.S. president under 50 USC 1621 on March 13, 2020, in response to the 2019 novel coronavirus.

(b) The public health emergency declared under 42 USC 247d by the secretary of the federal department of health and human services on January 31, 2020, in response to the 2019 novel coronavirus.

(c) The state of emergency related to public health declared under s. 323.10 on March 12, 2020, by executive order 72.

(2) During the public health emergency related to the 2019 novel coronavirus, the entity under contract under s. 153.05 (2m) (a) shall prepare and publish a public health emergency dashboard using health care emergency preparedness program information collected by the state from acute care hospitals. A dashboard published under this section shall include information to assist emergency response planning activities. For purposes of this section, the entity and the department shall enter into a data use agreement and mutually agree to the health care emergency preparedness program information the department will provide to the entity, the information the entity will include in the dashboard, any publication schedule, and any other terms considered necessary by the entity or the department.

History: 2019 a. 185.

153.45 Release of data by department. Subject to s. 153.455:

(1) After completion of data verification, comment and review procedures specified by the department by rule, the department shall release data, together with comments, if any, in the following forms:

(a) Standard reports.

(b) For information that is submitted by health care providers other than hospitals or ambulatory surgery centers, public use data files that do not permit the identification of specific patients, employers, or health care providers, as defined by rules promulgated by the department. The identification of patients, employers, or health care providers shall be protected by all necessary means, including the deletion of patient identifiers; the use of calculated variables and aggregated variables; the specification of counties as to residence, rather than zip codes; the use of 5−year categories for age, rather than exact age; not releasing information concerning a patient's race, ethnicity, or dates of admission, discharge, procedures, or visits; and masking sensitive diagnoses and procedures by use of larger diagnostic and procedure categories. Public use data files under this paragraph may include only the following:

1. The patient's county of residence.
2. The payment source, by type.
3. The patient's age category, by 5−year intervals.
4. The patient's procedure code.
5. The patient's diagnosis code.
6. Charges assessed with respect to the procedure code.
7. The name and address of the facility in which the patient's services were rendered.
8. The patient's sex.
9. Information that contains the name of a health care provider that is not a hospital or ambulatory surgery center, if the department first reviews and approves the release.
10. Calendar quarters of service, except if the department specifies by rule that the number of data elements included in the public use data file is too small to enable protection of patient confidentiality.
11. Information other than patient−identifiable data, as defined in s. 153.50 (1) (b), as approved by the department.

(c) Custom−designed reports containing portions of the data under par. (b). Information that contains the name of a health care provider that is not a hospital or ambulatory surgery center may be released only if the department first reviews and approves the release. Reports under this paragraph may include the patient's zip code only if at least one of the following applies:

1. Other potentially identifying data elements are not released.
2. Population density is sufficient to mask patient identity.

3. Other potentially identifying data elements are grouped to provide population density sufficient to protect identity.

4. Multiple years of data elements are added to protect identity.

(1m) After completion of data verification and review procedures specified by the department by rule, the department may, but is not required to, release special data compilations.

(2) The department shall provide to other agencies or to organizations the data necessary to fulfill their statutory mandates for epidemiological purposes or to minimize the duplicate collection of similar data elements.

(3) The department may, but is not required to, release health care provider−specific and employer−specific data that relates to health care providers other than hospitals and ambulatory surgery centers, except in public use data files as specified under sub. (1) (b), in a manner that is specified in rules promulgated by the department.

(4) The department shall prohibit purchasers of data from rereleasing individual data elements of health care data files.

(5) The department may not release any health care information that is subject to rules promulgated under s. 153.75 (1) (b) until the verification, comment and review procedures required under those rules have been complied with. Nothing in this subsection prohibits release of information to a health care provider that is not a hospital or ambulatory surgery center, to whom the information is specific.

History: 1987 a. 399; 1989 a. 18; 1993 a. 16; 1997 a. 27, 231; 1999 a. 9, 185; 2003 a. 33; 2005 a. 228.

153.455 Data organization; contract contingency. **(1)** Except as provided in subs. (2), (3), and (4), beginning on the date, if any, that is 60 days after the contract under s. 153.05 (2r) takes effect, the department shall cease collecting, for calendar quarters that occur after that date, health care information as specified under s. HFS 120.14 (1), 2005 Wis. Adm. Code, in effect on April 13, 2006.

(2) Subsection (1) does not apply to ss. 153.21 (1) and 153.60.

(3) Beginning on the date, if any, that the secretary of health services and the secretary of employee trust funds determine that the data organization is not in compliance with the contract under s. 153.05 (2r) with respect to the performance of the collection and public reporting of information regarding the cost, quality, and effectiveness of health care, including the development and maintenance of a centralized data repository, or determine that there is insufficient statewide participation under the requirements of the contract, the secretaries may modify or terminate the contract. If the secretaries terminate the contract, they shall recommend to the department of administration that that department use a competitive request−for−proposal process to solicit offers from other organizations for performance of the services required of the data organization under the terminated contract. If no organization responds to the request for proposals or if a successor contract cannot be achieved, sub. (4) applies.

(4) If the contract with the data organization is terminated under sub. (3) and no organization responds to the request for proposals or a successor contract cannot be achieved, the department, in its capacity as a public health authority, shall collect health care information, including as specified under s. HFS 120.14 (1), Wis. Adm. Code, in effect on April 13, 2006, and may request health care claims information, which may be voluntarily provided by insurers or administrators, under this subchapter; shall analyze and disseminate, or contract for the performance of analysis and dissemination of, the health care information; and may analyze and disseminate, or may contract for the performance of analysis and dissemination of, the health care claims information.

History: 2005 a. 228; 2007 a. 20 s. 9121 (6) (a); 2009 a. 274; 2017 a. 366.

153.46 Release of data by entity. **(1)** After completion of data verification, comment, and review procedures, the entity under contract under s. 153.05 (2m) (a) shall release data, together with comments, if any, in the following forms:

(a) Standard reports.

(b) For information that is submitted by hospitals or ambulatory surgery centers, public use data files that do not permit the identification of specific patients, employers, or health care providers. The identification of patients, employers, or health care providers shall be protected by all necessary means, including the deletion of patient identifiers and the use of calculated variables and aggregated variables.

(c) Custom−designed reports containing portions of the data under par. (b). Reports under this paragraph may include the patient's zip code or U.S. bureau of the census census tract or block group only if at least one of the following applies:

1. Other potentially identifying data elements are not released.

2. Population density is sufficient to mask patient identity.

3. Other potentially identifying data elements are grouped to provide population density sufficient to protect identity.

4. Multiple years of data elements are added to protect identity.

(1m) After completion of data verification and review procedures specified under s. 153.01 (4j), the entity may, but is not required to, release special data compilations.

(2) The entity under contract under s. 153.05 (2m) (a) shall provide to the department and to any other organization or agency the data necessary to fulfill the department's, organization's, or agency's statutory mandates for epidemiological purposes.

(3) The entity under contract under s. 153.05 (2m) (a) may, but is not required to, release hospital−specific, ambulatory surgery center−specific, and hospital or ambulatory surgery center employer−specific data, except in public use data files as specified under sub. (1) (b).

(4) The entity under contract under s. 153.05 (2m) (a) shall, as limited by this section and s. 153.50, provide equal access to the data collected and reports generated by the entity to all requesters that pay the fees under s. 153.65 (2).

(5) The entity under contract under s. 153.05 (2m) (a) shall provide to the department, without charge, claims and provider survey information that is requested by or required to be provided to the department.

(6) No person who purchases a data compilation or report under s. 153.65 (2) may release or sell the data sets so purchased.

(7) Any required distributions of reports by the entity under contract under s. 153.05 (2m) (a) may be fulfilled by providing an electronic copy of the report, unless the requesting person specifically requests a paper copy.

(8) The entity under contract under s. 153.05 (2m) (a) shall notify each physician with a license from this state who appears in the facility−submitted data that the physician has the opportunity to review that data. The entity may fulfill this notification requirement by providing a notice on the entity's Internet site and providing a procedure to make a request to the entity to review the data. The physician review process shall occur concurrently with the facility review process.

History: 2003 a. 33 ss. 2094r, 2094x; 2015 a. 287.

153.50 Protection of patient confidentiality. Subject to s. 153.455:

(1) DEFINITIONS. In this section:

(b) 1. "Patient−identifiable data", for information submitted by hospitals and ambulatory surgery centers, means all of the following data elements:

a. Patient medical record or chart number.

b. Patient control number.

c. Patient date of birth.

d. Date of patient admission.

e. Date of patient discharge.

f. Date of patient's principal procedure.

g. Encrypted case identifier.

h. Insured's policy number.

i. Patient's employer's name.

j. Insured's date of birth.

k. Insured's identification number.

L. Medicaid resubmission code.

m. Medicaid prior authorization number.

1m. "Patient–identifiable data" does not include calculated variables that are derived from patient–identifiable data and the dissemination of which does not permit patient identification.

1r. "Patient–identifiable data" does not include data elements that identify a patient's race or ethnicity.

2. "Patient–identifiable data", for information submitted by health care providers who are not hospitals or ambulatory surgery centers and by insurers and administrators, means all of the following data elements:

a. Data elements specified in subd. 1. a. to g., L. and m.

b. Whether the patient's condition is related to employment, and occurrence and place of an auto accident or other accident.

c. Date of first symptom of current illness, of current injury or of current pregnancy.

d. First date of the patient's same or similar illness, if any.

e. Dates that the patient has been unable to work in his or her current occupation.

f. Dates of receipt by the patient of medical service.

g. The patient's city, town or village.

(c) "Small number" means a number that is insufficiently large to be statistically significant, as determined by the department.

(3) MEASURES TO ENSURE PROTECTION OF PATIENT IDENTITY. To ensure that the identity of patients is protected when information obtained by the department, by the entity under contract under s. 153.05 (2m) (a), or by the data organization under contract under s. 153.05 (2r) is disseminated, the department, the entity, and the data organization shall do all of the following:

(a) Aggregate any data element category containing small numbers. The department, in so doing, shall use procedures that are developed by the department and that follow commonly accepted statistical methodology.

(b) Remove and destroy all of the following data elements on the uniform patient billing forms that are received by the department, the entity, or the data organization under the requirements of this subchapter:

1. The patient's name and street address, except as provided under sub. (6) (am).

2. The insured's name, address and telephone number.

3. Any other insured's name, employer name and date of birth.

4. The signature of the patient or other authorized signature.

5. The signature of the insured or other authorized signature.

6. The signature of the physician.

7. The patient's account number, after use only as verification of data by the department or by the entity.

(c) Develop, for use by purchasers of data under this subchapter, a data use agreement that specifies data use restrictions, appropriate uses of data and penalties for misuse of data, and notify prospective and current purchasers of data of the appropriate uses.

(d) Require that a purchaser of data under this subchapter sign and have notarized the data use agreement of the department, the entity, or the data organization, as applicable.

(3m) PROVIDER, ADMINISTRATOR, OR INSURER MEASURES TO ENSURE PATIENT IDENTITY PROTECTION. A health care provider that is not a hospital or ambulatory surgery center or an insurer or an administrator shall, before submitting information required by the department, or by the data organization under contract under s. 153.05 (2r), under this subchapter, convert to a payer category code as specified by the department or the data organization, as applicable, any names of an insured's payer or other insured's payer.

(4) RELEASE OF PATIENT–IDENTIFIABLE DATA. (a) Except as specified in. pars. (b) and (c), under the procedures specified in sub. (5), release of patient–identifiable data may be made only to any of the following:

1. a. An agent of the department who is responsible for the patient–identifiable data in the department, in order to store the data and ensure the accuracy of the information in the database of the department or to create a calculated variable that is derived from the patient–identifiable data.

b. An agent of the entity under contract under s. 153.05 (2m) (a) who is responsible for the patient–identifiable data of the entity, in order to store the data and ensure the accuracy of the information in the database of the entity or to create a calculated variable that is derived from the patient–identifiable data.

c. An agent of the data organization under contract under s. 153.05 (2r) who is responsible for the patient–identifiable data of the data organization, in order to store the data and ensure the accuracy of the information in the database of the data organization or to create a calculated variable that is derived from the patient–identifiable data.

2. A health care provider that is not a hospital or ambulatory surgery center or the agent of such a health care provider, to ensure the accuracy of the information in the database of the department or the data organization under contract under s. 153.05 (2r), or a health care provider that is a hospital or ambulatory surgery center or the agent of such a health care provider, to ensure the accuracy of the information in the database of the entity under contract under s. 153.05 (2m) (a).

3. The department or its agent, for purposes of epidemiological investigation, or, with respect to information from health care providers that are not hospitals or ambulatory surgery centers, the department or the data organization under contract under s. 153.05 (2r), to eliminate the need for duplicative databases.

4. An agency or organization that is required by federal or state statute to obtain patient–identifiable data for purposes of epidemiological investigation or to eliminate the need for duplicative databases.

(b) Of information submitted by health care providers that are not hospitals or ambulatory surgery centers, patient–identifiable data that contain a patient's date of birth may be released under par. (a) only under circumstances as specified by rule by the department.

(c) The data organization under contract under s. 153.05 (2r) may not share health care claims data collected by the data organization unless the sharing is in compliance with 42 USC 1320d–2 and 1320d–4 and 45 CFR 164.

(5) PROCEDURES FOR RELEASE OF PATIENT–IDENTIFIABLE DATA. (a) The department, an entity that is under contract under s. 153.05 (2m) (a), or a data organization that is under contract under s. 153.05 (2r) may not release or provide access to patient–identifiable data to a person authorized under sub. (4) (a) unless the authorized person requests the department, entity, or data organization, in writing, to release the patient–identifiable data. The request shall include all of the following:

1. The requester's name and address.

2. The reason for the request.

3. For a person who is authorized under sub. (4) (a) to receive or have access to patient–identifiable data, evidence, in writing, that indicates that authorization.

4. For an agency or organization that is authorized under sub. (4) (a) 4. to receive or have access to patient–identifiable data, evidence, in writing, of all of the following:

a. The federal or state statutory requirement to obtain the patient−identifiable data.

b. Any federal or state statutory requirement to uphold the patient confidentiality provisions of this subchapter or patient confidentiality provisions that are more restrictive than those of this subchapter; or, if the latter evidence is inapplicable, an agreement, in writing, to uphold the patient confidentiality provisions of this subchapter.

(b) Upon receipt of a request under par. (a), the department, entity, or data organization, whichever is applicable, shall, as soon as practicable, comply with the request or notify the requester, in writing, of all of the following:

1. That the department, entity, or data organization, as applicable, is denying the request in whole or in part.

2. The reason for the denial.

3. For a person who believes that he or she is authorized under sub. (4) (a), the action provided under s. 19.37.

(5m) EMPLOYERS NOT TO REQUEST PATIENT−IDENTIFIABLE DATA. Notwithstanding subs. (4) and (5) no employer may request the release of or access to patient−identifiable data of an employee of the employer.

(6) INFORMATION SUBMITTED. (a) The department or entity under contract under s. 153.05 (2m) (a) may not require a health care provider submitting health care information under this subchapter to include the patient's name or social security number, and the department may not require a health care provider submitting health care information under this subchapter to include the patient's street address.

(am) Hospitals or ambulatory surgery centers shall submit the patient's street address to the entity under contract under s. 153.05 (2m) (a) as directed by the entity. The entity may only use the street address to create a calculated variable that does not identify a patient's address or to convert the data element to the corresponding U.S. bureau of the census census tract and block group. The entity shall destroy the street address information upon the creation of the variable or upon the conversion to the census tract and block group.

(b) The department may not require under this subchapter a health care provider that is not a hospital or ambulatory surgery center to submit uniform patient billing forms.

(c) A health care provider that is not a hospital or ambulatory surgery center may not submit any of the following to the department under the requirements of this subchapter:

1. The data elements specified under sub. (3) (b).

2. The patient's telephone number.

3. The insured's employer's name or school name.

4. Data regarding insureds other than the patient, other than the payer category code under sub. (3m).

5. The patient's employer's name or school name.

6. The patient's relationship to the insured.

7. The insured's identification number.

8. The insured's policy or group number.

9. The insured's date of birth or sex.

10. The patient's marital, employment or student status.

(d) If a health care provider that is not a hospital or ambulatory surgery center submits a data element that is specified in par. (c) 1. to 10., the department shall immediately return this information to the health care provider or, if discovered later, shall remove and destroy the information.

(e) A health care provider may not submit information that uses any of the following as a patient account number:

1. The patient's social security number or any substantial portion of the patient's social security number.

2. A number that is related to another patient identifying number.

History: 1987 a. 399; 1989 a. 18; 1993 a. 16; 1995 a. 27 s. 9126 (19); 1997 a. 27, 231; 1999 a. 9, 185; 2003 a. 33; 2005 a. 228; 2009 a. 274; 2015 a. 287.

153.55 Protection of confidentiality. Data obtained under this subchapter is not subject to inspection, copying or receipt under s. 19.35 (1).

History: 1997 a. 231; 1999 a. 9; 2009 a. 274.

153.60 Department expenditure estimate. Subject to s. 153.455, the department shall, by the first October 1 after the commencement of each fiscal year, estimate the total amount of expenditures under this subchapter for the department for that fiscal year for data collection, database development and maintenance, generation of data files and standard reports, orientation and training provided under s. 153.05 (9) (a) and contracting with the data organization under s. 153.05 (2r).

History: 1987 a. 399; 1989 a. 18, 56; 1991 a. 178; 1993 a. 16; 1997 a. 27, 231, 237; 1999 a. 9, 185, 186; 2003 a. 33; 2005 a. 25, 228; 2009 a. 274; 2011 a. 32; 2015 a. 55.

153.65 Provision of special information; user fees. (1) Subject to s. 153.455, the department may, but is not required to, provide, upon request from a person, a data compilation or a special report based on the information collected by the department. The department shall establish user fees for the provision of these compilations or reports, payable by the requester, which shall be sufficient to fund the actual necessary and direct cost of the compilation or report. All moneys collected under this subsection shall be credited to the appropriation under s. 20.435 (1) (hi).

(2) Beginning January 1, 2004, unless the entity under contract under s. 153.05 (2m) (a) otherwise agrees and except as provided in s. 153.46 (6), the entity has the exclusive right to use and to provide for a fee, upon request from a person, a data compilation or a special report based on the information concerning hospitals and ambulatory surgery centers that is collected by the entity or provided by the department to the entity. Subject to approval under s. 153.01 (4j) (b), the entity shall establish reasonable and necessary user fees for the provision of a compilation or report, payable by the requester, which shall be sufficient to fund the cost of the compilation or report. The entity may retain all user fees paid under this subsection.

History: 1987 a. 399; 1993 a. 16, 104; 1997 a. 27, 231; 1999 a. 9; 2003 a. 33; 2005 a. 25, 228.

153.75 Rule making. (1) The department shall promulgate the following rules, of which pars. (a), (b), (f), (h), (m), (n), (o), (r), (t), and (u) shall apply only if the contract under s. 153.05 (2r) is terminated under s. 153.455 (3) and s. 153.455 (4) applies:

(a) Providing procedures, for information submitted by health care providers who are not hospitals or ambulatory surgery centers, to ensure the protection of patient confidentiality under s. 153.50.

(b) Establishing procedures under which health care providers who are not hospitals or ambulatory surgery centers are permitted to review, verify and comment on information and include the comments with the information.

(f) Governing the release of health care provider−specific and employer−specific data under s. 153.45 (1m) and (3).

(g) Establishing criteria for the publication and contents of notices under s. 153.08.

(h) Defining the term "major purchaser, payer or provider of health care services" for the purposes of s. 153.05 (6).

(m) Specifying the classes of health care providers, other than hospitals and ambulatory surgery centers, from whom claims data and other health care information will be collected.

(n) Specifying the uniform data set of health care information, as adjusted for case mix and severity, to be collected from health care providers other than hospitals and ambulatory surgery centers.

(o) Specifying the means by which the information in par. (b) will be collected, including the procedures for submission of data by electronic means.

(p) Specifying the methods for using and disseminating health care data in order for health care providers other than hospitals and

ambulatory surgery centers to provide health care that is effective and economically efficient and for consumers and purchasers to make informed decisions in selecting health care plans and health care providers.

(q) Specifying the information to be provided by the department in the consumer guide under s. 153.21 (1).

(r) Specifying the standard reports that will be issued by the department in addition to those required in s. 153.21 (1).

(s) Defining "individual data elements" for purposes of s. 153.45 (4).

(t) Establishing standards for determining under s. 153.05 (13) if a requirement under s. 153.05 (1) (a), (5) (a), or (8) (a) is burdensome for a health care provider other than a hospital or ambulatory surgery center.

(u) Specifying the methods for adjusting health care information obtained from health care providers other than hospitals and ambulatory surgery centers for case mix and severity.

(2) The department may promulgate all of the following rules, which shall apply only if the contract under s. 153.05 (2r) is terminated under s. 153.455 (3) and s. 153.455 (4) applies:

(a) Exempting certain classes of health care providers that are not hospitals or ambulatory surgery centers from providing all or portions of the data required under this subchapter.

(c) Providing for the efficient collection, analysis and dissemination of health care information which the department may require under this subchapter.

History: 1987 a. 399; 1989 a. 18; 1993 a. 16; 1997 a. 27, 231; 2003 a. 33; 2005 a. 228; 2009 a. 274; 2017 a. 366.

Cross–reference: See also ch. DHS 120, Wis. adm. code.

153.76 Civil liability. Except as provided in s. 153.77, any person violating s. 153.50 or rules promulgated under s. 153.75 (1) (a) is liable to the patient for actual damages and costs, plus exemplary damages of up to $1,000 for a negligent violation and up to $5,000 for an intentional violation.

History: 1987 s. 399; 1999 a. 9; 2009 a. 274 s. 37; Stats. 2009 s. 153.76.

153.77 Immunity from liability. (1) A health care provider that submits information to the department under this subchapter is immune from civil liability for all of the following:

(a) Any act or omission of an employee, official or agent of the health care provider that results in the release of a prohibited data element while submitting data to the department.

(b) Any act or omission of the department that results in the release of data.

(2) The immunity provided under this section does not apply to intentional, willful or reckless acts or omissions by health care providers.

History: 1999 a. 9; 2009 a. 274 s. 38; Stats. 2009 s. 153.77.

153.78 Penalties. (1) Whoever intentionally violates s. 153.45 (5) or 153.50 or rules promulgated under s. 153.75 (1) (a) may be fined not more than $15,000 or imprisoned for not more than one year in the county jail or both.

(2) Any person who violates this subchapter or any rule promulgated under the authority of this subchapter, except ss. 153.45 (5), 153.50 and 153.75 (1) (a), as provided in s. 153.76 and sub. (1), shall forfeit not more than $100 for each violation. Each day of violation constitutes a separate offense, except that no day in the period between the date on which a request for a hearing is filed under s. 227.44 and the date of the conclusion of all administrative and judicial proceedings arising out of a decision under this section constitutes a violation.

(3) The department may directly assess forfeitures under sub. (2). If the department determines that a forfeiture should be assessed for a particular violation or for failure to correct the violation, the department shall send a notice of assessment to the alleged violator. The notice shall specify the alleged violation of the statute or rule and the amount of the forfeiture assessed and shall inform the alleged violator of the right to contest the assessment under s. 227.44.

History: 1987 a. 399; 1989 a. 18; 1993 a. 16; 1997 a. 27, 231; 1999 a. 9; 2009 a. 274 s. 39; Stats. 2009 s. 153.78.

SUBCHAPTER II

ELECTRONIC HEALTH INFORMATION EXCHANGE

153.80 Definitions. In this subchapter:

(1) "Department" means the department of health services.

(2) "Health care provider" has the meaning given in s. 146.81 (1) and includes an ambulatory surgery center, which has the meaning given for "ambulatory surgical center" under 42 CFR 416.2.

(3) "Secretary" means the secretary of health services.

(4) "State–designated entity" means a nonprofit corporation designated by the state as eligible to apply for and receive grants under 42 USC 300jj–33 from the secretary of the U.S. department of health and human services.

History: 2009 a. 274.

153.81 Requirements for designation and funding. (1) The state may designate a nonprofit corporation that is incorporated under ch. 181 as the state–designated entity only if the secretary determines that all of the following conditions are satisfied:

(a) The articles of incorporation or bylaws of the corporation state that a purpose of the corporation is to use information technology to improve health care quality and efficiency through the authorized and secure electronic exchange and use of health information.

(b) The corporation annually evaluates, analyzes, and reports to the secretary on the progress toward implementing statewide health information exchange and how the health information exchange efforts are enabling meaningful use of certified electronic health record technology, as defined in 42 USC 300jj and by the U.S. department of health and human services by regulation, by health care providers.

(c) The corporation complies with the requirements to be a qualified state–designated entity under 42 USC 300jj–33 (f) (2) to (5) and to receive a grant under 42 USC 300jj–33.

(d) The governing structure and bylaws of the corporation allow it to consult and consider recommendations from all of the persons specified under 42 USC 300jj–33 (g) (1) to (10) in carrying out statewide health information exchange.

(e) The board of directors of the corporation includes all of the following persons:

1. The state health officer, as defined under s. 250.01 (9), or his or her designee.

2. The person who is appointed by the secretary to be the director of the Medical Assistance program, or his or her designee.

3. One person who is specified by the governor, or his or her designee.

4. One or more persons who represent each of the following such that the representation of the public and private health sector is balanced in the board's representation:

a. Health care providers.

b. Health insurers or health plans.

c. Employers who purchase or self–insure employee health care.

d. Health care consumers or consumer advocates.

e. Higher education.

(f) The corporation agrees to fulfill all of the following purposes:

1. Building substantial health information exchange capacity statewide to support all of the following:

a. Health care providers' meaningful use of electronic health records.

b. Population health improvement.

c. Reporting of health care performance.

2. Developing policies and recommending legislation that advance efficient statewide and interstate health information exchange and that protect consumer privacy.

3. Developing or facilitating the creation of a statewide technical infrastructure that supports statewide health information exchange and enables interoperability among users of health information.

4. Coordinating between the Medical Assistance and public health programs to enable information exchange and promote meaningful use of electronic health records.

5. Providing oversight and accountability for health information exchange to protect the public interest.

6. Increasing public awareness of and support for statewide health information exchange and fostering agreement among health care providers and other users of health care information on an approach to statewide health information exchange.

7. Adopting standards for health information exchange in accordance with national standards, implementation protocols, and reporting requirements.

8. Prioritizing among health information exchange services according to the needs of the residents of this state.

9. Managing and sustaining funding necessary to develop and sustain statewide health information infrastructure and services.

10. Conducting or overseeing health information exchange business and technical operations, including providing technical assistance to health information organizations and other health information exchanges.

11. Developing or facilitating the creation and use of shared directories and technical services, as applicable to statewide health information exchange.

12. Creating a model, uniform statewide patient consent and authorization process to allow electronic access to, review of, or disclosure of a patient's identifiable health care information.

13. Certifying regional health information exchange networks, if any, and confirming that any regional health information exchange network meets the criteria to participate in and connect to the statewide health information exchange network.

14. Monitoring health information technology and health information exchange efforts nationally and facilitating alignment of statewide, interstate, and national health information exchange strategies.

15. Developing programs and initiatives to promote and advance health information exchange to improve the safety, quality, and efficiency of health care and to reduce waste due to redundancy and administrative costs.

(2) The department may make payments to a nonprofit corporation that is incorporated under ch. 181 to support health information exchange if the secretary determines that the conditions under sub. (1) are satisfied.

History: 2009 a. 274.

153.82 Creation of corporation. (1) The secretary may organize and assist in maintaining a nonstock, nonprofit corporation under ch. 181 for all of the purposes specified under s. 153.81 (1) (f).

(2) If the secretary organizes a corporation under sub. (1), the secretary shall appoint all of the individuals specified under s. 153.81 (1) (e) 1. to 4. as initial directors of the board of the corporation.

(3) The assets and liabilities of the corporation under sub. (1) shall be separate from all other assets and liabilities of the state, of all political subdivisions of the state, and of the department. The state, any political subdivision of the state, and the department do not guarantee any obligation of or have any obligation to the corporation. The state, any political subdivision of the state, and the department are not liable for any debt or liability of the corporation.

History: 2009 a. 274.

SUBCHAPTER III

OPIOID AND METHAMPHETAMINE DATA

153.85 Definition; opioid and methamphetamine data. In this subchapter, "vendor" means a person awarded the contract following a request for proposals described under s. 153.87.

History: 2021 a. 181.

153.87 Opioid and methamphetamine data system. (1) Subject to sub. (3), the department of administration shall issue a request for proposals to establish and maintain an opioid and methamphetamine data system to collect, format, analyze, and disseminate information on opioid and methamphetamine use, which shall include all of the following:

(a) Hospital discharge data from visits and stays related to opioid use or overdose.

(b) Hospital discharge data from visits and stays related to methamphetamine use or overdose.

(c) Ambulance service run data related to opioid use or overdose.

(d) The number of opioid−related overdoses in the state, the number of individuals who overdose on opioids, and the opioids on which the individuals overdose.

(e) The number of methamphetamine−related overdoses in the state, the number of individuals who overdose on methamphetamines, and the forms of methamphetamines on which the individuals overdose.

(f) Death records related to opioid use or overdose.

(g) Death records related to methamphetamine use or overdose.

(h) The number of opioid treatment centers in the state, by the owner or operator of each opioid treatment center.

(i) The number of methamphetamine treatment centers in the state, by the owner or operator of each methamphetamine treatment center.

(j) The number of providers in this state that are allowed to prescribe a drug that is a combination of buprenorphine and naloxone, the patient capacity for those prescribers, the number of patients taking such a combination drug, and the number of patients who have discontinued such a combination drug due to successful completion of a treatment program.

(k) The number of methadone clinics in the state, the number of patients taking methadone, the number of patients who more than once have been on courses of methadone, the number of patients who have discontinued methadone use due to successful completion of a treatment program, and the number of patients who are receiving methadone treatment for each of the following durations:

1. Longer than 12 months.
2. Longer than 3 years.
3. Longer than 4 years.
4. Longer than 5 years.
5. Longer than 8 years.
6. Longer than 10 years.

(L) The amount of naloxone doses dispensed, the total number of naloxone doses administered, and the number of unique patients who have received doses of naloxone.

(m) The number of adults in the state who use opioids, the extent to which those adults use opioids, and the type of opioids used.

(n) The number of adults in the state who use methamphetamines, the extent to which those adults use methamphetamines, and the forms of methamphetamines used.

(o) The number of minors in the state who use opioids, the extent to which those minors use opioids, and the type of opioids used.

(p) The number of minors in the state who use methamphetamines, the extent to which those minors use methamphetamines, and the forms of methamphetamines used.

(q) The number of minors who enter the child protective services system due to opioid use by a parent or guardian, length of time those minors are in out–of–home care, and the type of reporter who notified child protective services of the needs of the minor.

(r) The number of persons who are incarcerated and who are receiving naltrexone for extended–release in injectable suspension, the number of persons who are on extended supervision or probation or on parole and who are receiving extended–release naltrexone, the total number of doses of extended–release naltrexone administered to persons who are incarcerated, on extended supervision or probation, or on parole in this state, and the length of time that persons who are incarcerated, on extended supervision or probation, or on parole are receiving extended–release naltrexone.

(s) The number of arrests and convictions related to methadone and the number related to a drug that is a combination of buprenorphine and naloxone.

(t) The number of arrests and convictions related to methamphetamines.

(2) The opioid and methamphetamine data system under sub. (1) shall identify, to the extent possible, for sub. (1) (a), (b), (c), (d), (e), (f), (g), (j), (k), (m), (n), (o), (p), and (r) the number of individuals who have each of the following forms of health care coverage:

(a) Public health care coverage under the Medical Assistance program.

(b) Public health care coverage under Medicare, a veteran or military health plan, or another public form of coverage other than Medical Assistance, including any self–insured governmental health plan.

(c) Private insurance or a private health plan.

(d) Self–coverage or uninsured.

(3) (a) Before issuing the request for proposal, the department of administration in collaboration with the departments of health services and safety and professional services shall submit to the joint committee on finance the proposed request for proposals described under sub. (1) and a request to supplement in an amount not to exceed $1,500,000 any appropriation of one of the departments. Notwithstanding the specified purpose of any such appropriation, a supplement under this paragraph may be expended for the purpose of financing the cost of the opioid and methamphetamine data system. If the cochairpersons of the joint committee on finance do not notify the departments within 14 working days after the date of the submission under this paragraph that the committee has scheduled a meeting for the purpose of reviewing the submission, the departments may issue the request for proposals and the proposed supplement is considered approved. If, within 14 working days after the date of the submittal of the proposed request for proposals under this paragraph, the cochairpersons of the committee notify the departments that the committee has scheduled a meeting for the purpose of reviewing the submission, the departments may issue the proposed request for proposals only upon approval by the committee and the supplementation is subject to the committee's approval.

(b) At the time of the departments' submission under par. (a), the departments of health services, children and families, corrections, justice, and safety and professional services may submit to the joint committee on finance suggestions of opioid–related or methamphetamine–related information to collect, analyze, and disseminate in addition to information specified under sub. (1) to assist the agencies in analyzing the behavioral health status of the state's population, reducing relapse of opioid and methamphetamine misuse, improving patient outcomes after opioid or methamphetamine use or overdose, assisting minors who are in out–of–home care, and monitoring health costs related to substance use.

(4) The department of administration shall collaborate with and collect data from the departments of health services, corrections, justice, safety and professional services, and children and families and any other applicable agencies for the opioid and methamphetamine data system under sub. (1).

(5) (a) The department of administration shall administer the contract with the vendor to operate the opioid and methamphetamine data system and shall have access to the data contained in the opioid and methamphetamine data system. The department of administration shall work with the vendor to disseminate information and advanced analytics from the opioid and methamphetamine data system in as close to real time as possible.

(b) The opioid and methamphetamine data system shall allow the state agencies that submit data to the opioid and methamphetamine data system access to the data in the opioid and methamphetamine data system as appropriate for the agency to fulfill its functions and as allowed by state and federal confidentiality laws.

History: 2021 a. 181.

153.89 Reports; opioid and methamphetamine data system. By January 31, 2024, and annually thereafter, the department of administration shall submit a report to the joint committee on finance summarizing the information from the opioid and methamphetamine data system under s. 153.87 (1) and analyzing trends in that information across years of data collection.

History: 2021 a. 181.