

Wisconsin

Constitutional Provisions

Wisconsin's Constitution does not require the provision of general or medical assistance to the poor.

Statutory Provisions

State-level Requirements

Diagnostically Based Public Assistance Medical Programs

Kidney Disease

The state shall pay for all or some of the treatment costs for eligible permanent state residents suffering from chronic renal disease.¹

Eligibility

Persons eligible for full benefits under this program (1) are Wisconsin residents, (2) have been diagnosed as having End Stage Renal Disease (ESRD), (3) are not eligible for other third-party financial assistance which would provide them ESRD treatment, (4) if eligible for Medicare coverage, must have registered with the Medicare administration and paid the appropriate premium before this program will consider paying for that which Medicare refuses to provide, and (5) have family incomes which do not exceed 300 percent of the federal poverty level.²

Persons who are otherwise eligible for services under this program, but whose family incomes exceed 300 percent of the federal poverty level, are eligible for subsidies based on a sliding fee scale.³

Deductibles and Co-insurance Payments

For the first inpatient hospital stay within a twelve-month period, patients receiving benefits under this program shall be responsible for an amount equal to the Medicare part A deductible, as defined under 42 U.S.C. § 1395e and 42 C.F.R. § 409.82.⁴ For the first outpatient visit in a 12-month period, patients receiving benefits under this program shall be assessed an amount equal to the Medicare

¹Wis. Stat. Ann. §§ 49.68, 49.687 [West 1997].

²Wis. Stat. Ann. § 49.68(3) [West 1997]; Wisc. Admin. Code §§ HSS 152.03, 152.065 [April 1996].

³Wisc. Admin. Code § 152.065(2) [April 1996].

⁴Wisc. Admin. Code § HSS 152.065(3) [April 1996].

part B deductible, as defined under 42 U.S.C. § 1395L(b).⁵

This program shall pay, in full or in part, the coinsurance amount the patient would ordinarily pay under the Medicare program, taking into account whether family income is within 300 percent of the federal poverty line or subject to a sliding fee scale.⁶

Benefits

The state will pay for all services required as a direct result of the patient's kidney disease, whether obtained in a state approved facility, or an approved facility in an adjacent state.⁷

Cystic Fibrosis

The department of health and social services "may" provide financial assistance for the medical care of persons with cystic fibrosis of 18 years and older.⁸ Those patients whose family incomes exceed 300 percent of the federal poverty line are required to expend certain percentages of their incomes on medical care related to their condition before they shall be eligible for financial assistance under this program.⁹ In addition, all patients receiving benefits under this program are subject to a coinsurance payment, ranging from 1 percent of the treatment costs for a family unit of one whose income does not exceed \$7,000.00 per year, to 49 percent for a family unit of one whose family income does not exceed \$70,000.00 per year, to 97 percent for family units of one with incomes of \$100,000 and above.¹⁰ To the extent a provider receives a payment for the patient's care from a third-party payor, Medicare or Medicaid, payment under this program shall be reduced accordingly.¹¹

Hemophilia

The department of health and social services "shall" provide financial assistance to financially needy permanent state residents with hemophilia, and other related congenital bleeding disorders, in order that they may purchase the blood derivatives and supplies necessary for home care.¹² To the extent a provider receives a payment for the patient's care from a third-party payor, Medicare or Medicaid,

⁵Wisc. Admin. Code § HSS 152.065(3)(b) [April 1996].

⁶Wisc. Admin. Code § HSS 152.065(4) [April 1996].

⁷Wis. Stat. Ann. § 49.68(3)(b) [West 1997].

⁸Wis. Stat. Ann. §§ 49.683, 49.687 [West 1997]; Wisc. Admin. Code §§ 154.01, *et seq.* [April 1996].

⁹Wisc. Admin. Code § HSS 154.07(2) [April 1996].

¹⁰Wisc. Admin. Code § HSS 154.07(4) [April 1996].

¹¹Wisc. Admin. Code § HSS 154.06(3)(d) [April 1996].

¹²Wis. Stat. Ann. §§ 49.685, 49.687 [West 1997].

payment under this program shall be reduced accordingly.¹³

Patient Financial Liability

Persons whose family incomes are no greater than 300 percent of the federal poverty level are eligible for full financial benefits under this program. Persons whose family incomes exceed 300 percent of the federal poverty line must expend a certain percentage of their income on medical expenses before they shall be eligible for assistance.¹⁴

Health Insurance Subsidies for HIV Patients

To the extent funds are made available to this program,¹⁵ the state shall pay the health insurance premium¹⁶ of any insured state resident with HIV who is ineligible for Medicare and Medicaid, whose family income is within 200 percent of the federal poverty level, and who is responsible for his/her health insurance premiums because HIV-related illness prevents him or her from being employed, being employed full-time, or because he or she is on unpaid medical leave.¹⁷

HIV/AIDS Pharmaceutical Reimbursement Program

Dependent on the availability of funds, the department of health and human services “may” provide financial assistance for the purchase of AZT, pentamidine, and any other drugs which are cost-effective alternatives to AZT and pentamidine.¹⁸ State residents with HIV who have applied for Medicaid but were rejected within twelve months prior to the date of application, who neither have any other relevant form of public assistance, nor private insurance which will provide prescription benefits, and whose household income is at or below 200% of the federal poverty line, are eligible for this assistance.¹⁹

Immunizations

The state department of health is required to carry out a statewide immunization program to

¹³Wis. Stat. Ann. § 49.685(6)(b) [West 1997].

¹⁴Wisc. Admin. Code § 153.07 [April 1996].

¹⁵under Wis. Stat. Ann. §§ 20.435(1)(ak), (1)(am)

¹⁶[but not exceeding the applicable premium as defined in 29 U.S.C. § 1164 or 42 U.S.C. § 300bb-4, as amended to April 7, 1986.] Wisc. Admin. Code § 138.05(f) [August 1985].

¹⁷Wis. Stat. Ann. §§ 252.16, 252.17; Wisc. Admin. Code §§ HSS 138.01 *et seq.* [August 1995].

¹⁸Wis. Stat. Ann. § 49.686 [West 1997].

¹⁹*Id.*

eliminate mumps, rubella, diphtheria, pertussis, poliomyelitis, tetanus and other diseases which the department may specify by rule.²⁰ To the extent funds are available, the state department of health “shall,” without charge, provide vaccines upon request of a school, a school district or local health department.²¹

Local health officers are required to take all necessary measures to prevent, suppress and control communicable diseases.²² Given that both the state and local health departments are required to control communicable diseases, the provision of free-of-charge vaccines probably is mandated where necessary to achieve the program’s objective of communicable disease control.

County-level Requirements

General Relief

Significant changes have been made over the last decade to Wisconsin’s general relief program. At one time every county was required to furnish general relief to all eligible dependent persons with the county.²³ Since a “dependent person” was defined as an individual without the presently available money, income, property, or credit sufficient to provide food, housing, clothing, fuel, light, water, medicine, medical, dental and surgical treatment (including hospital care), counties had considerable responsibilities.²⁴

Counties may still establish and support relief efforts, but are not required to by statute. Those counties which choose to operate relief programs, however, may recover some of their costs through state block grant funding.²⁵ Although counties are required to establish and follow certain procedural safeguards in order to receive block grants, the legislature has not established parameters within which counties must develop eligibility and benefit rules.²⁶ Under this block grant program, “relief” is aid which

²⁰Wis. Stat. Ann. § 252.049(1) [West 1997 Supplement]; Wisc. Admin. Code §§ 144.01, *et seq.* [June 1997].

²¹Wis. Stat. Ann. § 252.04(8) [West 1997 Supplement].

²²Wis. Stat. Ann. § 252.03(1) [West 1997 Supplement].

²³Wis. Stat. Ann. § 49.02(1m) [West 1997], *repealed by* 1995 Act 27.

²⁴Wis. Stat. Ann. § 49.01(2) [West 1997], *amended by* 1995 Act 27; Wis. Stat. Ann. § 49.01(5(m)) [West 1997], *repealed by* 1995 Act 27; *Clark v. Milwaukee County*, 188 Wis.2d 171, 525 N.W.2d 382 (1994).

²⁵Wis. Stat. Ann. §§ 49.02, 49.025, 49.027, 49.029, 49.031 [West 1997].

²⁶Wis. Stat. Ann. § 49.02(7m) [West 1997].

is given to a dependent person,²⁷ and a dependent person is an individual who is eligible for relief.²⁸ Who might be eligible for relief, and what relief they might be entitled to is virtually within the sole discretion of the county.²⁹

County Hospitals

Any county, municipality, or combination thereof, may construct, own and maintain a county hospital, financed through bond issues, for the provision of care to indigent county residents.³⁰ County hospitals used to have to provide medical assistance to any person who would otherwise be unable to secure such services.³¹ Now, although local governments may provide for indigents, they are not required to do so.³²

Tuberculosis Control

Counties with populations of more than 25,000 may establish and maintain “public health dispensaries” for the diagnosis and treatment of persons suffering from or suspected of having tuberculosis or other pulmonary diseases.³³ The state will render financial assistance on a modified fee-for-service basis to counties operating such programs.³⁴ The counties “may,” but are not required to, charge patients a fee for services rendered.³⁵ It would seem that since local health departments are mandated to “prevent, suppress, and control communicable diseases,”³⁶ the service fees must not create financial barriers which hinder tuberculosis control efforts.

The state will pay for the care of those patients with active pulmonary tuberculosis who are hospitalized in approved facilities for more than 30 days, and who are ineligible for Medicare, Medicaid, and private health insurance, and for whom the county may not draw funds under the general relief block

²⁷Wis. Stat. Ann. § 49.01(3) [West 1997].

²⁸Wis. Stat. Ann. §§ 49.01(2), 49.015 [West 1997].

²⁹Wis. Stat. Ann. § 49.015 [West 1997].

³⁰Wis. Stat. Ann. § 66.51 [West 1990], Wis. Stat. Ann. §§ 49.71, 49.713 [West 1997].

³¹Wis. Stat. Ann. § 46.21(4m) [West 1997], *repealed by* 1991 Act 27 1991.

³²Wis. Stat. Ann. § 49.713 [West 1997].

³³Wis. Stat. Ann. § 252.10(1) [West 1997 Supplement].

³⁴Wis. Stat. Ann. § 252.10(6) [West 1997 Supplement].

³⁵Wis. Stat. Ann. § 252.10(5) [West 1997 Supplement].

³⁶Wis. Stat. Ann. §§ 252.03(1), 252.04(8) [West 1997 Supplement]. WSA § 252.03.

grant discussed above.³⁷ The patient and his or her family remain liable to the state or the county for the cost of services rendered.³⁸

Sexually Transmitted Diseases (STDs)

Local health officers are required to take all necessary measures to prevent, suppress and control communicable diseases.³⁹ It may be arguable, therefore, that where necessary to meet those disease control objectives, the local health departments should provide STD diagnostic and treatment services free of charge or on a sliding fee scale.⁴⁰

³⁷Wis. Stat. Ann. § 252.08(3) [West 1997 Supplement].

³⁸Wis. Stat. Ann. § 252.08(6) [West 1997 Supplement].

³⁹Wis. Stat. Ann. § 252.03(1) [West 1997 Supplement].

⁴⁰See 8 Op. Atty. Gen. 1 (1919).