

# Spotlight on State: Wisconsin

*This is part of a [series of summaries](#) that highlight notable legislation and initiatives in health policy and reform of all 50 states. Check back on *The Source* as we roll out additional states each week.*

**See [Wisconsin state page](#).**

Wisconsin operates one of the largest private APCDs in the country, even though it is not mandated by statute. The Wisconsin Health Information Organization (WHIO), a private organization, gathers and makes healthcare claims data publicly accessible. With insurance claims data from sixteen commercial health plans and the state Medicaid program, the database provides consumers information about cost, population health, prescribing patterns, and more.

Wisconsin confers merger review authority of healthcare consolidation to the attorney general for all nonprofit hospitals. Not only does it mandate notice to the AG, it requires approval from both the AG and relevant state agencies.

In healthcare market regulation, Wisconsin received a \$2.4 million grant from CMS in 2014 to develop a state innovation plan to reduce Medicare and Medicaid costs. Wisconsin was one of the first five states to [receive an approved 1332 waiver](#) from the federal government. Recent state law mandates the Wisconsin Health Care Stability Plan (WIHSP), a publicly-funded reinsurance program, to expand access to care, reduce premium increases, keep more individuals insured, and entice insurers to offer insurance plans in the state. The program will pay insurers up to eighty percent of claims greater than \$50,000 but less than \$250,000. Wisconsin's 1332 [State Innovation Waiver](#) to implement WIHSP was approved by HHS through 2023.

See below for an overview of existing Wisconsin state mandates. Click on citation tab for detailed information of specific statutes (click link to download statute text).

---

## Advocate Aurora Health, Beaumont Health

# eye merger deal

---

## **AB 410 (see companion bill SB 380)**

Coverage of services under Medical Assistance provided through telehealth and other technologies, extending the time limit for emergency rule procedures, and granting rule-making authority. This bill requires the Department of Health Services to provide reimbursement under the Medical Assistance program for any benefit that is covered under the

Medical Assistance program, delivered by a certified Medical Assistance program, and provided through interactive telehealth.

---

## **SB 380 (see companion bill AB 410)**

Coverage of services under Medical Assistance provided through telehealth and other technologies, extending the time limit for emergency rule procedures, and granting rule-making authority. This bill requires the Department of Health Services to provide reimbursement under the Medical Assistance program for any benefit that is covered under the Medical Assistance program, delivered by a certified Medical Assistance program, and provided through interactive telehealth.

---

## **AB 1016**

Imposing disclosure and billing requirements for certain health care providers, creating an arbitration process, and granting rule-making authority. This bill creates disclosure, notice, billing, and arbitration requirements for the situation in which an enrollee in a defined network or preferred provider plan

("plan") may receive services from a health care provider that is not in the plan's network.

---

## **SB 894**

Imposing disclosure and billing requirements for certain health care providers, creating an arbitration process, and granting rule-making authority. This bill creates disclosure, notice, billing, and arbitration requirements for the situation in which an enrollee in a defined network or preferred provider plan

("plan") may receive services from a health care provider that is not in the plan's network. Under the bill, a plan must annually provide to enrollees a directory of providers and a list of health care facilities that are in its network. The bill also requires that a provider who is not in the network of the enrollee's plan but is providing a service at an in-network health care facility must disclose that information to the enrollee, provide the enrollee a good faith estimate of the cost of services the enrollee may be responsible for, and inform the enrollee of the availability of arbitration to settle disputes over the cost of services. The health care facility may opt to provide the notice for the provider.

---

## **50-State Scan of State Certificate-of-Need Programs**

---

**Wis. Stat. § 103.465. Restrictive covenants in employment contracts: Employment**

# Regulations

Provides “restrictions imposed [by the non-compete must be] reasonably necessary for the protection of the employer.”

---

## **States can do more to make healthcare affordable, report says**

---

**Study: If more Wisconsin doctors provided better care, key medical procedures would cost 30% less**