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The bill also increases, by \$62,000,000, the amount appropriated for MA from the MA trust fund for state fiscal year 2008-09.

***** ANALYSIS FROM -1828/3 *****
HEALTH AND HUMAN SERVICES
MEDICAL ASSISTANCE

Currently, the federal government pays a specified percentage of the allowable costs of Medical Assistance (MA) benefits. The federal MA percentages (FMAPs) for federal fiscal year 2009 were published in the federal register on November 28, 2007, and the FMAPs for federal fiscal year 2010 were published in the federal register on November 26, 2008. Also currently, for certain MA benefits, the provider contributes the entire state share of the cost of providing the benefit and the state disburses to the provider the federal share of the allowable costs of providing the benefit.

This bill provides that regardless of whether the FMAPs for federal fiscal years 2009 or 2010 are increased above the percentages published on November 28, 2007, and November 26, 2008, for those benefits for which the state currently disburses the federal share to the provider, the state shall use FMAPs published on those dates to calculate the federal share for benefits provided between October 1, 2008, and December 31, 2010.

***** ANALYSIS FROM -1430/4 *****

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p. 150*

HEALTH AND HUMAN SERVICES

MEDICAL ASSISTANCE

Current law requires the Board of Regents of the University of Wisconsin System (Board) to transfer \$15,000,000 to the Medical Assistance trust fund in each state fiscal year through 2010-11. The source of the transfer is an appropriation to the Board for general program operations, or money received on account of the University of Wisconsin System that is not otherwise specifically appropriated. This bill increases the amount that the Board must annually transfer to the Medical Assistance trust fund to \$27,500,000 and requires the Board to make the transfer through state fiscal year 2012-13.

effective for fiscal year 2008-09

***** ANALYSIS FROM -1646/1 *****

HEALTH AND HUMAN SERVICES

HEALTH

Current law prohibits smoking in mass transit vehicles and specific enclosed, indoor locations, including the following:

1. Inpatient health care facilities, such as community based-residential facilities and nursing homes.
2. Prisons and jails.
3. ~~Retail establishments.~~
- 3 ~~X~~ Restaurants.
- 4 ~~X~~ Governmental buildings.

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an indoor location

~~Except for hospitals, school buses, day care centers where children are present,~~
With limited exceptions,
and a few other places, a smoking area may be designated by the person who is in

charge of that location. For example, the person in charge of a business is the owner of the business and the person in charge of a prison is the state secretary of corrections.

Under the bill, smoking areas at indoor locations may no longer be designated resulting in a complete ban on indoor smoking at those locations with exceptions for private residences, a limited number of designated rooms in lodging establishments, and certain residence rooms in assisted living facilities. In addition to the specific indoor locations listed under current law, the bill prohibits smoking in any public place or place of employment. The bill defines "a place of employment" to be any

indoor place that employees normally frequent during the course of employment, such as an office, a work area, an employee lounge, a restroom, a conference room, a meeting room, a classroom, or a hallway. The bill also defines a "public place" to be a place that is open to the public, regardless of whether a fee is charged or a place to which the public has lawful access or may be invited. In addition, the bill defines an "enclosed place" for purposes of determining at what locations smoking is prohibited. An enclosed place must have a roof and at least two walls.

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Current law provides exemptions from the prohibition against smoking for bowling centers, taverns, halls used for private functions, rooms in which the main occupants are smokers, and areas of facilities that are used to manufacture or assemble goods, products, or merchandise. This bill eliminates these exemptions.

Current law allows smoking in any restaurant that has a seating capacity of 50 individuals or less, or that holds a liquor license, if the sale of alcohol beverages accounts for more than 50 percent of the restaurant's receipts. This bill prohibits smoking in any restaurant regardless of seating capacity or the number of liquor sale receipts.

Current law allows smoking in any tavern holding a "Class B" intoxicating liquor license or Class "B" fermented malt beverages license issued by a municipality. This bill prohibits smoking in any tavern. The bill also specifically prohibits smoking in private clubs.

Under current law, smoking is prohibited outside in limited instances. These include within a certain distance of the state capitol building, dormitories that are owned or operated by the University of Wisconsin, and day care centers where children are present. This bill makes no changes to these specific prohibitions, and adds a general prohibition against smoking outside within less than a reasonable

distance from any entrance into a building, an openable window, or a ventilation opening that draws air inside.

The bill also specifically prohibits smoking in sports arenas and bus shelters, regardless of whether they meet the definition of "enclosed place."

Current law does not limit the authority of any county, city, village, or town to enact smoking ordinances that protect the public's health and comfort. This bill makes no change in this provision.

This bill requires that persons in charge of places where smoking is prohibited enforce the prohibitions by taking certain steps to ensure compliance, such as asking the person to leave or refusing to serve the person if the place is a restaurant or tavern. This bill imposes forfeitures on persons in charge who fail to take these measures.

***** ANALYSIS FROM -1265/4 *****
HEALTH AND HUMAN SERVICES
HEALTH

Under current law, the Group Insurance Board, attached to DETF, must develop and administer a pharmacy benefits purchasing program that is available for all public and private sector employers in this state, as well as all residents of this state. The program for private sector employers and other residents of this state,

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developed under contract with Navitus Health Solutions, is called "BadgerRx Gold."

This bill transfers the BadgerRx Gold program to DHS.

***** ANALYSIS FROM -1544/1 *****

~~HEALTH AND HUMAN SERVICES~~

HEALTH

Under current law, DHS awards grants to organizations to provide mental health treatment and other services to women who are convicted of non-violent offenses and their dependent children. This bill eliminates this grant program.

LONG-TERM CARE

Currently, the state imposes a monthly, per-bed assessment on nursing homes in an amount that may not exceed \$75. This bill increases the maximum amount of the monthly, per-bed assessment imposed on nursing homes to \$150 in state fiscal year 2009-10, and \$170 in each year thereafter.

***** ANALYSIS FROM -0398/1 *****

~~HEALTH AND HUMAN SERVICES~~

OTHER HEALTH AND HUMAN SERVICES

Current law imposes a cap on the number of nursing home beds that may be licensed statewide. DHS allocates the number of authorized licensed beds among seven planning areas *and to nursing homes within the planning areas*. DHS further allocates beds authorized for a planning area *among nursing homes that apply for the beds.* A nursing home may transfer an authorized licensed bed to another nursing home if the receiving nursing home is in the same planning area as the transferring nursing home or in a county adjoining

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and
 the planing area, if the transferring and receiving nursing homes are under common ownership, and if the nursing homes notify DHS of the transfer and DHS approves

it. no \$

This bill allows a nursing home to transfer an authorized licensed bed to another nursing home regardless of location and ownership of the nursing homes as long as the nursing homes notify DHS and DHS approves the transfer.

*** ANALYSIS FROM -1288/1 ***

HEALTH AND HUMAN SERVICES

HEALTH

Currently, DHS may issue to nursing homes notices of violations of licensure laws and notations in biennial reports; may impose a plan of correction or reject a nursing home's plan of correction; and may assess forfeitures to nursing homes. A nursing home contests these actions by sending, within ten days after receipt of notice, a written request for a hearing to the Division of Hearings and Appeals that is attached to DOA. This bill changes the time period within which a nursing home may contest these DHS actions to 60 days.

Currently, DHS may place a monitor in, and the secretary of health services may petition for appointment of a receiver for, a nursing home or community-based residential facility (CBRF) when any of several conditions (for example, operating without a license or in the event of an emergency) exist. This bill specifies two

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additional conditions for placement of a monitor or petitioning for appointment of a receiver: 1) DHS or the nursing home or CBRF determines that estimated operating expenses of the nursing home or CBRF significantly exceed anticipated revenues; and 2) the nursing home or CBRF or its operator has been charged with or convicted of Medical Assistance (MA) fraud, fraud under the federal Medicare Program, or the abuse or neglect of residents of the nursing home or CBRF. The bill also permits a monitor placed in a nursing home or CBRF to assist in financial management.

***** ANALYSIS FROM -0395/2 *****

HEALTH AND HUMAN SERVICES

LONG-TERM CARE

Under current law, DHS licenses community-based residential facilities (CBRFs) and adult family homes (AFHs), and, for purposes of reimbursement under the Medical Assistance program, certifies adult day care centers (ADCCs). The licensure fees for CBRFs and ~~AFHs~~ as well as the certification fee for ADCCs, are established by statute. In addition, current law authorizes DHS to increase the certification fee for ADCCs by rule. *no #*

adult day care centers

adult family homes

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This bill increases the licensure fees for CBRFs and AFHs and the certification fee for ADCCs. In addition, the bill grants DHS authority to increase the licensure fees for CBRFs and AFHs by rule.

***** ANALYSIS FROM -0396/2 *****

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KTF**HEALTH AND HUMAN SERVICES****OTHER HEALTH AND HUMAN SERVICES**

Under current law, DHS regulates a variety of health care and long-term care facilities and providers. DHS may inspect these facilities and providers and take enforcement action against them. This bill authorizes DHS to assess a \$200 fee against certain facilities and providers if DHS takes enforcement action against the facility or provider and subsequently conducts an on-site inspection to review the facility's or provider's action to correct the violation. Under the bill, DHS may assess the \$200 inspection fee against a hospital, nursing home, community-based residential facility, residential care apartment complex, adult family home, hospice, home health agency, and adult day care center.

*** ANALYSIS

FROM -0304/1 ***

*** ANALYSIS FROM -0272/2 ***

HEALTH AND HUMAN SERVICES**LONG-TERM CARE**

Under current law, the Board on Aging and Long-Term Care operates the Long-Term Care Ombudsman Program. The board serves aged and disabled individuals. The long-term care ombudsman investigates complaints of improper care in long-term care facilities and advocates for resolution of those complaints. The ombudsman has access to residents and records of residents of nursing homes, community-based residential facilities, adult family homes, hospices, facilities providing care under continuing care contracts, and swing beds in hospitals.

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This bill authorizes the ombudsman to investigate complaints of and advocate for residents of residential care apartment complexes.

***** ANALYSIS FROM -0304/1 *****
HEALTH AND HUMAN SERVICES
LONG-TERM CARE

Under current law, the Board on Aging and Long-Term Care operates an ombudsman program to investigate complaints by aged and disabled residents of certain long-term care facilities and to assist aged or disabled persons in resolving problems relating to long-term care. This bill ^{and} requires residential care apartment complexes to post notice regarding the board's Long-Term Care Ombudsman Program.

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***** ANALYSIS FROM -1010/P3 *****
HEALTH AND HUMAN SERVICES

MENTAL ILLNESS AND DEVELOPMENTAL DISABILITIES

Under current law, a person who has been released into the community on supervised release after having been institutionalized as a sexually violent person is in the custody and control of DHS and is subject to conditions and rules. One mandatory condition is that the person, for the first year of supervised release, is restricted to his or her home except for limited outings under the direct supervision of an escort from DOC. This bill gives DHS discretion in whether a person on an outing is required to be under the direct supervision of an escort.

***** ANALYSIS FROM -1141/P2 *****

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HEALTH AND HUMAN SERVICES
MENTAL ILLNESS AND DEVELOPMENTAL DISABILITIES

Under current law, if a court has reason to doubt the competency of a criminal defendant, the court may require the defendant to be examined to determine whether the person is competent to proceed to trial. If the examiner determines that the person is not competent, but may attain competency with treatment, the court must suspend the criminal proceedings and commit the defendant to the custody of DHS for placement in an appropriate mental health institution for up to 12 months, or for the maximum sentence specified for the most serious offense with which the defendant is charged, whichever is less. This bill reduces the commitment time to a maximum of six months, or the maximum sentence specified for the most serious offense with which the defendant is charged, whichever is less.

*** ANALYSIS FROM -0511/P1 ***

HEALTH AND HUMAN SERVICES
MENTAL ILLNESS AND DEVELOPMENTAL DISABILITIES

Under current law, if a defendant is found not guilty of a crime by reason of mental disease or mental defect, the court must commit the person to either institutional care or conditional release. If the court lacks sufficient information to determine whether the person should be committed to institutional care or to conditional release, the court may order a predisposition investigation of the person

or a supplementary mental examination, or both. Under this bill, the court may order only a predisposition investigation.

*** ANALYSIS FROM -0884/3 ***

~~HEALTH AND HUMAN SERVICES~~

Sub-sub
Out-of-home care

CHILDREN

Under current law, any person who receives ~~four or fewer children or~~, under certain circumstances, ~~more than four children to provide~~ care and maintenance for

four or fewer

provides

~~those~~ children must obtain a license to operate a foster home and any person who ~~receives four or fewer children to provide~~ care and maintenance and structured,

Provides

four or fewer

professional treatment for ~~those~~ children must obtain a license to operate a treatment foster home. A foster parent is reimbursed for basic maintenance

by law

according to age-related rates specified in ~~the statutes~~ and may receive supplemental payments for special needs, exceptional circumstances, and initial

clothing allowances according to rates promulgated by DCF by rule. In addition, a treatment foster parent receives supplemental payments for providing treatment

foster care. A relative who provides care and maintenance for a child is not required to obtain a foster ~~home or~~ treatment foster home license, but may, if he or she meets

or

certain conditions, receive kinship care payments of \$215 per month ~~or, if he or she has been appointed guardian of the child, long-term kinship care payments in that~~

amount.

This bill eliminates kinship care ~~and long-term kinship care~~ payments and treatment foster homes as a separate licensing category effective on January 1, 2010.

Instead, the bill requires DCF to promulgate rules regulating foster care as follows:

1. Rules providing levels of care that a foster home is licensed to provide. Those levels of care must be based on the level of knowledge, skill, training, experience, and other qualifications that are required of the licensee, the level of responsibilities that are expected of the licensee, the needs of the children who are placed with the licensee, and any other requirements relating to the ability of the licensee to provide for those needs that DCF may promulgate by rule.

2. Rules establishing a standardized assessment tool to assess the needs of a child placed outside the home, to determine the level of care that is required to meet those needs, and to place the child in a placement that meets those needs. A foster home that is licensed to provide a given level of care may provide foster care for any child whose needs are assessed to be at or below the level of care that the foster home is licensed to provide.

3. Rules providing monthly rates of reimbursement for foster care that are commensurate with the level of care that the foster home is licensed to provide and the needs of the child who is placed in the foster home. Those rates are in addition

to the basic maintenance rates for foster care and must include rates for

under the bill
(which are increased by 5 percent beginning on January 1, 2010, and by an additional 5 percent beginning on January 1, 2011)

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supplemental payments for special needs, exceptional circumstances, and initial clothing allowances for children placed in a foster home.

4. Rules providing a monthly retainer fee for a foster home that agrees to maintain openings for emergency placements.

A person who is licensed to operate a treatment foster home on December 31, 2009, is considered to be licensed to operate a foster home beginning on January 1, 2010, and must be reimbursed for foster care at the appropriate rate determined under the rules promulgated by DCF under the bill. A person who is receiving kinship ~~or long-term kinship~~ care payments, on December 31, 2009, is considered to be licensed to operate a foster home beginning on January 1, 2010, and must be reimbursed for foster care at that appropriate rate if the person passes the criminal history and child abuse background investigation required of foster parents.

***** ANALYSIS FROM -0883/2 *****
HEALTH AND HUMAN SERVICES
CHILDREN

Under current law, a residential care center for children and youth (residential care center) and a group home must establish a per client rate for ^{their} services and must submit ^{to DCF} that rate and any change in that rate before a charge is made ^{to} any purchaser of those services.

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rather than

This bill requires DCF to establish the per client rate that a residential care center or a group home may charge for its services, and the per client administrative rate that a child welfare agency may charge for the administrative portion of its treatment foster care services, for services provided beginning on January 1, 2011.

to establish that rates

requires DCF to establish

The bill also freezes for 2010 at the 2009 level the per client rate that a residential care center or a group home may charge for its services and the per client administrative rate that a child welfare agency may charge for the administrative portion of its treatment foster care services. The bill defines "administrative rate" as the difference between the rate charged by a child welfare agency to a purchaser of treatment foster care services and the rate paid by the child welfare agency to a treatment foster parent for the care and maintenance of a child.

Under the bill, by October 1 annually, a residential care center or a group home must submit to DCF the per client rate that it proposes to charge for services provided in the next year and a child welfare agency must submit to DCF the proposed per client administrative rate that it proposes to charge for treatment foster care services provided in the next year. DCF must then review the proposed rate and audit the residential care center, group home, or child welfare agency to

determine whether the proposed rate is appropriate to the level of services to be provided; the qualifications of the residential care center, group home, or child

proposed by a residential care center, group home, or child welfare agency

welfare agency to provide those services; and the reasonable and necessary costs of providing those services.

In reviewing a proposed rate, DCF must consider certain factors, including: 1) changes in the consumer price index; 2) changes in allowable costs based on current actual cost data or documented projections of costs; 3) changes in program utilization that affect the per client rate or per client administrative rate; 4) changes in DCF's expectations relating to service delivery; 5) changes in service delivery proposed by the residential care center, group home, or child welfare agency and agreed to by DCF; 6) the loss of any source of revenue that had been used to pay expenses; 7) changes in any state or federal laws, rules, or regulations that result in any change in the cost of providing services, including any changes in the minimum wage; 8) competitive factors; 9) the availability of funding to pay for the services to be provided under the proposed rate; and 10) any other factor relevant to the setting of a rate that DCF may determine by rule promulgated under the bill.

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← If DCF determines that a proposed rate is appropriate, DCF must approve the proposed rate. If DCF does not approve a proposed rate, DCF must negotiate with the residential care center, group home, or child welfare agency to determine an agreed to rate. If after negotiations a rate is not agreed to, the parties must engage in mediation to arrive at an agreed to rate. If after mediation a rate is not agreed to,

the residential care center, group home, or child welfare agency may not provide the service for which the rate was proposed.

***** ANALYSIS FROM -1415/1 *****
HEALTH AND HUMAN SERVICES
CHILDREN

Under current DCF rules, a treatment foster parent, ~~that is, a person who provides care and maintenance and structured, professional treatment for a child,~~ is required to receive initial training before placement of the first child in his or her home and ongoing training in the specific needs of the treatment foster parent after licensing. Additionally, a foster parent, ~~that is, a person who provides care and maintenance, but not structured, professional treatment, for a child, or a treatment foster parent caring for a child with special needs may voluntarily participate in a foster care education program approved by DCF. This bill requires all foster parents and treatment foster parents to successfully complete training in the care and support needs of children who are placed in foster care or treatment foster care that has been approved by DCF. The bill requires DCF to promulgate rules prescribing the training that is required under the bill and to monitor compliance with the training requirement according to those rules.~~

***** ANALYSIS FROM -1338/2 *****

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HEALTH AND HUMAN SERVICES

CHILDREN

Current law specifies age-related basic maintenance rates that are paid by the state or a county to a foster parent for the care and maintenance of a child. Currently, those rates are \$349 for a child under five years of age, \$381 for a child 5 to 11 years of age, \$433 for a child 12 to 14 years of age, and \$452 for a child 15 years of age or over. This bill increases those rates by 5 percent beginning on January 1, 2010, and by an additional 5 percent beginning on January 1, 2011, so that beginning on January 1, 2010, those rates are \$366 for a child under five years of age, \$400 for a child 5 to 11 years of age, \$455 for a child 12 to 14 years of age, and \$475 for a child 15 years of age or over, and beginning on January 1, 2011, those rates are \$384 for a child under five years of age, \$420 for a child 5 to 11 years of age, \$478 for a child 12 to 14 years of age, and \$499 for a child 15 years of age or over.

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*Sub sub
Child abuse
and neglect*

***** ANALYSIS FROM -1270/1 *****

HEALTH AND HUMAN SERVICES

CHILDREN

Under current law, immediately after receiving a report of suspected or threatened child abuse or neglect, a county department of human services or social services (county department) must evaluate the report to determine whether a caregiver of the child is suspected of the abuse or neglect. If a caregiver is suspected of the abuse or neglect, the county department must initiate a diligent investigation

to determine whether the child is in need of protection or services. If a person who is not a caregiver is suspected of the abuse or neglect, the county ~~department~~ may initiate such an investigation. If the report is of ~~suspected or threatened~~ child sexual abuse, the county ~~department~~ must refer the report to the sheriff or police department. Within 60 days after receiving a report that it investigates, a county ~~department~~ must determine by a preponderance of the evidence whether abuse or neglect has occurred or is likely to occur. If a county ~~department~~ determines that a specific person has abused or neglected a child, that person may appeal that determination under procedures promulgated by DCF by rule.

This bill requires DCF to establish a pilot program under which a county ~~department~~ may employ alternative responses to a report of ~~suspected or threatened~~ child abuse or neglect. Under the pilot program, ~~immediately after receiving such a report, a county department must, based on an evaluation of the report, respond~~ ^{to such a report} as follows:

1. If the county ~~department determines that there is~~ ^{finds} reason to suspect ~~that~~ ^{stt} substantial abuse or neglect ~~has occurred or is likely to occur~~ ^{stt} or that an investigation of the report is otherwise necessary to ensure the safety of the child and his or her family, the county ~~department~~ must investigate the report as provided under current law. The bill defines "substantial abuse or neglect" as abuse or neglect or threatened

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abuse or neglect that under guidelines developed by DCF under the bill constitutes severe abuse or neglect or a threat of severe abuse or neglect and a significant threat to the safety of a child and his or her family.

2. If the county department determines that there is reason to suspect ^{finds} ~~that~~ abuse or neglect, ^{stt} ~~other than~~ ^{but not} substantial abuse or neglect, ^{stt} ~~has occurred or is likely to occur~~, but that under the guidelines developed by DCF there is no immediate threat to the safety of the child and his or her family and ^{stt} ~~intervention by the court assigned to exercise jurisdiction under the Children's Code~~ is not necessary, the county department must conduct a comprehensive assessment of the safety of the child and his or her family, the risk of subsequent abuse or neglect, and the strengths and needs of the child's family to determine whether services are needed to address those issues. Based on the assessment, the county department must offer ^{stt} ~~to provide~~ appropriate services to the child's family on a voluntary basis or refer the child's family to a service provider in the community for the provision of those services. If the county department employs the assessment response, the county department is not required as under current law to refer the report to the sheriff or police department or determine by a preponderance of the evidence that abuse or neglect has occurred or is likely to occur or that a specific person has abused or neglected the child.

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finds

3. If the county ~~department determines that there is~~ st no reason to suspect ~~that~~ st abuse or neglect ~~has occurred or is likely to occur,~~ st the county ~~department~~ st must refer the child's family to a service provider in the community for the provision of appropriate services on a voluntary basis. If the county ~~department~~ st employs the community services response, the county ~~department~~ st is not required to conduct an assessment ~~under the bill and is not required as under current law to~~ st refer the report to the sheriff or police department st or determine by a preponderance of the evidence that abuse or neglect has occurred or is likely to occur or that a specific person has abused or neglected the child.

***** ANALYSIS FROM -1579/3 *****

HEALTH AND HUMAN SERVICES

CHILDREN

Under current law, DCF administers the Child Abuse and Neglect Prevention Program under which DCF awards grants to no more than six rural counties, three urban counties, and two Indian tribes that offer voluntary home visitation services to first-time parents who are eligible for Medical Assistance (MA). Current law requires DCF to determine the amount of a grant awarded to a county or an Indian tribe in excess of the statutory minimum grant amount of \$10,000 based on the number of births that are funded by MA in that county or the reservation of that Indian tribe in proportion to the number of those births in all of the counties and the

reservations of all of the Indian tribes to which grants are awarded. Currently, a county or Indian tribe may use a grant to make payments totalling not more than \$1,000 per year for the appropriate expenses of a family participating in the program.

A county, other than Milwaukee County, or an Indian tribe may also use a grant to provide case management services for a family participating in the program.

This bill makes all of the following changes to the Child Abuse and Neglect Prevention Program:

1. Eliminates the caps on the number of counties and Indian tribes that may be selected to participate in the program.

2. Requires DCF to determine the amount of a grant in excess of the statutory minimum based on ~~need, as determined by a formula that DCF is required under the bill to promulgate by rule, and requires that formula to determine need based on the~~ number of births that are funded by MA in a county or a reservation of an Indian tribe, without regard to the number of those births in other counties and reservations, and on the rate of poor birth outcomes, including infant mortality, premature births, low birth weights, and racial or ethnic disproportionality in the rate of those outcomes, in the county or reservation.

3. Provides that if a family with a child who is at risk of abuse or neglect has been continuously receiving home visitation ~~program~~ services for not less than 12

months, those services may continue to be provided until the child reaches three years of age, regardless of whether the child continues to be eligible for MA.

4. Permits Milwaukee County to use grant funds to provide case management services.

5. Eliminates the cap on the amount that a county or Indian tribe may pay per year for the ~~appropriate~~ expenses of a family participating in the program and instead requires a county or Indian tribe to pay not less than \$250 per year for those expenses.

6. Eliminates the authority of a county or Indian tribe that receives a grant to provide home visitation services to a person who is not eligible for participation in the program, but who is at risk for perpetrating child abuse or neglect.

7. Requires a county or Indian tribe that receives a grant to do all of the following:

a. Agree to match at least 25 percent of the grant amount in funds or in-kind contributions.

b. Offer voluntary home visitation services to all, not just first-time, pregnant women in the county or reservation of the Indian tribe who are eligible for MA and ^{to} commence those services during the prenatal period.

c. Reinvest in the program a portion of the MA reimbursement received by the county or Indian tribe, ~~which amount shall be determined by negotiations between DCF and the county or Indian tribe.~~

d. Implement strategies, in collaboration with local prenatal care coordination providers, aimed at achieving healthy birth outcomes in the county or reservation of the Indian tribe.

*** ANALYSIS FROM -1655/1 ***

HEALTH AND HUMAN SERVICES

CHILDREN

Sub sub
Child care

licensed

Under current law, ~~DCF may license a person to operate a day care center, and a licensed day care center may receive reimbursement under the Wisconsin Works (W-2) program for child care provided for a person who is eligible for a child care subsidy under that program. This bill requires DCF to provide a child care quality rating system for licensed day care centers that receive reimbursement under the W-2 program or that volunteer for rating under the system. The rating information must be made available, including on DCF's Internet site, to parents, guardians, and legal custodians of children who are recipients, or prospective recipients, of care and supervision from a day care center ~~that is rated under the system.~~~~ *stc y*

*** ANALYSIS FROM -1389/1 ***

~~CHILDREN~~

Under current law, a child care provider, other than a day care center licensed by DCF or established or contracted by a school board, must be certified by a county ~~department of human services or social services~~ before the child care provider may receive reimbursement for child care ~~services~~ provided to a family ^{person who} ~~that~~ is eligible for a child care subsidy under the Wisconsin Works (W-2) program. This bill permits DCF to contract with a W-2 agency, child care resource and referral agency, or other agency to certify child care providers in a particular geographic area or for a particular Indian tribal unit for purposes of reimbursement under the W-2 program.

*** ANALYSIS FROM -1513/1 ***

~~HEALTH AND HUMAN SERVICES~~

~~CHILDREN~~

Under current law, a day care center that provides care and supervision for nine or more children must pay a biennial license fee of \$30.25, plus \$10.33 per child based on licensed capacity. This bill raises the per child portion of that license fee to \$16.94.

*** ANALYSIS FROM -0238/3 ***

~~HEALTH AND HUMAN SERVICES~~

~~CHILDREN~~

Under current law, when a person applies for or receives kinship care ~~or~~ ~~long-term kinship care~~ payments for the care of a child, any right of the child or of the child's parent to support or maintenance from any other person, including any right to unpaid amounts accrued at the time of application for those payments or that

Move
to after
-1338
p 168

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aid (pre-assistance arrears), is assigned to the state. This bill, beginning on October 1, 2009, eliminates assignment to the state of any right of a child or parent to pre-assistance arrears. Accordingly, under the bill, the only right to support or maintenance that is assigned to the state is the right to support or maintenance accruing during the time that those payments are made or that aid is paid. The bill ^{e and} also provides that any right to pre-assistance arrears assigned to the state before ^{e that date is} October 1, 2009, shall be released to the person who assigned that right to the state.

move to p. 168

the Medical Assistance (MA) program

*** ANALYSIS FROM -1209/1 ***

HEALTH AND HUMAN SERVICES

OTHER HEALTH AND HUMAN SERVICES

Under current law, DHS, which administers the Medical Assistance (MA)

program, may recover incorrect payments that were made for health care services under MA that ^{resulting} resulted from a misstatement or omission of fact by a person supplying information in an application for benefits, from the failure of a person to report the receipt of income or assets in an amount that would have affected a recipient's eligibility for benefits, or from the failure of a person to report changes in a recipient's financial or nonfinancial situation or eligibility characteristics that would have affected the recipient's eligibility for benefits or his or her cost-sharing requirements. If DHS provides any medical assistance to a person as a result of an

injury, for example, that was caused by a third party, DHS may recover from the third

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party the amount of the medical assistance provided. Also under current law, if an individual who is obligated to pay court-ordered child or family support (support) or maintenance ^{is delinquent in the payment of} has an overdue support or maintenance obligation because of a failure to pay, his or her name, social security number, and amount of support or maintenance owed is posted on a statewide support lien docket.

This bill requires every insurer authorized to do business in this state, before paying any claim of \$500 or more, to verify with DHS that the individual to whom the claim is to be paid does not owe an amount that was paid under MA incorrectly or an amount that DHS may recover because of medical assistance provided to another person (medical assistance liability) and to check the statewide support lien docket to ensure that the individual does not have an overdue support or maintenance obligation (support liability). If the individual has a support liability,

the insurer must pay the claim proceeds, up to the amount of the support liability,

to DCF. If the individual has a ^{or} medical assistance liability, the insurer must pay the

claim proceeds, up to the amount of the ^{support or} medical assistance liability, to ^{DCFO} DHS. If the

individual has both liabilities, the support liability must be paid first. After any

liability is paid, the individual is paid ^{and pay} any claim proceeds that remain

to the individual

*** ANALYSIS FROM -0401/3 ***

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~~HEALTH AND HUMAN SERVICES~~

~~OTHER HEALTH AND HUMAN SERVICES~~

Under current law, the fee for a copy of a birth certificate, death certificate, marriage certificate, or divorce or annulment certificate (vital record) is \$20, and the fee for expedited issuance of a copy of a vital record is \$20. Current law reduces fees for vital records, effective July 1, 2010, to the following amounts, which were in effect before enactment of the 2007 biennial budget act: for a copy of a birth certificate, \$12; for a copy of a death certificate, marriage certificate, or divorce or annulment certificate, \$7; and for expedited issuance of a copy of a vital record, \$10.

This bill repeals the fee reductions for vital records that are scheduled to take effect on July 1, 2010.

*** ANALYSIS FROM -1460/4 ***

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~~HEALTH AND HUMAN SERVICES~~

~~OTHER HEALTH AND HUMAN SERVICES~~

Under current law, the fee for issuance of a copy of a birth certificate is \$20, except that the fee for issuance of an additional copy of the same birth certificate at the same time is \$3. Current law reduces the fee for issuance of a copy of a birth certificate to \$12 effective July 1, 2010.

This bill increases the fee for issuance of a copy of a birth certificate to \$22, and increases the fee for issuance, at the same time, of an additional copy to \$5. The bill also repeals the July 1, 2010, fee reduction for issuance of a birth certificate. Finally,

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the bill annually appropriates \$155,600 to DCF for a foster care public information campaign and \$150,400 to DHS for activities relating to maternal and child health.

***** ANALYSIS FROM -0956/2 *****

HEALTH AND HUMAN SERVICES

HEALTH

Other health and human services

Under current law, with few exceptions, a patient's health information must remain confidential unless the patient gives informed consent to release that information. Hospitals, physicians, and certain laboratories, however, must report to DHS information concerning any person diagnosed as having cancer or a precancerous condition. DHS may not disclose any information that could identify the patient except to the national tumor registry or to a central tumor registry in another state, if the patient resides in that state.

This bill allows DHS to disclose to certain ^{cancer} researchers otherwise confidential cancer report information. To obtain the information, a researcher must submit an application with his or her qualifications, a written research protocol, documentation of approval of the protocol by an institutional review board, and any information that DHS requests. The proposed research must study cancer, cancer prevention, or cancer control. DHS may charge a fee for providing information to the researcher.

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The bill prohibits the researcher from disclosing the cancer information obtained from DHS except in certain circumstances. Anyone who discloses a patient's confidential cancer information is liable to that 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. Anyone disclosing a patient's confidential information is subject to a fine of \$15,000 or imprisonment of not more than one year in the county jail or both and is subject to a forfeiture assessed by DHS of up to \$100 for each violation.

and may be subject to a fine or imprisonment

*** ANALYSIS FROM -1210/3 ***

HEALTH AND HUMAN SERVICES

OTHER HEALTH AND HUMAN SERVICES

BadgerCare Plus (BC+) is a Medical Assistance (MA) program, administered by DHS, that provides health care benefits under two different plans, depending on the basis for a recipient's eligibility, to recipients who satisfy financial and nonfinancial eligibility criteria. The first plan provides the same benefits that are provided under regular MA. The second plan, called the Benchmark Plan, provides specified benefits to individuals whose family incomes, generally, are higher than the family incomes of individuals who are eligible for the first plan.

Under current law, DHS is required to conduct a program (childless adults program) providing health care coverage to adults under the age of 65 who have

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incomes not exceeding 200 percent of the federal poverty line and who are not otherwise eligible for MA or Medicare.

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Also under current law, DHS administers a program under which DHS reimburses eligible individuals who have a human immunodeficiency virus (HIV) infection for the cost of the drug azidothymidine (AZT) or other cost-effective alternatives. One of the eligibility criteria is that an individual must have applied for coverage under and been denied eligibility for MA within 12 months before applying for reimbursement.

The Health Insurance Risk-Sharing Plan (HIRSP) under current law is, generally, a health insurance program administered by the HIRSP Authority that provides major medical health insurance coverage for persons who are covered under Medicare because they are disabled, persons who have tested positive for HIV, and persons who have been refused coverage, or coverage at an affordable price, in the private health insurance market because of their mental or physical health conditions. With a number of exceptions for different types of MA coverage, persons who are eligible for MA are not eligible for coverage under HIRSP.

childless adults program
including coverage under the childless adults program

This bill provides that individuals who are eligible for coverage under the Benchmark Plan under BC+ are not for that reason ineligible for HIRSP. Current law already provides that individuals who are eligible for the childless adults

program are not for that reason ineligible for HIRSP. The bill also provides that the requirement under the HIV drug reimbursement program, that to be eligible for that program an individual must have applied for coverage under and been denied eligibility for MA within 12 months before applying for reimbursement, does not apply to individuals who are eligible for the childless adults program or the Benchmark Plan under BC+.

***** ANALYSIS FROM -1590/1 *****

HEALTH AND HUMAN SERVICES

OTHER HEALTH AND HUMAN SERVICES

Under current law, DHS administers a grant program to provide \$225,000 annually for respite care for individuals with special needs or individuals who are at risk of abuse or neglect. This bill eliminates the grant program.

***** ANALYSIS FROM -1458/3 *****

HEALTH AND HUMAN SERVICES

OTHER HEALTH AND HUMAN SERVICES

Under current law, DHS, and its attached entities, must make certain recommendations, collect certain information, and submit certain reports to the legislature and various other state entities. This bill eliminates the requirement to make recommendations regarding physical disabilities and hunger prevention, the requirement to collect information on hospital newborn hearing screenings, and the requirement to submit reports on the following subjects: the impact of the relocations of residents of state centers for the developmentally disabled on state

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employees, motor vehicle use by physically disabled persons, hunger prevention, the Badger Care Program, medical assistance certified pharmacists, care and service facilities, nursing home Class A violations, rehabilitation requests under the caregiver background requirements, the Birth to 3 Program, activities related to treatment of alcoholism, the state emergency medical services plan, statewide immunization, newborn hearing screening, birth defect surveillance, and tobacco use cessation grants.

*** ANALYSIS FROM -1538/P3 ***

INSURANCE

Independent review

Under current law, every insurer that issues a group or individual health benefit plan must have an internal grievance procedure under which an insured may submit a written grievance and a grievance panel must investigate the grievance and, if appropriate, take corrective action. In addition, every insurer that issues a group or individual health benefit plan must have an independent review procedure for review, after the internal grievance procedure has been exhausted, of certain decisions that are adverse to an insured. The adverse decision must relate to the insurer's denial of treatment or payment for treatment that the insurer determined was experimental or to the insurer's denial, reduction, or termination of a health care service or payment for a health care service on the basis that the health care service

reviewing certain adverse decisions
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did not meet the plan's requirements for medical necessity, appropriateness, health care setting, level of care, or effectiveness. An independent review may be conducted only by an independent review organization that has been certified by the Commissioner of Insurance (commissioner).

The bill adds the rescission of a policy or certificate and a coverage denial determination based on a preexisting condition exclusion to the types of adverse decisions that are eligible for review under a group or individual health benefit plan's independent review procedure. The bill also eliminates the \$25 fee that an insured must pay when requesting an independent review. In addition, the bill requires every insurer that issues individual health benefit plans to report to the commissioner annually the number of individual health benefit plans issued by the insurer in the preceding year and the number of individual health benefit plans with respect to which the insurer initiated or completed a cancellation or rescission in the preceding year.

to be treated as a preexisting condition

and there is no limit on how long before an insured's coverage began a condition may have existed

Preexisting condition exclusions

Under current law, an insurer may impose a preexisting condition exclusion for up to two years under an individual health insurance policy. Under a group health insurance policy, a preexisting condition exclusion generally may not exceed one year. Additionally, under a group health insurance policy, an insurer is limited to

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imposing a preexisting condition exclusion only with respect to conditions for which an insured received treatment, or for which treatment was recommended, within six months before the insured's coverage began. Under an individual health insurance policy, an insurer is not limited with respect to how long before an insured's coverage began a condition must have existed to be considered a preexisting condition for an exclusion, and current law does not specify that the insured must have received treatment, or that treatment must have been recommended, for the condition. Thus, an insurer is free to impose a preexisting condition exclusion under an individual health insurance policy for any condition that may have existed at any time during the insured's lifetime that the insurer believes the insured should have known existed or for which the insurer believes the insured should have sought treatment.

This bill provides that under an individual health insurance policy, an insurer may impose a preexisting condition exclusion for up to one year for a condition for which an insured received treatment, or for which treatment was recommended, within one year before the insured's coverage began.

Modifications at renewal of individual health insurance

With some exceptions, an insurer must renew an individual health insurance policy at the option of the insured. At renewal, the insurer may modify the policy form on a uniform basis among all individuals with coverage under that policy form.

The bill requires an insurer, at renewal of an individual health insurance policy and at the request of the insured, to issue comparable coverage to the insured that the insurer currently offers of coverage currently offered by the insurer that has more limited benefits or a higher deductible or to provide a higher deductible under the insured's current coverage. If the insurer issues the alternative coverage, the insurer may not rate the coverage for any health status that did not apply when the insured applied for the original coverage. An insurer issuing individual policies must annually mail to each insured under an individual policy issued by the insurer a notice that informs the insured of his or her right to elect alternative coverage and that describes the alternatives available to the insured and the procedure for electing the alternative coverage.

Uniform application for individual health insurance

The bill requires the commissioner to promulgate rules prescribing uniform questions and the format for individual health insurance policy applications, which may not be more than ten pages long. After the effective date of the rules, all insurers offering individual health insurance policies must use the prescribed questions and format on an application for such a policy. after the effective date of the rules

Dependent coverage

Current law contains a number of provisions related to coverage of dependents under health insurance policies. For example, a health insurer must cover a newly born child of an insured from the moment of birth, but may discontinue coverage

the age at which the insurer no longer covers dependents

such as requiring

after 60 days if the insured does not notify the insurer of the birth and pay any additional premium within those 60 days. If a health insurer *that* covers a child of an

insured, the health insurer must also *to* cover any child of the insured's child until the

insured's child is 18 years old. If a health insurer covers dependents up to a certain

age, the health insurer *and prohibiting a* ~~may not terminate~~ *from terminating* coverage of a dependent child who reaches

that age if, and while, the child is incapable of self-sustaining employment because

of mental retardation or physical handicap and is dependent on the insured for

support and maintenance. If a health insurer covers a person as a dependent because

the person is a full-time student, the health insurer must continue to cover that

person if he or she ceases to be a full-time student due to a medically necessary leave

of absence until the happening of one of a number of specified events, such as the

person's obtaining other health care coverage or reaching the age at which coverage

ends under the terms of the policy for a dependent who is covered because he or she

is a full-time student. Current law, however, does not require a health insurer to

cover a dependent of an insured up to any particular age or *for example* because a dependent is

a full-time student.

Under this bill, a health insurer that provides coverage for dependents must cover any child of an insured if the child is unmarried, is under 27 years old, does not have other health care coverage, and is not employed full time by an employer that

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offers health care coverage to its employees. The coverage requirement applies to all types of individual and group health insurance policies and plans, including those offered by the state, and to self-insured health plans of counties, cities, villages, towns, school districts, and the state.

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*** ANALYSIS FROM -1658/P3 ***

INSURANCE

Under current law, a care management organization is certified by and contracts with DHS to administer the Family Care Program. ^{of which} The Family Care Program provides financial assistance for long-term care to eligible individuals who are either a frail elder or a person who is at least 18 years old with a physical disability or a developmental disability.

This bill requires that, in order to provide ^{family care} services, a care management organization ^{that does not also provide primary or acute medical care} must also obtain a permit from OCI. If a care management organization administers a program that includes primary or acute medical care services, then that organization is already subject to oversight by OCI and is not required to obtain a permit.

To obtain a permit, the care management organization must submit an application to the commissioner of insurance (commissioner) containing certain information. The commissioner may issue the permit if, after consulting with DHS, the commissioner finds that 1) the care management organization has met all

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requirements of law, 2) the directors, principal officer, or any controlling person are trustworthy and competent to engage in the proposed services, and 3) the care management organization's business plan is consistent with the interests of Family Care Program enrollees and the public. Under certain circumstances, the commissioner may revoke or suspend the permit.

With respect to oversight and enforcement of laws on care management organizations, the commissioner has powers under the bill similar to those granted to oversee and enforce laws on insurance companies. Care management organizations that have a permit are subject to requirements under the bill similar to requirements in current law applicable to insurance companies. Requirements applicable to care management organizations include complying with the commissioner's request for reports, submitting to examinations and audits, paying the costs of examination, complying with rules promulgated by OCI, reporting transactions with affiliates of the care management organization, and reporting changes in ownership or management of the care management organization to OCI. A care management organization with a permit must also make a monetary deposit, which is assessed in an amount determined by DHS to pay for services on behalf of an insolvent or financially hazardous care management organization.

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The bill also requires that Family Care Program enrollees not be held liable for any obligations of the care management organization. Other entities may not bill or otherwise try to hold the enrollee responsible for the care management organization's obligations.

*** ANALYSIS FROM -0389/2 ***

INSURANCE

Under current law, insurance companies must notify OCI of the appointments, renewals, and terminations of insurance agents selling policies on their behalf. For notification of an appointment and each renewal of an appointment, the insurance company must pay to OCI a fee that is set by the commissioner by rule but which may not be more than \$8 for a resident agent and not more than \$24 for a nonresident agent.

and requires that the fee be paid in an amount, at times, and under procedures set by the commissioner.

This bill eliminates the maximum fee level, retains the requirement that the commissioner set the appointment fees by rule, and requires that the fees be paid at times and under procedures set by the commissioner.

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Analysis from -1308/1***

*** ANALYSIS FROM -1606/2 ***

JUSTICE

AND LAW ENFORCEMENT

Under current law, a law enforcement agency must collect information concerning each person that the law enforcement agency arrests or takes into custody, if the person has committed certain offenses or is a fugitive from justice. The information that the law enforcement agency must collect includes the person's

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Insert - 1308 ins - gm

Under current law, its fraternal benefit society may provide insurance coverage only to its members and their spouses and dependent children.

of a decedent's interest in a vehicle to his or her surviving spouse. Also under current law, with an exception, DOT must transfer a decedent's interest in a vehicle to his or her surviving spouse upon receipt of the title executed by the surviving spouse and a statement by the spouse that includes specified information.

Under this bill, a domestic partner is provided the same privileges as a surviving spouse for purposes of these motor vehicle transfer provisions.

NATURAL RESOURCES

OTHER NATURAL RESOURCES

Under current law, with an exception, DNR must transfer a decedent's interest in a boat to his or her surviving spouse upon receipt of the title executed by the surviving spouse and an affidavit by the spouse that includes specified information.

Under this bill, a domestic partner is provided the same privileges as a surviving spouse for purposes of these boat transfer provisions.

INSURANCE

The bill authorizes fraternal benefit societies to provide insurance coverage to the domestic partners of fraternal members. ~~Under current law, only members and their spouses and financially dependent children may be covered.~~

Under current law, no insurer may cancel or refuse to issue or renew an automobile insurance policy because of a person's marital status. This bill prohibits an insurer from cancelling or refusing to issue or renew such a policy on the basis of domestic partnership status.

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EDUCATION

HIGHER EDUCATION

Under current law, no student may be denied admission to, participation in, or the benefits of any service, program, course, or facility of the University of Wisconsin System or of the Technical College System because of the student's marital status. This bill prohibits such denial on the basis of a student's domestic partnership status.

OCCUPATIONAL REGULATION

Under current law, a mortgage broker, banker, or loan originator or a real estate broker, salesperson, or time-share salesperson may not treat a person unequally solely because of marital status. This bill prohibits those individuals from treating a person unequally solely because of domestic partnership status.

Because this bill relates to an exemption from state or local taxes, it may be referred to the Joint Survey Committee on Tax Exemptions for a report to be printed as an appendix to the bill.

Because this bill relates to public employee retirement or pensions, it may be referred to the Joint Survey Committee on Retirement Systems for a report to be printed as an appendix to the bill.

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fingerprints, photographs of the person's face and profile, and other available identifying data. The information collected must be forwarded to DOJ, which maintains the information for various law enforcement and reporting purposes.

This bill requires a law enforcement agency to collect the following information concerning motor vehicle stops made in any county having a population of 125,000 or more (populous county) on or after January 1, 2011: 1) the name, address, gender, and race of the operator of the motor vehicle (if the operator's race is not available through an electronic database or similar source, the officer must subjectively determine the operator's race as being Caucasian, African American, Hispanic, American Indian or Alaska Native, or Asian or Pacific Islander); 2) the reason for the motor vehicle stop; 3) the make and year of the motor vehicle; 4) the date, time, and location of the motor vehicle stop; 5) whether or not a law enforcement officer conducted a search of the motor vehicle, the operator, or any passenger and, if so, whether the search was with consent or by other means; 6) the name, address, gender, and race of any person searched; and 7) the name and badge number of the officer making the motor vehicle stop.

The information that is collected under the bill concerning motor vehicle stops is not subject to inspection or copying as a public record. The information, however, must be submitted to DOJ, which must then compile and analyze it, along with any

other relevant information, to determine, both for each law enforcement agency and as an aggregated total for all law enforcement agencies in populous counties, whether the number of stops and searches involving motor vehicles operated or occupied by members of a racial minority are disproportionate compared to the number of stops and searches involving motor vehicles operated or occupied solely by persons who are not members of a racial minority. The determination of whether the number of stops and searches involving racial minorities is disproportionate must be based on an estimate of the population and characteristics of all persons traveling on highways in populous counties, on an estimate of the populations and characteristics of persons traveling on highways in populous counties who are violating a law or ordinance, or on some other relevant population estimate. If DOJ finds that the number of stops and searches involving racial minorities is disproportionate compared to the number of stops and searches involving nonminorities, DOJ must then determine whether that disproportion is the result of racial profiling, racial stereotyping, or other race-based discrimination or selective enforcement.

DOJ must prepare an annual report that summarizes the information submitted to it by law enforcement agencies and that describes the methods and conclusions of its analysis of the information. DOJ must also promulgate rules to

implement the information collection requirement created in the bill, including rules prescribing a form for use in obtaining the information and establishing a schedule for submitting the information obtained to DOJ.

Under current law, no person may be appointed as a law enforcement officer unless the person has been certified by the Law Enforcement Standards Board (LESB) after completing a training program approved by LESB. Currently, LESB may establish minimum educational and training standards for law enforcement officers and minimum curriculum requirements for law enforcement officer training programs. Current law also contains specific requirements for law enforcement training programs, including the requirements that the programs provide training to enable officers to deal effectively with domestic abuse incidents and training on police pursuit standards.

This bill requires law enforcement training programs to provide training concerning cultural diversity, including sensitivity toward racial and ethnic differences. The training must be designed to prevent the use of race, racial profiling, racial stereotyping, or other race-based discrimination or selection as a basis for detaining, searching, or arresting a person or for otherwise treating a person differently from persons of other races and must emphasize the fact that the primary

purposes of enforcement of traffic regulations are safety and equal and uniform enforcement under the law.

***** ANALYSIS FROM -0306/P2 *****

JUSTICE

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Under current law, DOJ charges firearms dealers an \$8 fee to conduct a firearms restrictions record search. A firearms restrictions record search includes a criminal history record search and a search to determine if the person who wishes to purchase a firearm is prohibited from doing so under state law. No firearms dealer may sell a firearm to a person until 48 hours have elapsed since the dealer submitted a request to DOJ to perform the search and DOJ has not informed the dealer that the person may not purchase a firearm.

This bill increases the fee for a firearms restrictions record search from \$8 to \$30.

***** ANALYSIS FROM -0328/1 *****

Under current law, when a court imposes penalty or places a person on probation for a violation of state law or a local ordinance, the court generally must also impose a surcharge of \$8 for crime laboratories and drug law enforcement. This bill increases the surcharge to \$13.

***** ANALYSIS FROM -0308/P2 *****

JUSTICE

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Under current law, DOJ must impose a fee for a criminal history search that is not related to criminal justice or to a handgun purchase DOJ must impose a \$2 fee

for each search requested by a nonprofit organization and a \$5 fee for each search requested by a governmental agency. This bill changes the fee to \$7 for each search requested by a nonprofit organization or a governmental agency.

***** ANALYSIS FROM -1374/2 *****

JUSTICE

Under current law, most persons who are ordered by a state or municipal court to pay a fine or forfeiture must also pay a penalty surcharge equal to 26 percent of the fine or forfeiture. The penalty surcharge receipts are appropriated to DOJ to fund a variety of activities, services, and equipment, including training for law enforcement and correctional officers, enforcement of drug laws, services for crime victims, and information systems for law enforcement. Also under current law, firearms dealers must pay DOJ a fee for conducting firearms restrictions record searches on handgun purchasers. The firearms restrictions record search fee receipts are appropriated to DOJ for firearms restrictions record searches.

This bill credits firearms restrictions record search fees to the same appropriation account as penalty surcharge receipts are currently credited, and appropriates funds for firearms restrictions record searches from this appropriation account.

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***** ANALYSIS FROM -0329/4 *****

***** ANALYSIS FROM -1361/2 *****

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LOCAL GOVERNMENT

Under current law, local levy limits are applied to the property tax levies that are imposed in December 2007 and 2008. Current law prohibits any city, village, town, or county (political subdivision) from increasing its levy by a percentage that exceeds its "valuation factor," which is defined as the greater of either 2 percent or the percentage change in the political subdivision's equalized value due to new construction, less improvements removed, except that for 2007 the levy limit is 3.86 percent. In addition, the calculation of a political subdivision's levy does not include any tax increment that is generated by a tax incremental district.

This bill extends the levy limits to the property tax levies that are imposed in December 2009 and 2010, and increases the ^{2009 and 2010} ~~2008~~ limit to the greater of either 3 percent or the percentage change in the political subdivision's equalized value due to new construction less improvements removed. Also under the bill, the base amount of a political subdivision's levy, on which the levy limit is imposed, is the maximum allowable levy for the immediately preceding year.

*** ANALYSIS FROM -1693/1 ***

~~LOCAL GOVERNMENT~~

This bill authorizes a first class city (presently only Milwaukee) to issue appropriation bonds on a one-time basis, other than refunding bonds, to pay all or any part of the city's unfunded prior service liability with respect to an employee retirement system of the city. "Appropriation bonds" is defined as any bond, note, or

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other obligation of a city issued as provided in the bill to evidence the city's obligation to repay borrowed money that is payable from various sources, including the following:

1. Moneys annually appropriated by the city for debt service due with respect to the appropriation bonds.
2. Proceeds of the sale of the appropriation bonds.
3. Investment earnings on the items listed above.

Before the city may issue appropriation bonds, however, the city must enact an ordinance to implement a five-year strategic and financial plan related to the payment of unfunded employee retirement benefits. The financial plan shall provide that future annual pension liabilities are funded on a current basis, and the financial plan must contain quantifiable benchmarks to measure compliance with the plan. Annually, the common council must report to the legislature, DOR, DOA, and the governor on a number of issues related to the appropriation bonds, including the city's progress in meeting the benchmarks, whether the city fully funds the normal cost contribution for its employee retirement system and the amount that the actuary determines is the city's required contribution to that system. If the city does not fully fund the lower of either the required cost contribution for a particular year or the normal cost for that year, DOR must reduce and withhold from the city's shared

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revenue payments the difference between its required cost contribution and the amount the city actually contributes to the system for that year. DOR must deposit the withheld amount into the city's employee retirement system.

The bill states that a first class city is not generally liable for appropriation bonds, and appropriation bonds are not a debt of the city for any purpose whatsoever. Appropriation bonds, including the principal and interest payments, are payable only from amounts that the common council may, from year to year, appropriate.

A similar statute applies to a county with a population of 500,000 or more (presently only Milwaukee county).

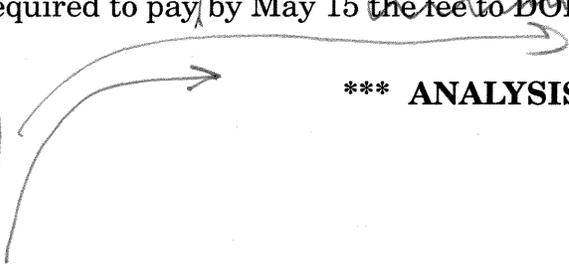
*** ANALYSIS FROM -1093/3 ***

~~LOCAL GOVERNMENT~~

This bill requires DOR to impose annually an administrative fee of \$150 on each tax incremental district (TID) or environmental remediation TID (ERTID) for which DOR authorizes the allocation of a tax increment. The fee is imposed on the city, village, or town (municipality) that created the TID or on the municipality or county that created the ERTID, and the political subdivision on which the fee is imposed is

required to pay ^{the DOR-imposed fee} by May 15 ~~the fee to DOR~~

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*** ANALYSIS FROM -1314/1 ***

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NATURAL RESOURCES

FISH, GAME, AND WILDLIFE

Under current law, if a court imposes a fine or forfeiture for a violation of certain laws regulating hunting, fishing, or trapping, or for a violation of other laws regulating wild animals, the court must also impose a wildlife violator compact

- > surcharge of \$5. The amount is collected by the court and paid to the county
- > treasurer. The county treasurer must then pay the amount to the secretary of
- > administration for deposit into the conservation fund. This bill increases the surcharge to \$20.

*** ANALYSIS FROM -1368/2 ***

NATURAL RESOURCES

FISH, GAME, AND WILDLIFE

Under the wildlife damage claim program, DNR makes payments to any eligible person for damage to the person's crops, orchard trees, nursery stock, apiaries, or livestock caused by certain wild animals. A claimant is not entitled to receive a wildlife damage payment if the amount of the claim is \$250 or less. Under this bill, a claimant may not receive a payment if the amount of the claim is \$500 or less.

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Current law also provides that a claimant may not receive more than \$15,000 for each claim. This bill lowers the maximum payment to not more than \$10,000 for each claim.

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*** ANALYSIS FROM -1310/3 ***

NATURAL RESOURCES**FISH, GAME, AND WILDLIFE**

Under current law, DNR and the Lac du Flambeau band of the Lake Superior Chippewa (band) have in effect an agreement under which the band agrees to limit its treaty-based, off-reservation rights to fish, in exchange for the band being able to issue DNR fishing licenses and stamps as an agent of DNR. The band may retain all of the fees that the band collects for these fishing licenses and stamps.

For licenses and stamps not issued by the band but issued by other DNR agents within the boundary of the band's reservation, current law authorizes, but does not require, DNR to make an annual payment to the band that equals what the band would receive if it had issued those licenses and stamps (reimbursement amount).

In addition to this payment, DNR currently makes a mandatory annual payment of \$50,000, which must be used for fishery management on the reservation. Both of these payments come from an appropriation that contains certain moneys received by the state pursuant to Indian gaming compacts. If the amount available from the appropriated gaming revenues (appropriated amount), after making the mandatory payment, is less than the reimbursement amount, the remaining reimbursement amount is paid to the band from separate moneys appropriated from the conservation fund.

The bill repeals the requirement to make this payment.