

2013 DRAFTING REQUEST

Assembly Amendment (AA-AB40)

Received: **5/16/2013** Received By: **pkahler**
Wanted: **As time permits** Same as LRB:
For: **Legislative Fiscal Bureau** By/Representing: **Austin**
May Contact: Drafter: **pkahler**
Subject: **Insurance - health** Addl. Drafters: **jkreye**
Tax, Business - credits
Extra Copies:

Submit via email: **YES**
Requester's email: **Legislative Fiscal Bureau**
Carbon copy (CC) to: **Tamara.Dodge@legis.wisconsin.gov**

Pre Topic:

LFB:.....Austin, Termination of the Health Insurance Risk-Sharing Plan and Authority -

Topic:

Dissolution of the Health Insurance Risk-Sharing Plan and Authority

Instructions:

See attached

Drafting History:

<u>Vers.</u>	<u>Drafted</u>	<u>Reviewed</u>	<u>Typed</u>	<u>Proofed</u>	<u>Submitted</u>	<u>Jacketed</u>	<u>Required</u>
/?	pkahler 5/17/2013	evinz 5/21/2013		_____			
/1	pkahler 6/6/2013		phenry 5/21/2013	_____	srose 5/21/2013		
/2		evinz 6/6/2013	jfrantze 6/6/2013	_____	mbarman 6/6/2013		

FE Sent For:

<END>

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/?	pkahler 5/17/2013	evinz 5/21/2013		_____			
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FE Sent For:

12 eev
6/6/13

Jo 6/6
<END>

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Topic:

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Instructions:

See attached

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<u>Vers.</u>	<u>Drafted</u>	<u>Reviewed</u>	<u>Typed</u>	<u>Proofed</u>	<u>Submitted</u>	<u>Jacketed</u>	<u>Required</u>
/?	pkahler	1 eev 5/20/13	1 eev 5/21/13	1/21 ph/JFM			

FE Sent For:

<END>

Kahler, Pam

From: Austin, Sam
Sent: Thursday, May 16, 2013 10:48 AM
To: Kahler, Pam; Dodge, Tamara
Cc: CM (Charlie.Morgan@legis.wisconsin.gov)
Subject: JFC Action on OCI -- HIRSP (3 of 4)
Attachments: 245.pdf; HIRSP Memo on OCI Proposal 5.13.12.docx

The third of four:

Incorporate the provisions of LRB 1888/P5 into the bill, with the modifications shown in the Motion #245 (attached). These modifications were based on the "Changes Requested by OCI and Approved by the HIRSP Authority" contained in the attached memo.

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Wisconsin Legislative Fiscal Bureau
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Madison, WI 53703

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INSURANCE

Health Insurance Risk-Sharing Plan (HIRSP) Board Proposal for Transition to Individual Market
[LFB Paper #381]

Motion:

Adopt Alternative 1 to incorporate the HIRSP Board proposal (LRB 1888/P5) to transition HIRSP members to the individual market into the bill, with the following modifications:

✓ 1. *OCI Appropriations.* Modify the OCI appropriation that would be created under Alternative 1 to specify that it would pay expenses related to the HIRSP closeout except for operational expenses paid under a separate appropriation described below, to distribute residual HIRSP monetary assets, and to transfer a sum sufficient to the appropriation described below to pay for operational expenses.

✓ Create a program revenue-service appropriation that would receive moneys from the appropriation described above, and pay for operational expenses related to winding up of HIRSP affairs, including hiring consultants, limited-term employees, and experts.

✓ 2. *Treatment of Unclaimed Property.* Specify under Chapter 177 of the statutes (related to unclaimed property) that any intangible property distributable in the course of the dissolution of HIRSP is presumed abandoned as otherwise provided under Chapter 177, if certain provisions related to the demutualization of an insurance company do not apply to the distribution.

✓ Specify that for the purposes of Chapter 177 of the statutes, that the winding down of HIRSP shall be considered a dissolution of an insurer, except that a court order is not required to effect the dissolution of HIRSP.

✓ 3. *OCI Contracts.* Specify that OCI may enter into such contracts as are necessary to carry out the dissolution of HIRSP.

✓ 4. *Balance Billing Prohibited.* Specify that except for copayments, coinsurance, or deductibles required or authorized by HIRSP, within 90 days after HIRSP coverage terminates (and consistent with current law provisions related to HIRSP on payment in full, and covered expenses) a provider may not bill an eligible person who receives a covered service or article and shall accept as payment in full the payment rate established by the HIRSP Authority under provisions of current law.

✓ 5. *Notice Requirements.* Require the HIRSP Authority, on behalf of the Commissioner of Insurance, to give notice of the dissolution of HIRSP by first class mail at the last-known address

to all people known or reasonably expected from HIRSP's records to have claims against the plan, including all policyholders. Require that such notice be given at least 60 days before the last date of coverage. Specify that the notice to potential claimants require claimants to file claims within 90 days of the last date of coverage. Specify that the notice shall be consistent with the terms of the policies and contracts, shall be consistent with current law provisions related to notice of creditors and others under Chapter 645 of the statutes (related to the dissolution of insurers), and shall serve as final notice consistent with Chapter 645.

✓6. *Late Claim Filing.* Require proof of all claims to be filed with OCI in the form provided by OCI consistent with the proof of claim, as applicable, under s. 645.62 of the statutes, on or before the last day specified for filing. If a good cause is shown, require OCI to permit a claimant making a late filing when the claimant did not know of the existence of a claim and the claimant makes the claim within 30 days of learning of it, but not more than 210 days after the last date of coverage. Specify that any claim that would have become absolute if there had been no termination of coverage, and which was not covered by a succeeding insurer, shall be permitted unless the claimant had actual notice of the plan's termination or the notice was mailed to the claimant by first class mail at least 10 days before the insured event occurred.

✓7. *HIRSP Advisory Committee Updates.* Require the Commissioner of Insurance to provide periodic updates to the HIRSP advisory committee regarding the dissolution of HIRSP, and to include, at a minimum, expenses and claims paid information in such updates.

Note:

This motion would adopt most provisions of the HIRSP Board's proposal contained in LRB Draft 1888/P5, and described in the Attachment to LFB issue paper #381. Additional background on the proposal is available in that paper. While the motion generally adopts the proposal as approved by the HIRSP Board in its April 24th meeting, the motion would also make the modifications described above.

Memorandum

To: Heather Smith, Chief of Staff – Senator Darling
Jeff Schoenfeldt, Chief of Staff – Representative Nygren

From: Amie Goldman

Date: May 13, 2013

Subject: HIRSP Authority's position on Changes to HIRSP Legislation Requested by the Office of the Commissioner of Insurance (OCI)

At our meeting Friday afternoon, OCI presented a redlined version of LRB-1888/P5 proposing a number of changes to the original bill draft. The original bill had been unanimously recommended for inclusion in the 2013-15 Biennial Budget by the HIRSP Authority Board of Directors, as well as the eight stakeholder groups identified on the letter of support previously shared with you.

Since the meeting on Friday, Julie Walsh Senior Attorney at OCI and I have had multiple conversations and have spent a number of hours reviewing OCI's proposed changes and the Authority's concerns with some of the proposed changes. Pam Kahler at the Legislative Reference Bureau has also been included in the conversations to ensure that any agreed upon changes are consistent with the original bill draft and existing HIRSP statutes.

At its meeting last week, with the knowledge that OCI would be making a proposal to change the bill, the HIRSP Authority Board of Directors instructed me to seek approval from the Board's Executive Committee on changes proposed by OCI. At a meeting late this afternoon, the Committee on behalf of the Board of Directors approved most of the proposed changes as discussed below. The proposed changes that were **not** approved are also included for your reference along with an explanation for why the Authority does not think the proposed change is in the best interest of HIRSP.

Changes Requested by OCI and Approved by the HIRSP Authority

1. Subsequent to meetings the HIRSP Authority had with OCI accounting staff while it was preparing the original bill, OCI has indicated that its needs to amend the Chapter 20 language to create a second appropriation. The HIRSP Authority approves inserting this language in the bill with technical modifications recommended by the Legislative Reference Bureau. A new appropriation would be created for payment of expenses related to organizational support services from monies transferred from 20.145 (5) under Section 9122 (1)(b)8.b.

-
2. The HIRSP Authority supports inserting the following language into the bill to ensure that any monies left in the newly created appropriation can be transferred to the Secretary Treasurer after the final cash distribution. Please note this language is slightly different than OCI's original draft, but has been agreed to by their attorney:

177.075 (3) is created to read: (3) Any intangible property distributable in the course of the dissolution of the Health Insurance Risk Sharing Plan, under Section 9122(1) is presumed abandoned as otherwise provided under this chapter if sub (1)(a), (b), or (c) does not apply with respect to the distribution.

3. The HIRSP Authority supports including language in the bill that would require the Authority to transfer the funds for any un-cashed checks to the Unclaimed Property Fund after one-year, rather than after five years as specified in current law:

For purposes of ch.177, the winding down of the Health Insurance Risk-Sharing Plan shall be considered a dissolution of an insurer in accordance with s. 645.44, except a court order of dissolution is not required to effect the dissolution of the Health Insurance Risk-Sharing Plan.

4. OCI had recommended a change to the language relating to the final audit of HIRSP. After further discussion with the Legislative Audit Bureau, we believe that the current language is clearer and sufficiently meets the intent of the Board of Directors. OCI agrees with our conclusion and is no longer recommending a change.
5. The Authority supports OCI's request to add a non-stat provision stating:

The office may enter into such contracts as are necessary to carry out the dissolution.

6. OCI had proposed language protecting HIRSP members from being balance billed by providers. This protection already exists under current law and the proposed language was inconsistent with the existing statute. After discussion, OCI and the HIRSP Authority would agree to the inclusion of the following language in the bill:

Except for copayments, coinsurance, or deductibles required or authorized under the plan, within the 90 days after the date coverage terminates, consistent with s. 149.142 (2m) and s. 149.14 (3), 2011 Stats., a provider may not bill an eligible person who receives a covered service or article and shall accept as payment in full the payment rate determined under s. 149.142 (1), 2011 Stats.

7. The HIRSP Authority supports adding language in the bill as requested by OCI to require notice of dissolution by first class mail to potential claimants within the time frames specified and consistent with the policyholder notice requirements in the original bill. Moving outside these timeframes would result in significant work and expense to HIRSP. WPS would have to bring their legacy system, which processes HIRSP claims, into

compliance with new regulations effective October 1, 2014. Under the original bill, all HIRSP claims would be paid by October 1st and WPS could decommission the system before being subject to the regulations. The modified language we support is below:

The HIRSP Authority on behalf of the commissioner shall give notice of dissolution by first class mail at the last-known address to all persons known or reasonably expected from the Health Insurance Risk-Sharing Plan's records to have claims against the plan, including all policyholders. Such notice shall be given at least 60 days before the last date of coverage. The notice to potential claimants of the Health Insurance Risk-Sharing Plan shall require claimants to file their claims together with proper proofs of claim to the Health Insurance Risk-Sharing Plan within 90 days of the last date of coverage. This notice shall also be consistent with the terms of the policies and contracts and consistent with s.645.47(1)(a). The notice will serve as final notice consistent with 645.47(3).

8. The Authority support OCI's request to allow for late claim filing by providers with some modification to ensure consistency with the timeframes set forth in the original bill for the reason described above. We would approve the insertion of the following:

Proof of all claims must be filed with the office in the form provided by the office consistent with the proof of claim, as applicable, at s. 645.62 on or before the last day for filing specified. For a good cause shown, the office shall permit a claimant making a late filing when the existence of a claim was not known to the claimant and which the claimant filed within 30 days after learning of it, but not more than 210 days after the last date of coverage. Any claim that would have become absolute if there had been no termination of coverage and which was not covered by a succeeding insurer shall be permitted unless the claimant had actual notice of the plan's termination or the notice was mailed to the claimant by first class mail at least 10 days before the insured event incurred.

9. The Authority supports OCI's request to include language defining its updates to the newly created HIRSP Advisory Committee:

The commissioner shall provide periodic updates to the advisory committee regarding the dissolution and minimally include expenses and claims paid information.

Changes Requested by OCI and NOT Approved by the HIRSP Authority

1. OCI has requested the insertion of language that dictates the order in which payments would be made by the Plan (e.g. administrative costs paid before loss claims or claims from the Federal Government). The Authority does not support this change. Under the law, the Authority will have sufficient ability to raise revenues to meet all its financial obligations and therefore it is not necessary to dictate in statute the sequence of payments. Dictating a sequence of payments that is different from existing processes

could create additional administrative work and costs and is unnecessary since HIRSP will be able to meet all its financial obligations.

2. The HIRSP Authority does not support OCI's proposal to delete the language in the bill giving the HIRSP Authority Board of Directors the right to develop a plan for distribution of equity remaining after HIRSP meets its financial obligations. As was discussed at the meeting on Friday afternoon, private insurers are afforded the right to determine by resolution or their by-laws how their equity should be distributed post-dissolution. The HIRSP Authority Board of Directors whose members have been appointed by Governor Walker and confirmed by the Wisconsin State Senate to represent the HIRSP funding stakeholders should be afforded the same right. The language in the bill requires the plan to first prioritize returning the monies to the sources from which it was derived (e.g. member premium equity as member refunds), but also requires the Board to include contingencies in its plan when the return of monies to the funding parties is not feasible or practical. The provision of these contingencies will afford the Commissioner with flexibility in the event that returning the monies to the source is not feasible.

As has been expressed to OCI by the HIRSP Authority Board of Directors, most recently at its May 8th meeting, the Board fully intends to develop its plan in consultation with the Commissioner and his staff to ensure that it can be effectively implemented by OCI. The Board of Directors values the Commissioner's experience and perspective and welcomes it along with that of the other 13 Board members as part of the discussion in developing the plan. The HIRSP Authority would be open to modifying the bill to codify its intent to work collaboratively with OCI and to provide the Commissioner with flexibility for unforeseen circumstances. However, the HIRSP Authority Board of Directors does not support language that would allow the Commissioner to develop and implement a plan that was different than the Board's unless there were extenuating circumstances.

Kahler, Pam

From: Austin, Sam
Sent: Thursday, May 16, 2013 10:50 AM
To: Kahler, Pam; Dodge, Tamara
Cc: CM (Charlie.Morgan@legis.wisconsin.gov)
Subject: HIRSP Clarification on Appropriation Language

Pam,

One thing to clarify -- the motion for HIRSP should incorporate the OCI appropriation language we discussed on Tuesday:

20.145 (5) HEALTH INSURANCE RISK-SHARING PLAN. (g) Wind-up of plan. All moneys received from the Health Insurance Risk-Sharing Plan Authority under 2013 Wisconsin Act (this act), Section 9122 (1) (b) 9. b., from subrogation recoveries, from drug rebates, and from any other source related to or resulting from the operations or dissolution of the Health Insurance Risk-Sharing Plan, to pay expenses related to winding up the affairs of the Health Insurance Risk-Sharing Plan except for operational expenses paid under par. (k), to distribute residual monetary assets of the Health Insurance Risk-Sharing Plan, and to transfer a sum sufficient to the appropriation account under par. (k) to pay the operational expenses under par. (k).

(k) Operational expenses. All moneys transferred from the appropriation account under par. (g) for operational expenses related to winding up the affairs of the Health Insurance Risk-Sharing Plan, including hiring consultants, limited-term employees, and experts.

Thanks.

Sam Austin, Fiscal Analyst
Wisconsin Legislative Fiscal Bureau
1 E. Main Street, Suite 301
Madison, WI 53703

Telephone: (608)266-3847
Fax: (608)267-6873
E-Mail: Sam.Austin@legis.wisconsin.gov

"RESEARCH APPENDIX"

... Drafting History Reproduction Request Form ...

 DRAFTING ATTORNEYS: PLEASE COMPLETE THIS FORM AND GIVE TO MIKE BARMAN

(Request Made By: PJK) (Date: 6/15/13)

Note:

BOTH DRAFTS SHOULD HAVE THE SAME "REQUESTOR"

(exception: companion bills)



Please transfer the drafting file for
2011 LRB _____ (For: Rep./Sen. _____)
 to the drafting file for
2013 LRB _____ (For: Rep./Sen. _____)

Handwritten: Done MB

-----OR-----

Please copy the drafting file for
2013 LRB 1888 / all (include the version) (For: ~~Rep./Sen.~~ LRB)

and place it in the drafting file for LRB -
2013 LRB 6097 (For: ~~Rep./Sen.~~ It finance sub to budget)

 Are These "Companion Bills" ?? ... ~~Yes~~ ~~No~~ N/A

If yes, who in the initial requestor's office authorized the copy/transfer of the drafting history ("guts") from the original file: _____



State of Wisconsin
2013 - 2014 LEGISLATURE



LRBb0097/A
PJK&JK:.....
v m ut *run* elv

LFB:.....Austin, Termination of the Health Insurance RiskSharing Plan and Authority - Dissolution of the Health Insurance Risk-Sharing Plan and Authority

FOR 2013-2015 BUDGET - NOT READY FOR INTRODUCTION

ASSEMBLY AMENDMENT ,

TO ASSEMBLY BILL 40

(w 5-17)

1 At the locations indicated, amend the bill as follows:

2

(END)



1 and 895.514 of the statutes; **relating to:** dissolving the Health Insurance
2 Risk-Sharing Plan Authority and health care plan.

Analysis by the Legislative Reference Bureau

This is a preliminary draft. An analysis will be provided in a subsequent version of this draft.

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

#. Page 56, line 1: before that line insert:

3 **SECTION 1.** 1.12 (1) (b) of the statutes is amended to read:

4 1.12 (1) (b) "State agency" means an office, department, agency, institution of
5 higher education, the legislature, a legislative service agency, the courts, a judicial
6 branch agency, an association, society, or other body in state government that is
7 created or authorized to be created by the constitution or by law, for which
8 appropriations are made by law, excluding the Health Insurance Risk-Sharing Plan
9 Authority and the Wisconsin Economic Development Corporation. "

inset →

10 **SECTION 2.** 13.172 (1) of the statutes is amended to read:

11 13.172 (1) In this section, "agency" means an office, department, agency,
12 institution of higher education, association, society, or other body in state
13 government created or authorized to be created by the constitution or any law, that
14 is entitled to expend moneys appropriated by law, including the legislature and the
15 courts, and any authority created in subch. II of ch. 114 or subch. III of ch. 149 or in
16 ch. 231, 233, 234, 238, or 279."

#. Page 66, line 5: after that line insert:

17 **SECTION 3.** 13.62 (2) of the statutes is amended to read:

18 13.62 (2) "Agency" means any board, commission, department, office, society,
19 institution of higher education, council, or committee in the state government, or any
20 authority created in subch. II of ch. 114 or subch. III of ch. 149 or in ch. 231, 232, 233,

#. Page 56, line 1: delete "SECTION 1" and substitute "SECTION 1a"
#. Page 57, line 10: after that line insert: "SECTION 1b"

1 234, 237, 238, or 279, except that the term does not include a council or committee
2 of the legislature.

3 SECTION 4. 13.94 (1) (dh) of the statutes is repealed. *27p*

4 SECTION 5. 13.94 (1s) (c) 4. of the statutes is repealed. *27q*

5 SECTION 6. 13.95 (intro.) of the statutes is amended to read: *27s*

6 **13.95 Legislative fiscal bureau.** (intro.) There is created a bureau to be
7 known as the "Legislative Fiscal Bureau" headed by a director. The fiscal bureau
8 shall be strictly nonpartisan and shall at all times observe the confidential nature
9 of the research requests received by it; however, with the prior approval of the
10 requester in each instance, the bureau may duplicate the results of its research for
11 distribution. Subject to s. 230.35 (4) (a) and (f), the director or the director's
12 designated employees shall at all times, with or without notice, have access to all
13 state agencies, the University of Wisconsin Hospitals and Clinics Authority, the
14 Wisconsin Aerospace Authority, ~~the Health Insurance Risk-Sharing Plan Authority,~~
15 the Lower Fox River Remediation Authority, the Wisconsin Economic Development
16 Corporation, and the Fox River Navigational System Authority, and to any books,
17 records, or other documents maintained by such agencies or authorities and relating
18 to their expenditures, revenues, operations, and structure. *) . ✓*

#. Page 71, line 18: after that line insert:

19 SECTION 7. 16.002 (2) of the statutes is amended to read:

20 16.002 (2) "Departments" means constitutional offices, departments, and *49m*
21 independent agencies and includes all societies, associations, and other agencies of
22 state government for which appropriations are made by law, but not including
23 authorities created in subch. II of ch. 114 or subch. III of ch. 149 or in ch. 231, 232,
24 233, 234, 237, 238, or 279.

25 SECTION 8. 16.004 (4) of the statutes is amended to read: *49n*

1 16.004 (4) FREEDOM OF ACCESS. The secretary and such employees of the
2 department as the secretary designates may enter into the offices of state agencies
3 and authorities created under subch. II of ch. 114 and ~~subch. III of ch. 149~~ and under
4 chs. 231, 233, 234, 237, 238, and 279, and may examine their books and accounts and
5 any other matter that in the secretary's judgment should be examined and may
6 interrogate the agency's employees publicly or privately relative thereto.

7 **SECTION 9.** ^{49p ✓} 16.004 (5) of the statutes is amended to read:

8 16.004 (5) AGENCIES AND EMPLOYEES TO COOPERATE. All state agencies and
9 authorities created under subch. II of ch. 114 and ~~subch. III of ch. 149~~ and under chs.
10 231, 233, 234, 237, 238, and 279, and their officers and employees, shall cooperate
11 with the secretary and shall comply with every request of the secretary relating to
12 his or her functions. ^{49r ✓}

13 **SECTION 10.** ^{49r ✓} 16.004 (12) (a) of the statutes is amended to read:

14 16.004 (12) (a) In this subsection, "state agency" means an association,
15 authority, board, department, commission, independent agency, institution, office,
16 society, or other body in state government created or authorized to be created by the
17 constitution or any law, including the legislature, the office of the governor, and the
18 courts, but excluding the University of Wisconsin Hospitals and Clinics Authority,
19 the Wisconsin Aerospace Authority, ~~the Health Insurance Risk-Sharing Plan~~
20 ~~Authority~~, the Lower Fox River Remediation Authority, the Wisconsin Economic
21 Development Corporation, and the Fox River Navigational System Authority. " " ✓

22 **SECTION 11.** ^{54c ✓} 16.045 (1) (a) of the statutes is amended to read:

23 16.045 (1) (a) "Agency" means an office, department, independent agency,
24 institution of higher education, association, society, or other body in state
25 government created or authorized to be created by the constitution or any law, that

#. Page 72, line 19: after that line insert:

1 is entitled to expend moneys appropriated by law, including the legislature and the
2 courts, but not including an authority created in subch. II of ch. 114 or subch. III of
3 ch. 149 or in ch. 231, 232, 233, 234, 237, 238, or 279.

4 SECTION 12. ^{54f ✓} 16.15 (1) (ab) of the statutes is amended to read:

5 16.15 (1) (ab) "Authority" has the meaning given under s. 16.70 (2), but
6 excludes the University of Wisconsin Hospitals and Clinics Authority, the Lower Fox
7 River Remediation Authority, and the Wisconsin Economic Development
8 Corporation, ~~and the Health Insurance Risk-Sharing Plan Authority.~~ " . ✓

9 ✓ SECTION 13. ^{65m} 16.41 (4) of the statutes is amended to read:

10 16.41 (4) In this section, "authority" means a body created under subch. II of
11 ch. 114 or subch. III of ch. 149 or under ch. 231, 233, 234, 237, 238, or 279.

12 SECTION 14. ^{65p} 16.417 (1) (a) of the statutes is amended to read:

13 16.417 (1) (a) "Agency" means an office, department, independent agency,
14 institution of higher education, association, society, or other body in state
15 government created or authorized to be created by the constitution or any law, that
16 is entitled to expend moneys appropriated by law, including the legislature and the
17 courts, ~~but not including an authority or the body created under subch. III of ch. 149.~~ " . ✓

18 ✓ SECTION 15. ^{67d} 16.52 (7) of the statutes is amended to read:

19 16.52 (7) PETTY CASH ACCOUNT. With the approval of the secretary, each agency
20 that is authorized to maintain a contingent fund under s. 20.920 may establish a
21 petty cash account from its contingent fund. The procedure for operation and
22 maintenance of petty cash accounts and the character of expenditures therefrom
23 shall be prescribed by the secretary. In this subsection, "agency" means an office,
24 department, independent agency, institution of higher education, association,
25 society, or other body in state government created or authorized to be created by the

Page 75, line 15: after that line insert:

Page 75, line 21: after that line insert:

1 constitution or any law, that is entitled to expend moneys appropriated by law,
2 including the legislature and the courts, but not including an authority created in
3 subch. II of ch. 114 or subch. III of ch. 149 or in ch. 231, 233, 234, 237, 238, or 279.

4 **SECTION 16.** ^{b7f} 16.528 (1) (a) of the statutes is amended to read:

5 16.528 (1) (a) “Agency” means an office, department, independent agency,
6 institution of higher education, association, society, or other body in state
7 government created or authorized to be created by the constitution or any law, that
8 is entitled to expend moneys appropriated by law, including the legislature and the
9 courts, but not including an authority created in subch. II of ch. 114 or subch. III of
10 ch. 149 or in ch. 231, 233, 234, 237, 238, or 279.

11 **SECTION 17.** ^{b7hv} 16.53 (2) of the statutes is amended to read:

12 16.53 (2) IMPROPER INVOICES. If an agency receives an improperly completed
13 invoice, the agency shall notify the sender of the invoice within 10 working days after
14 it receives the invoice of the reason it is improperly completed. In this subsection,
15 “agency” means an office, department, independent agency, institution of higher
16 education, association, society, or other body in state government created or
17 authorized to be created by the constitution or any law, that is entitled to expend
18 moneys appropriated by law, including the legislature and the courts, but not
19 including an authority created in subch. II of ch. 114 or subch. III of ch. 149 or in ch.
20 231, 233, 234, 237, 238, or 279.

21 **SECTION 18.** ^{b7jv} 16.54 (9) (a) 1. of the statutes is amended to read:

22 16.54 (9) (a) 1. “Agency” means an office, department, independent agency,
23 institution of higher education, association, society or other body in state
24 government created or authorized to be created by the constitution or any law, which
25 is entitled to expend moneys appropriated by law, including the legislature and the

#. Page 75, line 24: after that line insert:

1 courts, but not including an authority created in subch. II of ch. 114 or subch. III of
2 ch. 149 or in ch. 231, 233, 234, 237, 238, or 279." . ✓

3 "SECTION 19. 16.70 (2) of the statutes is amended to read:

4 16.70 (2) "Authority" means a body created under subch. II of ch. 114 or subch.
5 III of ch. 149 or under ch. 231, 232, 233, 234, 237, or 279." . ✓

6 "SECTION 20. 16.72 (2) (e) (intro.) of the statutes is amended to read:

7 16.72 (2) (e) (intro.) In writing the specifications under this subsection, the
8 department and any other designated purchasing agent under s. 16.71 (1) shall
9 incorporate requirements for the purchase of products made from recycled materials
10 and recovered materials if their use is technically and economically feasible. Each
11 authority other than the University of Wisconsin Hospitals and Clinics Authority,
12 and the Lower Fox River Remediation Authority, and the Health Insurance
13 Risk-Sharing Plan Authority, in writing specifications for purchasing by the
14 authority, shall incorporate requirements for the purchase of products made from
15 recycled materials and recovered materials if their use is technically and
16 economically feasible. The specifications shall include requirements for the
17 purchase of the following materials: " . ✓

18 "SECTION 21. 16.72 (2) (f) of the statutes is amended to read:

19 16.72 (2) (f) In writing specifications under this subsection, the department,
20 any other designated purchasing agent under s. 16.71 (1), and each authority other
21 than the University of Wisconsin Hospitals and Clinics Authority, and the Lower Fox
22 River Remediation Authority, and the Health Insurance Risk-Sharing Plan
23 Authority shall incorporate requirements relating to the recyclability and ultimate
24 disposition of products and, wherever possible, shall write the specifications so as to
25 minimize the amount of solid waste generated by the state, consistent with the

#. Page 83, line 3: after that line insert:

#. Page 83, line 15: after that line insert:

was affected by 2013 Wisconsin Act... (this act),

was affected by 2013 Wisconsin Act... (this act),

238,

68c

91c

or delegated agency

delegated agency

#. Page 87, line 4: after that line insert:

1 priorities established under s. 287.05 (12). All specifications under this subsection
2 shall discourage the purchase of single-use, disposable products and require,
3 whenever practical, the purchase of multiple-use, durable products. " . ✓

4 " SECTION 22. ^{102c} 16.75 (1m) of the statutes is amended to read:

5 16.75 (1m) The department ^{or a delegated agency} shall award each order or contract for materials,
6 supplies or equipment on the basis of life cycle cost estimates, whenever such action
7 is appropriate. Each authority other than the University of Wisconsin Hospitals and
8 Clinics Authority, the Lower Fox River Remediation Authority, and the Wisconsin
9 Aerospace Authority, ~~and the Health Insurance Risk-Sharing Plan Authority~~ shall
10 award each order or contract for materials, supplies or equipment on the basis of life
11 cycle cost estimates, whenever such action is appropriate. The terms, conditions and
12 evaluation criteria to be applied shall be incorporated in the solicitation of bids or
13 proposals. The life cycle cost formula may include, but is not limited to, the
14 applicable costs of energy efficiency, acquisition and conversion, money,
15 transportation, warehousing and distribution, training, operation and maintenance
16 and disposition or resale. The department shall prepare documents containing
17 technical guidance for the development and use of life cycle cost estimates, and shall
18 make the documents ^{interested parties, including} available to [↑] local governmental units. " . ✓

) as affected by 2013 Wisconsin Act ... (this act)

19 SECTION 23. ^{118c} 16.75 (8) (a) 1. of the statutes is amended to read:

20 16.75 (8) (a) 1. The department, any other designated purchasing agent under
21 s. 16.71 (1), ^{delegated agency} any agency making purchases under s. 16.74, and each authority other
22 than the University of Wisconsin Hospitals and Clinics Authority, and the Lower Fox
23 River Remediation Authority, ~~and the Health Insurance Risk-Sharing Plan~~
24 Authority shall, to the extent practicable, make purchasing selections using

#. Page 112, line 11: after that line insert:

1 specifications developed under s. 16.72 (2) (e) to maximize the purchase of materials
2 utilizing recycled materials and recovered materials.

3 SECTION 24. 16.75 (8) (a) 2. of the statutes is amended to read:

4 16.75 (8) (a) 2. Each agency and authority other than the University of
5 Wisconsin Hospitals and Clinics Authority, and the Lower Fox River Remediation
6 Authority, ~~and the Health Insurance Risk-Sharing Plan Authority~~ shall ensure that
7 the average recycled or recovered content of all paper purchased by the agency or
8 authority measured as a proportion, by weight, of the fiber content of paper products
9 purchased in a fiscal year, is not less than 40% of all purchased paper.

10 SECTION 25. 16.75 (9) of the statutes is amended to read:

11 16.75 (9) The department, any other designated purchasing agent under s.
12 16.71 (1), ^{delegated agency} any agency making purchases under s. 16.74, and any authority other than
13 the University of Wisconsin Hospitals and Clinics Authority, and the Lower Fox
14 River Remediation Authority, ~~and the Health Insurance Risk-Sharing Plan~~
15 Authority shall, to the extent practicable, make purchasing selections using
16 specifications prepared under s. 16.72 (2) (f).

17 SECTION 26. 16.765 (1) of the statutes is amended to read:

18 16.765 (1) Contracting agencies, the University of Wisconsin Hospitals and
19 Clinics Authority, the Fox River Navigational System Authority, the Wisconsin
20 Aerospace Authority, ~~the Health Insurance Risk-Sharing Plan Authority~~, the Lower
21 Fox River Remediation Authority, the Wisconsin Economic Development
22 Corporation, and the Bradley Center Sports and Entertainment Corporation shall
23 include in all contracts executed by them a provision obligating the contractor not
24 to discriminate against any employee or applicant for employment because of age,
25 race, religion, color, handicap, sex, physical condition, developmental disability as

#, Page 92, line 18: after that line insert;
#, Page 93, line 24: after that line insert;

118e
119c
as affected by 2013 Wisconsin Act ... (this act)

SECTION 26

1 defined in s. 51.01 (5), sexual orientation as defined in s. 111.32 (13m), or national
2 origin and, except with respect to sexual orientation, obligating the contractor to take
3 affirmative action to ensure equal employment opportunities.

4 **SECTION 27.** ^{→ 122d ✓} 16.765 (2) of the statutes is amended to read:

5 16.765 (2) Contracting agencies, the University of Wisconsin Hospitals and
6 Clinics Authority, the Fox River Navigational System Authority, the Wisconsin
7 Aerospace Authority, ~~the Health Insurance Risk-Sharing Plan Authority,~~ the Lower
8 Fox River Remediation Authority, the Wisconsin Economic Development
9 Corporation, and the Bradley Center Sports and Entertainment Corporation shall
10 include the following provision in every contract executed by them: "In connection
11 with the performance of work under this contract, the contractor agrees not to
12 discriminate against any employee or applicant for employment because of age, race,
13 religion, color, handicap, sex, physical condition, developmental disability as defined
14 in s. 51.01 (5), sexual orientation or national origin. This provision shall include, but
15 not be limited to, the following: employment, upgrading, demotion or transfer;
16 recruitment or recruitment advertising; layoff or termination; rates of pay or other
17 forms of compensation; and selection for training, including apprenticeship. Except
18 with respect to sexual orientation, the contractor further agrees to take affirmative
19 action to ensure equal employment opportunities. The contractor agrees to post in
20 conspicuous places, available for employees and applicants for employment, notices
21 to be provided by the contracting officer setting forth the provisions of the
22 nondiscrimination clause". ✓✓

23 **SECTION 28.** ^{→ 122e} 16.765 (4) of the statutes is amended to read:

24 16.765 (4) Contracting agencies, the University of Wisconsin Hospitals and
25 Clinics Authority, the Fox River Navigational System Authority, the Wisconsin

Page 93, line 25: before that line insert:

1 Aerospace Authority, ~~the Health Insurance Risk-Sharing Plan Authority~~, the Lower
2 Fox River Remediation Authority, and the Bradley Center Sports and
3 Entertainment Corporation shall take appropriate action to revise the standard
4 government contract forms under this section.

5 **SECTION 29.** ^{122f} 16.765 (5) of the statutes is amended to read:

6 16.765 (5) The head of each contracting agency and the boards of directors of
7 the University of Wisconsin Hospitals and Clinics Authority, the Fox River
8 Navigational System Authority, the Wisconsin Aerospace Authority, ~~the Health~~
9 ~~Insurance Risk-Sharing Plan Authority~~, the Lower Fox River Remediation
10 Authority, the Wisconsin Economic Development Corporation, and the Bradley
11 Center Sports and Entertainment Corporation shall be primarily responsible for
12 obtaining compliance by any contractor with the nondiscrimination and affirmative
13 action provisions prescribed by this section, according to procedures recommended
14 by the department. The department shall make recommendations to the contracting
15 agencies and the boards of directors of the University of Wisconsin Hospitals and
16 Clinics Authority, the Fox River Navigational System Authority, the Wisconsin
17 Aerospace Authority, ~~the Health Insurance Risk-Sharing Plan Authority~~, the Lower
18 Fox River Remediation Authority, the Wisconsin Economic Development
19 Corporation, and the Bradley Center Sports and Entertainment Corporation for
20 improving and making more effective the nondiscrimination and affirmative action
21 provisions of contracts. The department shall promulgate such rules as may be
22 necessary for the performance of its functions under this section.

23 **SECTION 30.** ^{122g} 16.765 (6) of the statutes is amended to read:

24 16.765 (6) The department may receive complaints of alleged violations of the
25 nondiscrimination provisions of such contracts. The department shall investigate

1 and determine whether a violation of this section has occurred. The department may
2 delegate this authority to the contracting agency, the University of Wisconsin
3 Hospitals and Clinics Authority, the Fox River Navigational System Authority, the
4 Wisconsin Aerospace Authority, ~~the Health Insurance Risk-Sharing Plan Authority,~~
5 the Lower Fox River Remediation Authority, the Wisconsin Economic Development
6 Corporation, or the Bradley Center Sports and Entertainment Corporation for
7 processing in accordance with the department's procedures.

8 **SECTION 31.** ^{122h} 16.765 (7) (intro.) of the statutes is amended to read:

9 16.765 (7) (intro.) When a violation of this section has been determined by the
10 department, the contracting agency, the University of Wisconsin Hospitals and
11 Clinics Authority, the Fox River Navigational System Authority, the Wisconsin
12 Aerospace Authority, ~~the Health Insurance Risk-Sharing Plan Authority,~~ the Lower
13 Fox River Remediation Authority, the Wisconsin Economic Development
14 Corporation, or the Bradley Center Sports and Entertainment Corporation, the
15 contracting agency, the University of Wisconsin Hospitals and Clinics Authority, the
16 Fox River Navigational System Authority, the Wisconsin Aerospace Authority, ~~the~~
17 ~~Health Insurance Risk-Sharing Plan Authority,~~ the Lower Fox River Remediation
18 Authority, the Wisconsin Economic Development Corporation, or the Bradley Center
19 Sports and Entertainment Corporation shall:

20 **SECTION 32.** ¹²²ⁱ 16.765 (7) (d) of the statutes is amended to read:

21 16.765 (7) (d) Direct the violating party to take immediate steps to prevent
22 further violations of this section and to report its corrective action to the contracting
23 agency, the University of Wisconsin Hospitals and Clinics Authority, the Fox River
24 Navigational System Authority, the Wisconsin Aerospace Authority, ~~the Health~~
25 ~~Insurance Risk-Sharing Plan Authority,~~ the Lower Fox River Remediation

1 Authority, the Wisconsin Economic Development Corporation, or the Bradley Center
2 Sports and Entertainment Corporation.

3 **SECTION 33.** 16.765 (8) of the statutes is amended to read:

4 16.765 (8) If further violations of this section are committed during the term
5 of the contract, the contracting agency, the Fox River Navigational System Authority,
6 the Wisconsin Aerospace Authority, ~~the Health Insurance Risk-Sharing Plan~~
7 ~~Authority~~, the Lower Fox River Remediation Authority, the Wisconsin Economic
8 Development Corporation, or the Bradley Center Sports and Entertainment
9 Corporation may permit the violating party to complete the contract, after complying
10 with this section, but thereafter the contracting agency, the Fox River Navigational
11 System Authority, the Wisconsin Aerospace Authority, ~~the Health Insurance~~
12 ~~Risk-Sharing Plan Authority~~, the Lower Fox River Remediation Authority, the
13 Wisconsin Economic Development Corporation, or the Bradley Center Sports and
14 Entertainment Corporation shall request the department to place the name of the
15 party on the ineligible list for state contracts, or the contracting agency, the Fox River
16 Navigational System Authority, the Wisconsin Aerospace Authority, ~~the Health~~
17 ~~Insurance Risk-Sharing Plan Authority~~, the Lower Fox River Remediation
18 Authority, the Wisconsin Economic Development Corporation, or the Bradley Center
19 Sports and Entertainment Corporation may terminate the contract without liability
20 for the uncompleted portion or any materials or services purchased or paid for by the
21 contracting party for use in completing the contract.)) ✓

22 **SECTION 34.** 16.85 (2) of the statutes is amended to read:

23 16.85 (2) To furnish engineering, architectural, project management, and other
24 building construction services whenever requisitions therefor are presented to the
25 department by any agency. The department may deposit moneys received from the

#, Page 100, line 5: after that line insert;

1 provision of these services in the account under s. 20.505 (1) (kc) or in the general
 2 fund as general purpose revenue — earned. In this subsection, “agency” means an
 3 office, department, independent agency, institution of higher education, association,
 4 society, or other body in state government created or authorized to be created by the
 5 constitution or any law, which is entitled to expend moneys appropriated by law,
 6 including the legislature and the courts, but not including an authority created in
 subch. II of ch. 114 or subch. III of ch. 149 or in ch. 231, 233, 234, 237, 238, or 279.

#. Page 109, line 7: after that line insert:

7

8

SECTION 35. 16.865 (8) of the statutes is amended to read:

9 16.865 (8) Annually in each fiscal year, allocate as a charge to each agency a
 10 proportionate share of the estimated costs attributable to programs administered by
 11 the agency to be paid from the appropriation under s. 20.505 (2) (k). The department
 12 may charge premiums to agencies to finance costs under this subsection and pay the
 13 costs from the appropriation on an actual basis. The department shall deposit all
 14 collections under this subsection in the appropriation account under s. 20.505 (2) (k).
 15 Costs assessed under this subsection may include judgments, investigative and
 16 adjustment fees, data processing and staff support costs, program administration
 17 costs, litigation costs, and the cost of insurance contracts under sub. (5). In this
 18 subsection, “agency” means an office, department, independent agency, institution
 19 of higher education, association, society, or other body in state government created
 20 or authorized to be created by the constitution or any law, that is entitled to expend
 21 moneys appropriated by law, including the legislature and the courts, but not
 22 including an authority created in subch. II of ch. 114 or subch. III of ch. 149 or in ch.
 23 231, 232, 233, 234, 237, 238, or 279.

23

24

SECTION 36. 20.145 (5) of the statutes is created to read:

#. Page 337, line 1: before that line insert:

of plan

except for operational expenses paid under par. (K)

and to transfer a new amount to the operation account under par. (K) to pay the operational expenses under par. (K)

1 20.145 (5) HEALTH INSURANCE RISK-SHARING PLAN. (g) Wind-up expenses All
2 moneys received from the Health Insurance Risk-Sharing Plan Authority under
3 2013 Wisconsin Act ... (this act), Section 9122 (1) (b) 8. b., from subrogation
4 recoveries, from drug rebates, and from any other source related to or resulting from
5 the operations or dissolution of the Health Insurance Risk-Sharing Plan, to pay
6 expenses related to winding up the affairs of the Health Insurance Risk-Sharing

7 Plan, including hiring consultants, limited-term employees, and experts and
8 distributing residual monetary assets of the Health Insurance Risk-Sharing Plan.

insert 15-8

9 SECTION 37. 20.435 (1) (am) of the statutes is amended to read:

10 20.435 (1) (am) Services, reimbursement, and payment related to human
11 immunodeficiency virus. The amounts in the schedule for the purchase of services
12 under s. 252.12 (2) (a) for individuals with respect to human immunodeficiency virus
13 and related infections, including hepatitis C virus infection, to subsidize premium
14 payments under ss. 252.16 and 252.17, for grants for the prevention of human
15 immunodeficiency virus infection and related infections, including hepatitis C virus
16 infection, under s. 252.12 (2) (c) 2. and 3., to reimburse or supplement the
17 reimbursement of the cost of AZT, pentamidine, and certain other drugs under s.
18 49.686, to pay for premiums and drug copayments under the pilot program under s.
19 49.686 (6), and for case management services under s. 49.45 (25) (be). " " ✓

#. Page 404, line 7: after that line insert:

20 SECTION 38. 25.17 (63) of the statutes is repealed. " " ✓

21 SECTION 39. 25.50 (1) (d) of the statutes is amended to read:

22 25.50 (1) (d) "Local government" means any county, town, village, city, power
23 district, sewerage district, drainage district, town sanitary district, public inland
24 lake protection and rehabilitation district, local professional baseball park district
25 created under subch. III of ch. 229, long-term care district under s. 46.2895, local

#. Page 407, line 7: after that line insert:

SECTION 39

#. Page ⁴⁵⁰ ~~449~~, line 2: after that line insert:

1 professional football stadium district created under subch. IV of ch. 229, local
2 cultural arts district created under subch. V of ch. 229, public library system, school
3 district or technical college district in this state, any commission, committee, board
4 or officer of any governmental subdivision of this state, any court of this state, other
5 than the court of appeals or the supreme court, or any authority created under s.
6 114.61, 149.41, 231.02, 233.02, or 234.02. ” . ✓

7 “ SECTION ~~40~~ ^{709c}. 40.02 (54) (L) of the statutes is repealed. ” . ✓

8 SECTION 41. 49.67 (3) (am) 2. a. of the statutes is repealed.

9 SECTION 42. 49.67 (6) (b) 1. of the statutes is amended to read:

10 49.67 (6) (b) 1. Benefits under the plan under this section shall not include any
11 charge for care for injury or disease for which benefits are payable without regard
12 to fault under coverage statutorily required to be contained in any motor vehicle or
13 other liability insurance policy or equivalent self-insurance, for which benefits are
14 payable under a worker’s compensation or similar law, or for which benefits are
15 payable under another policy of health care coverage, Medicare, or any other
16 governmental program, except as otherwise provided by law. If an individual who
17 has coverage under the plan under this section also has coverage under the plan
18 under subch. II of ch. 149, benefits under the plan under this section are secondary
19 to the benefits provided under the plan under subch. II of ch. 149.

#. Page 601, line 21: after that line insert:

20 “ SECTION ~~43~~ ^{1210c}. 49.686 (6) of the statutes is repealed. ” . ✓

21 “ SECTION ~~44~~ ^{7278c}. 70.11 (41m) of the statutes is repealed. ” . ✓

#. Page 633, line 12: after that line insert:

22 “ SECTION ~~45~~ ^{121344c}. 71.07 (5g) (a) of the statutes is amended to read:

23 71.07 (5g) (a) Definitions. In this subsection, “claimant” means a partner,
24 limited liability company member, or tax-option corporation shareholder who files

*. Page 658, line 5: after that line insert:

1 a claim under this subsection and who is a partner, member, or shareholder of an
2 entity that is an insurer, as defined in s. 149.10 (5), 2011 stats.

3 **SECTION 46,** ^{1374d} 71.07 (5g) (b) of the statutes is amended to read:

4 71.07 (5g) (b) *Filing claims.* Subject to the limitations provided under this
5 subsection, for taxable years beginning after December 31, 2005, and before January
6 1, 2015, a claimant may claim as a credit against the taxes imposed under s. 71.02
7 an amount that is equal to the amount of the assessment under s. 149.13, 2011 stats.,
8 that the claimant paid in the claimant's taxable year, multiplied by the percentage
9 determined under par. (c) 1.

10 **SECTION 47,** ^{1344e} 71.07 (5g) (c) 1. of the statutes is amended to read:

11 71.07 (5g) (c) 1. The department of revenue, in consultation with the office of
12 the commissioner of insurance, shall determine the percentage under par. (b) for
13 each claimant for each taxable year. The percentage shall be equal to \$5,000,000
14 divided by the aggregate assessment under s. 149.13, 2011 stats. The office of the
15 commissioner of insurance shall provide to each claimant that participates in the
16 cost of administering the plan the aggregate assessment at the time that it notifies
17 the claimant of the claimant's assessment. The aggregate amount of the credit under
18 this subsection and ss. 71.28 (5g), 71.47 (5g), and 76.655 for all claimants
19 participating in the cost of administering the plan under ch. 149, 2011 stats., shall
20 not exceed \$5,000,000 in each fiscal year. ☺

21 **SECTION 48,** ~~1372c~~ 71.26 (1) (be) of the statutes is amended to read:

22 71.26 (1) (be) *Certain authorities.* Income of the University of Wisconsin
23 Hospitals and Clinics Authority, of the ~~Health Insurance Risk-Sharing Plan~~
24 ~~Authority,~~ of the Fox River Navigational System Authority, of the Wisconsin
25 Economic Development Corporation, and of the Wisconsin Aerospace Authority. ☺

#, page 674, line 18: after that line insert:

* page 697, line 21: after that line insert!

1 ✓ SECTION ^{1395c} 49, 71.28 (5g) (a) of the statutes is amended to read:

2 71.28 (5g) (a) *Definitions*. In this subsection, "claimant" means an insurer, as
3 defined in s. 149.10 (5), 2011 stats., who files a claim under this subsection.

4 SECTION ^{1395d} 50, 71.28 (5g) (b) of the statutes is amended to read:

5 71.28 (5g) (b) *Filing claims*. Subject to the limitations provided under this
6 subsection, for taxable years beginning after December 31, 2005, and before January
7 1, 2015, a claimant may claim as a credit against the taxes imposed under s. 71.23
8 an amount that is equal to the amount of assessment under s. 149.13, 2011 stats.,
9 that the claimant paid in the claimant's taxable year, multiplied by the percentage
10 determined under par. (c) 1.

11 SECTION ^{1395e} 51, 71.28 (5g) (c) 1. of the statutes is amended to read:

12 71.28 (5g) (c) 1. The department of revenue, in consultation with the office of
13 the commissioner of insurance, shall determine the percentage under par. (b) for
14 each claimant for each taxable year. The percentage shall be equal to \$5,000,000
15 divided by the aggregate assessment under s. 149.13, 2011 stats. The office of the
16 commissioner of insurance shall provide to each claimant that participates in the
17 cost of administering the plan the aggregate assessment at the time that it notifies
18 the claimant of the claimant's assessment. The aggregate amount of the credit under
19 this subsection and ss. 71.07 (5g), 71.47 (5g), and 76.655 for all claimants
20 participating in the cost of administering the plan under ch. 149, 2011 stats., shall
21 not exceed \$5,000,000 in each fiscal year. 6

22 ✓ SECTION ^{1431c} 52, 71.47 (5g) (a) of the statutes is amended to read:

23 71.47 (5g) (a) *Definitions*. In this subsection, "claimant" means an insurer, as
24 defined in s. 149.10 (5), 2011 stats., who files a claim under this subsection.

25 SECTION ^{1431d} 53, 71.47 (5g) (b) of the statutes is amended to read:

* page 717, line 21: after that line insert!

1 71.47 (5g) (b) *Filing claims.* Subject to the limitations provided under this
2 subsection, for taxable years beginning after December 31, 2005, and before January
3 1, 2015, a claimant may claim as a credit against the taxes imposed under s. 71.43
4 an amount that is equal to the amount of assessment under s. 149.13, 2011 stats.,
5 that the claimant paid in the claimant's taxable year, multiplied by the percentage
6 determined under par. (c) 1.

7 ^{1431e} SECTION 54, 71.47 (5g) (c) 1. of the statutes is amended to read:

8 71.47 (5g) (c) 1. The department of revenue, in consultation with the office of
9 the commissioner of insurance, shall determine the percentage under par. (b) for
10 each claimant for each taxable year. The percentage shall be equal to \$5,000,000
11 divided by the aggregate assessment under s. 149.13, 2011 stats. The office of the
12 commissioner of insurance shall provide to each claimant that participates in the
13 cost of administering the plan the aggregate assessment at the time that it notifies
14 the claimant of the claimant's assessment. The aggregate amount of the credit under
15 this subsection and ss. 71.07 (5g), 71.28 (5g), and 76.655 for all claimants
16 participating in the cost of administering the plan under ch. 149, 2011 stats., shall
17 not exceed \$5,000,000 in each fiscal year.

#. Page 731, line 16: after that line insert:

#. Page 719, line 4: after that line insert:

#. Page 719, line 19: after that line insert:

18 ^{1438c} SECTION 55, 71.65 (4) of the statutes is repealed.

19 ^{1440c} SECTION 56, 71.78 (4) (i) of the statutes is repealed.

20 ^{1440d} SECTION 57, 71.80 (13) of the statutes is repealed.

21 ^{1473c} SECTION 58, 76.655 (1) of the statutes is amended to read:

22 76.655 (1) DEFINITIONS. In this section, "claimant" means an insurer, as defined
23 in s. 149.10 (5), 2011 stats., who files a claim under this section.

24 ^{1478d} SECTION 59, 76.655 (2) of the statutes is amended to read:

SECTION 59

1 76.655 (2) FILING CLAIMS. Subject to the limitations provided under this section,
 2 for taxable years beginning after December 31, 2005, and before January 1, 2015, a
 3 claimant may claim as a credit against the fees imposed under ss. 76.60, 76.63, 76.65,
 4 76.66 or 76.67 an amount that is equal to the amount of assessment under s. 149.13,
 5 2011 stats., that the claimant paid in the claimant's taxable year, multiplied by the
 6 percentage determined under sub. (3).

7 **SECTION 60.** ^{1473e} 76.655 (3) (a) of the statutes is amended to read:

8 76.655 (3) (a) The department of revenue, in consultation with the office of the
 9 commissioner of insurance, shall determine the percentage under sub. (2) for each
 10 claimant for each taxable year. The percentage shall be equal to \$5,000,000 divided
 11 by the aggregate assessment under s. 149.13, 2011 stats. The office of the
 12 commissioner of insurance shall provide to each claimant that participates in the
 13 cost of administering the plan the aggregate assessment at the time that it notifies
 14 the claimant of the claimant's assessment. The aggregate amount of the credit under
 15 this subsection and ss. 71.07 (5g), 71.28 (5g), and 71.47 (5g) for all claimants
 16 participating in the cost of administering the plan under ch. 149, 2011 stats., shall
 17 not exceed \$5,000,000 in each fiscal year. ^o

18 **SECTION 61.** ^{1438c} 77.54 (9a) (a) of the statutes is amended to read:

19 77.54 (9a) (a) This state or any agency thereof, the University of Wisconsin
 20 Hospitals and Clinics Authority, the Wisconsin Aerospace Authority, ~~the Health~~
 21 ~~Insurance Risk-Sharing Plan Authority~~, the Wisconsin Economic Development
 22 Corporation, and the Fox River Navigational System Authority. ^o

23 **SECTION 62.** ¹⁵⁹⁹ⁿ 101.055 (2) (a) of the statutes is amended to read:

24 101.055 (2) (a) "Agency" means an office, department, independent agency,
 25 authority, institution, association, society, or other body in state government created

#. Page 735, line 8: after that line insert:

#. Page 772, line 18: after that line insert:

#. Page 862, line 13: after that line insert:

Insert 21-4

1 or authorized to be created by the constitution or any law, and includes the
2 legislature and the courts, ~~but excludes the Health Insurance Risk-Sharing Plan~~
3 Authority. ^{2/6}

4 "SECTION 63. Chapter 149 of the statutes is repealed." ¹⁹⁰⁰ⁿ

5 "SECTION 64. 230.03 (3) of the statutes, as affected by 2011 Wisconsin Acts 10,
6 32 and 229, is amended to read:

7 230.03 (3) "Agency" means any board, commission, committee, council, or
8 department in state government or a unit thereof created by the constitution or
9 statutes if such board, commission, committee, council, department, unit, or the
10 head thereof, is authorized to appoint subordinate staff by the constitution or
11 statute, except the Board of Regents of the University of Wisconsin System, a
12 legislative or judicial board, commission, committee, council, department, or unit
13 thereof or an authority created under subch. II of ch. 114 or subch. III of ch. 149 or
14 under ch. 231, 232, 233, 234, 237, 238, or 279. "Agency" does not mean any local unit
15 of government or body within one or more local units of government that is created
16 by law or by action of one or more local units of government." ^{1998u}

#. Page 896, line 5: after that line insert:

17 "SECTION 65. 230.80 (4) of the statutes is amended to read:

18 230.80 (4) "Governmental unit" means any association, authority, board,
19 commission, department, independent agency, institution, office, society, or other
20 body in state government created or authorized to be created by the constitution or
21 any law, including the legislature, the office of the governor, and the courts, ~~but~~
22 ~~excluding the Health Insurance Risk-Sharing Plan Authority.~~ "Governmental unit"
23 does not mean any political subdivision of the state or body within one or more
24 political subdivisions that is created by law or by action of one or more political
25 subdivisions.

#. Page 900, line 17: after that line insert:

^{2017m}

SECTION 66

#. Page 979, line 6: after that line insert:

2017P

1

SECTION 66. 230.90 (1) (c) of the statutes is amended to read:

2

230.90 (1) (c) "Governmental unit" means any association, authority, board,

3

commission, department, independent agency, institution, office, society or other

4

body in state government created or authorized to be created by the constitution or

5

any law, including the legislature, the office of the governor and the courts.

6

"Governmental unit" does not mean the University of Wisconsin Hospitals and

7

Clinics Authority, ~~the Health Insurance Risk-Sharing Plan Authority~~, or any

8

political subdivision of the state or body within one or more political subdivisions

9

which is created by law or by action of one or more political subdivisions. "

10

SECTION 67. 601.41 (1) of the statutes is amended to read:

22645

11

601.41 (1) DUTIES. The commissioner shall administer and enforce chs. 600 to

12

655 and ss. 59.52 (11) (c), 66.0137 (4) and (4m), 100.203, and 120.13 (2) (b) to (g), and

13

149.13 and shall act as promptly as possible under the circumstances on all matters

14

placed before the commissioner. "

15

SECTION 68. 601.415 (12) of the statutes is amended to read:

22650

16

601.415 (12) HEALTH INSURANCE RISK-SHARING PLAN. The commissioner shall

17

perform the duties specified to be performed by the commissioner in s. 149.13, 2011

18

stats., and under 2013 Wisconsin Act ... (this act), Section 9122 (1) (b) 8.

19

SECTION 69. 601.64 (1) of the statutes is amended to read:

22654

20

601.64 (1) INJUNCTIONS AND RESTRAINING ORDERS. The commissioner may

21

commence an action in circuit court in the name of the state to restrain by temporary

22

or permanent injunction or by temporary restraining order any violation of chs. 600

23

to 655 or s. 149.13, 2011 stats., any rule promulgated under chs. 600 to 655, or any

24

order issued under s. 601.41 (4). The commissioner need not show irreparable harm

25

or lack of an adequate remedy at law in an action commenced under this subsection.

#. Page 979, line 9: after that line insert:

①

SECTION 70. 601.64 (3) (a) of the statutes is amended to read:

2

601.64 (3) (a) *Restitutory forfeiture*. Whoever violates an effective order

3

issued under s. 601.41 (4), any insurance statute or rule, or s. 149.13, 2011 stats.,

4

shall forfeit to the state twice the amount of any profit gained from the violation, in

5

addition to any other forfeiture or penalty imposed.

⑥

SECTION 71. 601.64 (3) (c) of the statutes is amended to read:

7

601.64 (3) (c) *Forfeiture for violation of statute or rule*. Whoever violates an

8

insurance statute or rule or s. 149.13, 2011 stats., intentionally aids a person in

9

violating an insurance statute or rule or s. 149.13, 2011 stats., or knowingly permits

10

a person over whom he or she has authority to violate an insurance statute or rule

11

or s. 149.13, 2011 stats., shall forfeit to the state not more than \$1,000 for each

12

violation. If the statute or rule imposes a duty to make a report to the commissioner,

13

each week of delay in complying with the duty is a new violation.

⑭

SECTION 72. 601.64 (4) of the statutes is amended to read:

15

601.64 (4) CRIMINAL PENALTY. Whoever intentionally violates or intentionally

16

permits any person over whom he or she has authority to violate or intentionally aids

17

any person in violating any insurance statute or rule of this state, s. 149.13, 2011

18

stats., or any effective order issued under s. 601.41 (4) is guilty of a Class I felony,

19

unless a specific penalty is provided elsewhere in the statutes. Intent has the

20

meaning expressed under s. 939.23.

⑳

SECTION 73. 613.03 (4) of the statutes is repealed.

㉑

SECTION 74. 631.20 (1) (c) 5. of the statutes is repealed.

㉒

SECTION 75. 631.20 (2) (f) of the statutes is repealed.

㉓

SECTION 76. 631.36 (7) (a) (intro.) and 2. of the statutes are consolidated,

25

renumbered 631.36 (7) (a) and amended to read:

1 631.36 (7) (a) Notice Except as provided in par. (b), notice of cancellation or
 2 nonrenewal required under sub. (2) (b) or (4) is not effective: ~~2. Unless~~ unless the
 3 notice contains adequate instructions to the policyholder for applying for insurance
 4 through a risk-sharing plan under ch. 619, if a risk-sharing plan exists under ch.
 5 619 for the kind of coverage being canceled or nonrenewed, ~~except as provided in par.~~
 6 (b).

7 ~~SECTION 77.~~ ^{2265g} 631.36 (7) (a) 1. of the statutes is repealed.

8 ~~SECTION 78.~~ ^{2265r} 631.36 (7) (b) of the statutes is amended to read:

9 631.36 (7) (b) Paragraph (a) ~~2.~~ does not apply to a notice of cancellation or
 10 nonrenewal issued by the mandatory health care liability risk-sharing plan
 11 established under s. 619.04. ”

12 ^{2266j} SECTION ~~79.~~ 632.785 of the statutes is repealed.

13 ²²⁶⁶ⁿ SECTION ~~80.~~ 632.897 (11) (a) of the statutes is amended to read:

14 632.897 (11) (a) Notwithstanding subs. (2) to (10), the commissioner may
 15 promulgate rules establishing standards requiring insurers to provide continuation
 16 of coverage for any individual covered at any time under a group policy who is a
 17 terminated insured or an eligible individual under any federal program that
 18 provides for a federal premium subsidy for individuals covered under continuation
 19 of coverage under a group policy, including rules governing election or extension of
 20 election periods, notice, rates, premiums, premium payment, application of
 21 preexisting condition exclusions, election of alternative coverage, and status as an
 22 eligible individual, as defined in s. 149.10 (2t), 2011 stats. ”

23 ²²⁶⁷ⁿ SECTION ~~81.~~ 646.01 (1) (a) 2. k. of the statutes is amended to read:

24 646.01 (1) (a) 2. k. Risk-sharing plans under chs. 149 and ch. 619. ” ✓

25 ^{2318f} SECTION ~~82.~~ 895.514 of the statutes is created to read:

#. Page 979, line 18: after that line insert:

#. Page 719, line 23: after that line insert:

#. Page 996, line 13: after that line insert:

1 **895.514 Civil liability exemption; Health Insurance Risk-Sharing Plan**
2 **and Authority.** (1) In this section:

3 (a) “Authority” means the Health Insurance Risk-Sharing Plan Authority
4 established under subch. III of ch. 149, 2011 stats.

5 (b) “Board” means the board of directors of the authority.

6 (c) “Commissioner” means the commissioner of insurance of this state.

7 (d) “Plan” means the health care insurance plan established under subch. II of
8 ch. 149, 2011 stats.

9 (2) No cause of action of any nature may arise against, and no liability may be
10 imposed upon, the authority, plan, or board; or any agent, employee, or director of any
11 of them; or insurers participating in the plan; or the commissioner; or any agent,
12 employee, or representative of the commissioner, for any act or omission by any of
13 them in the performance of their powers and duties under ch. 149, 2011 stats., or
14 under 2013 Wisconsin Act ... (this act), Section 9122 (1), unless the person asserting
15 liability proves that the act or omission constitutes willful misconduct.

16 (3) (a) Except as provided in 2013 Wisconsin Act ... (this act), Section 9122 (1),
17 neither the state nor any political subdivision of the state nor any officer, employee,
18 or agent of the state or a political subdivision acting within the scope of employment
19 or agency is liable for any debt, obligation, act, or omission of the authority.

20 (b) All of the expenses incurred by the authority, or the commissioner, or any
21 agent, employee, or representative of the commissioner, in exercising its duties and
22 powers under ch. 149, 2011 stats., or under 2013 Wisconsin Act ... (this act), Section
23 9122 (1), shall be payable only from funds of the authority or from the appropriation
24 under s. 20.145 (5) (g).))

25 **SECTION 9122. Nonstatutory provisions; Insurance.**

#. Page 1020, line 21: after that line insert:

- ① (1) DISSOLUTION OF THE HEALTH INSURANCE RISK-SHARING PLAN AND AUTHORITY.
- 2 (a) *Definitions.* In this subsection:
- 3 1. “Authority” means the Health Insurance Risk-Sharing Plan Authority
- 4 under subchapter III of chapter 149 of the statutes.
- 5 2. “Board” means the board of directors of the authority.
- 6 3. “Commissioner” means the commissioner of insurance.
- 7 4. “Covered person” means a person who has coverage under the plan.
- 8 5. “Office” means the office of the commissioner of insurance.
- 9 6. “Plan” means the Health Insurance Risk-Sharing Plan under subchapter II
- 10 of chapter 149 of the statutes.
- 11 (b) *Dissolution of the plan and authority.* Notwithstanding any statute,
- 12 administrative rule, or provision of a policy or contract or of the plan to the contrary,
- 13 the plan and the authority shall be dissolved in accordance with the following:
- 14 1. ‘Coverage provisions.’
- 15 a. New coverage under the plan may not be issued to any person after December
- 16 31, 2013, except that new coverage under the plan that is funded under a contract
- 17 with the federal department of health and human services may not be issued to any
- 18 person after December 1, 2013.
- 19 b. Coverage under the policies issued under the plan terminates on January
- 20 1, 2014, or on the date that any health insurance coverage that is accessed through
- 21 an American health benefit exchange, as described in 42 USC 18031, in this state is
- 22 effective, if later than January 1, 2014. At least 60 days before coverage terminates,
- 23 the authority shall provide notice of the date on which coverage terminates to all
- 24 covered persons, all insurers and providers that are affected by the termination of

1 the coverage, the office, the legislative audit bureau, and the insurers described in
2 subsection (2) (b) 1. ^{1m}

3 c. If coverage under the policies issued under the plan terminates on a date that
4 is later than January 1, 2014, because no health insurance coverage that is accessed
5 through an American health benefit exchange, as described in 42 USC 18031, in this
6 state is effective on January 1, 2014, the authority may allow covered persons whose
7 coverage under the plan is funded under a contract with the federal department of
8 health and human services to elect to be covered, until coverage under the plan
9 terminates, under the same coverage provided under the plan to covered persons
10 whose coverage under the plan is not funded under a contract with the federal
11 department of health and human services.

12 2. 'Provider claims.' Providers of medical services and devices and prescription
13 drugs to covered persons must file claims for payment no later than 90 days after the
14 date coverage terminates under subdivision 1. b. Any claim filed after that date is
15 not payable and may not be charged to the covered person who received the service,
16 device, or drug. ~~As~~ *Insert 27-16*

17 3. 'Grievances and review.'

18 a. Except for a grievance related to a prior authorization denial, a covered
19 person must submit any grievance, in writing, no later than 180 days after the date
20 coverage terminates under subdivision 1. b. or be barred from submitting the
21 grievance.

22 b. A covered person must submit any grievance related to a prior authorization
23 denial no later than 45 days before the date on which coverage terminates under
24 subdivision 1. b. or be barred from submitting the grievance, except that a grievance
25 related to a prior authorization denial that meets the requirements for an expedited

1 grievance must be submitted no later than the date on which coverage terminates
2 under subdivision 1. b. or be barred.

3 c. A covered person who submits a grievance after the date coverage terminates
4 under subdivision 1. b. must request an independent review, if any, with respect to
5 the grievance no later than 60 days after he or she receives notice of the disposition
6 of the grievance or be barred from requesting an independent review with respect to
7 the grievance.

8 4. ‘Payment of plan costs.’ The authority shall pay plan costs incurred in 2013
9 and all other costs associated with dissolving the plan that are incurred before
10 administrative responsibility for the dissolution of the plan is transferred to the
11 office under subdivision 8. The authority and the office shall make every effort to pay
12 plan costs in accordance with, or as closely as possible to, the manner provided in
13 section 149.143 of the statutes.

14 5. ‘Contracts.’ The authority may extend any administrative contracts that are
15 in effect into 2014, regardless of a contract’s expiration date and without having to
16 comply with the requirements under section 149.47 of the statutes for the extension.

17 6. ‘Report to legislature.’ The authority shall submit a final report on plan
18 operation to the legislature under section 13.172 of the statutes no later than
19 September 30, 2013.

20 7. ‘Board responsibilities.’ The board shall do all of the following:

21 a. Develop a proposal, which shall be followed by the office, for the dispensation
22 of the plan’s cash assets after all financial obligations of the plan and authority are
23 satisfied. To the extent feasible and practical, the proposal shall provide for the
24 return of any remaining equity to the source from which derived, including insurers,
25 providers, and covered persons. The proposal shall provide for alternative

1 dispensations in the event that returning any remaining equity is not feasible or
2 practical, such as using remaining cash assets in support of activities providing an
3 indirect benefit to the insurers, providers, and covered persons.

4 b. Dispose of the noncash assets of the authority as soon as possible after the
5 administrative offices of the authority are closed.

6 c. Make any other decisions and take any other actions necessary to effectively
7 wind up the operations and affairs of the authority and plan and transfer
8 responsibility to the office. All actions taken by the board must be consistent with
9 the purpose of, and may not endanger the solvency of, the plan.

10 8. 'Transfer to the office.' On the date that is 60 days after the date coverage
11 under the plan terminates under subdivision 1. b., all of the following shall occur:

12 a. Administrative responsibility for the dissolution of the plan is transferred
13 to the office. The commissioner shall take any action necessary or advisable to wind
14 up the affairs of the plan in accordance with the proposal developed by the board
15 under subdivision 7. a. and shall notify the legislative audit bureau when the windup
16 is completed and provide to the legislative audit bureau the final financial
17 statements of the plan. *Insert 29-17*

18 b. All remaining cash assets of the plan, including the balance in the Health
19 Insurance Risk-Sharing Plan fund, are transferred to the appropriation account
20 under section 20.145 (5) (g) of the statutes, as created by this act.

21 c. All tangible personal property, including records, of the authority not already
22 disposed of by the board is transferred to the office.

23 d. All contracts and agreements entered into by the board that are in effect are
24 transferred to the office. The office shall carry out any contractual obligations under
25 such a contract or agreement until the contract or agreement terminates or is

1 modified or rescinded by the office to the extent allowed under the contract or
2 agreement.

Insert 30-2

3 e. Any matters pending with the authority or plan, including grievances and
4 independent reviews, payment claims, subrogation claims, drug rebate claims, and
5 legal actions or causes of action, are transferred to the office and all materials
6 submitted to and actions taken by the office with respect to a pending matter are
7 considered as having been submitted to or taken by the authority or plan.

8 9. 'Health Insurance Risk-Sharing Plan advisory committee.'

9 a. There is created, 60 days after the date coverage under the plan terminates
10 under subdivision 1. b., a Health Insurance Risk-Sharing Plan advisory committee
11 consisting of the commissioner, or his or her designee, and the other 13 members of
12 the board holding office on the date the advisory committee is created.

13 b. If a vacancy occurs on the Health Insurance Risk-Sharing Plan advisory
14 committee, the governor shall appoint a successor, who must meet the same
15 qualifications and criteria as the member who is being replaced.

16 c. The Health Insurance Risk-Sharing Plan advisory committee shall advise
17 and assist the office with its duties under subdivision 8. related to the dissolution and
18 winding up of the plan. The office shall staff and provide funding for the Health
19 Insurance Risk-Sharing Plan advisory committee.

20 d. The Health Insurance Risk-Sharing Plan advisory committee shall
21 terminate 60 days after the final audit of the plan is conducted by the legislative
22 audit bureau under subdivision 10. b.

Insert 30-22
22
23

11 ← 10. 'Audits.' The legislative audit bureau shall do all of the following:

24 a. Conduct its annual audit of the plan under section 13.94 (1) (dh) of the
25 statutes for calendar year 2013 by June 30, 2014.

1 b. Complete a final audit of the plan, after the termination of the plan in 2014,
2 within 90 days after the office provides the final financial statements of the plan
3 under subdivision 8. a.

4 c. File copies of the reports of both audits with the distributees specified in
5 section 13.94 (1) (b) of the statutes. The costs of the audits shall be paid out of the
6 funds of the authority and from the appropriation under section 20.145 (5) (g) of the
7 statutes, as created by this act.

8 ^{1m} ~~(2)~~ MEDICARE SUPPLEMENT AND REPLACEMENT POLICY ISSUANCE.

9 (a) *Definitions.* In this subsection:

10 1. “Medicare” has the meaning given in section 149.10 (7) of the statutes.

11 2. “Medicare replacement policy” has the meaning given in section 600.03 (28p)
12 of the statutes.

13 3. “Medicare supplement policy” has the meaning given in section 600.03 (28r)
14 of the statutes.

15 4. “Plan” means the Health Insurance Risk-Sharing Plan under subchapter II
16 of chapter 149 of the statutes.

17 (b) *Time-limited guaranteed issue.*

18 1. An insurer offering a Medicare supplement policy or a Medicare replacement
19 policy in this state shall provide coverage under the policy to any individual who
20 satisfies all of the following:

21 a. The individual is eligible for Medicare.

22 b. The individual had coverage under the plan.

23 c. The individual’s coverage under the plan terminated on the date specified in

24 subsection ~~(1)~~^L (b) 1. b.

1 d. The individual applies for coverage under the policy before the date that is
2 63 days after the date specified in subsection (1) (b) 1. b.

3 e. The individual pays the premium for the coverage under the policy.

4 2. An insurer under subdivision 1. may not deny coverage to any individual who
5 satisfies the criteria under subdivision 1. a. to e. on the basis of health status, receipt
6 of health care, claims experience, or medical condition, including disability.

7 (c) *Notice of requirement.* In addition to the requirement under subsection (1)
8 (b) 1. b. to provide notice to the insurers described in paragraph (b) 1. of the date on
9 which coverage under the plan terminates, within 60 days after the effective date of
10 this paragraph the Health Insurance Risk-Sharing Plan Authority under
11 subchapter III of chapter 149 of the statutes shall provide notice to the insurers
12 described in paragraph (b) 1. of the requirement under this subsection. ”

13 **SECTION 9337. Initial applicability; Revenue.**

14 “ (1) HEALTH INSURANCE RISK-SHARING PLAN AUTHORITY; INCOME TAX. The
15 treatment of sections 71.26 (1) (be) and 71.65 (4) of the statutes first applies to
16 taxable years beginning on January 1, 2015. ”

17 **SECTION 9400. Effective dates; general.** Except as otherwise provided in
18 SECTIONS 9422 and 9437 of this act, this act takes effect on July 1, 2013, or on the day
19 after publication, whichever is later.

20 **SECTION 9422. Effective dates; Insurance.**

21 “ (1) NOTICE REGARDING THE HEALTH INSURANCE RISK-SHARING PLAN. The
22 treatment of sections 631.36 (7) (a) (intro.), 1., and 2. and (b) and 632.785 of the
23 statutes takes effect on December 31, 2013.

24 (2) DISSOLUTION OF THE HEALTH INSURANCE RISK-SHARING PLAN. The treatment
25 of sections 1.12 (1) (b), 13.172 (1), 13.62 (2), 13.94 (1) (dh) and (1s) (c) 4., 13.95 (intro.),

#. Page 1075, line 9: after that line insert:

#. Page 1066, line 6 - after that line insert:

(25)
(by SECTION 68c)

1 16.002 (2), 16.004 (4), (5), and (12) (a), 16.045 (1) (a), 16.15 (1) (ab), 16.41 (4), 16.417
 2 (1) (a), 16.52 (7), 16.528 (1) (a), 16.53 (2), 16.54 (9) (a) 1., 16.70 (2), 16.72 (2) (e) (intro.)
 3 and (f), 16.75 (1m), (8) (a) 1. and 2., and (9), 16.765 (1), (2), (4), (5), (6), (7) (intro.) and
 4 (d), and (8), 16.85 (2), 16.865 (8), 20.435 (1) (am), 25.17 (63), 25.50 (1) (d), 40.02 (54)
 5 (L), 49.67 (3) (am) 2. a. and (6) (b) 1., 49.686 (6), 101.055 (2) (a), 230.03 (3), 230.80 (4),
 6 230.90 (1) (c), 601.41 (1), 601.415 (12), 601.64 (1), (3) (a) and (c), and (4), 613.03 (4),
 7 631.20 (1) (c) 5. and (2) (f), 632.897 (11) (a), 646.01 (1) (a) 2. k., and 895.514 and
 8 chapter 149 of the statutes takes effect on January 1, 2015.)

(by SECTION 91c)

SECTION 9437. Effective dates; Revenue.

Page 1009, line 19; after that line insert:
107.7

9
 10 (1) HEALTH INSURANCE RISK-SHARING PLAN AUTHORITY; PROPERTY AND SALES
 11 TAXES. The treatment of sections 70.11 (41m) and 77.54 (9a) (a) of the statutes takes
 12 effect on January 1, 2015.
 13 (2) HEALTH INSURANCE RISK-SHARING PLAN AUTHORITY; ASSESSMENTS CREDIT. The
 14 treatment of sections 71.07 (5g) (a), (b), and (c) 1., 71.28 (5g) (a), (b), and (c) 1., 71.47
 15 (5g) (a), (b), and (c) 1., and 76.655 (1), (2), and (3) (a) of the statutes takes effect on
 16 January 1, 2015.
 17 (3) HEALTH INSURANCE RISK-SHARING PLAN AUTHORITY; INCOME TAX. The
 18 treatment of sections 71.26 (1) (be), 71.65 (4), 71.78 (4) (i), and 71.80 (13) of the
 19 statutes takes effect on January 1, 2015.

(END)

2013-2014 DRAFTING INSERT
FROM THE
LEGISLATIVE REFERENCE BUREAU

LRBb00977?ins
PJK:.....

INSERT 15-8

1 (k) *Operational expenses.* All moneys transferred from the appropriation
2 account under par. (g) for operational expenses related to winding up the affairs of
3 the Health Insurance Risk-Sharing Plan, including hiring consultants,
4 limited-term employees, and experts.”.

5 #1. Page 365, line 9: after that line insert:

(END OF INSERT 15-8)

INSERT 21-4

6 #2. Page 879, line 10: after that line insert:

7 “SECTION 1971n. 177.075 (3) of the statutes is created to read:

8 177.075 (3) Any intangible property distributable in the course of the

9 dissolution of the Health Insurance Risk-Sharing Plan under 2130 Wisconsin Act ...

10 (this act), section 9122 (1), is presumed abandoned as otherwise provided under this

11 chapter if sub. (1) (a), (b), or (c) does not apply with respect to the distribution.”.

(END OF INSERT 21-4)

INSERT 27-16

12 Except for copayments, coinsurance, or deductibles required under the plan,
13 during the 90 days after the date coverage terminates under subdivision 1. b.,
14 consistent with section 149.14 (3) of the statutes and section 149.142 (2m) of the
15 statutes, a provider may not bill a covered person who receives a covered service or



Ins 27-16 contd

1 article and shall accept as payment in full the payment rate determined under
2 section 149.142 (1) of the statutes.

(END OF INSERT 27-16)

INSERT 29-17

w/ft
3 For purposes of chapter 177 of the statutes, as affected by this act, the
4 dissolution, and winding up of the affairs, of the plan shall be considered a
5 dissolution of an insurer in accordance with section 645.44 of the statutes, except
6 that a court order of dissolution is not required to effect the dissolution of the plan.

(END OF INSERT 29-17)

INSERT 30-2

w/ft
7 The office may enter into such other contracts as are necessary to carry out the
8 dissolution of the plan.

(END OF INSERT 30-2)

INSERT 30-22

VS: subd 9
VS: subpar 10

10. 'Dissolution notice, claims, and updates.'

11 a. On behalf of the commissioner, the authority shall provide notice of the plan's
12 dissolution to all persons known, or reasonably expected from the plan's records, to
13 have claims against the plan, including all covered persons. The notice shall be sent
14 by first class mail to the last-known addresses at least 60 days before the date on
15 which coverage terminates under subdivision 1. b. Notice to potential claimants of
16 the plan shall require the claimants to file their claims, together with proofs of
17 claims, within 90 days after the date on which coverage terminates under
subdivision 1. b. The notice shall be consistent with any relevant terms of the policies

↓

Ins 30-22 cont'd

1 under the plan and contracts and with section 645.47 (1) (a) of the statutes. The
2 notice shall serve as final notice consistent with section 645.47 (3) of the statutes.

3 b. Proofs of all claims must be filed with the office in the form provided by the
4 office consistent with the proof of claim, as applicable, under section 645.62 of the
5 statutes, on or before the last day for filing specified in the notice. For good cause
6 shown, the office shall permit a claimant to make a late filing if the existence of the
7 claim was not known to the claimant and the claimant files the claim within 30 days
8 after learning of the claim, but not more than 210 days after the date on which
9 coverage terminates under subdivision 1. b. Any claim that would have become
10 absolute if there had been no termination of coverage and that was not covered by
11 a succeeding insurer shall be permitted unless the claimant had actual notice of the
12 termination of the plan or the notice was mailed to the claimant by first class mail
13 at least 10 days before the insured event occurred.

14 c. The commissioner shall provide periodic updates to the Health Insurance
15 Risk-Sharing Plan advisory committee under subdivision 9. regarding the plan's
16 dissolution, including, at a minimum, information about expenses and claims paid.

(END OF INSERT 30-22)