State of Wisconsin
2017 - 2018 LEGISLATURE

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TJD:all

SENATE SUBSTITUTE AMENDMENT 3,

TO ASSEMBLY BILL 365

December 4, 2018 – Offered by Senators CRAIG and KAPENGA.

AN ACT ***to repeal*** 177.075 (3); ***to renumber and amend*** 71.07 (5g) (b), 71.07 (5g) (c) 1., 71.28 (5g) (b), 71.28 (5g) (c) 1., 71.47 (5g) (b), 71.47 (5g) (c) 1., 76.655 (2) and 76.655 (3) (a); ***to amend*** 1.12 (1) (b), 13.172 (1), 13.62 (2), 13.95 (intro.), 16.002 (2), 16.004 (4), 16.004 (5), 16.004 (12) (a), 16.045 (1) (a), 16.15 (1) (ab), 16.41 (4), 16.417 (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.), 16.72 (2) (f), 16.75 (1m), 16.75 (8) (am) and (bm), 16.75 (9), 16.765 (1), 16.765 (2), 16.765 (4), 16.765 (5), 16.765 (6), 16.765 (7) (intro.), 16.765 (7) (d), 16.765 (8), 16.85 (2), 16.865 (8), 25.50 (1) (d), 71.07 (5g) (a), 71.07 (5g) (c) 3., 71.07 (5g) (d) 2., 71.26 (1) (be), 71.28 (5g) (a), 71.28 (5g) (c) 3., 71.28 (5g) (d) 2., 71.47 (5g) (a), 71.47 (5g) (c) 3., 71.47 (5g) (d) 2., 76.655 (1), 76.655 (3) (b), 76.655 (5), 77.54 (9a) (a), 101.055 (2) (a), 230.03 (3), 230.80 (4), 230.90 (1) (c), 601.41 (1), 601.415 (12), 601.64 (1), 601.64 (3) (a), 601.64 (3) (c), 601.64 (4), 632.7495 (4) (c) and 646.01 (1) (a) 2. k.; and ***to create*** 13.94 (1) (dj), 13.94 (1s)

(c) 2m., 25.17 (63m), 40.02 (54) (n), 71.07 (5g) (b) 2., 71.07 (5g) (c) 1. b., 71.28 (5g) (b) 2., 71.28 (5g) (c) 1. b., 71.47 (5g) (b) 2., 71.47 (5g) (c) 1. b., 76.655 (2) (b), 76.655 (3) (a) 2., 613.03 (5), 631.20 (1) (c) 5m., 631.20 (2) (g), 631.36 (7) (c), 632.784 and chapter 656 of the statutes; **relating to:** the Health Insurance Risk–Sharing Plan Authority, short–term health insurance, and requiring the exercise of rule–making authority.

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

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

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

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

13.172 **(1)** In this section, "agency" means an office, department, agency, institution of higher education, association, society, or other body in state government created or authorized to be created by the constitution or any law, that is entitled to expend moneys appropriated by law, including the legislature and the courts, and any authority created in subch. II of ch. 114 or subch. III of ch. 656 or in ch. 231, 233, 234, 238, or 279.

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

13.62 **(2)** "Agency" means any board, commission, department, office, society, institution of higher education, council, or committee in the state government, or any

authority created in subch. II of ch. 114 or subch. III of ch. 656 or in ch. 231, 232, 233, 234, 237, 238, or 279, except that the term does not include a council or committee of the legislature.

SECTION 4. 13.94 (1) (dj) of the statutes is created to read:

13.94 **(1)** (dj) Annually, conduct a financial audit of the Health Insurance Risk–Sharing Plan under subch. II of ch. 656 and file copies of each audit report under this paragraph with the distributees specified in par. (b).

SECTION 5. 13.94 (1s) (c) 2m. of the statutes is created to read:

13.94 (1s) (c) 2m. The Health Insurance Risk–Sharing Plan Authority for the cost of the audit under sub. (1) (dj).

SECTION 6. 13.95 (intro.) of the statutes is amended to read:

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

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

16.002 **(2)** "Departments" means constitutional offices, departments, and independent agencies and includes all societies, associations, and other agencies of state government for which appropriations are made by law, but not including authorities created in subch. II of ch. 114 or subch. III of ch. 656 or in ch. 231, 232, 233, 234, 237, 238, or 279.

SECTION 8. 16.004 (4) of the statutes is amended to read:

16.004 **(4)** FREEDOM OF ACCESS. The secretary and such employees of the department as the secretary designates may enter into the offices of state agencies and authorities created under subch. II of ch. 114 and subch. III of ch. 656 and under chs. 231, 233, 234, 237, 238, and 279, and may examine their books and accounts and any other matter that in the secretary's judgment should be examined and may interrogate the agency's employees publicly or privately relative thereto.

SECTION 9. 16.004 (5) of the statutes is amended to read:

16.004 **(5)** AGENCIES AND EMPLOYEES TO COOPERATE. All state agencies and authorities created under subch. II of ch. 114 and subch. III of ch. 656 and under chs. 231, 233, 234, 237, 238, and 279, and their officers and employees, shall cooperate with the secretary and shall comply with every request of the secretary relating to his or her functions.

SECTION 10. 16.004 (12) (a) of the statutes is amended to read:

16.004 **(12)** (a) In this subsection, "state agency" means an association, authority, board, department, commission, independent agency, institution, office, society, or other body in state government created or authorized to be created by the constitution or any law, including the legislature, the office of the governor, and the courts, but excluding the University of Wisconsin Hospitals and Clinics Authority, the Health Insurance Risk–Sharing Plan Authority, the Wisconsin Aerospace

Authority, the Lower Fox River Remediation Authority, the Wisconsin Economic Development Corporation, and the Fox River Navigational System Authority.

SECTION 11. 16.045 (1) (a) of the statutes is amended to read:

16.045 **(1)** (a) "Agency" means an office, department, independent agency, institution of higher education, association, society, or other body in state government created or authorized to be created by the constitution or any law, that is entitled to expend moneys appropriated by law, including the legislature and the courts, but not including an authority created in subch. II of ch. 114 or subch. III of ch. 656 or in ch. 231, 232, 233, 234, 237, 238, or 279.

SECTION 12. 16.15 (1) (ab) of the statutes is amended to read:

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

SECTION 13. 16.41 (4) of the statutes is amended to read:

16.41 **(4)** In this section, "authority" means a body created under subch. II of ch. 114 or subch. III of ch. 656 or under ch. 231, 233, 234, 237, 238, or 279.

SECTION 14. 16.417 (1) (a) of the statutes is amended to read:

16.417 **(1)** (a) "Agency" means an office, department, independent agency, institution of higher education, association, society, or other body in state government created or authorized to be created by the constitution or any law, that is entitled to expend moneys appropriated by law, including the legislature and the courts, but not including an authority or a body created under subch. III of ch. 656.

SECTION 15. 16.52 (7) of the statutes is amended to read:

16.52 **(7)** PETTY CASH ACCOUNT. With the approval of the secretary, each agency that is authorized to maintain a contingent fund under s. 20.920 may establish a petty cash account from its contingent fund. The procedure for operation and maintenance of petty cash accounts and the character of expenditures therefrom shall be prescribed by the secretary. In this subsection, "agency" means an office, department, independent agency, institution of higher education, association, society, or other body in state government created or authorized to be created by the constitution or any law, that is entitled to expend moneys appropriated by law, including the legislature and the courts, but not including an authority created in subch. II of ch. 114 or subch. III of ch. 656 or in ch. 231, 233, 234, 237, 238, or 279.

SECTION 16. 16.528 (1) (a) of the statutes is amended to read:

16.528 **(1)** (a) "Agency" means an office, department, independent agency, institution of higher education, association, society, or other body in state government created or authorized to be created by the constitution or any law, that is entitled to expend moneys appropriated by law, including the legislature and the courts, but not including an authority created in subch. II of ch. 114 or subch. III of ch. 656 or in ch. 231, 233, 234, 237, 238, or 279.

SECTION 17. 16.53 (2) of the statutes is amended to read:

16.53 **(2)** IMPROPER INVOICES. If an agency receives an improperly completed invoice, the agency shall notify the sender of the invoice within 10 working days after it receives the invoice of the reason it is improperly completed. In this subsection, "agency" means an office, department, independent agency, institution of higher education, association, society, or other body in state government created or authorized to be created by the constitution or any law, that is entitled to expend moneys appropriated by law, including the legislature and the courts, but not

including an authority created in subch. II of ch. 114 or subch. III of ch. 656 or in ch. 231, 233, 234, 237, 238, or 279.

SECTION 18. 16.54 (9) (a) 1. of the statutes is amended to read:

16.54 **(9)** (a) 1. "Agency" means an office, department, independent agency, institution of higher education, association, society or other body in state government created or authorized to be created by the constitution or any law, which is entitled to expend moneys appropriated by law, including the legislature and the courts, but not including an authority created in subch. II of ch. 114 or subch. III of ch. 656 or in ch. 231, 233, 234, 237, 238, or 279.

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

16.70 **(2)** "Authority" means a body created under subch. II of ch. 114 or subch. III of ch. 656 or under ch. 231, 232, 233, 234, 237, or 279.

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

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

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

16.72 **(2)** (f) In writing specifications under this subsection, the department, any other designated purchasing agent under s. 16.71 (1), and each authority other than the University of Wisconsin Hospitals and Clinics Authority, the Health Insurance Risk-Sharing Plan Authority, and the Lower Fox River Remediation Authority shall incorporate requirements relating to the recyclability and ultimate disposition of products and, wherever possible, shall write the specifications so as to minimize the amount of solid waste generated by the state, consistent with the priorities established under s. 287.05 (12). All specifications under this subsection shall discourage the purchase of single-use, disposable products and require, whenever practical, the purchase of multiple-use, durable products.

SECTION 22. 16.75 (1m) of the statutes is amended to read:

16.75 **(1m)** The department shall award each order or contract for materials, supplies or equipment on the basis of life cycle cost estimates, whenever such action is appropriate. Each authority other than the University of Wisconsin Hospitals and Clinics Authority, the Health Insurance Risk-Sharing Plan Authority, the Lower Fox River Remediation Authority, and the Wisconsin Aerospace Authority shall award each order or contract for materials, supplies or equipment on the basis of life cycle cost estimates, whenever such action is appropriate. The terms, conditions and evaluation criteria to be applied shall be incorporated in the solicitation of bids or proposals. The life cycle cost formula may include, but is not limited to, the applicable costs of energy efficiency, acquisition and conversion, money, transportation, warehousing and distribution, training, operation and maintenance and disposition or resale. The department shall prepare documents containing technical guidance for the development and use of life cycle cost estimates, and shall make the documents available to local governmental units.

SECTION 23. 16.75 (8) (am) and (bm) of the statutes are amended to read:

16.75 **(8)** (am) The department, any other designated purchasing agent under s. 16.71 (1), any agency making purchases under s. 16.74, and each authority other than the University of Wisconsin Hospitals and Clinics Authority, the Health Insurance Risk–Sharing Plan Authority, and the Lower Fox River Remediation Authority shall, to the extent practicable, make purchasing selections using specifications developed under s. 16.72 (2) (e) to maximize the purchase of materials utilizing recycled materials and recovered materials.

(bm) Each agency and authority other than the University of Wisconsin Hospitals and Clinics Authority, the Health Insurance Risk–Sharing Plan Authority, and the Lower Fox River Remediation Authority shall ensure that the average recycled or recovered content of all paper purchased by the agency or authority measured as a proportion, by weight, of the fiber content of paper products purchased in a fiscal year, is not less than 40 percent of all purchased paper.

SECTION 24. 16.75 (9) of the statutes is amended to read:

16.75 **(9)** The department, any other designated purchasing agent under s. 16.71 (1), any agency making purchases under s. 16.74, and any authority other than the University of Wisconsin Hospitals and Clinics Authority, the Health Insurance Risk–Sharing Plan Authority, and the Lower Fox River Remediation Authority shall, to the extent practicable, make purchasing selections using specifications prepared under s. 16.72 (2) (f).

SECTION 25. 16.765 (1) of the statutes is amended to read:

16.765 **(1)** Contracting agencies, the University of Wisconsin Hospitals and Clinics Authority, the Health Insurance Risk–Sharing Plan Authority, the Fox River Navigational System Authority, the Wisconsin Aerospace Authority, the Lower Fox

River Remediation Authority, the Wisconsin Economic Development Corporation, and the Bradley Center Sports and Entertainment Corporation shall include in all contracts executed by them a provision obligating the contractor not to discriminate against any employee or applicant for employment because of age, race, religion, color, handicap, sex, physical condition, developmental disability as defined in s. 51.01 (5), sexual orientation as defined in s. 111.32 (13m), or national origin and, except with respect to sexual orientation, obligating the contractor to take affirmative action to ensure equal employment opportunities.

SECTION 26. 16.765 (2) of the statutes is amended to read:

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

to be provided by the contracting officer setting forth the provisions of the nondiscrimination clause".

SECTION 27. 16.765 (4) of the statutes is amended to read:

16.765 **(4)** Contracting agencies, the University of Wisconsin Hospitals and Clinics Authority, the Health Insurance Risk–Sharing Plan Authority, the Fox River Navigational System Authority, the Wisconsin Aerospace Authority, the Lower Fox River Remediation Authority, and the Bradley Center Sports and Entertainment Corporation shall take appropriate action to revise the standard government contract forms under this section.

SECTION 28. 16.765 (5) of the statutes is amended to read:

16.765 **(5)** The head of each contracting agency and the boards of directors of the University of Wisconsin Hospitals and Clinics Authority, the Health Insurance Risk–Sharing Plan Authority, the Fox River Navigational System Authority, the Wisconsin Aerospace Authority, the Lower Fox River Remediation Authority, the Wisconsin Economic Development Corporation, and the Bradley Center Sports and Entertainment Corporation shall be primarily responsible for obtaining compliance by any contractor with the nondiscrimination and affirmative action provisions prescribed by this section, according to procedures recommended by the department. The department shall make recommendations to the contracting agencies and the boards of directors of the University of Wisconsin Hospitals and Clinics Authority, the Health Insurance Risk–Sharing Plan Authority, the Fox River Navigational System Authority, the Wisconsin Aerospace Authority, the Lower Fox River Remediation Authority, the Wisconsin Economic Development Corporation, and the Bradley Center Sports and Entertainment Corporation for improving and making more effective the nondiscrimination and affirmative action provisions of contracts.

The department shall promulgate such rules as may be necessary for the performance of its functions under this section.

SECTION 29. 16.765 (6) of the statutes is amended to read:

16.765 **(6)** The department may receive complaints of alleged violations of the nondiscrimination provisions of such contracts. The department shall investigate and determine whether a violation of this section has occurred. The department may delegate this authority to the contracting agency, the University of Wisconsin Hospitals and Clinics Authority, the Health Insurance Risk–Sharing Plan Authority, the Fox River Navigational System Authority, the Wisconsin Aerospace Authority, the Lower Fox River Remediation Authority, the Wisconsin Economic Development Corporation, or the Bradley Center Sports and Entertainment Corporation for processing in accordance with the department's procedures.

SECTION 30. 16.765 (7) (intro.) of the statutes is amended to read:

16.765 **(7)** (intro.) When a violation of this section has been determined by the department, the contracting agency, the University of Wisconsin Hospitals and Clinics Authority, the Health Insurance Risk–Sharing Plan Authority, the Fox River Navigational System Authority, the Wisconsin Aerospace Authority, the Lower Fox River Remediation Authority, the Wisconsin Economic Development Corporation, or the Bradley Center Sports and Entertainment Corporation, the contracting agency, the University of Wisconsin Hospitals and Clinics Authority, the Health Insurance Risk–Sharing Plan Authority, the Fox River Navigational System Authority, the Wisconsin Aerospace Authority, the Lower Fox River Remediation Authority, the Wisconsin Economic Development Corporation, or the Bradley Center Sports and Entertainment Corporation shall:

SECTION 31. 16.765 (7) (d) of the statutes is amended to read:

16.765 **(7)** (d) Direct the violating party to take immediate steps to prevent further violations of this section and to report its corrective action to the contracting agency, the University of Wisconsin Hospitals and Clinics Authority, the Health Insurance Risk-Sharing Plan Authority, the Fox River Navigational System Authority, the Wisconsin Aerospace Authority, the Lower Fox River Remediation Authority, the Wisconsin Economic Development Corporation, or the Bradley Center Sports and Entertainment Corporation.

SECTION 32. 16.765 (8) of the statutes is amended to read:

16.765 **(8)** If further violations of this section are committed during the term of the contract, the contracting agency, the Health Insurance Risk-Sharing Plan Authority, the Fox River Navigational System Authority, the Wisconsin Aerospace Authority, the Lower Fox River Remediation Authority, the Wisconsin Economic Development Corporation, or the Bradley Center Sports and Entertainment Corporation may permit the violating party to complete the contract, after complying with this section, but thereafter the contracting agency, the Health Insurance Risk-Sharing Plan Authority, the Fox River Navigational System Authority, the Wisconsin Aerospace Authority, the Lower Fox River Remediation Authority, the Wisconsin Economic Development Corporation, or the Bradley Center Sports and Entertainment Corporation shall request the department to place the name of the party on the ineligible list for state contracts, or the contracting agency, the Health Insurance Risk-Sharing Plan Authority, the Fox River Navigational System Authority, the Wisconsin Aerospace Authority, the Lower Fox River Remediation Authority, the Wisconsin Economic Development Corporation, or the Bradley Center Sports and Entertainment Corporation may terminate the contract without liability

for the uncompleted portion or any materials or services purchased or paid for by the contracting party for use in completing the contract.

SECTION 33. 16.85 (2) of the statutes is amended to read:

16.85 **(2)** To furnish engineering, architectural, project management, and other building construction services whenever requisitions therefor are presented to the department by any agency. The department may deposit moneys received from the provision of these services in the account under s. 20.505 (1) (kc) or in the general fund as general purpose revenue — earned. In this subsection, "agency" means an office, department, independent agency, institution of higher education, association, society, or other body in state government created or authorized to be created by the constitution or any law, which is entitled to expend moneys appropriated by law, including the legislature and the courts, but not including an authority created in subch. II of ch. 114 or subch. III of ch. 656 or in ch. 231, 233, 234, 237, 238, or 279.

SECTION 34. 16.865 (8) of the statutes is amended to read:

16.865 **(8)** Annually in each fiscal year, allocate as a charge to each agency a proportionate share of the estimated costs attributable to programs administered by the agency to be paid from the appropriation under s. 20.505 (2) (k). The department may charge premiums to agencies to finance costs under this subsection and pay the costs from the appropriation on an actual basis. The department shall deposit all collections under this subsection in the appropriation account under s. 20.505 (2) (k). Costs assessed under this subsection may include judgments, investigative and adjustment fees, data processing and staff support costs, program administration costs, litigation costs, and the cost of insurance contracts under sub. (5). In this subsection, "agency" means an office, department, independent agency, institution of higher education, association, society, or other body in state government created

or authorized to be created by the constitution or any law, that is entitled to expend moneys appropriated by law, including the legislature and the courts, but not including an authority created in subch. II of ch. 114 or subch. III of ch. 656 or in ch. 231, 232, 233, 234, 237, 238, or 279.

SECTION 35. 25.17 (63m) of the statutes is created to read:

25.17 **(63m)** If requested by the Health Insurance Risk–Sharing Plan Authority, invest funds of the Health Insurance Risk–Sharing Plan Authority in the state investment fund.

SECTION 36. 25.50 (1) (d) of the statutes is amended to read:

25.50 **(1)** (d) "Local government" means any county, town, village, city, power district, sewerage district, drainage district, town sanitary district, public inland lake protection and rehabilitation district, local professional baseball park district created under subch. III of ch. 229, long–term care district under s. 46.2895, local professional football stadium district created under subch. IV of ch. 229, local cultural arts district created under subch. V of ch. 229, public library system, school district or technical college district in this state, any commission, committee, board or officer of any governmental subdivision of this state, any court of this state, other than the court of appeals or the supreme court, or any authority created under s. 114.61, 231.02, 233.02, ~~or~~ 234.02, or 656.41.

SECTION 37. 40.02 (54) (n) of the statutes is created to read:

40.02 **(54)** (n) The Health Insurance Risk–Sharing Plan Authority.

SECTION 38. 71.07 (5g) (a) of the statutes is amended to read:

71.07 **(5g)** (a) *Definitions.* In this subsection, "claimant" means a partner, limited liability company member, or tax–option corporation shareholder who files

a claim under this subsection and who is a partner, member, or shareholder of an entity that is an insurer, as defined in s. 149.10 (5), 2011 stats., or in s. 656.01 (17).

SECTION 39. 71.07 (5g) (b) of the statutes is renumbered 71.07 (5g) (b) 1. and amended to read:

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

SECTION 40. 71.07 (5g) (b) 2. of the statutes is created to read:

71.07 **(5g)** (b) 2. Subject to the limitations provided under this subsection, for taxable years beginning after December 31, 2018, a claimant may claim as a credit against the taxes imposed under s. 71.02 an amount that is equal to the amount of the assessment under s. 656.15 that the claimant paid in the claimant's taxable year, multiplied by the percentage determined under par. (c) 1. b.

SECTION 41. 71.07 (5g) (c) 1. of the statutes is renumbered 71.07 (5g) (c) 1. a. and amended to read:

71.07 **(5g)** (c) 1. a. The department of revenue, in consultation with the office of the commissioner of insurance, shall determine the percentage under par. (b) 1. for each claimant for each taxable year. The percentage shall be equal to $5,000,000 divided by the aggregate assessment under s. 149.13, 2011 stats., except that for taxable years beginning after December 31, 2013, and before January 1, 2015, the percentage shall be equal to $1,250,000 divided by the aggregate assessment under s. 149.13, 2011 stats., and shall not exceed 100 percent. The office of the

commissioner of insurance shall provide to each claimant that participates in the cost of administering the plan the aggregate assessment at the time that it notifies the claimant of the claimant's assessment. The aggregate amount of the credit under ~~this subsection~~ par. (b) 1. and ss. 71.28 (5g) (b) 1., 71.47 (5g) (b) 1., and 76.655 (2) (a) for all claimants participating in the cost of administering the plan under ch. 149, 2011 stats., shall not exceed $5,000,000 in each fiscal year.

SECTION 42. 71.07 (5g) (c) 1. b. of the statutes is created to read:

71.07 **(5g)** (c) 1. b. The department of revenue, in consultation with the office of the commissioner of insurance, shall determine the percentage under par. (b) 2. for each claimant for each taxable year. The percentage shall be equal to $1,250,000 divided by the aggregate assessment under s. 656.15 and shall not exceed 100 percent. The office of the commissioner of insurance shall provide to each claimant that participates in the cost of administering the plan the aggregate assessment at the time that it notifies the claimant of the claimant's assessment. The aggregate amount of the credit under par. (b) 2. and ss. 71.28 (5g) (b) 2., 71.47 (5g) (b) 2., and 76.655 (2) (b) for all claimants participating in the cost of administering the plan under ch. 656, shall not exceed $5,000,000 in each fiscal year.

SECTION 43. 71.07 (5g) (c) 3. of the statutes is amended to read:

71.07 **(5g)** (c) 3. The amount of any credits that a claimant is awarded under ~~this subsection~~ par. (b) 1. for taxable years beginning after December 31, 2005, and before January 1, 2008, may first be claimed against the tax imposed under this subchapter for taxable years beginning after December 31, 2007, and in the manner determined by the department of revenue.

SECTION 44. 71.07 (5g) (d) 2. of the statutes is amended to read:

71.07 **(5g)** (d) 2. No credit may be claimed under ~~this subsection~~ par. (b) 1. for taxable years beginning after December 31, 2014. Credits under this subsection for taxable years that begin before January 1, 2015, may be carried forward to taxable years that begin after December 31, 2014.

SECTION 45. 71.26 (1) (be) of the statutes is amended to read:

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

SECTION 46. 71.28 (5g) (a) of the statutes is amended to read:

71.28 **(5g)** (a) *Definitions.* In this subsection, "claimant" means an insurer, as defined in s. 149.10 (5), 2011 stats., or in s. 656.01 (17), who files a claim under this subsection.

SECTION 47. 71.28 (5g) (b) of the statutes is renumbered 71.28 (5g) (b) 1. and amended to read:

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

SECTION 48. 71.28 (5g) (b) 2. of the statutes is created to read:

71.28 **(5g)** (b) 2. Subject to the limitations provided under this subsection, for taxable years beginning after December 31, 2018, a claimant may claim as a credit against the taxes imposed under s. 71.23 an amount that is equal to the amount of

the assessment under s. 656.15 that the claimant paid in the claimant's taxable year, multiplied by the percentage determined under par. (c) 1. b.

SECTION 49. 71.28 (5g) (c) 1. of the statutes is renumbered 71.28 (5g) (c) 1. a. and amended to read:

71.28 **(5g)** (c) 1. a. The department of revenue, in consultation with the office of the commissioner of insurance, shall determine the percentage under par. (b) 1. for each claimant for each taxable year. The percentage shall be equal to $5,000,000 divided by the aggregate assessment under s. 149.13, 2011 stats., except that for taxable years beginning after December 31, 2013, and before January 1, 2015, the percentage shall be equal to $1,250,000 divided by the aggregate assessment under s. 149.13, 2011 stats., and shall not exceed 100 percent. The office of the commissioner of insurance shall provide to each claimant that participates in the cost of administering the plan the aggregate assessment at the time that it notifies the claimant of the claimant's assessment. The aggregate amount of the credit under ~~this subsection~~ par. (b) 1. and ss. 71.07 (5g) (b) 1., 71.47 (5g) (b) 1., and 76.655 (2) (a) for all claimants participating in the cost of administering the plan under ch. 149, 2011 stats., shall not exceed $5,000,000 in each fiscal year.

SECTION 50. 71.28 (5g) (c) 1. b. of the statutes is created to read:

71.28 **(5g)** (c) 1. b. The department of revenue, in consultation with the office of the commissioner of insurance, shall determine the percentage under par. (b) 2. for each claimant for each taxable year. The percentage shall be equal to $1,250,000 divided by the aggregate assessment under s. 656.15 and shall not exceed 100 percent. The office of the commissioner of insurance shall provide to each claimant that participates in the cost of administering the plan the aggregate assessment at the time that it notifies the claimant of the claimant's assessment. The aggregate

amount of the credit under par. (b) 2. and ss. 71.07 (5g) (b) 2., 71.47 (5g) (b) 2., and 76.655 (2) (b) for all claimants participating in the cost of administering the plan under ch. 656, shall not exceed $5,000,000 in each fiscal year.

SECTION 51. 71.28 (5g) (c) 3. of the statutes is amended to read:

71.28 **(5g)** (c) 3. The amount of any credits that a claimant is awarded under ~~this subsection~~ par. (b) 1. for taxable years beginning after December 31, 2005, and before January 1, 2008, may first be claimed against the tax imposed under this subchapter for taxable years beginning after December 31, 2007, and in the manner determined by the department of revenue.

SECTION 52. 71.28 (5g) (d) 2. of the statutes is amended to read:

71.28 **(5g)** (d) 2. No credit may be claimed under ~~this subsection~~ par. (b) 1. for taxable years beginning after December 31, 2014. Credits under this subsection for taxable years that begin before January 1, 2015, may be carried forward to taxable years that begin after December 31, 2014.

SECTION 53. 71.47 (5g) (a) of the statutes is amended to read:

71.47 **(5g)** (a) *Definitions.* In this subsection, "claimant" means an insurer, as defined in s. 149.10 (5), 2011 stats., or s. 656.01 (17), who files a claim under this subsection.

SECTION 54. 71.47 (5g) (b) of the statutes is renumbered 71.47 (5g) (b) 1. and amended to read:

71.47 **(5g)** (b) 1. Subject to the limitations provided under this subsection, for taxable years beginning after December 31, 2005, and before January 1, 2015, a claimant may claim as a credit against the taxes imposed under s. 71.43 an amount that is equal to the amount of assessment under s. 149.13, 2011 stats., that the

claimant paid in the claimant's taxable year, multiplied by the percentage determined under par. (c) 1. a.

SECTION 55. 71.47 (5g) (b) 2. of the statutes is created to read:

71.47 **(5g)** (b) 2. Subject to the limitations provided under this subsection, for taxable years beginning after December 31, 2018, a claimant may claim as a credit against the taxes imposed under s. 71.43 an amount that is equal to the amount of the assessment under s. 656.15 that the claimant paid in the claimant's taxable year, multiplied by the percentage determined under par. (c) 1. b.

SECTION 56. 71.47 (5g) (c) 1. of the statutes is renumbered 71.47 (5g) (c) 1. a. and amended to read:

71.47 **(5g)** (c) 1. a. The department of revenue, in consultation with the office of the commissioner of insurance, shall determine the percentage under par. (b) 1. for each claimant for each taxable year. The percentage shall be equal to $5,000,000 divided by the aggregate assessment under s. 149.13, 2011 stats., except that for taxable years beginning after December 31, 2013, and before January 1, 2015, the percentage shall be equal to $1,250,000 divided by the aggregate assessment under s. 149.13, 2011 stats., and shall not exceed 100 percent. The office of the commissioner of insurance shall provide to each claimant that participates in the cost of administering the plan the aggregate assessment at the time that it notifies the claimant of the claimant's assessment. The aggregate amount of the credit under ~~this subsection~~ par. (b) 1. and ss. 71.07 (5g) (b) 1., 71.28 (5g) (b) 1., and 76.655 (2) (a) for all claimants participating in the cost of administering the plan under ch. 149, 2011 stats., shall not exceed $5,000,000 in each fiscal year.

SECTION 57. 71.47 (5g) (c) 1. b. of the statutes is created to read:

71.47 **(5g)** (c) 1. b. The department of revenue, in consultation with the office of the commissioner of insurance, shall determine the percentage under par. (b) 2. for each claimant for each taxable year. The percentage shall be equal to $1,250,000 divided by the aggregate assessment under s. 656.15 and shall not exceed 100 percent. The office of the commissioner of insurance shall provide to each claimant that participates in the cost of administering the plan the aggregate assessment at the time that it notifies the claimant of the claimant's assessment. The aggregate amount of the credit under par. (b) 2. and ss. 71.07 (5g) (b) 2., 71.28 (5g) (b) 2., and 76.655 (2) (b) for all claimants participating in the cost of administering the plan under ch. 656, shall not exceed $5,000,000 in each fiscal year.

SECTION 58. 71.47 (5g) (c) 3. of the statutes is amended to read:

71.47 **(5g)** (c) 3. The amount of any credits that a claimant is awarded under ~~this subsection~~ par. (b) 1. for taxable years beginning after December 31, 2005, and before January 1, 2008, may first be claimed against the tax imposed under this subchapter for taxable years beginning after December 31, 2007, and in the manner determined by the department of revenue.

SECTION 59. 71.47 (5g) (d) 2. of the statutes is amended to read:

71.47 **(5g)** (d) 2. No credit may be claimed under ~~this subsection~~ par. (b) 1. for taxable years beginning after December 31, 2014. Credits under this subsection for taxable years that begin before January 1, 2015, may be carried forward to taxable years that begin after December 31, 2014.

SECTION 60. 76.655 (1) of the statutes is amended to read:

76.655 **(1)** DEFINITIONS. In this section, "claimant" means an insurer, as defined in s. 149.10 (5), 2011 stats., or in s. 656.01 (17), who files a claim under this section.

SECTION 61. 76.655 (2) of the statutes is renumbered 76.655 (2) (a) and amended to read:

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

SECTION 62. 76.655 (2) (b) of the statutes is created to read:

76.655 **(2)** (b) Subject to the limitations provided under this section, for taxable years beginning after December 31, 2018, a claimant may claim as a credit against the fees imposed under ss. 76.60, 76.63, 76.65, 76.66 or 76.67 an amount that is equal to the amount of assessment under s. 656.15 that the claimant paid in the claimant's taxable year, multiplied by the percentage determined under sub. (3) (a) 2.

SECTION 63. 76.655 (3) (a) of the statutes is renumbered 76.655 (3) (a) 1. and amended to read:

76.655 **(3)** (a) 1. The department of revenue, in consultation with the office of the commissioner of insurance, shall determine the percentage under sub. (2) (a) for each claimant for each taxable year. The percentage shall be equal to $5,000,000 divided by the aggregate assessment under s. 149.13, 2011 stats., except that for taxable years beginning after December 31, 2013, and before January 1, 2015, the percentage shall be equal to $1,250,000 divided by the aggregate assessment under s. 149.13, 2011 stats., and shall not exceed 100 percent. The office of the commissioner of insurance shall provide to each claimant that participates in the cost of administering the plan the aggregate assessment at the time that it notifies

the claimant of the claimant's assessment. The aggregate amount of the credit under ~~this subsection~~ sub. (2) (a) and ss. 71.07 (5g) (b) 1., 71.28 (5g) (b) 1., and 71.47 (5g) (b) 1. for all claimants participating in the cost of administering the plan under ch. 149, 2011 stats., shall not exceed $5,000,000 in each fiscal year.

SECTION 64. 76.655 (3) (a) 2. of the statutes is created to read:

76.655 **(3)** (a) 2. The department of revenue, in consultation with the office of the commissioner of insurance, shall determine the percentage under sub. (2) (b) for each claimant for each taxable year. The percentage shall be equal to $1,250,000 divided by the aggregate assessment under s. 656.15 and shall not exceed 100 percent. The office of the commissioner of insurance shall provide to each claimant that participates in the cost of administering the plan the aggregate assessment at the time that it notifies the claimant of the claimant's assessment. The aggregate amount of the credit under sub. (2) (b) and ss. 71.07 (5g) (b) 2., 71.28 (5g) (b) 2., and 71.47 (5g) (b) 2. for all claimants participating in the cost of administering the plan under ch. 656 shall not exceed $5,000,000 in each fiscal year.

SECTION 65. 76.655 (3) (b) of the statutes is amended to read:

76.655 **(3)** (b) The amount of any credits that a claimant is awarded under ~~this section~~ sub. (2) (a) for taxable years beginning after December 31, 2005, and before January 1, 2008, may first be claimed against the fees imposed under ss. 76.60, 76.63, 76.65, or 76.67 for taxable years beginning after December 31, 2007, and in the manner determined by the department of revenue.

SECTION 66. 76.655 (5) of the statutes is amended to read:

76.655 **(5)** SUNSET. No credit may be claimed under ~~this section~~ sub. (2) (a) for taxable years beginning after December 31, 2014. Credits under this section for

taxable years that begin before January 1, 2015, may be carried forward to taxable years that begin after December 31, 2014.

SECTION 67. 77.54 (9a) (a) of the statutes is amended to read:

77.54 **(9a)** (a) This state or any agency thereof, the University of Wisconsin Hospitals and Clinics Authority, the Health Insurance Risk–Sharing Plan Authority, the Wisconsin Aerospace Authority, the Wisconsin Economic Development Corporation, and the Fox River Navigational System Authority.

SECTION 68. 101.055 (2) (a) of the statutes is amended to read:

101.055 **(2)** (a) "Agency" means an office, department, independent agency, authority, institution, association, society, or other body in state government created or authorized to be created by the constitution or any law, and includes the legislature and the courts, but excludes the Health Insurance Risk–Sharing Plan Authority.

SECTION 69. 177.075 (3) of the statutes is repealed.

SECTION 70. 230.03 (3) of the statutes is amended to read:

230.03 **(3)** "Agency" means any board, commission, committee, council, or department in state government or a unit thereof created by the constitution or statutes if such board, commission, committee, council, department, unit, or the head thereof, is authorized to appoint subordinate staff by the constitution or statute, except the Board of Regents of the University of Wisconsin System, a legislative or judicial board, commission, committee, council, department, or unit thereof or an authority created under subch. II of ch. 114 or subch. III of ch. 656 or under ch. 231, 232, 233, 234, 237, 238, or 279. "Agency" does not mean any local unit of government or body within one or more local units of government that is created by law or by action of one or more local units of government.

SECTION 71. 230.80 (4) of the statutes is amended to read:

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

SECTION 72. 230.90 (1) (c) of the statutes is amended to read:

230.90 **(1)** (c) "Governmental unit" means any association, authority, board, commission, department, independent agency, institution, office, society or other body in state government created or authorized to be created by the constitution or any law, including the legislature, the office of the governor and the courts. "Governmental unit" does not mean the University of Wisconsin Hospitals and Clinics Authority, the Health Insurance Risk-Sharing Plan Authority, or any political subdivision of the state or body within one or more political subdivisions which is created by law or by action of one or more political subdivisions.

SECTION 73. 601.41 (1) of the statutes is amended to read:

601.41 **(1)** DUTIES. The commissioner shall administer and enforce chs. 600 to 655 and ss. 59.52 (11) (c), 66.0137 (4) and (4m), 100.203, ~~and~~ 120.13 (2) (b) to (g), and 656.15 and shall act as promptly as possible under the circumstances on all matters placed before the commissioner.

SECTION 74. 601.415 (12) of the statutes is amended to read:

601.415 **(12)** HEALTH INSURANCE RISK-SHARING PLAN. The commissioner shall perform the duties specified to be performed by the commissioner in s. 149.13, 2011 stats., and s. 656.15 and under 2013 Wisconsin Act 20, section 9122 (1L) (b) 8.

SECTION 75. 601.64 (1) of the statutes is amended to read:

601.64 **(1)** INJUNCTIONS AND RESTRAINING ORDERS. The commissioner may commence an action in circuit court in the name of the state to restrain by temporary or permanent injunction or by temporary restraining order any violation of chs. 600 to 655 or s. 149.13, 2011 stats., or s. 656.15, any rule promulgated under chs. 600 to 655, or any order issued under s. 601.41 (4). The commissioner need not show irreparable harm or lack of an adequate remedy at law in an action commenced under this subsection.

SECTION 76. 601.64 (3) (a) of the statutes is amended to read:

601.64 **(3)** (a) *Restitutionary forfeiture.* Whoever violates an effective order issued under s. 601.41 (4), any insurance statute or rule, or s. 149.13, 2011 stats., or s. 656.15 shall forfeit to the state twice the amount of any profit gained from the violation, in addition to any other forfeiture or penalty imposed.

SECTION 77. 601.64 (3) (c) of the statutes is amended to read:

601.64 **(3)** (c) *Forfeiture for violation of statute or rule.* Whoever violates an insurance statute or rule or s. 149.13, 2011 stats., or s. 656.15 intentionally aids a person in violating an insurance statute or rule or s. 149.13, 2011 stats., or s. 656.15 or knowingly permits a person over whom he or she has authority to violate an insurance statute or rule or s. 149.13, 2011 stats., or s. 656.15 shall forfeit to the state not more than $1,000 for each violation. If the statute or rule imposes a duty to make a report to the commissioner, each week of delay in complying with the duty is a new violation.

SECTION 78. 601.64 (4) of the statutes is amended to read:

601.64 **(4)** CRIMINAL PENALTY. Whoever intentionally violates or intentionally permits any person over whom he or she has authority to violate or intentionally aids any person in violating any insurance statute or rule of this state, s. 149.13, 2011 stats., or s. 656.15 or any effective order issued under s. 601.41 (4) is guilty of a Class I felony, unless a specific penalty is provided elsewhere in the statutes. Intent has the meaning expressed under s. 939.23.

SECTION 79. 613.03 (5) of the statutes is created to read:

613.03 **(5)** HEALTH INSURANCE RISK-SHARING PLAN. Service insurance corporations organized or operating under this chapter are subject to the requirements that apply to insurers and insurance under ch. 656.

SECTION 80. 631.20 (1) (c) 5m. of the statutes is created to read:

631.20 **(1)** (c) 5m. A form filed under ch. 656.

SECTION 81. 631.20 (2) (g) of the statutes is created to read:

631.20 **(2)** (g) In the case of a policy form under ch. 656, that any of the following applies:

1. The benefit design is not comparable to a typical comprehensive individual health insurance policy offered in the private sector market in this state.

2. The benefit levels are not generally reflective of and commensurate with comprehensive health insurance coverage offered in the private individual market in this state.

3. The copayments, deductibles, and coinsurance are not actuarially equivalent to comprehensive individual plans and would create undue financial hardship.

4. It is inconsistent with the purpose of providing health care coverage to those unable to obtain coverage in the private market.

SECTION 82. 631.36 (7) (c) of the statutes is created to read:

631.36 **(7)** (c) Notice of cancellation or nonrenewal required under sub. (2) (b) or (4) is not effective unless the notice contains the notice required under s. 632.784, if applicable.

SECTION 83. 632.7495 (4) (c) of the statutes is amended to read:

632.7495 **(4)** (c) The coverage term aggregated with all consecutive periods of the insurer's coverage of the insured by individual health benefit plan coverage not required to be renewed under this subsection does not exceed 18 months. For purposes of this paragraph, coverage periods are consecutive if there are no more than 63 days between the coverage periods. This paragraph does not apply if provisions of the federal Patient Protection and Affordable Care Act, P.L. 111–148, under 42 USC 300gg to 300gg–4 are no longer enforceable or no longer preempt state law relating to individual health insurance policies.

SECTION 84. 632.784 of the statutes is created to read:

632.784 Notice of Health Insurance Risk-Sharing Plan. (1) If an insurer issues one or more of the following or takes any other action based wholly or partially on medical underwriting considerations which is likely to render any person eligible under s. 656.12 for coverage under ch. 656, the insurer shall notify all persons affected of the existence of the mandatory health insurance risk–sharing plan under ch. 656, as well as the eligibility requirements and method of applying for coverage under the plan:

(a) A notice of rejection or cancellation of coverage.

(b) A notice of reduction or limitation of coverage, including restrictive riders, if the effect of the reduction or limitation is to substantially reduce coverage

compared to the coverage available to a person considered a standard risk for the type of coverage provided by the plan.

(c) A notice of increase in premium exceeding the premium then in effect for the insured person by 50 percent or more, unless the increase applies to substantially all of the insurer's health insurance policies then in effect.

(d) A notice of premium for a policy not yet in effect which exceeds the premium applicable to a person considered a standard risk by 50 percent or more for the types of coverage provided by the plan.

(2) Any notice issued under sub. (1) shall also state the reasons for the rejection, termination, cancellation, or imposition of underwriting restrictions.

SECTION 85. 646.01 (1) (a) 2. k. of the statutes is amended to read:

646.01 **(1)** (a) 2. k. Risk–sharing plans under ~~ch.~~ chs. 619 and 656.

SECTION 86. Chapter 656 of the statutes is created to read:

CHAPTER 656

HEALTH INSURANCE RISK-SHARING PLANS

SUBCHAPTER I

GENERAL PROVISIONS

656.01 Definitions. In this chapter:

(1) "Authority" means the Health Insurance Risk–Sharing Plan Authority.

(2) "Board" means the board of directors of the authority.

(3) "Church plan" has the meaning given in 29 USC 1002 (33).

(4) "Commissioner" means the commissioner of insurance.

(5) "Creditable coverage" has the meaning given in s. 632.745 (4).

(6) "Eligible person" means a person who is certified as eligible under s. 656.12 (1), whether or not the person is legally responsible for the payment of medical expenses incurred on the person's behalf.

(7) "Federal continuation provision" has the meaning given in s. 632.745 (8).

(8) "Federal governmental plan" means a benefit program established or maintained for its employees by the government of the United States or by any agency or instrumentality of the government of the United States.

(9) "Fund" means the Health Insurance Risk–Sharing Plan fund under s. 656.10 (2).

(10) "Governmental plan" has the meaning given under 29 USC 1002 (32).

(11) "Group health plan" has the meaning given in s. 632.745 (10).

(12) "Health care coverage revenue" means any of the following, but does not include payments to health maintenance organizations under s. 49.45 (59) (a):

(a) Premiums received for health care coverage.

(b) Subscriber contract charges received for health care coverage.

(c) Health maintenance organization, limited service health organization, or preferred provider plan charges received for health care coverage.

(d) The sum of benefits paid and administrative costs incurred for health care coverage under a medical reimbursement plan.

(13) "Health insurance" means surgical, medical, hospital, major medical, and other health service coverage provided on an expense–incurred basis and fixed indemnity policies. "Health insurance" does not include ancillary coverage such as income continuation, short–term, accident only, credit insurance, automobile medical payment coverage, coverage issued as a supplement to liability coverage, loss of time, or accident benefits.

(14) "Health maintenance organization" has the meaning given in s. 609.01 (2).

(15) "HIV" means any strain of human immunodeficiency virus, which causes acquired immunodeficiency syndrome.

(16) "Insurance" has the meaning given in s. 600.03 (25).

(17) "Insurer" has the meaning given in s. 600.03 (27) and does not include a plan under ch. 613 which offers only dental care.

(18) "Limited service health organization" has the meaning given in s. 609.01 (3).

(19) "Medical Assistance program" means the health care benefit program provided under subch. IV of ch. 49.

(20) "Policy" has the meaning given in s. 600.03 (35).

(21) "Preexisting condition exclusion" means, with respect to coverage, a limitation or exclusion of benefits relating to a condition of an individual that existed before the individual's date of enrollment for coverage, whether or not the individual received any medical advice or recommendation, diagnosis, care, or treatment related to the condition before that date.

(22) "Preferred provider plan" has the meaning given in s. 609.01 (4).

(23) "Premium" has the meaning given in s. 600.03 (38).

656.03 Applicability. This chapter applies only if provisions of the federal Patient Protection and Affordable Care Act, P.L. 111–148, under 42 USC 300gg to 300gg–4 are no longer enforceable or no longer preempt state law relating to individual health insurance policies.

656.05 Immunity. No liability may be imposed on any of the following for an act or omission in the performance of any powers and duties under this chapter,

unless the person asserting liability proves the act or omission constitutes willful misconduct:

(1) The authority, plan, or board.

(2) Any agent, employee, or director of the authority, plan, or board.

(3) Any participating insurer.

(4) The commissioner.

(5) Any of the commissioner's agents, employees, or representatives.

SUBCHAPTER II

HEALTH INSURANCE RISK–SHARING

PLAN PROVISIONS

656.10 Administration of plan. (1) AUTHORITY. The authority shall be responsible for the operation of the plan and, subject to ss. 656.43 (3) and 656.47, may enter into contracts for the plan's administration.

(2) FUND. (a) The authority shall pay the operating administrative expenses of the plan from the fund, which shall be outside the state treasury and which shall consist of all of the following:

1. Insurer assessments paid under s. 656.15.

2. Premiums paid by eligible persons.

3. Moneys received from the federal government as grants for high–risk pools.

4. The earnings resulting from investments under par. (b).

5. Any other moneys received by the authority.

(b) The authority controls assets of the fund, including investment of assets of the fund.

(c) Moneys in the fund may be expended only for the purposes specified in par. (a).

656.11 Rules relating to creditable coverage. The commissioner shall promulgate rules that specify how creditable coverage is to be aggregated for purposes of s. 656.12 (1) (c) 1. and that determine the creditable coverage to which s. 656.12 (1) (c) 2. and 4. applies. The rules shall comply with any applicable federal law regarding creditable coverage.

656.12 Eligibility determination. (1) ELIGIBLE PERSONS. Except as provided in sub. (3) and subject to subs. (2) and (4), the authority shall certify as eligible a person who is a resident of this state and is any of the following:

(a) A person who is covered by the Medicare program under 42 USC 1395 et seq. because he or she is disabled under 42 USC 423.

(b) A person who submits evidence that he or she has a positive, validated HIV test result, as defined in s. 252.01 (8).

(c) A person for whom all of the following apply:

1. The aggregate of the individual's periods of creditable coverage is 18 months or more.

2. The individual's most recent period of creditable coverage was under a group health plan, governmental plan, federal governmental plan, church plan, or under any health insurance offered in connection with any of those plans.

3. The individual does not have creditable coverage and is not eligible for coverage under a group health plan; part A, B, or D of the Medicare program under 42 USC 1395 et seq.; or a state plan under the Medicaid program under 42 USC 1396 et seq.

4. The individual's most recent period of creditable coverage was not terminated for any reason related to fraud or intentional misrepresentation of material fact or a failure to pay premiums.

5. If the individual was offered the option of continuation coverage under a federal continuation provision or similar state program, the individual elected the continuation coverage.

6. The individual has exhausted any continuation coverage under subd. 5.

(d) A person who receives and submits any of the following notices based wholly or partially on medical underwriting considerations within 9 months before making an application for coverage by the plan and issued by a person acting as an administrator, as defined in s. 633.01 (1):

1. A notice of rejection of coverage from one or more insurers.

2. A notice of cancellation of coverage from one or more insurers.

3. A notice of reduction or limitation of coverage, including restrictive riders, from an insurer if the effect of the reduction or limitation is to substantially reduce coverage compared to the coverage available to a person considered a standard risk for the type of coverage provided by the plan.

4. A notice of increase in premium exceeding the premium then in effect for the insured person by 50 percent or more, unless the increase applies to substantially all of the insurer's health insurance policies then in effect.

5. A notice of premium for a policy not yet in effect from 2 or more insurers which exceeds the premium applicable to a person considered a standard risk by 50 percent or more for the types of coverage provided by the plan.

(e) A person not otherwise eligible under this subsection who meets eligibility criteria set by the authority. The authority shall ensure that any expansion of eligibility is consistent with the purpose of the plan to provide health care coverage for those who are unable to obtain health insurance in the private market and does not endanger the solvency of the plan.

(2) RESIDENT STATUS. (a) For purposes of eligibility under sub. (1) (a), (b), (d), and (e), a resident is a person who has been legally domiciled in this state for a period of at least 3 months. Except for any of the following circumstances, legal domicile is established by living in this state and obtaining a Wisconsin motor vehicle operator's license, registering to vote in Wisconsin, or filing a Wisconsin income tax return:

1. A child is legally domiciled in this state if the child lives in this state and if at least one of the child's parents or the child's guardian is legally domiciled in this state.

2. A person with a developmental disability or another disability that prevents him or her from obtaining a Wisconsin motor vehicle operator's license, registering to vote in Wisconsin, or filing a Wisconsin income tax return is legally domiciled in this state by living in this state.

(b) For purposes of eligibility under sub. (1) (c), a resident is a person who legally resides in this state.

(3) EXCEPTIONS TO ELIGIBILITY. (a) No person who is covered under the plan and who voluntarily terminates the coverage under the plan is again eligible for coverage unless 12 months have elapsed since the person's latest voluntary termination of coverage under the plan. This paragraph does not apply to a person who is eligible under sub. (1) (c) or who terminates coverage under the plan because he or she is eligible to receive benefits under the Medical Assistance program.

(b) No person on whose behalf the plan has paid out the lifetime limit under s. 656.20 (2) (a) or more is eligible for coverage under the plan.

(c) No person who is 65 years of age or older is eligible for coverage under the plan unless the person is eligible under sub. (1) (c) or the person has coverage under the plan on the date on which he or she attains the age of 65 years.

(d) No person who is eligible for creditable coverage, other than those benefits specified in s. 632.745 (11) (b) 1. to 12. that are provided by an employer on a self–insured basis or through health insurance, is eligible for coverage under the plan. The board may specify, subject to approval of the commissioner, other types of coverage provided by an employer that do not render a person ineligible for coverage under the plan.

(e) No person who is eligible for a Medical Assistance program under 42 USC 1396 et seq. is eligible for coverage under the plan, except for a person who is eligible only for any of the following:

1. Family planning services under s. 49.45 (24s).

2. Care and services for the treatment of an emergency medical condition under s. 49.45 (27).

3. Medical Assistance under s. 49.46 (1) (a) 15.

4. Ambulatory prenatal care under s. 49.465.

5. Medicare premium, coinsurance, or deductible payments under s. 49.46 (2) (c) 2. or 3. or (cm), 49.468 (1) (b) or (c), (1m), or (2), or 49.47 (6) (a) 6. b. or c. or 6m.

(f) No person is eligible for coverage under the plan for whom a premium, deductible, or coinsurance amount is paid or reimbursed by a federal, state, county, or municipal government or agency during any period in which the person has coverage for which the premium, deductible, or coinsurance amount is paid. A person is not ineligible for coverage if the premium, deductible, or coinsurance amounts are any of the following:

1. Deductible or coinsurance amounts paid or reimbursed under ch. 47 or s. 49.68, 49.685 (8), 49.683, 49.686, or 253.05.

2. Premium costs for health insurance subsidized under s. 252.16.

(4) ELIGIBILITY VERIFICATION. The authority shall establish policies for determining and verifying continued eligibility of an eligible person.

(5) OPEN ENROLLMENT. The plan shall provide an open enrollment period once per year. Coverage under the plan begins on January 1 of the year immediately following the year of the open enrollment period.

656.15 Participation of insurers. (1) PARTICIPATION REQUIRED. Every insurer shall participate in the cost of administering the plan, except the commissioner may by rule exempt as a class those insurers whose share as determined under sub. (2) would be so minimal as to not exceed the estimated cost of levying the assessment. The commissioner shall advise the authority of the insurers participating in the cost of administering the plan.

(2) PARTICIPATION SHARE; DETERMINATION. (a) Every participating insurer shall share in the operating, administrative, and subsidy expenses of the plan in proportion to the ratio of the insurer's total health care coverage revenue for residents of this state, as determined under s. 656.12 (2), during the preceding calendar year to the aggregate health care coverage revenue of all participating insurers for residents of this state during the preceding calendar year, as determined by the commissioner.

(b) Each insurer's proportion of participation under this subsection shall be determined annually by the commissioner based on annual statements and other reports filed by the insurer with the commissioner. The commissioner shall assess an insurer for the insurer's proportion of participation based on the total

assessments estimated by the authority. The insurer shall pay the amount of the assessment directly to the authority.

(c) If the authority or the commissioner finds that the commissioner's authority to require insurers to report under chs. 600 to 646 and 655 is not adequate to permit the commissioner or the authority to carry out the commissioner's or authority's responsibilities under this subchapter, the commissioner shall promulgate rules requiring insurers to report the information necessary for the commissioner and authority to make the determinations required under this subchapter.

656.20 Coverage. (1) COVERAGE OFFERED. (a) The plan shall offer coverage for each eligible person in an annually renewable policy.

(b) If an eligible person is also eligible for Medicare program coverage under 42 USC 1395 et seq., the plan may not pay or reimburse any person for expenses paid for by the Medicare program.

(c) If an eligible person is eligible for coverage described under s. 656.12 (2) (e) 1. to 5., the plan may not pay or reimburse the person for expenses paid for by the Medical Assistance program.

(2) TIMING OF COVERAGE. The effective date of coverage for a person who terminates coverage under the Medical Assistance program, applies within 45 days of the date of termination for coverage under the plan, and is determined to be eligible under s. 656.12 (1) is the date of termination of Medical Assistance coverage.

(3) MAJOR MEDICAL EXPENSE COVERAGE. (a) The plan shall provide every eligible person who is not eligible for the Medicare program under 42 USC 1395 et seq. major medical expense coverage that pays an eligible person's covered expenses, subject to deductible, copayment, and coinsurance payments, up to a lifetime limit per covered individual of $1,000,000 or a higher amount, as determined by the authority. The

plan shall provide an alternative policy that reduces the benefits payable under this paragraph by the amounts paid under the Medicare program for those persons eligible for the Medicare program.

(b) In addition to coverage under par. (a), the plan shall offer to all eligible persons who are not eligible for the Medicare program under 42 USC 1395 et seq. a choice of coverage that includes at least one form of coverage that is comparable to comprehensive health insurance coverage offered in the individual market in this state or that is comparable to a standard option of coverage available under the group or individual health insurance laws of this state.

(c) An eligible person who is not eligible for the Medicare program under 42 USC 1395 et seq. may elect once each year, at the time and according to the procedures established by the authority, among the coverages offered under pars. (a) and (b).

(4) COVERED SERVICES; PAYMENT RATES. The commissioner shall establish a list, by rule, of acute and primary care services and prescription drugs that are required to be covered by the plan. The authority shall establish criteria for service providers under the plan and payment rates for those providers.

(5) PLAN DESIGN. (a) Subject to subs. (1) to (4), (7), and (8), the authority shall do all of the following:

1. Establish the plan design, after taking into consideration the levels of health insurance coverage provided in the state and medical economic factors, as appropriate.

2. Provide benefit levels, deductibles, copayment and coinsurance requirements, exclusions, and limitations under the plan that the authority

determines generally reflect and are commensurate with comprehensive health insurance coverage offered in the private individual market in the state.

(b) The authority may develop additional benefit designs that are responsive to market conditions.

(6) DEDUCTIBLE AND COPAYMENT SUBSIDIES. (a) The authority shall establish and provide subsidies for deductibles paid by eligible persons with household incomes specified in s. 656.30 (2).

(b) The authority may provide subsidies for prescription drug copayment amounts paid by eligible persons specified in par. (a).

(7) PREEXISTING CONDITIONS. (a) The plan may not subject an eligible person who obtains coverage as an enrollee under the plan to any preexisting condition exclusion.

(b) Upon initial application of an eligible person in the plan before enrollment, the plan shall cover any preexisting condition of the eligible person but the coverage may last no longer than 12 months.

(8) COORDINATION OF BENEFITS. (a) Covered expenses under the plan may not include any charge for care for injury or disease for which benefits are payable without regard to fault under coverage that is statutorily required to be contained in any motor vehicle or other liability insurance policy or equivalent self–insurance, for which benefits are payable under a worker's compensation or similar law, or for which benefits are payable under another policy of health care insurance, the Medicare program, the Medical Assistance program, or any other governmental program, except as otherwise provided by law.

(b) The authority has a cause of action against an eligible person participating in the plan for the recovery of the amount of benefits paid that are not for covered

expenses under the plan. Benefits under the plan may be reduced or refused as a setoff against any amount recoverable under this paragraph.

(c) The authority is subrogated to the rights of an eligible person to recover special damages for illness or injury to the person caused by the act of a 3rd person to the extent that benefits are provided under the plan.

656.23 Premiums. (1) PERCENTAGE OF COSTS. Except as provided in sub. (2), the authority shall set premium rates for coverage under the plan at a level that is sufficient to cover 60 percent of plan costs, as provided in s. 656.27 (1).

(2) LIMITATION. In no event may plan premium rates exceed 200 percent of rates applicable to individual standard risks.

(3) STATE FUNDS. Any state funds received for premium support shall be used to offset premium costs for persons covered under the plan.

656.25 Provider payment rates. (1) ESTABLISHMENT OF RATES. The authority shall establish provider payment rates for covered expenses that consist of the usual and customary payment rates, as determined by the authority, for the services and articles provided plus an adjustment determined by the authority. The adjustments to the usual and customary rates shall be sufficient to cover the portion of plan costs specified in s. 656.27 (1) (c) and (2) (b).

(2) PAYMENT IS PAYMENT IN FULL. Except for copayments, coinsurance, or deductibles required or authorized under the plan, a provider of a covered service or article shall accept as payment in full for the covered service or article the payment rate determined under sub. (1) and may not bill an eligible person who receives the service or article for any amount by which the charge for the service or article is reduced under sub. (1).

656.27 Payment of plan costs. (1) COSTS EXCLUDING SUBSIDIES. The authority shall pay plan costs, excluding any premium, deductible, and copayment subsidies, first from any federal funds under s. 656.10 (2) (a) 3. that exceed premium, deductible, and copayment subsidy costs in a policy year. The remainder of the plan costs, excluding premium, deductible, and copayment subsidy costs, shall be paid as follows:

(a) Sixty percent from premiums paid by eligible persons.

(b) Twenty percent from insurer assessments under s. 656.15.

(c) Twenty percent from adjustments to provider payment rates under s. 656.25.

(2) SUBSIDY COSTS. The authority shall pay for premium, deductible, and copayment subsidies in a policy year first from any federal funds under s. 656.10 (2) (a) 3. received in that year. The remainder of the subsidy costs shall be paid as follows:

(a) Fifty percent from insurer assessments under s. 656.15.

(b) Fifty percent from adjustments to provider payment rates under s. 656.25.

656.30 Reductions in premiums for low-income eligible persons. (1) DEFINITION. In this section, "household income" means household income, as defined in s. 71.52 (5), and as determined under sub. (3).

(2) PREMIUM REDUCTION. Subject to sub. (3), the authority shall reduce the premiums established under s. 656.23 for eligible persons by the following amounts.

1. If the household income is $0 or more but less than $10,000, by at least 30 percent.

2. If the household income is $10,000 or more but less than $14,000, by at least 25 percent.

3. If the household income is $14,000 or more but less than $17,000, by at least 20 percent.

4. If the household income is $17,000 or more but less than $20,000, by at least 15 percent.

5. If the household income is $20,000 or more but less than $34,000, by at least 10 percent.

(3) DETERMINING HOUSEHOLD INCOME. (a) Subject to par. (b), the authority shall establish and implement the method for determining the household income of an eligible person.

(b) In determining the household income of an eligible person, the authority shall consider information submitted by an eligible person on a completed federal profit or loss from farming form, schedule F, if all of the following apply:

1. The person is a farmer, as defined in s. 102.04 (3).

2. The person was not eligible to claim the homestead credit under subch. VIII of ch. 71 in the preceding taxable year.

(c) The authority may approve adjustment of the household income dollar amounts listed in sub. (2) to reflect changes in the consumer price index for all urban consumers, U.S. city average, as determined by the U.S. department of labor.

656.32 Contents of plan. The plan shall include all of the following:

(1) Subject to s. 656.27, a rating plan calculated in accordance with generally accepted actuarial principles.

(2) Procedures for applicants and participants to have grievances reviewed by an impartial body.

656.35 Chapters 600 to 645 applicable. Except as explicitly provided in this subchapter, the plan shall comply and be administered in compliance with chs. 600 to 645.

SUBCHAPTER III

HEALTH INSURANCE RISK–SHARING

PLAN AUTHORITY

656.41 Creation and organization of authority. (1) CREATION; BOARD. There is created a public body corporate and polity to be known as the "Health Insurance Risk–Sharing Plan Authority." The board of directors of the authority shall consist of the commissioner of insurance, or his or her designee, as a nonvoting member, and all of the following members, who shall be nominated by the governor, and with the advice and consent of the senate appointed:

(a) Four members who represent insurers participating in the plan.

(b) Four members who represent health care providers, including all of the following:

1. One representative of the Wisconsin Medical Society.

2. One representative of the Wisconsin Hospital Association.

3. One representative of the Pharmacy Society of Wisconsin.

4. One representative of health care providers that provide services to persons with coverage under the plan.

(c) Five other members, including all of the following:

1. At least one member who represents small businesses that purchase private health insurance.

2. At least one member who is a professional consumer advocate who is familiar with the plan.

3. At least two members who are persons with coverage under the plan.

(2) VACANCY. A vacancy on the board shall be filled in the same manner as the original appointment to the board for the remainder of the unexpired term, if any.

(3) COMPENSATION. A member of the board may not be compensated for his or her services but shall be reimbursed for actual and necessary expenses, including travel expenses, incurred in the performance of his or her duties.

(4) CHAIRPERSON; BOARD ACTION. (a) Annually, the governor shall appoint one member other than the commissioner as chairperson, and the members of the board may elect other officers as they consider appropriate.

(b) Seven voting members of the board constitute a quorum for the purpose of conducting the business and exercising the powers of the authority, notwithstanding the existence of any vacancy.

(c) The board may take action upon a vote of a majority of the members, present, unless the bylaws of the authority require a larger number.

(5) EXECUTIVE DIRECTOR. The board may appoint an executive director who may not be a member of the board and who shall serve at the pleasure of the board. The authority may delegate by resolution to one or more of its members or its executive director any powers and duties that it considers proper. The executive director shall receive such compensation as may be determined by the board. The executive director or other person designated by resolution of the board shall keep a record of the proceedings of the authority, and its official seal. The executive director or other person may cause copies to be made of all minutes and other records and documents of the authority and may give certificates under the official seal of the authority to the effect that such copies are true copies, and all persons dealing with the authority may rely upon such certificates.

656.43 Duties of the authority. In addition to all other duties imposed under this chapter, the authority shall do all of the following:

(1) Adopt policies for the administration of this chapter.

(2) Establish the authority's annual budget and monitor the fiscal management of the authority.

(3) Do, or contract with another person to do, all of the following:

(a) Perform all eligibility and administrative claims payment functions relating to the plan.

(b) Establish a premium billing procedure for collection of premiums from covered persons. Billings shall be made on a periodic basis as determined by the authority.

(c) Perform all necessary functions to assure timely payment of benefits to covered persons under the plan, including all of the following:

1. Making available information relating to the proper manner of submitting a claim for benefits under the plan and distributing forms upon which submissions shall be made.

2. Evaluating the eligibility of each claim for payment under the plan.

3. Notifying each claimant within 30 days after receiving a properly completed and executed proof of loss whether the claim is accepted, rejected, or compromised.

(4) Seek to qualify or maintain the plan as a state pharmacy assistance program, as defined in 42 CFR 423.464.

(5) Annually submit a report to the legislature under s. 13.172 (2) and to the governor on the operation of the plan.

656.45 Powers of authority. (1) Except as provided under sub. (2), the authority shall have all the powers necessary or convenient to carry out the purposes

and provisions of this chapter. In addition to all other powers granted by this chapter, the authority may:

(a) Adopt bylaws and policies and procedures for the regulation of its affairs and the conduct of its business.

(b) Have a seal and alter the seal at pleasure; have perpetual existence; and maintain an office.

(c) Hire employees, define their duties, and fix their rate of compensation.

(d) Incur debt, except as provided under sub. (2).

(e) Contract for any professional services required for the authority, subject to ss. 656.43 (3) and 656.47.

(f) Appoint any technical or professional advisory committee that the authority finds necessary to assist the authority in exercising its duties and powers. The authority shall define the duties of the committee and provide reimbursement for the expenses of the committee.

(g) Execute contracts and other instruments.

(h) Accept gifts, grants, loans, or other contributions from private or public sources.

(i) Procure liability insurance.

(2) The authority may not issue bonds.

656.47 Contracting for professional services. (1) CONTRACTING. Whenever contracting for professional services, the authority shall solicit competitive sealed bids or competitive sealed proposals, whichever is appropriate. Each request for competitive sealed proposals shall state the relative importance of price and other evaluation factors.

(2) SOLICITATION PROCEDURES. (a) When the estimated cost exceeds $25,000, the authority may invite competitive sealed bids or proposals by publishing a class 2 notice under ch. 985 or by posting notice on the Internet at a site determined or approved by the authority. The notice shall describe the contractual services to be purchased, the intent to make the procurement by solicitation of bids or proposals, any requirement for surety, and the date the bids or proposals will be opened, which shall be at least 7 days after the date of the last insertion of the notice or at least 7 days after the date of posting on the Internet.

(b) When the estimated costs is $25,000 or less, the authority may award the contract in accordance with simplified procedures established by the authority for such transactions.

(c) For purposes of clarification, the authority may discuss the requirements of the proposed contract with any person who submits a bid or proposal and shall permit any offerer to revise his or her bid or proposal to ensure its responsiveness to those requirements.

(3) NEGOTIATION. (a) The authority shall determine which bids or proposals are reasonably likely to be awarded the contract and shall provide each offerer of such bid or proposal a fair and equal opportunity to discuss the bid or proposal. The authority may negotiate with each offerer in order to obtain terms that are advantageous to the authority. Prior to the award of the contract, any offerer may revise his or her bid proposal. The authority shall keep a written record of all meetings, conferences, oral presentations, discussions, negotiations, and evaluations of bids or proposals under this section.

(b) In opening, discussing, and negotiating bids or proposals, the authority may not disclose any information that would reveal the terms of a competing bid or proposal.

(4) AWARDING OF CONTRACT. (a) After receiving each offerer's best and final offer, the authority shall determine which proposal is most advantageous and shall award the contract to the person who offered it. The authority's determination shall be based only on price and the other evaluation factors specified in the request for bids or proposals. The authority shall state in writing the reason for the award and shall place the statement in the contract file.

(b) Following the award of the contract, the authority shall prepare a register of all bids or proposals.

656.50 Political activities. (1) POLITICAL ACTIVITY. No employee of the authority may directly or indirectly solicit or receive subscriptions or contributions for any partisan political party or any political purpose while engaged in his or her official duties as an employee. No employee of the authority may engage in any form of political activity calculated to favor or improve the chances of any political party or any person seeking or attempting to hold partisan political office while engaged in his or her official duties as an employee or engage in any political activity while not engaged in his or her official duties as an employee to such an extent that the person's efficiency during working hours will be impaired or that he or she will be tardy or absent from work. Any violation of this section is adequate grounds for dismissal.

(2) PARTISAN ACTIVITY. (a) If an employee of the authority declares an intention to run for partisan political office, the employee shall be placed on a leave of absence

for the duration of the election campaign and if elected shall no longer be employed by the authority on assuming the duties and responsibilities of such office.

(b) An employee of the authority may be granted, by the executive director, a leave of absence to participate in partisan political campaigning.

(c) Persons on leave of absence under this subsection are not subject to the restrictions of sub. (1), except as they apply to the solicitation of assistance, subscription, or support from any other employee of the authority.

656.53 Liability limited. (1) Neither the state nor any political subdivision of the state nor any officer, employee, or agent of the state or a political subdivision who is acting within the scope of employment or agency is liable for any debt, obligation, act, or omission of the authority.

(2) All of the expenses incurred by the authority in exercising its duties and powers under this chapter shall be payable only from the funds of the authority.

(END)