



State of Wisconsin  
2017 - 2018 LEGISLATURE

LRBb0851/1  
ALL:all

**SENATE AMENDMENT 3,  
TO ASSEMBLY BILL 64**

September 15, 2017 - Offered by Senators SHILLING, RISSER, RINGHAND, ERPENBACH, JOHNSON, BEWLEY, VINEHOUT, MILLER, CARPENTER, L. TAYLOR, WIRCH, HANSEN and LARSON.

1           At the locations indicated, amend the bill, as shown by assembly substitute  
2 amendment 1, as follows:

3           **1.** Page 110, line 4: increase the dollar amount for fiscal year 2017-18 by  
4 \$4,668,800 and increase the dollar amount for fiscal year 2018-19 by \$4,668,800 for  
5 the purpose of increasing the authorized FTE positions for the department of natural  
6 resources by 44.68 GPR state parks and state recreation areas positions.

7           **2.** Page 114, line 3: decrease the dollar amount for fiscal year 2017-18 by  
8 \$4,668,800 and decrease the dollar amount for fiscal year 2018-19 by \$4,668,800,  
9 and adjust the NET APPROPRIATION totals accordingly, for the purpose of  
10 decreasing the authorized FTE positions for the department of natural resources by  
11 44.68 SEG state parks and state recreation areas positions.

1           **3.** Page 150, line 7: increase the dollar amount for fiscal year 2017-18 by  
2 \$50,000,000 and increase the dollar amount for fiscal year 2018-19 by \$50,000,000  
3 to increase funding for the purpose for which the appropriation is made.

4           **4.** Page 179, line 2: decrease the dollar amount for fiscal year 2017-18 by  
5 \$98,900,000 and decrease the dollar amount for fiscal year 2018-19 by \$187,400,000  
6 for the purpose of providing Medical Assistance to certain adults with family incomes  
7 up to 133 percent of the federal poverty line.

8           **5.** Page 179, line 2: increase the dollar amount for fiscal year 2017-18 by  
9 \$72,836,000 and increase the dollar amount for fiscal year 2018-19 by \$156,124,700  
10 for the purpose of increasing reimbursement rates for certain providers of Medical  
11 Assistance services as described under SECTION 9120 (7g) of this act.

12           **6.** Page 378, line 21: delete the material beginning with that line and ending  
13 with page 380, line 22 and substitute:

14           “**SECTION 557e.** 27.01 (7) (f) 1. of the statutes is amended to read:

15           27.01 (7) (f) 1. Except as provided in par. (gm), the fee for an annual vehicle  
16 admission receipt is ~~\$27.50~~ \$24.50 for each vehicle that has Wisconsin registration  
17 plates, except that no fee is charged for a receipt issued under s. 29.235 (6).

18           **SECTION 557f.** 27.01 (7) (f) 2. of the statutes is amended to read:

19           27.01 (7) (f) 2. Except as provided in subds. 3. and 4. and par. (gm) 4., the fee  
20 for a daily vehicle admission receipt is ~~\$7.85~~ \$6.85 for any vehicle which has  
21 Wisconsin registration plates.

22           **SECTION 557g.** 27.01 (7) (f) 3. of the statutes is amended to read:

23           27.01 (7) (f) 3. Subject to par. (gm) 5., the fee for a daily vehicle admission  
24 receipt for a motor bus that has Wisconsin registration plates is ~~\$10.85~~ \$9.85.

1           **SECTION 557h.** 27.01 (7) (g) 1. of the statutes is amended to read:

2           27.01 (7) (g) 1. Except as provided in par. (gm), the fee for an annual vehicle  
3 admission receipt is ~~\$37.50~~ \$34.50 for any vehicle that has a registration plate or  
4 plates from another state, except that no fee is charged for a receipt issued under s.  
5 29.235 (6).

6           **SECTION 557i.** 27.01 (7) (g) 2. of the statutes is amended to read:

7           27.01 (7) (g) 2. Except as provided in subds. 3. and 4., the fee for a daily vehicle  
8 admission receipt for any vehicle that has a registration plate or plates from another  
9 state is ~~\$10.85~~ \$9.85.

10          **SECTION 557j.** 27.01 (7) (g) 3. of the statutes is amended to read:

11          27.01 (7) (g) 3. Subject to par. (gm) 5., the fee for a daily vehicle admission  
12 receipt for a motor bus that has a registration plate or plates from another state is  
13 ~~\$14.85~~ \$13.85.

14          **SECTION 557k.** 27.01 (7) (gm) 1. of the statutes is amended to read:

15          27.01 (7) (gm) 1. Instead of the fees under pars. (f) 1. and (g) 1., the department  
16 shall charge an individual ~~\$15~~ \$12 or ~~\$20~~ \$17, respectively, for an annual vehicle  
17 admission receipt if the individual applying for the receipt or a member of his or her  
18 household owns a vehicle for which a current annual vehicle admission receipt has  
19 been issued for the applicable fee under par. (f) 1. or (g) 1.

20          **SECTION 557L.** 27.01 (7) (gm) 3. of the statutes is amended to read:

21          27.01 (7) (gm) 3. Notwithstanding par. (f) 1., the fee for an annual vehicle  
22 admission receipt for a vehicle that has Wisconsin registration plates and that is  
23 owned by a resident senior citizen, as defined in s. 29.001 (72), is ~~\$12.50~~ \$9.50.

24          **SECTION 557m.** 27.01 (10) (d) 1. of the statutes is amended to read:

1           27.01 (10) (d) 1. The department shall charge a camping fee of ~~not less than \$15~~  
2 ~~but not more than \$20, as determined by the secretary, \$10~~ for each night at a  
3 campsite in a state campground for a resident camping party, ~~except as provided~~  
4 ~~under par. (fm).~~

5           **SECTION 557n.** 27.01 (10) (d) 2. of the statutes is amended to read:

6           27.01 (10) (d) 2. The department shall charge a camping fee of ~~not less than \$19~~  
7 ~~but not more than \$25, as determined by the secretary, \$12~~ for each night at a  
8 campsite in a state campground for a nonresident camping party, ~~except as provided~~  
9 ~~under par. (fm).~~

10          **SECTION 557o.** 27.01 (10) (g) 5. of the statutes is repealed.

11          **SECTION 557p.** 27.01 (10) (fm) of the statutes is repealed.”.

12          **7.** Page 424, line 21: after that line insert:

13          “**SECTION 709n.** 40.51 (8) of the statutes is amended to read:

14          40.51 (8) Every health care coverage plan offered by the state under sub. (6)  
15 shall comply with ss. 631.89, 631.90, 631.93 (2), 631.95, 632.72 (2), 632.728, 632.746  
16 (1) to (8) and (10), 632.747, 632.748, 632.798, 632.83, 632.835, 632.85, 632.853,  
17 632.855, 632.867, 632.87 (3) to (6), 632.885, 632.89, 632.895 (5m) and (8) to (17), and  
18 632.896.

19          **SECTION 709p.** 40.51 (8m) of the statutes is amended to read:

20          40.51 (8m) Every health care coverage plan offered by the group insurance  
21 board under sub. (7) shall comply with ss. 631.95, 632.728, 632.746 (1) to (8) and (10),  
22 632.747, 632.748, 632.798, 632.83, 632.835, 632.85, 632.853, 632.855, 632.867,  
23 632.885, 632.89, and 632.895 (11) to (17).”.

24          **8.** Page 432, line 6: after that line insert:

1           **“SECTION 739a.** 45.40 (2) (a) of the statutes is amended to read:

2           45.40 (2) (a) The department may provide health care aid to a veteran for  
3 dental care, including dentures; vision care, including eyeglass frames and lenses;  
4 and hearing care, including hearing aids; and, to the extent funds are available in  
5 the appropriation under s. 20.485 (2) (vm), care related to mental illness or treatment  
6 for substance abuse.

7           **SECTION 739b.** 45.40 (2) (d) of the statutes is created to read:

8           45.40 (2) (d) To the extent funds are available in the appropriation under s.  
9 20.485 (2) (vm), the department shall provide a voucher for care related to mental  
10 illness or treatment for substance abuse within 48 hours after a request to the  
11 department or through a county veterans service office for such care, including  
12 private and emergency counseling, family and marriage counseling, and suicide  
13 prevention. A veteran or eligible family member is not required to be denied care at  
14 a U.S. department of veterans affairs hospital or clinic or be denied coverage under  
15 an insurance policy or by the U.S. department of veterans affairs or by state medical  
16 assistance before seeking and receiving a voucher under this paragraph.

17           **SECTION 739c.** 45.40 (6) of the statutes is created to read:

18           45.40 (6) EXPANDED ELIGIBILITY. The eligibility requirements under s. 45.02 (2)  
19 do not apply to a person applying for assistance under this section.

20           **SECTION 739d.** 45.40 (7) of the statutes is created to read:

21           45.40 (7) WAIVER OF REPORTING REQUIREMENTS. The department may waive any  
22 income or other financial reporting requirements under this section at the  
23 determination of the county veterans service officer.”.

24           **9.** Page 521, line 19: after that line insert:

1           “**SECTION 926w.** 49.45 (23) (a) of the statutes is amended to read:

2           49.45 **(23)** (a) The department shall request a waiver from the secretary of the  
3 federal department of health and human services to permit the department to  
4 conduct a demonstration project to provide health care coverage to adults who are  
5 under the age of 65, who have family incomes not to exceed ~~100~~ 133 percent of the  
6 poverty line ~~before application of the 5 percent income disregard under 42 CFR~~  
7 ~~435.603 (d), except as provided in s. 49.471 (4g),~~ and who are not otherwise eligible  
8 for medical assistance under this subchapter, the Badger Care health care program  
9 under s. 49.665, or Medicare under 42 USC 1395 et seq.”.

10           **10.** Page 531, line 15: after that line insert:

11           “**SECTION 933p.** 49.471 (1) (cr) of the statutes is created to read:

12           49.471 **(1)** (cr) “Enhanced federal medical assistance percentage” means a  
13 federal medical assistance percentage described under 42 USC 1396d (y) or (z).

14           **SECTION 933r.** 49.471 (4) (a) 4. b. of the statutes is amended to read:

15           49.471 **(4)** (a) 4. b. The Except as provided in sub. (4g), the individual’s family  
16 income does not exceed ~~100~~ 133 percent of the poverty line ~~before application of the~~  
17 ~~5 percent income disregard under 42 CFR 435.603 (d).~~

18           **SECTION 933t.** 49.471 (4g) of the statutes is created to read:

19           49.471 **(4g)** MEDICAID EXPANSION; FEDERAL MEDICAL ASSISTANCE PERCENTAGE. (a)  
20 For services provided to individuals described under sub. (4) (a) 4. and s. 49.45 (23),  
21 the department shall comply with all federal requirements to qualify for the highest  
22 available enhanced federal medical assistance percentage. The department shall  
23 submit any amendment to the state medical assistance plan, request for a waiver of  
24 federal Medicaid law, or other approval request required by the federal government

1 to provide services to the individuals described under sub. (4) (a) 4. and s. 49.45 (23)  
2 and qualify for the highest available enhanced federal medical assistance  
3 percentage.

4 (b) If the department does not qualify for an enhanced federal medical  
5 assistance percentage, or if the enhanced federal medical assistance percentage  
6 obtained by the department is lower than printed in federal law as of July 1, 2013,  
7 for individuals eligible under sub. (4) (a) 4. or s. 49.45 (23), the department shall  
8 submit to the joint committee on finance a fiscal analysis comparing the cost to  
9 maintain coverage for adults who are not pregnant and not elderly with family  
10 incomes up to 133 percent of the poverty line to the cost of limiting eligibility to those  
11 adults with family incomes up to 100 percent of the poverty line. The department  
12 may reduce income eligibility for adults who are not pregnant and not elderly from  
13 family incomes of up to 133 percent of the poverty line to family incomes of up to 100  
14 percent of the poverty line only if this reduction in income eligibility levels is  
15 approved by the joint committee on finance.”.

16 **11.** Page 563, line 2: after that line insert:

17 “**SECTION 983a.** 66.0137 (4) of the statutes, as affected by 2017 Wisconsin Act  
18 30, is amended to read:

19 66.0137 (4) SELF-INSURED HEALTH PLANS. If a city, including a 1st class city, or  
20 a village provides health care benefits under its home rule power, or if a town  
21 provides health care benefits, to its officers and employees on a self-insured basis,  
22 the self-insured plan shall comply with ss. 49.493 (3) (d), 631.89, 631.90, 631.93 (2),  
23 632.728, 632.746 (1), 632.746 (10) (a) 2. and (b) 2., 632.747 (3), 632.798, 632.85,

1 632.853, 632.855, 632.867, 632.87 (4) to (6), 632.885, 632.89, 632.895 (9) to (17),  
2 632.896, and 767.513 (4).”.

3 **12.** Page 587, line 14: after that line insert:

4 “**SECTION 985d.** 66.0602 (3) (e) 10. of the statutes is created to read:

5 66.0602 (3) (e) 10. The amount that a municipality levies in that year for costs  
6 related to community oriented policing services.”.

7 **13.** Page 625, line 7: after that line insert:

8 “**SECTION 1047s.** 71.07 (8m) of the statutes is created to read:

9 71.07 (8m) ADDITIONAL HOUSEHOLD AND DEPENDENT CARE EXPENSES TAX CREDIT.

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

11 1. “Claimant” means an individual who is eligible for and claims the household  
12 and dependent care expenses tax credit for the taxable year to which the claim under  
13 this subsection relates.

14 2. “Household and dependent care expenses tax credit” means the tax credit  
15 under section 21 of the Internal Revenue Code.

16 (b) *Filing claims.* Subject to the limitations provided in this subsection, a  
17 claimant may claim as a credit against the tax imposed under s. 71.02, up to the  
18 amount of those taxes, an amount equal to the amount of the household and  
19 dependent care expenses tax credit that the taxpayer claimed on his or her federal  
20 income tax return for the taxable year to which the claim under this subsection  
21 relates.

22 (c) *Limitations.* 1. No credit may be allowed under this subsection unless it  
23 is claimed within the time period under s. 71.75 (2).



1           2. No credit may be allowed under this subsection for a taxable year covering  
2 a period of less than 12 months, except for a taxable year closed by reason of the death  
3 of the taxpayer.

4           3. The credit under this subsection may not be claimed by either a part-year  
5 resident or nonresident of this state.

6           (d) *Administration.* Subsection (9e) (d), to the extent that it applies to the credit  
7 under that subsection, applies to the credit under this subsection.”.

8           **14.** Page 628, line 10: after that line insert:

9           “**SECTION 1052q.** 71.10 (4) (cs) of the statutes is created to read:

10           71.10 (4) (cs) Additional household and dependent care expenses tax credit  
11 under s. 71.07 (8m).”.

12           **15.** Page 831, line 3: after that line insert:

13           “**SECTION 1624k.** 120.13 (2) (g) of the statutes, as affected by 2017 Wisconsin  
14 Act 30, is amended to read:

15           120.13 (2) (g) Every self-insured plan under par. (b) shall comply with ss.  
16 49.493 (3) (d), 631.89, 631.90, 631.93 (2), 632.728, 632.746 (1), 632.746 (10) (a) 2. and  
17 (b) 2., 632.747 (3), 632.798, 632.85, 632.853, 632.855, 632.867, 632.87 (4) to (6),  
18 632.885, 632.89, 632.895 (9) to (17), 632.896, and 767.513 (4).”.

19           **16.** Page 857, line 18: after that line insert:

20           “**SECTION 1691am.** 185.983 (1) (intro.) of the statutes, as affected by 2017  
21 Wisconsin Act 30, is amended to read:

22           185.983 (1) (intro.) Every voluntary nonprofit health care plan operated by a  
23 cooperative association organized under s. 185.981 shall be exempt from chs. 600 to  
24 646, with the exception of ss. 601.04, 601.13, 601.31, 601.41, 601.42, 601.43, 601.44,

1 601.45, 611.26, 611.67, 619.04, 623.11, 623.12, 628.34 (10), 631.17, 631.89, 631.93,  
2 631.95, 632.72 (2), 632.728, 632.745 to 632.749, 632.775, 632.79, 632.795, 632.798,  
3 632.85, 632.853, 632.855, 632.867, 632.87 (2) to (6), 632.885, 632.89, 632.895 (5) and  
4 (8) to (17), 632.896, and 632.897 (10) and chs. 609, 620, 630, 635, 645, and 646, but  
5 the sponsoring association shall.”.

6 **17.** Page 859, line 13: after that line insert:

7 “**SECTION 1693m.** 196.37 (6) of the statutes is created to read:

8 196.37 (6) (a) It is not unjust, unreasonable, insufficient, unfairly  
9 discriminatory, or preferential or otherwise unreasonable or unlawful for a water  
10 public utility to provide financial assistance as specified in par. (b) to a customer  
11 solely for private infrastructure improvements with the purpose of replacing service  
12 lines containing lead if the city, town, or village in which the water public utility  
13 operates has enacted an ordinance that permits the water public utility to provide  
14 the financial assistance. If a water public utility provides financial assistance under  
15 this paragraph, the commission shall include in the determination of water rates the  
16 cost of providing that financial assistance.

17 (b) A water public utility may provide financial assistance under par. (a) to  
18 replace a service line only if the portion of the service line for which the utility is  
19 responsible and the water main that are connected to the customer’s service line  
20 meet one of the following conditions:

21 1. Do not contain lead.

22 2. The lead-containing portion of the service line or water main is replaced at  
23 the same time as the private infrastructure improvements under par. (a) are made.”.

24 **18.** Page 863, line 12: after that line insert:

1           **“SECTION 1707m.** 227.01 (13) (xm) of the statutes is repealed.”.

2           **19.** Page 869, line 22: delete the material beginning with that line and ending  
3 with page 871, line 2.

4           **20.** Page 883, line 9: after that line insert:

5           **“SECTION 1803d.** 281.34 (1) (ek) of the statutes, as created by 2017 Wisconsin  
6 Act 10, is repealed.

7           **SECTION 1803h.** 281.34 (2) of the statutes, as affected by 2017 Wisconsin Act  
8 10, is amended to read:

9           281.34 **(2)** APPROVAL REQUIRED FOR HIGH CAPACITY WELLS. ~~Except as provided~~  
10 ~~under sub. (2g), an~~ An owner shall apply to the department for approval before  
11 construction of a high capacity well begins. ~~Except as provided under sub. (2g), no~~  
12 No person may construct or withdraw water from a high capacity well without the  
13 approval of the department under this section or under s. 281.17 (1), 2001 stats. An  
14 owner applying for approval under this subsection shall pay a fee of \$500.

15           **SECTION 1803p.** 281.34 (2g) of the statutes, as created by 2017 Wisconsin Act  
16 10, is repealed.

17           **SECTION 1803t.** 281.34 (7m) of the statutes, as created by 2017 Wisconsin Act  
18 10, is repealed.”.

19           **21.** Page 925, line 14: after that line insert:

20           **“SECTION 2218t.** 609.847 of the statutes is created to read:

21           **609.847 Preexisting condition discrimination prohibited.** Limited  
22 service health organizations, preferred provider plans, and defined network plans  
23 are subject to s. 632.728.

24           **SECTION 2218w.** 625.12 (1) (a) of the statutes is amended to read:

1           625.12 (1) (a) Past and prospective loss and expense experience within and  
2 outside of this state, except as provided in s. 632.728.

3           **SECTION 2218y.** 625.12 (1) (e) of the statutes is amended to read:

4           625.12 (1) (e) Subject to ~~s. ss. 632.365~~ and 632.728, all other relevant factors,  
5 including the judgment of technical personnel.

6           **SECTION 2219b.** 625.12 (2) of the statutes is amended to read:

7           625.12 (2) CLASSIFICATION. ~~Risks~~ Except as provided in s. 632.728, risks may  
8 be classified in any reasonable way for the establishment of rates and minimum  
9 premiums, except that no classifications may be based on race, color, creed or  
10 national origin, and classifications in automobile insurance may not be based on  
11 physical condition or developmental disability as defined in s. 51.01 (5). Subject to  
12 ~~s. ss. 632.365~~ and 632.728, rates thus produced may be modified for individual risks  
13 in accordance with rating plans or schedules that establish reasonable standards for  
14 measuring probable variations in hazards, expenses, or both. Rates may also be  
15 modified for individual risks under s. 625.13 (2).

16           **SECTION 2219d.** 625.15 (1) of the statutes is amended to read:

17           625.15 (1) RATE MAKING. ~~An~~ Except as provided in s. 632.728, an insurer may  
18 itself establish rates and supplementary rate information for one or more market  
19 segments based on the factors in s. 625.12 and, if the rates are for motor vehicle  
20 liability insurance, subject to s. 632.365, or the insurer may use rates and  
21 supplementary rate information prepared by a rate service organization, with  
22 average expense factors determined by the rate service organization or with such  
23 modification for its own expense and loss experience as the credibility of that  
24 experience allows.

25           **SECTION 2219f.** 628.34 (3) (a) of the statutes is amended to read:

1           628.34 (3) (a) No insurer may unfairly discriminate among policyholders by  
2 charging different premiums or by offering different terms of coverage except on the  
3 basis of classifications related to the nature and the degree of the risk covered or the  
4 expenses involved, subject to ss. 632.365, 632.728, 632.746 and 632.748. Rates are  
5 not unfairly discriminatory if they are averaged broadly among persons insured  
6 under a group, blanket or franchise policy, and terms are not unfairly discriminatory  
7 merely because they are more favorable than in a similar individual policy.

8           **SECTION 2219h.** 632.728 of the statutes is created to read:

9           **632.728 Premiums and cost-sharing discrimination prohibited for**  
10 **preexisting conditions. (1) DEFINITION.** In this section:

11           (a) “Disability insurance policy” has the meaning given in s. 632.895 (1) (a).

12           (b) “Self-insured health plan” has the meaning given in s. 632.85 (1) (c).

13           **(2) PROHIBITION.** For the purpose of setting rates or premiums for coverage  
14 under a group or individual disability insurance policy or a self-insured health plan  
15 and for the purpose of setting any deductibles, copayments, or coinsurance under a  
16 group or individual disability insurance policy or a self-insured health plan, the  
17 policy or plan may not consider whether an individual, including a dependent, who  
18 would be covered under the plan has a preexisting condition.

19           **SECTION 2219j.** 632.746 (1) (a) of the statutes is renumbered 632.746 (1) and  
20 amended to read:

21           632.746 (1) ~~Subject to subs. (2) and (3), an An insurer that offers a group health~~  
22 ~~benefit plan may, with respect to a participant or beneficiary under the plan, not~~  
23 ~~impose a preexisting condition exclusion only if the exclusion relates to a condition,~~  
24 ~~whether physical or mental, regardless of the cause of the condition, for which~~  
25 ~~medical advice, diagnosis, care or treatment was recommended or received within~~

1 ~~the 6-month period ending on the participant's or beneficiary's enrollment date~~  
2 ~~under the plan on a participant or beneficiary under the plan.~~

3 **SECTION 2219n.** 632.746 (1) (b) of the statutes is repealed.

4 **SECTION 2219p.** 632.746 (2) (a) of the statutes is amended to read:

5 632.746 (2) (a) An insurer offering a group health benefit plan may not treat  
6 genetic information as a preexisting condition under sub. (1) ~~without a diagnosis of~~  
7 ~~a condition related to the information.~~

8 **SECTION 2219r.** 632.746 (2) (c), (d) and (e) of the statutes are repealed.

9 **SECTION 2219t.** 632.746 (3) (a) of the statutes is repealed.

10 **SECTION 2219v.** 632.746 (3) (d) 1. of the statutes is renumbered 632.746 (3) (d).

11 **SECTION 2219x.** 632.746 (3) (d) 2. and 3. of the statutes are repealed.

12 **SECTION 2219z.** 632.746 (5) of the statutes is repealed.

13 **SECTION 2220b.** 632.746 (8) (a) (intro.) of the statutes is amended to read:

14 632.746 (8) (a) (intro.) A health maintenance organization that offers a group  
15 health benefit plan ~~and that does not impose any preexisting condition exclusion~~  
16 ~~under sub. (1)~~ with respect to a particular coverage option may impose an affiliation  
17 period for that coverage option, but only if all of the following apply:

18 **SECTION 2220d.** 632.76 (2) (a) and (ac) 1. and 2. of the statutes are amended  
19 to read:

20 632.76 (2) (a) No claim for loss incurred or disability commencing after 2 years  
21 from the date of issue of the policy may be reduced or denied on the ground that a  
22 disease or physical condition existed prior to the effective date of coverage, unless the  
23 condition was excluded from coverage by name or specific description by a provision  
24 effective on the date of loss. This paragraph does not apply to a group health benefit  
25 plan, as defined in s. 632.745 (9), which is subject to s. 632.746, a disability insurance

1 policy, as defined in s. 632.895 (1) (a), or a self-insured health plan, as defined in s.  
2 632.85 (1) (c).

3 (ac) 1. ~~Notwithstanding par. (a), no~~ No claim or loss incurred or disability  
4 commencing after ~~12 months from the date of issue of~~ under an individual disability  
5 insurance policy, as defined in s. 632.895 (1) (a), may be reduced or denied on the  
6 ground that a disease or physical condition existed prior to the effective date of  
7 coverage, ~~unless the condition was excluded from coverage by name or specific~~  
8 ~~description by a provision effective on the date of the loss.~~

9 2. ~~Except as provided in subd. 3., an~~ An individual disability insurance policy,  
10 as defined in s. 632.895 (1) (a), ~~other than a short-term policy subject to s. 632.7495~~  
11 ~~(4) and (5),~~ may not define a preexisting condition more restrictively than a condition,  
12 whether physical or mental, regardless of the cause of the condition, for which  
13 medical advice, diagnosis, care, or treatment was recommended or received ~~within~~  
14 ~~12 months before the effective date of coverage.~~

15 **SECTION 2220f.** 632.76 (2) (ac) 3. of the statutes is repealed.

16 **SECTION 2.** 632.795 (4) (a) of the statutes is amended to read:

17 632.795 (4) (a) An insurer subject to sub. (2) shall provide coverage under the  
18 same policy form and for the same premium as it originally offered in the most recent  
19 enrollment period, subject only to the medical underwriting used in that enrollment  
20 period. Unless otherwise prescribed by rule, the insurer may apply deductibles,  
21 ~~preexisting condition limitations,~~ waiting periods, or other limits only to the extent  
22 that they would have been applicable had coverage been extended at the time of the  
23 most recent enrollment period and with credit for the satisfaction or partial  
24 satisfaction of similar provisions under the liquidated insurer's policy or plan. The  
25 insurer may exclude coverage of claims that are payable by a solvent insurer under

1 insolvency coverage required by the commissioner or by the insurance regulator of  
2 another jurisdiction. Coverage shall be effective on the date that the liquidated  
3 insurer's coverage terminates.

4 **SECTION 2220h.** 632.897 (11) (a) of the statutes is amended to read:

5 632.897 (11) (a) Notwithstanding subs. (2) to (10), the commissioner may  
6 promulgate rules establishing standards requiring insurers to provide continuation  
7 of coverage for any individual covered at any time under a group policy who is a  
8 terminated insured or an eligible individual under any federal program that  
9 provides for a federal premium subsidy for individuals covered under continuation  
10 of coverage under a group policy, including rules governing election or extension of  
11 election periods, notice, rates, premiums, premium payment, ~~application of~~  
12 ~~preexisting condition exclusions~~, election of alternative coverage, and status as an  
13 eligible individual, as defined in s. 149.10 (2t), 2011 stats.”.

14 **22.** Page 1015, line 10: after that line insert:

15 “(5r) EXTENSION OF PRESCRIPTION DRUG ASSISTANCE FOR ELDERLY. The department  
16 of health services shall request from the federal secretary of health and human  
17 services any waiver of federal medicaid laws necessary to permit the department of  
18 health services to continue administering the program under section 49.688 of the  
19 statutes for 4 years from the date the waiver under this subsection is granted. The  
20 department shall implement any waiver received under this subsection.”.

21 **23.** Page 1016, line 20: after that line insert:

22 “(7g) INCREASING MEDICAL ASSISTANCE REIMBURSEMENT RATES. The department  
23 of health services shall increase the reimbursement rates 12 percent under the  
24 Medical Assistance program for dates of service on and after January 1, 2017, for



1 noninstitutional providers who are not personal care services providers, hospitals,  
2 nursing homes, or providers of services for which reimbursement is made on a basis  
3 other than a maximum fee schedule.”.

4 **24.** Page 1065, line 18: after that line insert:

5 “(1e) PREEXISTING CONDITIONS.

6 (a) For policies and plans containing inconsistent provisions, the treatment of  
7 sections 40.51 (8), 40.51 (8m), 66.0137 (4), 120.13 (2) (g), 185.983 (1) (intro.), 609.847,  
8 625.12 (1) (a) and (e) and (2), 625.15 (1), 628.34 (3) (a), 632.728, 632.746 (1) (a) and  
9 (b), (2) (a), (c), (d), and (e), (3) (a) and (d) 1., 2. and 3., (5), and (8) (a) (intro.), 632.76  
10 (2) (a) and (ac) 1., 2., and 3., 632.795 (4) (a), and 632.897 (11) (a) of the statutes first  
11 applies to policy or plan years beginning on January 1 of the year following the year  
12 in which this paragraph takes effect, except as provided in paragraph (b).

13 (b) For policies or plans that are affected by a collective bargaining agreement  
14 containing inconsistent provisions, the treatment of sections 40.51 (8), 40.51 (8m),  
15 66.0137 (4), 120.13 (2) (g), 185.983 (1) (intro.), 609.847, 625.12 (1) (a) and (e) and (2),  
16 625.15 (1), 628.34 (3) (a), 632.728, 632.746 (1) (a) and (b), (2) (a), (c), (d), and (e), (3)  
17 (a) and (d) 1., 2. and 3., (5), and (8) (a) (intro.), 632.76 (2) (a) and (ac) 1., 2., and 3.,  
18 632.795 (4) (a), and 632.897 (11) (a) of the statutes first applies to policy or plan years  
19 beginning on the effective date of this paragraph or on the day on which the collective  
20 bargaining agreement is newly established, extended, modified, or renewed,  
21 whichever is later.”.

22 **25.** Page 1067, line 3: after that line insert:

23 “(3x) LEVY LIMIT EXCEPTION. The treatment of section 66.0602 (3) (e) 10. of the  
24 statutes first applies to a levy that is imposed in December 2017.”.

