



State of Wisconsin  
2021 - 2022 LEGISLATURE

LRBs0002/1  
ALL:all

**ASSEMBLY SUBSTITUTE AMENDMENT 1,  
TO ASSEMBLY BILL 1**

January 6, 2021 - Offered by Representatives HINTZ, HESSELBEIN, SPREITZER, SUBECK, B. MEYERS, HAYWOOD, ANDERSON, ANDRACA, BALDEH, BILLINGS, BOWEN, BROSTOFF, CABRERA, CONLEY, CONSIDINE, DOYLE, DRAKE, EMERSON, GOYKE, HEBL, HONG, MCGUIRE, MILROY, MOORE OMOKUNDE, L. MYERS, NEUBAUER, OHNSTAD, ORTIZ-VELEZ, POPE, RIEMER, S. RODRIGUEZ, SHANKLAND, SHELTON, SINICKI, SNODGRASS, STUBBS, VINING and VRUWINK.

1     **AN ACT to repeal** 49.45 (2p), 49.45 (23), 108.04 (2) (h) and 108.04 (12) (f); **to**  
2     **renumber and amend** 450.11 (5) (br) 3.; **to amend** 20.435 (4) (jw), 40.22 (1),  
3     40.22 (2m) (intro.), 40.22 (2r) (intro.), 40.22 (3) (intro.), 40.26 (1m) (a), 40.26  
4     (1m) (b), 40.26 (5m), 40.51 (8), 40.51 (8m), 49.45 (23b) (title), 49.45 (23b) (b),  
5     49.45 (23b) (c), 49.45 (23b) (e), 49.471 (4) (a) 4. b., 49.686 (3) (d), 66.0137 (4),  
6     102.565 (6), 103.025 (title), 103.10 (1) (c), 103.10 (2) (c), 103.10 (5) (a), 103.10  
7     (8), 103.10 (9) (a) and (b), 103.10 (9) (c) 4., 103.10 (9) (d), 103.10 (12) (d), 108.04  
8     (3) (b), 108.062 (2) (d), 108.062 (20) (intro.), 108.062 (20) (c), 108.07 (5) (bm) 3.  
9     b., 115.385 (6), 115.415 (1) (b), 120.13 (2) (g), 140.145 (10) (a), 140.145 (10) (b),  
10     185.983 (1) (intro.), 323.19 (4) (b), 323.2912, 323.2913, 440.15, 450.01 (11m),  
11     450.01 (21s), 450.02 (1), 450.11 (5) (br) 2. d., 609.205 (2) and (3) (intro.) and (a)  
12     and 632.895 (16v) (a) (intro.); **to repeal and recreate** 115.437 (2) (b) and  
13     632.895 (14g) (b); and **to create** 16.34, 20.115 (3) (b), 20.435 (1) (dw), 20.435 (4)

1 (bu), 20.505 (1) (bk), 20.505 (1) (ft), 20.835 (2) (an), 40.26 (7), 49.471 (1) (cr),  
2 49.471 (4) (a) 8., 49.471 (4g), 49.681, 73.03 (75), 93.485, 102.03 (7), 103.025 (1)  
3 (bm), 103.025 (3), 103.10 (1) (dm), 103.10 (4m), 252.02 (8), 323.19 (3m), 323.19  
4 (3p), 323.267, 440.08 (2) (a) 69g., 450.01 (13w), 450.01 (23) (p), 450.075, 450.11  
5 (5) (br) 3. b., 609.719, 609.887, 632.871, 632.895 (14f) and 655.0025 of the  
6 statutes; **relating to:** state government response to COVID-19 pandemic,  
7 extending the time limit for emergency rule procedures, providing an  
8 exemption from emergency rule procedures, granting rule-making authority,  
9 and making an appropriation.

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### *Analysis by the Legislative Reference Bureau*

#### **AGRICULTURE**

##### ***Food security initiative grant program***

This bill requires the Department of Agriculture, Trade and Consumer Protection to administer a food security initiative, under which it must provide grants to food banks, food pantries, and other nonprofit organizations fighting food insecurity to either adapt to challenges posed by the COVID-19 public health crisis or purchase Wisconsin food products.

#### **EDUCATION**

##### ***Per pupil aid; 2020-21 pupil enrollment***

Under current law, a school district's pupil enrollment is a factor in the per pupil aid calculation, which is a categorical aid paid to school districts. Per pupil aid is funded from a sum sufficient appropriation and is not considered for purposes of revenue limits.

The amount of per pupil aid paid to a school district is calculated using a three-year average of the number of pupils enrolled in the school district and a per pupil amount set by law. In the 2020-21 school year, the calculation for the amount of per pupil aid paid to a school district is \$742 times the average of the school district's pupil enrollment in the 2018-19, 2019-20, and 2020-21 school years.

Under the bill, for purposes of calculating per pupil aid in the 2020-21, 2021-22, and 2022-23 school years, a school district's pupil enrollment in the 2020-21 school year is the school district's pupil enrollment in the 2019-20 or 2020-21 school year, whichever is greater.

***Pupil assessments and school and school district accountability report;  
2020-21 school year exemption***

Under the bill, requirements to administer various pupil assessments do not apply in the 2020-21 school year.

Under current law, school boards, independent charter schools, private schools participating in the Milwaukee Parental Choice Program, Racine Parental Choice Program, or Wisconsin Parental Choice Program, and, under some circumstances, a private school participating in the Special Needs Scholarship Program are required to annually administer assessments adopted by the Department of Public Instruction to pupils in the fourth, eighth, ninth, tenth, and eleventh grades. These assessments are commonly referred to as the Wisconsin Student Assessment System, which includes the Wisconsin Forward Exam, ACT ASPIRE, the ACT with Writing, and Dynamic Learning Maps. The requirements to administer the WSAS did not apply in the 2019-20 school year. Under the bill, the requirements to administer the WSAS do not apply in the 2020-21 school year.

Current law also requires school boards, independent charter schools, and private schools participating in a parental choice program to annually administer a standardized reading test developed by DPI to third grade pupils. The requirements to administer the third grade standardized reading test did not apply in the 2019-20 school year. Under the bill, the requirements to administer the third grade standardized reading test do not apply in the 2020-21 school year.

Under current law, each school board and independent charter school must annually administer a reading readiness assessment selected by the school board or independent charter school to pupils in four-year-old kindergarten through second grade. The requirements to administer a reading readiness assessment applied in the 2019-20 school year. Under the bill, the requirements to administer a reading readiness assessment do not apply in the 2020-21 school year.

Under current law, school boards and independent charter schools are required to evaluate teachers and principals using an educator effectiveness evaluation system that considers pupil performance on statewide assessments. School boards and independent charter schools were prohibited from considering pupil performance on statewide assessments in evaluating teachers and principals in the 2019-20 school year. Under the bill, the prohibition against considering pupil performance on statewide assessments in evaluating teachers and principals also applies in 2020-21 school year.

***School and school district accountability report***

Under current law, DPI is required to publish a school and school district accountability report for the previous school year by November 30. To measure school performance and school district improvement for purposes of the report card, particularly measures related to pupil achievement in reading and math, DPI uses data derived from pupil performance on the WSAS.

Under current law, schools and school districts were not required to administer the WSAS in the 2019-20 school year and DPI is prohibited from publishing a school and school district accountability report in the 2020-21 school year. Under the bill, schools and school districts are not required to administer the WSAS in the 2020-21

school year and DPI is prohibited from publishing a school and school district accountability report in the 2021-22 school year.

## **EMPLOYMENT**

### ***Hazard pay and paid medical leave***

The bill requires employers to provide hazard pay to certain health care workers during a public health emergency. The bill also requires employers to provide at least 15 days of paid medical leave for certain health care workers who contract a communicable disease. Under the bill, an employer may request a reimbursement from the Department of Administration for the paid medical leave and hazard pay. The hazard pay and paid medical leave requirements in the bill also apply until December 31, 2021, regardless of whether a public health emergency has been declared by the governor or whether the secretary of health services has issued an order.

### ***Limited-term employees***

Under the bill, the director of the Bureau of Merit Recruitment and Selection in the Division of Personnel Management in DOA may adjust the number of hours a state employee in a limited-term appointment may work during the period beginning on March 12, 2020, and ending on December 31, 2021. Under current law, a limited-term appointment may not exceed 1,040 hours per year.

### ***Use of annual leave***

Under the bill, a state employee may take annual leave during the period beginning on March 12, 2020, and ending on December 31, 2021, even if the employee has not completed the first six months of the employee's probationary period. Under current law, an employee may not take annual leave during the first six months of the employee's probationary period.

### ***Unemployment Insurance; Benefit charging***

Current law, as enacted in 2019 Wisconsin Act 185, requires the Department of Workforce Development, when processing claims for unemployment insurance benefits and evaluating work-share plans, to determine whether a claim or plan is related to the public health emergency declared by the governor under executive order 72. If a claim is so related, current law provides that the regular benefits for that claim for weeks occurring after March 12, 2020, and before December 31, 2020, not be charged as is normally provided. Instead, the benefits for those weeks are, subject to numerous exceptions, to be charged in one of two ways:

1. To the balancing account of the unemployment reserve fund, which is a pooled account financed by employers that pay contributions (taxes) and is used to pay benefits that are not chargeable to any employer's account.
2. To the unemployment interest and penalties appropriation account for reimbursable employers, which are employers that do not pay contributions but instead reimburse DWD for benefits directly.

The bill allows the secretary of administration to transfer moneys from any executive branch appropriation to the unemployment interest and penalties appropriation account for the purpose of paying the benefits described above

attributable to reimbursable employers under Act 185. The transfers may not exceed the amount necessary to make those payments.

***Unemployment Insurance; Work-share programs***

Current law allows an employer to create a work-share program within a work unit of the employer. Under a work-share program, the working hours of all of the full-time employees in the program are reduced in an equitable manner in lieu of a layoff of some of the employees and a continuation of full-time employment by the other employees. A claimant for unemployment insurance benefits who is included in a work-share program may receive UI benefits during his or her continued employment with the work-share employer in an amount equal to the claimant's benefit for total unemployment multiplied by the same percentage reduction in normal working hours that the claimant incurs under the program. Current law also provides for the temporary modification of certain requirements that apply to work-share plans with respect to work-share plans submitted on or after April 17, 2020, and before December 31, 2020. The bill extends the applicability of these modifications to January 1, 2022. The bill also adds an additional modification, which is made effective permanently, to allow work-share plans to remain in effect for 12 months in a five-year period, instead of six months.

***Unemployment Insurance; Waiting period***

Currently, a claimant must generally wait one week after becoming eligible to receive UI benefits before the claimant may receive benefits for a week of unemployment, but the application of the one-week waiting period is temporarily suspended for benefit years that began after March 12, 2020, and before February 7, 2021. The bill extends the end date for suspending the one-week waiting period to January 1, 2022.

***Unemployment Insurance; Registration for work and work search waivers***

Under current law, a claimant for UI benefits is generally required to register for work and to search for work each week in order to remain eligible, but DWD is required to waive these requirements under certain circumstances. Under current law, DWD has limited rule-making authority to modify the availability of waivers or establish additional waivers if necessary to comply with a requirement under federal law or if specifically allowed under federal law. The bill allows DWD to promulgate rules that remain in effect until January 1, 2022, that provide waivers of the registration for work or work search requirements under additional circumstances.

***Unemployment Insurance; Receipt of Social Security Disability Insurance benefits***

Under current law, in any week in any month that a claimant is receiving a benefit under the federal social security disability program, that claimant is ineligible for UI benefits. The bill repeals that prohibition and allows an otherwise eligible claimant to receive both federal social security disability benefits and unemployment insurance benefits for the same period.

***Worker's compensation; Injury to critical workers***

The bill provides that, for the purposes of worker's compensation, an injury caused to a critical worker by COVID-19 during the period beginning on the effective date of the bill and ending on December 31, 2021, is presumed to be caused by the individual's employment. The presumption requires a diagnosis or positive test for COVID-19 and may be rebutted by specific evidence that the injury was caused outside of employment. Under the bill, the secretary of health services determines which workers are considered critical workers during the specified period.

**FINANCIAL INSTITUTIONS*****Remote notarization of estate planning documents***

The bill allows a notary public, through the end of calendar year 2021, to perform notarizations involving estate planning documents for individuals not physically present before the notary public.

Current law generally requires a person to physically appear before a notary public in order for the notary public to perform a notarial act, but provisions in 2019 Wisconsin Act 125 allow a notary public, using technology, to notarize documents for persons not physically present with the notary public (remotely located individuals) if certain requirements are satisfied. This authority under Act 125 for a notary public to perform a notarial act for a remotely located individual does not extend to a transaction involving estate planning documents such as wills and trusts.

The bill allows a notary public, through the end of calendar year 2021, to perform for a remotely located individual a notarial act involving estate planning documents such as wills and trusts.

**HEALTH AND HUMAN SERVICES*****Prescription order extensions***

Current law allows a pharmacist to extend a prescription order under certain circumstances in the event that the prescription cannot otherwise be refilled, subject to certain criteria and limitations. However, current law also includes an alternative authorization for a pharmacist to extend a prescription during the public health emergency declared on March 12, 2020, by executive order 72, and for 30 days after the conclusion of that public health emergency. Under this alternative authorization, a pharmacist is exempt from having to contact the prescribing practitioner or his or her office, the pharmacist may extend the prescription by up to a 30-day supply, and certain other requirements also do not apply. The bill provides that this alternative authorization to extend a prescription order also applies beginning on the bill's effective date to the end of 2021.

***Medical Assistance payment for hospitals for nursing facility care***

The bill requires the Department of Health Services to provide reimbursement or a supplemental payment to hospitals under the Medical Assistance program for providing nursing-facility-level custodial care. To receive reimbursement or supplemental payment, the hospital must notify DHS that it is participating as a swing bed hospital under the Medical Assistance program and providing custodial care for which federal financial participation is approved to an individual who is eligible for discharge after receiving inpatient care in the hospital, who needs

nursing-facility-level care, and for whom the hospital is unable to locate a nursing facility that accepts the individual for admission. If providing reimbursement instead of supplemental payment, DHS must pay the hospital the statewide average per-diem rate paid to nursing facilities. DHS must use the same standards and eligibility criteria as the federal Medicare program uses to determine reimbursement for swing beds or, for hospitals that are not critical access hospitals, the terms of a federal waiver issued during the federally declared national emergency related to the 2019 novel coronavirus. This requirement to reimburse hospitals for providing nursing facility care applies until June 30, 2021, or until the termination of any public health emergency declared by the secretary of the federal Department of Health and Human Services related to the 2019 novel coronavirus, whichever is earlier.

***Reimbursement for outpatient services provided by hospitals***

The bill requires DHS to provide reimbursement through the Medical Assistance program to a hospital for services provided on an outpatient basis that are usually reimbursed when provided at the hospital's inpatient facility but are provided at the hospital's outpatient facility due to the 2019 novel coronavirus pandemic. To receive reimbursement under the bill, the outpatient services must be approved for federal financial participation and must be provided in a facility that is operated by the hospital and is certified for outpatient services under the federal Medicare program, including under the terms of a federal waiver issued during the federally declared national emergency related to the 2019 novel coronavirus. DHS must seek any federal approval necessary to provide the reimbursement. The reimbursement requirement applies until the conclusion of a public health emergency declared by the secretary of the federal Department of Health and Human Services in response to the 2019 novel coronavirus or until June 30, 2021, whichever is earlier.

***State coverage for treatment of uninsured health care workers***

The bill requires DHS to provide state payment for the testing and treatment of health care workers who have been diagnosed with or are under investigation of having COVID-19 or any other communicable disease. State coverage is available only if the individual has no other form of coverage or funding for treatment available from insurance, a health care coverage program, or under any grant, contract, or other contractual arrangement. For purposes of the state coverage for uninsured health care workers, the treatment that must be covered is any treatment that is medically necessary and reasonably related to COVID-19 or any other communicable disease or complications from COVID-19 or other communicable disease.

***Medicaid expansion***

The bill accepts the Medicaid expansion by changing the family income eligibility level to up to 133 percent of the federal poverty line for parents and caretaker relatives under BadgerCare Plus and for childless adults currently covered under BadgerCare Plus Core and who are incorporated into BadgerCare Plus in the bill. BadgerCare Plus and BadgerCare Plus Core are programs under the state's Medical Assistance program, which provides health services to individuals

who have limited financial resources. The federal Patient Protection and Affordable Care Act allows a state to receive an enhanced federal medical assistance percentage payment for providing benefits to certain individuals through a state's Medical Assistance program. The bill requires DHS to comply with all federal requirements and to request any amendment to the state Medical Assistance plan, waiver of Medicaid law, or other federal approval necessary to qualify for the highest available enhanced federal medical assistance percentage for childless adults under the BadgerCare Plus program. DHS must ensure that any increased funding resulting from the bill is used to improve access to and affordability of health care and to support health care quality for Wisconsin residents.

Under current law, certain parents and caretaker relatives with incomes of not more than 100 percent of the federal poverty line, before a 5 percent income disregard is applied, are eligible for BadgerCare Plus benefits. Under current law, childless adults who 1) are under age 65; 2) have family incomes that do not exceed 100 percent of the federal poverty line, before a 5 percent income disregard is applied; and 3) are not otherwise eligible for Medical Assistance, including BadgerCare Plus, are eligible for benefits under BadgerCare Plus Core. The bill eliminates the childless adults demonstration project known as BadgerCare Plus Core.

#### ***Orders prohibiting evictions and foreclosures***

The bill allows DHS to issue an order prohibiting the commencement of actions for eviction or foreclosure for any period before January 1, 2022.

#### ***Funding for Department of Health Services for COVID-19***

The bill provides funding to DHS for community testing, contact tracing, vaccinations, and public awareness related to COVID-19.

#### ***Child care financial assistance program***

The bill appropriates \$25,000,000 to the Department of Children and Families to give financial assistance to providers of child care services that have lost income as a result of the 2019 novel coronavirus.

### **HOUSING**

#### ***Rental assistance funding***

The federal Coronavirus Aid, Relief, and Economic Security (CARES) Act of 2020 provided federal funding for a rental assistance program administered by DOA. Under that program, Wisconsin residents suffering a loss of income due to the 2019 novel coronavirus, and who met income and certain other eligibility requirements, could apply for assistance in paying their rent. The bill appropriates \$25,000,000 of general purpose revenue for that program.

### **INSURANCE**

#### ***Coverage limits on certain prescription drugs***

The bill prohibits insurers that offer health insurance, self-insured governmental health plans, and pharmacy benefit managers from requiring, before January 1, 2022, prior authorization for early refills of a prescription drug or otherwise restricting the period of time in which a prescription drug may be refilled and from imposing a limit on the quantity of prescription drugs that may be obtained

if the quantity is no more than a 90-day supply. These prohibitions do not apply if the prescription drug is a controlled substance. The bill reinstates the prohibitions that were enacted in 2019 Wisconsin Act 185 but that expired with the termination of the state of emergency related to public health declared on March 12, 2020, by the governor.

***Liability insurance for physicians and nurse anesthetists***

The bill specifies that, before January 1, 2022, a physician or nurse anesthetist for whom Wisconsin is not a principal place of practice but who is temporarily authorized to practice in Wisconsin may fulfill financial responsibility requirements by filing with the commissioner of insurance a certificate of insurance for a policy of health care liability insurance issued by an insurer authorized in a certain jurisdiction specified in the bill. Additionally, under those same circumstances, the physician or nurse anesthetist may elect to be covered by Wisconsin's health care liability laws.

***Out-of-network costs related to health coverage***

The bill prohibits, through December 31, 2021, a defined network plan, including a health maintenance organization, or preferred provider plan from requiring an enrollee of the plan to pay more for a service, treatment, or supply provided by an out-of-network provider than if the service, treatment, or supply is provided by an in-network provider. This prohibition applies to any service, treatment, or supply that is related to the diagnosis of or treatment for COVID-19 and that is provided by an out-of-network provider because a participating provider is unavailable due to the COVID-19 pandemic. For a service, treatment, or supply provided under those circumstances, the bill requires the plan to reimburse the out-of-network provider at 250 percent of the federal Medicare program rate. Also, under those circumstances, any health care provider or facility that provides a service, treatment, or supply to an enrollee of a plan but is not a participating provider of that plan shall accept as payment in full any payment by a plan that is at least 250 percent of the federal Medicare program rate and may not charge the enrollee an amount that exceeds the amount that the provider or facility is reimbursed by the plan. Similar prohibitions and requirements were created in 2019 Wisconsin Act 185, except that the reimbursement rate in Act 185 for an out-of-network provider was 225 percent of the federal Medicare program rate. The Act 185 prohibitions and requirements applied only during the state of emergency related to public health declared on March 12, 2020, and for 60 days following the termination of that state of emergency.

***Coverage of COVID-19 related costs without cost sharing***

The bill requires every health insurance policy and every self-insured governmental health plan that generally covers testing for and treatment of infectious disease to provide coverage of testing for, diagnosis and treatment of, and administration of any vaccination developed to prevent COVID-19 without imposing any copayment or coinsurance. This requirement applies through December 31, 2021. A health insurance policy is referred to in the bill as a disability insurance policy. Current law requires health insurance policies and self-insured

governmental health plans to cover, until March 13, 2021, testing for COVID-19 without imposing any copayment or coinsurance.

***Insurance coverage for health care workers***

The bill requires every health insurance policy and every self-insured governmental health plan that generally covers testing for and treatment of infectious disease to provide coverage of testing for and treatment of COVID-19 or any other communicable disease for a frontline health care worker who has been diagnosed with or is under investigation of having COVID-19 or any other communicable disease without imposing any copayment or coinsurance. A health insurance policy is referred to in the bill as a disability insurance policy. For purposes of required insurance coverage, the treatment that must be covered is any treatment that is medically necessary and reasonably related to COVID-19 or any other communicable disease or complications from COVID-19 or other communicable disease.

***Coverage parity for telehealth services***

The bill prohibits a health insurance policy or a self-insured health plan of the state or a county, city, village, town, or school district from denying coverage for a treatment or service provided through telehealth if that treatment or service is covered under the policy or plan when provided in person by a health care provider. This prohibition applies through December 31, 2021. Health insurance policies are known as disability insurance policies in the bill. Telehealth is a practice of health care delivery, diagnosis, consultation, treatment, or transfer of medically relevant data by means of audio, video, or data communications that are used either during a patient visit or a consultation or are used to transfer medically relevant data about a patient.

**SAFETY AND PROFESSIONAL SERVICES**

***Optional licensure of third-party logistics providers***

The bill creates an optional license for third-party logistics providers that are located in the state or are located outside the state but provide third-party logistics provider services in the state. A third-party logistics provider is defined under current law as a person that contracts with a prescription drug manufacturer to provide or coordinate warehousing, distribution, or other services on behalf of the manufacturer but that does not take title to the manufacturer's prescription drug or have general responsibility to direct the prescription drug's sale or disposition.

The bill requires an applicant for a third-party logistics provider license to submit certain information prior to licensure, including proof of a recent facility inspection, and a personal statement relating to a designated representative of the facility. The license created by the bill will no longer apply if the federal Food and Drug Administration establishes a licensing program for third-party logistics providers under federal law and the Pharmacy Examining Board determines that state licensure is not required for a resident third-party logistics provider to provide third-party logistics services in another state.

The bill also directs the Pharmacy Examining Board to promulgate rules that regulate third-party logistics providers and out-of-state third-party logistics

providers consistent with federal law. The authority of the Pharmacy Examining Board to promulgate rules is restricted to only rules that are equivalent to requirements under federal law and only rules that do not mandate licensing under state law.

Finally, the bill requires the Pharmacy Examining Board to issue interim licenses for third-party logistics providers and out-of-state third-party logistics providers between the date of enactment until permanent or emergency rules take effect, whichever is sooner, if, in the opinion of the board, the applicant is currently in compliance with federal law relating to third-party logistics providers. An interim license to act as a third-party logistics provider or out-of-state third-party logistics provider expires 90 days after the date that emergency rules take effect or 90 days after the date that permanent rules take effect, whichever is sooner. No fee is required for an interim license to act as a third-party logistics provider or an out-of-state third-party logistics provider.

## **RETIREMENT AND GROUP INSURANCE**

### ***Wisconsin Retirement System annuities for critical workers***

Under current law, certain people who receive a retirement or disability annuity from the Wisconsin Retirement System and who are hired by an employer that participates in the WRS must suspend that annuity and may not receive a WRS annuity payment until the person is no longer in a WRS-covered position. This suspension applies to a person who 1) has reached his or her normal retirement date; 2) is appointed to a position with a WRS-participating employer, or provides employee services as a contractor to a WRS-participating employer; and 3) is expected to work at least two-thirds of what is considered full-time employment by the Department of Employee Trust Funds.

The bill creates an exception to this suspension if 1) the person is either hired or provides employee services as a contractor in a critical position during the period beginning on the effective date of the bill and ending on December 31, 2021; 2) at the time the person initially retires from covered employment with a participating employer, the person does not have an agreement with any participating employer to return to employment; and 3) the person elects to not become a participating employee at the time the person is rehired or enters into a contract after retirement. In other words, the bill allows a WRS annuitant who is either hired or provides employee services as a contractor in a critical position during the period beginning on the effective date of the bill and ending on December 31, 2021, to return to work with an employer who participates in the WRS and continue to receive his or her annuity.

## **STATE GOVERNMENT**

### ***Waiving in-person requirements***

Current law allows a state entity to waive any requirement that an individual appear in person during the public health emergency declared on March 12, 2020. The bill expands that provision so that a state entity may waive such in-person requirements through December 31, 2021, if enforcing the requirement would increase the public health risk.

***Waiver of certain interest, penalties, and payments***

Under the bill, each state agency and authority and each local governmental unit may waive any interest, penalty, or payment that accrues or becomes due beginning on the day the bill becomes law and ending on December 31, 2021, with respect to a debt any person owes to the agency, authority, or local unit of government.

***COVID-19 testing and surge capacity***

The bill requires DOA to do all of the following related to COVID-19:

1. Facilitate COVID-19 testing and diagnosis throughout this state.
2. Operate alternate care facilities staffed by health care professionals for patients diagnosed with COVID-19.
3. Facilitate surge staffing resources for health care facilities throughout the state.

***Grants to small businesses***

The bill authorizes the Department of Revenue to provide grants to small businesses in the manner to be determined by DOR.

This proposal may contain a health insurance mandate requiring a social and financial impact report under s. 601.423, stats.

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

1           **SECTION 1.** 16.34 of the statutes is created to read:

2           **16.34 Hazard pay during a public health emergency; paid medical**  
3 **leave for frontline health care workers. (1) DEFINITION.** In this section,  
4 “frontline health care worker” means an individual who is any of the following, who  
5 is not exempt under 29 USC 213, and whose annual pay does not exceed \$99,999:

6           (a) A provider of direct care to patients in a hospital, nursing home, or  
7 residence.

8           (b) An employee who works in a patient care area of a facility that provides  
9 direct patient care.

10           (c) An individual who handles patient specimens within this state within the  
11 scope of employment.

1 (d) An employee who works in an area where patient specimens are handled  
2 at a facility that handles patient specimens within this state.

3 **(2) HAZARD PAY GRANT PROGRAM FOR WORK DURING A PUBLIC HEALTH EMERGENCY.**

4 (a) From the appropriation under s. 20.505 (1) (ft), the department shall award  
5 grants to employers for the payment of hazard pay to frontline health care workers  
6 who work during a public health emergency declared by the governor under s. 323.10  
7 or the secretary of health services under s. 252.02, as set forth in s. 103.025 (3).

8 (b) The department shall establish and administer a program to subsidize, as  
9 provided in s. 103.025 (3), the hazard pay costs for frontline health care workers. The  
10 department shall require, at a minimum, that the employer provide a sworn affidavit  
11 of compliance, and payroll records if requested by the department. The governor or  
12 his or her designee within the department may determine the period of applicability  
13 of this subsection.

14 **(3) PAID MEDICAL LEAVE GRANT PROGRAM FOR FRONTLINE HEALTH CARE WORKERS.**

15 (a) From the appropriation under s. 20.505 (1) (ft), the department shall award  
16 grants to employers for the provision of paid medical leave to frontline health care  
17 workers who contract a communicable disease, as set forth in s. 103.10 (4m).

18 (b) The department shall establish and administer a program to subsidize, as  
19 provided in s. 103.10 (4m), the paid medical leave costs for frontline health care  
20 workers. The department shall require, at a minimum, that the employer provide  
21 a sworn affidavit of compliance, and payroll records if requested by the department.  
22 The governor or his or her designee within the department may determine the period  
23 of applicability of this subsection.

24 **(4) COVERAGE OF COVID-19 FOR HEALTH CARE WORKERS.** (a) From the

25 appropriation under s. 20.505 (1) (ft), the department shall award grants to insurers

1 for the provision of health insurance coverage to frontline health care workers as set  
2 forth in s. 632.895 (14f).

3 (b) The department shall establish and administer a program to subsidize, as  
4 provided in s. 632.895 (14f), the costs of providing coverage for frontline health care  
5 workers at no additional cost to the covered individuals. The governor or his or her  
6 designee within the department may determine the period of applicability of this  
7 subsection.

8 **SECTION 2.** 20.005 (3) (schedule) of the statutes: at the appropriate place, insert  
9 the following amounts for the purposes indicated:

				<b>2019-20</b>	<b>2020-21</b>
10	<b>20.115 Agriculture, trade and consumer</b>				
11	<b>protection, department of</b>				
12	(3) AGRICULTURAL DEVELOPMENT SERVICES				
13	(b) Food security initiative grants	GPR	A	-0-	10,000,000
14	<b>20.435 Health services, department of</b>				
15	(1) PUBLIC HEALTH SERVICES PLANNING, REGULATION,				
16	AND DELIVERY				
17	(dw) Coronavirus pandemic	GPR	A	-0-	63,000,000
18	<b>20.505 Administration, department of</b>				
19	(1) SUPERVISION AND MANAGEMENT				
20	(bk) COVID-19 testing and surge				
21	capacity	GPR	A	-0-	403,000,000

1     **20.835 Shared revenue and tax relief**

2     (2)    TAX RELIEF

3     (an)   Grants to small businesses           GPR    A           -0-   75,000,000

4           **SECTION 3.** 20.115 (3) (b) of the statutes is created to read:

5           20.115 (3) (b) *Food security initiative grants.* The amounts in the schedule to  
6     provide grants under s. 93.485.

7           **SECTION 4.** 20.435 (1) (dw) of the statutes is created to read:

8           20.435 (1) (dw) *Coronavirus pandemic.* The amounts in the schedule for  
9     community testing, contact tracing, vaccinations, and public awareness related to  
10    the infection caused by the SARS-CoV-2 coronavirus, known as COVID-19.

11          **SECTION 5.** 20.435 (4) (bu) of the statutes is created to read:

12          20.435 (4) (bu) *COVID-19 and other communicable disease aids for frontline*  
13    *health care workers.* A sum sufficient not to exceed in each fiscal year the difference  
14    between \$165,011,600 per fiscal year and the amount after payments have been  
15    made under s. 16.34, for testing and treatment of frontline health care workers under  
16    s. 49.681.

17          **SECTION 6.** 20.435 (4) (jw) of the statutes is amended to read:

18          20.435 (4) (jw) *BadgerCare Plus and hospital assessment.* ~~All moneys received~~  
19    ~~from payment of enrollment fees under the program under s. 49.45 (23), all moneys~~  
20    transferred under s. 50.38 (9), all moneys transferred from the appropriation account  
21    under par. (jz), and 10 percent of all moneys received from penalty assessments  
22    under s. 49.471 (9) (c), ~~for administration of the program under s. 49.45 (23), to~~  
23    provide a portion of the state share of administrative costs for the BadgerCare Plus

1 Medical Assistance program under s. 49.471, and for administration of the hospital  
2 assessment under s. 50.38.

3 **SECTION 7.** 20.505 (1) (bk) of the statutes is created to read:

4 20.505 (1) (bk) *COVID-19 testing and surge capacity.* The amounts in the  
5 schedule for the purposes specified in 2021 Wisconsin Act ... (this act), section 9101  
6 (1).

7 **SECTION 8.** 20.505 (1) (ft) of the statutes is created to read:

8 20.505 (1) (ft) *Health care coverage and employee benefits relating to COVID-19*  
9 *and other communicable diseases.* A sum sufficient not to exceed in each fiscal year  
10 \$165,011,600 for payments under s. 16.34 (2), (3), and (4).

11 **SECTION 9.** 20.835 (2) (an) of the statutes is created to read:

12 20.835 (2) (an) *Grants to small businesses.* The amounts in the schedule to  
13 provide grants to small businesses under s. 73.03 (75).

14 **SECTION 10.** 40.22 (1) of the statutes is amended to read:

15 40.22 (1) Except as otherwise provided in sub. (2) and s. 40.26 (6) and (7), each  
16 employee currently in the service of, and receiving earnings from, a state agency or  
17 other participating employer shall be included within the provisions of the Wisconsin  
18 retirement system as a participating employee of that state agency or participating  
19 employer.

20 **SECTION 11.** 40.22 (2m) (intro.) of the statutes is amended to read:

21 40.22 (2m) (intro.) Except as otherwise provided in s. 40.26 (6) and (7), an  
22 employee who was a participating employee before July 1, 2011, who is not expected  
23 to work at least one-third of what is considered full-time employment by the  
24 department, as determined by rule, and who is not otherwise excluded under sub. (2)  
25 from becoming a participating employee shall become a participating employee if he

1 or she is subsequently employed by the state agency or other participating employer  
2 for either of the following periods:

3 **SECTION 12.** 40.22 (2r) (intro.) of the statutes is amended to read:

4 40.22 **(2r)** (intro.) Except as otherwise provided in s. 40.26 (6) and (7), an  
5 employee who was not a participating employee before July 1, 2011, who is not  
6 expected to work at least two-thirds of what is considered full-time employment by  
7 the department, as determined by rule, and who is not otherwise excluded under sub.  
8 (2) from becoming a participating employee shall become a participating employee  
9 if he or she is subsequently employed by the state agency or other participating  
10 employer for either of the following periods:

11 **SECTION 13.** 40.22 (3) (intro.) of the statutes is amended to read:

12 40.22 **(3)** (intro.) Except as otherwise provided in s. 40.26 (6) and (7), a person  
13 who qualifies as a participating employee shall be included within, and shall be  
14 subject to, the Wisconsin retirement system effective on one of the following dates:

15 **SECTION 14.** 40.26 (1m) (a) of the statutes is amended to read:

16 40.26 **(1m)** (a) Except as otherwise provided in ~~sub.~~ subs. (6) and (7), if a  
17 participant receiving a retirement annuity, or a disability annuitant who has  
18 attained his or her normal retirement date, is employed in a position in covered  
19 employment in which he or she is expected to work at least two-thirds of what is  
20 considered full-time employment by the department, as determined under s. 40.22  
21 (2r), the participant's annuity shall be suspended and no annuity payment shall be  
22 payable until after the participant terminates covered employment.

23 **SECTION 15.** 40.26 (1m) (b) of the statutes is amended to read:

24 40.26 **(1m)** (b) Except as otherwise provided in ~~sub.~~ subs. (6) and (7), if a  
25 participant receiving a retirement annuity, or a disability annuitant who has

1 attained his or her normal retirement date, enters into a contract to provide  
2 employee services with a participating employer and he or she is expected to work  
3 at least two-thirds of what is considered full-time employment by the department,  
4 as determined under s. 40.22 (2r), the participant's annuity shall be suspended and  
5 no annuity payment shall be payable until after the participant no longer provides  
6 employee services under the contract.

7 **SECTION 16.** 40.26 (5m) of the statutes is amended to read:

8 40.26 (5m) During the public health emergency declared on March 12, 2020,  
9 by executive order 72, or during the period beginning on the effective date of this  
10 subsection .... [LRB inserts date], and ending on December 31, 2021, sub. (5) does not  
11 apply if at least 15 days have elapsed between the termination of employment with  
12 a participating employer and becoming a participating employee if the position for  
13 which the participant is hired is a critical position, as determined by the secretary  
14 of health services under s. 323.19 (3).

15 **SECTION 17.** 40.26 (7) of the statutes is created to read:

16 40.26 (7) (intro.) During the period beginning on the effective date of this  
17 subsection .... [LRB inserts date], and ending on December 31, 2021, a participant  
18 who is hired during the period may elect to not suspend his or her retirement annuity  
19 or disability annuity under sub. (1m) for the duration of the period if all of the  
20 following conditions are met:

21 (a) At the time the participant terminates his or her employment with a  
22 participating employer, the participant does not have an agreement with any  
23 participating employer to return to employment or enter into a contract to provide  
24 employee services for the employer.

1 (b) The participant is hired to a critical position, as determined under s. 323.19  
2 (3m).

3 **SECTION 18.** 40.51 (8) of the statutes is amended to read:

4 40.51 (8) Every health care coverage plan offered by the state under sub. (6)  
5 shall comply with ss. 631.89, 631.90, 631.93 (2), 631.95, 632.72 (2), 632.729, 632.746  
6 (1) to (8) and (10), 632.747, 632.748, 632.798, 632.83, 632.835, 632.85, 632.853,  
7 632.855, 632.867, 632.87 (3) to (6), 632.871, 632.885, 632.89, 632.895 (5m) and (8) to  
8 (17), and 632.896.

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

10 40.51 (8m) Every health care coverage plan offered by the group insurance  
11 board under sub. (7) shall comply with ss. 631.95, 632.729, 632.746 (1) to (8) and (10),  
12 632.747, 632.748, 632.798, 632.83, 632.835, 632.85, 632.853, 632.855, 632.867,  
13 632.871, 632.885, 632.89, and 632.895 (11) to (17).

14 **SECTION 20.** 49.45 (2p) of the statutes is repealed.

15 **SECTION 21.** 49.45 (23) of the statutes is repealed.

16 **SECTION 22.** 49.45 (23b) (title) of the statutes is amended to read:

17 49.45 (23b) (title) CHILDLESS ADULTS DEMONSTRATION PROJECT REFORM WAIVER  
18 IMPLEMENTATION REQUIRED.

19 **SECTION 23.** 49.45 (23b) (b) of the statutes is amended to read:

20 49.45 (23b) (b) Beginning as soon as practicable after October 31, 2018, and  
21 ending no sooner than December 31, 2023, the department shall do all of the  
22 following with regard to the childless adults demonstration project under sub. (23)  
23 s. 49.471 (4) (a) 8.:

24 1. Require in each month persons, except exempt individuals, who are eligible  
25 to receive Medical Assistance under sub. (23) s. 49.471 (4) (a) 8. and who are at least

1 19 years of age but have not attained the age of 50 to participate in, document, and  
2 report 80 hours per calendar month of community engagement activities. The  
3 department, after finding good cause, may grant a temporary exemption from the  
4 requirement under this subdivision upon request of a Medical Assistance recipient.

5 2. Require persons with incomes of at least 50 percent of the poverty line to pay  
6 premiums in accordance with par. (c) as a condition of eligibility for Medical  
7 Assistance under ~~sub. (23)~~ s. 49.471 (4) (a) 8.

8 3. Require as a condition of eligibility for Medical Assistance under ~~sub. (23)~~  
9 s. 49.471 (4) (a) 8. completion of a health risk assessment.

10 4. Charge recipients of Medical Assistance under ~~sub. (23)~~ s. 49.471 (4) (a) 8.  
11 an \$8 copayment for nonemergency use of the emergency department in accordance  
12 with 42 USC 1396o-1 (e) (1) and 42 CFR 447.54.

13 5. Disenroll from Medical Assistance under ~~sub. (23)~~ s. 49.471 (4) (a) 8. for 6  
14 months any individual who does not pay a required premium under subd. 2. and any  
15 individual who is required under subd. 1. to participate in a community engagement  
16 activity but who does not participate for 48 aggregate months in the community  
17 engagement activity.

18 **SECTION 24.** 49.45 (23b) (c) of the statutes is amended to read:

19 49.45 **(23b)** (c) 1. Persons who are eligible for the demonstration project under  
20 ~~sub. (23)~~ s. 49.471 (4) (a) 8. and who have monthly household income that exceeds  
21 50 percent of the poverty line shall pay a monthly premium amount of \$8 per  
22 household. A person who is eligible to receive an item or service furnished by an  
23 Indian health care provider is exempt from the premium requirement under this  
24 subdivision.

1           2. The department may disenroll under par. (b) 5. a person for nonpayment of  
2 a required monthly premium only at annual eligibility redetermination after  
3 providing notice and reasonable opportunity for the person to pay. If a person who  
4 is disenrolled for nonpayment of premiums pays all owed premiums or becomes  
5 exempt from payment of premiums, he or she may reenroll in Medical Assistance  
6 under ~~sub. (23)~~ s. 49.471 (4) (a) 8.

7           3. The department shall reduce the amount of the required household premium  
8 by up to half for a recipient of Medical Assistance under ~~sub. (23)~~ s. 49.471 (4) (a) 8.  
9 who does not engage in certain behaviors that increase health risks or who attests  
10 to actively managing certain unhealthy behaviors.

11           **SECTION 25.** 49.45 (23b) (e) of the statutes is amended to read:

12           49.45 **(23b)** (e) Before December 31, 2023, the ~~demonstration~~ project  
13 requirements under this subsection may not be withdrawn and the department may  
14 not request from the federal government withdrawal, suspension, or termination of  
15 the ~~demonstration project~~ requirements under this subsection unless legislation has  
16 been enacted specifically allowing for the withdrawal, suspension, or termination.

17           **SECTION 26.** 49.471 (1) (cr) of the statutes is created to read:

18           49.471 **(1)** (cr) “Enhanced federal medical assistance percentage” means a  
19 federal medical assistance percentage described under 42 USC 1396d (y) or (z).

20           **SECTION 27.** 49.471 (4) (a) 4. b. of the statutes is amended to read:

21           49.471 **(4)** (a) 4. b. The individual’s family income does not exceed ~~100~~ 133  
22 percent of the poverty line ~~before application of the 5 percent income disregard under~~  
23 ~~42 CFR 435.603 (d).~~

24           **SECTION 28.** 49.471 (4) (a) 8. of the statutes is created to read:

25           49.471 **(4)** (a) 8. An individual who meets all of the following criteria:

1 a. The individual is an adult under the age of 65.

2 b. The adult has a family income that does not exceed 133 percent of the poverty  
3 line, except as provided in sub. (4g).

4 c. The adult is not otherwise eligible for the Medical Assistance program under  
5 this subchapter or the Medicare program under 42 USC 1395 et seq.

6 **SECTION 29.** 49.471 (4g) of the statutes is created to read:

7 49.471 (4g) MEDICAID EXPANSION; FEDERAL MEDICAL ASSISTANCE PERCENTAGE. For  
8 services provided to individuals described under sub. (4) (a) 8., the department shall  
9 comply with all federal requirements to qualify for the highest available enhanced  
10 federal medical assistance percentage. The department shall submit any  
11 amendment to the state medical assistance plan, request for a waiver of federal  
12 Medicaid law, or other approval request required by the federal government to  
13 provide services to the individuals described under sub. (4) (a) 8. and qualify for the  
14 highest available enhanced federal medical assistance percentage. Sections 20.940  
15 and 49.45 (2t) do not apply to a submission to the federal government under this  
16 subsection.

17 **SECTION 30.** 49.681 of the statutes is created to read:

18 **49.681 COVID-19 and other communicable disease aids for frontline**  
19 **health care workers. (1)** In this section:

20 (a) "COVID-19" means an infection caused by the SARS-CoV-2 coronavirus.

21 (b) "Frontline health care worker" has the meaning given in s. 16.34 (1).

22 (2) From the appropriation under s. 20.435 (4) (bu), subject to sub. (3), the  
23 department shall pay, at a rate determined by the department under sub. (4), for  
24 testing for and any treatment that is medically necessary and reasonably related to  
25 COVID-19 or any other communicable disease or complications from COVID-19 or

1 other communicable disease for frontline health care workers who have been  
2 diagnosed with or are a patient under investigation of having COVID-19 or any  
3 other communicable disease.

4 (3) No payment may be made under this section unless the recipient has no  
5 other form of coverage available from the federal Medicare program, from private  
6 health, accident, sickness, medical, and hospital insurance coverage, from any other  
7 available state, federal, or other health care coverage program, or under any grant,  
8 contract, or other contractual arrangement. If at any time federal or private  
9 insurance aid, other health care coverage, or a grant, contract, or other contractual  
10 arrangement becomes available during the treatment period, state aid under this  
11 section shall be terminated.

12 (4) Payment for services provided under this section shall be at a rate  
13 determined by the department that does not exceed the allowable charges under the  
14 federal Medicare program. In no case shall state rates for individual service  
15 elements exceed the federally defined allowable costs. The rate of charges for  
16 services not covered by public and private insurance shall not exceed the reasonable  
17 charges as established by Medicare fee determination procedures. A person that  
18 provides to a patient a service for which payment is provided under this section shall  
19 accept the amount paid under this section for the service as payment in full and may  
20 not bill the patient for any amount by which the charge for the service exceeds the  
21 amount paid for the service under this section.

22 (5) The department may promulgate rules to establish a process for individuals  
23 to establish eligibility and apply for and receive benefits under this section.

24 **SECTION 31.** 49.686 (3) (d) of the statutes is amended to read:

1           49.686 (3) (d) Has applied for coverage under and has been denied eligibility  
2 for medical assistance within 12 months prior to application for reimbursement  
3 under sub. (2). This paragraph does not apply to an individual who is eligible for  
4 benefits under ~~the demonstration project for childless adults under s. 49.45 (23)~~  
5 BadgerCare Plus under s. 49.471 (4) (a) 8. or to an individual who is eligible for  
6 benefits under BadgerCare Plus under s. 49.471 (11).

7           **SECTION 32.** 66.0137 (4) of the statutes is amended to read:

8           66.0137 (4) SELF-INSURED HEALTH PLANS. If a city, including a 1st class city, or  
9 a village provides health care benefits under its home rule power, or if a town  
10 provides health care benefits, to its officers and employees on a self-insured basis,  
11 the self-insured plan shall comply with ss. 49.493 (3) (d), 631.89, 631.90, 631.93 (2),  
12 632.729, 632.746 (10) (a) 2. and (b) 2., 632.747 (3), 632.798, 632.85, 632.853, 632.855,  
13 632.867, 632.87 (4) to (6), 632.871, 632.885, 632.89, 632.895 (9) to (17), 632.896, and  
14 767.513 (4).

15           **SECTION 33.** 73.03 (75) of the statutes is created to read:

16           73.03 (75) To provide grants from the appropriation account under s. 20.835  
17 (2) (an) to small businesses in this state in the manner prescribed by the department.

18           **SECTION 34.** 93.485 of the statutes is created to read:

19           **93.485 Food security initiative. (1)** The department shall award grants  
20 from the appropriation under s. 20.115 (3) (b) to nonprofit food banks, nonprofit food  
21 pantries, and other nonprofit organizations fighting food insecurity. The goals of this  
22 grant program are to assist in finding innovative and creative solutions to food  
23 supply and delivery challenges and to provide Wisconsin food products to hungry  
24 state residents that are food insecure.

1           **(2)** The department shall make grants under this section for any of the  
2 following purposes:

3           (a) Adapting to challenges posed by the COVID-19 public health crisis.

4           (b) Purchasing Wisconsin food products to provide to state residents.

5           **SECTION 35.** 102.03 (7) of the statutes is created to read:

6           102.03 **(7)** (a) In this subsection, “critical worker” means an employee whose  
7 position is determined to be critical under s. 323.19 (3p).

8           (b) For the purposes of benefits under this chapter, where an injury to a critical  
9 worker is found to be caused by COVID-19, during the period beginning on the  
10 effective date of this paragraph .... [LRB inserts date], and ending on December 31,  
11 2021, the injury is presumed to be caused by the individual’s employment.

12           (c) An injury claimed under par. (b) must be accompanied by a specific diagnosis  
13 of COVID-19 by a physician, or by a positive diagnostic test result for the disease.

14           (d) An injury claimed under par. (b) may be rebutted by specific evidence that  
15 the injury was caused by exposure to COVID-19 outside of the individual’s work for  
16 the employer.

17           **SECTION 36.** 102.565 (6) of the statutes is amended to read:

18           102.565 **(6)** This section does not apply to an employee whose claim of injury  
19 is presumed to be caused by employment under s. 102.03 (6) or (7).

20           **SECTION 37.** 103.025 (title) of the statutes is amended to read:

21           **103.025** (title) **Hours of labor; compensatory time; hazard pay.**

22           **SECTION 38.** 103.025 (1) (bm) of the statutes is created to read:

23           103.025 **(1)** (bm) “Frontline health care worker” has the meaning given in s.  
24 16.34 (1).

25           **SECTION 39.** 103.025 (3) of the statutes is created to read:

1           103.025 (3) During a public health emergency declared by the governor under  
2 s. 323.10 or pursuant to an emergency order issued by the secretary of health services  
3 under s. 252.02, an employer shall pay frontline health care workers a hazard pay  
4 premium of 1.5 times the employee's hourly rate, or an additional \$15 per hour,  
5 whichever is more. An employer may apply for a grant under s. 16.34 (2) (a) to pay  
6 the hazard pay premium.

7           **SECTION 40.** 103.10 (1) (c) of the statutes is amended to read:

8           103.10 (1) (c) Except as provided in ~~sub.~~ subs. (1m) (b) 3. and (4m) (a),  
9 “employer” means a person engaging in any activity, enterprise or business in this  
10 state employing at least 50 individuals on a permanent basis. “Employer” includes  
11 the state and any office, department, independent agency, authority, institution,  
12 association, society or other body in state government created or authorized to be  
13 created by the constitution or any law, including the legislature and the courts.

14           **SECTION 41.** 103.10 (1) (dm) of the statutes is created to read:

15           103.10 (1) (dm) “Frontline health care worker” has the meaning given in s.  
16 16.34 (1).

17           **SECTION 42.** 103.10 (2) (c) of the statutes is amended to read:

18           103.10 (2) (c) ~~This~~ Except as provided in sub. (4m), this section only applies to  
19 an employee who has been employed by the same employer for more than 52  
20 consecutive weeks and who worked for the employer for at least 1,000 hours during  
21 the preceding 52-week period.

22           **SECTION 43.** 103.10 (4m) of the statutes is created to read:

23           103.10 (4m) PAID MEDICAL LEAVE FOR FRONTLINE HEALTH CARE WORKERS. (a) An  
24 employer that employs at least one employee shall provide at least 15 days of paid  
25 medical leave in addition to any leave provided under sub. (4) (a) to a frontline health

1 care worker who is employed by the employer and who contracts a communicable  
2 disease. The employee does not need to meet the length of employment or  
3 hours-worked standard set forth in sub. (2) (c).

4 (b) An employer may apply for a grant under s. 16.34 (3) (a).

5 **SECTION 44.** 103.10 (5) (a) of the statutes is amended to read:

6 103.10 (5) (a) ~~This~~ Except as provided in sub. (4m), this section does not entitle  
7 an employee to receive wages or salary while taking family leave or medical leave.

8 **SECTION 45.** 103.10 (8) of the statutes is amended to read:

9 103.10 (8) POSITION UPON RETURN FROM LEAVE. (a) Subject to par. (c), when an  
10 employee returns from family leave ~~or~~, medical leave, or paid medical leave as a  
11 frontline health care worker, his or her employer shall immediately place the  
12 employee in an employment position as follows:

13 1. If the employment position which the employee held immediately before the  
14 family leave ~~or~~, medical leave, or paid medical leave as a frontline health care worker  
15 began is vacant when the employee returns, in that position.

16 2. If the employment position which the employee held immediately before the  
17 family leave ~~or~~, medical leave, or paid medical leave as a frontline health care worker  
18 began is not vacant when the employee returns, in an equivalent employment  
19 position having equivalent compensation, benefits, working shift, hours of  
20 employment and other terms and conditions of employment.

21 (b) No employer may, because an employee received family leave ~~or~~, medical  
22 leave, or paid medical leave as a frontline health care worker, reduce or deny an  
23 employment benefit which accrued to the employee before his or her leave began or,  
24 consistent with sub. (9), accrued after his or her leave began.

1 (c) Notwithstanding par. (a), if an employee on a medical ~~or~~ leave, family leave,  
2 or paid medical leave as a frontline health care worker wishes to return to work  
3 before the end of the leave as scheduled, the employer shall place the employee in an  
4 employment position of the type described in par. (a) 1. or 2. within a reasonable time  
5 not exceeding the duration of the leave as scheduled.

6 **SECTION 46.** 103.10 (9) (a) and (b) of the statutes are amended to read:

7 103.10 (9) (a) Except as provided in par. (b), nothing in this section entitles a  
8 returning employee to a right, employment benefit or employment position to which  
9 the employee would not have been entitled had he or she not taken family leave ~~or~~,  
10 medical leave, or paid medical leave as a frontline health care worker or to the  
11 accrual of any seniority or employment benefit during a period of family leave ~~or~~,  
12 medical leave, or paid medical leave as a frontline health care worker.

13 (b) Subject to par. (c), during a period an employee takes family leave ~~or~~,  
14 medical leave, or paid medical leave as a frontline health care worker, his or her  
15 employer shall maintain group health insurance coverage under the conditions that  
16 applied immediately before the ~~family leave or medical~~ leave began. If the employee  
17 continues making any contribution required for participation in the group health  
18 insurance plan, the employer shall continue making group health insurance  
19 premium contributions as if the employee had not taken the ~~family leave or medical~~  
20 leave.

21 **SECTION 47.** 103.10 (9) (c) 4. of the statutes is amended to read:

22 103.10 (9) (c) 4. If an employee ends his or her employment with an employer  
23 during or within 30 days after a period of family leave ~~or~~, medical leave, or paid  
24 medical leave as a frontline health care worker, the employer may deduct from the  
25 amount returned to the employee under subd. 3. any premium or similar expense

1 paid by the employer for the employee's group health insurance coverage while the  
2 employee was on family leave or medical the leave.

3 **SECTION 48.** 103.10 (9) (d) of the statutes is amended to read:

4 103.10 (9) (d) If an employee ends his or her employment with an employer  
5 during or at the end of a period of family leave or, medical leave, or paid medical leave  
6 as a frontline health care worker, the time period for conversion to individual  
7 coverage under s. 632.897 (6) shall be calculated as beginning on the day that the  
8 employee began the period of family leave or medical leave.

9 **SECTION 49.** 103.10 (12) (d) of the statutes is amended to read:

10 103.10 (12) (d) The department shall issue its decision and order within 30 days  
11 after the hearing. If the department finds that an employer violated sub. (11) (a) or  
12 (b), it may order the employer to take action to remedy the violation, including  
13 providing requested family leave or, medical leave, or paid medical leave as a  
14 frontline health care worker, reinstating an employee, providing back pay accrued  
15 not more than 2 years before the complaint was filed and paying reasonable actual  
16 attorney fees to the complainant.

17 **SECTION 50.** 108.04 (2) (h) of the statutes is repealed.

18 **SECTION 51.** 108.04 (3) (b) of the statutes is amended to read:

19 108.04 (3) (b) Paragraph (a) does not apply with respect to benefit years that  
20 begin after March 12, 2020, and before ~~February 7, 2021~~ January 2, 2022. The  
21 department shall seek the maximum amount of federal reimbursement for benefits  
22 that are, during the time period specified in this paragraph, payable for the first  
23 week of a claimant's benefit year as a result of the application of this paragraph.

24 **SECTION 52.** 108.04 (12) (f) of the statutes is repealed.

25 **SECTION 53.** 108.062 (2) (d) of the statutes is amended to read:

1           108.062 (2) (d) Specify the period or periods when the plan will be in effect,  
2           which may not exceed a total of ~~6~~ 12 months in any 5-year period within the same  
3           work unit.

4           **SECTION 54.** 108.062 (20) (intro.) of the statutes is amended to read:

5           108.062 (20) SUSPENSIONS OF CERTAIN PROVISIONS. (intro.) Notwithstanding sub.  
6           (2), this subsection, and not sub. (2), applies to work-share plans submitted on or  
7           after April 17, 2020, and before ~~December 31, 2020~~ January 2, 2022, subject to sub.  
8           (19). During that period, prior to implementing a work-share program, an employer  
9           shall submit a work-share plan for the approval of the department. In its submittal,  
10          the employer shall certify that its plan is in compliance with all requirements under  
11          this section. Each plan shall:

12          **SECTION 55.** 108.062 (20) (c) of the statutes is amended to read:

13          108.062 (20) (c) Specify the period or periods when the plan will be in effect,  
14          which may not exceed a total of ~~6~~ 12 months in any 5-year period within the same  
15          work unit.

16          **SECTION 56.** 108.07 (5) (bm) 3. b. of the statutes is amended to read:

17          108.07 (5) (bm) 3. b. For reimbursable employers, as defined in s. 108.155 (1)  
18          (b), the benefits shall be paid in the manner provided under par. (am) 1. The  
19          secretary of administration may transfer any amount from the unencumbered  
20          balance of any appropriation of an executive branch agency to the appropriation  
21          under s. 20.445 (1) (gd). The transfers made under this subsection may not exceed  
22          the amount required to make the payments required under this subd. 3. b.

23          **SECTION 57.** 115.385 (6) of the statutes is amended to read:

1           115.385 (6) The department ~~shall~~ may not publish a school and school district  
2           accountability report under this section in the 2020-21 and 2021-22 school year  
3           years.

4           **SECTION 58.** 115.415 (1) (b) of the statutes is amended to read:

5           115.415 (1) (b) For the evaluation of teachers and principals in the 2019-20 and  
6           2020-21 school year years, the school board and the operator of a charter school  
7           established under s. 118.40 (2r) may not consider pupil performance on statewide  
8           assessments administered under s. 118.30 in the 2019-20 or 2020-21 school year and  
9           may not include pupil performance on those assessments in the evaluation score  
10          assigned to a teacher or principal under the educator effectiveness evaluation system  
11          developed under this section.

12          **SECTION 59.** 115.437 (2) (b) of the statutes is repealed and recreated to read:

13          115.437 (2) (b) Notwithstanding sub. (1), for purposes of calculating aid paid  
14          under par. (a) in the 2020-21, 2021-22, and 2022-23 school years, the number of  
15          pupils enrolled in a school district in the 2020-21 school year is the greater of the  
16          following:

17           1. The number of pupils enrolled, as defined in sub. (1), in the school district  
18           in the 2019-20 school year.

19           2. The number of pupils enrolled, as defined in sub. (1), in the school district  
20           in the 2020-21 school year.

21          **SECTION 60.** 120.13 (2) (g) of the statutes is amended to read:

22          120.13 (2) (g) Every self-insured plan under par. (b) shall comply with ss.  
23          49.493 (3) (d), 631.89, 631.90, 631.93 (2), 632.729, 632.746 (10) (a) 2. and (b) 2.,  
24          632.747 (3), 632.798, 632.85, 632.853, 632.855, 632.867, 632.87 (4) to (6), 632.871,  
25          632.885, 632.89, 632.895 (9) to (17), 632.896, and 767.513 (4).

1           **SECTION 61.** 140.145 (10) (a) of the statutes is amended to read:

2           140.145 (10) (a) Any law governing the creation and execution of wills, codicils,  
3 or testamentary trusts, except that this section applies to a transaction governed as  
4 described in this paragraph from the effective date of this paragraph .... [LRB inserts  
5 date], to December 31, 2021.

6           **SECTION 62.** 140.145 (10) (b) of the statutes is amended to read:

7           140.145 (10) (b) Any law governing the creation and execution of living trusts  
8 or trust amendments for personal use, not including a transaction, as defined in s.  
9 137.11 (15), except that this section applies to a transaction governed as described  
10 in this paragraph from the effective date of this paragraph .... [LRB inserts date], to  
11 December 31, 2021.

12           **SECTION 63.** 185.983 (1) (intro.) of the statutes is amended to read:

13           185.983 (1) (intro.) Every voluntary nonprofit health care plan operated by a  
14 cooperative association organized under s. 185.981 shall be exempt from chs. 600 to  
15 646, with the exception of ss. 601.04, 601.13, 601.31, 601.41, 601.42, 601.43, 601.44,  
16 601.45, 611.26, 611.67, 619.04, 623.11, 623.12, 628.34 (10), 631.17, 631.89, 631.93,  
17 631.95, 632.72 (2), 632.729, 632.745 to 632.749, 632.775, 632.79, 632.795, 632.798,  
18 632.85, 632.853, 632.855, 632.867, 632.87 (2) to (6), 632.871, 632.885, 632.89,  
19 632.895 (5) and (8) to (17), 632.896, and 632.897 (10) and chs. 609, 620, 630, 635, 645,  
20 and 646, but the sponsoring association shall:

21           **SECTION 64.** 252.02 (8) of the statutes is created to read:

22           252.02 (8) The department may issue an order prohibiting the commencement  
23 of any action for eviction under chs. 704 and 799 or for foreclosure under ch. 846 for  
24 any period before January 1, 2022. An order issued under this subsection may be  
25 applicable statewide or may be geographically limited.

1           **SECTION 65.** 323.19 (3m) of the statutes is created to read:

2           323.19 **(3m)** Based on guidance provided by the secretary of health services,  
3 during the period beginning on the effective date of this subsection .... [LRB inserts  
4 date], and ending on December 31, 2021, the head of each state agency and each local  
5 health department shall determine which public employee positions within the  
6 respective state agency or local government are critical for the purposes of s. 40.26  
7 (7).

8           **SECTION 66.** 323.19 (3p) of the statutes is created to read:

9           323.19 **(3p)** The secretary of health services shall determine which workers are  
10 critical workers for the purposes of s. 102.03 (7).

11           **SECTION 67.** 323.19 (4) (b) of the statutes is amended to read:

12           323.19 **(4)** (b) ~~During the public health emergency declared on March 12, 2020,~~  
13 ~~by executive order 72~~ period beginning on the effective date of this paragraph ....  
14 [LRB inserts date], and ending on December 31, 2021, the head or governing body  
15 of a state entity may waive a statutory or other requirement imposed, administered,  
16 or enforced by the state entity that an individual appear in person if the head or  
17 governing body finds that ~~the waiver assists in the state's response to the public~~  
18 ~~health emergency or that enforcing the requirement may increase the public health~~  
19 risk.

20           **SECTION 68.** 323.267 of the statutes is created to read:

21           **323.267 Waivers of certain interest, penalties, and payments. (1)** In this  
22 section:

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

1 created in subch. II of ch. 114 or in ch. 231, 232, 233, 234, 237, 238, or 279, but not  
2 including the legislature or the courts.

3 (b) “Debtor” means a person who owes a debt to an agency or a local  
4 governmental unit.

5 (c) “Effective period” means the period beginning on the effective date of this  
6 paragraph ... [LRB inserts date], and ending on December 31, 2021.

7 (d) “Local governmental unit” means a political subdivision of this state, a  
8 special purpose district in this state, an agency or corporation of a political  
9 subdivision or special purpose district, or a combination or subunit of any of the  
10 foregoing.

11 (2) Each agency and local governmental unit may waive any interest, penalty,  
12 or payment of a debtor that accrues or becomes due during the effective period with  
13 respect to a debt the debtor owes the agency or local governmental unit.

14 **SECTION 69.** 323.2912 of the statutes is amended to read:

15 **323.2912 Suspension of limited term appointment hours.**  
16 Notwithstanding s. 230.26 (1), the director of the bureau of merit recruitment and  
17 selection in the division of personnel management in the department of  
18 administration may increase or suspend the number of hours for a limited term  
19 appointment for the ~~duration of the public health emergency declared period~~  
20 beginning on March 12, 2020, by executive order 72 and ending on December 31,  
21 2021.

22 **SECTION 70.** 323.2913 of the statutes is amended to read:

23 **323.2913 Use of annual leave during probationary period by state**  
24 **employee.** Notwithstanding s. 230.35 (1) (b), a state employee may take annual  
25 leave within the first 6 months of the employee’s probationary period upon initial

1 appointment during the ~~public health emergency declared~~ period beginning on  
2 March 12, 2020, by executive order 72 and ending on December 31, 2021. If an  
3 employee who has taken annual leave under this section terminates his or her  
4 employment before earning annual leave equivalent to the amount of annual leave  
5 the employee has taken, the appointing authority shall deduct the cost of the  
6 unearned annual leave from the employee's final pay.

7 **SECTION 71.** 440.08 (2) (a) 69g. of the statutes is created to read:

8 440.08 (2) (a) 69g. Third-party logistics provider: July 1 of each  
9 even-numbered year.

10 **SECTION 72.** 440.15 of the statutes is amended to read:

11 **440.15 No fingerprinting.** Except as provided under ss. 440.03 (13) (c),  
12 441.51 (5) (a) 5., 448.980 (5) (b) 3., and 448.985 (3) (a) 4., 450.071 (3) (c) 9., and 450.075  
13 (3) (c) 9., the department or a credentialing board may not require that an applicant  
14 for a credential or a credential holder be fingerprinted or submit fingerprints in  
15 connection with the department's or the credentialing board's credentialing.

16 **SECTION 73.** 450.01 (11m) of the statutes is amended to read:

17 450.01 (11m) "Facility" means a location where a wholesale distributor or  
18 3rd-party logistics provider stores, distributes, handles, repackages, or offers for  
19 sale other services related to prescription drugs.

20 **SECTION 74.** 450.01 (13w) of the statutes is created to read:

21 450.01 (13w) "Out-of-state 3rd-party logistics provider" means a person  
22 located outside this state that contracts with a prescription drug manufacturer to  
23 provide or coordinate warehousing, distribution, or other services within this state  
24 on behalf of the manufacturer but that does not take title to the manufacturer's

1 prescription drug or have general responsibility to direct the prescription drug's sale  
2 or disposition.

3 **SECTION 75.** 450.01 (21s) of the statutes is amended to read:

4 450.01 (21s) "~~Third-party~~ Third-party logistics provider" means a person that  
5 contracts with a prescription drug manufacturer to provide or coordinate  
6 warehousing, distribution, or other services on behalf of the manufacturer but that  
7 does not take title to the manufacturer's prescription drug or have general  
8 responsibility to direct the prescription drug's sale or disposition.

9 **SECTION 76.** 450.01 (23) (p) of the statutes is created to read:

10 450.01 (23) (p) The services of a 3rd-party logistics provider or out-of-state  
11 3rd-party logistics provider.

12 **SECTION 77.** 450.02 (1) of the statutes is amended to read:

13 450.02 (1) The department shall keep a record of the proceedings and a register  
14 of the names and places of practice or business of pharmacies, manufacturers,  
15 wholesale distributors, 3rd-party logistics providers, out-of-state 3rd-party  
16 logistics providers, and other persons licensed under this chapter, and the books,  
17 registers and records of the department shall be prima facie evidence of the matters  
18 recorded.

19 **SECTION 78.** 450.075 of the statutes is created to read:

20 **450.075 Third-party logistics providers; licensure. (1) LICENSE ALLOWED.**  
21 A person acting as a 3rd-party logistics provider or an out-of-state 3rd-party  
22 logistics provider of any drug or device may apply to obtain a license from the board  
23 under this section. Where operations are conducted at more than one facility, a  
24 person acting as a 3rd-party logistics provider or out-of-state 3rd-party logistics  
25 provider may apply to obtain a license from the board for each such facility.

1           **(2) APPLICATION.** An applicant for a license under this section shall submit a  
2 form provided by the board showing all of the following and swear or affirm the  
3 truthfulness of each item in the application:

4           (a) The name, business address, and telephone number of the applicant.

5           (b) All trade or business names used by the applicant.

6           (c) Names, addresses, and telephone numbers of contact persons for all  
7 facilities used by the applicant for the warehousing, distribution, or other services  
8 on behalf of the manufacturer of prescription drugs.

9           (d) The type of ownership or operation for the applicant's business.

10          (e) If the applicant's 3rd-party logistics provider business is a partnership, the  
11 name of each partner and the name of the partnership.

12          (f) If the applicant's 3rd-party logistics provider business is a corporation, the  
13 name of each corporate officer and director, the name of the corporation, and the state  
14 of incorporation.

15          (g) If the applicant's 3rd-party logistics provider business is a sole  
16 proprietorship, the name of the sole proprietor and the name of the business entity.

17          (h) A list of all licenses and permits issued to the applicant by any other state  
18 that authorizes the applicant to warehouse or distribute prescription drugs.

19          (i) The name, address, and telephone number of a designated representative.

20          (j) For the person identified as the designated representative in par. (i), a  
21 personal information statement that contains all of the following:

22           1. The person's date and place of birth.

23           2. The person's place of residence for the 7-year period immediately preceding  
24 the date of the application.

1           3. The person's occupations, positions of employment, and offices held during  
2 the 7-year period immediately preceding the date of the application.

3           4. The name and addresses for each business, corporation, or other entity listed  
4 in subd. 3.

5           5. A statement indicating whether the person has been, during the 7-year  
6 period immediately preceding the date of the application, the subject of any  
7 proceeding for the revocation of any business or professional license and the  
8 disposition of the proceeding.

9           6. A statement indicating whether the person has been, during the 7-year  
10 period immediately preceding the date of the application, enjoined by a court, either  
11 temporarily or permanently, from possessing, controlling, or distributing any  
12 prescription drug, and a description of the circumstances surrounding the  
13 injunction.

14           7. A description of any involvement by the person during the past 7 years with  
15 any business, including investments other than the ownership of stock in a publicly  
16 traded company or mutual fund, that manufactured, administered, prescribed,  
17 distributed, or stored pharmaceutical products or drugs, and a list of any lawsuits  
18 in which such a business was named as a party.

19           8. A description of any misdemeanor or felony criminal offense of which the  
20 person was, as an adult, found guilty, whether adjudication of guilt was withheld or  
21 the person pleaded guilty or no contest. If the person is appealing a criminal  
22 conviction, the application shall include a copy of the notice of appeal, and the person  
23 shall submit a copy of the final disposition of the appeal not more than 15 days after  
24 a final disposition is reached.

1           9. A photograph of the person taken within the 12-month period immediately  
2 preceding the date of the application.

3           (k) A statement that each facility used by the applicant for 3rd-party logistics  
4 provider services has been inspected in the 3-year period immediately preceding the  
5 date of the application by the board, a pharmacy examining board of another state,  
6 the National Association of Boards of Pharmacy, or another accrediting body  
7 recognized by the board, with the date of each such inspection.

8           **(3) LICENSURE.** The board shall grant a license to an applicant to act as a  
9 3rd-party logistics provider or an out-of-state 3rd-party logistics provider if all of  
10 the following apply:

11           (a) The applicant pays the fee specified in s. 440.05 (1).

12           (b) The inspections conducted pursuant to sub. (2) (k) satisfy requirements  
13 adopted by the board for 3rd-party logistics providers or out-of-state 3rd-party  
14 logistics providers.

15           (c) All of the following apply to each person identified by the applicant as a  
16 designated representative:

17           1. The person is at least 21 years old.

18           2. The person has been employed full time for at least 3 years in a pharmacy  
19 or with a wholesale prescription drug distributor in a capacity related to the  
20 dispensing of and distribution of, and record keeping related to, prescription drugs.

21           3. The person is employed by the applicant full time in a managerial position.

22           4. The person is physically present at the 3rd-party logistics provider's or  
23 out-of-state 3rd-party logistics provider's facility during regular business hours  
24 and is involved in and aware of the daily operation of the 3rd-party logistics provider  
25 or the out-of-state 3rd-party logistics provider. This subdivision does not preclude

1 the person from taking authorized sick leave and vacation time or from being absent  
2 from the facility for other authorized business or personal purposes.

3 5. The person is actively involved in and aware of the daily operation of the  
4 3rd-party logistics provider or the out-of-state 3rd-party logistics provider.

5 6. The person is a designated representative for only one applicant at any given  
6 time. This subdivision does not apply if more than one 3rd-party logistics provider  
7 or out-of-state 3rd-party logistics provider is located at the facility and the  
8 3rd-party logistics providers or out-of-state 3rd-party logistics providers located at  
9 the facility are members of an affiliated group.

10 7. The person has not been convicted of violating any federal, state, or local law  
11 relating to distribution of a controlled substance.

12 8. The person has not been convicted of a felony.

13 9. The person submits to the department 2 fingerprint cards, each bearing a  
14 complete set of the applicant's fingerprints. The department of justice shall provide  
15 for the submission of the fingerprint cards to the federal bureau of investigation for  
16 purposes of verifying the identity of the person and obtaining the person's criminal  
17 arrest and conviction record.

18 (d) The applicant satisfies any other requirements established by the board by  
19 rule.

20 **(4) RULES.** The board shall promulgate rules implementing this section. The  
21 rules shall ensure compliance with the federal drug supply chain security act, 21  
22 USC 360eee, et seq. The board may not promulgate rules that impose requirements  
23 more strict than the federal drug supply chain security act, or any regulations passed  
24 under the federal drug supply chain security act. The board may not promulgate  
25 rules that require a license under this section.

1           **(5) ACCESS TO RECORDS.** Applications for licensure under this section are not  
2 subject to inspection or copying under s. 19.35, and may not be disclosed to any  
3 person except as necessary for compliance with and enforcement of the provisions of  
4 this chapter.

5           **(6) APPLICABILITY.** This section does not apply if the board determines that the  
6 federal food and drug administration has established a licensing program for  
7 3rd-party logistics providers under 21 USC 360eee-3 and that licensing by this state  
8 of resident 3rd-party logistics providers is not required for a resident 3rd-party  
9 logistics provider to provide 3rd-party logistics provider services in another state.

10           **SECTION 79.** 450.11 (5) (br) 2. d. of the statutes is amended to read:

11           450.11 **(5)** (br) 2. d. A pharmacist may not extend a prescription order under  
12 subd. 1. for a particular patient if a prescription order was previously extended under  
13 subd. 1. for that patient during the applicable period described in subd. 3.

14           **SECTION 80.** 450.11 (5) (br) 3. of the statutes is renumbered 450.11 (5) (br) 3.  
15 (intro.) and amended to read:

16           450.11 **(5)** (br) 3. (intro.) This paragraph applies only during as follows:

17           a. During the public health emergency declared on March 12, 2020, by  
18 executive order 72, and for 30 days after the conclusion of that public health  
19 emergency. ~~During that time,~~

20           4. While this paragraph applies as specified in subd. 3., it supersedes par. (bm)  
21 to the extent of any conflict.

22           **SECTION 81.** 450.11 (5) (br) 3. b. of the statutes is created to read:

23           450.11 **(5)** (br) 3. b. During the period beginning on the effective date of this  
24 subd. 3. b. .... [LRB inserts date], and ending on December 31, 2021.

1           **SECTION 82.** 609.205 (2) and (3) (intro.) and (a) of the statutes are amended to  
2 read:

3           609.205 **(2)** All of the following apply to a defined network plan or preferred  
4 provider plan ~~during the state of emergency related to public health declared under~~  
5 ~~s. 323.10 on March 12, 2020, by executive order 72, and for the 60 days following the~~  
6 ~~date that the state of emergency terminates~~ before January 1, 2022:

7           (a) The plan may not require an enrollee to pay, including cost sharing, for a  
8 service, treatment, or supply provided by a provider that is not a participating  
9 provider in the plan's network of providers more than the enrollee would pay if the  
10 service, treatment, or supply is provided by a provider that is a participating  
11 provider. This subsection applies to any service, treatment, or supply that is related  
12 to diagnosis or treatment for COVID-19 and to any service, treatment, or supply that  
13 is provided by a provider that is not a participating provider because a participating  
14 provider is unavailable due to the ~~public health emergency~~ COVID-19 pandemic.

15           (b) The plan shall reimburse a provider that is not a participating provider for  
16 a service, treatment, or supply provided under the circumstances described under  
17 par. (a) at ~~225~~ 250 percent of the rate the federal Medicare program reimburses the  
18 provider for the same or a similar service, treatment, or supply in the same  
19 geographic area.

20           **(3)** (intro.) ~~During the state of emergency related to public health declared~~  
21 ~~under s. 323.10 on March 12, 2020, by executive order 72, and for the 60 days~~  
22 ~~following the date that the state of emergency terminates~~ Before January 1, 2022,  
23 all of the following apply to any health care provider or health care facility that  
24 provides a service, treatment, or supply to an enrollee of a defined network plan or  
25 preferred provider plan but is not a participating provider of that plan:

1 (a) The health care provider or facility shall accept as payment in full any  
2 payment by a defined network plan or preferred provider plan that is at least ~~225~~ 250  
3 percent of the rate the federal Medicare program reimburses the provider for the  
4 same or a similar service, treatment, or supply in the same geographic area.

5 **SECTION 83.** 609.719 of the statutes is created to read:

6 **609.719 Telehealth services.** Limited service health organizations,  
7 preferred provider plans, and defined network plans are subject to s. 632.871.

8 **SECTION 84.** 609.887 of the statutes is created to read:

9 **609.887 Coverage of COVID-19 for health care workers.** Defined  
10 network plans, preferred provider plans, and limited service health organizations  
11 are subject to s. 632.895 (14f).

12 **SECTION 85.** 632.871 of the statutes is created to read:

13 **632.871 Telehealth services. (1) DEFINITIONS.** In this section:

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

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

16 (c) “Telehealth” means a practice of health care delivery, diagnosis,  
17 consultation, treatment, or transfer of medically relevant data by means of audio,  
18 video, or data communications that are used either during a patient visit or  
19 consultation or are used to transfer medically relevant data about a patient.

20 **(2) COVERAGE DENIAL PROHIBITED.** No disability insurance policy or self-insured  
21 health plan may deny coverage before January 1, 2022, for a treatment or service  
22 provided through telehealth if that treatment or service is covered by the policy or  
23 plan when provided in person by a health care provider.

24 **(3) RULE MAKING.** The commissioner may promulgate any rules necessary to  
25 implement this section.

1           **SECTION 86.** 632.895 (14f) of the statutes is created to read:

2           632.895 (14f) COVERAGE OF COVID-19 FOR HEALTH CARE WORKERS. (a) In this  
3 subsection:

4           1. “COVID-19” means an infection caused by the SARS-CoV-2 coronavirus.

5           2. “Frontline health care worker” has the meaning given in s. 16.34 (1).

6           (b) Every disability insurance policy, and every self-insured health plan of the  
7 state or of a county, city, town, village, or school district, that generally covers testing  
8 and treatment for infectious diseases shall provide coverage of testing and any  
9 treatment that is medically necessary and reasonably related to COVID-19 or any  
10 other communicable disease or complications of COVID-19 or other communicable  
11 disease for frontline health care workers who have been diagnosed with or are a  
12 patient under investigation for having COVID-19 or any other communicable  
13 disease, without imposing any copayment or coinsurance on the individual covered  
14 under the policy or plan. An insurer may apply for a grant from the department of  
15 administration for a subsidy for the costs of this coverage, as set forth in s. 16.34 (4)  
16 (b).

17           **SECTION 87.** 632.895 (14g) (b) of the statutes is repealed and recreated to read:

18           632.895 (14g) (b) Before January 1, 2022, every disability insurance policy, and  
19 every self-insured health plan of the state or of a county, city, town, village, or school  
20 district, that generally covers testing and treatment for infectious diseases shall  
21 provide coverage of diagnosis of and testing and treatment for COVID-19, including  
22 any prescription drugs, and administration of any vaccination developed to prevent  
23 COVID-19 without imposing any copayment or coinsurance on the individual  
24 covered under the policy or plan.

25           **SECTION 88.** 632.895 (16v) (a) (intro.) of the statutes is amended to read:

1           632.895 (16v) (a) (intro.) During the period covered by the state of emergency  
2 related to public health declared by the governor on March 12, 2020, by executive  
3 order 72 before January 1, 2022, an insurer offering a disability insurance policy that  
4 covers prescription drugs, a self-insured health plan of the state or of a county, city,  
5 town, village, or school district that covers prescription drugs, or a pharmacy benefit  
6 manager acting on behalf of a policy or plan may not do any of the following in order  
7 to maintain coverage of a prescription drug:

8           **SECTION 89.** 655.0025 of the statutes is created to read:

9           **655.0025 Participation during public health emergency.** Before January  
10 1, 2022, all of the following apply to a physician or nurse anesthetist for whom this  
11 state is not a principal place of practice but who is authorized to practice in this state  
12 on a temporary basis:

13           (1) The physician or nurse anesthetist may fulfill the requirements of s. 655.23  
14 (3) (a) by filing with the commissioner a certificate of insurance for a policy of health  
15 care liability insurance issued by an insurer that is authorized in a jurisdiction  
16 accredited by the National Association of Insurance Commissioners.

17           (2) The physician or nurse anesthetist may elect, in the manner designated by  
18 the commissioner by rule under s. 655.004, to be subject to this chapter.

19           **SECTION 9101. Nonstatutory provisions; Administration.**

20           (1) COVID-19 TESTING AND SURGE CAPACITY. The department of administration  
21 shall do all of the following related to infection caused by the SARS-CoV-2  
22 coronavirus, known as COVID-19:

23           (a) Facilitate COVID-19 testing and diagnosis throughout this state.

24           (b) Operate alternate care facilities staffed by health care professionals for  
25 patients diagnosed with COVID-19.

1 (c) Facilitate surge staffing resources for health care facilities throughout the  
2 state.

3 **SECTION 9119. Nonstatutory provisions; Health Services.**

4 (1) PAYMENT FOR HOSPITALS FOR NURSING FACILITY CARE.

5 (a) In this subsection, “public health emergency period” means the period  
6 ending on June 30, 2021, or the termination of any public health emergency declared  
7 under 42 USC 247d by the secretary of the federal department of health and human  
8 services in response to the 2019 novel coronavirus, whichever is earlier.

9 (b) During the public health emergency period, subject to par. (c), the  
10 department of health services shall provide, under the Medical Assistance program,  
11 reimbursement at the statewide average per-diem rate paid to nursing facilities or  
12 a supplemental payment to hospitals for providing nursing-facility-level care when  
13 all of the following criteria apply:

14 1. The individual for whom the hospital provided nursing-facility-level care  
15 is enrolled in the Medical Assistance program, has been admitted on an inpatient  
16 basis to the hospital, is eligible for discharge after receiving care in the hospital,  
17 requires nursing-facility-level care upon discharge, and due to the hospital being  
18 unable to locate a nursing facility that accepts the individual for admission, is unable  
19 to be transferred to a nursing facility.

20 2. The services provided to the individual described under subd. 1. are custodial  
21 care for which federal financial participation is approved.

22 3. The hospital notifies the department of health services that it is  
23 participating as a swing bed hospital under the Medical Assistance program.

24 (c) The department of health services shall use the same standards and criteria  
25 for determining whether a hospital is eligible for reimbursement or a supplemental

1 payment under par. (a) as are used by the federal Medicare program under 42 USC  
2 1395 et seq. for the payment for use of swing beds or, for any hospital that is not a  
3 critical access hospital, under the terms of a federal waiver approved under section  
4 1135 of the federal social security act. The department shall seek any approval from  
5 the federal government necessary to implement the reimbursement under this  
6 subsection.

7 (2) REIMBURSEMENT FOR OUTPATIENT SERVICES PROVIDED BY HOSPITALS.

8 (a) Until the conclusion of a public health emergency declared under 42 USC  
9 247d by the secretary of the federal department of health and human services in  
10 response to the 2019 novel coronavirus or until June 30, 2021, whichever is earlier,  
11 the department of health services shall provide reimbursement under the Medical  
12 Assistance program to a hospital for any outpatient service if all of the following  
13 criteria are satisfied:

14 1. The facility at which the outpatient service is performed is operated by the  
15 hospital and certified under the Medicare program under 42 USC 1395 et seq.,  
16 including under the terms of a federal waiver approved under section 1135 of the  
17 federal social security act, for outpatient services.

18 2. The outpatient service is reimbursable when provided in the hospital's  
19 inpatient facility but is not provided at the inpatient facility due to reasons  
20 associated with the 2019 novel coronavirus pandemic.

21 3. The outpatient service is one for which federal financial participation is  
22 approved.

23 (b) The department of health services may not include in a reimbursement  
24 under par. (a) payments under s. 49.45 (3) (e) 11. or 12. or (59).

1 (c) The department of health services shall seek any approval from the federal  
2 department of health and human services that is necessary to provide the  
3 reimbursement in accordance with this subsection.

4 (3) CHILDLESS ADULTS DEMONSTRATION PROJECT. The department of health  
5 services shall submit any necessary request to the federal department of health and  
6 human services for a state plan amendment or waiver of federal Medicaid law or to  
7 modify or withdraw from any waiver of federal Medicaid law relating to the childless  
8 adults demonstration project under s. 49.45 (23), 2017 stats., to reflect the  
9 incorporation of recipients of Medical Assistance under the demonstration project  
10 into the BadgerCare Plus program under s. 49.471 and the termination of the  
11 demonstration project. Sections 20.940 and 49.45 (2t) do not apply to a submission  
12 to the federal government under this subsection.

13 **SECTION 9134. Nonstatutory provisions; Public Instruction.**

14 (1) PUPIL ASSESSMENTS; EXEMPTION 2020-21 SCHOOL YEAR. Sections 115.7915 (5) (b)  
15 and (6) (j), 118.016 (1) (b), 118.30 (1m), (1r), (1s), and (1t), 118.40 (2r) (d) 2. and (2x)  
16 (d) 2., 118.60 (7) (b) 1., 119.23 (7) (b) 1., and 121.02 (1) (r) and (s) do not apply in the  
17 2020-21 school year.

18 **SECTION 9138. Nonstatutory provisions; Safety and Professional**  
19 **Services.**

20 (1) EMERGENCY RULES RELATED TO 3RD-PARTY LOGISTICS PROVIDERS. The pharmacy  
21 examining board may promulgate emergency rules under s. 227.24 implementing s.  
22 450.075. Notwithstanding s. 227.24 (1) (c) and (2), emergency rules promulgated  
23 under this subsection remain in effect until June 30, 2023, or the date on which  
24 permanent rules take effect, whichever is sooner. Notwithstanding s. 227.24 (1) (a)  
25 and (3), the board is not required to provide evidence that promulgating a rule under

1 this subsection as an emergency rule is necessary for the preservation of the public  
2 peace, health, safety, or welfare and is not required to provide a finding of emergency  
3 for a rule promulgated under this subsection.

4 (2) INTERIM LICENSURE OF 3RD-PARTY LOGISTICS PROVIDERS.

5 (a) In this subsection, the definitions under s. 450.01 apply.

6 (b) The board shall grant an interim license to an applicant to act as a 3rd-party  
7 logistics provider or an out-of-state 3rd-party logistics provider if, in the opinion of  
8 the board, the applicant is currently in compliance with federal law relating to  
9 3rd-party logistics providers. The holder of an interim license under this subsection  
10 shall apply for a license under s. 450.075 on or after the date that emergency rules  
11 take effect under sub. (1), or the date on which permanent rules take effect,  
12 whichever is sooner. An interim license granted under this subsection expires 90  
13 days after the date that emergency rules take effect under sub. (1), or 90 days after  
14 the date on which permanent rules take effect, whichever is sooner.  
15 Notwithstanding s. 440.05, no fee is required for an interim license issued under this  
16 subsection.

17 **SECTION 9150. Nonstatutory provisions; Workforce Development.**

18 (1) UNEMPLOYMENT INSURANCE; REGISTRATION FOR WORK AND WORK SEARCH  
19 WAIVERS.

20 (a) Notwithstanding s. 108.04 (2) (b), (bb), or (bd) or 108.062 (10m), the  
21 department of workforce development may promulgate rules for additional waivers  
22 of the registration for work and work search requirements under s. 108.04 (2) (a) 2.  
23 and 3. for the period beginning on the effective date of this paragraph and ending on  
24 January 1, 2022. The department of workforce development may use the procedure  
25 under s. 227.24 to promulgate a rule under this paragraph. Notwithstanding s.

1 227.24 (1) (a) and (3), the department is not required to provide a finding of  
2 emergency for a rule promulgated under this paragraph. Notwithstanding s. 227.24  
3 (1) (c) and (2), a rule promulgated under this paragraph remains in effect until  
4 January 1, 2022.

5 (b) Notwithstanding s. 108.04 (2) (bm), a claimant may receive unemployment  
6 insurance benefits for any week in which the claimant failed to comply with the  
7 registration for work or work search requirements under s. 108.04 (2) (a) 2. or 3. or  
8 failed to provide verification to the department of workforce development that the  
9 claimant complied with those requirements if the department has waived those  
10 requirements under rules promulgated under par. (a).

11 **SECTION 9151. Nonstatutory provisions; Other.**

12 (1) HAZARD PAY AND PAID MEDICAL LEAVE. Regardless of whether there is a  
13 declared state of emergency related to public health or whether the secretary of  
14 health services has issued an order, the requirements in ss. 16.34 (2) and 103.025 (3)  
15 apply until December 31, 2021.

16 **SECTION 9201. Fiscal changes; Administration.**

17 (1) RENTAL ASSISTANCE PROGRAM. In the schedule under s. 20.005 (3) for the  
18 appropriation to the department of administration under s. 20.505 (7) (a), the dollar  
19 amount for fiscal year 2020-21 is increased by \$25,000,000 to provide rental  
20 assistance to Wisconsin residents in the same manner as that used for the  
21 expenditure of federal rental assistance funds under the federal Coronavirus Aid,  
22 Relief, and Economic Security Act, P.L. 116-136.

23 **SECTION 9206. Fiscal changes; Children and Families.**

24 (1) CHILD CARE FINANCIAL ASSISTANCE PROGRAM. In the schedule under s. 20.005  
25 (3) for the appropriation to the department of children and families under s. 20.437

1 (2) (bc), the dollar amount for fiscal year 2020-21 is increased by \$25,000,000 to  
2 provide financial assistance to providers of child care services that have lost income  
3 as a result of the 2019 novel coronavirus.

4 **SECTION 9219. Fiscal changes; Health Services.**

5 (1) **MEDICAID EXPANSION.** In the schedule under s. 20.005 (3) for the  
6 appropriation to the department of health services under s. 20.435 (4) (b), the dollar  
7 amount for fiscal year 2020-21 is decreased by \$165,011,600 to decrease funding for  
8 the purposes for which the appropriation is made, due to the expansion of eligibility  
9 under the Medical Assistance program under s. 49.471 (4) (a) 4. and 8.

10 **SECTION 9350. Initial applicability; Workforce Development.**

11 (1) **UNEMPLOYMENT INSURANCE; WORK-SHARE PLANS.** The treatment of s. 108.062  
12 (20) (c) first applies to work-share plans approved under s. 108.062 (3) or (3m) on the  
13 effective date of this subsection.

14 (2) **CONCURRENT RECEIPT OF UI AND SSDI BENEFITS.** The treatment of ss. 108.04  
15 (2) (h) and (12) (f) first applies to determinations issued under s. 108.09 on the  
16 effective date of this subsection.

17 **SECTION 9400. Effective dates.** This act takes effect on the day after  
18 publication, except as follows:

19 (1) **HEALTH SERVICES; ELIMINATION OF DEMONSTRATION PROJECT.** The treatment  
20 of ss. 20.435 (4) (jw) and 49.45 (23) and (23b) (title), (b), (c), and (e) takes effect on the  
21 first day of the 7th month beginning after publication.

22 (2) **CHANGES TO UI PROGRAM.** The treatment of ss. 108.04 (2) (h) and (12) (f) and  
23 108.062 (2) (d) and (20) (intro.) and (c) takes effect on the first Sunday after  
24 publication.

25 (END)