

1 1. A technology zone's designation.

2 2. A business' certification and the limit on the amount of tax credits that the
3 business may claim.

4 3. The extension or revocation of a business' certification.

5 (b) The department shall annually verify information submitted to the
6 department under ss. 71.07 (2di), (2dm), (2dx), and (3g), 71.28 (1di), (1dm), (1dx), and
7 (3g), and 71.47 (1di), (1dm), (1dx), and (3g).

8 (5) The department shall promulgate rules for the operation of this section,
9 including rules related to all the following:

10 (a) Criteria for designating an area as a technology zone.

11 (b) A business' eligibility for certification, including definitions for all of the
12 following:

13 1. New or expanding business.

14 2. High-technology business.

15 (c) Certifying a business, including use of the factors under sub. (3) (b).

16 (d) Standards for establishing the limit on the amount of tax credits that a
17 business may claim.

18 (e) Standards for extending a business' certification, including what measures,
19 in addition to job creation, the department will use to determine the growth of a
20 specific business and how the department will establish baselines against which to
21 measure growth.

22 (f) Reporting requirements for certified businesses.

23 (g) The exchange of information between the department of commerce and the
24 department of revenue.

25 (h) Reasons for revoking a business' certification.

1 (i) Standards for changing the boundaries of a technology zone.

2 *b0375/1.1* SECTION 3713c. 562.057 (4m) (a) 1. of the statutes is renumbered
3 562.057 (4m) (a) and amended to read:

4 562.057 (4m) (a) ~~For a racetrack at which \$25,000,000 or more was wagered~~
5 during During the calendar year immediately preceding the year in which the
6 applicant proposes to conduct wagering on simulcast races, at least 250 275 race
7 performances were conducted at the racetrack ~~during that period.~~

8 *b0375/1.1* SECTION 3713d. 562.057 (4m) (a) 2. of the statutes is repealed.

9 *b0375/1.1* SECTION 3713e. 562.057 (4m) (b) of the statutes is repealed.

10 *b2031/1.7* SECTION 3713jm. 562.065 (4) of the statutes is amended to read:

11 562.065 (4) UNCLAIMED PRIZES. Any A licensee under s. 562.05 (1) (b) shall pay
12 to the department 50% of any winnings on a race which that are not claimed within
13 90 days after the end of the period authorized for racing in that year under s. 562.05
14 (9) ~~shall be paid to the department.~~ The department shall credit moneys received
15 under this subsection to the appropriation accounts under ss. 20.455 (2) (g) and
16 20.505 (8) (g). The licensee may retain the remaining 50% of the winnings.

17 *b0376/1.1* SECTION 3713k. 563.04 (14) of the statutes is created to read:

18 563.04 (14) Promulgate rules relating to the sale of equal shares of single raffle
19 tickets to one or more purchasers under a Class A raffle license under s. 563.92 (1m).

20 *b0376/1.1* SECTION 3713kg. 563.92 (1m) of the statutes is amended to read:

21 563.92 (1m) The department may issue a Class A license for the conduct of a
22 raffle in which some or all of the tickets for that raffle are sold on days other than the
23 same day as the raffle drawing and in which equal shares of a single ticket may be
24 sold to one or more purchasers. The department may issue a Class B license for the

1 conduct of a raffle in which all of the tickets for that raffle are sold on the same day
2 as the raffle drawing.

3 ***b0376/1.1* SECTION 3713km.** 563.93 (2) of the statutes is amended to read:

4 563.93 (2) No raffle ticket may exceed \$50 \$100 in cost.

5 ***b0376/1.1* SECTION 3713kp.** 563.93 (9) of the statutes is created to read:

6 563.93 (9) If a person who holds a Class A license sells equal shares of a single
7 ticket to one or more purchasers, the person shall, prior to the raffle drawing for
8 which the shares were sold, purchase any shares of the ticket that have not been sold.

9 ***b0624/1.5* SECTION 3733r.** 601.41 (1) of the statutes is amended to read:

10 601.41 (1) DUTIES. The commissioner shall administer and enforce chs. 600 to
11 655 and ss. 59.52 (11) (c), 66.0137 (4) and (4m), 120.13 (2) (b) to (g), 149.13 and
12 149.144 and shall act as promptly as possible under the circumstances on all matters
13 placed before the commissioner.

14 ***-0476/1.1* SECTION 3735.** 601.47 (2) of the statutes is amended to read:

15 601.47 (2) ANNUAL REPORT. The commissioner shall determine the form for ~~and~~
16 ~~have printed~~ the report required in s. 601.46 (3), ~~in number sufficient~~ and shall have
17 the report published in sufficient quantity to meet all requests for copies. The
18 commissioner shall distribute copies upon request to any person who pays the
19 reasonable price ~~thereof determined~~ for the report under sub. (1).

20 ***b1293/2.1* SECTION 3737m.** 601.73 (2) (c) of the statutes is amended to read:

21 601.73 (2) (c) *Default judgment.* No plaintiff or complainant is entitled to a
22 judgment by default in any proceeding in which process is served under this section
23 and s. 601.72 until the expiration of 45 days after the date of mailing of the process
24 under par. (b). If the proceeding is to foreclose or otherwise enforce a lien or security
25 interest, the plaintiff or complainant is not entitled to a judgment by default under

1 this paragraph until the expiration of 20 days after the date of mailing of the process
2 under par. (b).

3 ***b2032/2.5* SECTION 3741amb.** 607.25 of the statutes is created to read:

4 **607.25 Loan to general fund.** No later than the first day of the 2nd month
5 after the effective date of this section ... [revisor inserts date], the life fund shall
6 make a loan of \$850,000 to the general fund. Notwithstanding s. 604.03 (2), no
7 interest shall be charged on the loan during the period of the loan. The general fund
8 shall repay the loan from moneys lapsed to the general fund from the appropriation
9 under s. 20.515 (2) (a) at the end of the 2001–03 fiscal biennium, if any, and from
10 moneys lapsed to the general fund from the appropriation under s. 20.515 (2) (g) in
11 the amounts specified in s. 40.98 (6m). If the secretary of administration determines
12 that the moneys lapsed from these appropriations will not be sufficient to repay the
13 loan within a reasonable period of time, as determined by the secretary and the
14 commissioner, the secretary shall transfer from the general fund to the life fund an
15 amount sufficient to repay the loan.

16 ***b1515/4.2* SECTION 3741amc.** Chapter 609 (title) of the statutes is amended
17 to read:

18 **CHAPTER 609**

19 **MANAGED CARE DEFINED NETWORK PLANS**

20 ***b1515/4.2* SECTION 3741amg.** 609.01 (1d) of the statutes is amended to read:

21 609.01 (1d) “Enrollee” means, with respect to a ~~managed care~~ defined network
22 plan, preferred provider plan, or limited service health organization, a person who
23 is entitled to receive health care services under the plan.

24 ***b1515/4.2* SECTION 3741amp.** 609.01 (3c) of the statutes is renumbered
25 609.01 (1b) and amended to read:

1 609.01 (1b) “~~Managed-care~~ Defined network plan” means a health benefit plan
2 that requires an enrollee of the health benefit plan, or creates incentives, including
3 financial incentives, for an enrollee of the health benefit plan, to use providers that
4 are managed, owned, under contract with, or employed by the insurer offering the
5 health benefit plan.

6 ***b1515/4.2* SECTION 3741amt.** 609.01 (3m) of the statutes is amended to read:

7 609.01 (3m) “Participating” means, with respect to a physician or other
8 provider, under contract with a ~~managed-care~~ defined network plan, preferred
9 provider plan, or limited service health organization to provide health care services,
10 items or supplies to enrollees of the ~~managed-care~~ defined network plan, preferred
11 provider plan, or limited service health organization.

12 ***b1515/4.2* SECTION 3741bmg.** 609.01 (4) of the statutes is amended to read:

13 609.01 (4) “Preferred provider plan” means a health care plan offered by an
14 organization established under ch. 185, 611, 613, or 614 or issued a certificate of
15 authority under ch. 618 that makes available to its enrollees, without referral and
16 for consideration other than predetermined periodic fixed payments, coverage of
17 either comprehensive health care services or a limited range of health care services,
18 regardless of whether the health care services are performed by participating or
19 nonparticipating providers ~~participating in the plan.~~

20 ***b1515/4.2* SECTION 3741bmp.** 609.01 (5) of the statutes is amended to read:

21 609.01 (5) “Primary provider” means a participating primary care physician,
22 or other participating provider authorized by the ~~managed-care~~ defined network
23 plan, preferred provider plan, or limited service health organization to serve as a
24 primary provider, who coordinates and may provide ongoing care to an enrollee.

25 ***b1515/4.2* SECTION 3741bmt.** 609.05 (1) of the statutes is amended to read:

1 609.05 (1) Except as provided in subs. (2) and (3), a limited service health
2 organization, preferred provider plan, or ~~managed care~~ defined network plan shall
3 permit its enrollees to choose freely among participating providers.

4 ***b1515/4.2* SECTION 3741cmg.** 609.05 (2) of the statutes is amended to read:

5 609.05 (2) Subject to s. 609.22 (4) and (4m), a limited service health
6 organization, preferred provider plan, or ~~managed care~~ defined network plan may
7 require an enrollee to designate a primary provider and to obtain health care services
8 from the primary provider when reasonably possible.

9 ***b1515/4.2* SECTION 3741cmp.** 609.05 (3) of the statutes is amended to read:

10 609.05 (3) Except as provided in ss. 609.22 (4m), 609.65, and 609.655, a limited
11 service health organization, preferred provider plan, or ~~managed care~~ defined
12 network plan may require an enrollee to obtain a referral from the primary provider
13 designated under sub. (2) to another participating provider prior to obtaining health
14 care services from that participating provider.

15 ***b1515/4.2* SECTION 3741cmr.** 609.10 (5) of the statutes is amended to read:

16 609.10 (5) The commissioner may establish by rule standards in addition to
17 these any established under s. 609.20 for what constitutes adequate notice and
18 complete and understandable information under sub. (1) (c).

19 ***b1515/4.2* SECTION 3741cmt.** 609.17 of the statutes is amended to read:

20 **609.17 Reports of disciplinary action.** Every limited service health
21 organization, preferred provider plan, and ~~managed care~~ defined network plan shall
22 notify the medical examining board or appropriate affiliated credentialing board
23 attached to the medical examining board of any disciplinary action taken against a
24 participating provider who holds a license or certificate granted by the board or
25 affiliated credentialing board.

1 ***b1515/4.2* SECTION 3741dmg.** 609.20 (title) of the statutes is amended to
2 read:

3 **609.20 (title) Rules for preferred provider and managed care defined**
4 **network plans.**

5 ***b1515/4.2* SECTION 3741dmp.** 609.20 (intro.) of the statutes is renumbered
6 609.20 (1m) (intro.) and amended to read:

7 609.20 (1m) (intro.) The commissioner shall may promulgate rules relating to
8 preferred provider plans and ~~managed care~~ defined network plans for ~~all~~ any of the
9 following purposes, as appropriate:

10 ***b1515/4.2* SECTION 3741dmt.** 609.20 (1) of the statutes is renumbered
11 609.20 (1m) (a).

12 ***b1515/4.2* SECTION 3741emg.** 609.20 (2) of the statutes is renumbered
13 609.20 (1m) (b).

14 ***b1515/4.2* SECTION 3741emp.** 609.20 (2m) of the statutes is created to read:
15 609.20 (2m) Any rule promulgated under this chapter shall recognize the
16 differences between preferred provider plans and other types of defined network
17 plans, take into account the fact that preferred provider plans provide coverage for
18 the services of nonparticipating providers, and be appropriate to the type of plan to
19 which the rule applies.

20 ***b1515/4.2* SECTION 3741emt.** 609.20 (3) of the statutes, as affected by 1999
21 Wisconsin Act 9, is renumbered 609.20 (1m) (c).

22 ***b1515/4.2* SECTION 3741fmg.** 609.20 (4) of the statutes, as affected by 2001
23 Wisconsin Act 9, is renumbered 609.20 (1m) (d).

24 ***b1515/4.2* SECTION 3741fmp.** 609.22 (1) of the statutes is amended to read:

1 609.22 (1) PROVIDERS. A ~~managed care~~ defined network plan shall include a
2 sufficient number, and sufficient types, of qualified providers to meet the anticipated
3 needs of its enrollees, with respect to covered benefits, as appropriate to the type of
4 plan and consistent with normal practices and standards in the geographic area.

5 ***b1515/4.2* SECTION 3741fmt.** 609.22 (2) of the statutes is amended to read:

6 609.22 (2) ADEQUATE CHOICE. A ~~managed care~~ defined network plan that is not
7 a preferred provider plan shall ensure that, with respect to covered benefits, each
8 enrollee has adequate choice among participating providers and that the providers
9 are accessible and qualified.

10 ***b1515/4.2* SECTION 3741gmg.** 609.22 (3) of the statutes is amended to read:

11 609.22 (3) PRIMARY PROVIDER SELECTION. A ~~managed care~~ defined network plan
12 that is not a preferred provider plan shall permit each enrollee to select his or her
13 own primary provider from a list of participating primary care physicians and any
14 other participating providers that are authorized by the ~~managed care~~ defined
15 network plan to serve as primary providers. The list shall be updated on an ongoing
16 basis and shall include a sufficient number of primary care physicians and any other
17 participating providers authorized by the plan to serve as primary providers who are
18 accepting new enrollees.

19 ***b1515/4.2* SECTION 3741gmp.** 609.22 (4) (a) 1. of the statutes is amended to
20 read:

21 609.22 (4) (a) 1. If a ~~managed care~~ defined network plan that is not a preferred
22 provider plan requires a referral to a specialist for coverage of specialist services, the
23 ~~managed care~~ defined network plan that is not a preferred provider plan shall
24 establish a procedure by which an enrollee may apply for a standing referral to a

1 specialist. The procedure must specify the criteria and conditions that must be met
2 in order for an enrollee to obtain a standing referral.

3 ***b1515/4.2* SECTION 3741gmt.** 609.22 (4) (a) 2. of the statutes is amended to
4 read:

5 609.22 (4) (a) 2. A ~~managed care~~ defined network plan that is not a preferred
6 provider plan may require the enrollee's primary provider to remain responsible for
7 coordinating the care of an enrollee who receives a standing referral to a specialist.
8 A ~~managed care~~ defined network plan that is not a preferred provider plan may
9 restrict the specialist from making any secondary referrals without prior approval
10 by the enrollee's primary provider. If an enrollee requests primary care services from
11 a specialist to whom the enrollee has a standing referral, the specialist, in agreement
12 with the enrollee and the enrollee's primary provider, may provide primary care
13 services to the enrollee in accordance with procedures established by the ~~managed~~
14 care defined network plan that is not a preferred provider plan.

15 ***b1515/4.2* SECTION 3741hmg.** 609.22 (4) (a) 3. of the statutes is amended to
16 read:

17 609.22 (4) (a) 3. A ~~managed care~~ defined network plan that is not a preferred
18 provider plan must include information regarding referral procedures in policies or
19 certificates provided to enrollees and must provide such information to an enrollee
20 or prospective enrollee upon request.

21 ***b1515/4.2* SECTION 3741hmp.** 609.22 (4m) (a) of the statutes is amended to
22 read:

23 609.22 (4m) (a) A ~~managed care~~ defined network plan that provides coverage
24 of obstetric or gynecologic services may not require a female enrollee of the ~~managed~~
25 care defined network plan to obtain a referral for covered obstetric or gynecologic

1 benefits provided by a participating provider who is a physician licensed under ch.
2 448 and who specializes in obstetrics and gynecology, regardless of whether the
3 participating provider is the enrollee's primary provider. Notwithstanding sub. (4),
4 the ~~managed care~~ defined network plan may not require the enrollee to obtain a
5 standing referral under the procedure established under sub. (4) (a) for covered
6 obstetric or gynecologic benefits.

7 *b1515/4.2* SECTION 3741hmt. 609.22 (4m) (b) (intro.) of the statutes is
8 amended to read:

9 609.22 (4m) (b) (intro.) A ~~managed care~~ defined network plan under par. (a)
10 may not do any of the following:

11 *b1515/4.2* SECTION 3741img. 609.22 (4m) (c) of the statutes is amended to
12 read:

13 609.22 (4m) (c) A ~~managed care~~ defined network plan under par. (a) shall
14 provide written notice of the requirement under par. (a) in every policy or group
15 certificate issued by the ~~managed care~~ defined network plan.

16 *b1515/4.2* SECTION 3741imp. 609.22 (5) of the statutes is amended to read:

17 609.22 (5) SECOND OPINIONS. A ~~managed care~~ defined network plan shall
18 provide an enrollee with coverage for a 2nd opinion from another participating
19 provider.

20 *b1515/4.2* SECTION 3741imt. 609.22 (6) (intro.) of the statutes is amended
21 to read:

22 609.22 (6) EMERGENCY CARE. (intro.) Notwithstanding s. 632.85, if a ~~managed~~
23 ~~care~~ defined network plan provides coverage of emergency services, with respect to
24 covered benefits, the ~~managed care~~ defined network plan shall do all of the following:

25 *b1515/4.2* SECTION 3741jmg. 609.22 (7) of the statutes is amended to read:

1 609.22 (7) TELEPHONE ACCESS. A ~~managed care~~ defined network plan that is not
2 a preferred provider plan shall provide telephone access for sufficient time during
3 business and evening hours to ensure that enrollees have adequate access to routine
4 health care services for which coverage is provided under the plan. A ~~managed care~~
5 defined network plan that is not a preferred provider plan shall provide 24-hour
6 telephone access to the plan or to a participating provider for emergency care, or
7 authorization for care, for which coverage is provided under the plan.

8 ***b1515/4.2* SECTION 3741jmp.** 609.22 (8) of the statutes is amended to read:

9 609.22 (8) ACCESS PLAN FOR CERTAIN ENROLLEES. A ~~managed care~~ defined
10 network plan shall develop an access plan to meet the needs, with respect to covered
11 benefits, of its enrollees who are members of underserved populations. If a
12 significant number of enrollees of the plan customarily use languages other than
13 English, the ~~managed care~~ defined network plan shall provide access to translation
14 services fluent in those languages to the greatest extent possible.

15 ***b1515/4.2* SECTION 3741jmt.** 609.24 (1) (a) (intro.) of the statutes is amended
16 to read:

17 609.24 (1) (a) (intro.) Subject to pars. (b) and (c) and except as provided in par.
18 (d), a ~~managed care~~ defined network plan shall, with respect to covered benefits,
19 provide coverage to an enrollee for the services of a provider, regardless of whether
20 the provider is a participating provider at the time the services are provided, if the
21 ~~managed care~~ defined network plan represented that the provider was, or would be,
22 a participating provider in marketing materials that were provided or available to
23 the enrollee at any of the following times:

24 ***b1515/4.2* SECTION 3741kmg.** 609.24 (1) (b) (intro.) of the statutes is
25 amended to read:

1 609.24 (1) (b) (intro.) Except as provided in par. (d), a ~~managed care~~ defined
2 network plan shall provide the coverage required under par. (a) with respect to the
3 services of a provider who is a primary care physician for the following period of time:

4 ***b1515/4.2* SECTION 3741kmp.** 609.24 (1) (c) (intro.) of the statutes is
5 amended to read:

6 609.24 (1) (c) (intro.) Except as provided in par. (d), if an enrollee is undergoing
7 a course of treatment with a participating provider who is not a primary care
8 physician and whose participation with the plan terminates, the ~~managed care~~
9 defined network plan shall provide the coverage under par. (a) with respect to the
10 services of the provider for the following period of time:

11 ***b1515/4.2* SECTION 3741kmt.** 609.24 (1) (d) 1. of the statutes is amended to
12 read:

13 609.24 (1) (d) 1. The provider no longer practices in the ~~managed care~~ defined
14 network plan's geographic service area.

15 ***b1515/4.2* SECTION 3741Lmg.** 609.24 (1) (d) 2. of the statutes is amended to
16 read:

17 609.24 (1) (d) 2. The insurer issuing the ~~managed care~~ defined network plan
18 terminates or terminated the provider's contract for misconduct on the part of the
19 provider.

20 ***b1515/4.2* SECTION 3471Lmp.** 609.24 (1) (e) 1. of the statutes is amended to
21 read:

22 609.24 (1) (e) 1. An insurer issuing a ~~managed care~~ defined network plan shall
23 include in its provider contracts provisions addressing reimbursement to providers
24 for services rendered under this section.

1 ***b1515/4.2* SECTION 3741Lmt.** 609.24 (1) (e) 2. of the statutes is amended to
2 read:

3 609.24 (1) (e) 2. If a contract between a ~~managed care~~ defined network plan and
4 a provider does not address reimbursement for services rendered under this section,
5 the insurer shall reimburse the provider according to the most recent contracted
6 rate.

7 ***b1515/4.2* SECTION 3741mmb.** 609.24 (4) of the statutes is created to read:

8 609.24 (4) NOTICE OF PROVISIONS. A defined network plan shall notify all plan
9 enrollees of the provisions under this section whenever a participating provider's
10 participation with the plan terminates, or shall, by contract, require a participating
11 provider to notify all plan enrollees of the provisions under this section if the
12 participating provider's participation with the plan terminates.

13 ***b1515/4.2* SECTION 3741mmd.** 609.30 (1) of the statutes is amended to read:

14 609.30 (1) PLAN MAY NOT CONTRACT. A ~~managed care~~ defined network plan may
15 not contract with a participating provider to limit the provider's disclosure of
16 information, to or on behalf of an enrollee, about the enrollee's medical condition or
17 treatment options.

18 ***b1515/4.2* SECTION 3741mmf.** 609.30 (2) of the statutes is amended to read:

19 609.30 (2) PLAN MAY NOT PENALIZE OR TERMINATE. A participating provider may
20 discuss, with or on behalf of an enrollee, all treatment options and any other
21 information that the provider determines to be in the best interest of the enrollee.
22 A ~~managed care~~ defined network plan may not penalize or terminate the contract of
23 a participating provider because the provider makes referrals to other participating
24 providers or discusses medically necessary or appropriate care with or on behalf of
25 an enrollee.

1 ***b1515/4.2* SECTION 3741mmh.** 609.32 (1) (intro.) of the statutes is amended
2 to read:

3 609.32 (1) ~~STANDARDS; OTHER THAN PREFERRED PROVIDER PLANS.~~ (intro.) A
4 ~~managed-care~~ defined network plan that is not a preferred provider plan shall
5 develop comprehensive quality assurance standards that are adequate to identify,
6 evaluate, and remedy problems related to access to, and continuity and quality of,
7 care. The standards shall include at least all of the following:

8 ***b1515/4.2* SECTION 3741mmj.** 609.32 (1m) of the statutes is created to read:

9 609.32 (1m) PROCEDURE FOR REMEDIAL ACTION; PREFERRED PROVIDER PLANS. A
10 preferred provider plan shall develop a procedure for remedial action to address
11 quality problems, including written procedures for taking appropriate corrective
12 action.

13 ***b1515/4.2* SECTION 3741mmn.** 609.32 (2) (a) of the statutes is amended to
14 read:

15 609.32 (2) (a) A ~~managed-care~~ defined network plan shall develop a process for
16 selecting participating providers, including written policies and procedures that the
17 plan uses for review and approval of providers. After consulting with appropriately
18 qualified providers, the plan shall establish minimum professional requirements for
19 its participating providers. The process for selection shall include verification of a
20 provider's license or certificate, including the history of any suspensions or
21 revocations, and the history of any liability claims made against the provider.

22 ***b1515/4.2* SECTION 3741mmp.** 609.32 (2) (b) (intro.) of the statutes is
23 amended to read:

24 609.32 (2) (b) (intro.) A ~~managed-care~~ defined network plan shall establish in
25 writing a formal, ongoing process for reevaluating each participating provider

1 within a specified number of years after the provider's initial acceptance for
2 participation. The reevaluation shall include all of the following:

3 ***b1515/4.2* SECTION 3741mmr.** 609.32 (2) (c) of the statutes is amended to
4 read:

5 609.32 (2) (c) A ~~managed-care~~ defined network plan may not require a
6 participating provider to provide services that are outside the scope of his or her
7 license or certificate.

8 ***b1515/4.2* SECTION 3741mmt.** 609.34 of the statutes is renumbered 609.34
9 (1) and amended to read:

10 609.34 (1) A ~~managed-care~~ defined network plan that is not a preferred
11 provider plan shall appoint a physician as medical director. The medical director
12 shall be responsible for clinical protocols, quality assurance activities, and
13 utilization management policies of the plan.

14 ***b1515/4.2* SECTION 3741mmx.** 609.34 (2) of the statutes is created to read:

15 609.34 (2) A preferred provider plan may contract for services related to clinical
16 protocols and utilization management. A preferred provider plan or its designee is
17 required to appoint a medical director only to the extent that the preferred provider
18 plan or its designee assumes direct responsibility for clinical protocols and
19 utilization management policies of the plan. The medical director, who shall be a
20 physician, shall be responsible for such protocols and policies of the plan.

21 ***b1515/4.2* SECTION 3741mmy.** 609.35 of the statutes is created to read:

22 **609.35 Applicability of requirements to preferred provider plans.**

23 Notwithstanding ss. 609.22 (2), (3), (4), and (7), 609.32 (1), and 609.34 (1), a preferred
24 provider plan that does not cover the same services when performed by a
25 nonparticipating provider that it covers when those services are performed by a

1 participating provider is subject to the requirements under ss. 609.22 (2), (3), (4), and
2 (7), 609.32 (1), and 609.34 (1).

3 *b1515/4.2* SECTION 3741mmz. 609.36 (1) (a) (intro.) of the statutes is
4 amended to read:

5 609.36 (1) (a) (intro.) A ~~managed care~~ defined network plan shall provide to the
6 commissioner information related to all of the following:

7 *b1515/4.2* SECTION 3741nmg. 609.36 (2) of the statutes is amended to read:

8 609.36 (2) CONFIDENTIALITY. A ~~managed care~~ defined network plan shall
9 establish written policies and procedures, consistent with ss. 51.30, 146.82, and
10 252.15, for the handling of medical records and enrollee communications to ensure
11 confidentiality.

12 *b1515/4.2* SECTION 3741nmp. 609.38 of the statutes is amended to read:

13 609.38 Oversight. The office shall perform examinations of insurers that
14 issue ~~managed care~~ defined network plans consistent with ss. 601.43 and 601.44.
15 The commissioner shall by rule develop standards for ~~managed care~~ defined network
16 plans for compliance with the requirements under this chapter.

17 *b1515/4.2* SECTION 3741nmt. 609.65 (1) (intro.) of the statutes is amended
18 to read:

19 609.65 (1) (intro.) If an enrollee of a limited service health organization,
20 preferred provider plan, or ~~managed care~~ defined network plan is examined,
21 evaluated, or treated for a nervous or mental disorder pursuant to an emergency
22 detention under s. 51.15, a commitment or a court order under s. 51.20 or 880.33 (4m)
23 or (4r) or ch. 980, then, notwithstanding the limitations regarding participating
24 providers, primary providers, and referrals under ss. 609.01 (2) to (4) and 609.05 (3),

1 the limited service health organization, preferred provider plan, or ~~managed-care~~
2 defined network plan shall do all of the following:

3 *b1515/4.2* **SECTION 3741omg.** 609.65 (1) (a) of the statutes is amended to
4 read:

5 609.65 (1) (a) If the provider performing the examination, evaluation, or
6 treatment has a provider agreement with the limited service health organization,
7 preferred provider plan, or ~~managed-care~~ defined network plan which covers the
8 provision of that service to the enrollee, make the service available to the enrollee in
9 accordance with the terms of the limited service health organization, preferred
10 provider plan, or ~~managed-care~~ defined network plan and the provider agreement.

11 *b1515/4.2* **SECTION 3741omp.** 609.65 (1) (b) (intro.) of the statutes is
12 amended to read:

13 609.65 (1) (b) (intro.) If the provider performing the examination, evaluation
14 or treatment does not have a provider agreement with the limited service health
15 organization, preferred provider plan, or ~~managed-care~~ defined network plan which
16 covers the provision of that service to the enrollee, reimburse the provider for the
17 examination, evaluation, or treatment of the enrollee in an amount not to exceed the
18 maximum reimbursement for the service under the medical assistance program
19 under subch. IV of ch. 49, if any of the following applies:

20 *b1515/4.2* **SECTION 3741omt.** 609.65 (1) (b) 1. of the statutes is amended to
21 read:

22 609.65 (1) (b) 1. The service is provided pursuant to a commitment or a court
23 order, except that reimbursement is not required under this subdivision if the limited
24 service health organization, preferred provider plan, or ~~managed-care~~ defined

1 network plan could have provided the service through a provider with whom it has
2 a provider agreement.

3 *b1515/4.2* SECTION 3741pmg. 609.65 (1) (b) 2. of the statutes is amended to
4 read:

5 609.65 (1) (b) 2. The service is provided pursuant to an emergency detention
6 under s. 51.15 or on an emergency basis to a person who is committed under s. 51.20
7 and the provider notifies the limited service health organization, preferred provider
8 plan, or ~~managed-care~~ defined network plan within 72 hours after the initial
9 provision of the service.

10 *b1515/4.2* SECTION 3741pmp. 609.65 (2) of the statutes is amended to read:

11 609.65 (2) If after receiving notice under sub. (1) (b) 2. the limited service health
12 organization, preferred provider plan, or ~~managed-care~~ defined network plan
13 arranges for services to be provided by a provider with whom it has a provider
14 agreement, the limited service health organization, preferred provider plan, or
15 ~~managed-care~~ plan is not required to reimburse a provider under sub. (1) (b) 2. for
16 any services provided after arrangements are made under this subsection.

17 *b1515/4.2* SECTION 3741pmt. 609.65 (3) of the statutes is amended to read:

18 609.65 (3) A limited service health organization, preferred provider plan, or
19 ~~managed-care~~ defined network plan is only required to make available, or make
20 reimbursement for, an examination, evaluation, or treatment under sub. (1) to the
21 extent that the limited service health organization, preferred provider plan, or
22 ~~managed-care~~ defined network plan would have made the medically necessary
23 service available to the enrollee or reimbursed the provider for the service if any
24 referrals required under s. 609.05 (3) had been made and the service had been
25 performed by a participating provider.

1 ***b1515/4.2* SECTION 3741qmg.** 609.655 (1) (a) 1. of the statutes is amended
2 to read:

3 609.655 (1) (a) 1. Is covered as a dependent child under the terms of a policy
4 or certificate issued by a ~~managed-care~~ defined network plan insurer.

5 ***b1515/4.2* SECTION 3741qmp.** 609.655 (1) (a) 2. of the statutes is amended
6 to read:

7 609.655 (1) (a) 2. Is enrolled in a school located in this state but outside the
8 geographical service area of the ~~managed-care~~ defined network plan.

9 ***b1515/4.2* SECTION 3741qmt.** 609.655 (2) of the statutes is amended to read:

10 609.655 (2) If a policy or certificate issued by a ~~managed-care~~ defined network
11 plan insurer provides coverage of outpatient services provided to a dependent
12 student, the policy or certificate shall provide coverage of outpatient services, to the
13 extent and in the manner required under sub. (3), that are provided to the dependent
14 student while he or she is attending a school located in this state but outside the
15 geographical service area of the ~~managed-care~~ defined network plan,
16 notwithstanding the limitations regarding participating providers, primary
17 providers, and referrals under ss. 609.01 (2) and 609.05 (3).

18 ***b1515/4.2* SECTION 3741rmg.** 609.655 (3) (intro.) of the statutes is amended
19 to read:

20 609.655 (3) (intro.) Except as provided in sub. (5), a ~~managed-care~~ defined
21 network plan shall provide coverage for all of the following services:

22 ***b1515/4.2* SECTION 3741rmp.** 609.655 (3) (a) of the statutes is amended to
23 read:

24 609.655 (3) (a) A clinical assessment of the dependent student's nervous or
25 mental disorders or alcoholism or other drug abuse problems, conducted by a

1 provider described in s. 632.89 (1) (e) 2. or 3. who is located in this state and in
2 reasonably close proximity to the school in which the dependent student is enrolled
3 and who may be designated by the ~~managed care~~ defined network plan.

4 *b1515/4.2* SECTION 3741smg. 609.655 (3) (b) (intro.) of the statutes is
5 amended to read:

6 609.655 (3) (b) (intro.) If outpatient services are recommended in the clinical
7 assessment conducted under par. (a), the recommended outpatient services
8 consisting of not more than 5 visits to an outpatient treatment facility or other
9 provider that is located in this state and in reasonably close proximity to the school
10 in which the dependent student is enrolled and that may be designated by the
11 ~~managed care~~ defined network plan, except as follows:

12 *b1515/4.2* SECTION 3741smp. 609.655 (3) (b) 1. of the statutes is amended
13 to read:

14 609.655 (3) (b) 1. Coverage is not required under this paragraph if the medical
15 director of the ~~managed care~~ defined network plan determines that the nature of the
16 treatment recommended in the clinical assessment will prohibit the dependent
17 student from attending school on a regular basis.

18 *b1515/4.2* SECTION 3741smt. 609.655 (4) (a) of the statutes is amended to
19 read:

20 609.655 (4) (a) Upon completion of the 5 visits for outpatient services covered
21 under sub. (3) (b), the medical director of the ~~managed care~~ defined network plan and
22 the clinician treating the dependent student shall review the dependent student's
23 condition and determine whether it is appropriate to continue treatment of the
24 dependent student's nervous or mental disorders or alcoholism or other drug abuse
25 problems in reasonably close proximity to the school in which the student is enrolled.

1 The review is not required if the dependent student is no longer enrolled in the school
2 or if the coverage limits under the policy or certificate for treatment of nervous or
3 mental disorders or alcoholism or other drug abuse problems have been exhausted.

4 ***b1515/4.2* SECTION 3741tmg.** 609.655 (4) (b) of the statutes is amended to
5 read:

6 609.655 (4) (b) Upon completion of the review under par. (a), the medical
7 director of the ~~managed-care~~ defined network plan shall determine whether the
8 policy or certificate will provide coverage of any further treatment for the dependent
9 student's nervous or mental disorder or alcoholism or other drug abuse problems that
10 is provided by a provider located in reasonably close proximity to the school in which
11 the student is enrolled. If the dependent student disputes the medical director's
12 determination, the dependent student may submit a written grievance under the
13 ~~managed-care~~ defined network plan's internal grievance procedure established
14 under s. 632.83.

15 ***b1515/4.2* SECTION 3741tmp.** 609.655 (5) (a) of the statutes is amended to
16 read:

17 609.655 (5) (a) A policy or certificate issued by a ~~managed-care~~ defined network
18 plan insurer is required to provide coverage for the services specified in sub. (3) only
19 to the extent that the policy or certificate would have covered the service if it had been
20 provided to the dependent student by a participating provider within the
21 geographical service area of the ~~managed-care~~ defined network plan.

22 ***b1515/4.2* SECTION 3741tmt.** 609.655 (5) (b) of the statutes is amended to
23 read:

24 609.655 (5) (b) Paragraph (a) does not permit a ~~managed-care~~ defined network
25 plan to reimburse a provider for less than the full cost of the services provided or an

1 amount negotiated with the provider, solely because the reimbursement rate for the
2 service would have been less if provided by a participating provider within the
3 geographical service area of the ~~managed care~~ defined network plan.

4 *b1515/4.2* SECTION 3741umg. 609.70 of the statutes is amended to read:

5 **609.70 Chiropractic coverage.** Limited service health organizations,
6 preferred provider plans, and ~~managed care~~ defined network plans are subject to s.
7 632.87 (3).

8 *b1515/4.2* SECTION 3741ump. 609.75 of the statutes is amended to read:

9 **609.75 Adopted children coverage.** Limited service health organizations,
10 preferred provider plans, and ~~managed care~~ defined network plans are subject to s.
11 632.896. Coverage of health care services obtained by adopted children and children
12 placed for adoption may be subject to any requirements that the limited service
13 health organization, preferred provider plan, or ~~managed care~~ defined network plan
14 imposes under s. 609.05 (2) and (3) on the coverage of health care services obtained
15 by other enrollees.

16 *b1515/4.2* SECTION 3741umt. 609.77 of the statutes is amended to read:

17 **609.77 Coverage of breast reconstruction.** Limited service health
18 organizations, preferred provider plans, and ~~managed care~~ defined network plans
19 are subject to s. 632.895 (13).

20 *b1515/4.2* SECTION 3741vmg. 609.78 of the statutes is amended to read:

21 **609.78 Coverage of treatment for the correction of**
22 **temporomandibular disorders.** Limited service health organizations, preferred
23 provider plans, and ~~managed care~~ defined network plans are subject to s. 632.895
24 (11).

25 *b1515/4.2* SECTION 3741vmp. 609.79 of the statutes is amended to read:

1 **609.79 Coverage of hospital and ambulatory surgery center charges**
2 **and anesthetics for dental care.** Limited service health organizations, preferred
3 provider plans, and ~~managed-care~~ defined network plans are subject to s. 632.895
4 (12).

5 ***b1515/4.2* SECTION 3741vmt.** 609.80 of the statutes is amended to read:

6 **609.80 Coverage of mammograms.** ~~Managed-care~~ Defined network plans
7 are subject to s. 632.895 (8). Coverage of mammograms under s. 632.895 (8) may be
8 subject to any requirements that the ~~managed-care~~ defined network plan imposes
9 under s. 609.05 (2) and (3) on the coverage of other health care services obtained by
10 enrollees.

11 ***b1515/4.2* SECTION 3741wmg.** 609.81 of the statutes is amended to read:

12 **609.81 Coverage related to HIV infection.** Limited service health
13 organizations, preferred provider plans, and ~~managed-care~~ defined network plans
14 are subject to s. 631.93. ~~Managed-care~~ Defined network plans are subject to s.
15 632.895 (9).

16 ***b1515/4.2* SECTION 3741wmp.** 609.82 of the statutes is amended to read:

17 **609.82 Coverage without prior authorization for emergency medical**
18 **condition treatment.** Limited service health organizations, preferred provider
19 plans, and ~~managed-care~~ defined network plans are subject to s. 632.85.

20 ***b1515/4.2* SECTION 3741wmt.** 609.83 of the statutes is amended to read:

21 **609.83 Coverage of drugs and devices.** Limited service health
22 organizations, preferred provider plans, and ~~managed-care~~ defined network plans
23 are subject to s. 632.853.

24 ***b1515/4.2* SECTION 3741xmg.** 609.84 of the statutes is amended to read:

1 **609.84 Experimental treatment.** Limited service health organizations,
2 preferred provider plans, and ~~managed-care~~ defined network plans are subject to s.
3 632.855.

4 ***b1515/4.2* SECTION 3741xmp.** 609.88 of the statutes is amended to read:

5 **609.88 Coverage of immunizations.** ~~Managed-care~~ Defined network plans
6 are subject to s. 632.895 (14).

7 ***b1515/4.2* SECTION 3741xmr.** 609.89 of the statutes is amended to read:

8 **609.89 Written reason for coverage denial.** Limited service health
9 organizations, preferred provider plans, and ~~managed-care~~ defined network plans
10 are subject to s. 631.17.

11 ***b1515/4.2* SECTION 3741xmt.** 609.90 of the statutes is amended to read:

12 **609.90 Restrictions related to domestic abuse.** Limited service health
13 organizations, preferred provider plans, and ~~managed-care~~ defined network plans
14 are subject to s. 631.95.

15 ***-2389/1.5* SECTION 3749.** 614.80 of the statutes is amended to read:

16 **614.80 Tax exemption.** Every domestic and nondomestic fraternal, except
17 those that offer a health maintenance organization as defined in s. 609.01 (2) or a
18 limited service health organization as defined in s. 609.01 (3) is exempt from all state,
19 county, district, municipal and school taxes or fees, except the fees required by s.
20 601.31 (2), but is required to pay all taxes and special assessments on its real estate
21 and office equipment, except as provided in ss. 70.11 (4) and 70.1105 (1).

22 ***b0785/1.1* SECTION 3755g.** 628.46 (2m) of the statutes is created to read:

23 628.46 (2m) Notwithstanding subs. (1) and (2), a claim for payment for
24 chiropractic services is overdue if not paid within 30 days after the insurer receives
25 clinical documentation from the chiropractor that the services were provided unless,

1 within those 30 days, the insurer provides to the insured and to the chiropractor the
2 written statement under s. 632.875 (2).

3 *b0785/1.1* SECTION 3760m. 632.875 (2) (intro.) of the statutes is amended to
4 read:

5 632.875 (2) (intro.) If, on the basis of an independent evaluation, an insurer
6 restricts or terminates a patient's coverage for the treatment of a condition or
7 complaint by a chiropractor acting within the scope of his or her license and the
8 restriction or termination of coverage results in the patient becoming liable for
9 payment for his or her treatment, the insurer shall, within the time required under
10 s. 628.46 (2m), provide to the patient and to the treating chiropractor a written
11 statement that contains all of the following:

12 *b0624/1.6* SECTION 3761r. 632.895 (10) (a) of the statutes is amended to read:

13 632.895 (10) (a) Except as provided in par. (b), every disability insurance policy
14 and every health care benefits plan provided on a self-insured basis by a county
15 board under s. 59.52 (11), by a city or village under s. 66.0137 (4), by a political
16 subdivision under s. 66.0137 (4m), by a town under s. 60.23 (25), or by a school district
17 under s. 120.13 (2) shall provide coverage for blood lead tests for children under 6
18 years of age, which shall be conducted in accordance with any recommended lead
19 screening methods and intervals contained in any rules promulgated by the
20 department of health and family services under s. 254.158.

21 *b1515/4.3* SECTION 3763f. 632.895 (14) (c) of the statutes is amended to read:

22 632.895 (14) (c) The coverage required under par. (b) may not be subject to any
23 deductibles, copayments, or coinsurance under the policy or plan. This paragraph
24 applies to a ~~managed care~~ defined network plan, as defined in s. 609.01 ~~(3e)~~ (1b), only

1 with respect to appropriate and necessary immunizations provided by providers
2 participating, as defined in s. 609.01 (3m), in the plan.

3 ***b1515/4.3* SECTION 3763g.** 632.895 (14) (d) 3. of the statutes is amended to
4 read:

5 632.895 (14) (d) 3. A health care plan offered by a limited service health
6 organization, as defined in s. 609.01 (3), or by a preferred provider plan, as defined
7 in s. 609.01 (4), that is not a ~~managed care~~ defined network plan, as defined in s.
8 609.01 (3e) (1b).

9 ***b2032/2.6* SECTION 3766e.** 635.02 (2) of the statutes is amended to read:

10 635.02 (2) “Case characteristics” means the demographic, actuarially based
11 characteristics of the employees of a small employer, and the employer, if covered,
12 such as age, sex, and geographic location ~~and occupation~~, used by a small employer
13 insurer to determine premium rates for a small employer. “Case characteristics”
14 does not include loss or claim history, health status, occupation, duration of coverage,
15 or other factors related to claim experience.

16 ***b2032/2.6* SECTION 3766ec.** 635.02 (3e) of the statutes is created to read:

17 635.02 (3e) “Eligible employee” has the meaning given in s. 632.745 (5) (a).

18 ***b2032/2.6* SECTION 3766ef.** 635.02 (7) of the statutes is amended to read:

19 635.02 (7) “Small employer” means, with respect to a calendar year and a plan
20 year, an employer that employed an average of at least 2 but not more than 50 eligible
21 employees on business days during the preceding calendar year, or that is reasonably
22 expected to employ an average of at least 2 but not more than 50 eligible employees
23 on business days during the current calendar year if the employer was not in
24 existence during the preceding calendar year, and that employs at least 2 eligible
25 employees on the first day of the plan year.

1 ***b2032/2.6* SECTION 3766em.** 635.05 (1) of the statutes is amended to read:
2 635.05 (1) Establishing restrictions on premium rates that a small employer
3 insurer may charge a small employer such that the premium rates charged to small
4 employers with similar case characteristics for the same or similar benefit design
5 characteristics do not vary from the midpoint rate for those small employers by more
6 than ~~35%~~ 10% of that midpoint rate.

7 ***b2032/2.6* SECTION 3766f.** 635.05 (2) (a) 2. of the statutes is amended to read:
8 635.05 (2) (a) 2. An adjustment, not to exceed 15% per year, adjusted
9 proportionally for rating periods of less than one year, for such rating factors as claim
10 experience, health status, occupation, and duration of coverage, determined in
11 accordance with the small employer insurer's rate manual or rating procedures.

12 ***b2032/2.6* SECTION 3766g.** 635.05 (7) of the statutes is created to read:
13 635.05 (7) Specifying the manner in which rates must be published under s.
14 635.12.

15 ***b2032/2.6* SECTION 3766j.** 635.12 of the statutes is created to read:
16 **635.12 Annual publication of rates.** Every small employer insurer shall
17 annually publish the small employer insurer's current new business premium rates.
18 The rates shall be published in the manner and according to categories required by
19 rule under s. 635.05 (7). New business premium rates for coverage under the health
20 care coverage program under subch. X of ch. 40 shall be published as required under
21 s. 40.98 (2) (d).

22 ***b0887/1.7* SECTION 3766r.** 635.19 (6) of the statutes is repealed.

23 ***-1552/5.62* SECTION 3768.** 704.05 (5) (a) 2. of the statutes is amended to read:
24 704.05 (5) (a) 2. Give the tenant notice, personally or by ordinary mail
25 addressed to the tenant's last-known address, of the landlord's intent to dispose of

1 the ~~personalty~~ personal property by sale or other appropriate means if the property
2 is not repossessed by the tenant. If the tenant fails to repossess the property within
3 30 days after the date of personal service or the date of the mailing of the notice, the
4 landlord may dispose of the property by private or public sale or any other
5 appropriate means. The landlord may deduct from the proceeds of sale any costs of
6 sale and any storage charges if the landlord has first stored the personalty under
7 subd. 1. If the proceeds minus the costs of sale and minus any storage charges are
8 not claimed within 60 days after the date of the sale of the personalty, the landlord
9 is not accountable to the tenant for any of the proceeds of the sale or the value of the
10 property. The landlord shall send the proceeds of the sale minus the costs of the sale
11 and minus any storage charges to the department of administration for deposit in the
12 appropriation under s. 20.505 (7) ~~(gm)~~ (h).

13 ***-1335/7.65* SECTION 3769.** 704.31 (3) of the statutes is amended to read:

14 704.31 (3) This section does not apply to a lease to which a local professional
15 baseball park district created under subch. III of ch. 229 or the Fox River
16 Navigational System Authority is a party.

17 ***-1394/2.69* SECTION 3774.** 757.05 (1) (a) of the statutes is amended to read:

18 757.05 (1) (a) Whenever a court imposes a fine or forfeiture for a violation of
19 state law or for a violation of a municipal or county ordinance except for a violation
20 of s. 101.123 (2) (a), (am) 1., (ar)_a or (bm) or (5) or state laws or municipal or county
21 ordinances involving nonmoving traffic violations or safety belt use violations under
22 s. 347.48 (2m), there shall be imposed in addition a penalty assessment in an amount
23 of ~~23%~~ 24% of the fine or forfeiture imposed. If multiple offenses are involved, the
24 penalty assessment shall be based upon the total fine or forfeiture for all offenses.

1 When a fine or forfeiture is suspended in whole or in part, the penalty assessment
2 shall be reduced in proportion to the suspension.

3 *b0338/1.5* SECTION 3774c. 757.05 (1) (a) of the statutes, as affected by 2001
4 Wisconsin Act (this act), is amended to read:

5 757.05 (1) (a) Whenever a court imposes a fine or forfeiture for a violation of
6 state law or for a violation of a municipal or county ordinance except for a violation
7 of s. 101.123 (2) (a), (am) 1., (ar), ~~or (bm)~~, or (br) or (5) or state laws or municipal or
8 county ordinances involving nonmoving traffic violations or safety belt use violations
9 under s. 347.48 (2m), there shall be imposed in addition a penalty assessment in an
10 amount of 24% of the fine or forfeiture imposed. If multiple offenses are involved,
11 the penalty assessment shall be based upon the total fine or forfeiture for all offenses.
12 When a fine or forfeiture is suspended in whole or in part, the penalty assessment
13 shall be reduced in proportion to the suspension.

14 *–1394/2.70* SECTION 3775. 757.05 (1) (b) of the statutes is amended to read:

15 757.05 (1) (b) If a fine or forfeiture is imposed by a court of record, after a
16 determination by the court of the amount due, the clerk of the court shall collect and
17 transmit ~~such~~ the amount to the county treasurer as provided in s. 59.40 (2) (m). The
18 county treasurer shall then make payment to the state treasurer as provided in s.
19 59.25 (3) (f) 2.

20 *–1394/2.71* SECTION 3776. 757.05 (1) (c) of the statutes is amended to read:

21 757.05 (1) (c) If a fine or forfeiture is imposed by a municipal court, after a
22 determination by the court of the amount due, the court shall collect and transmit
23 ~~such~~ the amount to the treasurer of the county, city, town, or village, and that
24 treasurer shall make payment to the state treasurer as provided in s. 66.0114 (1) ~~(b)~~
25 (bm).

1 *~~1394/2.72~~* SECTION 3777. 757.05 (1) (d) of the statutes is amended to read:

2 757.05 (1) (d) If any deposit of bail is made for a noncriminal offense to which
3 this ~~section~~ subsection applies, the person making the deposit shall also deposit a
4 sufficient amount to include the assessment prescribed in this ~~section~~ subsection for
5 forfeited bail. If bail is forfeited, the amount of the assessment shall be transmitted
6 monthly to the state treasurer under this ~~section~~ subsection. If bail is returned, the
7 assessment shall also be returned.

8 *~~b0627/2.28~~* SECTION 3777n. 757.05 (2) (a) of the statutes is amended to read:

9 757.05 (2) (a) *Law enforcement training fund.* ~~Twenty-seven-fifty-fifths~~
10 Eleven twenty-fourths of all moneys collected from penalty assessments under sub.
11 (1) shall be credited to the appropriation account under s. 20.455 (2) (1) and utilized
12 in accordance with ss. 20.455 (2) and 165.85 (5). The moneys credited to the
13 appropriation account under s. 20.455 (2) (i), except for the moneys transferred to s.
14 20.455 (2) (jb), constitute the law enforcement training fund.

15 *~~b2217/2.4~~* SECTION 3780c. 757.54 of the statutes is renumbered 757.54 (1)
16 and amended to read:

17 757.54 (1) ~~The~~ Except as provided in sub. (2), the retention and disposal of all
18 court records and exhibits in any civil or criminal action or proceeding or probate
19 proceeding of any nature in a court of record shall be determined by the supreme
20 court by rule.

21 *~~b2217/2.4~~* SECTION 3780d. 757.54 (2) of the statutes is created to read:

22 757.54 (2) (a) In this subsection:

- 23 1. "Custody" has the meaning given in s. 968.205 (1) (a).
24 2. "Discharge date" has the meaning given in s. 968.205 (1) (b).

1 (b) Except as provided in par. (c), if an exhibit in a criminal action or a
2 delinquency proceeding under ch. 938 includes any biological material that was
3 collected in connection with the action or proceeding, the court presiding over the
4 action or proceeding shall ensure that the exhibit is preserved until every person in
5 custody as a result of the action or proceeding, or as a result of commitment under
6 s. 980.06 that is based on a judgment of guilty or not guilty by reason of mental
7 disease or defect in the action or proceeding, has reached his or her discharge date.

8 (c) Subject to par. (e), the court may destroy biological material before the
9 expiration of the time period specified in par. (b) if all of the following apply:

10 1. The court sends a notice of its intent to destroy the biological material to all
11 persons who remain in custody as a result of the criminal action, delinquency
12 proceeding, or commitment under s. 980.06 and to either the attorney of record for
13 each person in custody or the state public defender.

14 2. No person who is notified under subd. 1. does either of the following within
15 90 days after the date on which the person received the notice:

16 a. Files a motion for testing of the biological material under s. 974.07 (2).

17 b. Submits a written request to preserve the biological material to the court.

18 3. No other provision of federal or state law requires the court to preserve the
19 biological material.

20 (d) A notice provided under par. (c) 1. shall clearly inform the recipient that the
21 biological material will be destroyed unless, within 90 days after the date on which
22 the person receives the notice, either a motion for testing of the material is filed
23 under s. 974.07 (2) or a written request to preserve the material is submitted to the
24 court.

1 (e) If, after providing notice under par. (c) 1. of its intent to destroy biological
2 material, a court receives a written request to preserve the material, the court shall
3 preserve the material until the discharge date of the person who made the request
4 or on whose behalf the request was made, subject to a court order issued under s.
5 974.07 (7), (9) (a), or (10) (a) 5., unless the court orders destruction or transfer of the
6 biological material under s. 974.07 (9) (b) or (10) (a) 5.

7 ***b0703/1.1* SECTION 3780g.** 757.57 (5) of the statutes is amended to read:

8 757.57 (5) Except as provided in SCR 71.04 (4), every reporter, upon the request
9 of any party to an action or proceeding, shall make a typewritten transcript, and as
10 many copies thereof as the party requests, of the testimony and proceedings reported
11 by him or her in the action or proceeding, or any part thereof specified by the party,
12 the transcript and each copy thereof to be duly certified by him or her to be a correct
13 transcript thereof. For the transcripts the reporter is entitled to receive the fees
14 prescribed in s. 814.69 (1) (b) and (bm).

15 ***b0244/1.2* SECTION 3780q.** 757.69 (8) of the statutes is created to read:

16 757.69 (8). Each court commissioner appointed under s. 48.065, 757.68, 757.72,
17 767.13, or 938.065 shall participate in programs of continuing court commissioner
18 education required by the supreme court. The supreme court shall charge court
19 commissioners a fee for the costs of the continuing education programs required
20 under this subsection. All moneys collected under this subsection shall be credited
21 to the appropriation account under s. 20.680 (2) (ga).

22 ***-1857/5.120* SECTION 3781.** 758.19 (7) of the statutes is amended to read:

23 758.19 (7) The director of state courts shall adopt, revise biennially and submit
24 to the cochairpersons of the joint committee on information policy and technology, the
25 governor and the ~~secretary of administration~~ department of electronic government,

1 no later than September 15 of each even-numbered year, a strategic plan for the
2 utilization of information technology to carry out the functions of the courts and
3 judicial branch agencies, as defined in s. 16.70 (5). The plan shall address the
4 business needs of the courts and judicial branch agencies and shall identify all
5 resources relating to information technology which the courts and judicial branch
6 agencies desire to acquire, contingent upon funding availability, the priority for such
7 acquisitions and the justification for such acquisitions. The plan shall also identify
8 any changes in the functioning of the courts and judicial branch agencies under the
9 plan.

10 ***b1287/2.4* SECTION 3781d.** 758.19 (8) of the statutes is created to read:

11 758.19 (8) (a) From the appropriation under s. 20.625 (1) (c), the director of
12 state courts shall reimburse counties up to 4 times each year for the actual expenses
13 paid for interpreters required by circuit courts to assist persons with limited English
14 proficiency under s. 885.38 (8) (a) 1. The amount of the reimbursement for mileage
15 shall be 20 cents per mile going and returning from his or her residence if within the
16 state; or, if without the state, from the point where he or she crosses the state
17 boundary to the place of attendance, and returning by the usually traveled route
18 between such points. The amount of the maximum hourly reimbursement for court
19 interpreters shall be as follows:

20 1. Forty dollars for the first hour and \$20 for each additional 0.5 hour for
21 qualified interpreters certified under the requirements and procedures approved by
22 the supreme court.

23 2. Thirty dollars for the first hour and \$15 for each additional 0.5 hour for
24 qualified interpreters, as defined in s. 885.38 (1) (c).

1 (b) To receive reimbursement under par. (a), a county must submit, on forms
2 provided by the director of state courts, an accounting of the amount paid for
3 expenses related to court interpreters that are eligible for reimbursement under par.
4 (a). The forms must include expenses for the preceding 3-month period and must
5 be submitted within 90 days after that 3-month period has ended. The director of
6 state courts may not reimburse a county for any expenses related to court
7 interpreters that are submitted after the 90-day period has ended. Reimbursement
8 under par. (a) first applies to court interpreter expenses incurred on the effective date
9 of this paragraph [revisor inserts date].

10 ***-0426/4.47* SECTION 3782.** 765.12 (1) of the statutes is renumbered 765.12
11 (1) (a) and amended to read:

12 765.12 (1) (a) If ss. 765.02, 765.05, 765.08, and 765.09 are complied with, and
13 if there is no prohibition against or legal objection to the marriage, the county clerk
14 shall issue a marriage license. With each marriage license the county clerk shall
15 provide a pamphlet describing the causes and effects of fetal alcohol syndrome. ~~After~~
16 ~~the application for the marriage license the clerk shall, upon the sworn statement~~
17 ~~of either of the applicants, correct any erroneous, false or insufficient statement in~~
18 ~~the marriage license or in the application therefor which shall come to the clerk's~~
19 ~~attention prior to the marriage and shall show the corrected statement as soon as~~
20 ~~reasonably possible to the other applicant.~~

21 ***-0426/4.48* SECTION 3783.** 765.12 (1) (b) of the statutes is created to read:

22 765.12 (1) (b) If, after completion of the marriage license application, one of the
23 applicants notifies the clerk in writing that any of the information provided by that
24 applicant for the license is erroneous, the clerk shall notify the other applicant of the
25 correction as soon as reasonably possible. If the marriage license has not been

1 issued, the clerk shall prepare a new license with the correct information entered.
2 If the marriage license has been issued, the clerk shall immediately send a letter of
3 correction to the state registrar to amend the erroneous information.

4 ***-0426/4.49* SECTION 3784.** 765.12 (1) (c) of the statutes is created to read:

5 765.12 (1) (c) If, after completion of the marriage license application, the clerk
6 discovers that correct information has been entered erroneously, the clerk shall, if
7 the marriage license has not been issued, prepare a new license with the correct
8 information correctly entered. If the marriage license has been issued, the clerk shall
9 immediately send a letter of correction to the state registrar to amend the erroneous
10 information.

11 ***-0426/4.50* SECTION 3785.** 765.13 of the statutes is amended to read:

12 **765.13 Form of marriage document.** The marriage document shall contain
13 ~~the social security number of each party, as well as any other informational items~~
14 ~~that the department of health and family services determines are necessary and~~
15 ~~shall agree in the main with the standard form recommended by the federal agency~~
16 ~~responsible for national vital statistics. It consist of the marriage license and the~~
17 marriage license worksheet. The marriage license shall contain a notification of the
18 time limits of the authorization to marry, a notation that the issue of the marriage
19 license shall not be deemed to remove or dispense with any legal disability,
20 impediment or prohibition rendering marriage between the parties illegal, and the
21 signature of the county clerk, who shall acquire the information for the marriage
22 document and enter it in its proper place when the marriage license is issued. The
23 marriage license worksheet shall contain the social security number of each party,
24 as well as any other information items that the department of health and family
25 services determines are necessary and shall agree in the main with the standard

1 form recommended by the federal agency responsible for national vital statistics.
2 The county clerk shall transmit the marriage license worksheet to the state registrar
3 within 5 days after the date of issuance of the marriage license.

4 ***b0549/1.1* SECTION 3786c.** 767.08 (2) (b) of the statutes is amended to read:

5 767.08 (2) (b) The court in the action shall, as provided under s. 767.25 or
6 767.26, determine and adjudge the amount, if any, the person should reasonably
7 contribute to the support and maintenance of the spouse or child and how the sum
8 should be paid. This amount ~~may~~ must be expressed as a ~~percentage of the person's~~
9 ~~income or as a fixed sum, or as a combination of both in the alternative by requiring~~
10 ~~payment of the greater or lesser of either a percentage of the person's income or a~~
11 ~~fixed sum~~ unless the parties have stipulated to expressing the amount as a
12 percentage of the payer's income and the requirements under s. 767.10 (2) (am) 1. to
13 3. are satisfied. The amount so ordered to be paid may be changed or modified by the
14 court upon notice of motion or order to show cause by either party upon sufficient
15 evidence.

16 ***b0549/1.1* SECTION 3786d.** 767.10 (2) (am) of the statutes is created to read:

17 767.10 (2) (am) A court may not approve a stipulation for expressing child
18 support or family support as a percentage of the payer's income unless all of the
19 following apply:

20 1. The state is not a real party in interest in the action under any of the
21 circumstances specified in s. 767.075 (1).

22 2. The payer is not subject to any other order, in any other action, for the
23 payment of child or family support or maintenance.

1 3. All payment obligations included in the order, other than the annual
2 receiving and disbursing fee under s. 767.29 (1) (d), are expressed as a percentage
3 of the payer's income.

4 ***b0549/1.1* SECTION 3786e.** 767.23 (1) (c) of the statutes is amended to read:

5 767.23 (1) (c) Subject to s. 767.477, requiring either party or both parties to
6 make payments for the support of minor children, which payment amounts ~~may~~
7 must be expressed as a percentage of parental income or as a fixed sum, or as a
8 combination of both in the alternative by requiring payment of the greater or lesser
9 of either a percentage of parental income or a fixed sum unless the parties have
10 stipulated to expressing the amount as a percentage of the payer's income and the
11 requirements under s. 767.10 (2) (am) 1. to 3. are satisfied.

12 ***b0549/1.1* SECTION 3786f.** 767.25 (1) (a) of the statutes is amended to read:

13 767.25 (1) (a) Order either or both parents to pay an amount reasonable or
14 necessary to fulfill a duty to support a child. The support amount ~~may~~ must be
15 expressed as a percentage of parental income or as a fixed sum, or as a combination
16 of both in the alternative by requiring payment of the greater or lesser of either a
17 percentage of parental income or a fixed sum unless the parties have stipulated to
18 expressing the amount as a percentage of the payer's income and the requirements
19 under s. 767.10 (2) (am) 1. to 3. are satisfied.

20 ***b0549/1.1* SECTION 3786g.** 767.263 (1) of the statutes is amended to read:

21 767.263 (1) Each order for child support, family support, or maintenance
22 payments shall include an order that the payer and payee notify the county child
23 support agency under s. 59.53 (5) of any change of address within 10 business days
24 of such change. Each order for child support, family support, or maintenance
25 payments shall also include an order that the payer notify the county child support

1 agency under s. 59.53 (5) and the payee, within 10 business days, of any change of
2 employer and of any substantial change in the amount of his or her income, including
3 receipt of bonus compensation, such that his or her ability to pay child support,
4 family support, or maintenance is affected. The order shall also include a statement
5 that clarifies that notification of any substantial change in the amount of the payer's
6 income will not result in a change of the order unless a revision of the order under
7 s. 767.32 or an annual adjustment of the child or family support amount under s.
8 767.33 is sought.

9 ***-0529/6.9*** SECTION 3787. 767.265 (1) of the statutes is amended to read:

10 767.265 (1) Each order for child support under this chapter, for maintenance
11 payments under s. 767.23 or 767.26, for family support under this chapter, for costs
12 ordered under s. 767.51 (3) or 767.62 (4), for support by a spouse under s. 767.02 (1)
13 (f), or for maintenance payments under s. 767.02 (1) (g) or for, each order for or
14 obligation to pay the annual receiving and disbursing fee under s. 767.29 (1) (d), each
15 order for a revision in a judgment or order with respect to child support,
16 maintenance, or family support payments under s. 767.32, each stipulation
17 approved by the court or the family court commissioner for child support under this
18 chapter, and each order for child or spousal support entered under s. 948.22 (7)
19 constitutes an assignment of all commissions, earnings, salaries, wages, pension
20 benefits, benefits under ch. 102 or 108, lottery prizes that are payable in instalments,
21 and other money due or to be due in the future to the department or its designee. The
22 assignment shall be for an amount sufficient to ensure payment under the order,
23 obligation, or stipulation and to pay any arrearages due at a periodic rate not to
24 exceed 50% of the amount of support due under the order, obligation, or stipulation

1 so long as the addition of the amount toward arrearages does not leave the party at
2 an income below the poverty line established under 42 USC 9902 (2).

3 ***-0529/6.10* SECTION 3788.** 767.265 (1m) of the statutes is amended to read:

4 767.265 (1m) If a party's current obligation to pay maintenance, child support,
5 spousal support, or family support ~~or the annual receiving and disbursing fee~~
6 terminates but the party has an arrearage in the payment of one or more of those
7 payments, the or in the payment of the annual receiving and disbursing fee, any
8 assignment under sub. (1) shall continue in effect, in an amount up to the amount
9 of the assignment before the party's current obligation terminated, until the
10 arrearage is paid in full.

11 ***b0549/1.2* SECTION 3788g.** 767.265 (3m) of the statutes is amended to read:

12 767.265 (3m) Benefits under ch. 108 may be assigned and withheld only in the
13 manner provided in s. 108.13 (4). Any order to withhold benefits under ch. 108 ~~may~~
14 shall be for a percentage of benefits payable or for a fixed sum, or for a combination
15 of both in the alternative by requiring the withholding of the greater or lesser of
16 either a percentage of benefits payable or a fixed sum unless the court-ordered
17 obligation on which the withholding order is based is expressed in the court order as
18 a percentage of the payer's income, in which case an order to withhold benefits under
19 ch. 108 shall be for a percentage of benefits payable. When money is to be withheld
20 from these benefits, no fee may be deducted from the amount withheld and no fine
21 may be levied for failure to withhold the money.

22 ***b1453/1.3* SECTION 3788m.** 767.27 (2) of the statutes is amended to read:

23 767.27 (2) ~~Except as provided in sub. (2m), disclosure~~ Disclosure forms
24 required under this section shall be filed within 90 days after the service of summons
25 or the filing of a joint petition or at such other time as ordered by the court or family

1 court commissioner. Information contained on such forms shall be updated on the
2 record to the date of hearing.

3 ***b1453/1.3* SECTION 3788p.** 767.27 (2m) of the statutes is amended to read:

4 767.27 (2m) In every action in which the court has ordered a party to pay child
5 support under s. 767.25, 767.51 or 767.62 (4) or family support under s. 767.261 and
6 the circumstances specified in s. 767.075 (1) apply this chapter, including an action
7 to revise a judgment or order under s. 767.32, the court shall require the party who
8 is ordered to pay the support to annually furnish the disclosure form required under
9 this section and may require that party to annually furnish a copy of his or her most
10 recently filed state and federal income tax returns to the county child support agency
11 under s. 59.53 (5) for the county in which the order was entered. In any action in
12 which the court has ordered a party to pay child support under s. 767.25, 767.51 or
13 767.62 (4) or family support under s. 767.261, the court may require the party who
14 is ordered to pay the support to annually furnish the disclosure form required under
15 this section and a copy of his or her most recently filed state and federal income tax
16 returns to the party for whom the support has been awarded parties annually to
17 exchange financial information. A party who fails to furnish the information as
18 required by the court under this subsection may be proceeded against for contempt
19 of court under ch. 785. If the court finds that a party has failed to furnish the
20 information required under this subsection, the court may award to the party
21 bringing the action costs and, notwithstanding s. 814.04 (1), reasonable attorney
22 fees.

23 ***-0529/6.11* SECTION 3789.** 767.29 (1) (d) of the statutes is amended to read:

24 767.29 (1) (d) For receiving and disbursing maintenance, child support, or
25 family support payments, including arrears in any of those payments, and for

1 maintaining the records required under par. (c), the department or its designee shall
2 collect an annual fee of ~~\$25~~ \$35. The court or family court commissioner shall order
3 each party ordered to make payments to pay the annual fee under this paragraph in
4 each year for which payments are ordered or in which an arrearage in any of those
5 payments is owed. In directing the manner of payment of the annual fee, the court
6 or family court commissioner shall order that the annual fee be withheld from income
7 and sent to the department or its designee, as provided under s. 767.265. All fees
8 collected under this paragraph shall be deposited in the appropriation account under
9 s. 20.445 (3) (ja). At the time of ordering the payment of an annual fee under this
10 paragraph, the court or family court commissioner shall notify each party ordered
11 to make payments of the requirement to pay the annual fee and of the amount of the
12 annual fee. If the annual fee under this paragraph is not paid when due, the
13 department or its designee may not deduct the annual fee from ~~the~~ any maintenance
14 ~~or~~, child or family support, or arrearage payment, but may move the court for a
15 remedial sanction under ch. 785.

16 *~~0529/6.12~~* SECTION 3790. 767.29 (1) (dm) 1m. of the statutes is amended to
17 read:

18 767.29 (1) (dm) 1m. The department or its designee may collect any unpaid fees
19 under s. 814.61 (12) (b), 1997 stats., that are shown on the department's automated
20 payment and collection system on December 31, 1998, and shall deposit all fees
21 collected under this subdivision in the appropriation account under s. 20.445 (3) (ja).
22 The department or its designee may collect unpaid fees under this subdivision
23 through income withholding under s. 767.265 (2m). If the department or its designee
24 determines that income withholding is inapplicable, ineffective, or insufficient for
25 the collection of any unpaid fees under this subdivision, the department or its

1 designee may move the court for a remedial sanction under ch. 785. The department
2 or its designee may contract with or employ a collection agency or other person for
3 the collection of any unpaid fees under this subdivision and, notwithstanding s.
4 20.930, may contract with or employ an attorney to appear in any action in state or
5 federal court to enforce the payment obligation. The department or its designee may
6 not deduct the amount of unpaid fees from any maintenance ~~or~~ child or family
7 support, or arrearage payment.

8 *b0549/1.3* SECTION 3793e. 767.32 (1) (a) of the statutes is amended to read:

9 767.32 (1) (a) After a judgment or order providing for child support under this
10 chapter or s. 48.355 (2) (b) 4., 48.357 (5m) (a), 48.363 (2), 938.183 (4), 938.355 (2) (b)
11 4., 938.357 (5m) (a), 938.363 (2), or 948.22 (7), maintenance payments under s.
12 767.26, or family support payments under this chapter, or for the appointment of
13 trustees under s. 767.31, the court may, from time to time, on the petition, motion,
14 or order to show cause of either of the parties, or upon the petition, motion, or order
15 to show cause of the department, a county department under s. 46.215, 46.22, or
16 46.23, or a county child support agency under s. 59.53 (5) if an assignment has been
17 made under s. 46.261, 48.57 (3m) (b) 2. or (3n) (b) 2., 49.19 (4) (h), or 49.45 (19) or if
18 either party or their minor children receive aid under s. 48.57 (3m) or (3n) or ch. 49,
19 and upon notice to the family court commissioner, revise and alter such judgment or
20 order respecting the amount of such maintenance or child support and the payment
21 thereof, and also respecting the appropriation and payment of the principal and
22 income of the property so held in trust, and may make any judgment or order
23 respecting any of the matters that such court might have made in the original action,
24 except that a judgment or order that waives maintenance payments for either party
25 shall not thereafter be revised or altered in that respect nor shall the provisions of

1 a judgment or order with respect to final division of property be subject to revision
2 or modification. ~~A~~ Except as provided in par. (d), a revision, under this section, of
3 a judgment or order with respect to an amount of child or family support may be made
4 only upon a finding of a substantial change in circumstances. In any action under
5 this section to revise a judgment or order with respect to maintenance payments, a
6 substantial change in the cost of living by either party or as measured by the federal
7 bureau of labor statistics may be sufficient to justify a revision of judgment or order
8 with respect to the amount of maintenance, except that a change in an obligor's cost
9 of living is not in itself sufficient if payments are expressed as a percentage of income.

10 ***b0549/1.3* SECTION 3793f.** 767.32 (1) (d) of the statutes is created to read:

11 767.32 (1) (d) In an action under this section to revise a judgment or order with
12 respect to child or family support, the court is not required to make a finding of a
13 substantial change in circumstances to change to a fixed sum the manner in which
14 the amount of child or family support is expressed in the judgment or order.

15 ***b0549/1.3* SECTION 3793g.** 767.33 of the statutes is repealed and recreated
16 to read:

17 **767.33 Annual adjustments in support orders.** (1) (a) An order for child
18 or family support under this chapter may provide for an annual adjustment in the
19 amount to be paid based on a change in the payer's income if the amount of child or
20 family support is expressed in the order as a fixed sum and based on the percentage
21 standard established by the department under s. 49.22 (9). No adjustment may be
22 made under this section unless the order provides for the adjustment.

23 (b) An adjustment under this section may not be made more than once in a year
24 and shall be determined on the basis of the percentage standard established by the
25 department under s. 49.22 (9).

1 (c) In the order the court or family court commissioner shall specify what
2 information the parties must exchange to determine whether the payer's income has
3 changed, and shall specify the manner and timing of the information exchange.

4 (2) If the court or family court commissioner provides for an annual
5 adjustment, the court or family court commissioner shall make available to the
6 parties, including the state if the state is a real party in interest under s. 767.075 (1),
7 a form approved by the court or family court commissioner for the parties to use in
8 stipulating to an adjustment of the amount of child or family support and to
9 modification of any applicable income-withholding order. The form shall include an
10 order, to be signed by a judge or family court commissioner, for approval of the
11 stipulation of the parties.

12 (3) (a) If the payer's income changes from the amount found by the court or
13 family court commissioner or stipulated to by the parties for the current child or
14 family support order, the parties may implement an adjustment under this section
15 by stipulating, on the form under sub. (2), to the changed income amount and the
16 adjusted child or family support amount, subject to sub. (1) (b).

17 (b) The stipulation form must be signed by all parties, including the state if the
18 state is a real party in interest under s. 767.075 (1), and filed with the court. If the
19 stipulation is approved, the order shall be signed by a judge or family court
20 commissioner and implemented in the same manner as an order for a revision under
21 s. 767.32. An adjustment under this subsection shall be effective as of the date on
22 which the order is signed by the judge or family court commissioner.

23 (4) (a) Any party, including the state if the state is a real party in interest under
24 s. 767.075 (1), may file a motion, petition, or order to show cause for implementation
25 of an annual adjustment under this section if any of the following applies:

1 1. A party refuses to provide the information required by the court under sub.
2 (1) (c).

3 2. The payer's income changes, but a party refuses to sign the stipulation for
4 an adjustment in the amount of child or family support.

5 (b) If the court or family court commissioner determines after a hearing that
6 an adjustment should be made, the court or family court commissioner shall enter
7 an order adjusting the child or family support payments by the amount determined
8 by the court or family court commissioner, subject to sub. (1) (b). An adjustment
9 under this subsection may not take effect before the date on which the party
10 responding to the motion, petition, or order to show cause received notice of the action
11 under this subsection.

12 (c) Notwithstanding par. (b), the court or family court commissioner may direct
13 that all or part of the adjustment not take effect until such time as the court or family
14 court commissioner directs, if any of the following applies:

15 1. The payee was seeking an adjustment and the payer establishes that
16 extraordinary circumstances beyond his or her control prevent fulfillment of the
17 adjusted child or family support obligation.

18 2. The payer was seeking an adjustment and the payee establishes that the
19 payer voluntarily and unreasonably reduced his or her income below his or her
20 earning capacity.

21 3. The payer was seeking an adjustment and the payee establishes that the
22 adjustment would be unfair to the child.

23 (d) If in an action under this subsection the court or family court commissioner
24 determines that a party has unreasonably failed to provide the information required
25 under sub. (1) (c) or to provide the information on a timely basis, or unreasonably

1 failed or refused to sign a stipulation for an annual adjustment, the court or family
2 court commissioner may award to the aggrieved party actual costs, including service
3 costs, any costs attributable to time missed from employment, the cost of travel to
4 and from court, and reasonable attorney fees.

5 (5) (a) Nothing in this section affects a party's right to file at any time a motion,
6 petition, or order to show cause under s. 767.32 for revision of a judgment or order
7 with respect to an amount of child or family support.

8 (b) Nothing in this section affects a party's right to move the court for a finding
9 of contempt of court or for remedial sanctions under ch. 785 if the other party
10 unreasonably fails to provide or disclose information required under this section or
11 unreasonably fails or refuses to sign a stipulation for an annual adjustment.

12 *b0784/1.1* SECTION 3793m. 767.51 (3m) of the statutes is created to read:

13 767.51 (3m) (a) Upon the request of both parents, the court shall include in the
14 judgment or order determining paternity an order changing the name of the child to
15 a name agreed upon by the parents.

16 (b) Except as provided in par. (a), the court may include in the judgment or order
17 determining paternity an order changing the surname of the child to a surname that
18 consists of the surnames of both parents separated by a hyphen or, if one or both
19 parents have more than one surname, of one of the surnames of each parent
20 separated by a hyphen, if all of the following apply:

21 1. Only one parent requests that the child's name be changed, or both parents
22 request that the child's name be changed but each parent requests a different name
23 change.

24 2. The court finds that such a name change is in the child's best interest.

25 (c) Section 786.36 does not apply to a name change under this subsection.

1 ***-0426/4.51*** SECTION 3794. 767.62 (5) (b) of the statutes is amended to read:

2 767.62 (5) (b) If a court in a proceeding under par. (a) determines that the man
3 is not the father of the child, the court shall vacate any order entered under sub. (4)
4 with respect to the man. The court or the county child support agency under s. 59.53
5 (5) shall notify the state registrar, in the manner provided in s. 69.15 (1) (b), to remove
6 the man's name as the father of the child from the child's birth certificate. No
7 paternity action may thereafter be brought against the man with respect to the child.

8 ***-1394/2.76*** SECTION 3795. 778.02 of the statutes is amended to read:

9 **778.02 Action in name of state; complaint; attachment.** Every such
10 forfeiture action shall be in the name of the state of Wisconsin, and it is sufficient to
11 allege in the complaint that the defendant is indebted to the plaintiff in the amount
12 of the forfeiture claimed, according to the provisions of the statute that imposes it,
13 specifying the statute and for the penalty assessment imposed by s. 757.05, the jail
14 assessment imposed by s. 302.46 (1), the crime laboratories and drug law
15 enforcement assessment imposed by s. 165.755, the enforcement assessment
16 imposed under s. 253.06 (4) (c) or (5) (c), any applicable consumer ~~information~~
17 protection assessment imposed by s. 100.261, and any applicable domestic abuse
18 assessment imposed by s. 973.055 (1). If the statute imposes a forfeiture for several
19 offenses or delinquencies the complaint shall specify the particular offense or
20 delinquency for which the action is brought, with a demand for judgment for the
21 amount of the forfeiture, penalty assessment, jail assessment, crime laboratories
22 and drug law enforcement assessment, any applicable enforcement assessment, any
23 applicable consumer ~~information~~ protection assessment, and any applicable
24 domestic abuse assessment. If the defendant is a nonresident of the state, an
25 attachment may issue.

1 *–1394/2.77* SECTION 3796. 778.03 of the statutes is amended to read:

2 **778.03 Complaint to recover forfeited goods.** In an action to recover
3 property forfeited by any statute it shall be sufficient to allege in the complaint that
4 the property has been forfeited, specifying the statute, with a demand of judgment
5 for the delivery of the property, or the value thereof and for payment of the penalty
6 assessment imposed by s. 757.05, the jail assessment imposed by s. 302.46 (1), the
7 crime laboratories and drug law enforcement assessment imposed by s. 165.755, the
8 enforcement assessment imposed under s. 253.06 (4) (c) or (5) (c), any applicable
9 consumer ~~information~~ protection assessment imposed by s. 100.261, and any
10 applicable domestic abuse assessment imposed by s. 973.055 (1).

11 *–1394/2.78* SECTION 3797. 778.06 of the statutes is amended to read:

12 **778.06 Action for what sum.** When a forfeiture is imposed, not exceeding a
13 specific sum or when it is not less than one sum or more than another, the action may
14 be brought for the highest sum specified and for the penalty assessment imposed by
15 s. 757.05, the jail assessment imposed by s. 302.46 (1), the crime laboratories and
16 drug law enforcement assessment imposed by s. 165.755, the enforcement
17 assessment imposed under s. 253.06 (4) (c) or (5) (c), any applicable consumer
18 ~~information~~ protection assessment imposed by s. 100.261, and any applicable
19 domestic abuse assessment imposed by s. 973.055 (1); and judgment may be
20 rendered for such sum as the court or jury shall assess or determine to be
21 proportionate to the offense.

22 *–1394/2.79* SECTION 3798. 778.10 of the statutes is amended to read:

23 **778.10 Municipal forfeitures, how recovered.** All forfeitures imposed by
24 any ordinance or regulation of any county, town, city, or village, or of any other
25 domestic corporation may be sued for and recovered, under this chapter, in the name

1 of the county, town, city, village, or corporation. It is sufficient to allege in the
2 complaint that the defendant is indebted to the plaintiff in the amount of the
3 forfeiture claimed, specifying the ordinance or regulation that imposes it and of the
4 penalty assessment imposed by s. 757.05, the jail assessment imposed by s. 302.46
5 (1), the crime laboratories and drug law enforcement assessment imposed by s.
6 165.755, any applicable consumer ~~information~~ protection assessment imposed by s.
7 100.261, and any applicable domestic abuse assessment imposed by s. 973.055 (1).
8 If the ordinance or regulation imposes a penalty or forfeiture for several offenses or
9 delinquencies the complaint shall specify the particular offenses or delinquency for
10 which the action is brought, with a demand for judgment for the amount of the
11 forfeiture, the penalty assessment imposed by s. 757.05, the jail assessment imposed
12 by s. 302.46 (1), the crime laboratories and drug law enforcement assessment
13 imposed by s. 165.755, any applicable consumer ~~information~~ protection assessment
14 imposed by s. 100.261, and any applicable domestic abuse assessment imposed by s.
15 973.055 (1). All moneys collected on the judgment shall be paid to the treasurer of
16 the county, town, city, village, or corporation, except that all jail assessments shall
17 be paid to the county treasurer.

18 *~~1394/2.80~~* SECTION 3799. 778.105 of the statutes is amended to read:

19 **778.105 Disposition of forfeitures.** Revenues from forfeitures imposed by
20 any court or any branch thereof for the violation of any municipal or county
21 ordinance shall be paid to the municipality or county. Penalty assessment payments
22 shall be made as provided in s. 757.05. Jail assessment payments shall be made as
23 provided in s. 302.46 (1). Crime laboratories and drug law enforcement assessment
24 payments shall be paid as provided in s. 165.755. Domestic abuse assessments shall

1 be made as provided in s. 973.055. Consumer ~~information~~ protection assessment
2 payments shall be made as provided in s. 100.261.

3 *~~1394/2.81~~* SECTION 3800. 778.13 of the statutes is amended to read:

4 **778.13 Forfeitures collected, to whom paid.** All moneys collected in favor
5 of the state for forfeiture, except the portion to be paid to any person who sues with
6 the state, shall be paid by the officer who collects the forfeiture to the treasurer of the
7 county within which the forfeiture was incurred within 20 days after its receipt. In
8 case of any failure in the payment the county treasurer may collect the payment of
9 the officer by action, in the name of the office and upon the official bond of the officer,
10 with interest at the rate of 12% per year from the time when it should have been paid.
11 Penalty assessment payments shall be made as provided in s. 757.05. Jail
12 assessment payments shall be made as provided in s. 302.46 (1). Crime laboratories
13 and drug law enforcement assessment payments shall be paid as provided in s.
14 165.755. Domestic abuse assessments shall be made as provided in s. 973.055.
15 Enforcement assessments shall be made as provided in s. 253.06 (4) (c). Consumer
16 ~~information~~ protection assessment payments shall be made as provided in s.
17 100.261.

18 *~~1394/2.82~~* SECTION 3801. 778.18 of the statutes is amended to read:

19 **778.18 Penalty upon municipal judge.** If any municipal judge, of his or her
20 own will, dismisses any action brought before the judge under this chapter, unless
21 by order of the district attorney or attorney general or the person joined as plaintiff
22 with the state, or renders a less judgment therein than is prescribed by law, or
23 releases or discharges any such judgment or part thereof without payment or
24 collection, the judge and the judge's sureties shall be liable, in an action upon the
25 judge's bond, for the full amount of the forfeitures imposed by law or of the forfeiture