

1 ***-0210/4.9*** SECTION 1336. 49.45 (6m) (am) 1. bm. of the statutes is created to
2 read:

3 49.45 (6m) (am) 1. bm. Nonbillable services of a registered nurse, licensed
4 practical nurse and nurse's assistant.

5 ***-0210/4.10*** SECTION 1337. 49.45 (6m) (am) 1. d. of the statutes is repealed.

6 ***-0210/4.11*** SECTION 1338. 49.45 (6m) (am) 1. e. of the statutes is repealed.

7 ***-0210/4.12*** SECTION 1339. 49.45 (6m) (am) 3. (intro.) of the statutes is
8 renumbered 49.45 (6m) (am) 2. c. and amended to read:

9 49.45 (6m) (am) 2. c. Allowable fuel and utility costs, including the facility
10 expenses that the department determines are allowable for the provision of:
11 electrical service, water and sewer services, and heat.

12 ***-0210/4.13*** SECTION 1340. 49.45 (6m) (am) 3. a. of the statutes is repealed.

13 ***-0210/4.14*** SECTION 1341. 49.45 (6m) (am) 3. b. of the statutes is repealed.

14 ***-0210/4.15*** SECTION 1342. 49.45 (6m) (am) 3. c. of the statutes is repealed.

15 ***-0210/4.16*** SECTION 1343. 49.45 (6m) (am) 4. of the statutes is amended to
16 read:

17 49.45 (6m) (am) 4. Net property Property tax or allowable municipal service
18 costs incurred paid by the owner of the facility for the facility.

19 ***-0210/4.17*** SECTION 1344. 49.45 (6m) (am) 5. of the statutes is renumbered
20 49.45 (6m) (am) 2. d.

21 ***b0283/1.1*** SECTION 1346d. 49.45 (6m) (ar) 1. a. of the statutes is amended
22 to read:

23 49.45 (6m) (ar) 1. a. The department shall establish standards for payment of
24 allowable direct care costs under par. (am) 1. bm., for facilities that do not primarily
25 serve the developmentally disabled, that take into account direct care costs for a

1 sample of all of those facilities in this state and separate standards for payment of
2 allowable direct care costs, for facilities that primarily serve the developmentally
3 disabled, that take into account direct care costs for a sample of all of those facilities
4 in this state. The standards shall be adjusted by the department for regional labor
5 cost variations. For facilities in Douglas, Pierce, and St. Croix counties, the
6 department shall perform the adjustment by use of the wage index that is used by
7 the federal department of health and human services for hospital reimbursement
8 under 42 USC 1395 to 1395ggg.

9 ***-0210/4.19* SECTION 1347.** 49.45 (6m) (ar) 2. (intro.) and 2. a. of the statutes
10 are consolidated, renumbered 49.45 (6m) (ar) 2. and amended to read:

11 49.45 (6m) (ar) 2. For support service costs: ~~2. a. The~~, the department shall
12 establish one or more standards for the payment of support service costs that take
13 into account support service costs for a sample of all facilities within the state.

14 ***-0210/4.20* SECTION 1348.** 49.45 (6m) (ar) 2. b. of the statutes is repealed.

15 ***-0210/4.21* SECTION 1349.** 49.45 (6m) (ar) 2. d. of the statutes is repealed.

16 ***-0210/4.22* SECTION 1350.** 49.45 (6m) (ar) 3. of the statutes is repealed.

17 ***-0210/4.23* SECTION 1351.** 49.45 (6m) (ar) 5. of the statutes is repealed.

18 ***-0210/4.24* SECTION 1352.** 49.45 (6m) (av) 1. of the statutes is renumbered
19 49.45 (6m) (av) and amended to read:

20 49.45 (6m) (av) The department shall calculate a payment rate for a facility by
21 applying the criteria set forth under pars. (ag) 1. to 5. and 7., (am) 1. ~~to 5.~~ bm., 4., 5m.
22 and 6., and (ar) 1. ~~to 5., 4., and 6.~~ to information from cost reports submitted by the
23 facility, as affected by any adjustment for ancillary services and materials under par.
24 (b).

25 ***-0210/4.25* SECTION 1353.** 49.45 (6m) (av) 2. of the statutes is repealed.

- 1 *~~0210/4.26~~* SECTION 1354. 49.45 (6m) (av) 3. of the statutes is repealed.
- 2 *~~0210/4.27~~* SECTION 1355. 49.45 (6m) (av) 4. of the statutes is repealed.
- 3 *~~0210/4.28~~* SECTION 1356. 49.45 (6m) (av) 5. of the statutes is repealed.
- 4 *~~0210/4.29~~* SECTION 1357. 49.45 (6m) (av) 5m. of the statutes is repealed.
- 5 *~~0210/4.30~~* SECTION 1358. 49.45 (6m) (av) 6. of the statutes is repealed.
- 6 *~~0210/4.31~~* SECTION 1359. 49.45 (6m) (bc) of the statutes is repealed.
- 7 *~~1611/4.1~~* SECTION 1360. 49.45 (6t) of the statutes, as affected by 2001
- 8 Wisconsin Act 16, is renumbered 49.45 (6t) (a), and 49.45 (6t) (a) 2. (intro.), 3. and
- 9 4., as renumbered, are amended to read:
- 10 49.45 (6t) (a) 2. (intro.) Based on the amount estimated to be available under
- 11 ~~par. (a) subd. 1.~~, develop a method, which need not be promulgated as rules under
- 12 ch. 227, to distribute this allocation to the individual county departments under s.
- 13 46.215, 46.22, 46.23 or 51.42 or to local health departments that have incurred
- 14 operating deficits that shall include all of the following:
- 15 3. Except as provided in ~~par. (d) subd. 4.~~, distribute the allocation under the
- 16 distribution method that is developed.
- 17 4. If the federal department of health and human services approves for state
- 18 expenditure in a fiscal year amounts under s. 20.435 (4) (o) that result in a lesser
- 19 allocation amount than that allocated under this subsection or disallows use of the
- 20 allocation of federal medicaid funds under ~~par. (e) subd. 3.~~, reduce allocations under
- 21 this subsection and distribute on a prorated basis, as determined by the department.
- 22 *~~1611/4.2~~* SECTION 1361. 49.45 (6t) (b) of the statutes is created to read:
- 23 49.45 (6t) (b) If 2003 Wisconsin Act (this act), section 9124 (8) (a) applies,
- 24 this subsection does not apply.
- 25 *~~0194/9.10~~* SECTION 1362. 49.45 (6tt) of the statutes is created to read:

1 49.45 (6tt) DISTRIBUTIONS TO COUNTY DEPARTMENTS AND LOCAL HEALTH
2 DEPARTMENTS. From the appropriation under s. 20.435 (4) (w), the department may
3 in each fiscal year distribute moneys to county departments under s. 46.215, 46.22,
4 46.23, or 51.42 or to local health departments, as defined in s. 250.01 (4), under a plan
5 developed by the department.

6 *~~1252/3.2~~* SECTION 1363. 49.45 (6u) (am) (intro.) of the statutes is amended
7 to read:

8 49.45 (6u) (am) (intro.) Notwithstanding sub. (6m), ~~in state fiscal years in~~
9 ~~which less than \$1 in federal financial participation relating to facilities is received~~
10 ~~under 42 CFR 433.51, from the appropriations under s. 20.435 (4) (o), (w), and (wm),~~
11 for reduction of operating deficits, as defined under the methodology used by the
12 department in December, 2000, incurred by a facility that is established under s.
13 49.70 (1) or that is owned and operated by a city, village, or town, and as payment
14 to care management organizations, the department may not distribute to these
15 facilities and to care management organizations more than \$37,100,000 in each
16 fiscal year, as determined by the department. The total amount that a county
17 certifies under this subsection may not exceed 100% of otherwise-unreimbursed
18 care. In distributing funds under this subsection, the department shall perform all
19 of the following:

20 *~~1252/3.3~~* SECTION 1364. 49.45 (6u) (bm) of the statutes is repealed.

21 *~~1760/2.9~~* SECTION 1365. 49.45 (6v) (b) of the statutes is amended to read:

22 49.45 (6v) (b) The department shall, each year, submit to the joint committee
23 on finance a report for the previous fiscal year, except for the 1997–98 fiscal year, that
24 provides information on the utilization of beds by recipients of medical assistance in
25 facilities and a discussion and detailed projection of the likely balances,

1 expenditures, encumbrances and carry over of currently appropriated amounts in
2 the appropriation accounts under s. 20.435 (4) (b), (gp), and (o).

3 ***-1760/2.10* SECTION 1366.** 49.45 (6x) (a) of the statutes is amended to read:

4 49.45 (6x) (a) Notwithstanding sub. (3) (e), from the appropriations
5 appropriation accounts under s. 20.435 (4) (b), (gp), (o), and (w), the department shall
6 distribute not more than \$4,748,000 in each fiscal year, to provide funds to an
7 essential access city hospital, except that the department may not allocate funds to
8 an essential access city hospital to the extent that the allocation would exceed any
9 limitation under 42 USC 1396b (i) (3).

10 ***-1760/2.11* SECTION 1367.** 49.45 (6y) (a) of the statutes is amended to read:

11 49.45 (6y) (a) Notwithstanding sub. (3) (e), from the appropriations
12 appropriation accounts under s. 20.435 (4) (b), (gp), (o), and (w), the department shall
13 distribute funding in each fiscal year to provide supplemental payment to hospitals
14 that enter into a contract under s. 49.02 (2) to provide health care services funded
15 by a relief block grant, as determined by the department, for hospital services that
16 are not in excess of the hospitals' customary charges for the services, as limited under
17 42 USC 1396b (i) (3). If no relief block grant is awarded under this chapter or if the
18 allocation of funds to such hospitals would exceed any limitation under 42 USC
19 1396b (i) (3), the department may distribute funds to hospitals that have not entered
20 into a contract under s. 49.02 (2).

21 ***-1760/2.12* SECTION 1368.** 49.45 (6y) (am) of the statutes is amended to read:

22 49.45 (6y) (am) Notwithstanding sub. (3) (e), from the appropriations
23 appropriation accounts under s. 20.435 (4) (b), (h), (gp), (o), and (w), the department
24 shall distribute funding in each fiscal year to provide supplemental payments to
25 hospitals that enter into contracts under s. 49.02 (2) with a county having a

1 population of 500,000 or more to provide health care services funded by a relief block
2 grant, as determined by the department, for hospital services that are not in excess
3 of the hospitals' customary charges for the services, as limited under 42 USC 1396b
4 (i) (3).

5 *–1760/2.13* SECTION 1369. 49.45 (6z) (a) (intro.) of the statutes is amended
6 to read:

7 49.45 (6z) (a) (intro.) Notwithstanding sub. (3) (e), from the ~~appropriations~~
8 appropriation accounts under s. 20.435 (4) (b), (gp), (o), and (w), the department shall
9 distribute funding in each fiscal year to supplement payment for services to hospitals
10 that enter into a contract under s. 49.02 (2) to provide health care services funded
11 by a relief block grant under this chapter, if the department determines that the
12 hospitals serve a disproportionate number of low-income patients with special
13 needs. If no medical relief block grant under this chapter is awarded or if the
14 allocation of funds to such hospitals would exceed any limitation under 42 USC
15 1396b (i) (3), the department may distribute funds to hospitals that have not entered
16 into a contract under s. 49.02 (2). The department may not distribute funds under
17 this subsection to the extent that the distribution would do any of the following:

18 *–1760/2.14* SECTION 1372. 49.45 (8) (b) of the statutes is amended to read:

19 49.45 (8) (b) Reimbursement under s. 20.435 (4) (b), (gp), (o), and (w) for home
20 health services provided by a certified home health agency or independent nurse
21 shall be made at the home health agency's or nurse's usual and customary fee per
22 patient care visit, subject to a maximum allowable fee per patient care visit that is
23 established under par. (c).

24 *–1489/P2.2* SECTION 1373. 49.45 (18) (intro.) of the statutes is renumbered
25 49.45 (18) (ac) and amended to read:

1 49.45 (18) (ac) Except as provided in pars. ~~(a)~~ (am) to (d), and subject to par.
2 ~~(ag)~~, any person eligible for medical assistance under s. 49.46, 49.468, or 49.47 shall
3 pay up to the maximum amounts allowable under 42 CFR 447.53 to 447.58 for
4 purchases of services provided under s. 49.46 (2). The service provider shall collect
5 the specified or allowable copayment, coinsurance, or deductible, unless the service
6 provider determines that the cost of collecting the copayment, coinsurance, or
7 deductible exceeds the amount to be collected. The department shall reduce
8 payments to each provider by the amount of the specified or allowable copayment,
9 coinsurance, or deductible. No provider may deny care or services because the
10 recipient is unable to share costs, but an inability to share costs specified in this
11 subsection does not relieve the recipient of liability for these costs. ~~Liability under~~
12 ~~this subsection is limited by the following provisions:~~

13 *~~1489/P2.3~~ SECTION 1374. 49.45 (18) (a) of the statutes is renumbered 49.45
14 (18) (am).

15 *~~1489/P2.4~~ SECTION 1375. 49.45 (18) (ag) of the statutes is created to read:
16 49.45 (18) (ag) Except as provided in pars. (am), (b), and (c), and subject to par.
17 (d), a recipient specified in par. (ac) shall pay all of the following:

18 1. A copayment of \$1 for each prescription of a drug that bears only a generic
19 name, as defined in s. 450.12 (1) (b).

20 2. A copayment of \$3 for each prescription of a drug that bears a brand name,
21 as defined in s. 450.12 (1) (a).

22 *~~1489/P2.5~~ SECTION 1376. 49.45 (18) (d) of the statutes is amended to read:

23 49.45 (18) (d) No person who designates a pharmacy or pharmacist as his or
24 her sole provider of prescription drugs and who so uses that pharmacy or pharmacist

1 is liable under this subsection for more than \$5 ~~\$12~~ per month for prescription drugs
2 received.

3 *~~0190/7.17~~* SECTION 1377. 49.45 (19) (bm) of the statutes is amended to read:

4 49.45 (19) (bm) The department or the county department under s. 46.215 or
5 46.22 shall notify applicants of the requirements of this subsection at the time of
6 application.

7 *~~1760/2.15~~* SECTION 1378. 49.45 (24m) (intro.) of the statutes is amended to
8 read:

9 49.45 (24m) HOME HEALTH CARE AND PERSONAL CARE PILOT PROGRAM. (intro.)
10 From the ~~appropriations~~ appropriation accounts under s. 20.435 (4) (b), ~~(gp)~~, (o), and
11 (w), in order to test the feasibility of instituting a system of reimbursement for
12 providers of home health care and personal care services for medical assistance
13 recipients that is based on competitive bidding, the department shall:

14 *~~0360/2.1~~* SECTION 1379. 49.45 (25) (am) (intro.) of the statutes is amended
15 to read:

16 49.45 (25) (am) (intro.) Except as provided under pars. (be) ~~and~~, (bg), ~~and~~ (bj)
17 and sub. (24), case management services under s. 49.46 (2) (b) 9. and (bm) are
18 reimbursable under ~~medical assistance~~ Medical Assistance only if provided to a
19 ~~medical assistance~~ Medical Assistance beneficiary who receives case management
20 services from or through a certified case management provider in a county, city,
21 village, or town that elects, under par. (b), to make the services available and who
22 meets at least one of the following conditions:

23 *~~0360/2.2~~* SECTION 1380. 49.45 (25) (bj) of the statutes is created to read:

24 49.45 (25) (bj) The department of corrections may elect to provide case
25 management services under this subsection to persons who are under the

1 supervision of that department under s. 938.183, 938.34 (4h), (4m), or (4n), or
2 938.357 (4), who are Medical Assistance beneficiaries, and who meet one or more of
3 the conditions specified in par. (am). The amount of the allowable charges for those
4 services under the Medical Assistance program that is not provided by the federal
5 government shall be paid from the appropriation account under s. 20.410 (3) (hm),
6 (ho), or (hr).

7 ***-0360/2.3* SECTION 1381.** 49.45 (25) (c) of the statutes is amended to read:

8 49.45 (25) (c) Except as provided in pars. (b), (be) and, (bg), and (bj), the
9 department shall reimburse a provider of case management services under this
10 subsection only for the amount of the allowable charges for those services under the
11 ~~medical assistance~~ Medical Assistance program that is provided by the federal
12 government.

13 ***b0276/1.4* SECTION 1382c.** 49.45 (30e) (a) 5. of the statutes is created to read:

14 49.45 (30e) (a) 5. Any other condition required by rule under par. (b) 4. is
15 satisfied.

16 ***b0276/1.4* SECTION 1382e.** 49.45 (30e) (b) 4. of the statutes is created to read:

17 49.45 (30e) (b) 4. Any other conditions for coverage of community-based
18 psychosocial services under the Medical Assistance Program.

19 ***-0209/2.8* SECTION 1383.** 49.45 (30m) of the statutes is renumbered 49.45

20 (30m) (a) (intro.) and amended to read:

21 49.45 (30m) (a) (intro.) Except as provided in par. (am), a county shall provide
22 the portion of the payment that is not provided by the federal government for all of
23 the following services under s. 51.06 (1m) (d) to individuals with developmental
24 disability who are eligible for medical assistance ~~that is not provided by the federal~~
25 government.:

1 ***-0209/2.9*** SECTION 1384. 49.45 (30m) (a) 1. of the statutes is created to read:
2 49.45 (30m) (a) 1. Services under s. 51.06 (1m) (d).

3 ***-0209/2.10*** SECTION 1385. 49.45 (30m) (a) 2. of the statutes is created to read:
4 49.45 (30m) (a) 2. Services in an intermediate care facility for the mentally
5 retarded, as defined in s. 46.278 (1m) (am), other than a state center for the
6 developmentally disabled.

7 ***-0209/2.11*** SECTION 1386. 49.45 (30m) (a) 3. of the statutes is created to read:
8 49.45 (30m) (a) 3. Services for which payment is permitted under sub. (6c) (d)
9 2. that are provided in a nursing facility, as defined in s. 46.279 (1) (c).

10 ***b0284/2.10*** SECTION 1386d. 49.45 (30m) (am) of the statutes is created to
11 read:

12 49.45 (30m) (am) The department shall provide the portion of the payment that
13 is not provided by the federal government for any of the services specified in par. (a)
14 1. to 3. that are provided to an individual with developmental disability who is
15 eligible for medical assistance, as determined under the contract under s. 46.279
16 (4m).

17 ***-0209/2.12*** SECTION 1387. 49.45 (30m) (b) of the statutes is created to read:

18 49.45 (30m) (b) No payment under this section may be made for services
19 specified under par. (a) or (am) unless the individual who receives the services is
20 protectively placed under s. 55.06 (9) (a) or is placed under an emergency placement
21 under s. 55.06 (11) (a) or a temporary placement under s. 55.06 (11) (c).

22 ***-0209/2.13*** SECTION 1388. 49.45 (30m) (c) of the statutes is created to read:

23 49.45 (30m) (c) No payment under this section may be made for services
24 specified under par. (a) 2. or 3. that are provided to an individual who was placed in

1 or admitted to an intermediate facility, as defined in s. 46.279 (1) (b), or nursing
2 facility, as defined in s. 46.279 (1) (c), unless one of the following applies:

3 1. Any placement or admission that is made after April 30, 2005, complied with
4 the requirements of s. 46.279.

5 2. For an individual who was protectively placed under ch. 55 at any time, any
6 annual review that is conducted under s. 55.06 (10) (a) 1. after April 30, 2005,
7 complies with the requirements of s. 55.06 (10) (a) 2.

8 ***-0190/7.18* SECTION 1389.** 49.45 (36) of the statutes is amended to read:

9 49.45 (36) HOMELESS BENEFICIARIES. ~~A~~ The department or a county department
10 under s. 46.215, 46.22, or 46.23 may not place the word “homeless” on the medical
11 assistance identification card of any person who is determined to be eligible for
12 medical assistance benefits and who is homeless.

13 ***-0194/9.11* SECTION 1390.** 49.45 (39) (b) 1. of the statutes is amended to read:

14 49.45 (39) (b) 1. ‘Payment for school medical services.’ If a school district or a
15 cooperative educational service agency elects to provide school medical services and
16 meets all requirements under par. (c), the department shall reimburse the school
17 district or the cooperative educational service agency for 60% of the federal share of
18 allowable charges for the school medical services that it provides and, as specified
19 in subd. 2., for allowable administrative costs. If the Wisconsin Center for the Blind
20 and Visually Impaired or the Wisconsin Educational Services Program for the Deaf
21 and Hard of Hearing elects to provide school medical services and meets all
22 requirements under par. (c), the department shall reimburse the department of
23 public instruction for 60% of the federal share of allowable charges for the school
24 medical services that the Wisconsin Center for the Blind and Visually Impaired or
25 the Wisconsin Educational Services Program for the Deaf and Hard of Hearing

1 provides and, as specified in subd. 2., for allowable administrative costs. A school
2 district, cooperative educational service agency, the Wisconsin Center for the Blind
3 and Visually Impaired or the Wisconsin Educational Services Program for the Deaf
4 and Hard of Hearing may submit, and the department shall allow, claims for common
5 carrier transportation costs as a school medical service unless the department
6 receives notice from the federal health care financing administration that, under a
7 change in federal policy, the claims are not allowed. If the department receives the
8 notice, a school district, cooperative educational service agency, the Wisconsin
9 Center for the Blind and Visually Impaired, or the Wisconsin Educational Services
10 Program for the Deaf and Hard of Hearing may submit, and the department shall
11 allow, unreimbursed claims for common carrier transportation costs incurred before
12 the date of the change in federal policy. The department shall promulgate rules
13 establishing a methodology for making reimbursements under this paragraph. All
14 Except as provided in subd. 1m., all other expenses for the school medical services
15 provided by a school district or a cooperative educational service agency shall be paid
16 for by the school district or the cooperative educational service agency with funds
17 received from state or local taxes. The school district, the Wisconsin Center for the
18 Blind and Visually Impaired, the Wisconsin Educational Services Program for the
19 Deaf and Hard of Hearing, or the cooperative educational service agency shall
20 comply with all requirements of the federal department of health and human
21 services for receiving federal financial participation.

22 *–0194/9.12*SECTION 1391. 49.45 (39) (b) 1m. of the statutes is created to read:

23 49.45 (39) (b) 1m. ‘Supplementary payment for school medical services.’ In
24 addition to the reimbursement the department provides under subd. 1. to a school
25 district or cooperative educational service agency for school medical services, the

1 department may make supplementary payments from the appropriation accounts
2 under s. 20.435 (4) (b) and (o). The total of the supplementary payments and
3 allowable charges paid under subd. 1. may not exceed applicable limitations on
4 payments under 42 USC 1396a (a) (30) (A).

5 ***-0194/9.13* SECTION 1392.** 49.45 (39) (b) 2. of the statutes is amended to read:

6 49.45 (39) (b) 2. 'Payment for school medical services administrative costs.' The
7 department shall reimburse a school district or a cooperative educational service
8 agency specified under ~~subd. 1.~~ subds. 1. and 1m. and shall reimburse the
9 department of public instruction on behalf of the Wisconsin Center for the Blind and
10 Visually Impaired or the Wisconsin Educational Services Program for the Deaf and
11 Hard of Hearing for 90% of the federal share of allowable administrative costs, using
12 time studies, beginning in fiscal year 1999–2000. A school district or a cooperative
13 educational service agency may submit, and the department of health and family
14 services shall allow, claims for administrative costs incurred during the period that
15 is up to 24 months before the date of the claim, if allowable under federal law.

16 ***b0293/P3.1* SECTION 1392p.** 49.45 (49) (a) (intro.) of the statutes is
17 renumbered 49.45 (49) (bm) and amended to read:

18 49.45 (49) (bm) The secretary shall exercise his or her authority under s. 15.04
19 (1) (c) to create a prescription drug prior authorization and therapeutics committee
20 to advise the department on issues related to prior authorization decisions made
21 concerning prescription drugs on behalf of medical assistance recipients. ~~The~~
22 ~~secretary shall appoint as members at least all of the following:~~ and to advise the
23 department on the research, development, and approval of any preferred drug list
24 for the Medical Assistance program or the program under s. 49.665 or 49.688.

25 ***b0293/P3.1* SECTION 1392q.** 49.45 (49) (a) 1. of the statutes is repealed.

1 ***b0293/P3.1* SECTION 1392r.** 49.45 (49) (a) 2. and 3. of the statutes are
2 renumbered 49.45 (49) (c) 6. and 7.

3 ***b0293/P3.1* SECTION 1392rj.** 49.45 (49) (ag) of the statutes is created to read:
4 49.45 (49) (ag) In this subsection:

5 1. “Labeler” means a person who receives prescription drugs from a
6 manufacturer or wholesaler and repackages those drugs for later retail sale, and has
7 a labeler code issued by the federal food and drug administration under 21 CFR
8 207.20 (b).

9 2. “Manufacturer” means a person who is engaged in the production,
10 preparation, propagation, compounding, conversion, or processing of prescription
11 drugs.

12 3. “Physician” has the meaning given in s. 448.01 (5).

13 ***b0293/P3.1* SECTION 1392s.** 49.45 (49) (b) of the statutes is renumbered
14 49.45 (49) (g) and amended to read:

15 49.45 (49) (g) The prescription drug prior authorization and therapeutics
16 committee shall accept information or commentary from representatives of the
17 pharmaceutical manufacturing industry in the committee’s review of prior
18 authorization policies.

19 ***b0293/P3.1* SECTION 1392t.** 49.45 (49) (c), (d), (e), (f), (h) and (i) of the
20 statutes are created to read:

21 49.45 (49) (c) The secretary shall appoint as members of the prescription drug
22 prior authorization and therapeutics committee at least all of the following:

- 23 1. A physician who has expertise in family practice.
24 2. A physician who has expertise in pediatrics.
25 3. A physician who has expertise in geriatrics.

1 4. A physician who has expertise in psychiatry.

2 5. A physician who has expertise in internal medicine and specializes in the
3 treatment of diabetes.

4 (d) A person who is employed by or under contract with a manufacturer, a
5 labeler, or the state may not serve as a member of the prescription drug prior
6 authorization and therapeutics committee, except that the following agreements do
7 not bar a person from serving as a member of the committee:

8 1. An agreement with the department to comply with the requirements for
9 provider certification under sub. (2) (a) 11.

10 2. An agreement between a physician or pharmacist and a manufacturer for
11 the physician or pharmacist to conduct research in return for grant funding from a
12 manufacturer.

13 (e) If a physician or pharmacist who is a member of the prescription drug prior
14 authorization and therapeutics committee receives any grant funding from a
15 manufacturer to conduct research, the physician or pharmacist must disclose the
16 grant funding to the department. Any physician or pharmacist who is a candidate
17 for membership on the committee and receives such grant funding must disclose the
18 grant funding to the department before the secretary appoints the person as a
19 member of the committee.

20 (f) During the first meeting of the prescription drug prior authorization and
21 therapeutics committee in each calendar year, the committee shall elect a member
22 to serve as the chairperson of the committee for a one-year term. The committee
23 shall meet at least once annually and on the call of the chairperson. A majority of
24 the committee constitutes a quorum to do business. Recommendations of the
25 committee shall be determined by majority vote.

1 (h) The department shall consider all relevant recommendations of the
2 prescription drug prior authorization and therapeutics committee before requiring
3 prior authorization for a prescription drug under the Medical Assistance program or
4 under s. 49.665 or 49.688.

5 (i) By January 1 annually, the department shall submit a report to the governor,
6 the members of the joint committee on finance, and the appropriate standing
7 committees of the legislature under s. 13.172 (3), on any changes that the
8 department made in the previous 12 months to department policies related to prior
9 authorization for prescription drugs under the Medical Assistance program or the
10 program under s. 49.665 or 49.688, and shall include all of the following in the report:

11 1. The name and therapeutic class for each prescription drug for which the
12 department changed prior authorization policies.

13 2. The criteria for approving a prior authorization request for any prescription
14 drug identified under subd. 1.

15 3. Identification of any differences between the policies adopted by the
16 department and relevant recommendations of the prescription drug prior
17 authorization and therapeutics committee and, if applicable, the clinical and
18 scientific reasons for diverging from the committee's recommendations.

19 ***b0614/2.1* SECTION 1392u.** 49.45 (49g) of the statutes is created to read:

20 49.45 (49g) MENTAL HEALTH MEDICATION REVIEW COMMITTEE. The secretary shall
21 exercise his or her authority under s. 15.04 (1) (c) to create a mental health
22 medication review committee to advise the department on implementation of prior
23 authorization requirements for selective serotonin reuptake inhibitors under s.
24 49.45 (49m) and on implementation of a process for reviewing utilization of drugs to
25 treat mental illness under the Medical Assistance program. The secretary shall

1 appoint at least one advocate for persons having a mental illness and at least one
2 consumer of a drug used to treat a mental illness and advocates and consumers shall
3 constitute a majority of the members of the committee.

4 ***-1762/P2.1*** SECTION 1393. 49.45 (49m) of the statutes is created to read:

5 49.45 (49m) PRESCRIPTION DRUG COST CONTROLS; PURCHASING AGREEMENTS. (a)

6 In this section:

- 7 1. “Brand name” has the meaning given in s. 450.12 (1) (a).
- 8 2. “Generic name” has the meaning given in s. 450.12 (1) (b).
- 9 3. “Prescription drug” has the meaning given in s. 450.01 (20).

10 (b) The department may enter into a multi-state purchasing agreement with
11 another state or a purchasing agreement with a purchaser of prescription drugs if
12 the other state or purchaser agrees to participate in one or more of the activities
13 specified in par. (c) 1. to 4.

14 (c) The department may design and implement a program to reduce the cost
15 of prescription drugs and to maintain high quality in prescription drug therapies,
16 which shall include all of the following:

17 1. A list of the prescription drugs that are included as a benefit under s. 49.46
18 (2) (b) 6. h. that identifies preferred choices within therapeutic classes and includes
19 prescription drugs that bear only generic names.

20 2. Establishing supplemental rebates under agreements with prescription
21 drug manufacturers for prescription drugs provided to recipients under Medical
22 Assistance and Badger Care and to eligible persons under s. 49.688 and, if it is
23 possible to implement the program without adversely affecting supplemental
24 rebates for Medical Assistance, Badger Care, and prescription drug assistance under
25 s. 49.688, to beneficiaries of participants under par. (b).

1 3. Utilization management and fraud and abuse controls.

2 4. Any other activity to reduce the cost of or expenditures for prescription drugs
3 and maintain high quality in prescription drug therapies.

4 (cg) The department shall consider all relevant recommendations of the
5 prescription drug prior authorization and therapeutics committee before including
6 a prescription drug on, or excluding a prescription drug from, a list under par. (c) 1.

7 (cr) 1. Except as provided in subd. 2., the department may not require prior
8 authorization for a prescription drug under s. 49.46 (2) (b) 6. h. that is prescribed to
9 treat a mental illness.

10 2. The department may require prior authorization for a selective serotonin
11 reuptake inhibitor that is first prescribed for a person on or after March 15, 2004.

12 (d) The department may enter into a contract with an entity to perform any of
13 the duties and exercise any of the powers of the department under this subsection.

14 ***b0366/2.1* SECTION 1393c.** 49.45 (51) of the statutes is created to read:

15 49.45 (51) MEDICAL CARE TRANSPORTATION SERVICES. (a) By November 1
16 annually, the department shall provide to the department of revenue information
17 concerning the estimated amounts of supplements payable from the appropriation
18 under s. 20.435 (4) (b) to specific local governmental units for the provision of
19 transportation for medical care, as specified under s. 49.46 (2) (b) 3., during the fiscal
20 year. Beginning November 1, 2004, the information that the department provides
21 under this paragraph shall include any adjustments necessary to reflect actual
22 claims submitted by service providers in the previous fiscal year.

23 (b) On the date that is the 3rd Monday in November, the department shall
24 annually pay to specific local governmental units the estimated net amounts
25 specified in par. (a).

1 ***-0209/2.14*** SECTION 1401. 49.46 (2) (a) 4. c. of the statutes is amended to
2 read:

3 49.46 (2) (a) 4. c. Skilled nursing home services other than in an institution for
4 mental diseases, except as limited under s. 49.45 (6c) and (30m) (b) and (c).

5 ***-0209/2.15*** SECTION 1402. 49.46 (2) (b) 6. a. of the statutes is amended to
6 read:

7 49.46 (2) (b) 6. a. Intermediate care facility services other than in an institution
8 for mental diseases, except as limited under s. 49.45 (30m) (b) and (c).

9 ***b0285/3.4*** SECTION 1403d. 49.46 (2) (b) 8. of the statutes is amended to read:

10 49.46 (2) (b) 8. Home or community-based services, if provided under s. 46.27
11 (11), 46.275, 46.277 or 46.278 ~~or~~, under the family care benefit if a waiver is in effect
12 under s. 46.281 (1) (c), or under a waiver requested under 2001 Wisconsin Act 16,
13 section 9123 (16rs), or 2003 Wisconsin Act ... (this act), section 9124 (8c).

14 ***-1760/2.16*** SECTION 1404. 49.472 (6) (a) of the statutes is amended to read:

15 49.472 (6) (a) Notwithstanding sub. (4) (a) 3., from the appropriation account
16 under s. 20.435 (4) (b), (gp), or (w), the department shall, on the part of an individual
17 who is eligible for medical assistance under sub. (3), pay premiums for or purchase
18 individual coverage offered by the individual's employer if the department
19 determines that paying the premiums for or purchasing the coverage will not be more
20 costly than providing medical assistance.

21 ***-1760/2.17*** SECTION 1405. 49.472 (6) (b) of the statutes is amended to read:

22 49.472 (6) (b) If federal financial participation is available, from the
23 appropriation account under s. 20.435 (4) (b), (gp), or (w), the department may pay
24 medicare Part A and Part B premiums for individuals who are eligible for medicare
25 and for medical assistance under sub. (3).

1 ***-0033/P2.1*** SECTION 1406. 49.473 (title) of the statutes is amended to read:

2 **49.473 (title) Medical assistance; women diagnosed with breast or**
3 **cervical cancer or precancerous conditions.**

4 ***-0033/P2.2*** SECTION 1407. 49.473 (2) (c) of the statutes is amended to read:

5 **49.473 (2) (c)** The woman is not eligible for health care coverage that qualifies
6 as creditable coverage in 42 USC 300gg (c), excluding the coverage specified in 42
7 USC 300gg (c) (1) (F).

8 ***-0033/P2.3*** SECTION 1408. 49.473 (2) (e) of the statutes is amended to read:

9 **49.473 (2) (e)** The woman requires treatment for breast or cervical cancer or
10 for a precancerous condition of the breast or cervix.

11 ***-1760/2.18*** SECTION 1409. 49.473 (5) of the statutes is amended to read:

12 **49.473 (5)** The department shall audit and pay, from the appropriation
13 accounts under s. 20.435 (4) (b), (gp), and (o), allowable charges to a provider who is
14 certified under s. 49.45 (2) (a) 11. for medical assistance on behalf of a woman who
15 meets the requirements under sub. (2) for all benefits and services specified under
16 s. 49.46 (2).

17 ***-0033/P2.4*** SECTION 1410. 49.473 (6) (b) of the statutes is amended to read:

18 **49.473 (6) (b)** Inform the woman at the ~~of~~ time of the determination that she
19 is required to apply to the department or a county department for medical assistance
20 no later than the last day of the month following the month in which the qualified
21 entity determines that the woman is eligible for medical assistance.

22 ***-0190/7.19*** SECTION 1412. 49.496 (4) of the statutes is amended to read:

23 **49.496 (4) ADMINISTRATION.** The department may require a county department
24 under s. 46.215, 46.22, or 46.23 or the governing body of a federally recognized
25 American Indian tribe administering medical assistance to gather and provide the

1 department with information needed to recover medical assistance under this
2 section. The department shall pay to a county department or tribal governing body
3 an amount equal to 5% of the recovery collected by the department relating to a
4 beneficiary for whom the county department or tribal governing body made the last
5 determination of medical assistance eligibility. A county department or tribal
6 governing body may use funds received under this subsection only to pay costs
7 incurred under this subsection and, if any amount remains, to pay for improvements
8 to functions required under s. ~~49.33~~ 49.78 (2). The department may withhold
9 payments under this subsection for failure to comply with the department's
10 requirements under this subsection. The department shall treat payments made
11 under this subsection as costs of administration of the ~~medical assistance~~ Medical
12 Assistance program.

13 *~~0529/4.101~~* SECTION 1413. 49.498 (16) (g) of the statutes is amended to read:

14 49.498 (16) (g) All forfeitures, penalty assessments, and interest, if any, shall
15 be paid to the department within 10 days of receipt of notice of assessment or, if the
16 forfeiture, penalty assessment, and interest, if any, are contested under par. (f),
17 within 10 days of receipt of the final decision after exhaustion of administrative
18 review, unless the final decision is appealed and the order is stayed by court order
19 under sub. (19) (b). The department shall remit all forfeitures paid to the state
20 ~~treasurer~~ secretary of administration for deposit in the school fund. The department
21 shall deposit all penalty assessments and interest in the appropriation under s.
22 20.435 (6) (g).

23 *~~0029/2.1~~* SECTION 1414. 49.665 (2) (title) of the statutes is amended to read:

24 49.665 (2) (title) ~~WAIVER~~ WAIVERS.

1 ***-0029/2.2*** SECTION 1415. 49.665 (2) of the statutes is renumbered 49.665 (2)
2 (a) and amended to read:

3 49.665 (2) (a) The department of health and family services shall request a
4 waiver from the secretary of the federal department of health and human services
5 to permit the department of health and family services to implement, beginning not
6 later than July 1, 1998, or the effective date of the waiver, whichever is later, a health
7 care program under this section. If a waiver that is consistent with all of the
8 provisions of this section, excluding sub. (4) (a) 3m., is granted and in effect, the
9 department of health and family services shall implement the program under this
10 section. The department of health and family services may not implement the
11 program under this section unless a waiver that is consistent with all of the
12 provisions of this section, excluding sub. (4) (a) 3m., is granted and in effect.

13 ***-0029/2.3*** SECTION 1416. 49.665 (2) (b) of the statutes is created to read:

14 49.665 (2) (b) If the department of health and family services determines that
15 it needs a waiver to require the verification specified in sub. (4) (a) 3m., the
16 department shall request a waiver from the secretary of the federal department of
17 health and human services and may not implement the verification requirement
18 under sub. (4) (a) 3m. unless the waiver is granted. If a waiver is required and is
19 granted, the department of health and family services may implement the
20 verification requirement under sub. (4) (a) 3m. as appropriate. If a waiver is not
21 required, the department of health and family services may require the verification
22 specified in sub. (4) (a) 3m. for eligibility determinations and annual review
23 eligibility determinations made by the department, beginning on January 1, 2004.

24 ***-0029/2.4*** SECTION 1417. 49.665 (4) (a) 3m. of the statutes is created to read:

1 49.665 (4) (a) 3m. Each member of the family who is employed provides
2 verification from his or her employer, in the manner specified by the department, of
3 his or her earnings, of whether the employer provides health care coverage for which
4 the family is eligible, and of the amount that the employer pays, if any, towards the
5 cost of the health care coverage, excluding any deductibles or copayments required
6 under the coverage.

7 ***-1489/P2.6*** SECTION 1419. 49.665 (5) (a) of the statutes is renumbered
8 49.665 (5) (ag) and amended to read:

9 49.665 (5) (ag) Except as provided in pars. (am), (b), and (bm), a family, or child
10 who does not reside with his or her parent, who receives health care coverage under
11 this section shall pay a percentage of the cost of that coverage in accordance with a
12 schedule established by the department by rule. If the schedule established by the
13 department requires a family, or child who does not reside with his or her parent, to
14 contribute more than 3% of the family's or child's income towards the cost of the
15 health care coverage provided under this section, the department shall submit the
16 schedule to the joint committee on finance for review and approval of the schedule.
17 If the cochairpersons of the joint committee on finance do not notify the department
18 within 14 working days after the date of the department's submittal of the schedule
19 that the committee has scheduled a meeting to review the schedule, the department
20 may implement the schedule. If, within 14 days after the date of the department's
21 submittal of the schedule, the cochairpersons of the committee notify the department
22 that the committee has scheduled a meeting to review the schedule, the department
23 may not require a family, or child who does not reside with his or her parent, to
24 contribute more than 3% of the family's or child's income unless the joint committee
25 on finance approves the schedule. The joint committee on finance may not approve

1 and the department may not implement a schedule that requires a family or child
2 to contribute, including the amounts required under par. (am), more than 3.5% of the
3 family's or child's income towards the cost of the health care coverage provided under
4 this section.

5 ***-1489/P2.7* SECTION 1420.** 49.665 (5) (ac) of the statutes is created to read:

6 49.665 (5) (ac) In this subsection, "cost" means total cost-sharing charges,
7 including premiums, copayments, coinsurance, deductibles, enrollment fees, and
8 any other cost-sharing charges.

9 ***-1489/P2.8* SECTION 1421.** 49.665 (5) (ag) of the statutes, as affected by 2003
10 Wisconsin Act (this act), is amended to read:

11 49.665 (5) (ag) Except as provided in pars. (am), (b), and (bm), a family, or child
12 who does not reside with his or her parent, who receives health care coverage under
13 this section shall pay a percentage of the cost of that coverage in accordance with a
14 schedule established by the department by rule. ~~If the schedule established by the~~
15 ~~department requires a family, or child who does not reside with his or her parent, to~~
16 ~~contribute more than 3% of the family's or child's income towards the cost of the~~
17 ~~health care coverage provided under this section, the department shall submit the~~
18 ~~schedule to the joint committee on finance for review and approval of the schedule.~~
19 ~~If the cochairpersons of the joint committee on finance do not notify the department~~
20 ~~within 14 working days after the date of the department's submittal of the schedule~~
21 ~~that the committee has scheduled a meeting to review the schedule, the department~~
22 ~~may implement the schedule. If, within 14 days after the date of the department's~~
23 ~~submittal of the schedule, the cochairpersons of the committee notify the department~~
24 ~~that the committee has scheduled a meeting to review the schedule, the department~~
25 ~~may not require a family, or child who does not reside with his or her parent, to~~

1 ~~contribute more than 3% of the family's or child's income unless the joint committee~~
2 ~~on finance approves the schedule. The joint committee on finance may not approve~~
3 ~~and the~~ The department may not establish or implement a schedule that requires a
4 family or child to contribute, including the amounts required under par. (am), more
5 than ~~3.5%~~ 5% of the family's or child's income towards the cost of the health care
6 coverage provided under this section.

7 ***-1489/P2.9* SECTION 1422.** 49.665 (5) (am) of the statutes is created to read:

8 49.665 (5) (am) Except as provided in pars. (b) and (bm), a child or family
9 member who receives health care coverage under this section shall pay the following
10 cost-sharing amounts:

11 1. A copayment of \$1 for each prescription of a drug that bears only a generic
12 name, as defined in s. 450.12 (1) (b).

13 2. A copayment of \$3 for each prescription of a drug that bears a brand name,
14 as defined in s. 450.12 (1) (a).

15 ***-0032/P2.1* SECTION 1423.** 49.68 (3) (a) of the statutes is amended to read:

16 49.68 (3) (a) ~~Any~~ Subject to s. 49.687 (1m), any permanent resident of this state
17 who suffers from chronic renal disease may be accepted into the dialysis treatment
18 phase of the renal disease control program if the resident meets standards set by rule
19 under sub. (2) and s. 49.687.

20 ***-0032/P2.2* SECTION 1424.** 49.68 (3) (d) 1. of the statutes is amended to read:

21 49.68 (3) (d) 1. No aid may be granted under this subsection unless the recipient
22 has no other form of aid available from the federal medicare program ~~or~~, from private
23 health, accident, sickness, medical, and hospital insurance coverage, or from other
24 health care coverage specified by rule under s. 49.687 (1m) (b). If insufficient aid is
25 available from other sources and if the recipient has paid an amount equal to the

1 annual medicare deductible amount specified in subd. 2., the state shall pay the
2 difference in cost to a qualified recipient. If at any time sufficient federal or private
3 insurance aid or other health care coverage becomes available during the treatment
4 period, state aid under this subsection shall be terminated or appropriately reduced.
5 Any patient who is eligible for the federal medicare program shall register and pay
6 the premium for medicare medical insurance coverage where permitted, and shall
7 pay an amount equal to the annual medicare deductible amounts required under 42
8 USC 1395e and 1395L (b), prior to becoming eligible for state aid under this
9 subsection.

10 *–0032/P2.3* SECTION 1425. 49.68 (3) (d) 3. of the statutes is created to read:

11 49.68 (3) (d) 3. No payment shall be made under this subsection for any portion
12 of medical treatment costs or other expenses that are payable under any state,
13 federal, or other health care coverage program, including a health care coverage
14 program specified by rule under s. 49.687 (1m) (b), or under any grant, contract, or
15 other contractual arrangement.

16 *–0032/P2.4* SECTION 1426. 49.68 (3) (e) of the statutes is amended to read:

17 49.68 (3) (e) State aids for ~~services~~ any service provided under this section shall
18 be equal to the lower of the allowable charges charge under the Medical Assistance
19 program under subch. IV or the federal medicare program Medicare program. In no
20 case shall state rates for individual service elements exceed the federally defined
21 allowable costs. The rate of charges for services not covered by public and private
22 insurance shall not exceed the reasonable charges as established by medicare fee
23 determination procedures. A person that provides to a patient a service for which
24 aid is provided under this section shall accept the amount paid under this section for
25 the service as payment in full and may not bill the patient for any amount by which

1 the charge for the service exceeds the amount paid for the service under this section.

2 The state may not pay for the cost of travel, lodging, or meals for persons who must
3 travel to receive inpatient and outpatient dialysis treatment for kidney disease. This
4 paragraph shall not apply to donor related costs as defined in par. (b).

5 *–0032/P2.5* SECTION 1428. 49.683 (1) of the statutes is amended to read:

6 49.683 (1) ~~The~~ Subject to s. 49.687 (1m), the department may provide financial
7 assistance for costs of medical care of persons over the age of 18 years with the
8 diagnosis of cystic fibrosis who meet financial requirements established by the
9 department by rule under s. 49.687 (1).

10 *–0032/P2.6* SECTION 1429. 49.683 (3) of the statutes is created to read:

11 49.683 (3) No payment shall be made under this section for any portion of
12 medical care costs that are payable under any state, federal, or other health care
13 coverage program, including a health care coverage program specified by rule under
14 s. 49.687 (1m) (b), or under any grant, contract, or other contractual arrangement.

15 *–0032/P2.7* SECTION 1430. 49.685 (6) (b) of the statutes is amended to read:

16 49.685 (6) (b) Reimbursement shall not be made under this section for any
17 blood products or supplies ~~which~~ that are not purchased from or provided by a
18 comprehensive hemophilia treatment center, or a source approved by the treatment
19 center. Reimbursement shall not be made under this section for any portion of the
20 costs of blood products or supplies ~~which~~ that are payable under any other state or,
21 federal program, or other health care coverage program, including a health care
22 coverage program specified by rule under s. 49.687 (1m) (b), or under any grant,
23 contract ~~and any,~~ or other contractual arrangement.

24 *–0032/P2.8* SECTION 1431. 49.687 (title) of the statutes is amended to read:

1 **49.687** (title) **Disease aids; patient requirements; rebate agreements;**
2 **cost containment.**

3 *–1303/P1.1* **SECTION 1432.** 49.687 (1) of the statutes is amended to read:

4 49.687 (1) The department shall promulgate rules that require a person who
5 is eligible for benefits under s. 49.68, 49.683, or 49.685 and whose current estimated
6 total family income exceeds specified limits for the current year is at or above 200%
7 of the poverty line to obligate or expend specified portions of the income for medical
8 care for treatment of kidney disease, cystic fibrosis, or hemophilia before receiving
9 benefits under s. 49.68, 49.683, or 49.685. The rules shall require a person to pay
10 0.50% of his or her total family income for the cost of medical treatment covered
11 under s. 49.68, 49.683, or 49.685 if that income is from 200% to 250% of the federal
12 poverty line, 0.75% if that income is more than 250% but not more than 275% of the
13 federal poverty line, 1% if that income is more than 275% but not more than 300%
14 of the federal poverty line, 1.25% if that income is more than 300% but not more than
15 325% of the federal poverty line, 2% if that income is more than 325% but not more
16 than 350% of the federal poverty line, 2.75% if that income is more than 350% but
17 not more than 375% of the federal poverty line, 3.5% if that income is more than 375%
18 but not more than 400% of the federal poverty line, and 4.5% if that income is more
19 than 400% of the federal poverty line.

20 *–0032/P2.9* **SECTION 1433.** 49.687 (1m) of the statutes is created to read:

21 49.687 (1m) (a) A person is not eligible to receive benefits under s. 49.68 or
22 49.683 unless before the person applies for benefits under s. 49.68 or 49.683, the
23 person first applies for benefits under all other health care coverage programs
24 specified by the department by rule under par. (b) for which the person reasonably
25 may be eligible.

1 (b) The department shall promulgate rules that specify other health care
2 coverage programs for which a person must apply before applying for benefits under
3 s. 49.68 or 49.683. The programs specified by rule must include the Medical
4 Assistance program under subch. IV, the Badger Care health care program under s.
5 49.665, and the prescription drug assistance for elderly persons program under s.
6 49.688.

7 (c) Using the procedure under s. 227.24, the department may promulgate rules
8 under par. (b) for the period before the effective date of any permanent rules
9 promulgated under par. (b), but not to exceed the period authorized under s. 227.24
10 (1) (c) and (2). Notwithstanding s. 227.24 (1) (a), (2) (b), and (3), the department is
11 not required to provide evidence that promulgating a rule under par. (b) as an
12 emergency rule is necessary for the preservation of the public peace, health, safety,
13 or welfare and is not required to make a finding of emergency for promulgating a rule
14 under par. (b) as an emergency rule.

15 *–1303/P1.2* SECTION 1434. 49.687 (2) of the statutes is amended to read:

16 49.687 (2) The department shall develop and implement a sliding scale of
17 patient liability for kidney disease aid under s. 49.68, cystic fibrosis aid under s.
18 49.683, and hemophilia treatment under s. 49.685, based on the patient's ability to
19 pay for treatment. ~~To~~ The department shall continuously review the sliding scale for
20 patient liability and revise it as needed to ensure that the needs for treatment of
21 patients with lower incomes receive priority within the availability of funds amounts
22 budgeted under s. 20.435 (4) (e) and (je), ~~the department shall revise the sliding scale~~
23 ~~for patient liability by January 1, 1994, and shall, every 3 years thereafter by~~
24 ~~January 1, review and, if necessary, revise the sliding scale~~ are sufficient to cover
25 treatment costs.

1 ***-1303/P1.3*** SECTION 1435. 49.687 (2m) of the statutes is created to read:

2 49.687 (2m) If a pharmacy directly bills the department or an entity with which
3 the department contracts for a drug supplied to a person receiving benefits under s.
4 49.68, 49.683, or 49.685 and prescribed for treatment covered under s. 49.68, 49.683,
5 or 49.685, the person shall pay a \$7.50 copayment amount for each such generic drug
6 and a \$15 copayment amount for each such brand name drug.

7 ***-0529/4.102*** SECTION 1436. 49.687 (3) (a) of the statutes is amended to read:

8 49.687 (3) (a) That, as a condition of coverage for prescription drugs of a
9 manufacturer under s. 49.68, 49.683, or 49.685, the manufacturer shall make rebate
10 payments for each prescription drug of the manufacturer that is prescribed for and
11 purchased by persons who meet eligibility criteria under s. 49.68, 49.683, or 49.685,
12 to the ~~state treasurer~~ secretary of administration to be credited to the appropriation
13 under s. 20.435 (4) (je), each calendar quarter or according to a schedule established
14 by the department.

15 ***-0032/P2.10*** SECTION 1437. 49.687 (4) of the statutes is created to read:

16 49.687 (4) The department may adopt managed care methods of cost
17 containment for the programs under ss. 49.68, 49.683, and 49.685.

18 ***b0292/3.1*** SECTION 1438h. 49.688 (2) (b) of the statutes is amended to read:

19 49.688 (2) (b) A person to whom par. (a) 1. to 3. and 5. applies, but whose annual
20 household income, as determined by the department and as modified under sub.
21 (4m), if applicable, exceeds 240% of the federal poverty line for a family the size of
22 the ~~persons'~~ person's eligible family, is eligible to purchase a prescription drug at the
23 amounts specified in sub. (5) (a) 4. only during the remaining amount of any
24 12-month period in which the person has first paid the annual deductible specified
25 in sub. (3) (b) 2. a. in purchasing prescription drugs at the retail price or, if permitted

1 under sub. (4m), in paying premiums for a long-term care insurance policy and has
2 then paid the annual deductible specified in sub. (3) (b) 2. b.

3 *b0290/3.2* SECTION 1439d. 49.688 (3) (a) of the statutes is amended to read:

4 49.688 (3) (a) For each 12-month benefit period, a program enrollment fee of
5 \$20 \$30.

6 *-1485/5.5* SECTION 1442. 49.688 (3) (b) 1. of the statutes is renumbered
7 49.688 (3) (b) 1. (intro.) and amended to read:

8 49.688 (3) (b) 1. (intro.) For each 12-month benefit period, for a person specified
9 in sub. (2) (a), a deductible for prescription drugs of \$500, ~~except that a person whose~~
10 that is based on the percentage that a person's annual household income, as
11 determined by the department, is 160% or less of the federal poverty line for a family
12 the size of the person's eligible family pays no deductible, as follows:

13 *-1485/5.6* SECTION 1443. 49.688 (3) (b) 1. a. of the statutes is created to read:

14 49.688 (3) (b) 1. a. One hundred sixty percent or less, no deductible.

15 *-1485/5.7* SECTION 1444. 49.688 (3) (b) 1. b. of the statutes is created to read:

16 49.688 (3) (b) 1. b. More than 160%, but not more than 200%, \$500.

17 *-1485/5.8* SECTION 1445. 49.688 (3) (b) 1. c. of the statutes is created to read:

18 49.688 (3) (b) 1. c. More than 200%, but not more than 240%, \$850.

19 *b0292/3.2* SECTION 1445h. 49.688 (3) (b) 2. a. of the statutes is amended to
20 read:

21 49.688 (3) (b) 2. a. The difference between the person's annual household
22 income, as modified under sub. (4m), if applicable, and 240% of the federal poverty
23 line for a family the size of the person's eligible family.

24 *-1485/5.9* SECTION 1446. 49.688 (3) (b) 2. b. of the statutes is amended to
25 read:

1 49.688 (3) (b) 2. b. Five Eight hundred fifty dollars.

2 *b0290/3.4* SECTION 1446g. 49.688 (3) (c) 2. of the statutes is amended to read:

3 49.688 (3) (c) 2. A copayment of \$15 \$20 for each prescription drug that does
4 not bear only a generic name.

5 *b0292/3.3* SECTION 1446h. 49.688 (4m) of the statutes is created to read:

6 49.688 (4m) If a person who applies for prescription drug assistance under this
7 section pays premiums for a long-term care insurance policy, as defined in s. 146.91
8 (1), the department either shall treat the amount that the person pays in premiums
9 as a reduction in the person's annual household income for purposes of subs. (2) (b)
10 and (3) (b) 2. a. or shall count the amount paid in premiums towards the deductible
11 specified under sub. (3) (b) 2. a. and required for eligibility under sub. (2) (b).

12 *-0529/4.103* SECTION 1447. 49.688 (6) (a) of the statutes is amended to read:

13 49.688 (6) (a) That, except as provided in sub. (7) (b), the manufacturer shall
14 make rebate payments for each prescription drug of the manufacturer that is
15 prescribed for and purchased by persons who meet criteria under sub. (2) (a) and
16 persons who meet criteria under sub. (2) (b) and have paid the deductible under sub.
17 (3) (b) 2. a., to the ~~state treasurer~~ secretary of administration to be credited to the
18 appropriation account under s. 20.435 (4) (j), each calendar quarter or according to
19 a schedule established by the department.

20 *b0280/1.2* SECTION 1447g. 49.688 (7) (a) of the statutes is amended to read:

21 49.688 (7) (a) Except as provided in par. (b), from the appropriation accounts
22 under s. 20.435 (4) (bv) ~~and~~, (j), and (pg), beginning on September 1, 2002, the
23 department shall, under a schedule that is identical to that used by the department
24 for payment of pharmacy provider claims under medical assistance, provide to
25 pharmacies and pharmacists payments for prescription drugs sold by the

1 pharmacies or pharmacists to persons eligible under sub. (2) who have paid the
2 deductible specified under sub. (3) (b) 1. or 2. or who, under sub. (3) (b) 1., are not
3 required to pay a deductible. The payment for each prescription drug under this
4 paragraph shall be at the program payment rate, minus any copayment paid by the
5 person under sub. (5) (a) 2. or 4., and plus, if applicable, incentive payments that are
6 similar to those provided under s. 49.45 (8v). The department shall devise and
7 distribute a claim form for use by pharmacies and pharmacists under this paragraph
8 and may limit payment under this paragraph to those prescription drugs for which
9 payment claims are submitted by pharmacists or pharmacies directly to the
10 department. The department may apply to the program under this section the same
11 utilization and cost control procedures that apply under rules promulgated by the
12 department to medical assistance under subch. IV of ch. 49.

13 *b0280/1.2* SECTION 1447h. 49.688 (7) (b) of the statutes is amended to read:

14 49.688 (7) (b) During any period in which funding under s. 20.435 (4) (bv) and
15 (pg) is completely expended for the payments specified in par. (a), the requirements
16 of par. (a) and subs. (3) (c), (5), and (6) (a) and (b) do not apply to drugs purchased
17 during that period, but the department shall continue to accept applications and
18 determine eligibility under sub. (4) and shall indicate to applicants that the
19 eligibility of program participants to purchase prescription drugs as specified in sub.
20 (3), under the requirements of sub. (5), is conditioned on the availability of funding
21 under s. 20.435 (4) (bv) and (pg).

22 *-0576/8.63* SECTION 1448. 49.78 (5) of the statutes, as affected by 2003
23 Wisconsin Act (this act), is amended to read:

24 49.78 (5) PERSONNEL EXAMINATIONS. Statewide examinations to ascertain
25 qualifications of applicants in any county department administering aid to families

1 with dependent children shall be given by the administrator of the division of merit
2 recruitment and selection in the ~~department of employment relations~~. The
3 ~~department of employment relations~~ office of state human resources management.
4 The office of state human resources management shall be reimbursed for actual
5 expenditures incurred in the performance of its functions under this section from the
6 appropriations available to the department of health and family services for
7 administrative expenditures.

8 ***-0190/7.20*** SECTION 1450. 49.79 (4) of the statutes is amended to read:

9 49.79 (4) DEDUCTIONS FROM COUNTY INCOME MAINTENANCE PAYMENTS. The
10 department shall withhold the value of food stamp losses for which a county or
11 federally recognized American Indian tribe is liable under sub. (3) from the payment
12 to the county or tribe under income maintenance contracts under s. ~~49.33~~ 49.78 and
13 reimburse the federal government from the funds withheld.

14 ***b0161/2.1*** SECTION 1450m. 49.797 (4) (e) of the statutes is created to read:

15 49.797 (4) (e) Pay a supplier, as defined in s. 49.795 (1) (d), a fee of \$.08 for each
16 food stamp purchase or merchandise return transaction or balance inquiry
17 conducted on a point-of-sale terminal that is owned or leased by the supplier for use
18 in the delivery of food stamp benefits.

19 ***-0229/2.3*** SECTION 1451. 49.85 (title) of the statutes is amended to read:

20 **49.85 (title) Certification of certain public assistance overpayments**
21 **and delinquent loan repayments.**

22 ***-0229/2.4*** SECTION 1452. 49.85 (1) of the statutes is amended to read:

23 49.85 (1) DEPARTMENT NOTIFICATION REQUIREMENT. If a county department under
24 s. 46.215, 46.22, or 46.23 or a governing body of a federally recognized American
25 Indian tribe or band determines that the department of health and family services

1 may recover an amount under s. 49.497 or that the department of workforce
2 development may recover an amount under s. 49.161, 49.195 (3), or 49.793, or collect
3 an amount under s. 49.147 (6) (cm), the county department or governing body shall
4 notify the affected department of the determination. If a Wisconsin works agency
5 determines that the department of workforce development may recover an amount
6 under s. 49.161 or 49.195 (3), or collect an amount under s. 49.147 (6) (cm), the
7 Wisconsin works agency shall notify the department of workforce development of the
8 determination.

9 *–0229/2.5* SECTION 1454. 49.85 (2) (b) of the statutes is amended to read:

10 49.85 (2) (b) At least annually, the department of workforce development shall
11 certify to the department of revenue the amounts that, based on the notifications
12 received under sub. (1) and on other information received by the department of
13 workforce development, the department of workforce development has determined
14 that it may recover under ss. 49.161, 49.195 (3), and 49.793, and collect under s.
15 49.147 (6) (cm), except that the department of workforce development may not certify
16 an amount under this subsection unless it has met the notice requirements under
17 sub. (3) and unless its determination has either not been appealed or is no longer
18 under appeal.

19 *–0229/2.6* SECTION 1456. 49.85 (3) (b) (intro.) of the statutes is amended to
20 read:

21 49.85 (3) (b) (intro.) At least 30 days before certification of an amount, the
22 department of workforce development shall send a notice to the last-known address
23 of the person from whom that department intends to recover or collect the amount.

24 The notice shall do all of the following:

25 *–0229/2.7* SECTION 1457. 49.85 (3) (b) 1. of the statutes is amended to read:

1 49.85 (3) (b) 1. Inform the person that the department of workforce
2 development intends to certify to the department of revenue an amount that the
3 department of workforce development has determined to be due under s. 49.161,
4 49.195 (3), or 49.793, or to be delinquent under a repayment agreement for a loan
5 under s. 49.147 (6), for setoff from any state tax refund that may be due the person.

6 *~~0229/2.8~~* SECTION 1459. 49.85 (5) of the statutes is amended to read:

7 49.85 (5) EFFECT OF CERTIFICATION. Receipt of a certification by the department
8 of revenue shall constitute a lien, equal to the amount certified, on any state tax
9 refunds or credits owed to the obligor. The lien shall be foreclosed by the department
10 of revenue as a setoff under s. 71.93. Certification of an amount under this section
11 does not prohibit the department of health and family services or the department of
12 workforce development from attempting to recover or collect the amount through
13 other legal means. The department of health and family services or the department
14 of workforce development shall promptly notify the department of revenue upon
15 recovery or collection of any amount previously certified under this section.

16 *~~1243/1.31~~* SECTION 1460. 49.854 (11) (b) of the statutes is amended to read:

17 49.854 (11) (b) *The department.* The department may assess a collection fee
18 to recover the department's costs incurred in levying against property under this
19 section. The department shall determine its costs to be paid in all cases of levy. The
20 obligor is liable to the department for the amount of the collection fee authorized
21 under this paragraph. Fees collected under this paragraph shall be credited to the
22 appropriation account under s. 20.445 (1)-(L) (3) (ja).

23 *~~1634/7.46~~* SECTION 1464. 50.01 (1g) (c) of the statutes is amended to read:

24 50.01 (1g) (c) A shelter facility as defined under s. ~~16.352~~ 560.9808 (1) (d).

1 ***-0529/4.104*** SECTION 1466. 50.03 (5g) (c) 1. c. of the statutes is amended to
2 read:

3 50.03 (5g) (c) 1. c. All forfeitures shall be paid to the department within 10 days
4 after receipt of notice of assessment or, if the forfeiture is contested under par. (f),
5 within 10 days after receipt of the final decision after exhaustion of administrative
6 review, unless the final decision is appealed and the order is stayed by court order
7 under s. 50.03 (11). The department shall remit all forfeitures paid under this
8 subdivision to the ~~state treasurer~~ secretary of administration for deposit in the
9 school fund.

10 ***b0114/1.1*** SECTION 1466d. 50.031 of the statutes is created to read:

11 **50.031 Nursing home surveyor positions.** (1) In this section, “long-term
12 care facility” means a licensed nursing home, community-based residential facility,
13 adult family home, home health agency, or rural medical center or a certified or
14 registered residential care apartment complex.

15 (2) For every December 31 on which the total number of long-term care
16 facilities is less than the total number of long-term care facilities that existed on
17 December 31 of the previous year, the total number of authorized full-time
18 equivalent program revenue positions, as defined in s. 230.03 (11), for the
19 department, funded from the appropriation account under s. 20.435 (6) (jm) for the
20 purpose of performing surveillance of licensed nursing homes, shall be reduced by
21 the same percentage by which the total number of long-term care facilities is reduced
22 from the total number of long-term care facilities that existed on December 31 of the
23 previous year. Each reduction of authorized full-time equivalent program revenue
24 positions shall begin on July 1 of the year following the year in which the reduction
25 of the total number of long-term care facilities occurred.

1 ***-0529/4.105*** SECTION 1467. 50.034 (8) (d) of the statutes is amended to read:

2 50.034 (8) (d) All forfeitures shall be paid to the department within 10 days
3 after receipt of notice of assessment or, if the forfeiture is contested under par. (c),
4 within 10 days after receipt of the final decision after exhaustion of administrative
5 review, unless the final decision is appealed and the order is stayed by court order.
6 The department shall remit all forfeitures paid to the ~~state treasurer~~ secretary of
7 administration for deposit in the school fund.

8 ***-0529/4.106*** SECTION 1468. 50.035 (11) (d) of the statutes is amended to read:

9 50.035 (11) (d) All forfeitures shall be paid to the department within 10 days
10 after receipt of notice of assessment or, if the forfeiture is contested under par. (c),
11 within 10 days after receipt of the final decision after exhaustion of administrative
12 review, unless the final decision is appealed and the order is stayed by court order.
13 The department shall remit all forfeitures paid to the ~~state treasurer~~ secretary of
14 administration for deposit in the school fund.

15 ***b0113/1.5*** SECTION 1472b. 50.04 (5) (f) of the statutes is amended to read:

16 50.04 (5) (f) *Forfeitures paid within 10 days.* All forfeitures shall be paid to the
17 department within 10 days of receipt of notice of assessment or, if the forfeiture is
18 contested under par. (e), within 10 days of receipt of the final decision after
19 exhaustion of administrative review, unless the final decision is appealed and the
20 order is stayed by court order under s. 50.03 (11). The department shall remit all
21 forfeitures paid to the ~~state treasurer~~ secretary of administration for deposit in the
22 school fund.

23 ***-1295/2.18*** SECTION 1473. 50.07 (3) (a) of the statutes is repealed.

24 ***-1295/2.19*** SECTION 1474. 50.07 (3) (b) of the statutes is amended to read:

1 50.07 (3) (b) Any employee of an employer not described in par. (a) who is
2 discharged or otherwise retaliated or discriminated against in violation of sub. (1)
3 (e) or (em) may file a complaint with the department of workforce development under
4 s. 106.54 (5).

5 *~~1295/2.20~~* SECTION 1475. 50.07 (3) (c) of the statutes is amended to read:

6 50.07 (3) (c) Any person not described in par. (a) ~~or~~ (b) who is retaliated or
7 discriminated against in violation of sub. (1) (e) or (em) may commence an action in
8 circuit court for damages incurred as a result of the violation.

9 *~~0207/6.2~~* SECTION 1476. 50.14 (title) of the statutes is amended to read:

10 50.14 (title) **Assessments on occupied, licensed beds.**

11 *~~0207/6.3~~* SECTION 1477. 50.14 (1) (a) of the statutes is amended to read:

12 50.14 (1) (a) Notwithstanding s. 50.01 (1m), “facility” means a nursing home
13 or an intermediate care facility for the mentally retarded, ~~which is not state-owned~~
14 ~~or state-operated, federally owned or federally operated or that is not located outside~~
15 the state.

16 *~~0207/6.4~~* SECTION 1478. 50.14 (2) of the statutes is renumbered 50.14 (2)

17 (intro.) and amended to read:

18 50.14 (2) (intro.) For the privilege of doing business in this state, there is
19 imposed on all ~~occupied, licensed beds of a facility, except occupied, licensed beds for~~
20 ~~which payment is made under 42 USC 1395 to 1395ccc, an assessment that shall be~~
21 ~~deposited in the general fund and that is \$100 per calendar month per occupied,~~
22 licensed bed of an intermediate care facility for the mentally retarded may not exceed
23 \$435 in fiscal year 2003–04 and may not exceed \$445 in fiscal year 2004–05 and is
24 \$32 an assessment that may not exceed \$75 per calendar month per occupied,
25 licensed bed of a nursing home. The assessment shall be ~~on the average number of~~

1 occupied, licensed beds of a facility for the calendar month previous to the month of
2 assessment, based on an average daily midnight census computed and reported by
3 the facility and verified by the department. Charged bed-hold days for any resident
4 of a facility shall be included as one full day in the average daily midnight census
5 deposited in the general fund, except that in fiscal year 2003–04, amounts in excess
6 of \$14,300,000, in fiscal year 2004–05, amounts in excess of \$13,800,000, and,
7 beginning July 1, 2005, in each fiscal year, amounts in excess of 45% of the money
8 received from the assessment shall be deposited in the Medical Assistance trust
9 fund. In determining the number of occupied, licensed beds, if all of the following
10 apply:

11 (a) If the amount of the beds is other than a whole number, the fractional part
12 of the amount shall be disregarded unless it equals 50% or more of a whole number,
13 in which case the amount shall be increased to the next whole number.

14 ***-0207/6.5* SECTION 1479.** 50.14 (2) (b) of the statutes is created to read:

15 50.14 (2) (b) The number of licensed beds of a nursing home includes any
16 number of beds that have been delicensed under s. 49.45 (6m) (ap) 1. but not deducted
17 from the nursing home's licensed bed capacity under s. 49.45 (6m) (ap) 4. a.

18 ***-0207/6.6* SECTION 1480.** 50.14 (3) of the statutes is amended to read:

19 50.14 (3) By the end of each month, each facility shall submit to the department
20 the facility's occupied licensed bed count and the amount due under sub. (2) for each
21 occupied licensed bed of the facility for the month preceding the month during which
22 the bed count and payment are is being submitted. The department shall verify the
23 bed count number of beds licensed and, if necessary, make adjustments to the
24 payment, notify the facility of changes in the bed count or payment owing and send
25 the facility an invoice for the additional amount due or send the facility a refund.

1 *~~0207/6.7~~* SECTION 1481. 50.14 (4) of the statutes is amended to read:

2 50.14 (4) Sections 77.59 (1) to (5), (6) (intro.), (a) and (c) and (7) to (10), 77.60
3 (1) to (7), (9) and (10), 77.61 (9) and (12) to (14) and 77.62, as they apply to the taxes
4 under subch. III of ch. 77, apply to the assessment under this section, except that the
5 amount of any assessment collected under s. 77.59 (7) in excess of \$14,300,000 in
6 fiscal year 2003–04, in excess of \$13,800,000 in fiscal year 2004–05, and, beginning
7 July 1, 2005, in excess of 45% in each fiscal year shall be deposited in the Medical
8 Assistance trust fund.

9 *~~0529/4.108~~* SECTION 1482. 50.38 (4) of the statutes is amended to read:

10 50.38 (4) All forfeitures shall be paid to the department within 10 days after
11 receipt of notice of assessment or, if the forfeiture is contested under sub. (3), within
12 10 days after receipt of the final decision after exhaustion of administrative review,
13 unless the final decision is appealed and the order is stayed by court order. The
14 department shall remit all forfeitures paid to the ~~state treasurer~~ secretary of
15 administration for deposit in the school fund.

16 *~~0529/4.109~~* SECTION 1483. 50.55 (1) (e) of the statutes is amended to read:

17 50.55 (1) (e) All forfeitures shall be paid to the department within 10 days after
18 receipt of notice of assessment or, if the forfeiture is contested under par. (d), within
19 10 days after receipt of the final decision, unless the final decision is appealed and
20 the decision is in favor of the appellant. The department shall remit all forfeitures
21 paid to the ~~state treasurer~~ secretary of administration for deposit in the school fund.

22 *~~1607/P3.8~~* SECTION 1484. 50.90 (2) of the statutes is amended to read:

23 50.90 (2) “Organization” means a public agency, as defined in s. ~~46.93 (1m)~~ (e)
24 46.856 (1) (b), a nonprofit corporation, a for-profit stock corporation, a cooperative,
25 a partnership, a limited liability company or a sole proprietorship.

1 ***-0529/4.110*** SECTION 1485. 50.98 (5) of the statutes is amended to read:

2 50.98 (5) All forfeitures shall be paid to the department within 10 days after
3 receipt of notice of assessment or, if the forfeiture is contested under sub. (4), within
4 10 days after receipt of the final decision after exhaustion of administrative review,
5 unless the final decision is appealed and the order is stayed by court order under the
6 same terms and conditions as found in s. 50.03 (11). The department shall remit all
7 forfeitures paid to the ~~state treasurer~~ secretary of administration for deposit in the
8 school fund.

9 ***-0211/5.3*** SECTION 1486. 51.06 (1m) (d) of the statutes is amended to read:

10 51.06 (1m) (d) Services for ~~up to 50~~ individuals with developmental disability
11 who are also diagnosed as mentally ill or who exhibit extremely aggressive and
12 challenging behaviors.

13 ***-0211/5.4*** SECTION 1487. 51.06 (3) of the statutes is renumbered 51.06 (3) (a)
14 and amended to read:

15 51.06 (3) (a) ~~Individuals~~ Subject to par. (b), individuals under the age of 22
16 years shall be placed only at the central center for the developmentally disabled
17 unless the department authorizes the placement of the individual at the northern or
18 southern center for the developmentally disabled.

19 ***-0211/5.5*** SECTION 1488. 51.06 (3) (b) of the statutes is created to read:

20 51.06 (3) (b) An individual may be placed at or transferred to a center for the
21 developmentally disabled for services under sub. (1m) (d) only after all of the
22 following conditions are met:

23 1. The department determines that a licensed bed and other necessary
24 resources are available to provide services to the individual.

1 2. The department and the county of residence of the individual agree on a
2 maximum discharge date for the individual.

3 *~~0211/5.6~~* SECTION 1489. 51.06 (5) of the statutes is created to read:

4 51.06 (5) SURCHARGE FOR EXTENDED INTENSIVE TREATMENT. The department may
5 impose on a county a progressive surcharge for services under sub. (1m) (d) that an
6 individual receives after the maximum discharge date for the individual that was
7 agreed upon under sub. (3) (b) 2. The surcharge is 10% of the amount paid for the
8 individual's services under s. 49.45 during any part of the first 6-month period
9 following the maximum discharge date, and increases by 10% of the amount paid for
10 the individual's services under s. 49.45 during any part of each 6-month period
11 thereafter. Any revenues received under this subsection shall be credited to the
12 appropriation account under s. 20.435 (2) (gL).

13 *~~1746/4.5~~* SECTION 1490. 51.06 (6) of the statutes is created to read:

14 51.06 (6) SALE OF ASSETS OR REAL PROPERTY AT NORTHERN CENTER FOR THE
15 DEVELOPMENTALLY DISABLED. The department may maintain the Northern Center for
16 the Developmentally Disabled for the purpose specified in sub. (1), but may sell
17 assets or real property of the Northern Center for the Developmentally Disabled. If
18 there is any outstanding public debt used to finance the acquisition, construction, or
19 improvement of any property that is sold under this subsection, the department shall
20 deposit a sufficient amount of the net proceeds from the sale of the property in the
21 bond security and redemption fund under s. 18.09 to repay the principal and pay the
22 interest on the debt, and any premium due upon refunding any of the debt. If the
23 property was purchased with federal financial assistance, the department shall pay
24 to the federal government any of the net proceeds required by federal law. If there
25 is no such debt outstanding and there are no moneys payable to the federal

1 government, or if the net proceeds exceed the amount required to be deposited or paid
2 under this subsection, the department shall credit the net proceeds or remaining net
3 proceeds to the appropriation account under s. 20.435 (2) (gk).

4 ***b0215/3.10* SECTION 1490c.** 51.06 (7) of the statutes is created to read:

5 51.06 (7) EMPLOYEE OR POSITION TRANSFERS. The department may not transfer
6 an employee of the Northern Center for the Developmentally Disabled to another
7 center for the developmentally disabled unless the employee requests the transfer.
8 The department may not transfer employee positions from the Northern Center for
9 the Developmentally Disabled to another center for the developmentally disabled if
10 the position transfer would have the purpose or effect of significantly changing the
11 mission of the Northern Center for the Developmentally Disabled.

12 ***-0211/5.7* SECTION 1491.** 51.20 (13) (c) (intro.) of the statutes is amended to
13 read:

14 51.20 (13) (c) (intro.) If disposition is made under par. (a) 3., all of the following
15 apply:

16 ***-0211/5.8* SECTION 1492.** 51.20 (13) (c) 1. of the statutes is amended to read:

17 51.20 (13) (c) 1. The court shall designate the facility or service ~~which~~ that is
18 to receive the subject individual into the mental health system, ~~except that, if the~~
19 ~~subject individual is under the age of 22 years and the facility is a center for the~~
20 ~~developmentally disabled, the court shall designate only the central center for the~~
21 ~~developmentally disabled unless the department authorizes designation of the~~
22 ~~northern or southern center for the developmentally disabled; subject to s. 51.06 (3).~~

23 ***-0211/5.9* SECTION 1493.** 51.20 (13) (c) 2. of the statutes is amended to read:

24 51.20 (13) (c) 2. The county department under s. 51.42 or 51.437 shall arrange
25 for treatment in the least restrictive manner consistent with the requirements of the

1 subject individual in accordance with a court order designating the maximum level
2 of inpatient facility, if any, ~~which~~ that may be used for treatment, ~~except that, if the~~
3 ~~subject individual is under the age of 22 years and the facility is a center for the~~
4 ~~developmentally disabled, designation shall be only to the central center for the~~
5 ~~developmentally disabled unless the department authorizes the placement of the~~
6 ~~individual at the northern or southern center for the developmentally disabled; and~~
7 subject to s. 51.06 (3).

8 *~~0211/5.10~~* SECTION 1494. 51.20 (13) (f) of the statutes is amended to read:

9 51.20 (13) (f) The county department under s. 51.42 or 51.437 ~~which~~ that
10 receives an individual who is committed by a court under par. (a) 3. is authorized to
11 place ~~such~~ the individual in an approved treatment facility, subject to any limitations
12 which are specified by the court under par. (c) 2. The county department shall place
13 the subject individual in the treatment program and treatment facility ~~which~~ that
14 is least restrictive of the individual's personal liberty, consistent with the treatment
15 requirements of the individual. The county department ~~shall have~~ has ongoing
16 responsibility to review the individual's needs, in accordance with sub. (17), and to
17 transfer the person to the least restrictive program consistent with the individual's
18 needs. ~~If the subject individual is under the age of 22 years and if the facility~~
19 ~~appropriate for placement or transfer is a center for the developmentally disabled,~~
20 ~~placement or transfer of the individual shall be made only to the central center for~~
21 ~~the developmentally disabled unless the department authorizes the placement or~~
22 ~~transfer to the northern or southern center for the developmentally disabled~~
23 Placement or transfer under this paragraph is subject to s. 51.06 (3).

24 *~~0196/3.1~~* SECTION 1495. 51.35 (1) (a) of the statutes is amended to read:

1 51.35 (1) (a) The Subject to pars. (b) and (d), the department or the county
2 department under s. 51.42 or 51.437 may transfer any patient or resident who is
3 committed to it, or who is admitted to a treatment facility under its supervision or
4 operating under an agreement with it, between treatment facilities or from a
5 treatment facility into the community if ~~such~~ the transfer is consistent with
6 reasonable medical and clinical judgment ~~and, consistent with s. 51.22 (5).~~—~~The~~
7 ~~transfer shall be made, and, if the transfer results in a greater restriction of personal~~
8 ~~freedom for the patient or resident,~~ in accordance with par. (e). Terms and conditions
9 ~~which~~ that will benefit the patient or resident may be imposed as part of a transfer
10 to a less restrictive treatment alternative. A patient or resident who is committed
11 to the department or a county department under s. 51.42 or 51.437 may be required
12 to take medications and receive treatment, subject to the right of the patient or
13 resident to refuse medication and treatment under s. 51.61 (1) (g) and (h), through
14 a community support program as a term or condition of a transfer. The patient or
15 resident shall be informed at the time of transfer of the consequences of violating
16 ~~such~~ the terms and conditions of the transfer, including possible transfer back to a
17 ~~facility which~~ treatment facility that imposes a greater restriction on personal
18 freedom of the patient or resident.

19 *~~0196/3.2~~* **SECTION 1496.** 51.35 (1) (b) of the statutes is renumbered 51.35 (1)
20 (b) 1. and amended to read:

21 51.35 (1) (b) 1. ~~In addition to the requirements in par. (a), a~~ Except as provided
22 in pars. (c) and (d), a transfer of a patient in a mental health institute ~~or center for~~
23 ~~the developmentally disabled~~ by the department is subject to the approval of the
24 appropriate county department under ss. 51.42 and 51.437 to which the patient was

1 committed or through which the patient was admitted to the facility, if any mental
2 health institute.

3 *b0215/3.13* SECTION 1496c. 51.35 (1) (b) 2. of the statutes is created to read:

4 51.35 (1) (b) 2. Except as provided in pars. (c) and (d), a transfer of a resident
5 of a center for the developmentally disabled by the department is subject to the
6 approval of the appropriate county department under s. 51.42 or 51.437 to which the
7 resident was committed or through which the resident was admitted to the center
8 and to the approval of the resident's guardian.

9 *-0211/5.11* SECTION 1497. 51.35 (1) (bm) of the statutes is amended to read:

10 51.35 (1) (bm) ~~Notwithstanding par. (b), transfer~~ Transfer of a patient under
11 ~~the age of 22 years resident by a county department~~ to a center for the
12 developmentally disabled ~~may be made only to the central center for the~~
13 ~~developmentally disabled unless the department authorizes the transfer of the~~
14 ~~patient to the northern or southern center for the developmentally disabled~~ is subject
15 to s. 51.06 (3).

16 *-0196/3.3* SECTION 1498. 51.35 (1) (c) of the statutes is amended to read:

17 51.35 (1) (c) The department may, without approval of the county department
18 under s. 51.42 or 51.437 ~~and notwithstanding par. (d) 3.~~, transfer any patient from
19 a treatment facility to another treatment facility when the condition of the patient
20 requires such transfer without delay. The department shall notify the appropriate
21 county department under s. 51.42 or 51.437 that the transfer has been made. Any
22 patient so transferred may be returned to the treatment facility from which the
23 transfer was made, upon orders from the department or the county department
24 under s. 51.42 or 51.437, when such the return would be in the best interests of the
25 patient.

1 ***-0196/3.4*** SECTION 1499. 51.35 (1) (d) 1. and 2. of the statutes are amended
2 to read:

3 51.35 (1) (d) 1. The Subject to subd. 2., the department may, without approval
4 of the appropriate county department under s. 51.42 or 51.437, transfer any patient
5 from a state treatment facility or other inpatient facility to an approved treatment
6 facility which is less restrictive of the patient's personal freedom.

7 2. Transfer under this subsection paragraph may be made only if the transfer
8 is consistent with the requirements of par. (a), and the department finds that the
9 appropriate county department under s. 51.42 or 51.437 is unable to locate an
10 approved treatment facility in the community, or that such the county department
11 has acted in an arbitrary or capricious manner to prevent the transfer of the patient
12 out of the state treatment facility or other inpatient facility contrary to medical and
13 clinical judgment.

14 ***b0215/3.17*** SECTION 1499b. 51.35 (1) (d) 3. of the statutes is renumbered
15 51.35 (1) (b) 3. and amended to read:

16 51.35 (1) (b) 3. ~~A~~ Except as provided in pars. (c) and (d), a transfer of a patient,
17 ~~made under authority of this subsection, in a treatment facility other than as~~
18 specified in subd. 1. or 2. may be made by the department only after the department
19 has notified the appropriate county department under s. 51.42 or 51.437 of its intent
20 to transfer a the patient in accordance with this subsection. The patient's guardian,
21 if any, or if a minor his or her parent or person in the place of a parent shall be notified
22 by the department.

23 ***-1634/7.47*** SECTION 1500. 51.35 (5) of the statutes is amended to read:

24 51.35 (5) RESIDENTIAL LIVING ARRANGEMENTS; TRANSITIONARY SERVICES. The
25 department and any person, director or board authorized to discharge or transfer

1 patients under this section shall ensure that a proper residential living arrangement
2 and the necessary transitional services are available and provided for the patient
3 being discharged or transferred. Under this subsection, a proper residential living
4 arrangement may not include a shelter facility, as defined under s. ~~16.352~~ 560.9808
5 (1) (d), unless the discharge or transfer to the shelter facility is made on an
6 emergency basis for a period not to exceed 10 days.

7 *~~0211/5.12~~* SECTION 1502. 51.437 (4rm) (c) 2m. of the statutes is amended
8 to read:

9 51.437 (4rm) (c) 2m. Bill the county department of developmental disabilities
10 services for services that are not provided by the federal government and that are
11 provided under s. 51.06 (1m) (d) to individuals who are eligible for medical assistance
12 that are not provided by the federal government, plus any applicable surcharge
13 under s. 51.06 (5), using the procedure established under subd. 1.

14 *~~0211/5.13~~* SECTION 1503. 51.67 (intro.) of the statutes is amended to read:

15 **51.67 Alternate procedure; protective services.** (intro.) If, after a hearing
16 under s. 51.13 (4) or 51.20, the court finds that commitment under this chapter is not
17 warranted and that the subject individual is a fit subject for guardianship and
18 protective placement or services, the court may, without further notice, appoint a
19 temporary guardian for the subject individual and order temporary protective
20 placement or services under ch. 55 for a period not to exceed 30 days. ~~If the court~~
21 ~~orders temporary~~ Temporary protective placement for an individual under the age
22 of 22 years in a center for the developmentally disabled, ~~this placement may be made~~
23 ~~only at the central center for the developmentally disabled unless the department~~
24 ~~authorizes the placement or transfer to the northern or southern center for the~~
25 ~~developmentally disabled~~ is subject to s. 51.06 (3). Any interested party may then

1 file a petition for permanent guardianship or protective placement or services,
2 including medication, under ch. 55. If the individual is in a treatment facility, the
3 individual may remain in the facility during the period of temporary protective
4 placement if no other appropriate facility is available. The court may order
5 psychotropic medication as a temporary protective service under this section if it
6 finds that there is probable cause to believe the individual is not competent to refuse
7 psychotropic medication and that the medication ordered will have therapeutic
8 value and will not unreasonably impair the ability of the individual to prepare for
9 and participate in subsequent legal proceedings. An individual is not competent to
10 refuse psychotropic medication if, because of chronic mental illness, and after the
11 advantages and disadvantages of and alternatives to accepting the particular
12 psychotropic medication have been explained to the individual, one of the following
13 is true:

14 *~~0209/2.16~~* SECTION 1504. 55.001 of the statutes is amended to read:

15 **55.001 Declaration of policy.** The legislature recognizes that many citizens
16 of the state, because of the infirmities of aging, chronic mental illness, mental
17 retardation, other developmental disabilities or like incapacities incurred at any age,
18 are in need of protective services. These Except as provided in s. 49.45 (30m) (a),
19 these services should, to the maximum degree of feasibility under programs, services
20 and resources that the county board of supervisors is reasonably able to provide
21 within the limits of available state and federal funds and of county funds required
22 to be appropriated to match state funds, allow the individual the same rights as other
23 citizens, and at the same time protect the individual from exploitation, abuse and
24 degrading treatment. This chapter is designed to establish those services and assure
25 their availability to all persons when in need of them, and to place the least possible

1 restriction on personal liberty and exercise of constitutional rights consistent with
2 due process and protection from abuse, exploitation and neglect.

3 ***-0209/2.17* SECTION 1505.** 55.01 (4g) of the statutes is created to read:

4 55.01 (4g) “Intermediate facility” has the meaning given in s. 46.279 (1) (a).

5 ***-0209/2.18* SECTION 1506.** 55.01 (4t) of the statutes is created to read:

6 55.01 (4t) “Nursing facility” has the meaning given in s. 46.279 (1) (b).

7 ***-0209/2.19* SECTION 1507.** 55.045 of the statutes is amended to read:

8 **55.045 Funding.** The Except as provided in s. 49.45 (30m) (a), the appropriate
9 county department designated under s. 55.02 shall within the limits of available
10 state and federal funds and of county funds required to be appropriated to match
11 state funds, provide for the reasonable program needs of persons who are
12 protectively placed or who receive protective services under this chapter, including
13 reasonable expenses for the evaluations required by s. 55.06 (8). Payment and
14 collections for protective placement or protective services provided in public facilities
15 specified in s. 46.10 shall be governed in accordance with s. 46.10. The department
16 may require that a person who is protectively placed or receives protective services
17 under this chapter provide reimbursement for services or care and custody received,
18 based on the ability of the person to pay for such costs.

19 ***-0209/2.20* SECTION 1508.** 55.06 (5) of the statutes is amended to read:

20 55.06 (5) Notice of a petition for placement shall be served upon the person
21 sought to be placed, by personal service, at least 10 days prior to the time set for a
22 hearing. Upon service of the notice, the person sought to be protected shall be
23 informed of the complete contents of the notice. The person serving the notice shall
24 return a certificate to the circuit judge verifying that the petition has been delivered
25 and notice given. The notice shall include the names of all petitioners. Notice shall

1 also be served personally or by mail upon the person's guardian ad litem, legal
2 counsel, guardian, if any, presumptive adult heirs, and upon other persons who have
3 physical custody of the person to be protected whose names and addresses are known
4 to the petitioner or can with reasonable diligence be ascertained, to any
5 governmental or private body or group from whom the person to be protected is
6 known to be receiving aid, and to such other persons or entities as the court may
7 require. Notice shall also be served personally or by mail upon the department at
8 least 10 days prior to the time set for hearing if the person sought to be protected may
9 be placed in a center for the developmentally disabled. ~~The department shall be~~
10 ~~allowed to submit oral or written testimony regarding such a placement at the~~
11 ~~hearing.~~ Notice shall also be served personally or by mail, at least 10 days before the
12 time set for hearing, upon the county department that is participating in the
13 program under s. 46.278 of the county of residence of the person sought to be
14 protected, if the person has a developmental disability and may be placed in an
15 intermediate facility or a nursing facility, except that, for a person sought to be
16 protected to whom s. 46.279 (4m) applies, this notice shall instead be served on the
17 department. The incompetent or proposed incompetent is presumed able to attend
18 the hearing unless, after a personal interview, the guardian ad litem certifies to the
19 court that the person is unable to attend.

20 *~~0209/2.21~~* SECTION 1509. 55.06 (8) (intro.) of the statutes is amended to
21 read:

22 55.06 (8) (intro.) Before ordering the protective placement of any individual,
23 the court shall direct a comprehensive evaluation of the person in need of placement,
24 if such an evaluation has not already been made. The court may utilize available
25 multidisciplinary resources in the community in determining the need for

1 placement. The board designated under s. 55.02 or an agency designated by it shall
2 cooperate with the court in securing available resources. Where applicable by reason
3 of the particular disability, the appropriate board designated under s. 55.02 or an
4 agency designated by it having responsibility for the place of legal residence of the
5 individual as provided in s. 49.001 (6) shall make a recommendation for placement.
6 If the court is considering placement of the individual in a center for the
7 developmentally disabled, the court shall request a statement or testimony from the
8 department regarding whether the placement is appropriate for the person's needs
9 and whether it is consistent with the purpose of the center under s. 51.06 (1) ~~unless~~
10 ~~testimony was provided by the department under sub. (5).~~ If the individual has a
11 developmental disability and the court is considering placement of the individual in
12 an intermediate facility or a nursing facility, the court shall request a statement or
13 testimony from the county department of the individual's county of residence that is
14 participating in the program under s. 46.278 as to whether the individual's needs
15 could be met in a noninstitutional setting, except that, if s. 46.279 (4m) applies to the
16 individual, the court shall request the statement or testimony from the department,
17 rather than the county department. A copy of the comprehensive evaluation shall be
18 provided to the guardian, the guardian ad litem, and to the individual or attorney
19 at least 96 hours in advance of the hearing to determine placement. The court or the
20 cooperating agency obtaining the evaluation shall request appropriate information
21 which shall include at least the following:

22 *~~0209/2.22~~* SECTION 1510. 55.06 (9) (a) of the statutes is amended to read:

23 55.06 (9) (a) The court may order protective services under s. 55.05 (2) (d) as
24 an alternative to placement. When ordering placement, the court, on the basis of the
25 evaluation and other relevant evidence, shall order the appropriate board specified

1 under s. 55.02 or an agency designated by it to protectively place the individual.
2 Placement by the appropriate board or designated agency is subject to s. 46.279 and
3 shall be made in the least restrictive environment consistent with the needs of the
4 person to be placed and with the placement resources of the appropriate board
5 specified under s. 55.02. Factors to be considered in making protective placement
6 shall include the needs of the person to be protected for health, social, or
7 rehabilitative services; the level of supervision needed; the reasonableness of the
8 placement given the cost and the actual benefits in the level of functioning to be
9 realized by the individual; the limits of available state and federal funds and of
10 county funds required to be appropriated to match state funds; and the
11 reasonableness of the placement given the number or projected number of
12 individuals who will need protective placement and given the limited funds
13 available. The Except as provided in s. 49.45 (30m), the county may not be required
14 to provide funding, in addition to its funds that are required to be appropriated to
15 match state funds, in order to protectively place an individual. Placement under this
16 section does not replace commitment of a person in need of acute psychiatric
17 treatment under s. 51.20 or 51.45 (13). Placement Subject to s. 46.279, placement
18 may be made to such facilities as nursing homes, public medical institutions, centers
19 for the developmentally disabled under the requirements of s. 51.06 (3), foster care
20 services and other home placements, or to other appropriate facilities but may not
21 be made to units for the acutely mentally ill. If the appropriate board or designated
22 agency proposes to place an individual who has a developmental disability in an
23 intermediate facility or a nursing facility under an order under this paragraph, the
24 county department, or, if s. 46.279 (4m) applies to the individual, the department or
25 the department's contractor shall develop a plan under s. 46.279 (4) and furnish the

1 plan to the board or agency and to the individual's guardian. The board or agency
2 shall place the individual in a noninstitutional community setting in accord with the
3 plan unless the court finds that placement in the intermediate facility or nursing
4 facility is the most integrated setting, as defined in s. 46.279 (1) (bm), that is
5 appropriate to the needs of the individual taking into account information presented
6 by all affected parties. The prohibition of placements in units for the acutely
7 mentally ill does not prevent placement by a court for short-term diagnostic
8 procedures under par. (d). Placement in a locked unit shall require a specific finding
9 of the court as to the need for such action. A placement facility may transfer a patient
10 from a locked unit to a less restrictive environment without court approval.

11 *~~0209/2.23~~* SECTION 1511. 55.06 (9) (b) of the statutes is amended to read:

12 55.06 (9) (b) Transfer may be made between placement units or from a
13 placement unit to a medical facility other than those specified in pars. (c) to (e) by a
14 guardian or placement facility without approval by a court. When transfer is made
15 by a placement facility, 24 hours' prior written notice of the transfer shall be provided
16 to the guardian, when feasible. If it is not feasible to notify the guardian in advance,
17 written notice shall be provided immediately upon transfer, and notice shall also be
18 provided to the court and to the board designated under s. 55.02 or an agency
19 designated by it within a reasonable time, not to exceed 48 hours from the time of the
20 transfer. Upon petition to a court by a guardian, ward, or attorney, or other
21 interested person specifying objections to a transfer, or if the person is transferred
22 to an intermediate facility or to a nursing facility, the court shall order a hearing,
23 within 96 hours after filing of the petition, to determine whether there is probable
24 cause to believe that the transfer is consistent with the requirements specified in par.
25 (a) and is necessary for the best interests of the ward or, if the person is transferred

1 to an intermediate facility or to a nursing facility, to determine if the intermediate
2 facility or nursing facility is the most integrated setting, as defined in s. 46.279 (1)
3 (bm), that is appropriate to the needs of the ward taking into account information
4 presented by all affected parties. The court shall notify the ward, guardian, and
5 petitioner of the time and place of the hearing, and a guardian ad litem shall be
6 appointed to represent the ward. If the person is an adult who is indigent, the county
7 of legal settlement shall be liable for guardian ad litem fees. If the person is a child,
8 the person's parents or the county of legal settlement shall be liable for guardian ad
9 litem fees as provided in s. 48.235 (8). The petitioner, ward, and guardian shall have
10 the right to attend, and to present and cross-examine witnesses.

11 ***-0209/2.24* SECTION 1512.** 55.06 (9) (c) of the statutes is amended to read:

12 55.06 (9) (c) Transfer Subject to s. 46.279, transfer to a more restrictive
13 placement, including a locked unit, may be made with notice to the guardian, the
14 court and appropriate board designated under s. 55.02 or an agency designated by
15 it in the manner prescribed in par. (b). Upon petition by a guardian, ward or attorney,
16 or other interested person specifying objections to the transfer or if the person has
17 a developmental disability and is transferred to an intermediate facility or a nursing
18 facility, the court shall order a hearing as provided in par. (b).

19 ***-0209/2.25* SECTION 1513.** 55.06 (10) (a) of the statutes is renumbered 55.06
20 (10) (a) 1.

21 ***-0209/2.26* SECTION 1514.** 55.06 (10) (a) 2. of the statutes is created to read:

22 55.06 (10) (a) 2. If the person has a developmental disability and is placed in
23 an intermediate facility or a nursing facility, the agency that is responsible for the
24 protective placement shall notify in writing the county department of the county of
25 residence of the person that is participating in the program under s. 46.278 or, if s.

1 46.279 (4m) applies to the person, the department, at least 120 days before the
2 review. The county department so notified or, if s. 46.279 (4m) applies, the
3 department's contractor shall develop a plan under s. 46.279 (4) and furnish the plan
4 to the court that ordered the placement and to the person's guardian. The court shall
5 order that the person be transferred to the noninstitutional community setting in
6 accordance with the plan unless the court finds that placement in the intermediate
7 facility or nursing facility is the most integrated setting, as defined in s. 46.279 (1)
8 (bm), that is appropriate to the needs of the person taking into account information
9 presented by all affected parties.

10 *~~0209/2.27~~* SECTION 1515. 55.06 (11) (c) of the statutes is amended to read:

11 55.06 (11) (c) Upon a finding of probable cause under par. (b), the court may
12 order temporary placement up to 30 days pending the hearing for a permanent
13 placement, or the court may order such protective services as may be required. If an
14 individual who has a developmental disability is ordered, under this paragraph, to
15 be temporarily placed in an intermediate facility or in a nursing facility, and if at the
16 hearing for permanent placement the court orders that the individual be protectively
17 placed, the court may, before permanent placement, extend the temporary placement
18 order for not more than 90 days if necessary for the county department that is
19 participating in the program under s. 46.278 or, if s. 46.279 (4m) applies, the
20 department's contractor to develop the plan required under s. 46.279 (4).

21 *~~0190/7.21~~* SECTION 1516. 59.22 (2) (c) 2. of the statutes is amended to read:

22 59.22 (2) (c) 2. No action of the board may be contrary to or in derogation of the
23 rules of the department of ~~health and family services~~ workforce development under
24 s. ~~49.33~~ 49.78 (4) to (7) relating to employees administering old-age assistance, aid

1 to families with dependent children, aid to the blind and, or aid to totally and
2 permanently disabled persons or ss. 63.01 to 63.17.

3 ***-0529/4.111* SECTION 1517.** 59.25 (3) (f) 1. of the statutes is amended to read:

4 59.25 (3) (f) 1. Except as provided in subd. 2., transmit to the state treasurer
5 secretary of administration at the time required by law to pay the state taxes a
6 particular statement, certified by the county treasurer's personal signature affixed
7 or attached thereto, of all moneys received by him or her during the preceding year
8 and which are payable to the ~~state treasurer~~ secretary of administration for licenses,
9 fines, penalties, or on any other account, and at the same time pay to the state
10 treasurer secretary of administration the amount thereof after deducting the legal
11 fees.

12 ***-0529/4.112* SECTION 1518.** 59.25 (3) (f) 2. of the statutes is amended to read:

13 59.25 (3) (f) 2. For all court imposed fines and forfeitures required by law to be
14 deposited in the state treasury, the amounts required by s. 757.05 for the penalty
15 assessment surcharge, the amounts required by s. 165.755 for the crime laboratories
16 and drug law enforcement assessment, the amounts required by s. 167.31 (5) for the
17 weapons assessment, the amounts required by s. 973.045 for the crime victim and
18 witness assistance surcharge, the amounts required by s. 938.34 (8d) for the
19 delinquency victim and witness assistance surcharge, the amounts required by s.
20 973.046 for the deoxyribonucleic acid analysis surcharge, the amounts required by
21 s. 961.41 (5) for the drug abuse program improvement surcharge, the amounts
22 required by s. 100.261 for the consumer protection assessment, the amounts
23 authorized by s. 971.37 (1m) (c) 1. or required by s. 973.055 (1) for the domestic abuse
24 assessment, the amounts required by s. 253.06 (4) (c) for the enforcement assessment
25 under the supplemental food program for women, infants and children, the amounts

1 required by s. 349.04 for the truck driver education assessment, the amounts
2 required by ss. 346.177, 346.495 and 346.65 (4r) for the railroad crossing
3 improvement assessment, the amounts required by s. 346.655 (2) (a) and (b) for the
4 driver improvement surcharge, the amounts required by s. 102.85 (4) for the
5 uninsured employer assessment, the amounts required by s. 299.93 for the
6 environmental assessment, the amounts required by s. 29.983 for the wild animal
7 protection assessment, the amounts required by ss. 29.987 and 169.46 (1) for the
8 natural resources assessment surcharge, the amounts required by s. 29.985 for the
9 fishing shelter removal assessment, the amounts required by s. 350.115 for the
10 snowmobile registration restitution payment, and the amounts required by ss.
11 29.989 and 169.46 (2) for natural resources restitution payments, transmit to the
12 state treasurer secretary of administration a statement of all moneys required by law
13 to be paid on the actions entered during the preceding month on or before the first
14 day of the next succeeding month, certified by the county treasurer's personal
15 signature affixed or attached thereto, and at the same time pay to the state treasurer
16 secretary of administration the amount thereof.

17 ***-0529/4.113*** SECTION 1519. 59.25 (3) (k) of the statutes is amended to read:

18 59.25 (3) (k) Forward 40% of the state forfeitures, fines, and penalties under
19 ch. 348 to the state treasurer secretary of administration for deposit in the
20 transportation fund under s. 25.40 (1) (ig).

21 ***-0529/4.114*** SECTION 1520. 59.25 (3) (L) of the statutes is amended to read:

22 59.25 (3) (L) Forward all money received under s. 66.0114 (3) (c) to the state
23 treasurer secretary of administration for deposit in the transportation fund under
24 s. 25.40 (1) (ig).

25 ***-0529/4.115*** SECTION 1521. 59.25 (3) (m) of the statutes is amended to read:

1 59.25 (3) (m) Forward 50% of the fees received under s. 351.07 (1g) to the state
2 ~~treasurer~~ secretary of administration for deposit in the transportation fund under
3 s. 25.40 (1) (im).

4 *~~-0529/4.116~~* SECTION 1522. 59.25 (3) (p) of the statutes is amended to read:

5 59.25 (3) (p) Pay to the ~~state treasurer~~ secretary of administration on his or her
6 order the state percentage of fees received from the clerk of the circuit court under
7 s. 59.40 (2) (m) and if any such moneys remain in his or her hands when he or she
8 is required to pay the state percentage of fees, pay such moneys therewith to the ~~state~~
9 ~~treasurer~~ secretary of administration.

10 *~~-0576/8.64~~* SECTION 1523. 59.26 (8) (a) of the statutes is amended to read:

11 59.26 (8) (a) In any county with a population of less than 500,000, the board,
12 by ordinance, may fix the number of deputy sheriffs to be appointed in that county
13 at not less than that number required by sub. (1) (a) and (b) and may set the salary
14 of those deputies. The board may provide by ordinance that deputy sheriff positions
15 be filled by appointment by the sheriff from a list of all persons with the 3 highest
16 scores for each position based on a competitive examination. Such competitive
17 examinations may be by a county civil service commission or by the division of merit
18 recruitment and selection in the ~~department of employment relations~~ office of state
19 human resources management at the option of the board and it shall so provide by
20 ordinance. The division of merit recruitment and selection in the ~~department of~~
21 ~~employment relations~~ office of state human resources management shall, upon
22 request of the board, conduct such examination according to the methods used in
23 examinations for the state civil service and shall certify an eligible list of the names
24 of all persons with the 3 highest scores on that examination for each position to the
25 sheriff of that county who shall make an appointment from that list to fill the position

1 within 10 days after he or she receives the eligible list. The county for which such
2 examination is conducted shall pay the cost of that examination. If a civil service
3 commission is decided upon for the selection of deputy sheriffs, then ss. 63.01 to 63.17
4 shall apply so far as consistent with this subsection, except ss. 63.03, 63.04 and 63.15
5 and except the provision governing minimum compensation of the commissioners.
6 The ordinance or an amending ordinance may provide for employee grievance
7 procedures and disciplinary actions, for hours of work, for tours of duty according to
8 seniority and for other administrative regulations. Any board provision consistent
9 with this paragraph and existing on July 25, 1951, is validated. If the sheriff fills a
10 deputy sheriff position by promotion, the sheriff shall make the appointment to the
11 position from a list of 3 deputy sheriffs who receive the highest scores in a competitive
12 examination. Such competitive examinations may be by a county civil service
13 commission or by the division of merit recruitment and selection in the ~~department~~
14 ~~of employment relations~~ office of state human resources management at the option
15 of the board and it shall so provide by ordinance.

16 *–0529/4.117* SECTION 1524. 59.40 (2) (m) of the statutes is amended to read:

17 59.40 (2) (m) Pay monthly to the ~~treasurer~~ secretary of administration for the
18 use of the state the state's percentage of the fees required to be paid on each civil
19 action, criminal action, and special proceeding filed during the preceding month and
20 pay monthly to the ~~treasurer~~ secretary of administration for the use of the state the
21 percentage of court imposed fines and forfeitures required by law to be deposited in
22 the state treasury, the amounts required by s. 757.05 for the penalty assessment
23 surcharge, the amounts required by s. 165.755 for the crime laboratories and drug
24 law enforcement assessment, the amounts required by s. 167.31 (5) for the weapons
25 assessment, the amounts required by s. 973.045 for the crime victim and witness

1 assistance surcharge, the amounts required by s. 938.34 (8d) for the delinquency
2 victim and witness assistance surcharge, the amounts required by s. 973.046 for the
3 deoxyribonucleic acid analysis surcharge, the amounts required by s. 961.41 (5) for
4 the drug abuse program improvement surcharge, the amounts required by s. 100.261
5 for the consumer protection assessment, the amounts authorized by s. 971.37 (1m)
6 (c) 1. or required by s. 973.055 for the domestic abuse assessment surcharge, the
7 amounts required by s. 253.06 (4) (c) for the enforcement assessment under the
8 supplemental food program for women, infants, and children, the amounts required
9 by s. 349.04 for the truck driver education assessment, the amounts required by ss.
10 346.177, 346.495, and 346.65 (4r) for the railroad crossing improvement assessment,
11 the amounts required by s. 346.655 for the driver improvement surcharge, the
12 amounts required by s. 102.85 (4) for the uninsured employer assessment, the
13 amounts required by s. 299.93 for the environmental assessment, the amounts
14 required under s. 29.983 for the wild animal protection assessment, the amounts
15 required under ss. 29.987 (1) (d) and 169.46 (1) (d) for the natural resources
16 assessment surcharge, the amounts required by s. 29.985 for the fishing shelter
17 removal assessment, the amounts required by s. 350.115 for the snowmobile
18 registration restitution payment, and the amounts required under ss. 29.989 (1) (d)
19 and 169.46 (2) (d) for the natural resources restitution payments. The payments
20 shall be made by the 15th day of the month following receipt thereof.

21 ***b0503/2.6* SECTION 1524r.** 59.52 (29) (c) of the statutes is created to read:

22 59.52 (29) (c) If a county enacts an ordinance or adopts a resolution that
23 authorizes preferences or set-asides to minority businesses in the awarding of a
24 public work contract under par. (a), the ordinance or resolution shall require that the
25 minority business be certified by the department of commerce under s. 560.036 (2).