

**ASSEMBLY SUBSTITUTE AMENDMENT 2,
TO 2005 ASSEMBLY BILL 844**

1 **AN ACT** *to repeal* 20.435 (4) (u), 20.435 (4) (v), 25.17 (1) (gf), 25.55 (intro.), 149.10
2 (2m), 149.10 (10), 149.12 (3) (c), 149.14 (3) (c) 2., 149.14 (4c), 149.14 (5) (d),
3 149.14 (5) (e), 149.14 (5m), 149.14 (6) (a), 149.14 (8), 149.142 (1) (b), 149.142 (2),
4 149.144, 149.145, 149.146 (2) (am), 149.146 (2) (b), 149.15, 149.16, 149.165 (4),
5 149.17 (2), 149.17 (4), 149.175, 149.20, 149.25 and 149.40; *to renumber* 149.14
6 (3) (p) and 149.14 (6) (b); *to renumber and amend* 25.55 (3), 25.55 (4), 149.12
7 (2) (f), 149.14 (4m), 149.142 (1) (a) and 149.146 (2) (a); *to consolidate,*
8 *renumber and amend* 149.146 (1) (a) and (b); *to amend* 1.12 (1) (b), 13.172
9 (1), 13.62 (2), 13.95 (intro.), 16.002 (2), 16.004 (4), 16.004 (5), 16.004 (12) (a),
10 16.045 (1) (a), 16.15 (1) (ab), 16.41 (4), 16.417 (1) (a), 16.52 (7), 16.528 (1) (a),
11 16.53 (2), 16.54 (9) (a) 1., 16.70 (2), 16.72 (2) (e) (intro.), 16.72 (2) (f), 16.75 (1m),
12 16.75 (8) (a) 1., 16.75 (8) (a) 2., 16.75 (9), 16.765 (1), 16.765 (2), 16.765 (4), 16.765
13 (5), 16.765 (6), 16.765 (7) (intro.), 16.765 (7) (d), 16.765 (8), 16.85 (2), 16.865 (8),

1 71.21 (4), 71.26 (1) (be), 71.26 (2) (a), 71.34 (1) (g), 71.45 (2) (a) 10., 76.67 (2),
2 77.54 (9a) (a), 77.92 (4), 101.055 (2) (a), 101.177 (1) (d), chapter 149 (title),
3 149.10 (intro.), 149.10 (2), 149.10 (2j) (a) 3., 149.10 (2t) (c), 149.10 (3), 149.10
4 (3e), 149.10 (7), 149.10 (8), 149.10 (9), 149.115, 149.12 (1) (intro.), 149.12 (1) (a),
5 149.12 (1m), 149.12 (3) (a), 149.13 (1), 149.13 (3) (a), 149.13 (3) (b), 149.13 (4),
6 149.13 (4), 149.14 (1) (a), 149.14 (2) (a), 149.14 (3) (intro.), 149.14 (3) (c) 3.,
7 149.14 (3) (c) 3., 149.14 (3) (d), 149.14 (3) (e), 149.14 (3) (m), 149.14 (3) (o), 149.14
8 (4) (d), 149.14 (4) (m), 149.14 (5) (b), 149.14 (5) (c), 149.14 (7) (b), 149.14 (7) (c),
9 149.165 (1), 149.165 (2) (a) (intro.), 149.165 (2) (bc), 149.165 (3) (a), 149.165 (3)
10 (b) (intro.), 149.165 (3m), 149.17 (1), 149.18, 230.03 (3), 230.80 (4), 601.41 (1),
11 601.415 (12), 601.64 (1), 601.64 (3) (a), 601.64 (3) (c), 601.64 (4), 613.03 (4),
12 632.785 (title) and 895.65 (1) (c); **to repeal and recreate** 149.11, 149.14 (3) (b),
13 149.14 (3) (c) 1., 149.14 (4), 149.14 (5) and 149.143; and **to create** 13.94 (1) (dh),
14 13.94 (1s) (c) 4., 20.145 (5), 70.11 (41m), 71.07 (5g), 71.10 (4) (cp), 71.28 (5g),
15 71.30 (3) (dm), 71.47 (5g), 71.49 (1) (dm), 76.655, subchapter I (title) of chapter
16 149 [precedes 149.10], 149.10 (1), 149.105, subchapter II (title) of chapter 149
17 [precedes 149.11], 149.12 (2) (f) 2., 149.12 (2) (g), 149.12 (4) and (5), 149.14 (3)
18 (f), 149.141, subchapter III of chapter 149 [precedes 149.40], subchapter IV of
19 chapter 149 [precedes 149.60] and 631.20 (2) (f) of the statutes; **relating to:** the
20 Health Insurance Risk-Sharing Plan; creating the Health Insurance
21 Risk-Sharing Plan Authority; a health benefit program for persons eligible for
22 tax credits for payment of premiums; an income and franchise tax credit for

1 Health Insurance Risk-Sharing Plan assessments; and making an
2 appropriation.

Analysis by the Legislative Reference Bureau

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

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

4 1.12 (1) (b) “State agency” means an office, department, agency, institution of
5 higher education, the legislature, a legislative service agency, the courts, a judicial
6 branch agency, an association, society, or other body in state government ~~which~~ that
7 is created or authorized to be created by the constitution or by law, for which
8 appropriations are made by law, excluding the Health Insurance Risk-Sharing Plan
9 Authority.

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

11 13.172 (1) In this section, “agency” means an office, department, agency,
12 institution of higher education, association, society, or other body in state
13 government created or authorized to be created by the constitution or any law, ~~which~~
14 that is entitled to expend moneys appropriated by law, including the legislature and
15 the courts, and any authority created in subch. III of ch. 149 or in ch. 231, 233, or 234.

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

17 13.62 (2) “Agency” means any board, commission, department, office, society,
18 institution of higher education, council, or committee in the state government, or any
19 authority created in subch. III of ch. 149 or in ch. 231, 232, 233, 234, or 237, except
20 that the term does not include a council or committee of the legislature.

21 **SECTION 4.** 13.94 (1) (dh) of the statutes is created to read:

1 13.94 (1) (dh) Annually, conduct a financial audit of the Health Insurance
2 Risk–Sharing Plan under subch. II of ch. 149 and file copies of each audit report
3 under this paragraph with the distributees specified in par. (b).

4 **SECTION 5.** 13.94 (1s) (c) 4. of the statutes is created to read:

5 13.94 (1s) (c) 4. The Health Insurance Risk–Sharing Plan Authority for the cost
6 of the audit under sub. (1) (dh).

7 **SECTION 6.** 13.95 (intro.) of the statutes, as affected by 2005 Wisconsin Act 25,
8 is amended to read:

9 **13.95 Legislative fiscal bureau.** (intro.) There is created a bureau to be
10 known as the “Legislative Fiscal Bureau” headed by a director. The fiscal bureau
11 shall be strictly nonpartisan and shall at all times observe the confidential nature
12 of the research requests received by it; however, with the prior approval of the
13 requester in each instance, the bureau may duplicate the results of its research for
14 distribution. Subject to s. 230.35 (4) (a) and (f), the director or the director’s
15 designated employees shall at all times, with or without notice, have access to all
16 state agencies, the University of Wisconsin Hospitals and Clinics Authority, the
17 Health Insurance Risk–Sharing Plan Authority, and the Fox River Navigational
18 System Authority, and to any books, records, or other documents maintained by such
19 agencies or authorities and relating to their expenditures, revenues, operations, and
20 structure.

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

22 16.002 (2) “Departments” means constitutional offices, departments, and
23 independent agencies and includes all societies, associations, and other agencies of
24 state government for which appropriations are made by law, but not including

1 authorities created in subch. III of ch. 149 and in chs. 231, 232, 233, 234, 235, and
2 237.

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

4 16.004 (4) FREEDOM OF ACCESS. The secretary and such employees of the
5 department as the secretary designates may enter into the offices of state agencies
6 and authorities created under subch. III of ch. 149 and under chs. 231, 233, 234, and
7 237, and may examine their books and accounts and any other matter which that in
8 the secretary’s judgment should be examined and may interrogate the agency’s
9 employees publicly or privately relative thereto.

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

11 16.004 (5) AGENCIES AND EMPLOYEES TO COOPERATE. All state agencies and
12 authorities created under subch. III of ch. 149 and under chs. 231, 233, 234, and 237,
13 and their officers and employees, shall cooperate with the secretary and shall comply
14 with every request of the secretary relating to his or her functions.

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

16 16.004 (12) (a) In this subsection, “state agency” means an association,
17 authority, board, department, commission, independent agency, institution, office,
18 society, or other body in state government created or authorized to be created by the
19 constitution or any law, including the legislature, the office of the governor, and the
20 courts, but excluding the University of Wisconsin Hospitals and Clinics Authority,
21 the Health Insurance Risk–Sharing Plan Authority, and the Fox River Navigational
22 System Authority.

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

24 16.045 (1) (a) “Agency” means an office, department, independent agency,
25 institution of higher education, association, society, or other body in state

1 government created or authorized to be created by the constitution or any law, ~~which~~
2 that is entitled to expend moneys appropriated by law, including the legislature and
3 the courts, but not including an authority created in subch. III of ch. 149 or in ch. 231,
4 232, 233, 234, 235, or 237.

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

6 16.15 (1) (ab) “Authority” has the meaning given under s. 16.70 (2), but
7 excludes the University of Wisconsin Hospitals and Clinics Authority and the Health
8 Insurance Risk-Sharing Plan Authority.

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

10 16.41 (4) In this section, “authority” means a body created under subch. III of
11 ch. 149 or under ch. 231, 233, 234, or 237.

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

13 16.417 (1) (a) “Agency” means an office, department, independent agency,
14 institution of higher education, association, society, or other body in state
15 government created or authorized to be created by the constitution or any law, ~~which~~
16 that is entitled to expend moneys appropriated by law, including the legislature and
17 the courts, but not including an authority or the body created under subch. III of ch.
18 149.

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

20 16.52 (7) PETTY CASH ACCOUNT. With the approval of the secretary, each agency
21 ~~which~~ that is authorized to maintain a contingent fund under s. 20.920 may establish
22 a petty cash account from its contingent fund. The procedure for operation and
23 maintenance of petty cash accounts and the character of expenditures therefrom
24 shall be prescribed by the secretary. In this subsection, “agency” means an office,
25 department, independent agency, institution of higher education, association,

1 society, or other body in state government created or authorized to be created by the
2 constitution or any law, ~~which~~ that is entitled to expend moneys appropriated by law,
3 including the legislature and the courts, but not including an authority created in
4 subch. III of ch. 149 or in ch. 231, 233, 234, or 237.

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

6 16.528 (1) (a) “Agency” means an office, department, independent agency,
7 institution of higher education, association, society, or other body in state
8 government created or authorized to be created by the constitution or any law, ~~which~~
9 that is entitled to expend moneys appropriated by law, including the legislature and
10 the courts, but not including an authority created in subch. III of ch. 149 or in ch. 231,
11 233, 234, or 237.

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

13 16.53 (2) IMPROPER INVOICES. If an agency receives an improperly completed
14 invoice, the agency shall notify the sender of the invoice within 10 working days after
15 it receives the invoice of the reason it is improperly completed. In this subsection,
16 “agency” means an office, department, independent agency, institution of higher
17 education, association, society, or other body in state government created or
18 authorized to be created by the constitution or any law, ~~which~~ that is entitled to
19 expend moneys appropriated by law, including the legislature and the courts, but not
20 including an authority created in subch. III of ch. 149 or in ch. 231, 233, 234, or 237.

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

22 16.54 (9) (a) 1. “Agency” means an office, department, independent agency,
23 institution of higher education, association, society or other body in state
24 government created or authorized to be created by the constitution or any law, which
25 is entitled to expend moneys appropriated by law, including the legislature and the

1 courts, but not including an authority created in subch. III of ch. 149 or in ch. 231,
2 233, 234, or 237.

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

4 16.70 (2) “Authority” means a body created under subch. III of ch. 149 or under
5 ch. 231, 232, 233, 234, 235, or 237.

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

7 16.72 (2) (e) (intro.) In writing the specifications under this subsection, the
8 department and any other designated purchasing agent under s. 16.71 (1) shall
9 incorporate requirements for the purchase of products made from recycled materials
10 and recovered materials if their use is technically and economically feasible. Each
11 authority other than the University of Wisconsin Hospitals and Clinics Authority
12 and the Health Insurance Risk-Sharing Plan Authority, in writing specifications for
13 purchasing by the authority, shall incorporate requirements for the purchase of
14 products made from recycled materials and recovered materials if their use is
15 technically and economically feasible. The specifications shall include requirements
16 for the purchase of the following materials:

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

18 16.72 (2) (f) In writing specifications under this subsection, the department,
19 any other designated purchasing agent under s. 16.71 (1), and each authority other
20 than the University of Wisconsin Hospitals and Clinics Authority and the Health
21 Insurance Risk-Sharing Plan Authority shall incorporate requirements relating to
22 the recyclability and ultimate disposition of products and, wherever possible, shall
23 write the specifications so as to minimize the amount of solid waste generated by the
24 state, consistent with the priorities established under s. 287.05 (12). All
25 specifications under this subsection shall discourage the purchase of single-use,

1 disposable products and require, whenever practical, the purchase of multiple-use,
2 durable products.

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

4 16.75 **(1m)** The department shall award each order or contract for materials,
5 supplies or equipment on the basis of life cycle cost estimates, whenever such action
6 is appropriate. Each authority other than the University of Wisconsin Hospitals and
7 Clinics Authority and the Health Insurance Risk-Sharing Plan Authority shall
8 award each order or contract for materials, supplies or equipment on the basis of life
9 cycle cost estimates, whenever such action is appropriate. The terms, conditions and
10 evaluation criteria to be applied shall be incorporated in the solicitation of bids or
11 proposals. The life cycle cost formula may include, but is not limited to, the
12 applicable costs of energy efficiency, acquisition and conversion, money,
13 transportation, warehousing and distribution, training, operation and maintenance
14 and disposition or resale. The department shall prepare documents containing
15 technical guidance for the development and use of life cycle cost estimates, and shall
16 make the documents available to local governmental units.

17 **SECTION 23.** 16.75 (8) (a) 1. of the statutes is amended to read:

18 16.75 **(8)** (a) 1. The department, any other designated purchasing agent under
19 s. 16.71 (1), any agency making purchases under s. 16.74, and each authority other
20 than the University of Wisconsin Hospitals and Clinics Authority and the Health
21 Insurance Risk-Sharing Plan Authority shall, to the extent practicable, make
22 purchasing selections using specifications developed under s. 16.72 (2) (e) to
23 maximize the purchase of materials utilizing recycled materials and recovered
24 materials.

25 **SECTION 24.** 16.75 (8) (a) 2. of the statutes is amended to read:

1 16.75 **(8)** (a) 2. Each agency and authority other than the University of
2 Wisconsin Hospitals and Clinics Authority and the Health Insurance Risk-Sharing
3 Plan Authority shall ensure that the average recycled or recovered content of all
4 paper purchased by the agency or authority measured as a proportion, by weight, of
5 the fiber content of paper products purchased in a fiscal year, is not less than 40%
6 of all purchased paper.

7 **SECTION 25.** 16.75 (9) of the statutes is amended to read:

8 16.75 **(9)** The department, any other designated purchasing agent under s.
9 16.71 (1), any agency making purchases under s. 16.74, and any authority other than
10 the University of Wisconsin Hospitals and Clinics Authority and the Health
11 Insurance Risk-Sharing Plan Authority shall, to the extent practicable, make
12 purchasing selections using specifications prepared under s. 16.72 (2) (f).

13 **SECTION 26.** 16.765 (1) of the statutes is amended to read:

14 16.765 **(1)** Contracting agencies, the University of Wisconsin Hospitals and
15 Clinics Authority, the Fox River Navigational System Authority, the Health
16 Insurance Risk-Sharing Plan Authority, and the Bradley Center Sports and
17 Entertainment Corporation shall include in all contracts executed by them a
18 provision obligating the contractor not to discriminate against any employee or
19 applicant for employment because of age, race, religion, color, handicap, sex, physical
20 condition, developmental disability as defined in s. 51.01 (5), sexual orientation as
21 defined in s. 111.32 (13m), or national origin and, except with respect to sexual
22 orientation, obligating the contractor to take affirmative action to ensure equal
23 employment opportunities.

24 **SECTION 27.** 16.765 (2) of the statutes is amended to read:

1 16.765 (2) Contracting agencies, the University of Wisconsin Hospitals and
2 Clinics Authority, the Fox River Navigational System Authority, the Health
3 Insurance Risk-Sharing Plan Authority, and the Bradley Center Sports and
4 Entertainment Corporation shall include the following provision in every contract
5 executed by them: “In connection with the performance of work under this contract,
6 the contractor agrees not to discriminate against any employee or applicant for
7 employment because of age, race, religion, color, handicap, sex, physical condition,
8 developmental disability as defined in s. 51.01 (5), sexual orientation or national
9 origin. This provision shall include, but not be limited to, the following: employment,
10 upgrading, demotion or transfer; recruitment or recruitment advertising; layoff or
11 termination; rates of pay or other forms of compensation; and selection for training,
12 including apprenticeship. Except with respect to sexual orientation, the contractor
13 further agrees to take affirmative action to ensure equal employment opportunities.
14 The contractor agrees to post in conspicuous places, available for employees and
15 applicants for employment, notices to be provided by the contracting officer setting
16 forth the provisions of the nondiscrimination clause”.

17 **SECTION 28.** 16.765 (4) of the statutes is amended to read:

18 16.765 (4) Contracting agencies, the University of Wisconsin Hospitals and
19 Clinics Authority, the Fox River Navigational System Authority, the Health
20 Insurance Risk-Sharing Plan Authority, and the Bradley Center Sports and
21 Entertainment Corporation shall take appropriate action to revise the standard
22 government contract forms under this section.

23 **SECTION 29.** 16.765 (5) of the statutes is amended to read:

24 16.765 (5) The head of each contracting agency and the boards of directors of
25 the University of Wisconsin Hospitals and Clinics Authority, the Fox River

1 Navigational System Authority, the Health Insurance Risk–Sharing Plan Authority,
2 and the Bradley Center Sports and Entertainment Corporation shall be primarily
3 responsible for obtaining compliance by any contractor with the nondiscrimination
4 and affirmative action provisions prescribed by this section, according to procedures
5 recommended by the department. The department shall make recommendations to
6 the contracting agencies and the boards of directors of the University of Wisconsin
7 Hospitals and Clinics Authority, the Fox River Navigational System Authority, the
8 Health Insurance Risk–Sharing Plan Authority, and the Bradley Center Sports and
9 Entertainment Corporation for improving and making more effective the
10 nondiscrimination and affirmative action provisions of contracts. The department
11 shall promulgate such rules as may be necessary for the performance of its functions
12 under this section.

13 **SECTION 30.** 16.765 (6) of the statutes is amended to read:

14 16.765 (6) The department may receive complaints of alleged violations of the
15 nondiscrimination provisions of such contracts. The department shall investigate
16 and determine whether a violation of this section has occurred. The department may
17 delegate this authority to the contracting agency, the University of Wisconsin
18 Hospitals and Clinics Authority, the Fox River Navigational System Authority, the
19 Health Insurance Risk–Sharing Plan Authority, or the Bradley Center Sports and
20 Entertainment Corporation for processing in accordance with the department’s
21 procedures.

22 **SECTION 31.** 16.765 (7) (intro.) of the statutes is amended to read:

23 16.765 (7) (intro.) When a violation of this section has been determined by the
24 department, the contracting agency, the University of Wisconsin Hospitals and
25 Clinics Authority, the Fox River Navigational System Authority, the Health

1 Insurance Risk-Sharing Plan Authority, or the Bradley Center Sports and
2 Entertainment Corporation, the contracting agency, the University of Wisconsin
3 Hospitals and Clinics Authority, the Fox River Navigational System Authority, the
4 Health Insurance Risk-Sharing Plan Authority, or the Bradley Center Sports and
5 Entertainment Corporation shall:

6 **SECTION 32.** 16.765 (7) (d) of the statutes is amended to read:

7 16.765 (7) (d) Direct the violating party to take immediate steps to prevent
8 further violations of this section and to report its corrective action to the contracting
9 agency, the University of Wisconsin Hospitals and Clinics Authority, the Fox River
10 Navigational System Authority, the Health Insurance Risk-Sharing Plan Authority,
11 or the Bradley center sports and entertainment corporation Center Sports and
12 Entertainment Corporation.

13 **SECTION 33.** 16.765 (8) of the statutes is amended to read:

14 16.765 (8) If further violations of this section are committed during the term
15 of the contract, the contracting agency, the Fox River Navigational System Authority,
16 the Health Insurance Risk-Sharing Plan Authority, or the Bradley Center Sports
17 and Entertainment Corporation may permit the violating party to complete the
18 contract, after complying with this section, but thereafter the contracting agency, the
19 Fox River Navigational System Authority, the Health Insurance Risk-Sharing Plan
20 Authority, or the Bradley Center Sports and Entertainment Corporation shall
21 request the department to place the name of the party on the ineligible list for state
22 contracts, or the contracting agency, the Fox River Navigational System Authority,
23 the Health Insurance Risk-Sharing Plan Authority, or the Bradley Center Sports
24 and Entertainment Corporation may terminate the contract without liability for the

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

3 **SECTION 34.** 16.85 (2) of the statutes is amended to read:

4 16.85 (2) To furnish engineering, architectural, project management, and other
5 building construction services whenever requisitions therefor are presented to the
6 department by any agency. The department may deposit moneys received from the
7 provision of these services in the account under s. 20.505 (1) (kc) or in the general
8 fund as general purpose revenue — earned. In this subsection, “agency” means an
9 office, department, independent agency, institution of higher education, association,
10 society, or other body in state government created or authorized to be created by the
11 constitution or any law, which is entitled to expend moneys appropriated by law,
12 including the legislature and the courts, but not including an authority created in
13 subch. III of ch. 149 or in ch. 231, 233, 234, or 237.

14 **SECTION 35.** 16.865 (8) of the statutes is amended to read:

15 16.865 (8) Annually in each fiscal year, allocate as a charge to each agency a
16 proportionate share of the estimated costs attributable to programs administered by
17 the agency to be paid from the appropriation under s. 20.505 (2) (k). The department
18 may charge premiums to agencies to finance costs under this subsection and pay the
19 costs from the appropriation on an actual basis. The department shall deposit all
20 collections under this subsection in the appropriation account under s. 20.505 (2) (k).
21 Costs assessed under this subsection may include judgments, investigative and
22 adjustment fees, data processing and staff support costs, program administration
23 costs, litigation costs, and the cost of insurance contracts under sub. (5). In this
24 subsection, “agency” means an office, department, independent agency, institution
25 of higher education, association, society, or other body in state government created

1 or authorized to be created by the constitution or any law, ~~which~~ that is entitled to
2 expend moneys appropriated by law, including the legislature and the courts, but not
3 including an authority created in subch. III of ch. 149 or in ch. 231, 232, 233, 234, 235,
4 or 237.

5 **SECTION 36.** 20.145 (5) of the statutes is created to read:

6 20.145 (5) HEALTH INSURANCE RISK-SHARING PLAN. (g) *Insurer assessments.* All
7 moneys received in insurer assessments under s. 149.13, to be paid to the Health
8 Insurance Risk-Sharing Plan Authority under subch. III of ch. 149 for deposit in the
9 Health Insurance Risk-Sharing Plan fund under s. 149.11 (2).

10 (m) *Federal grants for high risk pool.* All moneys received from the federal
11 government in high risk pool grants, to be paid to the Health Insurance
12 Risk-Sharing Plan Authority under subch. III of ch. 149 for deposit in the Health
13 Insurance Risk-Sharing Plan fund under s. 149.11 (2).

14 **SECTION 37.** 20.435 (4) (u) of the statutes is repealed.

15 **SECTION 38.** 20.435 (4) (v) of the statutes is repealed.

16 **SECTION 39.** 25.17 (1) (gf) of the statutes is repealed.

17 **SECTION 40.** 25.55 (intro.) of the statutes is repealed.

18 **SECTION 41.** 25.55 (3) of the statutes is renumbered 149.11 (2) (a) 1. and
19 amended to read:

20 149.11 (2) (a) 1. Insurer assessments under ~~ch. 149 s. 149.13,~~ paid to the
21 authority under s. 20.145 (5) (g).

22 **SECTION 42.** 25.55 (4) of the statutes is renumbered 149.11 (2) (a) 2. and
23 amended to read:

24 149.11 (2) (a) 2. Premiums paid by eligible persons ~~under ch. 149.~~

25 **SECTION 43.** 70.11 (41m) of the statutes is created to read:

1 70.11 **(41m)** HEALTH INSURANCE RISK–SHARING PLAN AUTHORITY. All property
2 owned by the Health Insurance Risk–Sharing Plan Authority, provided that use of
3 the property is primarily related to the purposes of the authority.

4 **SECTION 44.** 71.07 (5g) of the statutes is created to read:

5 71.07 **(5g)** HEALTH INSURANCE RISK–SHARING PLAN ASSESSMENTS CREDIT. (a)
6 *Definitions.* In this subsection, “claimant” means a partner, limited liability
7 company member, or tax–option corporation shareholder who files a claim under this
8 subsection and who is a partner, member, or shareholder of an entity that is an
9 insurer, as defined in s. 149.10 (5).

10 (b) *Filing claims.* Subject to the limitations provided under this subsection, for
11 taxable years beginning after December 31, 2005, a claimant may claim as a credit
12 against the taxes imposed under s. 71.02 an amount that is equal to the amount of
13 the assessment under s. 149.13 that the claimant paid in the claimant’s taxable year,
14 multiplied by the percentage determined under par. (c) 1.

15 (c) *Limitations.* 1. The department of revenue, in consultation with the office
16 of the commissioner of insurance, shall determine the percentage under par. (b) for
17 each claimant for each taxable year. The percentage shall be equal to \$5,000,000
18 divided by the aggregate assessment under s. 149.13. The office of the commissioner
19 of insurance shall provide to each claimant that participates in the cost of
20 administering the plan the aggregate assessment at the time that it notifies the
21 claimant of the claimant’s assessment. The aggregate amount of the credit under
22 this subsection and ss. 71.28 (5g), 71.47 (5g), and 76.655 for all claimants
23 participating in the cost of administering the plan under ch. 149 shall not exceed
24 \$5,000,000 in each fiscal year.

1 2. Partnerships, limited liability companies, and tax–option corporations may
2 not claim the credit under this subsection, but the eligibility for, and the amount of,
3 the credit are based on their payment of amounts described under par. (b). A
4 partnership, limited liability company, or tax–option corporation shall compute the
5 amount of credit that each of its partners, members, or shareholders may claim and
6 shall provide that information to each of them. Partners, members of limited liability
7 companies, and shareholders of tax–option corporations may claim the credit in
8 proportion to their ownership interests.

9 3. The amount of any credits that a claimant is awarded under this subsection
10 for taxable years beginning after December 31, 2005, and before January 1, 2008,
11 may first be claimed against the tax imposed under this subchapter for taxable years
12 beginning after December 31, 2007, and in the manner determined by the
13 department of revenue.

14 (d) *Administration.* Section 71.28 (4) (e) to (h), as it applies to the credit under
15 s. 71.28 (4), applies to the credit under this subsection.

16 **SECTION 45.** 71.10 (4) (cp) of the statutes is created to read:

17 71.10 (4) (cp) Health Insurance Risk–Sharing Plan assessments credit under
18 s. 71.07 (5g).

19 **SECTION 46.** 71.21 (4) of the statutes is amended to read:

20 71.21 (4) Credits computed by a partnership under s. 71.07 (2dd), (2de), (2di),
21 (2dj), (2dL), (2dm), (2ds), (2dx), (3g), (3n), (3s), (3t), ~~and (5b), and (5g)~~ and passed
22 through to partners shall be added to the partnership's income.

23 **SECTION 47.** 71.26 (1) (be) of the statutes is amended to read:

1 71.26 (1) (be) *Certain authorities.* Income of the University of Wisconsin
2 Hospitals and Clinics Authority, of the Health Insurance Risk-Sharing Plan
3 Authority, and of the Fox River Navigational System Authority.

4 **SECTION 48.** 71.26 (2) (a) of the statutes is amended to read:

5 71.26 (2) (a) *Corporations in general.* The “net income” of a corporation means
6 the gross income as computed under the Internal Revenue Code as modified under
7 sub. (3) minus the amount of recapture under s. 71.28 (1di) plus the amount of credit
8 computed under s. 71.28 (1), (3), (4), and (5) minus, as provided under s. 71.28 (3) (c)
9 7., the amount of the credit under s. 71.28 (3) that the taxpayer added to income
10 under this paragraph at the time that the taxpayer first claimed the credit plus the
11 amount of the credit computed under s. 71.28 (1dd), (1de), (1di), (1dj), (1dL), (1dm),
12 (1ds), (1dx), (3g), (3n), (3t), ~~and (5b),~~ and (5g) and not passed through by a
13 partnership, limited liability company, or tax-option corporation that has added that
14 amount to the partnership’s, limited liability company’s, or tax-option corporation’s
15 income under s. 71.21 (4) or 71.34 (1) (g) plus the amount of losses from the sale or
16 other disposition of assets the gain from which would be wholly exempt income, as
17 defined in sub. (3) (L), if the assets were sold or otherwise disposed of at a gain and
18 minus deductions, as computed under the Internal Revenue Code as modified under
19 sub. (3), plus or minus, as appropriate, an amount equal to the difference between
20 the federal basis and Wisconsin basis of any asset sold, exchanged, abandoned, or
21 otherwise disposed of in a taxable transaction during the taxable year, except as
22 provided in par. (b) and s. 71.45 (2) and (5).

23 **SECTION 49.** 71.28 (5g) of the statutes is created to read:

1 **71.28 (5g) HEALTH INSURANCE RISK-SHARING PLAN ASSESSMENTS CREDIT.** (a)
2 *Definitions.* In this subsection, “claimant” means an insurer, as defined in s. 149.10
3 (5), who files a claim under this subsection.

4 (b) *Filing claims.* Subject to the limitations provided under this subsection, for
5 taxable years beginning after December 31, 2005, a claimant may claim as a credit
6 against the taxes imposed under s. 71.23 an amount that is equal to the amount of
7 assessment under s. 149.13 that the claimant paid in the claimant’s taxable year,
8 multiplied by the percentage determined under par. (c) 1.

9 (c) *Limitations.* 1. The department of revenue, in consultation with the office
10 of the commissioner of insurance, shall determine the percentage under par. (b) for
11 each claimant for each taxable year. The percentage shall be equal to \$5,000,000
12 divided by the aggregate assessment under s. 149.13. The office of the commissioner
13 of insurance shall provide to each claimant that participates in the cost of
14 administering the plan the aggregate assessment at the time that it notifies the
15 claimant of the claimant’s assessment. The aggregate amount of the credit under
16 this subsection and ss. 71.07 (5g), 71.47 (5g), and 76.655 for all claimants
17 participating in the cost of administering the plan under ch. 149 shall not exceed
18 \$5,000,000 in each fiscal year.

19 2. Partnerships, limited liability companies, and tax-option corporations may
20 not claim the credit under this subsection, but the eligibility for, and the amount of,
21 the credit are based on their payment of amounts described under par. (b). A
22 partnership, limited liability company, or tax-option corporation shall compute the
23 amount of credit that each of its partners, members, or shareholders may claim and
24 shall provide that information to each of them. Partners, members of limited liability

1 companies, and shareholders of tax–option corporations may claim the credit in
2 proportion to their ownership interests.

3 3. The amount of any credits that a claimant is awarded under this subsection
4 for taxable years beginning after December 31, 2005, and before January 1, 2008,
5 may first be claimed against the tax imposed under this subchapter for taxable years
6 beginning after December 31, 2007, and in the manner determined by the
7 department of revenue.

8 (d) *Administration.* Subsection (4) (e) to (h), as it applies to the credit under
9 sub. (4), applies to the credit under this subsection.

10 **SECTION 50.** 71.30 (3) (dm) of the statutes is created to read:

11 71.30 (3) (dm) Health Insurance Risk–Sharing Plan assessments credit under
12 s. 71.28 (5g).

13 **SECTION 51.** 71.34 (1) (g) of the statutes is amended to read:

14 71.34 (1) (g) An addition shall be made for credits computed by a tax–option
15 corporation under s. 71.28 (1dd), (1de), (1di), (1dj), (1dL), (1dm), (1ds), (1dx), (3), (3g),
16 (3n), (3t), ~~and (5b)~~, and (5g) and passed through to shareholders.

17 **SECTION 52.** 71.45 (2) (a) 10. of the statutes is amended to read:

18 71.45 (2) (a) 10. By adding to federal taxable income the amount of credit
19 computed under s. 71.47 (1dd) to (1dx), (3n), ~~and (5b)~~, and (5g) and not passed
20 through by a partnership, limited liability company, or tax–option corporation that
21 has added that amount to the partnership’s, limited liability company’s, or
22 tax–option corporation’s income under s. 71.21 (4) or 71.34 (1) (g) and the amount of
23 credit computed under s. 71.47 (1), (3), (3t), (4), and (5).

24 **SECTION 53.** 71.47 (5g) of the statutes is created to read:

1 **71.47 (5g) HEALTH INSURANCE RISK-SHARING PLAN ASSESSMENTS CREDIT.** (a)
2 *Definitions.* In this subsection, “claimant” means an insurer, as defined in s. 149.10
3 (5), who files a claim under this subsection.

4 (b) *Filing claims.* Subject to the limitations provided under this subsection, for
5 taxable years beginning after December 31, 2005, a claimant may claim as a credit
6 against the taxes imposed under s. 71.43 an amount that is equal to the amount of
7 assessment under s. 149.13 that the claimant paid in the claimant’s taxable year,
8 multiplied by the percentage determined under par. (c) 1.

9 (c) *Limitations.* 1. The department of revenue, in consultation with the office
10 of the commissioner of insurance, shall determine the percentage under par. (b) for
11 each claimant for each taxable year. The percentage shall be equal to \$5,000,000
12 divided by the aggregate assessment under s. 149.13. The office of the commissioner
13 of insurance shall provide to each claimant that participates in the cost of
14 administering the plan the aggregate assessment at the time that it notifies the
15 claimant of the claimant’s assessment. The aggregate amount of the credit under
16 this subsection and ss. 71.07 (5g), 71.28 (5g), and 76.655 for all claimants
17 participating in the cost of administering the plan under ch. 149 shall not exceed
18 \$5,000,000 in each fiscal year.

19 2. Partnerships, limited liability companies, and tax-option corporations may
20 not claim the credit under this subsection, but the eligibility for, and the amount of,
21 the credit are based on their payment of amounts described under par. (b). A
22 partnership, limited liability company, or tax-option corporation shall compute the
23 amount of credit that each of its partners, members, or shareholders may claim and
24 shall provide that information to each of them. Partners, members of limited liability

1 companies, and shareholders of tax–option corporations may claim the credit in
2 proportion to their ownership interests.

3 3. The amount of any credits that a claimant is awarded under this subsection
4 for taxable years beginning after December 31, 2005, and before January 1, 2008,
5 may first be claimed against the tax imposed under this subchapter for taxable years
6 beginning after December 31, 2007, and in the manner determined by the
7 department of revenue.

8 (d) *Administration.* Section 71.28 (4) (e) to (h), as it applies to the credit under
9 s. 71.28 (4), applies to the credit under this subsection.

10 **SECTION 54.** 71.49 (1) (dm) of the statutes is created to read:

11 71.49 (1) (dm) Health Insurance Risk–Sharing Plan assessments credit under
12 s. 71.47 (5g).

13 **SECTION 55.** 76.655 of the statutes is created to read:

14 **76.655 Health Insurance Risk–Sharing Plan assessments credit. (1)**

15 DEFINITIONS. In this section, “claimant” means an insurer, as defined in s. 149.10 (5),
16 who files a claim under this section.

17 (2) FILING CLAIMS. Subject to the limitations provided under this section, for
18 taxable years beginning after December 31, 2005, a claimant may claim as a credit
19 against the fees imposed under ss. 76.60, 76.63, 76.65, 76.66 or 76.67 an amount that
20 is equal to the amount of assessment under s. 149.13 that the claimant paid in the
21 claimant’s taxable year, multiplied by the percentage determined under sub. (3).

22 (3) LIMITATIONS. (a) The department of revenue, in consultation with the office
23 of the commissioner of insurance, shall determine the percentage under sub. (2) for
24 each claimant for each taxable year. The percentage shall be equal to \$5,000,000
25 divided by the aggregate assessment under s. 149.13. The office of the commissioner

1 of insurance shall provide to each claimant that participates in the cost of
2 administering the plan the aggregate assessment at the time that it notifies the
3 claimant of the claimant's assessment. The aggregate amount of the credit under
4 this subsection and ss. 71.07 (5g), 71.28 (5g), and 71.47 (5g) for all claimants
5 participating in the cost of administering the plan under ch. 149 shall not exceed
6 \$5,000,000 in each fiscal year.

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

12 **(4) CARRY-FORWARD.** If the credit under sub. (2) is not entirely offset against the
13 fees imposed under ss. 76.60, 76.63, 76.65, 76.66, or 76.67 that are otherwise due, the
14 unused balance may be carried forward and credited against those fees in the
15 following 15 years to the extent that it is not offset by those fees otherwise due in all
16 the years between the year in which the assessment was paid and the year in which
17 the carry-forward credit is claimed.

18 **SECTION 56.** 76.67 (2) of the statutes is amended to read:

19 76.67 **(2)** If any domestic insurer is licensed to transact insurance business in
20 another state, this state may not require similar insurers domiciled in that other
21 state to pay taxes greater in the aggregate than the aggregate amount of taxes that
22 a domestic insurer is required to pay to that other state for the same year less the
23 credit credits under ~~s.~~ ss. 76.635 and 76.655, except that the amount imposed shall
24 not be less than the total of the amounts due under ss. 76.65 (2) and 601.93 and, if
25 the insurer is subject to s. 76.60, 0.375% of its gross premiums, as calculated under

1 s. 76.62, less offsets allowed under s. 646.51 (7) or under ~~s.~~ ss. 76.635 and 76.655
2 against that total, and except that the amount imposed shall not be less than the
3 amount due under s. 601.93.

4 **SECTION 57.** 77.54 (9a) (a) of the statutes is amended to read:

5 77.54 **(9a)** (a) This state or any agency thereof, the University of Wisconsin
6 Hospitals and Clinics Authority, the Health Insurance Risk-Sharing Plan Authority,
7 and the Fox River Navigational System Authority.

8 **SECTION 58.** 77.92 (4) of the statutes is amended to read:

9 77.92 **(4)** “Net business income,” with respect to a partnership, means taxable
10 income as calculated under section 703 of the Internal Revenue Code; plus the items
11 of income and gain under section 702 of the Internal Revenue Code, including taxable
12 state and municipal bond interest and excluding nontaxable interest income or
13 dividend income from federal government obligations; minus the items of loss and
14 deduction under section 702 of the Internal Revenue Code, except items that are not
15 deductible under s. 71.21; plus guaranteed payments to partners under section 707
16 (c) of the Internal Revenue Code; plus the credits claimed under s. 71.07 (2dd), (2de),
17 (2di), (2dj), (2dL), (2dm), (2dr), (2ds), (2dx), (3g), (3s), (3n), (3t), ~~and (5b),~~ and (5g); and
18 plus or minus, as appropriate, transitional adjustments, depreciation differences,
19 and basis differences under s. 71.05 (13), (15), (16), (17), and (19); but excluding
20 income, gain, loss, and deductions from farming. “Net business income,” with respect
21 to a natural person, estate, or trust, means profit from a trade or business for federal
22 income tax purposes and includes net income derived as an employee as defined in
23 section 3121 (d) (3) of the Internal Revenue Code.

24 **SECTION 59.** 101.055 (2) (a) of the statutes is amended to read:

1 101.055 **(2)** (a) “Agency” means an office, department, independent agency,
2 authority, institution, association, society, or other body in state government created
3 or authorized to be created by the constitution or any law, and includes the
4 legislature and the courts, but excludes the Health Insurance Risk-Sharing Plan
5 Authority.

6 **SECTION 60.** 101.177 (1) (d) of the statutes is amended to read:

7 101.177 **(1)** (d) “State agency” means any office, department, agency,
8 institution of higher education, association, society, or other body in state
9 government created or authorized to be created by the constitution or any law ~~which~~
10 , that is entitled to expend moneys appropriated by law, including the legislature and
11 the courts, the Wisconsin Housing and Economic Development Authority, the
12 Bradley Center Sports and Entertainment Corporation, the University of Wisconsin
13 Hospitals and Clinics Authority, and the Wisconsin Health and Educational
14 Facilities Authority, but excluding the Health Insurance Risk-Sharing Plan
15 Authority.

16 **SECTION 61.** Chapter 149 (title) of the statutes is amended to read:

17 **CHAPTER 149**
18 **MANDATORY HEALTH INSURANCE**
19 **RISK-SHARING PLAN PLANS**

20 **SECTION 62.** Subchapter I (title) of chapter 149 [precedes 149.10] of the statutes
21 is created to read:

22 **CHAPTER 149**
23 **SUBCHAPTER I**
24 **GENERAL PROVISIONS**

25 **SECTION 63.** 149.10 (intro.) of the statutes is amended to read:

1 **149.10 Definitions.** (intro.) In this chapter, unless the context requires
2 otherwise:

3 **SECTION 64.** 149.10 (1) of the statutes is created to read:

4 149.10 (1) “Authority” means the Health Insurance Risk-Sharing Plan
5 Authority.

6 **SECTION 65.** 149.10 (2) of the statutes is amended to read:

7 149.10 (2) “Board” means the board of ~~governors established under s. 149.15~~
8 directors of the authority.

9 **SECTION 66.** 149.10 (2j) (a) 3. of the statutes is amended to read:

10 149.10 (2j) (a) 3. Part A ~~or~~, part B, or part D of title XVIII of the federal Social
11 Security Act.

12 **SECTION 67.** 149.10 (2m) of the statutes is repealed.

13 **SECTION 68.** 149.10 (2t) (c) of the statutes is amended to read:

14 149.10 (2t) (c) The individual does not have creditable coverage and is not
15 eligible for coverage under a group health plan, part A ~~or~~, part B, or part D of title
16 XVIII of the federal Social Security Act or a state plan under title XIX of the federal
17 Social Security Act or any successor program.

18 **SECTION 69.** 149.10 (3) of the statutes is amended to read:

19 149.10 (3) “Eligible person” means a resident ~~of this state~~ who qualifies under
20 s. 149.12 whether or not the person is legally responsible for the payment of medical
21 expenses incurred on the person’s behalf.

22 **SECTION 70.** 149.10 (3e) of the statutes is amended to read:

23 149.10 (3e) “Fund” means the ~~health insurance risk-sharing plan~~ Health
24 Insurance Risk-Sharing Plan fund under s. 149.11 (2).

25 **SECTION 71.** 149.10 (7) of the statutes is amended to read:

1 149.10 (7) “Medicare” means coverage under both part A and, part B, and part
2 D of Title XVIII of the federal social security act, 42 USC 1395 et seq., as amended.

3 **SECTION 72.** 149.10 (8) of the statutes is amended to read:

4 149.10 (8) “Plan” means the health care insurance plan established and
5 administered under subchapter II of this chapter.

6 **SECTION 73.** 149.10 (9) of the statutes is amended to read:

7 149.10 (9) “Resident” means a person who has been legally domiciled in this
8 state for a period of at least ~~30 days~~ 3 months or, with respect to an eligible individual,
9 an individual who resides in this state. For purposes of this chapter, legal domicile
10 is established by living in this state and obtaining a Wisconsin motor vehicle
11 operator’s license, registering to vote in Wisconsin, or filing a Wisconsin income tax
12 return. A child is legally domiciled in this state if the child lives in this state and if
13 at least one of the child’s parents or the child’s guardian is legally domiciled in this
14 state. A person with a developmental disability or another disability ~~which~~ that
15 prevents the person from obtaining a Wisconsin motor vehicle operator’s license,
16 registering to vote in Wisconsin, or filing a Wisconsin income tax return, is legally
17 domiciled in this state by living in this state.

18 **SECTION 74.** 149.10 (10) of the statutes is repealed.

19 **SECTION 75.** 149.105 of the statutes is created to read:

20 **149.105 Immunity.** No cause of action of any nature may arise against, and
21 no liability may be imposed upon, the authority, plan, or board; or any agent,
22 employee, or director of any of them; or participating insurers; or the commissioner;
23 or any of the commissioner’s agents, employees, or representatives, for any act or
24 omission by any of them in the performance of their powers and duties under this

1 chapter, unless the person asserting liability proves that the act or omission
2 constitutes willful misconduct.

3 **SECTION 76.** Subchapter II (title) of chapter 149 [precedes 149.11] of the
4 statutes is created to read:

5 **CHAPTER 149**

6 **SUBCHAPTER II**

7 **HEALTH INSURANCE RISK–SHARING**

8 **PLAN PROVISIONS**

9 **SECTION 77.** 149.11 of the statutes is repealed and recreated to read:

10 **149.11 Administration of plan. (1) AUTHORITY.** The authority shall be
11 responsible for the operation of the plan and, subject to ss. 149.43 (2) and 149.47, may
12 enter into contracts for the plan’s administration.

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

16 3. Federal moneys paid to the authority under s. 20.145 (5) (m).

17 4. The moneys transferred under 2005 Wisconsin Act (this act), section 166
18 (1).

19 5. The earnings resulting from investments under par. (b).

20 6. Any other moneys received by the authority from time to time.

21 (b) The authority controls the assets of the fund and shall select regulated
22 financial institutions in this state that receive deposits in which to establish and
23 maintain accounts for assets needed on a current basis. If practicable, the accounts
24 shall earn interest.

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

2 (a).

3 **SECTION 78.** 149.115 of the statutes is amended to read:

4 **149.115 Rules relating to creditable coverage.** The commissioner, ~~in~~
5 ~~consultation with the department,~~ shall promulgate rules that specify how
6 creditable coverage is to be aggregated for purposes of s. 149.10 (2t) (a) and that
7 determine the creditable coverage to which s. 149.10 (2t) (b) and (d) applies. The
8 rules shall comply with section 2701 (c) of P.L. 104–191.

9 **SECTION 79.** 149.12 (1) (intro.) of the statutes is amended to read:

10 149.12 (1) (intro.) Except as provided in subs. (1m) ~~and~~, (2), and (3), the ~~board~~
11 ~~or plan administrator~~ authority shall certify as eligible a person who is covered by
12 ~~medicare~~ Medicare because he or she is disabled under 42 USC 423, a person who
13 submits evidence that he or she has tested positive for the presence of HIV, antigen
14 or nonantigenic products of HIV, or an antibody to HIV, a person who is an eligible
15 individual, and any person who receives and submits any of the following based
16 wholly or partially on medical underwriting considerations within 9 months prior to
17 making application for coverage by the plan:

18 **SECTION 80.** 149.12 (1) (a) of the statutes is amended to read:

19 149.12 (1) (a) A notice of rejection of coverage from ~~one~~ 2 or more insurers.

20 **SECTION 81.** 149.12 (1m) of the statutes is amended to read:

21 149.12 (1m) The ~~board or plan administrator~~ authority may not certify a
22 person as eligible under circumstances requiring notice under sub. (1) (a) to (d) if the
23 required notices were issued by an insurance intermediary who is not acting as an
24 administrator, as defined in s. 633.01.

1 **SECTION 82.** 149.12 (2) (f) of the statutes is renumbered 149.12 (2) (f) 1. and
2 amended to read:

3 149.12 (2) (f) 1. ~~No~~ Except as provided in subd. 2., no person who is eligible for
4 medical assistance is eligible for coverage under the plan.

5 **SECTION 83.** 149.12 (2) (f) 2. of the statutes is created to read:

6 149.12 (2) (f) 2. Subdivision 1. does not apply to a person who is otherwise
7 eligible for coverage under the plan and who is eligible for only any of the following
8 types of medical assistance:

9 a. Family planning services under s. 49.45 (24r).

10 b. Care and services for the treatment of an emergency medical condition under
11 42 USC 1396b (v), as provided in s. 49.45 (27).

12 c. Medical assistance under s. 49.46 (1) (a) 15.

13 d. Ambulatory prenatal care under s. 49.465.

14 e. Medicare premium, coinsurance, and deductible payments under s. 49.46 (2)
15 (c) 2. or 3., 49.468 (1) (b) or (c), or 49.47 (6) (a) 6. b. or c.

16 f. Medicare premium payments under s. 49.46 (2) (cm), 49.468 (1m) or (2), or
17 49.47 (6) (a) 6m.

18 **SECTION 84.** 149.12 (2) (g) of the statutes is created to read:

19 149.12 (2) (g) A person is not eligible for coverage under the plan if the person
20 is eligible for any of the following:

21 1. Services under s. 46.27 (11), 46.275, 46.277, or 46.278.

22 2. Medical assistance provided as part of a family care benefit, as defined in s.
23 46.2805 (4).

24 3. Services provided under a waiver requested under 2001 Wisconsin Act 16,
25 section 9123 (16rs), or 2003 Wisconsin Act 33, section 9124 (8c).

1 4. Services provided under the program of all-inclusive care for persons aged
2 55 or older authorized under 42 USC 1396u-4.

3 5. Services provided under the demonstration program under a federal waiver
4 authorized under 42 USC 1315.

5 6. Health care coverage under the Badger Care health care program under s.
6 49.665.

7 **SECTION 85.** 149.12 (3) (a) of the statutes is amended to read:

8 149.12 **(3)** (a) Except as provided in pars. (b) to (c) and (bm), no person is eligible
9 for coverage under the plan for whom a premium, deductible, or coinsurance amount
10 is paid or reimbursed by a federal, state, county, or municipal government or agency
11 as of the first day of any term for which a premium amount is paid or reimbursed and
12 as of the day after the last day of any term during which a deductible or coinsurance
13 amount is paid or reimbursed.

14 **SECTION 86.** 149.12 (3) (c) of the statutes is repealed.

15 **SECTION 87.** 149.12 (4) and (5) of the statutes are created to read:

16 149.12 **(4)** Subject to subs. (1m), (2), and (3), the authority may establish
17 criteria that would enable additional persons to be eligible for coverage under the
18 plan. The authority shall ensure that any expansion of eligibility is consistent with
19 the purpose of the plan to provide health care coverage for those who are unable to
20 obtain health insurance in the private market and does not endanger the solvency
21 of the plan.

22 **(5)** The authority shall establish policies for determining and verifying the
23 continued eligibility of an eligible person.

24 **SECTION 88.** 149.13 (1) of the statutes is amended to read:

1 149.13 (1) Every insurer shall participate in the cost of administering the plan,
2 except the commissioner may by rule exempt as a class those insurers whose share
3 as determined under sub. (2) would be so minimal as to not exceed the estimated cost
4 of levying the assessment. The commissioner shall advise the ~~department~~ authority
5 of the insurers participating in the cost of administering the plan.

6 **SECTION 89.** 149.13 (3) (a) of the statutes is amended to read:

7 149.13 (3) (a) Each insurer's proportion of participation under sub. (2) shall be
8 determined annually by the commissioner based on annual statements and other
9 reports filed by the insurer with the commissioner. The commissioner shall assess
10 an insurer for the insurer's proportion of participation based on the total
11 assessments estimated by the ~~department~~ under s. 149.143 (2) (a) 3. authority.

12 **SECTION 90.** 149.13 (3) (b) of the statutes is amended to read:

13 149.13 (3) (b) If the ~~department~~ authority or the commissioner finds that the
14 commissioner's authority to require insurers to report under chs. 600 to 646 and 655
15 is not adequate to permit ~~the department,~~ the commissioner or the ~~board~~ authority
16 to carry out the ~~department's,~~ commissioner's or ~~board's~~ authority's responsibilities
17 under this ~~chapter~~ subchapter, the commissioner shall promulgate rules requiring
18 insurers to report the information necessary for the ~~department,~~ commissioner and
19 ~~board~~ authority to make the determinations required under this ~~chapter~~ subchapter.

20 **SECTION 91.** 149.13 (4) of the statutes is amended to read:

21 149.13 (4) Notwithstanding subs. (1) to (3), the department, with the
22 agreement of the commissioner, may perform various administrative functions
23 related to the assessment of insurers participating in the cost of administering the
24 plan. Neither the commissioner nor the department may assess any type of

1 insurance that was not being assessed as of December 1, 2005, or any type of insurer
2 that was not being assessed as December 1, 2005.

3 **SECTION 92.** 149.13 (4) of the statutes, as affected by 2005 Wisconsin Act ...
4 (this act), is amended to read:

5 149.13 (4) Notwithstanding subs. (1) to (3), the department authority, with the
6 agreement of the commissioner, may perform various administrative functions
7 related to the assessment of insurers participating in the cost of administering the
8 plan. Neither the commissioner nor the department authority may assess any type
9 of insurance that was not being assessed as of December 1, 2005, or any type of
10 insurer that was not being assessed as December 1, 2005.

11 **SECTION 93.** 149.14 (1) (a) of the statutes is amended to read:

12 149.14 (1) (a) The plan shall offer coverage for each eligible person in an
13 annually renewable policy ~~the coverage specified in this section for each eligible~~
14 ~~person.~~ If an eligible person is also eligible for ~~medicare~~ Medicare coverage, the plan
15 shall not pay or reimburse any person for expenses paid for by ~~medicare~~ Medicare.
16 If an eligible person is eligible for a type of medical assistance specified in s. 149.12
17 (2) (f) 2., the plan shall not pay or reimburse the person for expenses paid for by
18 Medical Assistance.

19 **SECTION 94.** 149.14 (2) (a) of the statutes is amended to read:

20 149.14 (2) (a) The plan shall provide every eligible person who is not eligible
21 for ~~medicare~~ Medicare with major medical expense coverage. Major medical expense
22 coverage offered under the plan under this section shall pay an eligible person's
23 covered expenses, subject to ~~sub. (3) and~~ deductible, copayment, and coinsurance
24 payments ~~authorized under sub. (5),~~ up to a lifetime limit of \$1,000,000 per covered

1 individual. ~~The maximum limit under this paragraph shall not be altered by the~~
2 ~~board, and no actuarially equivalent benefit may be substituted by the board.~~

3 **SECTION 95.** 149.14 (3) (intro.) of the statutes is amended to read:

4 149.14 (3) COVERED EXPENSES. (intro.) ~~Except as provided in sub. (4), except~~
5 ~~as restricted by cost containment provisions under s. 149.17 (4) and except as~~
6 ~~reduced by the department under ss. 149.143 and 149.144, covered Covered expenses~~
7 ~~for the coverage under this section the plan shall be the payment rates established~~
8 ~~by the department under s. 149.142 authority for the services provided by persons~~
9 ~~licensed under ch. 446 and certified under s. 49.45 (2) (a) 11. Except as provided in~~
10 ~~sub. (4), except as restricted by cost containment provisions under s. 149.17 (4) and~~
11 ~~except as reduced by the department under ss. 149.143 and 149.144, covered Covered~~
12 ~~expenses for the coverage under this section the plan shall also be the payment rates~~
13 ~~established by the department under s. 149.142 authority for, at a minimum, the~~
14 ~~following services and articles if the service or article is prescribed by a physician~~
15 ~~who is licensed under ch. 448 or in another state and who is certified under s. 49.45~~
16 ~~(2) (a) 11. and if the service or article is provided by a provider certified under s. 49.45~~
17 ~~(2) (a) 11.:~~

18 **SECTION 96.** 149.14 (3) (b) of the statutes is repealed and recreated to read:

19 149.14 (3) (b) Professional services for the diagnosis or treatment of injuries,
20 illnesses, or conditions, other than mental or dental.

21 **SECTION 97.** 149.14 (3) (c) 1. of the statutes is repealed and recreated to read:

22 149.14 (3) (c) 1. Inpatient hospital services, as defined in s. 632.89 (1) (d),
23 outpatient services, as defined in s. 632.89 (1) (e), and transitional treatment
24 arrangements, as defined in s. 632.89 (1) (f), at least to the extent required under s.
25 632.89.

1 **SECTION 98.** 149.14 (3) (c) 2. of the statutes is repealed.

2 **SECTION 99.** 149.14 (3) (c) 3. of the statutes is amended to read:

3 149.14 **(3)** (c) 3. Subject to the limits under subd. 2. and to rules promulgated
4 by the department of health and family services under s. 149.14 (3) (c) 3., 2003 stats.,
5 services for the chronically mentally ill in community support programs operated
6 under s. 51.421.

7 **SECTION 100.** 149.14 (3) (c) 3. of the statutes, as affected by 2005 Wisconsin Act
8 (this act), is amended to read:

9 149.14 **(3)** (c) 3. Subject to the limits under subd. ~~2. and to rules promulgated~~
10 ~~by the department of health and family services under s. 149.14 (3) (c) 3., 2003 stats.~~
11 1., services for the chronically mentally ill in community support programs operated
12 under s. 51.421.

13 **SECTION 101.** 149.14 (3) (d) of the statutes is amended to read:

14 149.14 **(3)** (d) Drugs requiring a physician's prescription, ~~subject to sub. (4e).~~

15 **SECTION 102.** 149.14 (3) (e) of the statutes is amended to read:

16 149.14 **(3)** (e) ~~Services~~ For persons eligible for Medicare, services of a licensed
17 skilled nursing facility ~~for eligible persons eligible for medicare~~, to the extent
18 required by s. 632.895 (3) and for not more than an aggregate 120 days during a
19 calendar year, if the services are of the type ~~which~~ that would qualify as reimbursable
20 services under medicare Medicare. Coverage under this paragraph ~~which~~ that is not
21 required by s. 632.895 (3) is subject to ~~the~~ any deductible and coinsurance
22 requirements ~~under sub. (5) provided by the authority.~~

23 **SECTION 103.** 149.14 (3) (f) of the statutes is created to read:

24 149.14 **(3)** (f) Services of a home health agency, as defined in s. 50.49 (1) (a), only
25 to the extent required under s. 632.895 (2).

1 **SECTION 104.** 149.14 (3) (m) of the statutes is amended to read:

2 149.14 (3) (m) Oral surgery for excision of partially or completely unerupted,
3 impacted teeth and oral surgery with respect to the gums and other tissues of the
4 mouth when not performed in connection with the extraction or repair of teeth.

5 **SECTION 105.** 149.14 (3) (o) of the statutes is amended to read:

6 149.14 (3) (o) ~~Transportation~~ Emergency and other medically necessary
7 transportation provided by a licensed ambulance service to the nearest facility
8 qualified to treat ~~the~~ a covered condition.

9 **SECTION 106.** 149.14 (3) (p) of the statutes is renumbered 149.14 (3) (em).

10 **SECTION 107.** 149.14 (4) of the statutes, as affected by 2005 Wisconsin Act ...
11 (this act), is repealed and recreated to read:

12 149.14 (4) PLAN DESIGN. Subject to subs. (1) to (3), (5), and (6), the authority
13 shall establish the plan design, after taking into consideration the levels of health
14 insurance coverage provided in the state and medical economic factors, as
15 appropriate. Subject to subs. (1) to (3), (5), and (6), the authority shall provide benefit
16 levels, deductibles, copayment and coinsurance requirements, exclusions, and
17 limitations under the plan that the authority determines generally reflect and are
18 commensurate with comprehensive health insurance coverage offered in the private
19 individual market in the state. The authority may develop additional benefit designs
20 that are responsive to market conditions.

21 **SECTION 108.** 149.14 (4) (d) of the statutes is amended to read:

22 149.14 (4) (d) That part of any charge for services or articles rendered or
23 prescribed by a physician, dentist, or other health care personnel that exceeds the
24 payment rate established by the ~~department~~ authority under s. 149.142 ~~and reduced~~
25 ~~under ss. 149.143 and 149.144~~ or any charge not medically necessary.

1 **SECTION 109.** 149.14 (4) (m) of the statutes is amended to read:

2 149.14 **(4)** (m) Experimental treatment, as determined by the department
3 authority.

4 **SECTION 110.** 149.14 (4c) of the statutes is repealed.

5 **SECTION 111.** 149.14 (4m) of the statutes is renumbered 149.142 (2m) and
6 amended to read:

7 149.142 **(2m)** PAYMENT IS PAYMENT IN FULL. Except for copayments, coinsurance,
8 or deductibles required or authorized under the plan, a provider of a covered service
9 or article shall accept as payment in full for the covered service or article the payment
10 rate determined under ~~ss. 149.142, 149.143 and 149.144~~ sub. (1) and may not bill an
11 eligible person who receives the service or article for any amount by which the charge
12 for the service or article is reduced under ~~s. 149.142, 149.143 or 149.144~~ sub. (1).

13 **SECTION 112.** 149.14 (5) of the statutes, as affected by 2005 Wisconsin Act ...
14 (this act), is repealed and recreated to read:

15 149.14 **(5)** DEDUCTIBLE AND COPAYMENT SUBSIDIES. (a) The authority shall
16 establish and provide subsidies for deductibles paid by eligible persons with coverage
17 under s. 149.14 (2) (a) and household incomes specified in s. 149.165 (2) (a) 1. to 5.

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

20 **SECTION 113.** 149.14 (5) (b) of the statutes is amended to read:

21 149.14 **(5)** (b) Except as provided in ~~pars. (c) and (e)~~ par. (c), if the covered costs
22 incurred by the eligible person exceed the deductible for major medical expense
23 coverage in a calendar year, the plan shall pay at least 80% of any additional covered
24 costs incurred by the person during the calendar year.

25 **SECTION 114.** 149.14 (5) (c) of the statutes is amended to read:

1 149.14 (5) (c) ~~Except as provided in par. (e), if~~ If the aggregate of the covered
2 costs not paid by the plan under par. (b) and the deductible exceeds \$500 for an
3 eligible person receiving medicare, \$2,000 for any other eligible person during a
4 calendar year or \$4,000 for all eligible persons in a family, the plan shall pay 100%
5 of all covered costs incurred by the eligible person during the calendar year after the
6 payment ceilings under this paragraph are exceeded.

7 **SECTION 115.** 149.14 (5) (d) of the statutes is repealed.

8 **SECTION 116.** 149.14 (5) (e) of the statutes is repealed.

9 **SECTION 117.** 149.14 (5m) of the statutes is repealed.

10 **SECTION 118.** 149.14 (6) (a) of the statutes is repealed.

11 **SECTION 119.** 149.14 (6) (b) of the statutes is renumbered 149.14 (6).

12 **SECTION 120.** 149.14 (7) (b) of the statutes is amended to read:

13 149.14 (7) (b) The department authority has a cause of action against an
14 eligible participant for the recovery of the amount of benefits paid ~~which~~ that are not
15 for covered expenses under the plan. Benefits under the plan may be reduced or
16 refused as a setoff against any amount recoverable under this paragraph.

17 **SECTION 121.** 149.14 (7) (c) of the statutes is amended to read:

18 149.14 (7) (c) The department authority is subrogated to the rights of an
19 eligible person to recover special damages for illness or injury to the person caused
20 by the act of a 3rd person to the extent that benefits are provided under the plan.
21 ~~Section 814.03 (3) applies to the department under this paragraph.~~

22 **SECTION 122.** 149.14 (8) of the statutes is repealed.

23 **SECTION 123.** 149.141 of the statutes is created to read:

1 **149.141 Premiums. (1) PERCENTAGE OF COSTS.** Except as provided in sub. (2),
2 the authority shall set premium rates for coverage under the plan at a level that is
3 sufficient to cover 60 percent of plan costs, as provided in s. 149.143 (1).

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

6 **SECTION 124.** 149.142 (1) (a) of the statutes is renumbered 149.142 (1) and
7 amended to read:

8 149.142 (1) ESTABLISHMENT OF RATES. ~~Except as provided in par. (b), the~~
9 ~~department~~ The authority shall establish provider payment rates for covered
10 expenses that consist of the allowable charges paid under s. 49.46 (2) for the services
11 and articles provided plus an enhancement determined by the ~~department~~ authority.
12 The rates shall be based on the allowable charges paid under s. 49.46 (2), projected
13 plan costs, and trend factors. Using the same methodology that applies to medical
14 assistance under subch. IV of ch. 49, the ~~department~~ authority shall establish
15 hospital outpatient per visit reimbursement rates and hospital inpatient
16 reimbursement rates that are specific to diagnostically related groups of eligible
17 persons. The adjustments to the usual and customary rates shall be sufficient to
18 cover the portion of plan costs specified in s. 149.143 (1) (c) and (2) (b).

19 **SECTION 125.** 149.142 (1) (b) of the statutes is repealed.

20 **SECTION 126.** 149.142 (2) of the statutes is repealed.

21 **SECTION 127.** 149.143 of the statutes is repealed and recreated to read:

22 **149.143 Payment of plan costs. (1) COSTS EXCLUDING SUBSIDIES.** The
23 authority shall pay plan costs, excluding any premium, deductible, and copayment
24 subsidies, first from federal funds, if any, that are transferred to the fund under s.
25 20.145 (5) (m) and that exceed premium, deductible, and copayment subsidy costs in

1 a policy year. The remainder of the plan costs, excluding premium, deductible, and
2 copayment subsidy costs, shall be paid as follows:

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

4 (b) Twenty percent from insurer assessments under s. 149.13.

5 (c) Twenty percent from adjustments to provider payment rates under s.
6 149.142.

7 **(2) SUBSIDY COSTS.** The authority shall pay for premium, deductible, and
8 copayment subsidies in a policy year first from federal funds, if any, that are
9 transferred to the fund under s. 20.145 (5) (m) in that year. The remainder of the
10 subsidy costs shall be paid as follows:

11 (a) Fifty percent from insurer assessments under s. 149.13.

12 (b) Fifty percent from adjustments to provider payment rates under s. 149.142.

13 **SECTION 128.** 149.144 of the statutes is repealed.

14 **SECTION 129.** 149.145 of the statutes is repealed.

15 **SECTION 130.** 149.146 (1) (a) and (b) of the statutes are consolidated,
16 renumbered 149.14 (2) (c) 1. and amended to read:

17 149.14 **(2) (c) 1.** ~~Beginning on January 1, 1998, in~~ In addition to the coverage
18 required under s. 149.14 pars. (a) and (b), the plan shall offer to all eligible persons
19 who are not eligible for ~~medicare~~ Medicare a choice of coverage, as described in
20 section 2744 (a) (1) (C), P.L. 104–191. Any such choice of coverage shall be major
21 medical expense coverage. ~~(b) An eligible person under par. (a) who is not eligible~~
22 for Medicare may elect once each year, at the time and according to procedures
23 established by the ~~department~~ authority, among the coverages offered under this
24 ~~section and s. 149.14 paragraph and par. (a)~~. If an eligible person elects new
25 coverage, any preexisting condition exclusion imposed under the new coverage is met

1 to the extent that the eligible person has been previously and continuously covered
2 under ~~this chapter~~ the plan. No preexisting condition exclusion may be imposed on
3 an eligible person who elects new coverage if the person was an eligible individual
4 when first covered under ~~this chapter~~ the plan and the person remained
5 continuously covered under ~~this chapter~~ the plan up to the time of electing the new
6 coverage.

7 **SECTION 131.** 149.146 (2) (a) of the statutes is renumbered 149.14 (2) (c) 2. and
8 amended to read:

9 149.14 (2) (c) 2. ~~Except as specified by the department, the terms of coverage~~
10 ~~under s. 149.14, including deductible reductions under s. 149.14 (5) (a) and~~
11 ~~prescription drug copayment reductions under s. 149.14 (5) (e), do not apply to the~~
12 ~~coverage offered under this section.~~ Premium reductions under s. 149.165 and
13 deductible subsidies and prescription drug copayment subsidies under s. 149.14 (5)
14 do not apply to the coverage offered under this section paragraph.

15 **SECTION 132.** 149.146 (2) (am) of the statutes is repealed.

16 **SECTION 133.** 149.146 (2) (b) of the statutes is repealed.

17 **SECTION 134.** 149.15 of the statutes is repealed.

18 **SECTION 135.** 149.16 of the statutes is repealed.

19 **SECTION 136.** 149.165 (1) of the statutes is amended to read:

20 149.165 (1) ~~Except as provided in s. 149.146 (2) (a), the department~~ The
21 authority shall reduce the premiums established under s. 149.11 in conformity with
22 ~~ss. 149.14 (5m), 149.143 and 149.17~~ s. 149.141 for the eligible persons and in the
23 manner set forth in subs. (2) and (3).

24 **SECTION 137.** 149.165 (2) (a) (intro.) of the statutes is amended to read:

1 149.165 (2) (a) (intro.) Subject to sub. (3m), if the household income, as defined
2 in s. 71.52 (5) and as determined under sub. (3), of an eligible person with coverage
3 under s. 149.14 (2) (a) is equal to or greater than the first amount and less than the
4 2nd amount listed in any of the following, the ~~department~~ authority shall reduce the
5 premium for the eligible person to the rate shown after the amounts:

6 **SECTION 138.** 149.165 (2) (bc) of the statutes is amended to read:

7 149.165 (2) (bc) Subject to sub. (3m), if the household income, as defined in s.
8 71.52 (5) and as determined under sub. (3), of an eligible person with coverage under
9 s. 149.14 (2) (b) is equal to or greater than the first amount and less than the 2nd
10 amount listed in par. (a) 1., 2., 3., 4., or 5., the ~~department~~ authority shall reduce the
11 premium established for the eligible person by the same percentage as the
12 ~~department~~ authority reduces, under par. (a), the premium established for an
13 eligible person with coverage under s. 149.14 (2) (a) who has a household income
14 specified in the same subdivision under par. (a) as the household income of the
15 eligible person with coverage under s. 149.14 (2) (b).

16 **SECTION 139.** 149.165 (3) (a) of the statutes is amended to read:

17 149.165 (3) (a) Subject to par. (b), the ~~department~~ authority shall establish and
18 implement the method for determining the household income of an eligible person
19 under sub. (2).

20 **SECTION 140.** 149.165 (3) (b) (intro.) of the statutes is amended to read:

21 149.165 (3) (b) (intro.) In determining household income under sub. (2), the
22 ~~department~~ authority shall consider information submitted by an eligible person on
23 a completed federal profit or loss from farming form, schedule F, if all of the following
24 apply:

25 **SECTION 141.** 149.165 (3m) of the statutes is amended to read:

1 149.165 (3m) The board authority may approve adjustment of the household
2 income dollar amounts listed in sub. (2) (a) 1. to 5., except for the first dollar amount
3 listed in sub. (2) (a) 1., to reflect changes in the consumer price index for all urban
4 consumers, U.S. city average, as determined by the U.S. department of labor.

5 **SECTION 142.** 149.165 (4) of the statutes is repealed.

6 **SECTION 143.** 149.17 (1) of the statutes is amended to read:

7 149.17 (1) Subject to ss. ~~149.14 (5m)~~, s. 149.143 and ~~149.146 (2) (b)~~, a rating
8 plan calculated in accordance with generally accepted actuarial principles.

9 **SECTION 144.** 149.17 (2) of the statutes is repealed.

10 **SECTION 145.** 149.17 (4) of the statutes is repealed.

11 **SECTION 146.** 149.175 of the statutes is repealed.

12 **SECTION 147.** 149.18 of the statutes is amended to read:

13 **149.18 Chapters 600 to 645 applicable.** Except as otherwise provided in this
14 chapter ~~subchapter~~, the plan shall comply and be administered in compliance with
15 chs. 600 to 645.

16 **SECTION 148.** 149.20 of the statutes is repealed.

17 **SECTION 149.** 149.25 of the statutes is repealed.

18 **SECTION 150.** Subchapter III of chapter 149 [precedes 149.40] of the statutes
19 is created to read:

20 **CHAPTER 149**

21 SUBCHAPTER III

22 HEALTH INSURANCE RISK–SHARING

23 PLAN AUTHORITY

24 **149.40 Definitions.** In this subchapter:

25 **(1)** “Authority” means the Health Insurance Risk–Sharing Plan Authority.

1 **(2)** “Board” means the board of directors of the authority.

2 **149.41 Creation and organization of authority. (1)** There is created a
3 public body corporate and politic to be known as the “Health Insurance Risk–Sharing
4 Plan Authority.” The board of directors of the authority shall consist of the
5 commissioner of insurance, or his or her designee, as a nonvoting member, and the
6 following members, who shall be nominated by the governor, and with the advice and
7 consent of the senate appointed, for 3–year terms:

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

9 (b) Four members who represent health care providers, including one
10 representative of the Wisconsin Medical Society, one representative of the Wisconsin
11 Hospital Association, Inc., one representative of the Pharmacy Society of Wisconsin,
12 and one representative of health care providers that provide services to persons with
13 coverage under the plan.

14 (c) Five other members, at least one of whom represents small businesses that
15 purchase private health insurance, one of whom is a professional consumer advocate
16 who is familiar with the plan, and at least 2 of whom are persons with coverage under
17 the plan.

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

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

23 **(4)** Annually, the governor shall appoint one member other than the
24 commissioner as chairperson, and the members of the board may elect other officers
25 as they consider appropriate. Seven voting members of the board constitute a

1 quorum for the purpose of conducting the business and exercising the powers of the
2 authority, notwithstanding the existence of any vacancy. The board may take action
3 upon a vote of a majority of the members present, unless the bylaws of the authority
4 require a larger number.

5 (5) The board may appoint an executive director who shall not be a member of
6 the board and who shall serve at the pleasure of the board. The authority may
7 delegate by resolution to one or more of its members or its executive director any
8 powers and duties that it considers proper. The executive director shall receive such
9 compensation as may be determined by the board. The executive director or other
10 person designated by resolution of the board shall keep a record of the proceedings
11 of the authority and shall be custodian of all books, documents, and papers filed with
12 the authority, the minute book or journal of the authority, and its official seal. The
13 executive director or other person may cause copies to be made of all minutes and
14 other records and documents of the authority and may give certificates under the
15 official seal of the authority to the effect that such copies are true copies, and all
16 persons dealing with the authority may rely upon such certificates.

17 **149.43 Duties of authority.** In addition to all other duties imposed under this
18 chapter, the authority shall do all of the following:

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

20 (2) Contract with the plan administrator under s. 149.16, 2003 stats., in the
21 manner required under 2005 Wisconsin Act (this act), section 165 (1) (b) until the
22 end of the contract term.

23 (3) Establish the authority's annual budget and monitor the fiscal
24 management of the authority.

1 **(4)** Beginning on July 1, 2006, do, or contract with another person to do, all of
2 the following:

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

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

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

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

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

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

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

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

20 **149.45 Powers of authority. (1)** Except as restricted under sub. (2), the
21 authority shall have all the powers necessary or convenient to carry out the purposes
22 and provisions of this chapter. In addition to all other powers granted by this chapter,
23 the authority may:

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

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

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

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

5 (e) Contract for any professional services required for the authority, subject to
6 ss. 149.43 (2) and 149.47.

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

11 (g) Execute contracts and other instruments.

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

14 (i) Procure liability insurance.

15 **(2)** The authority may not issue bonds.

16 **149.47 Contracting for professional services. (1)** Whenever contracting
17 for professional services, the authority shall solicit competitive sealed bids or
18 competitive sealed proposals, whichever is appropriate. Each request for
19 competitive sealed proposals shall state the relative importance of price and other
20 evaluation factors.

21 **(2)** (a) When the estimated cost exceeds \$25,000, the authority may invite
22 competitive sealed bids or proposals by publishing a class 2 notice under ch. 985 or
23 by posting notice on the Internet at a site determined or approved by the authority.
24 The notice shall describe the contractual services to be purchased, the intent to make
25 the procurement by solicitation of bids or proposals, any requirement for surety, and

1 the date the bids or proposals will be opened, which shall be at least 7 days after the
2 date of the last insertion of the notice or at least 7 days after the date of posting on
3 the Internet.

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

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

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

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

22 **(4)** (a) After receiving each offerer's best and final offer, the authority shall
23 determine which proposal is most advantageous and shall award the contract to the
24 person who offered it. The authority's determination shall be based only on price and
25 the other evaluation factors specified in the request for bids or proposals. The

1 authority shall state in writing the reason for the award and shall place the
2 statement in the contract file.

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

5 **149.50 Political activities. (1)** No employee of the authority may directly
6 or indirectly solicit or receive subscriptions or contributions for any partisan political
7 party or any political purpose while engaged in his or her official duties as an
8 employee. No employee of the authority may engage in any form of political activity
9 calculated to favor or improve the chances of any political party or any person seeking
10 or attempting to hold partisan political office while engaged in his or her official
11 duties as an employee or engage in any political activity while not engaged in his or
12 her official duties as an employee to such an extent that the person's efficiency during
13 working hours will be impaired or that he or she will be tardy or absent from work.
14 Any violation of this section is adequate grounds for dismissal.

15 **(2)** If an employee of the authority declares an intention to run for partisan
16 political office, the employee shall be placed on a leave of absence for the duration
17 of the election campaign and if elected shall no longer be employed by the authority
18 on assuming the duties and responsibilities of such office.

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

21 **(4)** Persons on leave of absence under sub. (2) or (3) shall not be subject to the
22 restrictions of sub. (1), except as they apply to the solicitation of assistance,
23 subscription, or support from any other employee in the authority.

24 **149.53 Liability limited. (1)** Neither the state nor any political subdivision
25 of the state nor any officer, employee, or agent of the state or a political subdivision

1 who is acting within the scope of employment or agency is liable for any debt,
2 obligation, act, or omission of the authority.

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

5 **SECTION 151.** 149.40 of the statutes, as created by 2005 Wisconsin Act (this
6 act), is repealed.

7 **SECTION 152.** Subchapter IV of chapter 149 [precedes 149.60] of the statutes
8 is created to read:

9 **CHAPTER 149**

10 **SUBCHAPTER IV**

11 **HEALTH CARE TAX CREDIT PROGRAM**

12 **149.60 Definition.** In this subchapter, “eligible individual” has the meaning
13 given in 26 USC 35 (c).

14 **149.65 Program requirements. (1)** Subject to sub. (2), the authority shall
15 design and administer a program of health care coverage, called the Health Care Tax
16 Credit Program, under which a covered eligible individual may receive an income tax
17 credit under 26 USC 35 for a portion of premiums paid for the coverage. The Health
18 Care Tax Credit Program shall be designed to satisfy the requirements of qualified
19 health insurance under 26 USC 35 (e) (1) (E), (2), and (3).

20 **(2)** Subsection (1) applies only as long as federal law provides for income tax
21 credits for premiums paid for coverage that satisfies the requirements specified in
22 sub. (1).

23 **149.70 Eligibility.** An individual shall be eligible for coverage under the
24 Health Care Tax Credit Program if the individual is any of the following:

25 **(1)** An eligible individual for whom all of the following apply:

1 (a) The aggregate of the individual’s periods of creditable coverage, determined
2 in the manner provided by rule under s. 149.115, is 3 months or more.

3 (b) The individual does not have other health care coverage.

4 (c) The individual is not confined in a prison, jail, or house of correction.

5 **(2)** An individual who is a qualifying family member, as defined in 26 USC 35
6 (d), of an eligible individual described in sub. (1) and who does not have other health
7 care coverage.

8 **SECTION 153.** 230.03 (3) of the statutes is amended to read:

9 230.03 **(3)** “Agency” means any board, commission, committee, council, or
10 department in state government or a unit thereof created by the constitution or
11 statutes if such board, commission, committee, council, department, unit, or the
12 head thereof, is authorized to appoint subordinate staff by the constitution or
13 statute, except a legislative or judicial board, commission, committee, council,
14 department, or unit thereof or an authority created under ~~chs.~~ subch. III of ch. 149
15 or under ch. 231, 232, 233, 234, 235, or 237. “Agency” does not mean any local unit
16 of government or body within one or more local units of government that is created
17 by law or by action of one or more local units of government.

18 **SECTION 154.** 230.80 (4) of the statutes is amended to read:

19 230.80 **(4)** “Governmental unit” means any association, authority, board,
20 commission, department, independent agency, institution, office, society, or other
21 body in state government created or authorized to be created by the constitution or
22 any law, including the legislature, the office of the governor, and the courts, but
23 excluding the Health Insurance Risk-Sharing Plan Authority. “Governmental unit”
24 does not mean any political subdivision of the state or body within one or more

1 political subdivisions ~~which~~ that is created by law or by action of one or more political
2 subdivisions.

3 **SECTION 155.** 601.41 (1) of the statutes is amended to read:

4 601.41 (1) DUTIES. The commissioner shall administer and enforce chs. 600 to
5 655 and ss. 59.52 (11) (c), 66.0137 (4) and (4m), 100.203, 120.13 (2) (b) to (g), and
6 149.13, ~~and 149.144~~ and shall act as promptly as possible under the circumstances
7 on all matters placed before the commissioner.

8 **SECTION 156.** 601.415 (12) of the statutes is amended to read:

9 601.415 (12) ~~HEALTH INSURANCE RISK SHARING PLAN~~ INSURANCE RISK SHARING
10 PLAN. The commissioner shall perform the duties specified to be performed by the
11 commissioner in ss. s. 149.13 and 149.144. ~~The commissioner, or his or her designee,~~
12 ~~shall serve as a member of the board under s. 149.15.~~

13 **SECTION 157.** 601.64 (1) of the statutes is amended to read:

14 601.64 (1) INJUNCTIONS AND RESTRAINING ORDERS. The commissioner may
15 commence an action in circuit court in the name of the state to restrain by temporary
16 or permanent injunction or by temporary restraining order any violation of chs. 600
17 to 655, or s. 149.13 ~~or 149.144~~, any rule promulgated under chs. 600 to 655, or any
18 order issued under s. 601.41 (4). The commissioner need not show irreparable harm
19 or lack of an adequate remedy at law in an action commenced under this subsection.

20 **SECTION 158.** 601.64 (3) (a) of the statutes is amended to read:

21 601.64 (3) (a) *Restitutionary forfeiture.* Whoever violates an effective order
22 issued under s. 601.41 (4), any insurance statute or rule, or s. 149.13 ~~or 149.144~~ shall
23 forfeit to the state twice the amount of any profit gained from the violation, in
24 addition to any other forfeiture or penalty imposed.

25 **SECTION 159.** 601.64 (3) (c) of the statutes is amended to read:

1 601.64 (3) (c) *Forfeiture for violation of statute or rule.* Whoever violates an
2 insurance statute or rule or s. 149.13 ~~or 149.144~~, intentionally aids a person in
3 violating an insurance statute or rule or s. 149.13 ~~or 149.144~~, or knowingly permits
4 a person over whom he or she has authority to violate an insurance statute or rule
5 or s. 149.13 ~~or 149.144~~ shall forfeit to the state not more than \$1,000 for each
6 violation. If the statute or rule imposes a duty to make a report to the commissioner,
7 each week of delay in complying with the duty is a new violation.

8 **SECTION 160.** 601.64 (4) of the statutes is amended to read:

9 601.64 (4) CRIMINAL PENALTY. Whoever intentionally violates or intentionally
10 permits any person over whom he or she has authority to violate or intentionally aids
11 any person in violating any insurance statute or rule of this state, s. 149.13 ~~or~~
12 ~~149.144~~, or any effective order issued under s. 601.41 (4) is guilty of a Class I felony,
13 unless a specific penalty is provided elsewhere in the statutes. Intent has the
14 meaning expressed under s. 939.23.

15 **SECTION 161.** 613.03 (4) of the statutes is amended to read:

16 613.03 (4) ~~MANDATORY HEALTH INSURANCE RISK-SHARING PLAN~~ HEALTH INSURANCE
17 RISK-SHARING PLAN. Service insurance corporations organized or operating under
18 this chapter are subject to the requirements that apply to insurers and insurance
19 under ch. 149.

20 **SECTION 162.** 631.20 (2) (f) of the statutes is created to read:

21 631.20 (2) (f) In the case of a policy form under ch. 149, that any of the following
22 applies:

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

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

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

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

8 **SECTION 163.** 632.785 (title) of the statutes is amended to read:

9 **632.785 (title) Notice of mandatory risk-sharing plan Health Insurance**
10 **Risk-Sharing Plan.**

11 **SECTION 164.** 895.65 (1) (c) of the statutes is amended to read:

12 895.65 (1) (c) “Governmental unit” means any association, authority, board,
13 commission, department, independent agency, institution, office, society or other
14 body in state government created or authorized to be created by the constitution or
15 any law, including the legislature, the office of the governor and the courts.
16 “Governmental unit” does not mean the University of Wisconsin Hospitals and
17 Clinics Authority, the Health Insurance Risk-Sharing Plan Authority, or any
18 political subdivision of the state or body within one or more political subdivisions
19 which is created by law or by action of one or more political subdivisions.

20 **SECTION 165. Nonstatutory provisions.**

21 (1) ADMINISTRATOR CONTRACT.

22 (a) Because the legislature has determined that it is in the best interest of the
23 Health Insurance Risk-Sharing Plan to have the Health Insurance Risk-Sharing
24 Plan Authority administer the Health Insurance Risk-Sharing Plan beginning on
25 July 1, 2006, the department of health and family services shall, no later than

1 January 1, 2006, give written notice to the plan administrator under section 149.16,
2 2003 stats., terminating the contract between the department of health and family
3 services and the plan administrator effective July 1, 2006.

4 (b) Notwithstanding the treatment of sections 149.11 (1), 149.12 (1) (intro.) and
5 (1m), and 149.16 of the statutes, as affected by this act, the Health Insurance
6 Risk-Sharing Plan Authority shall enter into a contract with the plan administrator
7 under section 149.16, 2003 stats., that has the same terms and conditions as the
8 contract under paragraph (a) and under which the plan administrator has the same
9 rights, duties, and obligations as it had under the contract under paragraph (a) and
10 the Health Insurance Risk-Sharing Plan Authority has the same rights, duties, and
11 obligations as the department of health and family services had under the contract
12 under paragraph (a). The contract under this paragraph shall have a term beginning
13 on July 1, 2006, and ending on the same date as the contract under paragraph (a)
14 would have ended had the contract not been terminated under paragraph (a). The
15 department of health and family services, the plan administrator, and the Health
16 Insurance Risk-Sharing Plan Authority shall cooperate with one another to ensure
17 that the administration of the Health Insurance Risk-Sharing Plan continues
18 without interruption after the termination of the contract under paragraph (a) and
19 the commencement of the contract under this paragraph.

20 (2) TERMS OF INITIAL MEMBERS OF BOARD. Notwithstanding the length of terms
21 specified for the members of the board of directors of the Health Insurance
22 Risk-Sharing Plan Authority under section 149.41 (1) of the statutes, as created by
23 this act, the initial members of the board of directors shall be appointed for the
24 following terms:

1 (a) At the governor’s discretion, one member appointed under section 149.41
2 (1) (a) of the statutes, one member appointed under section 149.41 (1) (b) of the
3 statutes, and one member appointed under section 149.41 (1) (c) of the statutes for
4 one–year terms.

5 (b) At the governor’s discretion, 2 members appointed under section 149.41 (1)
6 (a) of the statutes, 2 members appointed under section 149.41 (1) (b) of the statutes,
7 and 2 members appointed under section 149.41 (1) (c) of the statutes, for 2–year
8 terms.

9 (c) At the governor’s discretion, one member appointed under section 149.41
10 (1) (a) of the statutes, one member appointed under section 149.41 (1) (b) of the
11 statutes, and 2 members appointed under section 149.41 (1) (c) of the statutes, for
12 3–year terms.

13 (3) MENTAL HEALTH AND ALCOHOL AND DRUG ABUSE TREATMENT BENEFIT. The
14 Health Insurance Risk–Sharing Plan Authority shall assess the historic utilization
15 experience and diagnosis–related needs of the persons who are, and persons who
16 have been, covered under the Health Insurance Risk–Sharing Plan to determine if
17 the mental health and alcoholism and other drug abuse treatment benefit under
18 section 632.89 of the statutes allows for the use of evidence–based treatment to meet
19 the mental health and alcoholism and other drug abuse treatment needs of persons
20 covered under the Health Insurance Risk–Sharing Plan. On or before December 1,
21 2006, the Health Insurance Risk–Sharing Plan Authority shall submit a report
22 detailing the results of its assessment under this subsection to the joint committee
23 on finance. On or after January 1, 2007, the Health Insurance Risk–Sharing Plan
24 Authority shall make any necessary adjustments to the minimum required benefit
25 under section 149.14 (3) (c) of the statutes, as affected by this act, to ensure

1 appropriate access to evidence–based mental health and alcoholism and other drug
2 abuse treatment strategies for persons covered under the Health Insurance
3 Risk–Sharing Plan.

4 **SECTION 166. Appropriation changes.**

5 (1) TRANSFERS FOR FUNDING HEALTH INSURANCE RISK–SHARING PLAN. The
6 unencumbered balance in the Health Insurance Risk–Sharing Plan fund under
7 section 25.55, 2003 stats., immediately before the effective date of this subsection,
8 and the unencumbered balances in the appropriation accounts under section 20.435
9 (4) (u), 2003 stats., and section 20.435 (4) (v), 2003 stats., immediately before the
10 effective date of this subsection, are transferred to the Health Insurance
11 Risk–Sharing Plan fund under section 149.11 (2) of the statutes, as affected by this
12 act.

13 (2) HEALTH INSURANCE RISK–SHARING PLAN.

14 (a) *Administration.* In the schedule under section 20.005 (3) of the statutes for
15 the appropriation to the department of health and family services under section
16 20.435 (4) (u) of the statutes, as affected by the acts of 2005, the dollar amount is
17 increased by \$3,535,500 for fiscal year 2005–06 to fund the costs of the department
18 for administering the Health Insurance Risk–Sharing Plan until July 1, 2006, and
19 to increase the authorized FTE positions for the department by 4.83 SEG positions
20 for the period ending on July 1, 2006, for administration of the Health Insurance
21 Risk–Sharing Plan.

22 (b) *Program benefits.* In the schedule under section 20.005 (3) of the statutes
23 for the appropriation to the department of health and family services under section
24 20.435 (4) (v) of the statutes, as affected by the acts of 2005, the dollar amount is

1 increased by \$78,643,800 for fiscal year 2005–06 to increase funding for the purposes
2 for which the appropriation is made.

3 **SECTION 167. Initial applicability.**

4 (1) RESIDENCY FOR THE HEALTH INSURANCE RISK-SHARING PLAN. The treatment
5 of section 149.10 (9) of the statutes first applies to persons who submit applications
6 for coverage under the Health Insurance Risk–Sharing Plan on the effective date of
7 this subsection.

8 (2) PLAN DESIGN. The treatment of section 149.14 (3) (b), (c) 1., 2., and 3. (by
9 SECTION 100), (e), (f), (m), (o), and (p), and (6) (a) and (b) of the statutes and the repeal
10 and recreation of section 149.14 (4) and (5) of the statutes first apply to the plan year
11 beginning on January 1, 2007.

12 (3) INCOME TAX EXEMPTIONS. The treatment of sections 71.07 (5g), 71.10 (4) (cp),
13 71.21 (4), 71.26 (1) (be) and (2) (a), 71.28 (5g), 71.30 (3) (dm), 71.34 (1) (g), 71.45 (2)
14 (a) 10., 71.47 (5g), 71.49 (1) (dm), 76.655, 76.67 (2), and 77.92 (4) of the statutes first
15 applies to taxable years beginning on January 1, 2006.

16 (4) PREEXISTING CONDITION EXCLUSION. The treatment of section 149.14 (6) (a)
17 and (b) of the statutes and the repeal and recreation of section 149.14 (4) (with
18 respect to establishing preexisting condition exclusions) of the statutes first apply
19 to persons who submit applications for coverage under the Health Insurance
20 Risk–Sharing Plan on the effective date of this subsection.

21 (5) MEDICARE PART D.

22 (a) Notwithstanding SECTION 168 (2) with respect to the treatment of section
23 149.10 (2j) (a) 3., (2t) (c), and (7) of the statutes, the treatment of section 149.10 (2j)
24 (a) 3., (2t) (c), and (7) of the statutes first applies to persons who have coverage under

1 the Health Insurance Risk–Sharing Plan on the effective date of this paragraph, on
2 May 15, 2006.

3 (b) The treatment of section 149.10 (2j) (a) 3., (2t) (c), and (7) of the statutes first
4 applies to all persons not specified in paragraph (a), on the effective date of this
5 paragraph.

6 **SECTION 168. Effective dates.** This act takes effect as follows:

7 (1) ADMINISTRATOR CONTRACT. The treatment of section 149.13 (4) (by SECTION
8 91) of the statutes and SECTIONS 165 (1) (a) and 166 (2) of this act take effect on the
9 day after publication.

10 (2) CREATION OF AUTHORITY; INSURER ASSESSMENT TAX CREDIT; MISCELLANEOUS. The
11 treatment of sections 1.12 (1) (b), 13.172 (1), 13.62 (2), 13.94 (1) (dh) and (1s) (c) 4.,
12 13.95 (intro.), 16.002 (2), 16.004 (4), (5), and (12) (a), 16.045 (1) (a), 16.15 (1) (ab),
13 16.41 (4), 16.417 (1) (a), 16.52 (7), 16.528 (1) (a), 16.53 (2), 16.54 (9) (a) 1., 16.70 (2),
14 16.72 (2) (e) (intro.) and (f), 16.75 (1m), (8) (a) 1. and 2., and (9), 16.765 (1), (2), (4),
15 (5), (6), (7) (intro.) and (d), and (8), 16.85 (2), 16.865 (8), 70.11 (41m), 71.07 (5g), 71.10
16 (4) (cp), 71.21 (4), 71.26 (1) (be) and (2) (a), 71.28 (5g), 71.30 (3) (dm), 71.34 (1) (g),
17 71.45 (2) (a) 10., 71.47 (5g), 71.49 (1) (dm), 76.655, 76.67 (2), 77.54 (9a) (a), 77.92 (4),
18 101.055 (2) (a), 101.177 (1) (d), 149.10 (2j) (a) 3., (2t) (c), (3), (7), and (8), 149.12 (2)
19 (g), 149.18, 149.25, 230.03 (3), 230.80 (4), and 895.65 (1) (c), subchapter I (title) of
20 chapter 149, and subchapter II (title) of chapter 149 of the statutes, the creation of
21 subchapter III of chapter 149 of the statutes, and SECTIONS 165 (1) (b), (2), and (3) and
22 167 (5) of this act take effect on January 1, 2006, or on the day after publication,
23 whichever is later.

24 (3) TRANSFER OF ADMINISTRATION. The treatment of sections 20.145 (5), 20.435
25 (4) (u) and (v), 25.17 (1) (gf), 25.55 (intro.), (3), and (4), 149.10 (intro.), (1), (2), (2m),

1 (3e), (9), and (10), 149.105, 149.11, 149.115, 149.12 (1) (intro.) and (a), (1m), (3) (a)
2 and (c), (4), and (5), 149.13 (1), (3) (a) and (b), and (4) (by SECTION 92), 149.14 (1) (a),
3 (2) (a), (3) (intro.), (c) 3. (by SECTION 99), and (d), (4c), (4m), (5m), (7) (b) and (c), and
4 (8), 149.141, 149.142 (1) (a) and (b) and (2), 149.143, 149.144, 149.145, 149.146 (1)
5 (a) and (b) and (2) (a), (am), and (b), 149.15, 149.16, 149.165 (1), (2) (a) (intro.) and
6 (bc), (3) (a) and (b) (intro.), (3m), and (4), 149.17 (1), (2), and (4), 149.175, 149.20,
7 601.41 (1), 601.415 (12), 601.64 (1), (3) (a) and (c), and (4), 613.03 (4), 631.20 (2) (f),
8 632.785 (title), and subchapter IV of chapter 149 of the statutes, the repeal of sections
9 149.14 (5) (d) and (e) and 149.40 of the statutes, the renumbering and amendment
10 of section 149.12 (2) (f) of the statutes, the amendment of section 149.14 (4) (d) and
11 (m) and (5) (b) and (c) of the statutes, the creation of section 149.12 (2) (f) 2. of the
12 statutes, and SECTIONS 166 (1) and 167 (1) of the statutes take effect on July 1, 2006.

13 (4) PLAN DESIGN. The treatment of section 149.14 (3) (b), (c) 1., 2., and 3. (by
14 SECTION 100), (e), (f), (m), (o), and (p), and (6) (a) and (b) of the statutes, the repeal
15 and recreation of section 149.14 (4) and (5) of the statutes, and SECTION 167 (2) and
16 (4) of this act take effect on January 1, 2007.

17 (END)