

1 **SECTION 3163.** 632.32 (4) (b) (title) of the statutes is repealed.

2 **SECTION 3164.** 632.32 (4) (b) of the statutes is renumbered 632.32 (4) (a) 3m.
3 and amended to read:

4 632.32 (4) (a) 3m. ~~To indemnify for medical payments or chiropractic payments~~
5 ~~or both Medical payments coverage, in the amount of at least \$1,000 \$10,000 per~~
6 ~~person for protection of all persons using the insured motor vehicle from losses~~
7 ~~resulting from bodily injury or death. The named insured may reject the coverage.~~
8 ~~If the named insured rejects the coverage, it need not be provided in a subsequent~~
9 ~~renewal policy issued by the same insurer unless the insured requests it in writing.~~
10 ~~Under the medical or chiropractic payments coverage, the insurer shall be~~
11 ~~subrogated to the rights of its insured to the extent of its payments. Coverage written~~
12 ~~under this paragraph subdivision may be excess coverage over any other source of~~
13 ~~reimbursement to which the insured person has a legal right.~~

14 **SECTION 3165.** 632.32 (4) (bc) of the statutes is created to read:

15 632.32 (4) (bc) Notwithstanding par. (a) 3m., the named insured may reject
16 medical payments coverage. If the named insured rejects the coverage, the coverage
17 need not be provided in a subsequent renewal policy issued by the same insurer
18 unless the insured requests it in writing.

19 **SECTION 3166.** 632.32 (4m) of the statutes is repealed.

20 **SECTION 3167.** 632.32 (4r) of the statutes is created to read:

21 632.32 (4r) REQUIRED WRITTEN OFFERS OF UNINSURED MOTORIST AND
22 UNDERINSURED MOTORIST COVERAGES FOR UMBRELLA OR EXCESS LIABILITY POLICIES. (a)
23 An insurer writing umbrella or excess liability policies that insure with respect to a
24 motor vehicle registered or principally garaged in this state against loss resulting
25 from liability imposed by law for bodily injury or death suffered by a person arising

1 out of the ownership, maintenance, or use of a motor vehicle shall provide written
2 offers of uninsured motorist coverage and underinsured motorist coverage, which
3 offers shall include a brief description of the coverage offered. An insurer is required
4 to provide the offers required under this subsection only one time with respect to any
5 policy in the manner provided in par. (b).

6 (b) 1. Each application for an umbrella or excess liability policy issued on or
7 after the effective date of this subdivision [LRB inserts date], shall contain a
8 written offer of uninsured motorist coverage and a written offer of underinsured
9 motorist coverage.

10 2. For umbrella or excess liability policies that are in effect on the effective date
11 of this subdivision [LRB inserts date], the insurer shall provide a written offer of
12 uninsured motorist coverage to the named insureds under each policy that does not
13 include uninsured motorist coverage and a written offer of underinsured motorist
14 coverage to the named insureds under each policy that does not include
15 underinsured motorist coverage. The insurer shall provide an offer under this
16 subdivision in conjunction with the notice of the first renewal of the policy occurring
17 after the effective date of this subdivision [LRB inserts date].

18 (c) An applicant or named insureds may reject one or both of the coverages
19 offered, but must do so in writing. If the applicant or named insureds reject either
20 of the coverages offered, the insurer is not required to provide the rejected coverage
21 under a policy that is renewed to the person by that insurer unless an insured under
22 the policy subsequently requests the rejected coverage in writing.

23 (d) If an umbrella or excess liability policy that was issued on or after the
24 effective date of this paragraph [LRB inserts date], or an umbrella or excess
25 liability policy that was in effect on, but renewed after, the effective date of this

1 paragraph [LRB inserts date], includes neither uninsured motorist coverage nor
2 underinsured motorist coverage, or only one of the coverages, and the insurer did not
3 provide a written offer required under par. (b) 1. or 2. with respect to the coverage
4 or coverages not included, on the request of the insured the court shall reform the
5 policy to include the coverage or coverages not included and for which the insurer did
6 not provide a written offer, with the same limits as the liability coverage limits under
7 the policy.

8 (e) This subsection does not apply to a town mutual organized under ch. 612.

9 **SECTION 3168.** 632.32 (5) (f) of the statutes is renumbered 632.32 (6) (d) and
10 amended to read:

11 632.32 (6) (d) ~~A~~ No policy may provide that, regardless of the number of
12 policies involved, vehicles involved, persons covered, claims made, vehicles or
13 premiums shown on the policy, or premiums paid, the limits for any uninsured
14 motorist coverage or underinsured motorist coverage under the policy may not be
15 added to the limits for similar coverage applying to other motor vehicles to determine
16 the limit of insurance coverage available for bodily injury or death suffered by a
17 person in any one accident, except that a policy may limit the number of motor
18 vehicles for which the limits for coverage may be added to 3 vehicles.

19 **SECTION 3169.** 632.32 (5) (g) of the statutes is renumbered 632.32 (6) (e) and
20 amended to read:

21 632.32 (6) (e) ~~A~~ No policy may provide that the maximum amount of uninsured
22 motorist coverage or underinsured motorist coverage available for bodily injury or
23 death suffered by a person who was not using a motor vehicle at the time of an
24 accident is ~~the highest~~ any single limit of uninsured motorist coverage or
25 underinsured motorist coverage, whichever is applicable, for any motor vehicle with

1 respect to which the person is insured, except that a policy may limit the number of
2 motor vehicles for which coverage limits may be added to 3 vehicles.

3 **SECTION 3170.** 632.32 (5) (h) of the statutes is renumbered 632.32 (6) (f) and
4 amended to read:

5 632.32 (6) (f) ~~A~~ No policy may provide that the maximum amount of medical
6 payments coverage available for bodily injury or death suffered by a person who was
7 not using a motor vehicle at the time of an accident is ~~the highest~~ any single limit of
8 medical payments coverage for any motor vehicle with respect to which the person
9 is insured, except that a policy may limit the number of motor vehicles for which
10 medical payments coverage limits may be added to 3 vehicles.

11 **SECTION 3171.** 632.32 (5) (i) of the statutes is renumbered 632.32 (6) (g), and
12 632.32 (6) (g) (intro.), as renumbered, is amended to read:

13 632.32 (6) (g) (intro.) ~~A~~ No policy may provide that the limits under the policy
14 for uninsured motorist coverage or underinsured motorist coverage for bodily injury
15 or death resulting from any one accident shall be reduced by any of the following that
16 apply:

17 **SECTION 3172.** 632.32 (5) (j) of the statutes is renumbered 632.32 (6) (h), and
18 632.32 (6) (h) (intro.), as renumbered, is amended to read:

19 632.32 (6) (h) (intro.) ~~A~~ No policy may provide that any uninsured motorist
20 coverage or underinsured motorist coverage under the policy does not apply to a loss
21 resulting from the use of a motor vehicle that meets all of the following conditions:

22 **SECTION 3172k.** 632.355 of the statutes is created to read:

23 **632.355 Prohibited bases for assessing risk.** In issuing or renewing a
24 motor vehicle insurance policy, an insurer may not do any of the following:

1 (1) Place the applicant or insured in a high-risk category on the basis that the
2 applicant or insured has not previously had motor vehicle insurance.

3 (2) Assess the applicant's or insured's risk on the basis of the city, village, town,
4 or county in which the insured motor vehicle is customarily kept.

5 **SECTION 3173.** 632.72 (1g) (b) of the statutes is amended to read:

6 632.72 (1g) (b) "Medical benefits or assistance" means health care services
7 funded by a relief block grant ~~under ch. 49, as defined in s. 49.001 (5p);~~ medical
8 assistance, as defined under s. 49.43 (8); or maternal and child health services under
9 s. 253.05.

10 **SECTION 3173b.** 632.725 (1) of the statutes is amended to read:

11 632.725 (1) DEFINITION. In this section, "health care provider" has the meaning
12 given in s. 146.81 (1) (a) to (p).

13 **SECTION 3173d.** 632.7495 (4) of the statutes is renumbered 632.7495 (4) (intro.)
14 and amended to read:

15 632.7495 (4) (intro.) ~~Notwithstanding~~ Except as the commissioner may provide
16 by rule under sub. (5) and notwithstanding subs. (1) and (2) and s. 631.36 (4), an
17 insurer is not required to renew individual health benefit plan coverage that
18 complies with all of the following:

19 (a) The coverage is marketed and designed to provide short-term coverage as
20 a bridge between coverages.

21 **SECTION 3173f.** 632.7495 (4) (b) of the statutes is created to read:

22 632.7495 (4) (b) The coverage has a term of not more than 12 months.

23 **SECTION 3173h.** 632.7495 (4) (c) of the statutes is created to read:

24 632.7495 (4) (c) The coverage term aggregated with all consecutive periods of
25 the insurer's coverage of the insured by individual health benefit plan coverage not

1 required to be renewed under this subsection does not exceed 18 months. For
2 purposes of this paragraph, coverage periods are consecutive if there are no more
3 than 63 days between the coverage periods.

4 **SECTION 3173j.** 632.7495 (4) (d) of the statutes is created to read:

5 632.7495 (4) (d) Rules promulgated by the commissioner under sub. (5).

6 **SECTION 3173m.** 632.7495 (5) of the statutes is created to read:

7 632.7495 (5) The commissioner shall promulgate rules governing disclosures
8 related to, and may promulgate rules setting standards for, the sale of individual
9 health benefit plans that an insurer is not required to renew under sub. (4).

10 **SECTION 3174.** 632.7497 of the statutes is created to read:

11 **632.7497 Modifications at renewal. (1)** In this section, “individual major
12 medical or comprehensive health benefit plan” includes coverage under a group
13 policy that is underwritten on an individual basis and issued to individuals or
14 families.

15 **(2)** An insurer that issues an individual major medical or comprehensive
16 health benefit plan shall, at the time of a coverage renewal, at the request of an
17 insured, permit the insured to do either of the following:

18 (a) Change his or her coverage to any of the following:

19 1. A different but comparable individual major medical or comprehensive
20 health benefit plan currently offered by the insurer.

21 2. An individual major medical or comprehensive health benefit plan currently
22 offered by the insurer with more limited benefits.

23 3. An individual major medical or comprehensive health benefit plan currently
24 offered by the insurer with higher deductibles.

1 (b) Modify his or her existing coverage by electing an optional higher
2 deductible, if any, under the individual major medical or comprehensive health
3 benefit plan.

4 (3) (a) The insurer may not impose any new preexisting condition exclusion
5 under the new or modified coverage under sub. (2) that did not apply to the insured's
6 original coverage and shall allow the insured credit under the new or modified
7 coverage for the period of original coverage.

8 (b) For the new or modified coverage, the insurer may not rate for health status
9 other than on the insured's health status at the time the insured applied for the
10 original coverage and as the insured disclosed on the original application.

11 (4) (a) Annually, the insurer shall mail to each insured under an individual
12 major medical or comprehensive health benefit plan issued by the insurer, a notice
13 that includes all of the following information:

14 1. That the insured has the right to elect alternative coverage as described in
15 sub. (2).

16 2. A description of the alternatives available to the insured.

17 3. The procedure for making the election.

18 (b) The insurer shall mail the notice under par. (a) not more than 3 months nor
19 less than 60 days before the renewal date of the insured's plan.

20 (5) (a) Nothing in this section requires an insurer to issue alternative coverage
21 under sub. (2) if the insured's coverage may be nonrenewed or discontinued under
22 s. 632.7495 (2), (3) (b), or (4).

23 (b) Notwithstanding s. 600.01 (1) (b) 3. and 4., this section applies to a group
24 health benefit plan described in s. 600.01 (1) (b) 3. or 4. if that group health benefit

1 plan is an individual major medical or comprehensive health benefit plan as defined
2 in sub. (1).

3 **SECTION 3176.** 632.76 (2) (ac) of the statutes is created to read:

4 632.76 (2) (ac) 1. Notwithstanding par. (a), no claim or loss incurred or
5 disability commencing after 12 months from the date of issue of an individual
6 disability insurance policy, as defined in s. 632.895 (1) (a), may be reduced or denied
7 on the ground that a disease or physical condition existed prior to the effective date
8 of coverage, unless the condition was excluded from coverage by name or specific
9 description by a provision effective on the date of the loss.

10 2. Except as provided in subd. 3., an individual disability insurance policy, as
11 defined in s. 632.895 (1) (a), other than a short-term policy subject to s. 632.7495 (4)
12 and (5), may not define a preexisting condition more restrictively than a condition,
13 whether physical or mental, regardless of the cause of the condition, for which
14 medical advice, diagnosis, care, or treatment was recommended or received within
15 12 months before the effective date of coverage.

16 3. Except as the commissioner provides by rule under s. 632.7495 (5), all of the
17 following apply to an individual disability insurance policy that is a short-term
18 policy subject to s. 632.7495 (4) and (5):

19 a. The policy may not define a preexisting condition more restrictively than a
20 condition, whether physical or mental, regardless of the cause of the condition, for
21 which medical advice, diagnosis, care, or treatment was recommended or received
22 before the effective date of coverage.

23 b. The policy shall reduce the length of time during which a preexisting
24 condition exclusion may be imposed by the aggregate of the insured's consecutive
25 periods of coverage under the insurer's individual disability insurance policies that

1 are short-term policies subject to s. 632.7495 (4) and (5). For purposes of this subd.
2 3. b., coverage periods are consecutive if there are no more than 63 days between the
3 coverage periods.

4 **SECTION 3177.** 632.76 (2) (b) of the statutes is amended to read:

5 632.76 (2) (b) Notwithstanding par. (a), no claim for loss incurred or disability
6 commencing after 6 months from the date of issue of a medicare supplement policy,
7 medicare replacement policy or long-term care insurance policy may be reduced or
8 denied on the ground that a disease or physical condition existed prior to the effective
9 date of coverage. ~~A Notwithstanding par. (ac) 2., a medicare supplement policy,~~
10 medicare replacement policy, or long-term care insurance policy may not define a
11 preexisting condition more restrictively than a condition for which medical advice
12 was given or treatment was recommended by or received from a physician within 6
13 months before the effective date of coverage. Notwithstanding par. (a), if on the basis
14 of information contained in an application for insurance a medicare supplement
15 policy, medicare replacement policy, or long-term care insurance policy excludes
16 from coverage a condition by name or specific description, the exclusion must
17 terminate no later than 6 months after the date of issue of the medicare supplement
18 policy, medicare replacement policy, or long-term care insurance policy. The
19 commissioner may by rule exempt from this paragraph certain classes of medicare
20 supplement policies, medicare replacement policies, and long-term care insurance
21 policies, if the commissioner finds the exemption is not adverse to the interests of
22 policyholders and certificate holders.

23 **SECTION 3178.** 632.835 (title) of the statutes is amended to read:

24 **632.835 (title) ~~Independent review of adverse and experimental~~**
25 **treatment coverage denial determinations.**

1 **SECTION 3179.** 632.835 (1) (ag) of the statutes is created to read:

2 632.835 (1) (ag) “Coverage denial determination” means an adverse
3 determination, an experimental treatment determination, a preexisting condition
4 exclusion denial determination, or the rescission of a policy or certificate.

5 **SECTION 3180.** 632.835 (1) (cm) of the statutes is created to read:

6 632.835 (1) (cm) “Preexisting condition exclusion denial determination” means
7 a determination by or on behalf of an insurer that issues a health benefit plan
8 denying or terminating treatment or payment for treatment on the basis of a
9 preexisting condition exclusion, as defined in s. 632.745 (23).

10 **SECTION 3181.** 632.835 (2) (a) of the statutes is amended to read:

11 632.835 (2) (a) Every insurer that issues a health benefit plan shall establish
12 an independent review procedure whereby an insured under the health benefit plan,
13 or his or her authorized representative, may request and obtain an independent
14 review of ~~an adverse determination or an experimental treatment~~ a coverage denial
15 determination made with respect to the insured.

16 **SECTION 3182.** 632.835 (2) (b) of the statutes is amended to read:

17 632.835 (2) (b) If ~~an adverse determination or an experimental treatment~~ a
18 coverage denial determination is made, the insurer involved in the determination
19 shall provide notice to the insured of the insured’s right to obtain the independent
20 review required under this section, how to request the review, and the time within
21 which the review must be requested. The notice shall include a current listing of
22 independent review organizations certified under sub. (4). An independent review
23 under this section may be conducted only by an independent review organization
24 certified under sub. (4) and selected by the insured.

25 **SECTION 3183.** 632.835 (2) (bg) 3. of the statutes is amended to read:

1 632.835 (2) (bg) 3. For any ~~adverse determination or experimental treatment~~
2 coverage denial determination for which an explanation of benefits is not provided
3 to the insured, the insurer provides a notice that the insured may have a right to an
4 independent review after the internal grievance process and that an insured may be
5 entitled to expedited, independent review with respect to an urgent matter. The
6 notice shall also include a reference to the section of the policy or certificate that
7 contains the description of the independent review procedure as required under
8 subd. 1. The notice shall provide a toll-free telephone number and website, if
9 appropriate, where consumers may obtain additional information regarding
10 internal grievance and independent review processes.

11 **SECTION 3184.** 632.835 (2) (c) of the statutes is amended to read:

12 632.835 (2) (c) Except as provided in par. (d), an insured must exhaust the
13 internal grievance procedure under s. 632.83 before the insured may request an
14 independent review under this section. Except as provided in sub. (9) (a), an insured
15 who uses the internal grievance procedure must request an independent review as
16 provided in sub. (3) (a) within 4 months after the insured receives notice of the
17 disposition of his or her grievance under s. 632.83 (3) (d).

18 **SECTION 3185.** 632.835 (2) (e) of the statutes is created to read:

19 632.835 (2) (e) Nothing in this section affects an insured's right to commence
20 a civil proceeding relating to a coverage denial determination.

21 **SECTION 3186.** 632.835 (3) (a) of the statutes is amended to read:

22 632.835 (3) (a) To request an independent review, an insured or his or her
23 authorized representative shall provide timely written notice of the request for
24 independent review, and of the independent review organization selected, to the
25 insurer that made or on whose behalf was made the ~~adverse or experimental~~

1 ~~treatment coverage denial~~ determination. The insurer shall immediately notify the
2 commissioner and the independent review organization selected by the insured of
3 the request for independent review. ~~The insured or his or her authorized~~
4 ~~representative must pay a \$25 fee to the independent review organization. If the~~
5 ~~insured prevails on the review, in whole or in part, the entire amount paid by the~~
6 ~~insured or his or her authorized representative shall be refunded by the insurer to~~
7 ~~the insured or his or her authorized representative.~~ For each independent review in
8 which it is involved, an insurer shall pay a fee to the independent review
9 organization.

10 **SECTION 3187.** 632.835 (3) (e) of the statutes is amended to read:

11 632.835 (3) (e) In addition to the information under pars. (b) and (c), the
12 independent review organization may accept for consideration any typed or printed,
13 verifiable medical or scientific evidence that the independent review organization
14 determines is relevant, regardless of whether the evidence has been submitted for
15 consideration at any time previously. The insurer and the insured shall submit to
16 the other party to the independent review any information submitted to the
17 independent review organization under this paragraph and pars. (b) and (c). If, on
18 the basis of any additional information, the insurer reconsiders the insured's
19 grievance and determines that the treatment that was the subject of the grievance
20 should be covered, or that the policy or certificate that was rescinded should be
21 reinstated, the independent review is terminated.

22 **SECTION 3188.** 632.835 (3) (f) of the statutes is renumbered 632.835 (3) (f) 1.
23 and amended to read:

24 632.835 (3) (f) 1. If the independent review is not terminated under par. (e), the
25 independent review organization shall, within 30 business days after the expiration

1 of all time limits that apply in the matter, make a decision on the basis of the
2 documents and information submitted under this subsection. The decision shall be
3 in writing, signed on behalf of the independent review organization and served by
4 personal delivery or by mailing a copy to the insured or his or her authorized
5 representative and to the insurer. ~~A~~ Except as provided in subd. 2., a decision of an
6 independent review organization is binding on the insured and the insurer.

7 **SECTION 3189.** 632.835 (3) (f) 2. of the statutes is created to read:

8 632.835 (3) (f) 2. A decision of an independent review organization regarding
9 a preexisting condition exclusion denial determination or a rescission is not binding
10 on the insured.

11 **SECTION 3190.** 632.835 (3m) (a) of the statutes is amended to read:

12 632.835 (3m) (a) A decision of an independent review organization regarding
13 an adverse determination or a preexisting condition exclusion denial determination
14 must be consistent with the terms of the health benefit plan under which the adverse
15 determination or preexisting condition exclusion denial determination was made.

16 **SECTION 3192.** 632.835 (7) (b) of the statutes is amended to read:

17 632.835 (7) (b) A health benefit plan that is the subject of an independent
18 review and the insurer that issued the health benefit plan shall not be liable to any
19 person for damages attributable to the insurer's or plan's actions taken in compliance
20 with any decision regarding an adverse determination or an experimental treatment
21 determination rendered by a certified independent review organization.

22 **SECTION 3193.** 632.835 (8) of the statutes is renumbered 632.835 (8) (a) and
23 amended to read:

24 632.835 (8) (a) Adverse and experimental treatment determinations. The
25 commissioner shall make a determination that at least one independent review

1 organization has been certified under sub. (4) that is able to effectively provide the
2 independent reviews required under this section for adverse determinations and
3 experimental treatment determinations and shall publish a notice in the Wisconsin
4 Administrative Register that states a date that is 2 months after the commissioner
5 makes that determination. The date stated in the notice shall be the date on which
6 the independent review procedure under this section begins operating with respect
7 to adverse determinations and experimental treatment determinations.

8 **SECTION 3194.** 632.835 (8) (b) of the statutes is created to read:

9 632.835 (8) (b) *Preexisting condition exclusion denials and rescissions.* The
10 commissioner shall make a determination that at least one independent review
11 organization has been certified under sub. (4) that is able to effectively provide the
12 independent reviews required under this section for preexisting condition exclusion
13 denial determinations and rescissions and shall publish a notice in the Wisconsin
14 Administrative Register that states a date that is 2 months after the commissioner
15 makes that determination. The date stated in the notice shall be the date on which
16 the independent review procedure under this section begins operating with respect
17 to preexisting condition exclusion denial determinations and rescissions.

18 **SECTION 3195.** 632.835 (9) of the statutes is renumbered 632.835 (9) (a) and
19 amended to read:

20 632.835 (9) (a) *Adverse and experimental treatment determinations.* The
21 independent review required under this section with respect to an adverse
22 determination or an experimental treatment determination shall be available to an
23 insured who receives notice of the disposition of his or her grievance under s. 632.83
24 (3) (d) on or after December 1, 2000. Notwithstanding sub. (2) (c), an insured who
25 receives notice of the disposition of his or her grievance under s. 632.83 (3) (d) on or

1 after December 1, 2000, but before June 15, 2002, with respect to an adverse
2 determination or an experimental treatment determination must request an
3 independent review no later than 4 months after June 15, 2002.

4 **SECTION 3196.** 632.835 (9) (b) of the statutes is created to read:

5 632.835 (9) (b) *Preexisting condition exclusion denials and rescissions.* The
6 independent review required under this section with respect to a preexisting
7 condition exclusion denial determination or a rescission shall be available to an
8 insured who receives notice of the disposition of his or her grievance under s. 632.83
9 (3) (d) on or after the date stated in the notice published in the Wisconsin
10 Administrative Register by the commissioner under sub. (8) (b).

11 **SECTION 3197.** 632.845 of the statutes is created to read:

12 **632.845 Prohibiting refusal to cover services because liability policy**
13 **may cover. (1)** In this section, "health care plan" has the meaning given in s. 628.36
14 (2) (a) 1.

15 (2) An insurer that provides coverage under a health care plan may not refuse
16 to cover health care services that are provided to an insured under the plan and for
17 which there is coverage under the plan on the basis that there may be coverage for
18 the services under a liability insurance policy.

19 **SECTION 3197n.** 632.87 (4) of the statutes is amended to read:

20 632.87 (4) No policy, plan or contract may exclude coverage for diagnosis and
21 treatment of a condition or complaint by a licensed dentist within the scope of the
22 dentist's license, if the policy, plan or contract covers diagnosis and treatment of the
23 condition or complaint by another health care provider, as defined in s. 146.81 (1) (a)
24 to (p).

25 **SECTION 3197p.** 632.885 of the statutes is created to read:

1 **632.885 Coverage of dependents. (1) DEFINITIONS.** In this section:

2 (a) "Disability insurance policy" has the meaning given in s. 632.895 (1) (a).

3 (b) "Insured" includes an enrollee.

4 (c) "Self-insured health plan" has the meaning given in s. 632.745 (24).

5 **(2) REQUIREMENT TO OFFER DEPENDENT COVERAGE.** (a) Subject to ss. 632.88 and
6 632.895 (5), every insurer that issues a disability insurance policy, and every
7 self-insured health plan, shall offer and, if so requested by an applicant or an
8 insured, provide coverage for an adult child of the applicant or insured as a
9 dependent of the applicant or insured if the child satisfies all of the following criteria:

10 1. The child is over 17 but less than 27 years of age.

11 2. The child is not married.

12 3. The child is not eligible for coverage under a group health benefit plan, as
13 defined in s. 632.745 (9), that is offered by the child's employer and for which the
14 amount of the child's premium contribution is no greater than the premium amount
15 for his or her coverage as a dependent under this section.

16 (b) Notwithstanding par. (a) 1., the coverage requirement under this section
17 applies to an adult child who satisfies all of the following criteria:

18 1. The child is a full-time student, regardless of age.

19 2. The child satisfies the criteria under par. (a) 2. and 3.

20 3. The child was called to federal active duty in the national guard or in a
21 reserve component of the U.S. armed forces while the child was attending, on a
22 full-time basis, an institution of higher education.

23 4. The child was under the age of 27 years when called to federal active duty
24 under subd. 3.

1 **(3) PREMIUM DETERMINATION.** An insurer or self-insured health plan shall
2 determine the premium for coverage of a dependent who is over 18 years of age on
3 the same basis as the premium is determined for coverage of a dependent who is 18
4 years of age or younger.

5 **(4) DOCUMENTATION OF CRITERIA SATISFACTION.** An insurer or self-insured health
6 plan may require that an applicant or insured seeking coverage of a dependent child
7 provide written documentation, initially and annually thereafter, that the
8 dependent child satisfies the criteria for coverage under this section.

9 **SECTION 3197r.** 632.89 (1) (dm) of the statutes is created to read:

10 632.89 (1) (dm) "Licensed mental health professional" means a clinical social
11 worker who is licensed under ch. 457, a marriage and family therapist who is licensed
12 under s. 457.10, or a professional counselor who is licensed under s. 457.12.

13 **SECTION 3197s.** 632.89 (1) (e) 3. of the statutes is repealed and recreated to
14 read:

15 632.89 (1) (e) 3. A psychologist licensed under ch. 455.

16 **SECTION 3197t.** 632.89 (1) (e) 4. of the statutes is created to read:

17 632.89 (1) (e) 4. A licensed mental health professional practicing within the
18 scope of his or her license under ch. 457 and applicable rules.

19 **SECTION 3197w.** 632.895 (12m) of the statutes is created to read:

20 632.895 (12m) TREATMENT FOR AUTISM SPECTRUM DISORDERS. (a) In this
21 subsection:

22 1. "Autism spectrum disorder" means any of the following:

23 a. Autism disorder.

24 b. Asperger's syndrome.

25 c. Pervasive developmental disorder not otherwise specified.

1 2. "Insured" includes an enrollee and a dependent with coverage under the
2 disability insurance policy or self-insured health plan.

3 3. "Intensive-level services" means evidence-based behavioral therapy that is
4 designed to help an individual with autism spectrum disorder overcome the
5 cognitive, social, and behavioral deficits associated with that disorder.

6 4. "Nonintensive-level services" means evidence-based therapy that occurs
7 after the completion of treatment with intensive-level services and that is designed
8 to sustain and maximize gains made during treatment with intensive-level services
9 or, for an individual who has not and will not receive intensive-level services,
10 evidence-based therapy that will improve the individual's condition.

11 5. "Physician" has the meaning given in s. 146.34 (1) (g).

12 (b) Subject to pars. (c) and (d), and except as provided in par. (e), every disability
13 insurance policy, and every self-insured health plan of the state or a county, city,
14 town, village, or school district, shall provide coverage for an insured of treatment
15 for the mental health condition of autism spectrum disorder if the treatment is
16 prescribed by a physician and provided by any of the following who are qualified to
17 provide intensive-level services or nonintensive-level services:

18 1. A psychiatrist, as defined in s. 146.34 (1) (h).

19 2. A person who practices psychology, as described in s. 455.01 (5).

20 3. A social worker, as defined in s. 252.15 (1) (er), who is certified or licensed
21 to practice psychotherapy, as defined in s. 457.01 (8m).

22 4. A paraprofessional working under the supervision of a provider listed under
23 subds. 1. to 3.

24 5. A professional working under the supervision of an outpatient mental health
25 clinic certified under s. 51.038.

1 6. A speech-language pathologist, as defined in s. 459.20 (4).

2 7. An occupational therapist, as defined in s. 448.96 (4).

3 (c) 1. The coverage required under par. (b) shall provide at least \$50,000 for
4 intensive-level services per insured per year, with a minimum of 30 to 35 hours of
5 care per week for a minimum duration of 4 years, and at least \$25,000 for
6 nonintensive-level services per insured per year, except that these minimum
7 coverage monetary amounts shall be adjusted annually, beginning in 2011, to reflect
8 changes in the consumer price index for all urban consumers, U.S. city average, for
9 the medical care group, as determined by the U.S. department of labor. The
10 commissioner shall publish the new minimum coverage amounts under this
11 subdivision each year, beginning in 2011, in the Wisconsin Administrative Register.

12 2. Notwithstanding subd. 1., the minimum coverage monetary amounts or
13 duration required for treatment under subd. 1., need not be met if it is determined
14 by a supervising professional, in consultation with the insured's physician, that less
15 treatment is medically appropriate.

16 (d) The coverage required under par. (b) may be subject to deductibles,
17 coinsurance, or copayments that generally apply to other conditions covered under
18 the policy or plan. The coverage may not be subject to limitations or exclusions,
19 including limitations on the number of treatment visits.

20 (e) This subsection does not apply to any of the following:

21 1. A disability insurance policy that covers only certain specified diseases.

22 2. A health care plan offered by a limited service health organization, as defined
23 in s. 609.01 (3), or by a preferred provider plan, as defined in s. 609.01 (4), that is not
24 a defined network plan, as defined in s. 609.01 (1b).

25 3. A long-term care insurance policy.

1 4. A medicare replacement policy or a medicare supplement policy.

2 (f) 1. The commissioner shall by rule further define "intensive-level services"
3 and "nonintensive-level services" and define "paraprofessional" for purposes of par.
4 (b) 4. and "qualified" for purposes of providing services under this subsection. The
5 commissioner may promulgate rules governing the interpretation or administration
6 of this subsection.

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

15 **SECTION 3198b.** 632.895 (15) (a) of the statutes is amended to read:

16 632.895 (15) (a) Subject to pars. (b) and (c), every disability insurance policy,
17 and every self-insured health plan of the state or a county, city, town, village, or
18 school district, that provides coverage for a person as a dependent of the insured
19 because the person is a full-time student, including the coverage under s. 632.885
20 (2) (b), shall continue to provide dependent coverage for the person if, due to a
21 medically necessary leave of absence, he or she ceases to be a full-time student.

22 **SECTION 3198c.** 632.895 (15) (c) 5. of the statutes is amended to read:

23 632.895 (15) (c) 5. The Except for a person who has coverage as a dependent
24 under s. 632.885 (2) (b), the person reaches the age at which coverage as a dependent

1 who is a full-time student would otherwise end under the terms and conditions of
2 the policy or plan.

3 **SECTION 3198d.** 632.895 (17) of the statutes is created to read:

4 632.895 (17) CONTRACEPTIVES AND SERVICES. (a) In this subsection,
5 “contraceptives” means drugs or devices approved by the federal food and drug
6 administration to prevent pregnancy.

7 (b) Every disability insurance policy, and every self-insured health plan of the
8 state or of a county, city, town, village, or school district, that provides coverage of
9 outpatient health care services, preventive treatments and services, or prescription
10 drugs and devices shall provide coverage for all of the following:

11 1. Contraceptives prescribed by a health care provider, as defined in s. 146.81
12 (1).

13 2. Outpatient consultations, examinations, procedures, and medical services
14 that are necessary to prescribe, administer, maintain, or remove a contraceptive, if
15 covered for any other drug benefits under the policy or plan.

16 (c) Coverage under par. (b) may be subject only to the exclusions, limitations,
17 or cost-sharing provisions that apply generally to the coverage of outpatient health
18 care services, preventive treatments and services, or prescription drugs and devices
19 that is provided under the policy or self-insured health plan.

20 (d) This subsection does not apply to any of the following:

21 1. A disability insurance policy that covers only certain specified diseases.

22 2. A disability insurance policy, or a self-insured health plan of the state or a
23 county, city, town, village, or school district, that provides only limited-scope dental
24 or vision benefits.

1 3. A health care plan offered by a limited service health organization, as defined
2 in s. 609.01 (3), or by a preferred provider plan, as defined in s. 609.01 (4), that is not
3 a defined network plan, as defined in s. 609.01 (1b).

4 4. A long-term care insurance policy.

5 5. A Medicare replacement policy or a Medicare supplement policy.

6 **SECTION 3199.** Chapter 648 of the statutes is created to read:

7 **CHAPTER 648**

8 **REGULATION OF CARE**

9 **MANAGEMENT ORGANIZATIONS**

10 **648.01 Definitions.** In this chapter:

11 (1) "Care management organization" means an entity described in s. 46.284
12 (3m).

13 (2) "Department" means the department of health services.

14 (3) "Enrollee" has the meaning given in s. 46.2805 (3).

15 (4) "Permittee" means a care management organization issued a permit under
16 this chapter.

17 **648.03 Applicability of other laws.** Notwithstanding s. 600.01 (1) (b) 10. a.,
18 ss. 600.01, 600.02, 600.03, and 600.12 apply to this chapter.

19 **648.05 Permit.** (1) PERMIT REQUIRED. After December 31, 2009, no care
20 management organization may provide services to its enrollees without a permit
21 under this chapter.

22 (2) APPLICATION. A care management organization applying for a permit shall
23 submit all of the following information in the format required by the commissioner:

1 (a) The names, addresses and occupations of all controlling persons and
2 directors and principal officers of the care management organization currently and
3 for the preceding 10 years, unless the commissioner waives this requirement.

4 (b) Business organization documents, including articles and bylaws if
5 applicable.

6 (c) A business plan approved by the department, including a projection of the
7 anticipated operating results at the end of each of the next 3 years of operation, based
8 on reasonable estimates of income and operating expenses.

9 (d) Any other relevant documents or information that the commissioner
10 reasonably requires after consulting with the department.

11 **(3) STANDARDS FOR ISSUING PERMIT.** The commissioner may issue a permit to the
12 care management organization if the commissioner finds, after consulting with the
13 department, all of the following:

14 (a) All requirements of law have been met.

15 (b) All the directors and principal officers or any controlling person are
16 trustworthy and competent and collectively have the competence and experience to
17 engage in the proposed services and are not excluded from participation under 42
18 USC 1320a-7 or 42 USC 1320a-7a.

19 (c) The business plan is consistent with the interests of the care management
20 organization's enrollees and the public.

21 **(4) SUSPENSION OR REVOCATION.** The commissioner may suspend or revoke a
22 permit issued under this chapter if the commissioner finds, after consulting with the
23 department, any of the following:

24 (a) The permittee violated a law or rule, including a rule establishing standards
25 for the financial condition of care management organizations.

1 (b) The permittee is in a financially hazardous condition.

2 (c) The permittee is controlled or managed by persons who are incompetent or
3 untrustworthy.

4 (d) The permittee conceals records from the commissioner.

5 (e) The permittee's business plan is not in the public interest or is not prudent.

6 (f) The permittee ceases to be certified by or maintain a contract with the
7 department.

8 **648.10 Powers and duties of the commissioner.** The commissioner may
9 do any of the following:

10 (1) Promulgate rules that are necessary to carry out the intent of this chapter,
11 including, after consulting with the department, standards for the financial
12 condition of care management organizations.

13 (2) Use the authority granted under ss. 601.41, 601.42, 601.43, 601.44, 601.61,
14 601.62, 601.63, and 601.64, including the authority to issue orders, to enforce this
15 chapter and to ensure that a care management organization has sufficient financial
16 resources.

17 **648.15 Reports and replies.** (1) REPORTS. The commissioner may require
18 from any care management organization any of the following:

19 (a) Statements, reports, answers to questionnaires, and other information in
20 whatever reasonable form the commissioner designates and at such reasonable
21 intervals as the commissioner chooses, or from time to time.

22 (b) Full explanation of the programming of any data storage or communication
23 system in use.

1 (c) Information from any books, records, electronic data processing systems,
2 computers, or any other information storage system at any reasonable time in any
3 reasonable manner.

4 (d) Statements, reports, audits, or certification from a certified public
5 accountant or an actuary approved by the commissioner.

6 (2) FORMS. The commissioner, after consulting with the department, may
7 prescribe forms for the reports under sub. (1) and specify who shall execute or certify
8 such reports.

9 (3) ACCOUNTING METHODS. The commissioner, after consulting with the
10 department, may prescribe reasonable minimum standards and techniques of
11 accounting and data handling to ensure that timely and reliable information will
12 exist and will be available to the commissioner.

13 (4) REPLIES. Any officer or manager of a care management organization, any
14 person controlling or having a contract under which the person has a right to control
15 a care management organization, whether exclusively or otherwise, or any person
16 with executive authority over or in charge of any segment of such a care management
17 organization's affairs, shall reply promptly in writing or in another designated form,
18 to any written inquiry from the commissioner requesting a reply.

19 (5) VERIFICATION. The commissioner may require that any communication
20 made to the commissioner under this section be verified.

21 (6) IMMUNITY. In the absence of actual malice, no person shall be subject to
22 damages in an action for defamation based on a communication to the commissioner
23 required by law under this chapter or by the commissioner under this chapter.

24 (7) EXPERTS. The commissioner may employ experts to assist the commissioner
25 in an examination or in the review of any transaction subject to approval under this

1 chapter. The care management organization that is the subject of the examination,
2 or that is a party to a transaction under review, including the person acquiring,
3 controlling, or attempting to acquire the care management organization, shall pay
4 the reasonable costs incurred by the commissioner for the expert and related
5 expenses.

6 **648.20 Examinations. (1) POWER TO EXAMINE.** (a) To inform himself or herself
7 about a matter related to the enforcement of this chapter, the commissioner may
8 examine the affairs and condition of any permittee.

9 (b) So far as reasonably necessary for an examination under par. (a), the
10 commissioner may examine the accounts, records, or documents so far as they relate
11 to the permittee, of any of the following:

12 1. An officer, manager, employee, or person who has executive authority over
13 or is in charge of any segment of the permittee's affairs.

14 2. A person controlling or having a contract under which the person has the
15 right to control the permittee whether exclusively or with others.

16 3. A person who is under the control of the permittee, or a person who is under
17 the control of a person who controls or has a right to control the permittee whether
18 exclusively or with others.

19 (c) On demand, every permittee shall make available to the commissioner for
20 examination any of its own accounts, records, documents, or evidences of
21 transactions.

22 (d) On order of the commissioner any examinee under this chapter shall bring
23 to the office for examination such records as the order reasonably requires.

24 **(2) AUDITS OR ACTUARIAL OR OTHER EVALUATIONS.** In lieu of all or part of an
25 examination under sub. (1), or in addition to it, the commissioner may order an

1 independent audit by certified public accountants or an actuarial or other evaluation
2 by actuaries or other experts approved by the commissioner of any permittee. Any
3 accountant, actuary, or other expert selected is subject to rules respecting conflicts
4 of interest promulgated by the commissioner. Any audit or evaluation under this
5 section is subject to s. 648.25, so far as applicable.

6 (3) ALTERNATIVES TO EXAMINATION. In lieu of all or part of an examination under
7 this section, the commissioner may accept the report of an audit already made by
8 certified public accountants or of an actuarial or other evaluation already made by
9 actuaries or other experts approved by the commissioner, or the report of an
10 examination made by another government agency in this state, the federal
11 government, or another state.

12 (4) PURPOSE AND SCOPE OF EXAMINATION. An examination may but need not cover
13 comprehensively all aspects of the permittee's affairs and condition. The
14 commissioner shall determine the exact nature and scope of each examination, and
15 in doing so shall take into account all relevant factors, including the length of time
16 the permittee has been doing business, the length of time the permittee has been
17 certified by the department, the nature of the business being examined, the nature
18 of the accounting records available, and the nature of examinations performed
19 elsewhere.

20 **648.25 Conducting examinations.** (1) ORDER OF EXAMINATION. For each
21 examination under s. 648.20, the commissioner shall issue an order stating the scope
22 of the examination and designating the examiner in charge. Upon demand, a copy
23 of the order shall be provided to the examinee.

1 **(2) ACCESS TO EXAMINEE.** Any examiner authorized by the commissioner shall,
2 for the purposes of the examination, have access at all reasonable hours to the
3 premises and to any property of the examinee.

4 **(3) COOPERATION.** The officers, employees, and agents of the examinee shall
5 comply with every reasonable request of the examiners for assistance in any matter
6 relating to the examination. No person may obstruct or interfere with the
7 examination in any way other than by legal process.

8 **(4) CORRECTION OF BOOKS.** If the commissioner finds the accounts or records to
9 be inadequate for proper examination of the condition and affairs of the permittee
10 or improperly kept or posted, the commissioner may employ experts to rewrite, post,
11 or balance them at the expense of the permittee.

12 **(5) REPORT ON EXAMINATION.** The examiner in charge of an examination shall
13 make a proposed report of the examination, including information and analysis
14 ordered in sub. (1), together with the examiner's recommendations. Preparation of
15 the proposed report may include conferences with the examinee or the examinee's
16 representatives at the option of the examiner in charge. The commissioner shall
17 serve the final examination report on the examinee.

18 **(6) COPIES FOR BOARD.** The permittee shall furnish copies of the final
19 examination report to each member of its board or governing body.

20 **(7) REPORT AS EVIDENCE.** In any proceeding by or against the permittee or any
21 officer or agent of the permittee the final examination report shall be admissible as
22 evidence of the facts stated in the report. In any proceeding commenced under this
23 chapter, the final examination report shall be admissible as evidence of the facts
24 stated in the report. In any proceeding by or against the examinee, the facts asserted

1 in any final examination report properly admitted in evidence shall be presumed to
2 be true in the absence of contrary evidence.

3 **648.27 Costs. (1) COSTS TO BE PAID BY CARE MANAGEMENT ORGANIZATIONS.**
4 Permittees shall pay the reasonable estimate of costs of examinations under s.
5 648.20, of review of applications under s. 648.05, and of analysis and financial
6 monitoring of care management organizations by the commissioner and the
7 department, including overhead and fixed costs, by a system of regular annual
8 billings.

9 **(2) DETERMINATION OF COSTS.** Annually, the commissioner shall determine the
10 estimated costs under sub. (1) for the commissioner and the department. The
11 commissioner shall serve a request for payment on each permittee allocating the cost
12 to each permittee in an amount that the commissioner determines reflects the
13 permittee's proportionate share of projected enrollment in the department's annual
14 contracting period.

15 **(3) PAYMENT DEADLINE.** The permittee shall pay the amount determined by the
16 commissioner within 30 days of service of the request for payment under sub. (2).

17 **648.30 Nondisclosure of information. (1) TYPES OF INFORMATION.** The office
18 may refuse to disclose and may prevent any other person from disclosing any of the
19 following:

20 (a) Testimony, reports, records, and information that are obtained, produced,
21 or created in the course of an inquiry under s. 648.15.

22 (b) Testimony, reports, records, and information that are obtained, produced,
23 or created in the course of an examination under s. 648.20.

24 (c) Testimony, reports, records, communications, and information that are
25 obtained by the office from, or provided by the office to, any of the following, under

1 a pledge of confidentiality or for the purpose of assisting or participating in
2 monitoring activities or in the conduct of any inquiry, investigation, or examination:

3 1. The National Association of Insurance Commissioners.

4 2. An agent or employee of the National Association of Insurance
5 Commissioners.

6 3. The insurance commissioner of another state.

7 4. An agent or employee of the insurance commissioner of another state.

8 5. An international, federal, state, or local regulatory or law enforcement
9 agency, including the department.

10 6. An agent or employee of an agency described in subd. 5.

11 (2) WAIVER AND APPLICABILITY OF THE PRIVILEGE. Section 601.465 (2m) (a) to (d)
12 applies to the privilege under sub. (1).

13 **648.35 Enforcement procedure. (1) INJUNCTIONS AND RESTRAINING ORDERS.**

14 The commissioner may commence an action in circuit court in the name of the state
15 to restrain by temporary or permanent injunction or by temporary restraining order
16 any violation of this chapter, any rule promulgated under this chapter, or any order
17 issued under s. 648.10 (2). The commissioner need not show irreparable harm or lack
18 of an adequate remedy at law in an action commenced under this subsection.

19 (2) ORDERS. The commissioner shall issue any orders under the procedures
20 described in s. 601.63 and shall hold any hearings under the procedures described
21 in s. 601.62.

22 (3) COMPULSIVE FORFEITURES. If a person does not comply with an order issued
23 under s. 648.10 (2) within 2 weeks after the commissioner has given the care
24 management organization notice of the commissioner's intention to proceed under
25 this subsection, the commissioner may commence an action for a forfeiture in such

1 sum as the court considers just, but not exceeding \$5,000 for each day that the
2 violation continues after the commencement of the action until judgment is
3 rendered. No forfeiture may be imposed under this subsection if at the time the
4 action was commenced the care management organization was in compliance with
5 the order, nor for any violation of an order occurring while any proceeding for judicial
6 review of the order was pending, unless the court in which the proceeding was
7 pending certifies that the claim of invalidity or nonapplicability of the order was
8 frivolous or a sham. If after judgment is rendered the care management organization
9 does not comply with the order, the commissioner may commence a new action for
10 a forfeiture and may continue commencing actions until the person complies. The
11 proceeds of all actions under this subsection, after deduction of the expenses of
12 collection, shall be paid into the common school fund of the state.

13 (4) FORFEITURES AND CIVIL PENALTIES. (a) *Restitutionary forfeiture.* Whoever
14 violates an order issued under s. 648.10 (2) that is effective under s. 601.63, any
15 section of this chapter, or any rule relating to this chapter shall forfeit to the state
16 twice the amount of any profit gained from the violation, in addition to any other
17 forfeiture or penalty imposed.

18 (b) *Forfeiture for violation of order.* Whoever violates an order issued under s.
19 648.10 (2) that is effective under s. 601.63 shall forfeit to the state not more than
20 \$1,000 for each violation. Each day that the violation continues is a separate offense.

21 (c) *Forfeiture for violation of statute or rule.* Whoever violates, intentionally
22 aids in violating, or knowingly permits a person over whom he or she has authority
23 to violate a section of this chapter or a rule promulgated under this chapter shall
24 forfeit to the state not more than \$1,000 for each violation. If the section or rule

1 violated imposes a duty to make a report to the commissioner, each week of delay in
2 complying with the duty is a new violation.

3 (d) *Procedure.* The commissioner may order any person to pay a forfeiture
4 imposed under this subsection, which shall be paid into the common school fund. If
5 the order is issued without a hearing, the affected person may demand a hearing
6 through procedures described under s. 601.62 (3) (a). If the person fails to request
7 a hearing, the order is conclusive as to the person's liability. The scope of review for
8 forfeitures ordered is that specified under s. 227.57. The commissioner may cause
9 an action to be commenced to recover the forfeiture. Before an action is commenced,
10 the commissioner may compromise the forfeiture.

11 (5) **CRIMINAL PENALTY.** Whoever intentionally violates or intentionally permits
12 any person over whom he or she has authority to violate or intentionally aids any
13 person in violating any section of this chapter, any rule promulgated to administer
14 this chapter, or any order issued under s. 648.10 (2) that is effective under s. 601.63
15 is guilty of a Class I felony, unless a specific penalty is provided elsewhere in the
16 statutes. Intent has the meaning expressed under s. 939.23.

17 **648.45 Affiliates of permittee. (1) INFORMATION.** A permittee and a person
18 attempting to acquire or having control of a permittee, shall report to the
19 commissioner the information concerning the permittee, its affiliates, and the person
20 attempting to acquire control of the permittee that the commissioner requires by
21 rule. The commissioner may promulgate rules prescribing the timing of reports
22 under this subsection, including requiring periodic reporting and the form and
23 procedure for filing reports.

1 **(2) REPORT FOR AFFILIATES.** The permittee may report on behalf of all affiliated
2 entities if it provides all the information that would be required if each affiliate
3 reported separately.

4 **(3) CONSENT TO JURISDICTION.** Every permittee shall promptly submit to the
5 commissioner a statement from each of its affiliates that the affiliate agrees to be
6 subject to the jurisdiction of the commissioner and the courts of this state for the
7 purposes of this chapter. A governmental unit is not subject to this requirement. The
8 commissioner may exempt other affiliates from this subsection.

9 **(4) INFORMATION ORDER.** The commissioner may, by order, require any permittee
10 or any person attempting to acquire or having control of the permittee, to report
11 information under sub. (1) or other information to the commissioner.

12 **(5) TRANSACTIONS WITH AFFILIATES.** Neither a permittee nor an affiliate of the
13 permittee may enter into a transaction between the permittee and affiliate unless
14 all of the following apply:

15 (a) The transaction at the time it is entered into is reasonable and fair to the
16 interests of the permittee.

17 (b) The books, accounts, and records of each party to the transaction are kept
18 in a manner that clearly and accurately discloses the nature and details of the
19 transaction and, in accordance with generally accepted accounting principles,
20 permits ascertainment of charges relating to the transaction.

21 (c) The permittee's financial condition following any dividends or distributions
22 to shareholders or a person having control of the permittee is reasonable in relation
23 to the permittee's outstanding liabilities and is adequate to its financial needs.

24 (d) The transaction complies with any other standard that the commissioner,
25 after consulting with the department, prescribes by rule.

1 **(6) TRANSACTIONS SUBJECT TO DISCLOSURE.** (a) *Affiliated transactions to be*
2 *reported.* 1. The commissioner, after consulting with the department, may
3 promulgate rules requiring a permittee, a person attempting to acquire or having
4 control of a permittee, and affiliates of a permittee to report a transaction or a group
5 or series of transactions, if all of the following are satisfied:

6 a. The transaction is between a permittee and a person attempting to acquire
7 or having control of the permittee or an affiliate of the permittee, or the transaction
8 directly or indirectly benefits the person or affiliate.

9 b. The transaction is, or the group or series of transactions are, material to the
10 permittee.

11 2. Transactions that are material to a permittee for the purposes of subd. 1.
12 include management contracts, service contracts, and cost-sharing arrangements.
13 The commissioner, after consulting with the department, may prescribe by rule
14 standards for determining whether a transaction is material under this subsection.

15 3. No permittee, person attempting to acquire or having control of a permittee,
16 or affiliate of the permittee may enter into a transaction required to be reported to
17 the commissioner under this subsection unless the permittee, person, and affiliate
18 report the transaction to the commissioner in the form and by the date before the
19 effective date of the transaction that are prescribed by the commissioner by rule,
20 after consulting with the department. The commissioner may not require the
21 transaction to be reported earlier than 30 days before the effective date of the
22 transaction.

23 (b) *Disapproval.* The commissioner may, within the period prescribed in par.

24 (a) 3., disapprove any transaction reported under par. (a) if the commissioner finds,

1 after consulting with the department, that it would violate the law or would be
2 contrary to the interests of enrollees of the permittee, the department, or the public.

3 (c) *Transactions prohibited.* No permittee, person attempting to acquire or
4 having control of the permittee, or affiliate of the permittee may enter into a
5 transaction that is not reported as required under par. (a) or that is disapproved by
6 the commissioner under par. (b).

7 (d) *Voidable transactions.* If a permittee, person attempting to acquire or
8 having control of the permittee, or affiliate enters into a transaction in violation of
9 this section, the permittee may void the transaction, obtain an injunction, and
10 recover from the person or affiliate the amount necessary to restore the permittee to
11 its condition had the transaction not occurred. The commissioner may order a
12 permittee to void the transaction, to commence an action against the person or
13 affiliate, or to take other action.

14 (e) *Required financial conditions.* The commissioner, after consulting with the
15 department, may promulgate rules for determining adequacy of financial condition
16 under this section.

17 (f) *Exemption if permittee reports.* Paragraph (a) does not apply to a person
18 attempting to acquire or having control of, or an affiliate of, a permittee, if the
19 permittee reports on behalf of the person or on behalf of the affiliate, and the
20 transaction is not disapproved by the commissioner under par. (b).

21 (7) DIVIDENDS AND DISTRIBUTIONS. (a) A permittee may not pay a dividend or
22 distribution, and an affiliate of a permittee may not accept a dividend or distribution,
23 unless the permittee reports the dividend or distribution to the commissioner at least
24 30 days before payment and the commissioner does not disapprove the dividend or
25 distribution within that period.

1 (b) The commissioner, after consulting with the department, may promulgate
2 rules under this section that do any of the following:

3 1. Prescribe the form and content of and procedure for filing reports under this
4 subsection.

5 2. Exempt dividends or distributions from the reporting requirement under
6 par. (a) under conditions that the commissioner determines will not jeopardize the
7 financial condition of the permittee.

8 (c) A permittee may declare a dividend or distribution that is conditioned upon
9 the permittee's compliance with this subsection. A declaration of a dividend or
10 distribution under this subsection does not confer rights to the proposed recipient of
11 the dividend or distribution unless this subsection is complied with and is void if the
12 dividend or distribution is disapproved by the commissioner under par. (a).

13 (d) In addition to any other remedies available, a permittee may recover from
14 the recipient any dividend or distribution paid in violation of this subsection.

15 **(8) DUTIES OF OFFICERS AND DIRECTORS.** (a) No director or officer of a permittee
16 or of an affiliate of a permittee may permit, participate in, or assent to a transaction
17 or payment or acceptance of a dividend or distribution prohibited under this chapter.

18 (b) An officer or director of a permittee or of an affiliate of a permittee who
19 knows, or reasonably should know, that the permittee or affiliate has entered into
20 a transaction or paid a dividend or distribution that violates this chapter shall report
21 the transaction, dividend, or distribution to the commissioner in writing within 30
22 days after attaining that knowledge. Section 648.15 (6) applies to a report under this
23 section, and the report is confidential unless the commissioner finds it necessary to
24 disclose the report for the purpose of enforcing this chapter.

1 **648.50 Management changes. (1) APPROVAL REQUIRED.** No proposed plan of
2 merger or other plan for acquisition of control of a permittee may be executed unless
3 the commissioner, after consulting with the department, approves the plan.

4 **(2) GROUNDS FOR APPROVAL.** The commissioner shall approve the plan under this
5 section if the commissioner finds, after a hearing, that it would not violate the law
6 or be contrary to the interests of the public, the department, or the enrollees.

7 **(3) INFORMATION REQUIRED.** A permittee shall report to the commissioner any
8 changes in directors or principal officers after a permit is issued, together with
9 biographical data on the new director or officer that the commissioner requires by
10 rule.

11 **648.55 Commissioner's summary orders. (1)** The commissioner, after
12 consulting with the department, may make and serve an order on a permittee,
13 requiring it to stop providing services under the department contract, or to take
14 corrective measures, without notice and before hearing, if it appears to the
15 commissioner that irreparable harm to the property or business of the permittee or
16 to the interests of its enrollees or the public, will occur unless the commissioner acts
17 with immediate effect and one of the following applies:

18 (a) The permittee is not in compliance with a rule establishing standards for
19 the financial condition of care management organizations.

20 (b) Grounds exist to suspend or revoke the permittee's permit.

21 **(2)** An order issued under this subsection is effective immediately.

22 **(3)** The permittee has the rights provided under s. 601.62. The commissioner
23 may serve upon the permittee notice of hearing under the procedures under s. 601.62
24 simultaneously with service of the order under sub. (1).

25 **(4)** The commissioner may keep proceedings under this section confidential.

1 **648.65 Enrollee immunity. (1) IMMUNITY.** An enrollee of a care management
2 organization is not liable for health care, service, equipment, or supply charges that
3 are covered under the care management organization's contract with the
4 department.

5 **(2) PROHIBITED RECOVERY ATTEMPTS.** No person may bill, charge, collect a deposit
6 from, seek compensation from, file or threaten to file with a credit reporting agency
7 with respect to, or have any recourse against an enrollee or any person acting on the
8 enrollee's behalf, for any health care, service, equipment, or supply charges for which
9 the enrollee or person acting on his or her behalf is not liable under sub. (1).

10 **(3) IMMUNITY NOT AFFECTED.** The immunity of an enrollee under subs. (1) and
11 (2) is not affected by any of the following:

12 (a) A breach or default on an agreement by the care management organization
13 or the failure of any person to compensate the provider.

14 (b) The insolvency of the care management organization or any person
15 contracting with the care management organization or the commencement or the
16 existence of conditions permitting the commencement of insolvency, delinquency, or
17 bankruptcy proceedings involving the care management organization or other
18 person, regardless of whether the care management organization or other person has
19 agreed to compensate, directly or indirectly, the provider for health care, services,
20 equipment, or supplies for which the enrollee is not liable under sub. (1)

21 (c) The inability of the provider or other person who is owed compensation for
22 health care, services, equipment, or supplies to obtain compensation from the care
23 management organization.

1 **648.75 Insolvency funding. (1) DEPOSIT REQUIRED.** A permittee shall deposit
2 an amount established by the contract with the department, and not less than
3 \$250,000, using the procedures under s. 601.13.

4 **(2) RELEASE OF DEPOSIT.** A deposit under this section may be released only with
5 the approval of the commissioner, after consulting with the department, by the
6 procedures under s. 601.13 (10) and only in one of the following circumstances:

7 (a) To pay an assessment under sub. (3).

8 (b) To pay creditors of the permittee according to the priority determined by the
9 department if the permittee is insolvent, dissolves, or is subject to an insolvency
10 proceeding, including a bankruptcy proceeding.

11 **(3) ASSESSMENT.** The department may assess an amount from each permittee's
12 deposit for the purpose of funding arrangements for, or to pay expenses related to,
13 services for enrollees of an insolvent or financially hazardous permittee. The
14 department's assessment shall be allocated to each permittee's deposit in an amount
15 that reflects the permittee's proportionate share of projected enrollment in the
16 department's annual contracting period. The commissioner may authorize release,
17 and the department of administration shall pay to the department the assessed
18 amount for the purposes of this subsection.

19 **(4) RESTORATION.** A permittee shall restore its deposit that is subject to an
20 assessment under sub. (3) within 30 days after the assessment, unless the office,
21 after consulting with the department, authorizes a longer period, which shall not
22 exceed 2 years.

23 **(5) RECOVERY.** The department may recover, and may file a claim or bring civil
24 action to recover, from the insolvent or financially hazardous permittee any amount

1 that the department assesses and pays under sub. (3). Any amount recovered shall
2 be restored to each permittee's deposit in the same proportion as the assessment.

3 **SECTION 3200.** 700.19 (2m) of the statutes is created to read:

4 700.19 (2m) DOMESTIC PARTNERS. If persons named as owners in a document
5 of title, transferees in an instrument of transfer, or buyers in a bill of sale are
6 described in the document, instrument, or bill of sale as domestic partners under ch.
7 770, or are in fact domestic partners under ch. 770, they are joint tenants, unless the
8 intent to create a tenancy in common is expressed in the document, instrument, or
9 bill of sale.

10 **SECTION 3202.** 704.31 (3) of the statutes is amended to read:

11 704.31 (3) This section does not apply to a lease to which a local professional
12 baseball park district created under subch. III of ch. 229, the Wisconsin Quality
13 Home Care Authority, or the Fox River Navigational System Authority is a party.

14 **SECTION 3203m.** 757.05 (1) (a) of the statutes is amended to read:

15 757.05 (1) (a) Whenever a court imposes a fine or forfeiture for a violation of
16 state law or for a violation of a municipal or county ordinance except for a violation
17 of s. 101.123 (2) (a), (am) 1., (ar), (bm), (br), or (bv) or (5), for a financial responsibility
18 violation under s. 344.62 (2), or for a first violation of s. 23.33 (4c) (a) 2., 30.681 (1)
19 (b) 1., 346.63 (1) (b), or 350.101 (1) (b), if the person who committed the violation had
20 a blood alcohol concentration of 0.08 or more but less than 0.1 at the time of the
21 violation, or for a violation of state laws or municipal or county ordinances involving
22 nonmoving traffic violations, violations under s. 343.51 (1m) (b), or safety belt use
23 violations under s. 347.48 (2m), there shall be imposed in addition a penalty
24 surcharge under ch. 814 in an amount of 26 percent of the fine or forfeiture imposed.
25 If multiple offenses are involved, the penalty surcharge shall be based upon the total

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

3 **SECTION 3205.** 758.19 (8) (a) (intro.) of the statutes is amended to read:

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

13 **SECTION 3205r.** 765.08 (2) of the statutes is amended to read:

14 765.08 (2) The county clerk may, at his or her discretion, issue a marriage
15 license within less than 5 days after application if the applicant pays an additional
16 fee of not more than ~~\$10~~ \$25 to cover any increased processing cost incurred by the
17 county. The county clerk shall pay this fee into the county treasury.

18 **SECTION 3209.** 767.41 (3) (c) of the statutes is amended to read:

19 767.41 (3) (c) The court shall hold a hearing to review the permanency plan
20 within 30 days after receiving a report under par. (b). At least 10 days before the date
21 of the hearing, the court shall provide notice of the time, date, and purpose of the
22 hearing to the agency that prepared the report, the child's parents, the child, if he
23 or she is 12 years of age or over, and the child's foster parent, ~~treatment foster parent~~
24 or the operator of the facility in which the child is living.

25 **SECTION 3211p.** 767.57 (1) (d) of the statutes is created to read:

1 767.57 (1) (d) The department or its designee shall offer to every individual to
 2 whom child support or family support payments are disbursed under this section the
 3 option to receive a paper statement of account that will be sent to the individual
 4 whenever money is received on behalf of or disbursed to the individual under this
 5 section. The department or its designee may not charge an individual a fee for
 6 providing the statements of account.

7 **SECTION 3218.** Chapter 770 of the statutes is created to read:

8 **CHAPTER 770**

9 **DOMESTIC PARTNERSHIP**

10 **770.001 Declaration of policy.** The legislature finds that it is in the interests
 11 of the citizens of this state to establish and provide the parameters for a legal status
 12 of domestic partnership. The legislature further finds that the legal status of
 13 domestic partnership as established in this chapter is not substantially similar to
 14 that of marriage. Nothing in this chapter shall be construed as inconsistent with or
 15 a violation of article XIII, section 13, of the Wisconsin Constitution.

16 **770.01 Definitions.** In this chapter:

17 (1) "Domestic partner" means an individual who has signed and filed a
 18 declaration of domestic partnership in the office of the register of deeds of the county
 19 in which he or she resides.

20 (2) "Domestic partnership" means the legal relationship that is formed
 21 between 2 individuals under this chapter.

22 **770.05 Criteria for forming a domestic partnership.** Two individuals may
 23 form a domestic partnership if they satisfy all of the following criteria:

24 (1) Each individual is at least 18 years old and capable of consenting to the
 25 domestic partnership.

1 (2) Neither individual is married to, or in a domestic partnership with, another
2 individual.

3 (3) The 2 individuals share a common residence. Two individuals may share
4 a common residence even if any of the following applies:

5 (a) Only one of the individuals has legal ownership of the residence.

6 (b) One or both of the individuals have one or more additional residences not
7 shared with the other individual.

8 (c) One of the individuals leaves the common residence with the intent to
9 return.

10 (4) The 2 individuals are not nearer of kin to each other than 2nd cousins,
11 whether of the whole or half blood or by adoption.

12 (5) The individuals are members of the same sex.

13 **770.07 Application and declaration.** (1) (a) Individuals who wish to form
14 a domestic partnership shall apply on or after the 31st day beginning after the
15 effective date of this paragraph [LRB inserts date], for a declaration of domestic
16 partnership to the county clerk of the county in which at least one of the individuals
17 has resided for at least 30 days immediately before applying.

18 (b) 1. Except as provided in subd. 2., the county clerk may not issue a
19 declaration of domestic partnership until at least 5 days after receiving the
20 application for the declaration of domestic partnership.

21 2. The county clerk may, at his or her discretion, issue a declaration of domestic
22 partnership less than 5 days after application if the applicant pays an additional fee
23 of not more than \$10 to cover any increased processing cost incurred by the county.
24 The county clerk shall pay this fee into the county treasury.

1 (c) No declaration of domestic partnership may be issued unless the application
2 for it is subscribed to by the parties intending to form the domestic partnership; it
3 contains the social security number of each party who has a social security number;
4 and it is filed with the clerk who issues the declaration of domestic partnership.

5 (d) 1. Each party shall present satisfactory, documentary proof of identification
6 and residence and shall swear, or affirm, to the application before the clerk who is
7 to issue the declaration of domestic partnership. In addition to the social security
8 number of each party who has a social security number, the application shall contain
9 such informational items as the state registrar of vital statistics directs. The portion
10 of the application form that is collected for statistical purposes only shall indicate
11 that the address of an applicant may be provided by a county clerk to a law
12 enforcement officer under the conditions specified under s. 770.18 (2).

13 2. Each applicant shall exhibit to the clerk a certified copy of a birth certificate,
14 and each applicant shall submit a copy of any judgment, certificate of termination
15 of domestic partnership, or death certificate affecting the domestic partnership
16 status. If any applicable birth certificate, death certificate, notice of termination of
17 domestic partnership, or judgment is unobtainable, other satisfactory documentary
18 proof may be presented instead. Whenever the clerk is not satisfied with the
19 documentary proof presented, he or she shall submit the proof, for an opinion as to
20 its sufficiency, to a judge of a court of record in the county of application.

21 (2) If sub. (1) and s. 770.05 are complied with, the county clerk shall issue a
22 declaration of domestic partnership. With each declaration of domestic partnership
23 the county clerk shall provide a pamphlet describing the causes and effects of fetal
24 alcohol syndrome. After the application for the declaration of domestic partnership
25 is filed, the clerk shall, upon the sworn statement of either of the applicants, correct

1 any erroneous, false, or insufficient statement in the application that comes to the
2 clerk's attention and shall notify the other applicant of the correction, as soon as
3 reasonably possible.

4 **770.10 Completion and filing of declaration.** In order to form the legal
5 status of domestic partners, the individuals shall complete the declaration of
6 domestic partnership, sign the declaration, having their signatures acknowledged
7 before a notary, and submit the declaration to the register of deeds of the county in
8 which they reside. The register of deeds shall record the declaration and forward the
9 original to the state registrar of vital statistics.

10 **770.12 Terminating a domestic partnership.** (1) (a) A domestic partner
11 may terminate the domestic partnership by filing a completed notice of termination
12 of domestic partnership form with the county clerk who issued the declaration of
13 domestic partnership and paying the fee under s. 770.17. The notice must be signed
14 by one or both domestic partners and notarized.

15 (b) If the notice under par. (a) is signed by only one of the domestic partners,
16 that individual must also file with the county clerk an affidavit stating either of the
17 following:

18 1. That the other domestic partner has been served in writing, in the manner
19 provided under s. 801.11, that a notice of termination of domestic partnership is
20 being filed with the county clerk.

21 2. That the domestic partner seeking termination has been unable to locate the
22 other domestic partner after making reasonable efforts and that notice to the other
23 domestic partner has been made by publication as provided in sub. (2).

24 (2) If a domestic partner who is seeking to terminate the domestic partnership
25 is unable to find the other domestic partner after making reasonable efforts, the

1 domestic partner seeking termination may provide notice by publication in a
2 newspaper of general circulation in the county in which the residence most recently
3 shared by the domestic partners is located. The notice need not be published more
4 than one time.

5 (3) Upon receiving a completed, signed, and notarized notice of termination of
6 domestic partnership, the affidavit under sub. (1) (b) if required, and the fee under
7 s. 770.17, the county clerk shall issue to the domestic partner filing the notice of
8 termination a certificate of termination of domestic partnership. The domestic
9 partner shall submit the certificate of termination of domestic partnership to the
10 register of deeds of the county in which the declaration of domestic partnership is
11 recorded. The register of deeds shall record the certificate and forward the original
12 to the state registrar of vital statistics.

13 (4) (a) Except as provided in par. (b), the termination of a domestic partnership
14 is effective 90 days after the certificate of termination of domestic partnership is
15 recorded under sub. (3).

16 (b) If a party to a domestic partnership enters into a marriage that is recognized
17 as valid in this state, the domestic partnership is automatically terminated on the
18 date of the marriage.

19 **770.15 Forms.** (1) The application and declaration of domestic partnership
20 under s. 770.07 and the notice of termination of domestic partnership and certificate
21 of termination of domestic partnership under s. 770.12 shall contain such
22 information as the state registrar of vital statistics determines is necessary. The
23 form for the declaration of domestic partnership shall require both individuals
24 forming a domestic partnership to sign the form and attest to satisfying all of the
25 criteria under s. 770.05 (1) to (5).

1 (2) The state registrar of vital statistics shall prepare the forms under sub. (1)
2 and distribute the forms in sufficient quantities to each county clerk.

3 **770.17 Fees to county clerk.** Each county clerk shall receive as a fee for each
4 declaration of domestic partnership issued and for each certificate of termination of
5 domestic partnership issued the same amount that the clerk receives for issuing a
6 marriage license under s. 765.15. Of the amount that the clerk receives under this
7 section, the clerk shall pay into the state treasury the same amount that the clerk
8 pays into the state treasury from the fee collected for issuing a marriage license. The
9 remainder shall become a part of the funds of the county. For each declaration of
10 domestic partnership issued and for each certificate of termination of domestic
11 partnership issued, the clerk shall also receive a standard notary fee in the same
12 amount that the clerk receives as a standard notary fee in connection with issuing
13 a marriage license and that may be retained by the clerk if the clerk is operating on
14 a fee or part-fee basis but which otherwise shall become part of the funds of the
15 county.

16 **770.18 Records.** (1) The county clerk shall keep among the records in the
17 office a suitable book called the declaration of domestic partnership docket and shall
18 enter therein a complete record of the applications for and the issuing of all
19 declarations of domestic partnership, and of all other matters which the clerk is
20 required by this chapter to ascertain related to the rights of any person to obtain a
21 declaration of domestic partnership. An application may be recorded by entering
22 into the docket the completed application form, with any portion collected only for
23 statistical purposes removed. The declaration of domestic partnership docket shall
24 be open for public inspection or examination at all times during office hours.

1 (2) A county clerk may provide the name of a declaration of domestic
2 partnership applicant and, from the portion of the application form that is collected
3 for statistical purposes, as specified under sub. (1), may provide the address of the
4 declaration of domestic partnership applicant to a law enforcement officer, as defined
5 in s. 51.01 (11). A county clerk shall provide the name and, if it is available, the
6 address, to a law enforcement officer who requests, in writing, the name and address
7 for the performance of an investigation or the service of a warrant. If a county clerk
8 has not destroyed the portion of the declaration of domestic partnership application
9 form that is collected for statistical purposes, he or she shall keep the information
10 on the portion confidential, except as authorized under this subsection. If a written
11 request is made by a law enforcement officer under this subsection, the county clerk
12 shall keep the request with the declaration of domestic partnership application form.
13 If the county clerk destroys the declaration of domestic partnership application form,
14 he or she shall also destroy the written request.

15 **SECTION 3221.** 786.37 (3) of the statutes is amended to read:

16 786.37 (3) This section does not apply to the name change of a minor if the
17 parental rights to the minor of both parents have been terminated, guardianship and
18 legal custody of the minor have been transferred under subch. VIII of ch. 48, the
19 minor has been placed in a permanent foster home ~~or a permanent treatment foster~~
20 ~~home~~, and the guardian and legal custodian of the minor have petitioned to change
21 the minor's name to the name or names of the minor's foster parents ~~or treatment~~
22 ~~foster parents~~.

23 **SECTION 3221d.** 799.41 of the statutes is renumbered 799.41 (1).

24 **SECTION 3221e.** 799.41 (2) of the statutes is created to read:

1 799.41 (2) If the eviction seeks to remove a tenant whose tenancy is terminated
2 as the result of a foreclosure judgment and sale under s. 708.02, the complaint shall
3 identify the action as an eviction of the tenant due to a foreclosure action.

4 **SECTION 3222.** 801.50 (5) of the statutes is amended to read:

5 801.50 (5) Venue of an action for certiorari to review a probation, extended
6 supervision, or parole revocation, a denial by ~~a program review committee~~ the
7 earned release review commission under s. ~~302.113 (9g)~~ 302.1135 (5) of a petition for
8 modification of a bifurcated sentence, or a refusal of parole shall be the county in
9 which the relator was last convicted of an offense for which the relator was on
10 probation, extended supervision, or parole or for which the relator is currently
11 incarcerated.

12 **SECTION 3222g.** 802.03 (9) of the statutes is created to read:

13 802.03 (9) FORECLOSURE. In an action for foreclosure of real property, the
14 complaint may not name a tenant of residential real property as a defendant unless
15 the tenant has a lien or ownership interest in the real property.

16 **SECTION 3224.** 806.11 (1) (intro.) of the statutes is amended to read:

17 806.11 (1) (intro.) At the time of filing the warrant provided by s. 71.74 (14) ~~or~~,
18 71.91 (5), or 71.93 (8) (b) 5., the clerk of circuit court shall enter the warrant in the
19 judgment and lien docket, including:

20 **SECTION 3225.** 806.11 (2) of the statutes is amended to read:

21 806.11 (2) If a warrant provided by s. 71.74 (14) ~~or~~, 71.91 (5), or 71.93 (8) (b) 5.
22 is against several persons, the warrant shall be entered, in accordance with the
23 procedure under sub. (1), in the judgment and lien docket under the name of each
24 person against whom the warrant was issued.

25 **SECTION 3226.** 806.115 of the statutes is amended to read:

1 **806.115 Filing of duplicate copy of warrant.** The department of revenue
2 may file in any county a duplicate copy of a warrant filed under s. 71.74 (14) ~~or~~, 71.91
3 (5), or 71.93 (8) (b) 5. and the clerk of circuit court shall enter the duplicate copy on
4 the judgment and lien docket as provided in s. 806.11. When so entered, the duplicate
5 copy shall have the same legal effect as the warrant filed under s. 71.91 (5).

6 **SECTION 3227.** 809.105 (13) of the statutes is amended to read:

7 **809.105 (13) CERTAIN PERSONS BARRED FROM PROCEEDINGS.** No parent, or
8 guardian or legal custodian, if one has been appointed, or foster parent ~~or treatment~~
9 ~~foster parent~~, if the minor has been placed in a foster home ~~or treatment foster home~~,
10 and the minor's parent has signed a waiver granting the department of children and
11 families, a county department under s. 46.215, 46.22, or 46.23, ~~the foster parent or~~
12 ~~the treatment foster parent~~ the authority to consent to medical services or treatment
13 on behalf of the minor, or adult family member, as defined in s. 48.375 (2) (b), of any
14 minor who has initiated an appeal under this section may attend or intervene in any
15 proceeding under this section.

16 **SECTION 3228.** 809.30 (1) (c) of the statutes is amended to read:

17 **809.30 (1) (c)** "Postconviction relief" means an appeal or a motion for
18 postconviction relief in a criminal case, other than an appeal, motion, or petition
19 under ss. 302.113 (7m), ~~302.113 (9g)~~ 302.1135, 973.19, 973.195, 974.06, or 974.07 (2).
20 In a ch. 980 case, the term means an appeal or a motion for postcommitment relief
21 under s. 980.038 (4).

22 **SECTION 3231.** 812.44 (5) (form) 2. of the statutes is amended to read:

23 **812.44 (5) (form)**

24 ... 2. ~~(5) (form) paragraph 2.~~ I receive, am eligible for, or have within 6 months
25 received, aid to families with dependent children, relief funded by a relief block grant

1 under ch. 49, relief provided by counties under section 59.53 (21) of the Wisconsin
2 Statutes, medical assistance, supplemental security income, food stamps, or
3 veterans benefits based on need under 38 USC 501 to 562 or section 45.351 (1) of the
4 Wisconsin Statutes.

5 **SECTION 3233c.** 814.63 (1) (c) of the statutes is amended to read:

6 814.63 (1) (c) This subsection does not apply to an action for a violation of s.
7 101.123 (2) (a), (am) 1., (ar), (bm), (br), or (bv) or (5), for a financial responsibility
8 violation under s. 344.62 (2), for a first violation of s. 23.33 (4c) (a) 2., 30.681 (1) (b)
9 1., 346.63 (1) (b), or 350.101 (1) (b), if the person who committed the violation had a
10 blood alcohol concentration of 0.08 or more but less than 0.1 at the time of the
11 violation, or for a violation under s. 343.51 (1m) (b) or a safety belt use violation under
12 s. 347.48 (2m).

13 **SECTION 3233e.** 814.63 (2) of the statutes is amended to read:

14 814.63 (2) Upon the disposition of a forfeiture action in circuit court for
15 violation of a county, town, city, village, town sanitary district or public inland lake
16 protection and rehabilitation district ordinance, except for an action for a first
17 violation of s. 23.33 (4c) (a) 2., 30.681 (1) (b) 1., 346.63 (1) (b), or 350.101 (1) (b), if the
18 person who committed the violation had a blood alcohol concentration of 0.08 or more
19 but less than 0.1 at the time of the violation, for a financial responsibility violation
20 under s. 344.62 (2), or for a violation under s. 343.51 (1m) (b) or a safety belt use
21 violation under s. 347.48 (2m), the county, town, city, village, town sanitary district
22 or public inland lake protection and rehabilitation district shall pay a nonrefundable
23 fee of \$5 to the clerk of circuit court.

24 **SECTION 3233r.** 814.65 (1) of the statutes is amended to read:

1 814.65 (1) COURT COSTS. In a municipal court action, except for an action for
2 a first violation of s. 23.33 (4c) (a) 2., 30.681 (1) (b) 1., 346.63 (1) (b), or 350.101 (1)
3 (b), if the person who committed the violation had a blood alcohol concentration of
4 0.08 or more but less than 0.1 at the time of the violation, for a financial responsibility
5 violation under s. 344.62 (2), or for a violation of an ordinance in conformity with s.
6 343.51 (1m) (b) or 347.48 (2m), the municipal judge shall collect a fee of not less than
7 \$15 nor more than \$28 on each separate matter, whether it is on default of
8 appearance, a plea of guilty or no contest, on issuance of a warrant or summons, or
9 the action is tried as a contested matter. Of each fee received by the judge under this
10 subsection, the municipal treasurer shall pay monthly \$5 to the secretary of
11 administration for deposit in the general fund and shall retain the balance for the
12 use of the municipality.

13 **SECTION 3232r.** 814.61 (5) (intro.) of the statutes is amended to read:

14 814.61 (5) JUDGMENTS, WRITS, EXECUTIONS, LIENS, WARRANTS, AWARDS,
15 CERTIFICATES. (intro.) The clerk shall collect a fee of ~~\$5~~ \$10 for the following:

16 **SECTION 3234.** 814.67 (1) (c) of the statutes is renumbered 814.67 (1) (c) (intro.)
17 and amended to read:

18 814.67 (1) (c) (intro.) For traveling, ~~at the rate of 20 cents per mile~~ going and
19 returning from his or her residence if within the state; or, if without the state, from
20 the point where he or she crosses the state boundary to the place of attendance, and
21 returning by the usually traveled route between such points.:

22 **SECTION 3235.** 814.67 (1) (c) 1. of the statutes is created to read:

23 814.67 (1) (c) 1. For witnesses, the rate of 20 cents per mile.

24 **SECTION 3236.** 814.67 (1) (c) 2. of the statutes is created to read:

25 814.67 (1) (c) 2. For interpreters, the mileage rate set under s. 20.916 (8).

1 **SECTION 3237.** 814.75 (22m) of the statutes is amended to read:

2 814.75 (**22m**) The supplemental food enforcement surcharge under s. ~~49.17~~
3 253.06 (4) (c).

4 **SECTION 3238.** 814.76 (15m) of the statutes is amended to read:

5 814.76 (**15m**) The supplemental food enforcement surcharge under s. ~~49.17~~
6 253.06 (4) (c).

7 **SECTION 3239.** 814.80 (11) of the statutes is amended to read:

8 814.80 (**11**) The supplemental food enforcement surcharge under s. ~~49.17~~
9 253.06 (4) (c).

10 **SECTION 3239m.** 814.85 (1) (a) of the statutes is amended to read:

11 814.85 (**1**) (a) Except for an action for a first violation of s. 23.33 (4c) (a) 2.,
12 30.681 (1) (b) 1., 346.63 (1) (b), or 350.101 (1) (b), if the person who committed the
13 violation had a blood alcohol concentration of 0.08 or more but less than 0.1 at the
14 time of the violation, for a financial responsibility violation under s. 344.62 (2), or for
15 a violation under s. 343.51 (1m) (b) or a safety belt use violation under s. 347.48 (2m),
16 the clerk of circuit court shall charge and collect a \$68 court support services
17 surcharge from any person, including any governmental unit as defined in s. 108.02
18 (17), paying a fee under s. 814.61 (1) (a), (3), or (8) (am) or 814.63 (1).

19 **SECTION 3240.** 814.86 (1) of the statutes is amended to read:

20 814.86 (**1**) Except for an action for a first violation of s. 23.33 (4c) (a) 2., 30.681
21 (1) (b) 1., 346.63 (1) (b), or 350.101 (1) (b), if the person who committed the violation
22 had a blood alcohol concentration of 0.08 or more but less than 0.1 at the time of the
23 violation, or for a violation under s. 343.51 (1m) (b) or a safety belt use violation under
24 s. 347.48 (2m), the clerk of circuit court shall charge and collect a \$~~12~~ \$21.50 justice
25 information system surcharge from any person, including any governmental unit, as



1 defined in s. 108.02 (17), paying a fee under s. 814.61 (1) (a), (3), or (8) (am), 814.62
2 (1), (2), or (3) (a) or (b), or 814.63 (1). The justice information system surcharge is in
3 addition to the surcharge listed in sub. (1m).

4 **SECTION 3240m.** 814.86 (1) of the statutes, as affected by 2009 Wisconsin Act
5 ... (this act), is amended to read:

6 814.86 (1) Except for an action for a first violation of s. 23.33 (4c) (a) 2., 30.681
7 (1) (b) 1., 346.63 (1) (b), or 350.101 (1) (b), if the person who committed the violation
8 had a blood alcohol concentration of 0.08 or more but less than 0.1 at the time of the
9 violation, for a financial responsibility violation under s. 344.62 (2), or for a violation
10 under s. 343.51 (1m) (b) or a safety belt use violation under s. 347.48 (2m), the clerk
11 of circuit court shall charge and collect a \$21.50 justice information system surcharge
12 from any person, including any governmental unit, as defined in s. 108.02 (17),
13 paying a fee under s. 814.61 (1) (a), (3), or (8) (am), 814.62 (1), (2), or (3) (a) or (b), or
14 814.63 (1). The justice information system surcharge is in addition to the surcharge
15 listed in sub. (1m).

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16 **SECTION 3241.** 823.08 (2) (b) of the statutes is amended to read:

17 823.08 (2) (b) "Agricultural use" has the meaning given in s. 91.01 (1) (2).

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18 **SECTION 3242.** 846.04 (1) of the statutes is amended to read:

19 846.04 (1) ~~The plaintiff may, in the complaint, demand judgment for any~~
20 ~~deficiency that may remain due the plaintiff after sale of the mortgaged premises~~
21 ~~against every party who is personally liable for the debt secured by the mortgage.~~
22 ~~Judgment may be rendered for any deficiency remaining after applying the proceeds~~
23 ~~of sale to the amount due. The judgment for deficiency shall be ordered in the original~~
24 ~~judgment and separately rendered against the party liable on or after the~~
25 ~~confirmation of sale. The judgment for deficiency shall be entered in the judgment~~