

1 463.12 (5) EXCEPTION. Subsections (2) to (4m) do not apply to a dentist who is
2 ~~licensed under s. 447.03 (1) or to a~~, dental therapist, or physician who pierces the
3 body of or offers to pierce the body of a person in the course of the dentist's, dental
4 therapist's, or physician's professional practice.

5 **SECTION 2065.** 565.10 (17) of the statutes is created to read:

6 565.10 (17) SETOFF AGAINST RETAILER COMPENSATION. The department shall
7 setoff any debt or other amount owed to the department, regardless of the origin,
8 nature, or date of the debt or amount, against any compensation or payment owed
9 to a lottery retailer under this chapter, whether owed by statute, rule, or contract.
10 If, after the setoff, additional compensation or payment is due, the department shall
11 setoff the remaining amount against all certified debts owed by the lottery retailer
12 under ss. 71.93 and 71.935.

13 **SECTION 2066.** 565.12 (1) (intro.) of the statutes is amended to read:

14 565.12 (1) (intro.) A lottery retailer contract entered into under s. 565.10 may
15 be terminated or suspended for a specified period if the department finds that the
16 retailer has done any of the following before or after the contract was entered into:

17 **SECTION 2067.** 565.30 (5) of the statutes is amended to read:

18 565.30 (5) WITHHOLDING OF DELINQUENT STATE TAXES, CHILD SUPPORT OR DEBTS
19 OWED THE STATE. The administrator shall report the name, address and social security
20 number or federal income tax number of each winner of a lottery prize equal to or
21 greater than \$600 and the name, address and social security number or federal
22 income tax number of each person to whom a lottery prize equal to or greater than
23 \$600 has been assigned to the department of revenue to determine whether the
24 payee or assignee of the prize is delinquent in the payment of state taxes under ch.
25 71, 72, 76, 77, 78 or 139 or, if applicable, in the court-ordered payment of child

1 support or has a debt owing to the state ~~under s. 71.93 or 71.935~~. Upon receipt of a
2 report under this subsection, the department of revenue shall first ascertain based
3 ~~on certifications by the department of children and families or its designee under s.~~
4 ~~49.855 (1) whether any person named in the report is currently delinquent in~~
5 ~~court-ordered payment of child support,~~ and shall next certify to the administrator,
6 whether any person named in the report is delinquent in court-ordered payment of
7 child support ~~or based on certifications by the department of children and families~~
8 ~~under s. 49.855 (1), is delinquent in the payment of state taxes under ch. 71, 72, 76,~~
9 ~~77, 78 or 139, or has a debt under s. 71.93 or 71.935~~. Upon this certification by the
10 department of revenue or upon court order the administrator shall withhold the
11 certified amount and send it to the department of revenue for remittance to the
12 appropriate agency or person. The department of revenue shall charge the winner
13 or assignee of the lottery prize ~~for the department of revenue's administrative~~
14 ~~expenses associated with withholding and remitting debt owed to a state agency a~~
15 ~~collection fee~~ and may withhold the amount of the ~~administrative expenses~~ collection
16 fee from the prize payment. The ~~administrative expenses~~ collection fee received or
17 withheld by the department of revenue shall be credited to the appropriation under
18 s. 20.566 (1) (h). In instances in which the payee or assignee of the prize is delinquent
19 both in payments for state taxes and in court-ordered payments of child support, or
20 is delinquent in one or both of these payments and has a debt owing to the state under
21 s. 71.93 or 71.935, the amount remitted to the appropriate agency or person shall be
22 in proportion to the prize amount as is the delinquency or debt owed by the payee or
23 assignee setoff under s. 71.93 (3) (a).

24 SECTION 2068. 601.31 (1) (n) of the statutes is amended to read:

1 601.31 (1) (n) For appointing, or renewing an appointment of, an agent under
2 s. 628.11, \$16 annually for resident agents or ~~\$30~~ \$40 annually for nonresident
3 agents, unless the commissioner sets a higher fee by rule, to be paid at times and
4 under procedures set by the commissioner.

5 **SECTION 2069.** 601.83 (1) (a) of the statutes is amended to read:

6 601.83 (1) (a) The commissioner shall administer a state-based reinsurance
7 program known as the healthcare stability plan in accordance with the specific terms
8 and conditions approved by the federal department of health and human services
9 dated July 29, 2018. Before December 31, 2023, the commissioner may not request
10 from the federal department of health and human services a modification,
11 suspension, withdrawal, or termination of the waiver under 42 USC 18052 under
12 which the healthcare stability plan under this subchapter operates unless
13 legislation has been enacted specifically directing the modification, suspension,
14 withdrawal, or termination. Before December 31, 2023, the commissioner may
15 request renewal, without substantive change, of the waiver under 42 USC 18052
16 under which the health care stability plan operates ~~in accordance with s. 20.940 (4)~~
17 unless legislation has been enacted that is contrary to such a renewal request. ~~The~~
18 ~~commissioner shall comply with applicable timing in and requirements of s. 20.940.~~

19 **SECTION 2070.** 609.713 of the statutes is created to read:

20 **609.713 Essential health benefits; preventive services.** Defined network
21 plans and preferred provider plans are subject to s. 632.895 (13m) and (14m).

22 **SECTION 2071.** 609.847 of the statutes is created to read:

23 **609.847 Preexisting condition discrimination and certain benefit**
24 **limits prohibited.** Limited service health organizations, preferred provider plans,
25 and defined network plans are subject to s. 632.728.

1 **SECTION 2072.** 625.12 (1) (a) of the statutes is amended to read:

2 625.12 (1) (a) Past and prospective loss and expense experience within and
3 outside of this state, except as provided in s. 632.728.

4 **SECTION 2073.** 625.12 (1) (e) of the statutes is amended to read:

5 625.12 (1) (e) Subject to ~~s.~~ ss. 632.365 and 632.728, all other relevant factors,
6 including the judgment of technical personnel.

7 **SECTION 2074.** 625.12 (2) of the statutes is amended to read:

8 625.12 (2) CLASSIFICATION. ~~Risks~~ Except as provided in s. 632.728, risks may
9 be classified in any reasonable way for the establishment of rates and minimum
10 premiums, except that no classifications may be based on race, color, creed or
11 national origin, and classifications in automobile insurance may not be based on
12 physical condition or developmental disability as defined in s. 51.01 (5). Subject to
13 ~~s.~~ ss. 632.365 and 632.728, rates thus produced may be modified for individual risks
14 in accordance with rating plans or schedules that establish reasonable standards for
15 measuring probable variations in hazards, expenses, or both. Rates may also be
16 modified for individual risks under s. 625.13 (2).

17 **SECTION 2075.** 625.15 (1) of the statutes is amended to read:

18 625.15 (1) RATE MAKING. ~~An~~ Except as provided in s. 632.728, ~~an~~ insurer may
19 itself establish rates and supplementary rate information for one or more market
20 segments based on the factors in s. 625.12 and, if the rates are for motor vehicle
21 liability insurance, subject to s. 632.365, or the insurer may use rates and
22 supplementary rate information prepared by a rate service organization, with
23 average expense factors determined by the rate service organization or with such
24 modification for its own expense and loss experience as the credibility of that
25 experience allows.

1 **SECTION 2076.** 628.34 (3) (a) of the statutes is amended to read:

2 628.34 (3) (a) No insurer may unfairly discriminate among policyholders by
3 charging different premiums or by offering different terms of coverage except on the
4 basis of classifications related to the nature and the degree of the risk covered or the
5 expenses involved, subject to ss. 632.365, 632.728, 632.746 and 632.748. Rates are
6 not unfairly discriminatory if they are averaged broadly among persons insured
7 under a group, blanket or franchise policy, and terms are not unfairly discriminatory
8 merely because they are more favorable than in a similar individual policy.

9 **SECTION 2077.** 632.35 of the statutes is amended to read:

10 **632.35 Prohibited rejection, cancellation and nonrenewal.** No insurer
11 may cancel or refuse to issue or renew an automobile insurance policy wholly or
12 partially because of one or more of the following characteristics of any person: age,
13 sex, residence, race, color, creed, religion, national origin, ancestry, marital status or,
14 occupation, or status as a holder or nonholder of a license under s. 343.03 (3m).

15 **SECTION 2078.** 632.697 of the statutes is amended to read:

16 **632.697 Benefits subject to department's right to recover.** Death
17 benefits payable under a life insurance policy or an annuity are subject to the right
18 of the department of health services to recover under s. 46.27 (7g), 2017 stats.,
19 49.496, 49.682, or 49.849 an amount equal to the medical assistance that is
20 recoverable under s. 49.496 (3) (a), an amount equal to aid under s. 49.68, 49.683,
21 49.685, or 49.785 that is recoverable under s. 49.682 (2) (a) or (am), or an amount
22 equal to long-term community support services under s. 46.27, 2017 stats., that is
23 recoverable under s. 46.27 (7g) (c) 1., 2017 stats., and that was paid on behalf of the
24 deceased policyholder or annuitant.

25 **SECTION 2079.** 632.728 of the statutes is created to read:

1 **632.728 Coverage of persons with preexisting conditions; guaranteed**
2 **issue; benefit limits. (1) DEFINITIONS.** In this section:

3 (a) "Health benefit plan" has the meaning given in s. 632.745 (11).

4 (b) "Self-insured health plan" has the meaning given in s. 632.85 (1) (c).

5 **(2) GUARANTEED ISSUE.** (a) Every individual health benefit plan shall accept
6 every individual in this state who, and every group health benefit plan shall accept
7 every employer in this state that, applies for coverage, regardless of sexual
8 orientation, gender identity, or whether or not any employee or individual has a
9 preexisting condition. A health benefit plan may restrict enrollment in coverage
10 described in this paragraph to open or special enrollment periods.

11 (b) The commissioner shall establish a statewide open enrollment period of no
12 shorter than 30 days for every individual health benefit plan to allow individuals,
13 including individuals who do not have coverage, to enroll in coverage.

14 **(3) PROHIBITING DISCRIMINATION BASED ON HEALTH STATUS.** (a) An individual
15 health benefit plan or a self-insured health plan may not establish rules for the
16 eligibility of any individual to enroll, or for the continued eligibility of any individual
17 to remain enrolled, under the plan based on any of the following health
18 status-related factors in relation to the individual or a dependent of the individual:

19 1. Health status.

20 2. Medical condition, including both physical and mental illnesses.

21 3. Claims experience.

22 4. Receipt of health care.

23 5. Medical history.

24 6. Genetic information.

1 7. Evidence of insurability, including conditions arising out of acts of domestic
2 violence.

3 8. Disability.

4 (b) An insurer offering an individual health benefit plan or a self-insured
5 health plan may not require any individual, as a condition of enrollment or continued
6 enrollment under the plan, to pay, on the basis of any health status-related factor
7 under par. (a) with respect to the individual or a dependent of the individual, a
8 premium or contribution or a deductible, copayment, or coinsurance amount that is
9 greater than the premium or contribution or deductible, copayment, or coinsurance
10 amount respectively for a similarly situated individual enrolled under the plan.

11 (c) Nothing in this subsection prevents an insurer offering an individual health
12 benefit plan or a self-insured health plan from establishing premium discounts or
13 rebates or modifying otherwise applicable cost sharing in return for adherence to
14 programs of health promotion and disease prevention.

15 (4) PREMIUM RATE VARIATION. A health benefit plan offered on the individual or
16 small employer market or a self-insured health plan may vary premium rates for a
17 specific plan based only on the following considerations:

18 (a) Whether the policy or plan covers an individual or a family.

19 (b) Rating area in the state, as established by the commissioner.

20 (c) Age, except that the rate may not vary by more than 3 to 1 for adults over
21 the age groups and the age bands shall be consistent with recommendations of the
22 National Association of Insurance Commissioners.

23 (d) Tobacco use, except that the rate may not vary by more than 1.5 to 1.

24 (5) ANNUAL AND LIFETIME LIMITS. An individual or group health benefit plan or
25 a self-insured health plan may not establish any of the following:

1 (a) Lifetime limits on the dollar value of benefits for an enrollee or a dependent
2 of an enrollee under the plan.

3 (b) Annual limits on the dollar value of benefits for an enrollee or a dependent
4 of an enrollee under the plan.

5 **(6) SHORT-TERM PLANS.** This section and s. 632.76 apply to every short-term,
6 limited-duration health insurance policy. In this subsection, "short-term,
7 limited-duration health insurance policy" means health coverage that is provided
8 under a contract with an insurer, has an expiration date specified in the contract that
9 is less than 12 months after the original effective date of the contract, and, taking
10 into account renewals or extensions, has a duration of no longer than 36 months in
11 total. "Short-term, limited-duration health insurance policy" includes any
12 short-term policy subject to s. 632.7495 (4).

13 **SECTION 2080.** 632.746 (1) (a) of the statutes is renumbered 632.746 (1) and
14 amended to read:

15 632.746 (1) ~~Subject to subs. (2) and (3), an An insurer that offers a group health~~
16 ~~benefit plan may, with respect to a participant or beneficiary under the plan, not~~
17 ~~impose a preexisting condition exclusion only if the exclusion relates to a condition,~~
18 ~~whether physical or mental, regardless of the cause of the condition, for which~~
19 ~~medical advice, diagnosis, care or treatment was recommended or received within~~
20 ~~the 6-month period ending on the participant's or beneficiary's enrollment date~~
21 ~~under the plan on a participant or beneficiary under the plan.~~

22 **SECTION 2081.** 632.746 (1) (b) of the statutes is repealed.

23 **SECTION 2082.** 632.746 (2) (a) of the statutes is amended to read:

24 632.746 (2) (a) An insurer offering a group health benefit plan may not ~~treat~~
25 impose a preexisting condition exclusion based on genetic information as a

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1 ~~preexisting condition under sub. (1) without a diagnosis of a condition related to the~~
2 ~~information.~~

3 **SECTION 2083.** 632.746 (2) (c), (d) and (e) of the statutes are repealed.

4 **SECTION 2084.** 632.746 (3) (a) of the statutes is repealed.

5 **SECTION 2085.** 632.746 (3) (d) 1. of the statutes is renumbered 632.746 (3) (d).

6 **SECTION 2086.** 632.746 (3) (d) 2. and 3. of the statutes are repealed.

7 **SECTION 2087.** 632.746 (5) of the statutes is repealed.

8 **SECTION 2088.** 632.746 (8) (a) (intro.) of the statutes is amended to read:

9 632.746 (8) (a) (intro.) A health maintenance organization that offers a group
10 ~~health benefit plan and that does not impose any preexisting condition exclusion~~
11 ~~under sub. (1) with respect to a particular coverage option may impose an affiliation~~
12 period for that coverage option, but only if all of the following apply:

13 **SECTION 2089.** 632.748 (2) of the statutes is amended to read:

14 632.748 (2) An insurer offering a group health benefit plan may not require any
15 individual, as a condition of enrollment or continued enrollment under the plan, to
16 pay, on the basis of any health status-related factor with respect to the individual
17 or a dependent of the individual, a premium or contribution or a deductible,
18 copayment, or coinsurance amount that is greater than the premium or contribution
19 or deductible, copayment, or coinsurance amount respectively for a similarly
20 situated individual enrolled under the plan.

21 **SECTION 2090.** 632.76 (2) (a) and (ac) 1. and 2. of the statutes are amended to
22 read:

23 632.76 (2) (a) No claim for loss incurred or disability commencing after 2 years
24 from the date of issue of the policy may be reduced or denied on the ground that a
25 disease or physical condition existed prior to the effective date of coverage, unless the

1 condition was excluded from coverage by name or specific description by a provision
2 effective on the date of loss. This paragraph does not apply to a group health benefit
3 plan, as defined in s. 632.745 (9), which is subject to s. 632.746, a disability insurance
4 policy, as defined in s. 632.895 (1) (a), or a self-insured health plan, as defined in s.
5 632.85 (1) (c).

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

12 2. ~~Except as provided in subd. 3., an~~ An individual disability insurance policy,
13 as defined in s. 632.895 (1) (a), ~~other than a short-term policy subject to s. 632.7495~~
14 ~~(4) and (5), may not define a preexisting condition more restrictively than a condition~~
15 ~~that was present before the date of enrollment for the coverage, whether physical or~~
16 ~~mental, regardless of the cause of the condition, for which~~ and regardless of whether
17 medical advice, diagnosis, care, or treatment was recommended or received within
18 12 months before the effective date of coverage.

19 **SECTION 2091.** 632.76 (2) (ac) 3. of the statutes is repealed.

20 **SECTION 2092.** 632.795 (4) (a) of the statutes is amended to read:

21 632.795 (4) (a) An insurer subject to sub. (2) shall provide coverage under the
22 same policy form and for the same premium as it originally offered in the most recent
23 enrollment period, subject only to the medical underwriting used in that enrollment
24 period. Unless otherwise prescribed by rule, the insurer may apply deductibles,
25 ~~preexisting condition limitations, waiting periods, or other limits only to the extent~~

1 that they would have been applicable had coverage been extended at the time of the
2 most recent enrollment period and with credit for the satisfaction or partial
3 satisfaction of similar provisions under the liquidated insurer's policy or plan. The
4 insurer may exclude coverage of claims that are payable by a solvent insurer under
5 insolvency coverage required by the commissioner or by the insurance regulator of
6 another jurisdiction. Coverage shall be effective on the date that the liquidated
7 insurer's coverage terminates.

8 **SECTION 2093.** 632.796 of the statutes is created to read:

9 **632.796 Drug cost report. (1) DEFINITION.** In this section, "disability
10 insurance policy" has the meaning given in s. 632.895 (1) (a).

11 **(2) REPORT REQUIRED.** Annually, at the time the insurer files its rate request
12 with the commissioner, each insurer that offers a disability insurance policy that
13 covers prescription drugs shall submit to the commissioner a report that identifies
14 the 25 prescription drugs that are the highest cost to the insurer and the 25
15 prescription drugs that have the highest cost increases over the 12 months before the
16 submission of the report.

17 **SECTION 2094.** 632.865 (3) of the statutes is created to read:

18 **632.865 (3) REGISTRATION REQUIRED. (a)** No person may perform any activities
19 of a pharmacy benefit manager in this state without first registering with the
20 commissioner under this subsection.

21 **(b)** The commissioner shall establish a registration procedure for pharmacy
22 benefit managers. The commissioner may promulgate any rules necessary to
23 implement the registration procedure under this paragraph.

24 **SECTION 2095.** 632.866 of the statutes is created to read:

25 **632.866 Prescription drug cost reporting. (1) DEFINITIONS.** In this section:

1 (a) "Brand-name drug" means a prescription drug approved under 21 USC 355
2 (b) or 42 USC 262.

3 (b) "Covered hospital" means an entity described in 42 USC 256b (a) (4) (L) to
4 (N) that participates in the federal drug-pricing program under 42 USC 256b.

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

6 (d) "Generic drug" means a prescription drug approved under 21 USC 355 (j).

7 (e) "Manufacturer" has the meaning given in s. 450.01 (12). "Manufacturer"
8 does not include an entity that is engaged only in the dispensing, as defined in s.
9 450.01 (7), of a brand-name drug or a generic drug.

10 (f) "Manufacturer-sponsored assistance program" means a program offered by
11 a manufacturer or an intermediary under contract with a manufacturer through
12 which a brand-name drug or a generic drug is provided to a patient at no charge or
13 at a discount.

14 (g) "Margin" means, for a covered hospital, the difference between the net cost
15 of a brand-name drug or generic drug covered under the federal drug-pricing
16 program under 42 USC 256b and the net payment by the covered hospital for that
17 brand-name drug or generic drug.

18 (h) "Net payment" means the amount paid for a brand-name drug or generic
19 drug after all discounts and rebates have been applied.

20 (i) "Pharmacy benefit manager" has the meaning given in s. 632.865 (1) (c).

21 (j) "Wholesale acquisition cost" means the most recently reported
22 manufacturer list or catalog price for a brand-name drug or a generic drug available
23 to wholesalers or direct purchasers in the United States, before application of
24 discounts, rebates, or reductions in price.

1 (2) PRICE INCREASE OR INTRODUCTION NOTICE; JUSTIFICATION REPORT. (a) A
2 manufacturer shall notify the commissioner if it is increasing the wholesale
3 acquisition cost of a brand-name drug on the market in this state by more than 10
4 percent or by more than \$10,000 during any 12-month period or if it intends to
5 introduce to market in this state a brand-name drug that has an annual wholesale
6 acquisition cost of \$30,000 or more.

7 (b) A manufacturer shall notify the commissioner if it is increasing the
8 wholesale acquisition cost of a generic drug by more than 25 percent or by more than
9 \$300 during any 12-month period or if it intends to introduce to market a generic
10 drug that has an annual wholesale acquisition cost of \$3,000 or more.

11 (c) The manufacturer shall provide the notice under par. (a) or (b) in writing
12 at least 30 days before the planned effective date of the cost increase or drug
13 introduction with a justification that includes all documents and research related to
14 the manufacturer's selection of the cost increase or introduction price and a
15 description of life cycle management, market competition and context, and
16 estimated value or cost-effectiveness of the product.

17 (3) NET PRICES PAID BY PHARMACY BENEFIT MANAGERS. By March 1 annually, the
18 manufacturer shall report to the commissioner the value of price concessions,
19 expressed as a percentage of the wholesale acquisition cost, provided to each
20 pharmacy benefit manager for each drug sold in this state.

21 (4) REBATES AND PRICE CONCESSIONS. By March 1 annually, each pharmacy
22 benefit manager shall report to the commissioner the amount received from
23 manufacturers as drug rebates and the value of price concessions, expressed as a
24 percentage of the wholesale acquisition cost, provided by manufacturers for each
25 drug.

1 (5) HOSPITAL MARGIN SPENDING. By March 1 annually, each covered hospital
2 operating in this state shall report to the commissioner the per unit margin for each
3 drug covered under the federal drug pricing program under 42 USC 256b dispensed
4 in the previous year multiplied by the number of units dispensed at that margin and
5 how the margin revenue was used.

6 (6) MANUFACTURER-SPONSORED ASSISTANCE PROGRAMS. By March 1 annually,
7 each manufacturer shall provide the commissioner with a description of each
8 manufacturer-sponsored patient assistance program in effect during the previous
9 year that includes all of the following:

10 (a) The terms of the programs.

11 (b) The number of prescriptions provided to state residents under the program.

12 (c) The total market value of assistance provided to residents of this state under
13 the program.

14 (7) CERTIFICATION AND PENALTIES FOR NONCOMPLIANCE. Each manufacturer and
15 covered hospital that is required to report under this section shall certify each report
16 as accurate under the penalty of perjury. A manufacturer or covered hospital that
17 fails to submit a report required under this section is subject to a forfeiture of no more
18 than \$10,000 each day the report is overdue.

19 (8) HEARING AND PUBLIC REPORTING. (a) The commissioner shall publicly post
20 manufacturer price justification documents and covered hospital documentation of
21 how each hospital spends the margin revenue. The commissioner shall keep any
22 trade secret or proprietary information confidential.

23 (b) The commissioner shall analyze data collected under this section and
24 publish annually a report on emerging trends in prescription prices and price
25 increases, and shall annually conduct a public hearing based on the analysis under

1 this paragraph. The report under this paragraph shall include analysis of
2 manufacturer prices and price increases, analysis of hospital-specific margins and
3 how that revenue is spent or allocated on a hospital-specific basis, and analysis of
4 how pharmacy benefit manager discounts and net costs compare to retail prices paid
5 by patients.

6 (9) ALLOWING COST DISCLOSURE TO INSURED. The commissioner shall ensure that
7 every disability insurance policy that covers prescription drugs or biological products
8 does not restrict a pharmacy or pharmacist that dispenses a prescription drug or
9 biological product from informing and does not penalize a pharmacy or pharmacist
10 for informing an insured under a policy of a difference between the negotiated price
11 of, or copayment or coinsurance for, the drug or biological product under the policy
12 and the price the insured would pay for the drug or biological product if the insured
13 obtained the drug or biological product without using any health insurance coverage.

14 **SECTION 2096.** 632.87 (4) of the statutes is amended to read:

15 632.87 (4) No policy, plan or contract may exclude coverage for diagnosis and
16 treatment of a condition or complaint by a licensed dentist or dental therapist within
17 the scope of the dentist's or dental therapist's license, if the policy, plan or contract
18 covers diagnosis and treatment of the condition or complaint by another health care
19 provider, as defined in s. 146.81 (1) (a) to (p).

20 **SECTION 2097.** 632.895 (8) (d) of the statutes is amended to read:

21 632.895 (8) (d) Coverage is required under this subsection despite whether the
22 woman shows any symptoms of breast cancer. Except as provided in pars. (b), (c), and
23 (e), coverage under this subsection may only be subject to exclusions and limitations,
24 including ~~deductibles, copayments and~~ restrictions on excessive charges, that are
25 applied to other radiological examinations covered under the disability insurance

1 policy. Coverage under this subsection may not be subject to any deductibles,
2 copayments, or coinsurance.

3 SECTION 2098. 632.895 (13m) of the statutes is created to read:

4 632.895 (13m) PREVENTIVE SERVICES. (a) In this section, "self-insured health
5 plan" has the meaning given in s. 632.85 (1) (c).

6 (b) Every disability insurance policy, except any disability insurance policy that
7 is described in s. 632.745 (11) (b) 1. to 12., and every self-insured health plan shall
8 provide coverage for all of the following preventive services:

- 9 1. Mammography in accordance with sub. (8).
- 10 2. Genetic breast cancer screening and counseling and preventive medication
11 for adult women at high risk for breast cancer.
- 12 3. Papanicolaou test for cancer screening for women 21 years of age or older
13 with an intact cervix.
- 14 4. Human papillomavirus testing for women who have attained the age of 30
15 years but have not attained the age of 66 years.
- 16 5. Colorectal cancer screening in accordance with sub. (16m).
- 17 6. Annual tomography for lung cancer screening for adults who have attained
18 the age of 55 years but have not attained the age of 80 years and who have health
19 histories demonstrating a risk for lung cancer.
- 20 7. Skin cancer screening for individuals who have attained the age of 10 years
21 but have not attained the age of 22 years.
- 22 8. Counseling for skin cancer prevention for adults who have attained the age
23 of 18 years but have not attained the age of 25 years.
- 24 9. Abdominal aortic aneurysm screening for men who have attained the age of
25 65 years but have not attained the age of 75 years and who have ever smoked.

- 1 10. Hypertension screening for adults and blood pressure testing for adults, for
2 children under the age of 3 years who are at high risk for hypertension, and for
3 children 3 years of age or older.
- 4 11. Lipid disorder screening for minors 2 years of age or older, adults 20 years
5 of age or older at high risk for lipid disorders, and all men 35 years of age or older.
- 6 12. Aspirin therapy for cardiovascular health for adults who have attained the
7 age of 55 years but have not attained the age of 80 years and for men who have
8 attained the age of 45 years but have not attained the age of 55 years.
- 9 13. Behavioral counseling for cardiovascular health for adults who are
10 overweight or obese and who have risk factors for cardiovascular disease.
- 11 14. Type II diabetes screening for adults with elevated blood pressure.
- 12 15. Depression screening for minors 11 years of age or older and for adults when
13 follow-up supports are available.
- 14 16. Hepatitis B screening for minors at high risk for infection and adults at high
15 risk for infection.
- 16 17. Hepatitis C screening for adults at high risk for infection and one-time
17 hepatitis C screening for adults born in any year from 1945 to 1965.
- 18 18. Obesity screening and management for all minors and adults with a body
19 mass index indicating obesity, counseling and behavioral interventions for obese
20 minors who are 6 years of age or older, and referral for intervention for obesity for
21 adults with a body mass index of 30 kilograms per square meter or higher.
- 22 19. Osteoporosis screening for all women 65 years of age or older and for women
23 at high risk for osteoporosis under the age of 65 years.
- 24 20. Immunizations in accordance with sub. (14).

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1 21. Anemia screening for individuals 6 months of age or older and iron
2 supplements for individuals at high risk for anemia and who have attained the age
3 of 6 months but have not attained the age of 12 months.

4 22. Fluoride varnish for prevention of tooth decay for minors at the age of
5 eruption of their primary teeth.

6 23. Fluoride supplements for prevention of tooth decay for minors 6 months of
7 age or older who do not have fluoride in their water source.

8 24. Gonorrhea prophylaxis treatment for newborns.

9 25. Health history and physical exams for prenatal visits and for minors.

10 26. Length and weight measurements for newborns and height and weight
11 measurements for minors.

12 27. Head circumference and weight-for-length measurements for newborns
13 and minors who have not attained the age of 3 years.

14 28. Body mass index for minors 2 years of age or older.

15 29. Blood pressure measurements for minors 3 years of age or older and a blood
16 pressure risk assessment at birth.

17 30. Risk assessment and referral for oral health issues for minors who have
18 attained the age of 6 months but have not attained the age of 7 years.

19 31. Blood screening for newborns and minors who have not attained the age of
20 2 months.

21 32. Screening for critical congenital health defects for newborns.

22 33. Lead screenings in accordance with sub. (10).

23 34. Metabolic and hemoglobin screening and screening for phenylketonuria,
24 sickle cell anemia, and congenital hypothyroidism for minors including newborns.

- 1 35. Tuberculin skin test based on risk assessment for minors one month of age
2 or older.
- 3 36. Tobacco counseling and cessation interventions for individuals who are 5
4 years of age or older.
- 5 37. Vision and hearing screening and assessment for minors including
6 newborns.
- 7 38. Sexually transmitted infection and human immunodeficiency virus
8 counseling for sexually active minors.
- 9 39. Risk assessment for sexually transmitted infection for minors who are 10
10 years of age or older and screening for sexually transmitted infection for minors who
11 are 16 years of age or older.
- 12 40. Alcohol misuse screening and counseling for minors 11 years of age or older.
- 13 41. Autism screening for minors who have attained the age of 18 months but
14 have not attained the age of 25 months.
- 15 42. Developmental screening and surveillance for minors including newborns.
- 16 43. Psychosocial and behavioral assessment for minors including newborns.
- 17 44. Alcohol misuse screening and counseling for pregnant adults and a risk
18 assessment for all adults.
- 19 45. Fall prevention and counseling and preventive medication for fall
20 prevention for community-dwelling adults 65 years of age or older.
- 21 46. Screening and counseling for intimate partner violence for adult women.
- 22 47. Well-woman visits for women who have attained the age of 18 years but
23 have not attained the age of 65 years and well-woman visits for recommended
24 preventive services, preconception care, and prenatal care.

1 48. Counseling on, consultations with a trained provider on, and equipment
2 rental for breastfeeding for pregnant and lactating women.

3 49. Folic acid supplement for adult women with reproductive capacity.

4 50. Iron deficiency anemia screening for pregnant and lactating women.

5 51. Preeclampsia preventive medicine for pregnant adult women at high risk
6 for preeclampsia.

7 52. Low-dose aspirin after 12 weeks of gestation for pregnant women at high
8 risk for miscarriage, preeclampsia, or clotting disorders.

9 53. Screenings for hepatitis B and bacteriuria for pregnant women.

10 54. Screening for gonorrhea for pregnant and sexually active females 24 years
11 of age or younger and females older than 24 years of age who are at risk for infection.

12 55. Screening for chlamydia for pregnant and sexually active females 24 years
13 of age and younger and females older than 24 years of age who are at risk for
14 infection.

15 56. Screening for syphilis for pregnant women and adults who are at high risk
16 for infection.

17 57. Human immunodeficiency virus screening for adults who have attained the
18 age of 15 years but have not attained the age of 66 years and individuals at high risk
19 of infection who are younger than 15 years of age or older than 65 years of age.

20 58. All contraceptives and services in accordance with sub. (17).

21 59. Any services not already specified under this paragraph having an A or B
22 rating in current recommendations from the U.S. preventive services task force.

23 60. Any preventive services not already specified under this paragraph that are
24 recommended by the federal health resources and services administration's Bright
25 Futures project.

1 61. Any immunizations, not already specified under sub. (14), that are
2 recommended and determined to be for routine use by the federal advisory
3 committee on immunization practices.

4 (c) Subject to par. (d), no disability insurance policy and no self-insured health
5 plan may subject the coverage of any of the preventive services under par. (b) to any
6 deductibles, copayments, or coinsurance under the policy or plan.

7 (d) 1. If an office visit and a preventive service specified under par. (b) are billed
8 separately by the health care provider, the disability insurance policy or self-insured
9 health plan may apply deductibles to and impose copayments or coinsurance on the
10 office visit but not on the preventive service.

11 2. If the primary reason for an office visit is not to obtain a preventive service,
12 the disability insurance policy or self-insured health plan may apply deductibles to
13 and impose copayments or coinsurance on the office visit.

14 3. Except as otherwise provided in this subdivision, if a preventive service
15 specified under par. (b) is provided by a health care provider that is outside the
16 disability insurance policy's or self-insured health plan's network of providers, the
17 policy or plan may apply deductibles to and impose copayments or coinsurance on the
18 office visit and the preventive service. If a preventive service specified under par. (b)
19 is provided by a health care provider that is outside the disability insurance policy's
20 or self-insured health plan's network of providers because there is no available
21 health care provider in the policy's or plan's network of providers that provides the
22 preventive service, the policy or plan may not apply deductibles to or impose
23 copayments or coinsurance on the preventive service.

24 4. If multiple well-woman visits described under par. (b) 47. are required to
25 fulfill all necessary preventive services and are in accordance with clinical

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1 recommendations, the disability insurance policy or self-insured health plan may
2 not apply a deductible to or impose a copayment or coinsurance on any of those
3 well-woman visits.

4 **SECTION 2099.** 632.895 (14) (a) 1. i. and j. of the statutes are amended to read:

5 632.895 (14) (a) 1. i. Hepatitis A and B.

6 j. Varicella and herpes zoster.

7 **SECTION 2100.** 632.895 (14) (a) 1. k. to o. of the statutes are created to read:

8 632.895 (14) (a) 1. k. Human papillomavirus.

9 L. Meningococcal meningitis.

10 m. Pneumococcal pneumonia.

11 n. Influenza.

12 o. Rotavirus.

13 **SECTION 2101.** 632.895 (14) (b) of the statutes is amended to read:

14 632.895 (14) (b) Except as provided in par. (d), every disability insurance policy,
15 and every self-insured health plan of the state or a county, city, town, village, or
16 school district, ~~that provides coverage for a dependent of the insured shall provide~~
17 ~~coverage of appropriate and necessary immunizations, from birth to the age of 6~~
18 ~~years, for an insured or plan participant, including a dependent who is a child of the~~
19 ~~insured or plan participant.~~
insured or plan participant.

20 **SECTION 2102.** 632.895 (14) (c) of the statutes is amended to read:

21 632.895 (14) (c) The coverage required under par. (b) may not be subject to any
22 deductibles, copayments, or coinsurance under the policy or plan. ~~This paragraph~~
23 ~~applies to a defined network plan, as defined in s. 609.01 (1b), only with respect to~~
24 ~~appropriate and necessary immunizations provided by providers participating, as~~
25 ~~defined in s. 609.01 (3m), in the plan.~~
defined in s. 609.01 (3m), in the plan.

1 **SECTION 2103.** 632.895 (14) (d) 3. of the statutes is amended to read:

2 632.895 (14) (d) 3. A health care plan offered by a limited service health
3 organization, as defined in s. 609.01 (3), ~~or by a preferred provider plan, as defined~~
4 ~~in s. 609.01 (4), that is not a defined network plan, as defined in s. 609.01 (1b).~~

5 **SECTION 2104.** 632.895 (14m) of the statutes is created to read:

6 632.895 (14m) **ESSENTIAL HEALTH BENEFITS.** (a) In this subsection,
7 “self-insured health plan” has the meaning given in s. 632.85 (1) (c).

8 (b) On a date specified by the commissioner, by rule, every disability insurance
9 policy, except as provided in par. (g), and every self-insured health plan shall provide
10 coverage for essential health benefits as determined by the commissioner, by rule,
11 subject to par. (c).

12 (c) In determining the essential health benefits for which coverage is required
13 under par. (b), the commissioner shall do all of the following:

14 1. Include benefits, items, and services in, at least, all of the following
15 categories:

16 a. Ambulatory patient services.

17 b. Emergency services.

18 c. Hospitalization.

19 d. Maternity and newborn care.

20 e. Mental health and substance use disorder services, including behavioral
21 health treatment.

22 f. Prescription drugs.

23 g. Rehabilitative and habilitative services and devices.

24 h. Laboratory services.

25 i. Preventive and wellness services and chronic disease management.

1 j. Pediatric services, including oral and vision care.

2 2. Conduct a survey of employer-sponsored coverage to determine benefits
3 typically covered by employers and ensure that the scope of essential health benefits
4 for which coverage is required under this subsection is equal to the scope of benefits
5 covered under a typical disability insurance policy offered by an employer to its
6 employees.

7 3. Ensure that essential health benefits reflect a balance among the categories
8 described in subd. 1. such that benefits are not unduly weighted toward one category.

9 4. Ensure that essential health benefit coverage is provided with no or limited
10 cost-sharing requirements.

11 5. Require that disability insurance policies and self-insured health plans do
12 not make coverage decisions, determine reimbursement rates, establish incentive
13 programs, or design benefits in ways that discriminate against individuals because
14 of their age, disability, or expected length of life.

15 6. Establish essential health benefits in a way that takes into account the
16 health care needs of diverse segments of the population, including women, children,
17 persons with disabilities, and other groups.

18 7. Ensure that essential health benefits established under this subsection are
19 not subject to a coverage denial based on an insured's or plan participant's age,
20 expected length of life, present or predicted disability, degree of dependency on
21 medical care, or quality of life.

22 8. Require that disability insurance policies and self-insured health plans
23 cover emergency department services that are essential health benefits without
24 imposing any requirement to obtain prior authorization for those services and
25 without limiting coverage for services provided by an emergency services provider

1 that is not in the provider network of a policy or plan in a way that is more restrictive
2 than requirements or limitations that apply to emergency services provided by a
3 provider that is in the provider network of the policy or plan.

4 9. Require a disability insurance policy or self-insured health plan to apply to
5 emergency department services that are essential health benefits provided by an
6 emergency department provider that is not in the provider network of the policy or
7 plan the same copayment amount or coinsurance rate that applies if those services
8 are provided by a provider that is in the provider network of the policy or plan.

9 (d) The commissioner shall periodically update, by rule, the essential health
10 benefits under this subsection to address any gaps in access to coverage.

11 (e) If an essential health benefit is also subject to mandated coverage elsewhere
12 under this section and the coverage requirements are not identical, the disability
13 insurance policy or self-insured health plan shall provide coverage under whichever
14 subsection provides the insured or plan participant with more comprehensive
15 coverage of the medical condition, item, or service.

16 (f) Nothing in this subsection or rules promulgated under this subsection
17 prohibits a disability insurance policy or a self-insured health plan from providing
18 benefits in excess of the essential health benefit coverage required under this
19 subsection.

20 (g) This subsection does not apply to any disability insurance policy that is
21 described in s. 632.745 (11) (b) 1. to 12.

22 **SECTION 2105.** 632.895 (16m) (b) of the statutes is amended to read:

23 632.895 (16m) (b) The coverage required under this subsection may be subject
24 to any limitations, or exclusions, or cost-sharing provisions that apply generally
25 under the disability insurance policy or self-insured health plan. The coverage

1 required under this subsection may not be subject to any deductibles, copayments,
2 or coinsurance.

3 **SECTION 2106.** 632.895 (17) (b) 2. of the statutes is amended to read:

4 632.895 (17) (b) 2. Outpatient consultations, examinations, procedures, and
5 medical services that are necessary to prescribe, administer, maintain, or remove a
6 contraceptive, ~~if covered for any other drug benefits under the policy or plan~~
7 sterilization procedures, and patient education and counseling for all females with
8 reproductive capacity.

9 **SECTION 2107.** 632.895 (17) (c) of the statutes is amended to read:

10 632.895 (17) (c) Coverage under par. (b) may be subject only to the exclusions,
11 and limitations, or cost-sharing provisions that apply generally to the coverage of
12 outpatient health care services, preventive treatments and services, or prescription
13 drugs and devices that is provided under the policy or self-insured health plan. A
14 disability insurance policy or self-insured health plan may not apply a deductible or
15 impose a copayment or coinsurance to at least one of each type of contraceptive
16 method approved by the federal food and drug administration for which coverage is
17 required under this subsection. The disability insurance policy or self-insured
18 health plan may apply reasonable medical management to a method of contraception
19 to limit coverage under this subsection that is provided without being subject to a
20 deductible, copayment, or coinsurance to prescription drugs without a brand name.
21 The disability insurance policy or self-insured health plan may apply a deductible
22 or impose a copayment or coinsurance for coverage of a contraceptive that is
23 prescribed for a medical need if the services for the medical need would otherwise be
24 subject to a deductible, copayment, or coinsurance.

25 **SECTION 2108.** 632.897 (11) (a) of the statutes is amended to read:

1 632.897 (11) (a) Notwithstanding subs. (2) to (10), the commissioner may
2 promulgate rules establishing standards requiring insurers to provide continuation
3 of coverage for any individual covered at any time under a group policy who is a
4 terminated insured or an eligible individual under any federal program that
5 provides for a federal premium subsidy for individuals covered under continuation
6 of coverage under a group policy, including rules governing election or extension of
7 election periods, notice, rates, premiums, premium payment, ~~application of~~
8 ~~preexisting condition exclusions~~, election of alternative coverage, and status as an
9 eligible individual, as defined in s. 149.10 (2t), 2011 stats.

10 **SECTION 2109.** 701.0508 (1) (b) 1. of the statutes is amended to read:

11 701.0508 (1) (b) 1. The claim is a claim based on tort, on a marital property
12 agreement that is subject to the time limitations under s. 766.58 (13) (b) or (c), on
13 Wisconsin income, franchise, sales, withholding, gift, or death taxes, or on
14 unemployment compensation contributions due or benefits overpaid; a claim for
15 funeral or administrative expenses; a claim of this state under s. 46.27 (7g), 2017
16 stats., 49.496, 49.682, or 49.849; or a claim of the United States.

17 **SECTION 2110.** 705.04 (2g) of the statutes is amended to read:

18 705.04 (2g) Notwithstanding subs. (1) and (2), the department of health
19 services may collect, from funds of a decedent that are held by the decedent
20 immediately before death in a joint account or a P.O.D. account, an amount equal to
21 the medical assistance that is recoverable under s. 49.496 (3) (a), an amount equal
22 to aid under s. 49.68, 49.683, 49.685, or 49.785 that is recoverable under s. 49.682 (2)
23 (a) or (am), or an amount equal to long-term community support services under s.
24 46.27, 2017 stats., that is recoverable under s. 46.27 (7g) (c) 1., 2017 stats., and that
25 was paid on behalf of the decedent or the decedent's spouse.

1 **SECTION 2111.** 706.11 (4) of the statutes is amended to read:

2 706.11 (4) Subsection (1) does not apply to a 2nd mortgage assigned to or
3 executed to the department of veterans affairs under s. 45.80 (4) (a) 1., 1989 stats.,
4 or s. 45.37 (3), 2017 stats.

5 **SECTION 2112.** 766.55 (2) (bm) of the statutes is amended to read:

6 766.55 (2) (bm) An obligation incurred by a spouse that is recoverable under
7 s. 46.27 (7g), 2017 stats., 49.496, 49.682, or 49.849 may be satisfied from all property
8 that was the property of that spouse immediately before that spouse's death.

9 **SECTION 2113.** 767.41 (5) (am) (intro.) of the statutes is amended to read:

10 767.41 (5) (am) (intro.) Subject to pars. (bm) ~~and~~, (c), and (d), in determining
11 legal custody and periods of physical placement, the court shall consider all facts
12 relevant to the best interest of the child. The court may not prefer one parent or
13 potential custodian over the other on the basis of the sex or race of the parent or
14 potential custodian. Subject to pars. (bm) ~~and~~, (c), and (d), the court shall consider
15 the following factors in making its determination:

16 **SECTION 2114.** 767.41 (5) (d) of the statutes is created to read:

17 767.41 (5) (d) The court may not consider as a factor in determining the legal
18 custody of a child whether a parent or potential custodian holds, or has applied for,
19 a registry identification card, as defined in s. 146.44 (1) (g), is or has been the subject
20 of a written certification, as defined in s. 146.44 (1) (h), or is or has been a qualifying
21 patient, as defined in s. 146.44 (1) (e), or a primary caregiver, as defined in s. 146.44
22 (1) (d), unless the parent or potential custodian's behavior creates an unreasonable
23 danger to the child that can be clearly articulated and substantiated.

24 **SECTION 2115.** 767.451 (5m) (a) of the statutes is amended to read:

1 767.451 (5m) (a) Subject to pars. (b) ~~and~~, (c), and (d), in all actions to modify
2 legal custody or physical placement orders, the court shall consider the factors under
3 s. 767.41 (5) (am), subject to s. 767.41 (5) (bm), and shall make its determination in
4 a manner consistent with s. 767.41.

5 **SECTION 2116.** 767.451 (5m) (d) of the statutes is created to read:

6 767.451 (5m) (d) In an action to modify a legal custody order, the court may not
7 consider as a factor in making a determination whether a parent or potential
8 custodian holds, or has applied for, a registry identification card, as defined in s.
9 146.44 (1) (g), is or has been the subject of a written certification, as defined in s.
10 146.44 (1) (h), or is or has been a qualifying patient, as defined in s. 146.44 (1) (e), or
11 a primary caregiver, as defined in s. 146.44 (1) (d), unless the parent or potential
12 custodian's behavior creates an unreasonable danger to the child that can be clearly
13 articulated and substantiated.

14 **SECTION 2117.** 767.57 (1e) (c) of the statutes is amended to read:

15 767.57 (1e) (c) The department or its designee shall collect an annual fee of \$25
16 \$35 from every individual receiving child support or family support payments. In
17 applicable cases, the fee shall comply with all requirements under 42 USC 654 (6)
18 (B). The department or its designee may deduct the fee from maintenance, child or
19 family support, or arrearage payments. Fees collected under this paragraph shall
20 be deposited in the appropriation account under s. 20.437 (2) (ja).

21 **SECTION 2118.** 767.805 (4) (d) of the statutes is repealed.

22 **SECTION 2119.** 767.89 (3) (e) of the statutes is repealed.

23 **SECTION 2120.** 801.02 (1) of the statutes is amended to read:

24 801.02 (1) ~~A~~ Except as provided in s. 20.9315 (5) (b), a civil action in which a
25 personal judgment is sought is commenced as to any defendant when a summons and

1 a complaint naming the person as defendant are filed with the court, provided service
2 of an authenticated copy of the summons and of the complaint is made upon the
3 defendant under this chapter within 90 days after filing.

4 **SECTION 2121.** 801.50 (3) (b) of the statutes is amended to read:

5 801.50 (3) (b) All actions relating to the validity or invalidity of a rule or
6 guidance document shall be venued as provided in s. 227.40 (1).

7 **SECTION 2122.** 803.09 (1) of the statutes is amended to read:

8 803.09 (1) ~~Upon~~ Except as provided in s. 20.9315, upon timely motion anyone
9 shall be permitted to intervene in an action when the movant claims an interest
10 relating to the property or transaction which is the subject of the action and the
11 movant is so situated that the disposition of the action may as a practical matter
12 impair or impede the movant's ability to protect that interest, unless the movant's
13 interest is adequately represented by existing parties.

14 **SECTION 2123.** 803.09 (2) of the statutes is amended to read:

15 803.09 (2) ~~Upon~~ Except as provided in s. 20.9315, upon timely motion anyone
16 may be permitted to intervene in an action when a movant's claim or defense and the
17 main action have a question of law or fact in common. When a party to an action
18 relies for ground of claim or defense upon any statute or executive order or rule
19 administered by a federal or state governmental officer or agency or upon any
20 regulation, order, rule, requirement or agreement issued or made pursuant to the
21 statute or executive order, the officer or agency upon timely motion may be permitted
22 to intervene in the action. In exercising its discretion the court shall consider
23 whether the intervention will unduly delay or prejudice the adjudication of the rights
24 of the original parties.

25 **SECTION 2124.** 803.09 (2m) of the statutes is repealed.

1 **SECTION 2125.** 804.01 (2) (intro.) of the statutes is amended to read:

2 804.01 (2) SCOPE OF DISCOVERY. (intro.) ~~Unless~~ Except as provided in s. 20.9315
3 (9), and unless otherwise limited by order of the court in accordance with the
4 provisions of this chapter, the scope of discovery is as follows:

5 **SECTION 2126.** 805.04 (1) of the statutes is amended to read:

6 805.04 (1) BY PLAINTIFF; BY STIPULATION. ~~An~~ Except as provided in sub. (2p), an
7 action may be dismissed by the plaintiff without order of court by serving and filing
8 a notice of dismissal at any time before service by an adverse party of responsive
9 pleading or motion or by the filing of a stipulation of dismissal signed by all parties
10 who have appeared in the action. Unless otherwise stated in the notice of dismissal
11 or stipulation, the dismissal is not on the merits, except that a notice of dismissal
12 operates as an adjudication on the merits when filed by a plaintiff who has once
13 dismissed in any court an action based on or including the same claim.

14 **SECTION 2127.** 805.04 (2p) of the statutes is created to read:

15 805.04 (2p) FALSE CLAIMS. An action filed under s. 20.9315 may be dismissed
16 only by order of the court. In determining whether to dismiss the action filed under
17 s. 20.9315, the court shall take into account the best interests of the parties and the
18 purposes of s. 20.9315.

19 **SECTION 2128.** 806.04 (11) of the statutes is amended to read:

20 806.04 (11) PARTIES. When declaratory relief is sought, all persons shall be
21 made parties who have or claim any interest which would be affected by the
22 declaration, and no declaration may prejudice the right of persons not parties to the
23 proceeding. In any proceeding which involves the validity of a municipal ordinance
24 or franchise, the municipality shall be made a party, and shall be entitled to be heard.
25 If a statute, ordinance or franchise is alleged to be unconstitutional, ~~or to be in~~

1 ~~violation of or preempted by federal law, or if the construction or validity of a statute~~
2 ~~is otherwise challenged, the attorney general shall also be served with a copy of the~~
3 ~~proceeding and be entitled to be heard. If a statute is alleged to be unconstitutional,~~
4 ~~or to be in violation of or preempted by federal law, or if the construction or validity~~
5 ~~of a statute is otherwise challenged, the speaker of the assembly, the president of the~~
6 ~~senate, and the senate majority leader shall also be served with a copy of the~~
7 ~~proceeding, and the assembly, the senate, and the state legislature are entitled to be~~
8 ~~heard. If the assembly, the senate, or the joint committee on legislative organization~~
9 ~~intervenes as provided under s. 803.09 (2m), the assembly shall represent the~~
10 ~~assembly, the senate shall represent the senate, and the joint committee on~~
11 ~~legislative organization shall represent the legislature. In any proceeding under this~~
12 ~~section in which the constitutionality, construction or application of any provision of~~
13 ~~ch. 227, or of any statute allowing a legislative committee to suspend, or to delay or~~
14 ~~prevent the adoption of, a rule as defined in s. 227.01 (13) is placed in issue by the~~
15 ~~parties, the joint committee for review of administrative rules shall be served with~~
16 ~~a copy of the petition and, with the approval of the joint committee on legislative~~
17 ~~organization, shall be made a party and be entitled to be heard. In any proceeding~~
18 ~~under this section in which the constitutionality, construction or application of any~~
19 ~~provision of ch. 13, 20, 111, 227 or 230 or subch. I, III or IV of ch. 16 or s. 753.075, or~~
20 ~~of any statute allowing a legislative committee to suspend, or to delay or prevent the~~
21 ~~adoption of, a rule as defined in s. 227.01 (13) is placed in issue by the parties, the~~
22 ~~joint committee on legislative organization shall be served with a copy of the petition~~
23 ~~and the joint committee on legislative organization, the senate committee on~~
24 ~~organization or the assembly committee on organization may intervene as a party~~
25 ~~to the proceedings and be heard.~~

1 **SECTION 2129.** 806.11 (1) (intro.) of the statutes is amended to read:

2 806.11 (1) (intro.) At the time of filing the warrant provided by s. 71.74 (14),
3 71.91 (5), or 71.93 (8) ~~(b) 5.~~ (d), the clerk of circuit court shall enter the warrant in
4 the judgment and lien docket, including:

5 **SECTION 2130.** 806.11 (2) of the statutes is amended to read:

6 806.11 (2) If a warrant provided by s. 71.74 (14), 71.91 (5), or 71.93 (8) ~~(b) 5.~~ (d)
7 is against several persons, the warrant shall be entered, in accordance with the
8 procedure under sub. (1), in the judgment and lien docket under the name of each
9 person against whom the warrant was issued.

10 **SECTION 2131.** 806.115 of the statutes is amended to read:

11 **806.115 Filing of duplicate copy of warrant.** The department of revenue
12 may file in any county a duplicate copy of a warrant filed under s. 71.74 (14), 71.91
13 (5), or 71.93 (8) ~~(b) 5.~~ (d) and the clerk of circuit court shall enter the duplicate copy
14 on the judgment and lien docket as provided in s. 806.11. When so entered, the
15 duplicate copy shall have the same legal effect as the warrant filed under s. 71.91 (5).

16 **SECTION 2132.** 809.13 of the statutes is amended to read:

17 **809.13 Rule (Intervention).** A person who is not a party to an appeal may
18 file in the court of appeals a petition to intervene in the appeal. A party may file a
19 response to the petition within 11 days after service of the petition. The court may
20 grant the petition upon a showing that the petitioner's interest meets the
21 requirements of s. 803.09 (1), or (2), ~~or (2m)~~.

22 **SECTION 2133.** 859.02 (2) (a) of the statutes is amended to read:

23 859.02 (2) (a) It is a claim based on tort, on a marital property agreement that
24 is subject to the time limitations under s. 766.58 (13) (b) or (c), on Wisconsin income,
25 franchise, sales, withholding, gift, or death taxes, or on unemployment insurance

1 contributions due or benefits overpaid; a claim for funeral or administrative
2 expenses; a claim of this state under s. 46.27 (7g), 2017 stats., 49.496, 49.682, or
3 49.849; or a claim of the United States; or

4 **SECTION 2134.** 859.07 (2) (a) 3. of the statutes is amended to read:

5 859.07 (2) (a) 3. The decedent or the decedent's spouse received services
6 provided as a benefit under a long-term care program, as defined in s. 49.496 (1) (bk),
7 medical assistance under subch. IV of ch. 49, long-term community support services
8 funded under s. 46.27 (7), 2017 stats., or aid under s. 49.68, 49.683, 49.685, or 49.785.

9 **SECTION 2135.** 867.01 (3) (am) 4. of the statutes is amended to read:

10 867.01 (3) (am) 4. Whether the decedent or the decedent's spouse received
11 services provided as a benefit under a long-term care program, as defined in s. 49.496
12 (1) (bk), medical assistance under subch. IV of ch. 49, long-term community support
13 services funded under s. 46.27 (7), 2017 stats., or aid under s. 49.68, 49.683, 49.685,
14 or 49.785.

15 **SECTION 2136.** 867.01 (3) (d) of the statutes is amended to read:

16 867.01 (3) (d) *Notice.* The court may hear the matter without notice or order
17 notice to be given under s. 879.03. If the decedent or the decedent's spouse received
18 services provided as a benefit under a long-term care program, as defined in s. 49.496
19 (1) (bk), medical assistance under subch. IV of ch. 49, long-term community support
20 services funded under s. 46.27 (7), 2017 stats., or aid under s. 49.68, 49.683, 49.685,
21 or 49.785, the petitioner shall give notice by certified mail to the department of
22 health services as soon as practicable after filing the petition with the court.

23 **SECTION 2137.** 867.02 (2) (am) 6. of the statutes is amended to read:

24 867.02 (2) (am) 6. Whether the decedent or the decedent's spouse received
25 services provided as a benefit under a long-term care program, as defined in s. 49.496

1 (1) (bk), medical assistance under subch. IV of ch. 49, long-term community support
2 services funded under s. 46.27 (7), 2017 stats., or aid under s. 49.68, 49.683, 49.685,
3 or 49.785.

4 **SECTION 2138.** 867.03 (1g) (c) of the statutes is amended to read:

5 867.03 (1g) (c) Whether the decedent or the decedent's spouse ever received
6 services provided as a benefit under a long-term care program, as defined in s. 49.496
7 (1) (bk), medical assistance under subch. IV of ch. 49, long-term community support
8 services funded under s. 46.27 (7), 2017 stats., or aid under s. 49.68, 49.683, 49.685,
9 or s. 49.785.

10 **SECTION 2139.** 867.03 (1m) (a) of the statutes is amended to read:

11 867.03 (1m) (a) Whenever an heir, trustee, person named in the will to act as
12 personal representative, or person who was guardian of the decedent at the time of
13 the decedent's death intends to transfer a decedent's property by affidavit under sub.
14 (1g) and the decedent or the decedent's spouse ever received services provided as a
15 benefit under a long-term care program, as defined in s. 49.496 (1) (bk), medical
16 assistance under subch. IV of ch. 49, long-term community support services funded
17 under s. 46.27 (7), 2017 stats., or aid under s. 49.68, 49.683, 49.685, or 49.785, the
18 heir, trustee, person named in the will to act as personal representative, or person
19 who was guardian of the decedent at the time of the decedent's death shall give notice
20 to the department of health services of his or her intent. The notice shall include the
21 information in the affidavit under sub. (1g) and the heir, trustee, person named in
22 the will to act as personal representative, or person who was guardian of the
23 decedent at the time of the decedent's death shall give the notice by certified mail,
24 return receipt requested.

25 **SECTION 2140.** 867.03 (1m) (b) of the statutes is amended to read:

1 867.03 (1m) (b) An heir, trustee, person named in the will to act as personal
2 representative, or person who was guardian of the decedent at the time of the
3 decedent's death who files an affidavit under sub. (1g) that states that the decedent
4 or the decedent's spouse received services provided as a benefit under a long-term
5 care program, as defined in s. 49.496 (1) (bk), medical assistance under subch. IV of
6 ch. 49, long-term community support services funded under s. 46.27 (7), 2017 stats.,
7 or aid under s. 49.68, 49.683, 49.685, or 49.785 shall attach to the affidavit the proof
8 of mail delivery of the notice required under par. (a) showing the delivery date.

9 **SECTION 2141.** 867.03 (2g) (b) of the statutes is amended to read:

10 867.03 (2g) (b) Property transferred under this section to or by an heir, trustee,
11 person named in the will to act as personal representative, or person who was
12 guardian of the decedent at the time of the decedent's death is subject to the right of
13 the department of health services to recover under s. 46.27 (7g), 2017 stats., 49.496,
14 49.682, or 49.849 an amount equal to the medical assistance that is recoverable
15 under s. 49.496 (3) (a), an amount equal to aid under s. 49.68, 49.683, 49.685, or
16 49.785 that is recoverable under s. 49.682 (2) (a) or (am), or an amount equal to
17 long-term community support services under s. 46.27, 2017 stats., that is
18 recoverable under s. 46.27 (7g) (c) 1., 2017 stats., and that was paid on behalf of the
19 decedent or the decedent's spouse. Upon request, the heir, trustee, person named in
20 the will to act as personal representative, or person who was guardian of the
21 decedent at the time of the decedent's death shall provide to the department of health
22 services information about any of the decedent's property that the heir, trustee,
23 person named in the will to act as personal representative, or person who was
24 guardian of the decedent at the time of the decedent's death has distributed and
25 information about the persons to whom the property was distributed.

SECTION 2146

1 46.856 (1) (b), or a school, as defined in s. 609.655 (1) (c), is immune from civil liability
2 for his or her acts or omissions in rendering that care if all of the following conditions
3 exist:

4 **SECTION 2147.** 895.48 (1m) (a) 2. of the statutes is amended to read:

5 895.48 (1m) (a) 2. The physician, podiatrist, athletic trainer, chiropractor,
6 dentist, dental therapist, emergency medical services practitioner, as defined in s.
7 256.01 (5), emergency medical responder, as defined in s. 256.01 (4p), physician
8 assistant, registered nurse, massage therapist or bodywork therapist does not
9 receive compensation for the health care, other than reimbursement for expenses.

10 **SECTION 2148.** 938.02 (1) of the statutes is amended to read:

11 938.02 (1) "Adult" means a person who is 18 years of age or older, ~~except that~~
12 ~~for purposes of investigating or prosecuting a person who is alleged to have violated~~
13 ~~any state or federal criminal law or any civil law or municipal ordinance, "adult"~~
14 ~~means a person who has attained 17 years of age.~~

15 **SECTION 2149.** 938.02 (10m) of the statutes is amended to read:

16 938.02 (10m) "Juvenile," when used without further qualification, means a
17 person who is less than 18 years of age, ~~except that for purposes of investigating or~~
18 ~~prosecuting a person who is alleged to have violated a state or federal criminal law~~
19 ~~or any civil law or municipal ordinance, "juvenile" does not include a person who has~~
20 ~~attained 17 years of age.~~

21 **SECTION 2150.** 938.12 (2) of the statutes is amended to read:

22 938.12 (2) ~~SEVENTEEN-YEAR-OLDS~~ JUVENILES WHO BECOME ADULTS. If a petition
23 alleging that a juvenile is delinquent is filed before the juvenile is ~~17 years of age~~
24 becomes an adult, but the juvenile becomes 17 years of age an adult before admitting

1 the facts of the petition at the plea hearing or, if the juvenile denies the facts, before
2 an adjudication, the court retains jurisdiction over the case.

3 **SECTION 2151.** 938.18 (2) of the statutes is amended to read:

4 938.18 (2) PETITION. The petition for waiver of jurisdiction may be filed by the
5 district attorney or the juvenile or may be initiated by the court and shall contain a
6 brief statement of the facts supporting the request for waiver. The petition for waiver
7 of jurisdiction shall be accompanied by or filed after the filing of a petition alleging
8 delinquency and shall be filed prior to the plea hearing, except that if the juvenile
9 denies the facts of the petition and becomes ~~17 years of age~~ an adult before an
10 adjudication, the petition for waiver of jurisdiction may be filed at any time prior to
11 the adjudication. If the court initiates the petition for waiver of jurisdiction, the
12 judge shall disqualify himself or herself from any future proceedings on the case.

13 **SECTION 2152.** 938.183 (3) of the statutes is amended to read:

14 938.183 (3) PLACEMENT IN STATE PRISON; PAROLE. ~~When~~ Subject to s. 973.013
15 (3m), when a juvenile who is subject to a criminal penalty under sub. (1m) or s.
16 938.183 (2), 2003 stats., ~~attains the age of 17 years~~ becomes an adult, the department
17 of corrections may place the juvenile in a state prison named in s. 302.01, except that
18 that department may not place any person under the age of 18 years in the
19 correctional institution authorized in s. 301.16 (1n). A juvenile who is subject to a
20 criminal penalty under sub. (1m) or under s. 938.183 (2), 2003 stats., for an act
21 committed before December 31, 1999, is eligible for parole under s. 304.06.

22 **SECTION 2153.** 938.22 (2) (d) of the statutes, as affected by 2019 Wisconsin Act
23 (this act), is repealed and recreated to read:

1 938.22 (2) (d) 1. Except as provided in subd. 2., a juvenile detention facility is
2 authorized to accept juveniles for placement for more than 30 consecutive days under
3 s. 938.34 (3) (f) 1. if all of the following apply:

4 a. The juvenile detention facility is operated by a county, the county board of
5 supervisors of which has adopted a resolution under s. 938.34 (3) (f) 3., prior to
6 January 1, 2018, authorizing placement of juveniles at the juvenile detention facility
7 under s. 938.34 (3) (f) for more than 30 consecutive days.

8 b. The county that operates the juvenile detention facility is not awarded a
9 grant under 2017 Wisconsin Act 185, section 110 (4).

10 2. After the effective date of this subdivision ... [LRB inserts date], the number
11 of juveniles that may be housed at a juvenile detention facility under subd. 1. is
12 limited to the number that are housed at the juvenile detention facility on that date,
13 and the juvenile detention facility may not be altered or added to or repaired in excess
14 of 50 percent of its assessed value. If a juvenile detention facility violates this
15 subdivision, it is no longer authorized to accept juveniles for placement for more than
16 30 consecutive days.

17 **SECTION 2154.** 938.22 (2) (d) 1. of the statutes is renumbered 938.22 (2) (d), and
18 938.22 (2) (d) (intro.), as renumbered, is amended to read:

19 938.22 (2) (d) (intro.) ~~Except as provided in subd. 2., a~~ A juvenile detention
20 facility is authorized to accept juveniles for placement for more than 30 consecutive
21 days under s. 938.34 (3) (f) 1. if all of the following apply:

22 **SECTION 2155.** 938.22 (2) (d) 2. of the statutes is repealed.

23 **SECTION 2156.** 938.255 (1) (intro.) of the statutes is amended to read:

24 938.255 (1) **TITLE AND CONTENTS.** (intro.) A petition initiating proceedings
25 under this chapter, other than a petition initiating proceedings under s. 938.12,

1 938.125, or 938.13 (12), shall be entitled, "In the interest of (juvenile's name), a
2 person under the age of 18". A petition initiating proceedings under s. 938.12,
3 938.125, or 938.13 (12) shall be entitled, "In the interest of (juvenile's name), a person
4 ~~under the age of 17".~~ juvenile." A petition initiating proceedings under this chapter
5 shall specify all of the following:

6 **SECTION 2157.** 938.34 (3) (f) 1. of the statutes is amended to read:

7 938.34 (3) (f) 1. The placement may be for any combination of single or
8 consecutive days totalling not more than 365 in a juvenile detention facility under
9 s. 938.22 (2) (d) ~~1~~ and may be for no more than 30 consecutive days in any other
10 juvenile detention facility, including any placement under pars. (a) to (e). The
11 juvenile shall be given credit against the period of detention or nonsecure custody
12 imposed under this paragraph for all time spent in secure detention in connection
13 with the course of conduct for which the detention or nonsecure custody was imposed.

14 **SECTION 2158.** 938.34 (3) (f) 1. of the statutes, as affected by 2019 Wisconsin
15 Act ... (this act), is amended to read:

16 938.34 (3) (f) 1. The placement may be for any combination of single or
17 consecutive days totalling not more than 365 in a juvenile detention facility under
18 s. 938.22 (2) (d) 1 and may be for no more than 30 consecutive days in any other
19 juvenile detention facility, including any placement under pars. (a) to (e). The
20 juvenile shall be given credit against the period of detention or nonsecure custody
21 imposed under this paragraph for all time spent in secure detention in connection
22 with the course of conduct for which the detention or nonsecure custody was imposed.

23 **SECTION 2159.** 938.34 (8) of the statutes is amended to read:

24 938.34 (8) **FORFEITURE.** Impose a forfeiture based upon a determination that
25 this disposition is in the best interest of the juvenile and the juvenile's rehabilitation.

SECTION 2159

1 The maximum forfeiture that the court may impose under this subsection for a
2 violation by a juvenile is the maximum amount of the fine that may be imposed on
3 an adult for committing that violation or, if the violation is applicable only to ~~a person~~
4 ~~under 18 years of age juveniles~~, \$100. The order shall include a finding that the
5 juvenile alone is financially able to pay the forfeiture and shall allow up to 12 months
6 for payment. If the juvenile fails to pay the forfeiture, the court may vacate the
7 forfeiture and order other alternatives under this section; or the court may suspend
8 any license issued under ch. 29 for not less than 30 days nor more than 5 years, or
9 suspend the juvenile's operating privilege, as defined in s. 340.01 (40), for not more
10 than 2 years. If the court suspends any license under this subsection, the clerk of the
11 court shall immediately take possession of the suspended license if issued under ch.
12 29 or, if the license is issued under ch. 343, the court may take possession of, and if
13 possession is taken, shall destroy, the license. The court shall forward to the
14 department ~~which~~ that issued the license a notice of suspension stating that the
15 suspension is for failure to pay a forfeiture imposed by the court, together with any
16 license issued under ch. 29 of which the court takes possession. If the forfeiture is
17 paid during the period of suspension, the suspension shall be reduced to the time
18 period ~~which~~ that has already elapsed and the court shall immediately notify the
19 department, which shall then, if the license is issued under ch. 29, return the license
20 to the juvenile. Any recovery under this subsection shall be reduced by the amount
21 recovered as a forfeiture for the same act under s. 938.45 (1r) (b).

22 **SECTION 2160.** 938.343 (2) of the statutes is amended to read:

23 938.343 (2) FORFEITURE. Impose a forfeiture not to exceed the maximum
24 forfeiture that may be imposed on an adult for committing that violation or, if the
25 violation is only applicable to ~~a person under 18 years of age juveniles~~, \$50. The

1 order shall include a finding that the juvenile alone is financially able to pay and
2 shall allow up to 12 months for the payment. If a juvenile fails to pay the forfeiture,
3 the court may suspend any license issued under ch. 29 or suspend the juvenile's
4 operating privilege, as defined in s. 340.01 (40), for not more than 2 years. The court
5 shall immediately take possession of the suspended license if issued under ch. 29 or,
6 if the license is issued under ch. 343, the court may take possession of, and if
7 possession is taken, shall destroy, the license. The court shall forward to the
8 department ~~which~~ that issued the license the notice of suspension stating that the
9 suspension is for failure to pay a forfeiture imposed by the court, together with any
10 license issued under ch. 29 of which the court takes possession. If the forfeiture is
11 paid during the period of suspension, the court shall immediately notify the
12 department, which shall, if the license is issued under ch. 29, return the license to
13 the person. Any recovery under this subsection shall be reduced by the amount
14 recovered as a forfeiture for the same act under s. 938.45 (1r) (b).

15 **SECTION 2161.** 938.344 (3) of the statutes is amended to read:

16 938.344 (3) PROSECUTION IN ADULT COURT. If the juvenile alleged to have
17 committed the violation is within 3 months of ~~his or her 17th birthday~~ becoming an
18 adult, the court assigned to exercise jurisdiction under this chapter and ch. 48 may,
19 at the request of the district attorney or on its own motion, dismiss the citation
20 without prejudice and refer the matter to the district attorney for prosecution under
21 s. 125.07 (4). The juvenile is entitled to a hearing only on the issue of his or her age.

22 This subsection does not apply to violations under s. 961.573 (2), 961.574 (2), or
23 961.575 (2) or a local ordinance that strictly conforms to one of those statutes.

24 **SECTION 2162.** 938.35 (1m) of the statutes is amended to read:

1 938.35 (1m) FUTURE CRIMINAL PROCEEDINGS BARRED. Disposition by the court
2 assigned to exercise jurisdiction under this chapter and ch. 48 of any allegation
3 under s. 938.12 or 938.13 (12) shall bar any future proceeding on the same matter
4 in criminal court when the juvenile ~~attains 17 years of age~~ becomes an adult. This
5 subsection does not affect proceedings in criminal court that have been transferred
6 under s. 938.18.

7 **SECTION 2163.** 938.355 (4) (b) of the statutes is amended to read:

8 938.355 (4) (b) Except as provided in s. 938.368, an order under s. 938.34 (4d)
9 or (4m) made before the juvenile attains 18 years of age may apply for up to 2 years
10 after the date on which the order is granted or until the juvenile's ~~18th~~ 19th birthday,
11 whichever is earlier, unless the court specifies a shorter period of time or the court
12 terminates the order sooner. If the order does not specify a termination date, it shall
13 apply for one year after the date on which the order is granted or until the juvenile's
14 ~~18th~~ 19th birthday, whichever is earlier, unless the court terminates the order
15 sooner. Except as provided in s. 938.368, an order under s. 938.34 (4h) made before
16 the juvenile attains 18 years of age shall apply for 5 years after the date on which the
17 order is granted, if the juvenile is adjudicated delinquent for committing a violation
18 of s. 943.10 (2) or for committing an act that would be punishable as a Class B or C
19 felony if committed by an adult, or until the juvenile reaches 25 years of age, if the
20 juvenile is adjudicated delinquent for committing an act that would be punishable
21 as a Class A felony if committed by an adult. Except as provided in s. 938.368, an
22 extension of an order under s. 938.34 (4d), (4h), (4m), or (4n) made before the juvenile
23 ~~attains 17 years of age~~ becomes an adult shall terminate at the end of one year after
24 the date on which the order is granted unless the court specifies a shorter period of
25 time or the court terminates the order sooner. No extension under s. 938.365 of an

1 original dispositional order under s. 938.34 (4d), (4h), (4m), or (4n) may be granted
2 for a juvenile who is ~~17 years of age or older when~~ becomes an adult by the time the
3 original dispositional order terminates.

4 **SECTION 2164.** 938.355 (4m) (a) of the statutes is amended to read:

5 938.355 (4m) (a) A juvenile who has been adjudged delinquent under s. 48.12,
6 1993 stats., or s. 938.12 may, on ~~attaining 17 years of age~~ becoming an adult, petition
7 the court to expunge the court's record of the juvenile's adjudication. Subject to par.
8 (b), the court may expunge the record if the court determines that the juvenile has
9 satisfactorily complied with the conditions of his or her dispositional order and that
10 the juvenile will benefit from, and society will not be harmed by, the expungement.

11 **SECTION 2165.** 938.357 (3) (a) of the statutes is amended to read:

12 938.357 (3) (a) Subject to subs. (4) (b), (c), and (d) and (5) (e), if the proposed
13 change in placement would involve placing a juvenile in a juvenile correctional
14 facility or a secured residential care center for children and youth, notice shall be
15 given as provided in sub. (1) (am) 1. A hearing shall be held, unless waived by the
16 juvenile, parent, guardian, and legal custodian, before the court makes a decision on
17 the request. The juvenile is entitled to counsel at the hearing, and any party
18 opposing or favoring the proposed new placement may present relevant evidence and
19 cross-examine witnesses. The department of corrections shall have the opportunity
20 to object to a change of placement of a juvenile from a secured residential care center
21 for children and youth to a Type 1 juvenile correctional facility, except for the
22 Mendota juvenile treatment center, under par. (b). The proposed new placement may
23 be approved only if the court finds, on the record, that the conditions set forth in s.
24 938.34 (4m) (a) and (b) have been met.

25 **SECTION 2166.** 938.357 (3) (c) of the statutes is amended to read:

1 938.357 (3) (c) ~~Upon the recommendation of~~ If the department of health
2 services approves, the court may order the placement of a juvenile under par. (b) at
3 the Mendota juvenile treatment center. A court may not order the department of
4 health services to accept a juvenile placement under par. (b) at the Mendota juvenile
5 treatment center that the department has not approved. A juvenile under the
6 supervision of a county in a secured residential care center for children and youth
7 who is transferred to Mendota juvenile treatment center under this paragraph
8 remains under the supervision of that county.

9 **SECTION 2167.** 938.357 (3) (d) of the statutes is amended to read:

10 938.357 (3) (d) A juvenile who is placed in a Type 1 juvenile correctional facility
11 under par. (b) or (c) is the financial responsibility of the county department of the
12 county where the juvenile was adjudicated delinquent ~~and that.~~ The county
13 department shall reimburse the department of corrections at the rate specified
14 under s. 301.26 (4) (d) 2. or 3., whichever is applicable, for the cost of ~~the~~ a juvenile's
15 care while placed in a Type 1 juvenile correctional facility other than the Mendota
16 juvenile treatment center. The county department shall reimburse the department
17 of health services at a rate specified by that department for the cost of a juvenile's
18 care while placed at the Mendota juvenile treatment center and these payments
19 shall be deposited in the appropriation account under s. 20.435 (2) (gk).

20 **SECTION 2168.** 938.39 of the statutes is amended to read:

21 **938.39 Disposition by court bars criminal proceeding.** Disposition by the
22 court of any violation of state law within its jurisdiction under s. 938.12 bars any
23 future criminal proceeding on the same matter in circuit court when the juvenile
24 reaches the age of 17 becomes an adult. This section does not affect criminal
25 proceedings in circuit court that were transferred under s. 938.18.

1 **SECTION 2173.** 938.48 (4m) (title) of the statutes is amended to read:

2 938.48 (4m) (title) CONTINUING CARE AND SERVICES FOR JUVENILES ~~OVER 17 WHO~~
3 BECOME ADULTS.

4 **SECTION 2174.** 938.48 (4m) (a) of the statutes is amended to read:

5 938.48 (4m) (a) Is ~~at least 17 years of age~~ an adult.

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6 **SECTION 2175.** 938.48 (4m) (b) of the statutes, as affected by 2017 Wisconsin
7 Act 185, section 82, is amended to read:

8 938.48 (4m) (b) Was under the supervision of the department under s. 938.183,
9 938.34 (4h) or (4n), or 938.357 (3) or (4) when the person reached 17 years of age
10 became an adult.

11 **SECTION 2176.** 938.48 (14) of the statutes, as affected by 2017 Wisconsin Act
12 185, section 88, is amended to read:

13 938.48 (14) ~~SCHOOL-RELATED EXPENSES FOR JUVENILES OVER 17 WHO BECOME~~
14 ADULTS. Pay maintenance, tuition, and related expenses from the appropriation
15 under s. 20.410 (3) (ho) for persons who, when they attained 17 years of age became
16 adults, were students regularly attending a school, college, or university or regularly
17 attending a course of vocational or technical training designed to prepare them for
18 gainful employment, and who upon ~~attaining that age~~ becoming adults were under
19 the supervision of the department under s. 938.183, 938.34 (4h) or (4n), or 938.357
20 (3) or (4) as a result of a judicial decision.

21 **SECTION 2177.** 938.49 (2) (b) of the statutes is amended to read:

22 938.49 (2) (b) Notify the juvenile's last school district or, if the juvenile was last
23 enrolled in a private school participating in the program under s. 118.60 or in the
24 program under s. 119.23 or, pursuant to s. ~~115.999 (3), 119.33 (2) (c) 3., or 119.9002~~
25 (3) (c), in a school under the operation and general management of the governing

1 body of a private school, the private school or the governing body of a private school,
2 in writing of its obligation under s. 118.125 (4).

3 **SECTION 2178.** 938.57 (3) (title) of the statutes is amended to read:

4 938.57 (3) (title) CONTINUING MAINTENANCE FOR JUVENILES ~~OVER 17~~ WHO BECOME
5 ADULTS.

6 **SECTION 2179.** 938.57 (3) (a) (intro.) of the statutes is amended to read:

7 938.57 (3) (a) (intro.) From the reimbursement received under s. 48.569 (1) (d),
8 counties may provide funding for the maintenance of any juvenile person who meets
9 all of the following qualifications:

10 **SECTION 2180.** 938.57 (3) (a) 1. of the statutes is amended to read:

11 938.57 (3) (a) 1. ~~Is 17 years of age or older~~ an adult.

12 **SECTION 2181.** 938.57 (3) (a) 3. of the statutes is amended to read:

13 938.57 (3) (a) 3. Received funding under s. 48.569 (1) (d) immediately prior to
14 ~~his or her 17th birthday~~ becoming an adult.

15 **SECTION 2182.** 938.57 (3) (b) of the statutes is amended to read:

16 938.57 (3) (b) The funding provided for the maintenance of a juvenile person
17 under par. (a) shall be in an amount equal to that ~~to~~ which the juvenile person would
18 receive under s. 48.569 (1) (d) if the person were a juvenile ~~were 16 years of age.~~

19 **SECTION 2183.** 939.632 (1) (e) 1. of the statutes is amended to read:

20 939.632 (1) (e) 1. Any felony under s. 940.01, 940.02, 940.03, 940.05, 940.09
21 (1c), 940.19 (2), (4) or (5), 940.21, 940.225 (1), (2) or (3), 940.235, 940.305, 940.31,
22 ~~940.32, 941.20, 941.21, 943.02, 943.06, 943.10 (2), 943.23 (1g), 943.32 (2), 948.02 (1)~~
23 ~~or (2), 948.025, 948.03 (2) (a) or (c) or (5) (a) 1., 2., 3., or 4., 948.05, 948.051, 948.055,~~
24 ~~948.07, 948.08, 948.085, or 948.30 (2) or under s. 940.302 (2) if s. 940.302 (2) (a) 1.~~
25 b. applies.

1 **SECTION 2184.** 939.632 (1) (e) 3. of the statutes is amended to read:

2 939.632 (1) (e) 3. Any misdemeanor under s. 940.19 (1), 940.225 (3m), 940.32
3 (2), 940.42, 940.44, 941.20 (1), 941.23, 941.231, 941.235, or 941.38 (3).

4 **SECTION 2185.** 941.315 (5) of the statutes is amended to read:

5 941.315 (5) (a) Subsection (2) does not apply to a person to whom nitrous oxide
6 is administered for the purpose of providing medical or dental care, if the nitrous
7 oxide is administered by a physician ~~or~~, dentist, or dental therapist or at the direction
8 or under the supervision of a physician ~~or~~, dentist, or dental therapist.

9 (b) Subsection (3) does not apply to the administration of nitrous oxide by a
10 physician ~~or~~, dentist, or dental therapist, or by another person at the direction or
11 under the supervision of a physician ~~or~~, dentist, or dental therapist, for the purpose
12 of providing medical or dental care.

13 (c) Subsection (3) (c) does not apply to the sale to a hospital, health care clinic
14 or other health care organization or to a physician ~~or~~, dentist, or dental therapist of
15 any object used, designed for use or primarily intended for use in administering
16 nitrous oxide for the purpose of providing medical or dental care.

17 **SECTION 2186.** 946.15 of the statutes is created to read:

18 **946.15 Public construction contracts at less than full rate.** (1) Any
19 employer, or any agent or employee of an employer, who induces any individual who
20 seeks to be or is employed pursuant to a public contract, as defined in s. 66.0901 (1)
21 (c), or who seeks to be or is employed on a project on which a prevailing wage rate
22 determination has been issued by the department of workforce development under
23 s. 66.0903 (3), 103.49 (3), 103.50 (3), or 229.8275 (3) to give up, waive, or return any
24 part of the compensation to which that individual is entitled under his or her contract
25 of employment or under the prevailing wage rate determination issued by the