

HEALTH AND HUMAN SERVICES

MEDICAL ASSISTANCE

1. *Medicaid expansion*

This bill changes the family income eligibility level to up to 133 percent of the federal poverty line for parents and caretaker relatives under BadgerCare Plus and for childless adults currently covered under BadgerCare Plus Core, who are incorporated into BadgerCare Plus in this bill. BadgerCare Plus and BadgerCare Plus Core are programs under the state's Medical Assistance program, which provides health services to individuals who have limited financial resources. The federal Patient Protection and Affordable Care Act allows a state to receive an enhanced federal medical assistance percentage payment for providing benefits to certain individuals through a state's Medical Assistance program. The bill requires DHS to comply with all federal requirements and to request any amendment to the state Medical Assistance plan, waiver of Medicaid law, or other federal approval necessary to qualify for the highest available enhanced federal medical assistance percentage for childless adults under the BadgerCare Plus program.

Under current law, certain parents and caretaker relatives with incomes of not more than 100 percent of the federal poverty line, before a 5 percent income disregard is applied, are eligible for BadgerCare Plus benefits. Under current law, childless adults who ① are under age 65; ② have family incomes that do not exceed 100 percent of the federal poverty line, before a 5 percent income disregard is applied; and ③ are not otherwise eligible for Medical Assistance, including BadgerCare Plus, are eligible for benefits under BadgerCare Plus Core. The bill eliminates the childless adults demonstration project known as BadgerCare Plus Core on January 1, 2020.

*** ANALYSIS FROM -2215/P1 ***

2. *Eliminating legislative oversight over Medicaid waivers*

2017 Wisconsin Act 370 prohibits DHS from submitting a request to a federal agency for a waiver or renewal, modification, withdrawal, suspension, or termination of a waiver of federal law or rules or for authorization to implement a pilot program or demonstration project unless legislation has been enacted specifically directing the submission of the request. For any legislation that requires submission of a request that has not yet been submitted, Act 370 requires DHS to submit an implementation plan to JCF and submit its final proposed request to JCF for approval. Act 370 requires DHS to take certain actions and submit monthly progress reports to JCF once a request has been submitted to the federal agency. When the federal agency has approved the request in whole or in part and the request has not been fully implemented, Act 370 requires DHS to submit its final implementation plan to JCF for approval. Act 370 allows JCF to reduce from moneys allocated for state operations or administrative functions the agency's appropriation or expenditure authority or change the authorized level of full-time equivalent positions for the agency related to the program for which the request is required to be submitted if JCF determines that the state agency has not made sufficient progress or is not acting in accordance with the enacted legislation requiring the submission of the request. This bill eliminates the requirement that legislation be

enacted in order for DHS to submit a request for a waiver or renewal, modification, withdrawal, suspension, or termination of a waiver of federal law or rules or for authorization to implement a pilot program or demonstration project. The bill also eliminates the legislative review procedure for requests for waivers, pilot programs, or demonstration projects required by Act 370.

*** ANALYSIS FROM -2215/P1 ***

✓ 3. *Eliminating legislative oversight of Medicaid state plan amendments*

2017 Wisconsin Act 370 requires DHS to submit to JCF under its passive review process any proposed Medical Assistance state plan amendment and any proposed change to a reimbursement rate for or supplemental payment to a Medical Assistance provider that has an expected fiscal effect of \$7,500,000 from all revenue sources over a 12-month period. This bill eliminates this requirement to submit for JCF review Medical Assistance state plan amendments, changes to reimbursement rates, or supplemental payments.

*** ANALYSIS FROM -2215/P1 ***

✓ 4. *Repealing implementation of childless adult demonstration waiver*

2017 Wisconsin Act 370 requires by statute DHS to implement the BadgerCare Reform waiver as it relates to childless adults as approved by the federal Department of Health and Human Services effective October 31, 2018. The 2015-17 and 2017-19 biennial budget acts required DHS to submit a waiver request to the federal Department of Health and Human Services authorizing DHS to take certain actions including imposing premiums on, requiring a health risk assessment of, and time-limiting eligibility for recipients of BadgerCare Plus under the childless adults demonstration project waiver. Act 370 requires DHS to implement the childless adults BadgerCare Reform waiver by no later than November 1, 2019. If JCF determines that DHS has not complied with the implementation deadline, has not made sufficient progress in implementing the BadgerCare Reform waiver, or has not complied with other requirements relating to approved waiver implementation, Act 370 allows JCF to reduce from moneys allocated for state operations or administrative functions DHS's appropriation or expenditure authority, whichever is applicable, or change the authorized level of full-time equivalent positions for DHS related to the Medical Assistance program. This bill eliminates the statutory implementation requirement for the BadgerCare Reform waiver, including the deadline and penalties, eliminates the statutory requirement for DHS to seek the waiver, and allows DHS to modify or withdraw the waiver.

*** ANALYSIS FROM -2215/P1 ***

✓ 5. *Post-partum eligibility*

This bill requires DHS to seek approval from the federal Department of Health and Human Services to extend to women who are eligible for Medical Assistance when pregnant Medical Assistance benefits until the last day of the month in which the 365th day after the last day of the pregnancy falls. Currently, post-partum women are eligible for Medical Assistance benefits until the last day of the month in which the 60th day after the last day of the pregnancy falls.

*** ANALYSIS FROM -2215/P1 ***

✓ **6. Medical Assistance reimbursement for doula services**

This bill requires DHS to request any necessary federal approval to allow Medical Assistance program reimbursement for doula services. Under current law, DHS administers the Medical Assistance program, which is a joint federal and state program that provides health services to individuals who have limited resources. DHS is required to pay allowable charges to certified providers for Medical Assistance on behalf of eligible recipients for certain federally mandated benefits and other additional services. Subject to any required federal approval, the bill adds doula services as one of the benefits covered under the Medical Assistance program and establishes a pilot program to provide reimbursement for services provided for pregnant women enrolled in the Medical Assistance program who reside in the counties of Brown, Dane, Milwaukee, Rock, or Sheboygan, or another county as determined by DHS. Under the bill, doula services include continuous emotional and physical support during labor and birth of a child and intermittent services during the prenatal and postpartum periods.

The bill also requires DHS to award in fiscal year 2019-20 grants totaling \$192,000 to public or private entities, American Indian tribes or tribal organizations, or community-based organizations for community-based doulas. The recipients must use the grants to identify and train local community workers to mentor pregnant women.

*** ANALYSIS FROM -2215/P1 ***

✓ **7. Critical access reimbursement payments to dental providers**

This bill requires DHS to provide enhanced reimbursement payments under the Medical Assistance program to dental providers who meet certain qualifications. In order to qualify, a provider must meet quality of care standards established by DHS. In addition, at least 50 percent of those individuals served by a nonprofit or public provider must be without dental insurance or enrolled in the Medical Assistance program for the provider to qualify for enhanced reimbursement and for-profit providers must have at least 5 percent of patients enrolled in the Medical Assistance program.

For services rendered by a qualified nonprofit critical access dental provider, DHS must increase reimbursement by 50 percent above the reimbursement rate otherwise paid to that provider. For services provided by a for-profit provider, DHS must increase reimbursement by 30 percent above the reimbursement rate otherwise paid to that provider. For providers serving individuals in managed care under the Medical Assistance program, DHS must increase reimbursement to pay an additional amount on the basis of the rate that would have been paid to the provider had the individual not been enrolled in managed care. If a provider has more than one service location, reimbursement is determined separately for each location.

*** ANALYSIS FROM -2215/P1 ***

✓ **8. Reimbursement rate increase for direct care for nursing homes and ICF-IIDs**

This bill requires DHS to increase the rates paid for direct care to nursing homes, also known as nursing facilities, and intermediate care facilities for persons

with an intellectual disability. A portion of the increase is related to an increase in patient acuity in those facilities and an additional increase is designated to support staff in those facilities who perform direct care.

*** ANALYSIS FROM -2215/P1 ***

✓ **9. Reimbursement rate increase for direct care in personal care agencies**

This bill requires DHS to increase the rates paid for direct care to agencies that provide personal care services. A 1.5 percent increase per year is designated to support staff in those agencies who perform direct care.

*** ANALYSIS FROM -2215/P1 ***

✓ **10. Services that contribute to determinants of health**

This bill includes services, as determined by DHS, that contribute to the determinants of health as a benefit under the Medical Assistance program. DHS is required to seek any necessary state plan amendment or request any waiver of federal Medicaid law to provide the benefit but is not required to provide the services as a Medical Assistance benefit if the federal Department of Health and Human Services does not provide federal financial participation for the services.

*** ANALYSIS FROM -2215/P1 ***

✓ **11. Definition of "telehealth"; reimbursement**

This bill expands the definition of "telehealth" for the purposes of reimbursement of mental health services provided through telehealth under the Medical Assistance program. Currently, the definition of "telehealth" includes only real-time communications between individuals and health care providers. The bill includes in the definition real-time communications between providers and, in circumstances determined by DHS, asynchronous transmissions of digital images or data between providers, known as store-and-forward technology. The definition of "telehealth" currently and under the bill does not include telephone conversations or Internet-based communications between providers or between providers and individuals.

This bill requires DHS to establish, by rule, a method of reimbursement for providers of Medical Assistance services that are covered under the Medical Assistance program and are provided via a type of telehealth described in the bill. One of the telehealth types for which the bill requires reimbursement is when a service is a consultation between a provider at an originating site and a provider at a remote location using a combination of interactive video, audio, and externally acquired images through a networking environment. The other telehealth method is store-and-forward either between providers or between a provider and a Medical Assistance recipient.

*** ANALYSIS FROM -2215/P1 ***

✓ **12. Crisis intervention services**

Currently, mental health crisis intervention services are a benefit provided by the Medical Assistance program. Current law specifies that for a county that becomes certified as a Medical Assistance provider, the county pays the nonfederal share of the Medical Assistance reimbursement and DHS reimburses the county for the federal share of the Medical Assistance reimbursement. This bill changes the

name of the services to “crisis intervention services” and specifies that those services are for the treatment of mental illness, intellectual disability, substance abuse, and dementia. The bill also specifies that for a county that elects to deliver crisis intervention services under the Medical Assistance program on a regional basis, DHS reimburses the service provider both the federal and nonfederal share of the allowable charges for the amount that exceeds a required annual county contribution. After January 1, 2020, the required annual county contribution is equal to 75 percent of the county’s expenditures for crisis intervention services in calendar year 2017, as determined DHS.

*** ANALYSIS FROM -2215/P1 ***

✓ **13. *Mental health consultation reimbursement***

Current law requires DHS to reimburse clinical consultations for students who are under 21 years of age under the Medical Assistance program until June 30, 2019. Clinical consultations are communications from a mental health professional or qualified treatment trainee to another individual to inform, inquire, and instruct on the symptoms, strategies for care and intervention, and treatment expectations for the student and to direct and coordinate clinical service components. The bill eliminates the June 30, 2019, termination date for the clinical consultation reimbursement.

*** ANALYSIS FROM -2215/P1 ***

✓ **14. *Dental services for individuals who have disabilities***

This bill requires DHS to allocate \$2,000,000 in fiscal year 2019-20 and \$3,000,000 in fiscal year 2020-21 from all funding sources to increase reimbursement rates for Medical Assistance dental services that are provided to Medical Assistance recipients who have disabilities.

*** ANALYSIS FROM -2215/P1 ***

✓ **15. *Disproportionate share hospital payments***

This bill increases the amount that DHS is required to pay to hospitals that serve a disproportionate share of low-income patients and meet certain other criteria, including that ① the hospital is located in this state; ② the hospital provides a wide array of services, including services provided through an emergency department; ③ the inpatient days for Medical Assistance recipients at the hospital were at least 6 percent of the total inpatient days at that hospital during the most recent year for which such information is available; and ④ the hospital meets applicable, minimum requirements to be a disproportionate share hospital under federal law.

The bill also increases the maximum amount that DHS may pay a single such hospital in a fiscal year, provided there is no conflict with federal rules, from \$4,600,000 to \$9,200,000, except that a hospital located in Wisconsin that is a free-standing pediatric teaching hospital that has a Medicaid inpatient utilization rate greater than 50 percent may receive up to \$12,000,000 each fiscal year.

*** ANALYSIS FROM -2215/P1 ***

✓ **16. Hospital assessment**

Currently, each hospital, including each critical access hospital, must pay an assessment for the privilege of doing business in Wisconsin. The percentage of gross patient revenues that each hospital must pay is adjusted so that the total amount of assessments collected for all hospitals that are not critical access hospitals totals \$414,507,300 in each state fiscal year. The same percentage of gross patient revenues is also assessed on critical access hospitals, though the amount is collected separately from and deposited into a separate fund from that of other hospitals. Current law requires DHS to use a portion of this total to pay for services provided by hospitals under the Medical Assistance program, including the federal and state share of Medical Assistance, in a total amount that equals the amount collected from hospitals divided by 61.68 percent. Similarly, current law requires DHS to use a portion of the amount collected from critical access hospitals to make payments to critical access hospitals for Medical Assistance services in a total amount that equals the amount collected from critical access hospitals divided by 61.68 percent. This bill decreases the 61.68 percent to 53.69 percent, thus increasing the amount of payments that must be made to critical access hospitals and other hospitals under the Medical Assistance program.

*** ANALYSIS FROM -2215/P1 ***

✓ **17. Rural critical care access hospital supplemental payment**

This bill increases the amount of payments made to rural critical care access hospitals. Currently, DHS pays rural critical care access hospitals a Medical Assistance fee-for-service supplemental payment in a total amount of \$250,000 as the state share of payments plus the matching federal share of payments. A hospital must satisfy the following criteria to be eligible for this supplemental payment: the Wisconsin hospital serves a disproportionate share of low-income patients and meets the federal qualifications to be considered a disproportionate share hospital, the hospital provides a wide array of services including emergency department services but excluding obstetric services, and the inpatient days for Medical Assistance recipients at the hospital are at least 6 percent of the total inpatient days at that hospital during the most recent year for which such information is available. The bill changes the criteria for a hospital's eligibility for the rural critical care access supplement to the following: the hospital is not eligible for a disproportionate share hospital payment; the hospital is located in Wisconsin and provides a wide array of services, including emergency department services; and the percentage of the hospital's overall charges for service that are charges to the Medical Assistance program for services provided to Medical Assistance recipients is at least 6 percent. The bill increases to \$500,000 the total amount of the state share of payments for the rural critical care access hospital supplement.

*** ANALYSIS FROM -2215/P1 ***

✓ **18. Pediatric inpatient supplement**

This bill establishes in statute reference to supplemental funding totaling \$2,000,000 to be distributed by DHS to certain acute care hospitals located in Wisconsin that have a total of more than 12,000 inpatient days in the hospital's acute care pediatric units and intensive care pediatric units, not including neonatal

intensive care units. In addition, under the bill, DHS may distribute additional funding of \$10,000,000 in each state fiscal year to hospitals that are free-standing pediatric teaching hospitals located in Wisconsin that have a Medicaid inpatient utilization rate greater than 45 percent.

*** ANALYSIS FROM -2215/P1 ***

✓ **19. *Children's long-term support waiver program***

This bill requires DHS to ensure that any eligible child who applies for the disabled children's long-term support waiver program receives services under that program. The disabled children's long-term support waiver program provides services to children who have developmental, physical, or severe emotional disabilities and who are living at home or in another community-based setting.

*** ANALYSIS FROM -2215/P1 ***

✓ **20. *Eliminating child support compliance requirement***

2017 Wisconsin Act 268 prohibits the following individuals from being eligible for the Medical Assistance program: certain able-bodied adults and able-bodied parents who refuse to cooperate in determining the paternity of a child, establishing or enforcing any support order, or obtaining any other payments or property to which the adult or the child has rights, and certain parents who are delinquent in child support payments without satisfying an exception or who refuse to cooperate in providing or obtaining support for their child. This bill eliminates this prohibition and reinstates the pre-Act 268 requirement that a person seeking Medical Assistance benefits must cooperate, in accordance with federal law, in good faith with efforts directed at establishing the paternity of a nonmarital child and obtaining support payments or any other payments or property to which the person and the dependent child or children may have rights.

*** ANALYSIS FROM -2215/P1 ***

✓ **21. *Eliminating savings account program***

2017 Wisconsin Act 271 requires DHS to submit a request to the federal government to establish and implement a savings account program, similar in function and operation to health savings accounts, in the Medical Assistance program. This bill eliminates that requirement.

*** ANALYSIS FROM -2215/P1 ***

✓ **22. *Eliminating dental reimbursement pilot project***

This bill discontinues the dental reimbursement pilot project that, under current law, requires DHS to distribute moneys to increase Medical Assistance reimbursement rates for pediatric dental care and adult emergency dental services provided in Brown, Marathon, Polk, and Racine counties.

*** ANALYSIS FROM -2215/P1 ***

✓ **23. *Long-term care programs; managed care***

This bill generally makes changes to certain long-term care programs that receive funding under the Medical Assistance program. The Family Care program concluded its expansion statewide replacing the Community Options Program, known as COP. The bill eliminates the statutory language for the COP program, a requirement that DHS certify availability of an aging and disability resource center,

and a requirement that aging and disability resource centers perform outreach in new Family Care program counties. The bill requires aging and disability resource centers to provide information and assistance on the self-directed services option, known as IRIS; the Family Care Partnership program; and the program of all-inclusive care for the elderly, known as PACE, in addition to the current requirement to provide information and assistance on the Family Care program. The bill eliminates regional long-term care advisory committees, which, among other things, evaluate the care management organizations that administer the Family Care program.

Current law specifies a 45-day deadline by which an applicant for or recipient of Medical Assistance must file an appeal of his or her eligibility determination. The bill specifies that for appeals of the adverse benefit determinations described in the bill made by a care management organization or managed care organization, the Medical Assistance recipient has 90 days to appeal. The bill also specifies that the individual seeking an appeal must exhaust the internal appeal procedures of the care management organization or managed care organization first.

*** ANALYSIS FROM -2215/P1 ***

PUBLIC ASSISTANCE

1. *Drug screening and testing requirements*

This bill eliminates provisions under current law that, with certain exceptions, require controlled substance abuse screening and, in some cases, testing and treatment of all of the following: (1) individuals who apply to participate in certain work experience programs administered by DCF and DWD; (2) noncustodial parents who apply for Wisconsin Works (W-2), administered by DCF; and (3) with respect to the W-2 program, every adult member of an individual's W-2 group whose income or assets are included in determining the individual's eligibility for a W-2 program.

*** ANALYSIS FROM -2215/P1 ***

2. *Eliminating FSET drug testing requirement*

2015 Wisconsin Act 55 required DHS to promulgate rules to develop and implement a drug screening, testing, and treatment policy, which DHS promulgated as DHS 38, Wis. Adm. Code. 2017 Wisconsin Act 370 incorporated into statutes DHS 38 relating to drug screening, testing, and treatment for recipients of the FoodShare employment and training program, known as FSET. This bill eliminates the requirement to implement a drug screening, testing, and treatment policy and removes from the statutes the language incorporated by Act 370.

*** ANALYSIS FROM -2215/P1 ***

3. *Temporary Assistance for Needy Families allocations*

Under current law, DCF allocates federal moneys, including child care development funds and moneys received under the Temporary Assistance for Needy Families (TANF) block grant program for various public assistance programs. This bill modifies certain TANF allocations. This bill specifies that, with respect to a TANF-funded contract for services, "allocation" means the amount under the contract that DCF is obligated to pay.

*** ANALYSIS FROM -2215/P1 ***

✓ 4. *TANF reallocations*

Under current law, DCF may reallocate funds for one purpose under the TANF allocations for any other purpose under the TANF allocations through passive review by JCF. Also under current law, if the TANF moneys received from the federal government are less than the amounts appropriated for the purposes under the TANF schedule, DCF is required to create a plan for reducing the amounts of moneys allocated under the TANF allocations and to carry it out subject to passive review by JCF. This bill replaces passive review by JCF with a requirement that the secretary of administration approve a reallocation or a plan to reduce the moneys allocated under TANF.

*** ANALYSIS FROM -2215/P1 ***

✓ 5. *FSET requirement*

2017 Wisconsin Act 264 requires DHS, beginning on October 1, 2019, to require all able-bodied adults, with some limited exceptions, who seek benefits from the FoodShare program to participate in the FoodShare employment and training program, known as FSET, unless they are already employed. This bill eliminates that requirement for able-bodied adults with dependents but retains the requirement for able-bodied adults without dependents. FoodShare is also known as the food stamp program and the federal Supplemental Nutrition Assistance Program.

*** ANALYSIS FROM -2215/P1 ***

✓ 6. *Eliminating FSET pay-for-performance requirement*

2017 Wisconsin Act 266 requires DHS to create and implement a payment system based on performance for entities that perform administrative functions for the FoodShare employment and training program, known as FSET. Act 266 specified performance outcomes on which the pay-for-performance system must be based. This bill eliminates the requirement for DHS to create a pay-for-performance system for FSET vendors.

*** ANALYSIS FROM -2215/P1 ***

✓ 7. *FoodShare paternity and child support compliance*

2017 Wisconsin Act 59 prohibits from being eligible for FoodShare benefits certain individuals and parents who refuse to cooperate in obtaining child support or determining the paternity of a child or who are delinquent in child support payments and do not satisfy an exception. Act 59 prohibits DHS from implementing these ineligibility provisions unless DCF determines the implementation may be done in a budget-neutral manner, DHS or DCF has approval from the federal government to implement the ineligibility provisions in a budget-neutral manner, and DHS and DCF notify the governor and JCF of the federal approval and implementation. This bill eliminates all of the ineligibility provisions in FoodShare for failing to comply with paternity and child support requirements in Act 59.

*** ANALYSIS FROM -2215/P1 ***

✓ 8. *Transform Milwaukee Jobs for Childless Adults program*

This bill provides funding for and requires DCF to establish the Transform Milwaukee Jobs for Childless Adults program, which is identical to the Transform

Milwaukee Jobs program except that it is open to childless adults. Under current law, the Transform Milwaukee Jobs program provides a wage subsidy for placement into jobs for qualifying individuals in Milwaukee County. Under current law, in order to qualify for the Transform Milwaukee Jobs program, a participant must be a parent or relative who is a primary caregiver of a child.

*** ANALYSIS FROM -2215/P1 ***

✓ **9. Foster care youth driver's licensing**

This bill requires DCF to establish or contract for a driver education program for individuals who are 15 years of age or older and in out-of-home care. The bill requires the program to provide assistance with identifying and enrolling in an appropriate driver education course, obtaining an operator's license, and obtaining motor vehicle liability insurance. The bill authorizes DCF to pay, for any individual in the program, any fees required to enroll in a driver education course or to obtain an operator's license and the cost of motor vehicle liability insurance on the vehicle owned or used by the individual during the program and after the individual obtains an operator's license.

*** ANALYSIS FROM -2215/P1 ***

✓ **10. Grants to support child care in Milwaukee**

This bill authorizes DCF to award grants to child care providers to support access to high-quality child care for families that reside in a geographic area with high-poverty levels, as identified by DCF, in the city of Milwaukee. To receive the grants, child care providers must contribute matching funds or in-kind goods or services equal to 25 percent of the grant. This bill also authorizes DCF to award grants to child care providers and their employees, and to educational institutions for the purpose of educating employees of child care providers, to improve the overall child care quality in that geographic area.

*** ANALYSIS FROM -2215/P1 ***

✓ **11. Grants for services for homeless and runaway youth**

This bill provides an additional \$250,000 per year in funding for grants administered by DCF to support programs that provide services for homeless and runaway youth. Under current law, DCF awards \$150,000 per year for this purpose.

*** ANALYSIS FROM -2215/P1 ***

✓ **12. Tribal family services grants**

This bill requires tribal family services grants, administered by DCF, to be funded using Indian gaming receipts. The grants may be used for tribal services for adolescents or victims of domestic abuse, tribal child care, or tribal child welfare services.

*** ANALYSIS FROM -2215/P1 ***

✓ **13. Special Supplemental Nutrition Program for Women, Infants, and Children**

This bill makes various changes to the Special Supplemental Nutrition Program for Women, Infants, and Children, known as the WIC program. The WIC program provides supplemental foods, nutrition education, and other services to low-income women, infants, and children that meet eligibility criteria under federal

law. DHS administers portions of the WIC program including authorization of vendors and distribution centers to accept the method of payment that participants in the WIC program use to obtain foods approved under the program. Specifically, the bill does all of the following:

a. ① Allows DHS to identify an alternate participant, who is someone authorized by a WIC program participant to request benefits and otherwise participate in the WIC program, as the WIC program cardholder for purposes of electronic administration.

b. ② Adds to the criteria to be an authorized vendor or authorized distribution center that the vendor or distribution center has an electronic benefit transfer-capable cash register system or payment device that meets the criteria specified in the bill.

c. ③ Specifies that, except for certain mobile stores specially authorized in accordance with federal law, each store is a separate vendor, must have a single, fixed location, and must be separately authorized under the WIC program.

d. ④ Adds to the activities prohibited under the WIC program engaging in trafficking. Trafficking in WIC benefits is defined in the bill as engaging in any of the following: buying, selling, stealing, or otherwise exchanging, including exchanging firearms, ammunition, explosives, or controlled substances, a payment method of obtaining WIC-approved foods for cash or consideration other than WIC approved foods; intentionally purchasing and reselling for cash or consideration a product that is obtained using a method of obtaining WIC-approved foods; or intentionally purchasing with cash or consideration a product that was originally purchased with a method of obtaining WIC-approved foods. A person who performs any of the prohibited practices under the bill or under current law is subject to a felony with a penalty of a fine not to exceed \$10,000 or imprisonment not to exceed three years and six months, or both for the first offense and for a second or subsequent offense a felony with a penalty of a fine not to exceed \$10,000 or imprisonment not to exceed six years, or both.

e. ⑤ Incorporates infant formula suppliers into the types of entities for which DHS must promulgate rules regarding standards for authorization.

f. ⑥ Adds civil monetary penalty, warning letter, and implementation of a corrective action plan to the list of consequences for violating a rule promulgated by DHS relating to the WIC program.

g. ⑦ Specifies that information about an applicant for, participant in, or vendor in the WIC program is confidential and then specifies who may access that confidential information and for what purposes.

h. ⑧ Makes some additional changes to the language of the WIC program statutes.

*** ANALYSIS FROM -2215/P1 ***

WISCONSIN WORKS

✓ 1. *W-2 lifetime maximum*

The Wisconsin Works (W-2) program under current law, which DCF administers, provides work experience and benefits for low-income custodial parents who are at least 18 years old. This bill increases the lifetime maximum for

W-2 participation of an individual or any adult member of the individual's W-2 group from 48 months to 60 months. Under current law, a W-2 group includes any nonmarital coparent or any spouse of an individual who resides in the same household as the individual.

*** ANALYSIS FROM -2215/P1 ***

✓ **2. W-2 work experience programs**

Under current law, the W-2 program provides a work experience program known as the "Trial Employment Match Program," or "TEMP." Under current law, participants in TEMP are placed in a job and the agency administering the W-2 program subsidizes the participants' employment for up to 40 hours per week. This bill changes the name of TEMP to "Subsidized Employment Placement," removes the 40-hour per week cap on the subsidy, and allows a W-2 agency to negotiate with the employer a maximum number of hours per week for which the participant is eligible to receive a subsidy. This bill also removes the current 24-month participation limit for TEMP and community service and transitional placement jobs, which are also under W-2.

*** ANALYSIS FROM -2215/P1 ***

✓ **3. Work experience program: educational and training component**

The work experience programs under W-2 currently include educational and training components, not to exceed ten hours per week in the community service job program or 12 hours per week in the transitional placement program. This bill removes the time limitations on educational and training components of a W-2 program. Also under current law, a person may participate in a technical college education program under W-2, as long as the person works in a community service job or transitional placement for 25 hours per week in addition to participating in the technical college educational program. This bill removes the 25-hour requirement of the work component for participation in the technical college education program under W-2.

*** ANALYSIS FROM -2215/P1 ***

✓ **4. Program time limit for caretaker of an infant**

Under current law, a person who meets the eligibility requirements for W-2 and who is the custodial parent of a child who is eight weeks old or less may receive monthly grants of \$673 and may not be required to work in a W-2 employment position during that time, unless another adult member of the custodial parent's W-2 group is participating in, or is eligible to participate in, a W-2 employment position or is employed in unsubsidized employment. This bill extends these monthly benefits to the custodial parent of a child who is 12 weeks old or less.

*** ANALYSIS FROM -2215/P1 ***

✓ **5. Wisconsin Shares maximum reimbursement rate**

Under the Wisconsin Shares program under W-2, an individual who is the parent of a child under the age of 13 or, if the child is disabled, under the age of 19 who needs child care services to participate in various education or work activities, and who satisfies other eligibility criteria, may receive a subsidy for child care services.

DCF determines the maximum subsidy rates for Wisconsin Shares child care subsidies. DCF also determines the maximum subsidy rates for services provided by certified family child care providers, but may set the rate for Level I certified family child care providers at no more than 75 percent of the licensed child care rate and for Level II certified family child care providers at no more than 50 percent of the licensed child care rate. Under this bill, the maximum rate for Level I or Level II certified family child care providers may not exceed the licensed child care rate.

*** ANALYSIS FROM -2215/P1 ***

6. *Internet service provider subscriptions*

This bill allows a person who meets the eligibility requirements for W-2 to apply for and receive from DCF a monthly amount sufficient to pay the cost of an Internet service provider subscription or \$57, whichever is lower.

*** ANALYSIS FROM -2215/P1 ***

HEALTH

1. *Medical marijuana*

Current law prohibits a person from manufacturing, distributing, or delivering tetrahydrocannabinols; possessing THC with the intent to manufacture, distribute, or deliver it; possessing or attempting to possess THC; using drug paraphernalia; or possessing drug paraphernalia. This bill creates a medical use defense to such THC-related prosecutions and forfeiture actions for a person who is registered with DHS as having a specified debilitating medical condition or undergoing a specified debilitating treatment. The bill also prohibits the arrest or prosecution of such a person for those offenses. The defense and prohibition do not apply under certain circumstances, such as (1) if the person does not have a valid registry identification card; (2) if the amount of cannabis involved is more than 12 plants or three ounces of leaves or flowers; (3) if, while under the influence of THC, the person drives a motor vehicle or engages in other conduct that endangers another person; or (4) if the person smokes cannabis on a school bus or public transit or on school premises.

Under the bill, DHS must establish a medical cannabis registry, and a person may apply to DHS for a registry identification card. The bill specifies that the following medical conditions or treatments qualify a person for the registry: cancer, glaucoma, AIDS or HIV, Crohn's disease, a hepatitis C virus infection, Alzheimer's disease, amyotrophic lateral sclerosis, nail-patella syndrome, Ehlers-Danlos Syndrome, post-traumatic stress disorder, or the treatment of these conditions; opioid abatement or reduction or treatment for opioid addiction; a chronic or debilitating disease or medical condition or the treatment of such a disease or condition that causes cachexia, severe pain, severe nausea, seizures, or severe and persistent muscle spasms; and any other medical condition or treatment DHS designates as a debilitating medical condition or treatment. DHS must issue a qualified applicant a registry identification card unless, in the previous ten years, the applicant was serving a sentence or on probation for certain violent felony convictions. DHS must keep registry information and applications confidential except for verifying status for law enforcement purposes.

Under the bill, DATCP must license and regulate dispensaries to facilitate medical THC. The bill prohibits a dispensary from being located within 500 feet of

a school, from distributing to one person more than 12 cannabis plants or three ounces of cannabis leaves or flowers, and from possessing an excessive quantity of cannabis. An applicant for a dispensary license must pay an initial application fee determined by DATCP, but a minimum of \$250, and a dispensary must pay an annual fee determined by DHS, but a minimum of \$5,000.

The bill requires DATCP to determine policies that allow entities to grow cannabis and distribute it to dispensaries. The bill also requires DATCP to register entities as THC-testing laboratories.

Finally, the bill imposes a surcharge on the sale of cannabis and tetrahydrocannabinols by a dispensary. The surcharge is equal to 10 percent of the sales price.

This bill affirmatively states that no employer is required to permit or accommodate the use, consumption, possession, transfer, display, transportation, sale, or cultivation of medical marijuana at a place of employment by an employee. The bill expressly allows an employer to have a policy regarding marijuana use by its employees.

***** ANALYSIS FROM -2215/P1 *****

✓ **2. Prescription drug importation program**

This bill requires DHS, in consultation with persons interested in the sale and pricing of prescription drugs and federal officials and agencies, to design and implement a prescription drug importation program for the benefit of and that generates savings for Wisconsin residents. The bill establishes requirements for the program including all of the following: DHS must designate a state agency to become or contract with a licensed wholesale distributor and seek federal certification and approval to import prescription drugs; the importation program must comply with certain federal regulations and import from Canadian suppliers only prescription drugs that are not brand-name drugs, have fewer than four competitor drugs in this country, and for which importation creates substantial savings; DHS must ensure that prescription drugs imported under the program are not distributed, dispensed, or sold outside of Wisconsin; and the importation program must have an audit procedure to ensure the program complies with certain requirements specified in the bill. Before submitting the proposed implementation program to the federal government for certification, DHS must submit the proposed importation to JCF for its approval.

***** ANALYSIS FROM -2215/P1 *****

✓ **3. Dental therapy training program**

This bill requires DHS to award onetime grants on a competitive basis to educational institutions for costs associated with beginning a dental therapy training program.

***** ANALYSIS FROM -2215/P1 *****

✓ **4. Evidence-based oral health grants and Seal-A-Smile program**

This bill expands the grants awarded annually by DHS for the Seal-A-Smile program and modifies the scope of other grants awarded by DHS from fluoride programs to include grants for fluoride varnish and other evidence-based oral health

activities. Under current law, DHS annually awards grants totaling \$25,000 for fluoride supplements, \$25,000 for a fluoride mouth-rinse program, and \$120,000 for a school-based dental sealant program. Under the bill, DHS is required to award grants totaling no less than \$50,000 for fluoride varnish and other evidence-based oral health activities, \$700,000 for school-based preventive dental services, and \$100,000 for school-based restorative dental services, except that in fiscal year 2019-20, DHS is required to award \$525,000 for school-based preventive dental services, \$100,000 for school-based restorative dental services, and \$50,000 for fluoride varnish and other evidence-based oral health activities.

*** ANALYSIS FROM -2215/P1 ***

✓ 5. *Minority health grant funding*

This bill modifies the funding for the DHS minority health program through which DHS annually awards grants to organizations for activities to improve the health status of economically disadvantaged minority group members. Under current law, DHS awards grants of up to \$50,000 per year per applicant from program revenues. The bill instead uses general purpose revenues for these grants and eliminates the program revenues appropriation. Current law requires that applicants that are not federally qualified health centers receive priority for grants. The bill requires that applicants providing maternal and child health services also receive priority for these grants.

Under current law, DHS is also required to award, from the same program revenues appropriation, a grant of up to \$50,000 to a private nonprofit corporation to conduct a public information campaign on minority health. Under the bill, this grant is also funded by general purpose revenues.

*** ANALYSIS FROM -2215/P1 ***

✓ 6. *Infant mortality prevention program*

This bill requires DHS to allocate five of its full-time equivalent positions to staff an infant mortality prevention program.

*** ANALYSIS FROM -2215/P1 ***

✓ 7. *Title V and Title X family planning funding*

Current law requires DHS to apply for federal Title X grant funds and to distribute any funds received to public entities for family planning and related preventive health services. This bill eliminates that requirement.

Under current law, DHS must allocate women's health funds, which are federal Title V funds and women's health block grant funds, to develop and maintain an integrated system of community health services and maximize coordination of family planning services. Current law excludes from the definition of "family planning" performance, promotion, encouragement, or counseling in favor of, or referral either directly or through an intermediary for, voluntary termination of pregnancy but includes in the definition of "family planning" the provision of nondirective information explaining prenatal care and delivery or infant care, foster care, or adoption. DHS must distribute women's health funds only to public entities. Currently, those public entities may provide some or all of the funds to other public entities or private entities as long as the recipients of the funds do not provide abortion services, make referrals for abortion services, or have an affiliate that

provides abortion services or makes referrals for abortion services. The bill retains the authorization for the public entity that receives funds from DHS to provide some or all of the funds to other public or private entities but eliminates the restriction on which public or private entities may receive those funds. The bill also includes in the definition of "family planning" the provision of nondirective information explaining pregnancy termination.

*** ANALYSIS FROM -2215/P1 ***

✓ **8. Multiple sclerosis services**

This bill allows DHS to allocate and expend, as part of its implementation of the Well-Woman Program, up to \$60,000 as reimbursement for the provision of multiple sclerosis services to women. Current law requires DHS to allocate and expend at least \$60,000 for these services; the bill sets a limit of \$60,000.

*** ANALYSIS FROM -2215/P1 ***

✓ **9. Youth wellness program**

This bill provides funding to American Indian tribes to fund architectural plans for a youth wellness center.

*** ANALYSIS FROM -2215/P1 ***

✓ **10. Dementia training for health care providers**

This bill requires DHS to establish a two-year academic detailing primary care clinic dementia training program for health care providers in ten primary care clinics in the state through a contract with the Wisconsin Alzheimer's Institute. As part of the training program, DHS must provide primary care providers with clinical training and access to educational resources on best practices for diagnosis and management of common cognitive disorders and referral strategies to dementia specialists for complicated or rare cognitive or behavioral disorders. DHS must also ensure that the program includes at least the following components: ① the most current research on effective clinical treatments and practices is systematically evaluated by the academic detailing team; ② information gathered and evaluated regarding the effective clinical treatments and practices is packaged into an easily accessible format that is clinically relevant, rigorously sourced, and compellingly formatted; and ③ training is provided for clinicians to serve as academic detailers.

*** ANALYSIS FROM -2215/P1 ***

✓ **11. Healthy aging grant program**

This bill requires DHS to award in each fiscal year a grant of \$250,000 to an entity that conducts programs in healthy aging.

*** ANALYSIS FROM -2215/P1 ***

✓ **12. Graduate medical training support grants**

This bill combines, in a continuing appropriation, funding for grants DHS awards to assist rural hospitals and groups of rural hospitals in procuring infrastructure and increasing case volume to develop accredited graduate medical training programs with funding for grants DHS awards to hospitals to support existing graduate medical training programs. The bill also expands eligibility for both types of grants to all specialties. Under current law, in order to be eligible for a grant, a hospital has to have an existing graduate medical training program in

certain prescribed specialty areas or a plan to develop a graduate medical training program in one or more of those specialties.

*** ANALYSIS FROM -2215/P1 ***

✓ **13. Assisted living reporting and fees**

This bill requires certain assisted living facilities, specifically adult day centers, community-based residential facilities, and residential care apartment complexes, to submit biennial reports to DHS through an online system prescribed by DHS. Under current law, some assisted living facilities have no statutory reporting requirements and others have annual rather than biennial requirements. Current law also requires written reports rather than online submissions.

*** ANALYSIS FROM -2215/P1 ***

✓ **14. Residential lead abatement grants**

Under this bill, DHS must award grants for residential lead abatement and residential lead hazard reduction and for training lead abatement workers.

CHILDREN

*** ANALYSIS FROM -2215/P1 ***

✓ **1. Family first prevention services**

This bill makes certain changes to child welfare laws to allow foster care payments to be made on behalf of a child who is placed with his or her parent in a licensed family-based residential alcohol or drug abuse treatment facility under a voluntary agreement or under an order of the court assigned to exercise jurisdiction under the Children's Code (children's court) in order to claim federal funding under Title IV-E of the federal Social Security Act. Under current law, the children's court has jurisdiction over a child alleged to be in need of protection or services (CHIPS). Current law establishes the grounds for alleging CHIPS. This bill adds that the children's court has jurisdiction over a child whose parent is residing in a residential family-based alcohol or drug abuse treatment program, if the parent requests jurisdiction in order to have his or her child reside at the program. The bill requires DCF to prepare a permanency plan for such a child, and allows DCF to place the child with the parent at the treatment program under a voluntary agreement or by an order of the children's court if the parent consents and if such a placement is recommended by the permanency plan. If a child is placed with his or her parent under such a voluntary agreement or an order of the children's court, the bill authorizes DCF to provide foster care funding for the placement.

*** ANALYSIS FROM -2215/P1 ***

✓ **2. Background checks for congregate care workers**

This bill requires a licensing entity to perform a fingerprint-based background check for all workers at a congregate care facility, as required under federal law. The bill defines a congregate care facility to be a group home, shelter care facility, or residential care center for children and youth. Under current law, only caregivers and nonclient residents of a congregate care facility are required to receive a background check.

*** ANALYSIS FROM -2215/P1 ***

✓ **3. Read to Lead program**

This bill eliminates the Read to Lead Development Council, which is under DCF, and the read to lead development fund. Under current law, the council makes recommendations to the secretary of DCF and the state superintendent of public instruction regarding recipients of grants for school boards from the fund to support literacy or early childhood development programs. The secretary and the state superintendent may then make grants to school boards from the fund. (STEP)

*** ANALYSIS FROM -2215/P1 ***

✓ **4. Subsidized guardianship payments**

Under current law, in a county having a population of 750,000 or more, and in other counties under certain circumstances, DCF must provide monthly subsidized guardianship payments to the guardian of a child who has been adjudged to be in need of protection or services, and to an interim caretaker or successor guardian upon the death or incapacity of the guardian. This bill changes the appropriations from which DCF must make monthly subsidized guardianship payments.

*** ANALYSIS FROM -2215/P1 ***

✓ **5. Foster and kinship care rates**

The bill increases the rates that are paid to a foster parent or a kinship care relative (a relative other than a parent) who is providing care and maintenance for a child.

The bill increases the monthly basic maintenance rates that are paid by the state or a county to a foster parent for the care and maintenance of a child by 2 percent beginning on January 1, 2020, and by an additional 2 percent beginning on January 1, 2021. Beginning on January 1, 2020, the monthly rates are \$249 for a child of any age in a foster home certified to provide level one care and, for a foster home certified to provide higher than level one care, \$412 for a child under five years of age, \$451 for a child 5 to 11 years of age, \$512 for a child 12 to 14 years of age, and \$534 for a child 15 years of age or over. Beginning on January 1, 2021, the monthly rates are increased to \$254 for a child of any age in a foster home certified to provide level one care and, for a foster home certified to provide higher than level one care, \$420 for a child under five years of age, \$460 for a child 5 to 11 years of age, \$522 for a child 12 to 14 years of age, and \$545 for a child 15 years of age or over.

The bill also increases the monthly basic maintenance rates that are paid by the state or a county to a kinship care relative (a relative other than a parent) who is providing care and maintenance for a child. These rates are the same as for a foster home certified to provide level one care.

*** ANALYSIS FROM -2215/P1 ***

✓ **6. Children and family services**

Under current law, DCF must distribute not more than \$74,308,000 in each fiscal year to counties for children and family services. This bill increases the maximum amount DCF must distribute to counties for these services to \$78,708,100 in fiscal year 2019-20 and \$90,478,400 in fiscal year 2020-21.

*** ANALYSIS FROM -2215/P1 ***

✓ **7. Background checks for child care programs**

This bill makes various definitional changes, changes who can conduct a rehabilitation review, and changes the timeline for an appeal of a decision of DCF in the context of the background check requirements for people who work or reside at a child care program.

MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES

*** ANALYSIS FROM -2215/P1 ***

✓ **1. Methadone use in opioid treatment programs**

Under current law, DHS is required to create two or three comprehensive opioid treatment programs and two or three additional opioid and methamphetamine treatment programs to provide treatment for opioid, opiate, and methamphetamine addiction in underserved, high-need areas. The programs must provide counseling, medication-assisted treatment, and abstinence-based treatment. Current law prohibits these treatment programs from offering methadone treatment, and this bill removes that prohibition.

*** ANALYSIS FROM -2215/P1 ***

✓ **2. Regional crisis stabilization facilities for adults**

This bill allows DHS to award grants to regional crisis stabilization facilities for adults based on criteria established by DHS. Current law requires certification by DHS in order to operate a youth crisis stabilization facility, which is a facility designed to prevent or de-escalate the minor's mental health crisis and avoid admission of the minor to a more restrictive setting.

*** ANALYSIS FROM -2215/P1 ***

✓ **3. Crisis program enhancement grants**

This bill requires DHS to award grants each fiscal biennium to counties or regions comprising multiple counties to establish or enhance crisis programs to serve individuals having crises in rural areas. Under current law, DHS is required to award grants, but only for the purpose of establishing certified crisis programs that create mental health mobile crisis teams. The bill allows DHS to award grants for the purpose of establishing or *enhancing* crisis programs.

*** ANALYSIS FROM -2215/P1 ***

✓ **4. Mental health consultation program**

This bill requires DHS to convene a statewide group of interested persons to develop a concept paper, business plan, and standards for a comprehensive mental health consultation program that incorporates general, geriatric, and addiction psychiatry, a perinatal psychiatry consultation program, and the child psychiatry consultation program, which operates under current law.

INSURANCE

*** ANALYSIS FROM -2215/P1 ***

✓ **1. Coverage of individuals with preexisting conditions, essential health benefits, and preventive services**

This bill requires certain health plans to guarantee access to coverage; prohibits plans from imposing preexisting condition exclusions; prohibits plans from

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setting premiums or cost-sharing amounts based on a health status-related factors; prohibits plans from setting lifetime or annual limits on benefits; requires plans to cover certain essential health benefits; and requires coverage of certain preventive services by plans without a cost-sharing contribution by an enrollee.

This bill requires every individual health insurance policy, known in the bill as a health benefit plan, to accept every individual who, and every group health insurance policy to accept every employer that, applies for coverage, regardless of sexual orientation, gender identity, or whether an employee or individual has a preexisting condition. The bill allows health benefit plans to restrict enrollment in coverage to open or special enrollment periods and requires the commissioner of insurance to establish a statewide open enrollment period of no shorter than 30 days for every individual health benefit plan. The bill prohibits a group health insurance policy, including a self-insured governmental health plan, from imposing a preexisting condition exclusion. The bill also prohibits an individual health insurance policy from reducing or denying a claim or loss incurred or disability commencing under the policy on the ground that a disease or physical condition existed prior to the effective date of coverage.

A health benefit plan offered on the individual or small employer market or a self-insured governmental health plan may not vary premium rates for a specific plan except on the basis of whether the plan covers an individual or family, area in the state, age, and tobacco use as specified in the bill. An individual health benefit plan or self-insured health plan is prohibited under the bill from establishing rules for the eligibility of any individual to enroll based on health-status related factors, which are specified in the bill. A self-insured health plan or an insurer offering an individual health benefit plan is also prohibited from requiring an enrollee to pay a greater premium, contribution, deductible, copayment, or coinsurance amount than is required of a similarly situated enrollee based on a health-status related factor. Current state law prohibits group health benefit plans from establishing rules of eligibility or requiring greater premium or contribution amounts based on a health-status related factor. The bill adds to these current law requirements for group health benefit plans that the plan may not require a greater deductible, copayment, or coinsurance amount based on a health-status related factor.

Under the bill, an individual or group health benefit plan or a self-insured governmental health plan may not establish lifetime or annual limits on the dollar value of benefits for an enrollee or a dependent of an enrollee under the plan.

The requirements and prohibitions in this bill related to coverage of individuals with preexisting conditions and prohibition of lifetime and annual benefit limits also apply to short-term, limited-duration health insurance policies.

This bill requires certain health insurance policies, known in the bill as disability insurance policies, and governmental self-insured health plans to cover essential health benefits that will be specified by the commissioner of insurance by rule. The bill specifies a list of requirements that the commissioner must follow when establishing the essential health benefits including certain limitations on cost sharing and the following general categories of benefits, items, or services in which the commissioner must require coverage: ambulatory patient services, emergency

services, hospitalization, maternity and newborn care, mental health and substance use disorder services, prescription drugs, rehabilitative and habilitative services and devices, laboratory services, preventive and wellness services and chronic disease management, and pediatric services. If an essential health benefit specified by the commissioner is also subject to its own mandated coverage requirement, the bill requires the disability insurance policy or self-insured health plan to provide coverage under whichever requirement provides the insured or plan participant with more comprehensive coverage.

This bill requires health insurance policies and governmental self-insured health plans to cover certain preventive services and to provide coverage of those preventive services without subjecting that coverage to deductibles, copayments, or coinsurance. The preventive services for which coverage is required are specified in the bill. The bill also specifies certain instances when cost-sharing amounts may be charged for an office visit associated with a preventive service.

***** ANALYSIS FROM -2215/P1 *****

2. Registration of pharmacy benefit managers; drug cost reporting

This bill generally requires certain prescription drug cost reporting by drug manufacturers, pharmacy benefit managers, insurers, and hospitals. The bill also requires pharmacy benefit managers to register with OCI in order to perform activities of a pharmacy benefit manager in Wisconsin.

Under the bill, each insurer that offers a health insurance policy that covers prescription drugs must submit to OCI an annual report that identifies the 25 prescription drugs that are the highest cost to the insurer and the 25 prescription drugs that have the highest cost increases over the 12 months before the submission of the report. Health insurance policies are referred to in the bill as disability insurance policies.

The bill requires a drug manufacturer to notify OCI if it increases the wholesale acquisition cost of a brand-name or generic drug on the market in this state by more than an amount specified in the bill, or if it intends to introduce to market a brand-name or generic drug that has an annual wholesale acquisition cost of more than a specified amount. The manufacturer must include with the notice justification for and documentation regarding the price increase. The bill requires each manufacturer to provide OCI an annual description of each manufacturer-sponsored patient assistance program in effect during the previous year. Each manufacturer must also report to OCI the value of price concessions provided to each pharmacy benefit manager for each drug sold.

The bill requires pharmacy benefit managers to report to OCI the amount received from manufacturers as drug rebates and the value of price concessions provided by manufacturers for each drug. The bill also requires each hospital participating in the federal drug-pricing program, known as the 340B program, to report to OCI the per unit margin for each drug covered under the 340B program dispensed in the previous year, the total margin, and how the margin revenue was used. OCI is required under the bill to publicly post information submitted, analyze data collected, publish a report on emerging trends in prescription prices and price increases, and annually conduct a public hearing based on that analysis. OCI must

also conduct a statistically-valid survey of pharmacies in this state regarding whether the pharmacy agreed to not disclose that customer drug benefit cost sharing exceeds the cost of the dispensed drug.

The bill requires OCI to ensure that every health insurance policy that covers prescription drugs does not restrict a pharmacy or pharmacist from or penalize a pharmacy or pharmacist for informing an insured of a difference between the price of a drug or biological product under the policy and the price the insured would pay without using health insurance coverage.

*** ANALYSIS FROM -2215/P1 ***

✓ 3. *Nonresident agent appointment fee*

Current law requires a \$16 annual fee for appointment or renewal of a resident insurance agent and a \$30 annual fee for appointment or renewal of a nonresident insurance agent. The commissioner of insurance may require, by rule, payment of a higher appointment or renewal fee than the statutory fee. This bill increases the statutory annual fee for nonresident agent appointment or renewal to \$40.

*** ANALYSIS FROM -2221/P1 ***

*** ANALYSIS FROM -2221/P1 ***

JUSTICE

✓ 1. *Powers of the attorney general*

This bill repeals changes made to the powers of the attorney general in 2017 Wisconsin Act 369 relating to the power to compromise or discontinue civil actions prosecuted by DOJ and the power to compromise and settle actions in cases where DOJ is defending the state. This bill reestablishes these settlement powers as they existed under the law before Act 369 was enacted.

The bill allows the attorney general to compromise or discontinue actions prosecuted by DOJ (1) when directed by the officer, department, board, or commission that directed the prosecution; or (2) with the approval of the governor when the action is prosecuted by DOJ on the initiative of the attorney general or at the request of any individual. The bill eliminates the requirement for approval of compromise or discontinuance from a legislative intervenor or JCF. It also eliminates the requirement, in certain circumstances, for the attorney general to obtain approval of a settlement or discontinuance by the Joint Committee on Legislative Organization before submitting a proposed plan to JCF.

Under the bill, when DOJ is representing the defense, the attorney general may compromise and settle the action as the attorney general determines to be in the best interest of the state. The bill eliminates the requirement under current law that, in actions for injunctive relief or if there is a proposed consent decree, the attorney general obtain approval of any legislative intervenor or, if there is no intervenor, JCF. The bill also eliminates the requirement, in certain circumstances, that the attorney general obtain approval from JCF before submitting a proposed plan of settlement or compromise to JCF.

*** ANALYSIS FROM -2221/P1 ***

✓ **2. *Moving office of school safety to DPI***

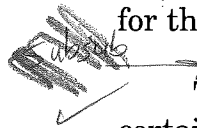
This bill moves the Office of School Safety from DOJ to DPI. The office of school safety was created in 2017 Wisconsin Act 143 to create model practices for school safety, to compile blueprints and geographic information system (GIS) maps of schools for use by law enforcement agencies, to award grants to schools for expenditures related to improving school safety, and to offer training to school staff on school safety. Under the bill, all of those duties, except for the duty to offer training to school staff on school safety move with the office to DPI. Under the bill, DOJ retains the duty to offer such training.

*** ANALYSIS FROM -2221/P1 ***

✓ **3. *Grants for community policing officers***

Under current law, DOJ must award grants to cities with a population of at least 25,000 to pay salaries and fringe benefits of beat patrol law enforcement officers so that the cities may employ additional officers or to reimburse overtime hours for the officers. DOJ must award the grants to eligible cities that apply that have the highest rates of violent crime, and recipients must provide matching funds of at least 25 percent of the grant. This bill adds that DOJ may, using the same criteria for the current law grants, also award grants to pay salaries and fringe benefits of law enforcement officers who are assigned to community policing so that the cities may employ additional officers who perform such services or to reimburse overtime hours for those officers.

*** ANALYSIS FROM -2221/P1 ***

 This bill also changes the funding source for these grants from an annual sum certain program receipts appropriation to an annual sum certain GPR appropriation in the 2019-21 fiscal biennium, and transfers the remaining moneys that had been appropriated to the grants in the 2017-19 fiscal biennium to an appropriation to be used at the discretion of the attorney general.

*** ANALYSIS FROM -2221/P1 ***

✓ **4. *Alternatives to incarceration grant program***

Under current law, DOJ must award grants to counties and to tribes to enable them to establish and operate programs, including suspended and deferred prosecution programs and programs based on principles of restorative justice, that provide alternatives to prosecution and incarceration for criminal offenders who abuse alcohol or other drugs. This bill expands the grant program by creating an appropriation to provide grant funds to counties that are not yet a recipient of a grant under the program on the effective date of this bill.

*** ANALYSIS FROM -2221/P1 ***

✓ **5. *Nonviolent offender treatment diversion pilot program***

2017 Wisconsin Act 32 created a nonviolent offender treatment diversion pilot program that expires on July 1, 2019. This bill continues the nonviolent offender treatment diversion pilot program until July 1, 2021, and requires that in each fiscal year of the 2019-21 biennium, \$250,000 of the moneys appropriated to the program be allocated to police departments in cities of the first class.

*** ANALYSIS FROM -2221/P1 ***

6. Settlement funds

This bill creates two appropriations in which all moneys received from settlement funds must be deposited to carry out the purposes for which the settlement was received or, if no purpose was specified in the settlement, to be used at the discretion of the attorney general. The bill also requires DOJ to submit to DOA and JCF a semiannual report on the receipt and use of settlement funds.

The bill also creates an appropriation to hold all money received by DOJ that is owed to a relator, to provide payments to relators. A relator is a type of party in a lawsuit.

*** ANALYSIS FROM -2221/P1 ***

7. DNA Surcharges transfer

This bill transfers from DOJ's appropriation for DNA analysis surcharges to DOJ's appropriation for investigating Internet crimes against children \$750,000 in each fiscal year of the 2019-21 fiscal biennium.

*** ANALYSIS FROM -2216/P1 ***

*** ANALYSIS FROM -2216/P1 ***

LOCAL GOVERNMENT

LEVY LIMITS

Generally, under current law, local levy limits are applied to the property tax levies that are imposed in December of each year. Current law prohibits any political subdivision from increasing its levy by a percentage that exceeds its valuation factor, which is the greater of either 0 percent or the percentage change in the political subdivision's equalized value due to new construction, less improvements removed (net new construction). Current law also contains a number of exceptions to the levy limit, such as amounts a county levies for a countywide emergency medical system, for a county children with disabilities education board, and for certain bridge and culvert construction and repair.

*** ANALYSIS FROM -2216/P1 ***

1. Minimum increase factor

Under the bill, the valuation factor is increased to the greater of either 2 percent or the percentage change in net new construction.

*** ANALYSIS FROM -2216/P1 ***

2. Adjustment for shared emergency services and joint fire departments

The bill creates an exception to local levy limits for shared emergency services. Under the bill, fee increases apportioned to each political subdivision operating a joint emergency dispatch center do not apply to the levy limits, but only if the fees would cause the political subdivisions to exceed the levy limits, and only if the total charges imposed by the center for the current year, compared to the previous year, are less than or equal to the rate of inflation plus 1 percent. In addition, all member political subdivisions of a center must adopt a resolution in favor of exceeding the levy limit.

Also under current law, a similar exception applies to municipalities operating a joint fire department. Currently, under this provision, the exception applies only if the total charges imposed by the joint fire department for the current year,

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compared to the previous year, increase by less than or equal to the rate of inflation plus 2 percent. This bill reduces the permitted yearly increase to the rate of inflation plus 1 percent.

*** ANALYSIS FROM -2216/P1 ***

✓ **3. Exclusion for cross-municipality transit routes**

The bill creates an exception to local levy limits for certain transit services. Under the bill, amounts levied by a political subdivision for costs related to new or enhanced transit services that cross adjacent county or municipal borders do not apply to the limit if the political subdivisions between which the routes operate have entered into an agreement to provide for the services and if the agreement is approved in a referendum.

*** ANALYSIS FROM -2216/P1 ***

✓ **4. Negative adjustment for certain service revenues**

Under current law, a political subdivision must reduce its allowable levy by the estimated amount of any revenue from fees or payments in lieu of taxes if the revenue is received for providing certain "covered services" that were funded with property tax revenues in calendar year 2013. The "covered services" are certain garbage collection, fire protection, snow plowing, street sweeping, and storm water management.

This bill repeals the requirement that a political subdivision must reduce its allowable levy by the estimated amount of revenues received for providing covered services that were funded with property tax revenues in calendar year 2013.

*** ANALYSIS FROM -2216/P1 ***

TAX INCREMENTAL FINANCING

Under the current tax incremental financing program, a city or village may create a tax incremental district in its territory to foster development. Currently, towns and counties also have a limited ability to create a TID. Before a city or village may create a TID, several steps and plans are required. These include public hearings on the proposed TID, preparation and adoption of a proposed project plan for the TID, approval of the proposed project plan by the common council or village board, approval of the proposed TID by a joint review board that consists of members who represent the overlying taxation districts, and adoption of a resolution by the common council or village board that creates the TID. Also under current law, once a tax incremental district has been created, DOR calculates the "tax incremental base" value of the TID, which is the equalized value of all taxable property within the TID at the time of its creation. If the development in the TID increases the value of the property in the TID above the base value, a "value increment" is created. That portion of taxes collected on the value increment in excess of the base value is called a "tax increment." The tax increment is placed in a special fund that may be used only to pay back the project costs of the TID.

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*** ANALYSIS FROM -2216/P1 ***

✓ **1. Developer cash grant limitations**

Currently, a TID project plan must include information regarding all proposed public works or improvements within the district, an economic feasibility study, a

detailed list of estimated project costs, and a description of financing methods for the project costs. Generally, project costs are defined to include public works such as sewers, streets, and lighting systems; financing costs; site preparation costs; and professional service costs. Current law authorizes a political subdivision to make cash grants, which are included in project costs, to owners, lessees, or developers of land in a TID if the grant recipient has entered into a development agreement with the political subdivision.

Under this bill, the total of all such cash grants may not exceed 20 percent of the total project costs of a TID, including financing costs attributable to the grants.

*** ANALYSIS FROM -2216/P1 ***

✓ **2. Tax incremental district project plan stress tests**

This bill requires that a TID's project plan also include alternative economic projections of the TID's finances and feasibility under different economic situations, including a slower pace of development and lower rate of property value growth than expected in the TID.

*** ANALYSIS FROM -2216/P1 ***

✓ **3. Erroneous reporting of value increments**

Under this bill, for property values reported in 2018, if a city or village erroneously reports a higher value increment for its TIDs by an aggregate amount of at least \$50 million, the city's or village's TIDs may transfer the excess tax increment collections resulting from this error to the city's or village's general fund to reimburse taxpayers for the higher property tax rates imposed on them due to this error. Before making any such transfers, the city or village must verify with DOR the amounts involved.

*** ANALYSIS FROM -2216/P1 ***

GENERAL LOCAL GOVERNMENT

✓ **1. State and local employment regulations; repeal preemption of local government regulations**

This bill repeals the preemption of local governments enacting or enforcing ordinances related to the following:

- a. ①. Regulations related to wage claims and collections.
- b. ②. Regulation of employee hours and overtime, including scheduling of employee work hours or shifts.
- c. ③. The employment benefits an employer may be required to provide to its employees.
- d. ④. An employer's right to solicit information regarding the salary history of prospective employees.

The bill also repeals a prohibition against a political subdivision from imposing an occupational licensing requirement on an individual that is more stringent than the state requirement. The bill also repeals a provision under which neither the state nor a local government may enact a statute or ordinance, adopt a policy or regulation, or impose a contract, zoning, permitting, or licensing requirement, or any other condition, that would require any person to accept any provision that is a subject of collective bargaining under state or federal labor laws. Current law defines "federal

labor laws" as the National Labor Relations Act. Finally, the bill repeals a prohibition under which the state and local governments, and their employees, could require any person to waive the person's rights under state or federal labor laws as a condition of any other approval by the state or local governmental unit.

*** ANALYSIS FROM -2216/P1 ***

✓ **2. Municipality construction, ownership, or operation of broadband facilities**

Current law prohibits, with several exceptions, a municipality from constructing, owning, or operating a facility for providing video service, telecommunications service, or broadband service to the public unless ① the municipality holds a public hearing on the proposed action, ② notice of the public hearing is given, and ③ the municipality prepares and makes available for public inspection a report estimating the total costs of, and revenues derived from, constructing, owning, or operating the facility for a period of at least three years. Current law specifies the costs that must be estimated under item ③. This bill eliminates that specification of costs when the facility is a broadband facility intended to serve an underserved or unserved area.

Currently, under one of the exceptions, the public hearing and cost report do not apply to a facility for providing broadband service if ① the municipality offers use of the facility on a nondiscriminatory basis to persons who provide broadband service to end users of the service, ② the municipality itself does not use the facility to provide broadband service to end users, and ③ the municipality determines that, at the time of authorization, the facility does not compete with more than one provider of broadband service. This bill eliminates the requirements under items ② and ③ for facilities that are intended to serve an underserved or unserved area. That is, under the bill, for facilities that are intended to serve an underserved or unserved area, the public hearing and cost report do not apply to a facility for providing broadband service if the municipality offers use of the facility on a nondiscriminatory basis to persons who provide broadband service to end users of the service.

Currently, under another of the exceptions, the public hearing and cost report do not apply to a facility for providing broadband service to an area within the boundaries of a municipality if the municipality asks, in writing, each person that provides broadband service within the boundaries of the municipality whether the person currently provides broadband service to the area or intends to provide broadband service to the area within nine months and ① does not receive an affirmative response within 60 days, ② the municipality determines that a person who responded does not currently provide broadband service to the area, and no other person makes the response to the municipality, or ③ the municipality determines that a person who responded that the person intended to provide broadband service to the area within nine months did not actually provide the service within nine months and no other person makes the response to the municipality.

Under the bill, for this exception in the case of an underserved or unserved area, rather than asking whether a person plans to provide broadband service to the area within nine months, the municipality must ask whether the person intends or

actively plans to provide broadband service to the area within the relevant time period.

*** ANALYSIS FROM -2217/P1 ***

*** ANALYSIS FROM -2217/P1 ***

MILITARY AFFAIRS

3. *Next Generation 911 and WISCOM*

Under current law, DMA is required to contract for the creation, operation, and maintenance of an emergency services network capable of meeting certain standards known collectively as Next Generation 911. DMA is also required to develop and operate a statewide public safety interoperable communication system, commonly referred to as WISCOM. To assist DMA in developing the ability of public safety agencies to communicate with each other, there is an interoperability council with a 911 subcommittee attached to DMA. This bill transfers the requirements relating to Next Generation 911 and WISCOM from DMA to DOT and attaches the interoperability council and 911 subcommittee to DOT.

*** ANALYSIS FROM -2217/P1 ***

4. *Emergency management*

This bill changes the appropriations for fire, crash, and rescue emergencies and for the emergency management assistance compact from sum certain annual appropriations to continuing appropriations. An annual sum certain appropriation is expendable only for the fiscal year for which the appropriation is made and only up to the dollar amount shown in the schedule for that fiscal year. A continuing appropriation is expendable until fully depleted, and the moneys held therein do not lapse. Therefore, the effect of this change is to allow the moneys in the appropriations to continue to be spent until depleted.

*** ANALYSIS FROM -2217/P1 ***

5. *Washington Island disaster assistance*

This bill requires DMA to pay up to \$1,000,000 in each fiscal year of the 2019-21 fiscal biennium from the state disaster assistance appropriation to the Washington Island Electric Cooperative for the costs incurred for the replacement of the cables that bring electricity to Washington Island.

*** ANALYSIS FROM -2217/P1 ***

6. *Emergency management assistance compact*

This bill creates an appropriation account to receive reimbursement funds for emergency services provided under the state and province emergency management assistance compact.

*** ANALYSIS FROM -2197/P1 ***

*** ANALYSIS FROM -2197/P1 ***

NATURAL RESOURCES

CONSERVATION

1. *Warren Knowles-Gaylord Nelson Stewardship 2000 Program*

This bill reauthorizes the Warren Knowles-Gaylord Nelson Stewardship 2000 Program until 2021-22 and maintains the amount that DNR may obligate under the

program and each of its subprograms in each fiscal year. Current law authorizes the state to incur public debt for certain conservation activities under the stewardship program, which is administered by DNR. The state may incur this debt to acquire land for the state for conservation purposes and for property development activities and may award grants to others to acquire land for these purposes. Current law establishes the amounts that DNR may obligate in each fiscal year through fiscal year 2019-20 for expenditure under each of these subprograms.

*** ANALYSIS FROM -2197/P1 ***

✓ **FISH, GAME, AND WILDLIFE**

✓ **1. Bureau of natural resources science**

This bill creates in DNR, under the division responsible for fish, wildlife, and parks, a bureau of natural resources science and requires DNR to convert the existing office of applied science into the bureau of natural resources science. Under the bill, the bureau director reports to and serves as the science advisor to the secretary of natural resources.

*** ANALYSIS FROM -2197/P1 ***

✓ **2. Hunting, fishing, and trapping approvals**

This bill authorizes DNR to develop a system under which, when a person purchases an approval, the person may opt to automatically purchase the same approval for subsequent years. Under current law, "approval" is defined as any type of hunting, fishing, or trapping approval, privilege, or authorization issued or conferred by DNR, including any license, permit, certificate, card, stamp, preference point, or tag, but not including a conservation card. Under the bill, DNR may contract with a third party to store customer information in order to carry out this system.

*** ANALYSIS FROM -2197/P1 ***

✓ **RECREATION**

✓ **1. Snowmobile enforcement**

Under current law, funding for certain DNR functions pertaining to snowmobiles, including enforcement, safety training, and fatality reporting, is provided from the conservation fund and from tribal gaming compact program revenues. Under this bill, the funding amounts currently provided from gaming revenues are replaced with general program revenue.

*** ANALYSIS FROM -2197/P1 ***

✓ **NAVIGABLE WATERS**

✓ **1. Bonding authority for dam safety projects**

This bill increases from \$25,500,000 to \$29,500,000 the amount of public debt that the state may contract for the dam safety financial assistance program administered by DNR. Under that program, DNR provides financial assistance to counties, cities, villages, towns, and public inland lake protection and rehabilitation districts for dam safety projects.

*** ANALYSIS FROM -2224/P1 ***

*** ANALYSIS FROM -2224/P1 ***