2019 DRAFTING REQUEST

Assembly Amendr	nent (AA	A-ASA1	-AB56)
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For:

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By:

Dave

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Date:

6/23/2019

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Same as LRB:

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YES

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Pre Topic:

No specific pre topic given

Topic:

Health omnibus amendment; Assembly

Instructions:

See attached

Draft	ting	His	to	rv	:

Vers.	<u>Drafted</u>	Reviewed	Submitted	<u>Jacketed</u>	Required
/?	tdodge 6/24/2019	anienaja 6/24/2019			
/P1	tdodge 6/24/2019	aernsttr 6/24/2019	lparisi 6/24/2019		
/P2			mbarman 6/24/2019		

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mbarman

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FE Sent For: **<END>**



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State of Misconsin 2019 - 2020 LEGISLATURE

60573/P/ LRB60567/P1 TD/SB/KP/MM: amentale

PRELIMINARY DRAFT - NOT READY FOR INTRODUCTION

SENATE AMENDMENT,

TO ASSEMBLY BILL 56

I substitute amendment

At the locations indicated, amend the bill as follows:

- 1. Page 36, line 5: increase the dollar amount for fiscal year 2019-20 by \$127,900 and increase the dollar amount for fiscal year 2020-21 by \$127,900 for the purpose of funding 1.07 FTE positions to administer the Wisconsin healthcare stability plan.
- **2.** Page 36, line 5: increase the dollar amount for fiscal year 2019-20 by \$541,300 and increase the dollar amount for fiscal year 2020-21 by \$541,300 for the purpose of funding 5.10 FTE positions to provide health insurance education and outreach activities, including assisting individuals with enrolling in the health insurance exchange.

- **3.** Page 134, line 4: increase the dollar amount for fiscal year 2019-20 by \$172,500 and increase the dollar amount for fiscal year 2020-21 by \$222,900 for the purpose of lead exposure and poisoning prevention activities.
 - 4. Page 134, line 12: after that line insert:
- "(bk) Healthy aging grant program GPR A 250,000 250,000".
 - **5.** Page 135, line 20: increase the dollar amount for fiscal year 2019-20 by \$489,500 and increase the dollar amount for fiscal year 2020-21 by \$489,500 for the purpose of increasing the authorized FTE positions for the department of health services by 4.6 GPR positions, beginning in fiscal year 2019-20, in the division of public health, to expand dental services to recipients under the Medical Assistance program, BadgerCare Plus, and other low-income patients.
 - **6.** Page 136, line 10: increase the dollar amount for fiscal year 2019-20 by \$1,687,100 and increase the dollar amount for fiscal year 2020-21 by \$4,821,500 for the purpose of lead abatement grants, training, and outreach.
 - **7.** Page 136, line 19: increase the dollar amount for fiscal year 2019-20 by \$193,600 and increase the dollar amount for fiscal year 2020-21 by \$193,600 for the purpose of increasing funding for the women's health block grant program.
 - **8.** Page 137, line 4: increase the dollar amount for fiscal year 2019-20 by \$3,300,000 and increase the dollar amount for fiscal year 2020-21 by \$3,300,000 for the purpose of awarding tobacco use control grants.
 - **9.** Page 138, line 18: increase the dollar amount for fiscal year 2019-20 by \$3,871,700 and increase the dollar amount for fiscal year 2020-21 by \$11,014,200 for the purpose of lead abatement grants, training, and outreach.

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10. Page 139, line 22: increase the dollar amount for fiscal year 2019–20 by
\$1,076,900 for the purpose of creating a separate admissions unit and increasing
evening and nighttime supervisory staff at Winnebago Mental Health Institute.

- 11. Page 140, line 19: increase the dollar amount for fiscal year 2019-20 by \$1,422,800 and increase the dollar amount for fiscal year 2020-21 by \$1,422,800 for the purpose of increasing pay-for-performance incentives to BadgerCare Plus health maintenance organizations to conduct blood-lead testing for children.
- 12. Page 140, line 19: decrease the dollar amount for fiscal year 2019-20 by \$159,473,300 and decrease the dollar amount for fiscal year 2020-21 by \$165,011,600 for the purpose of expanding eligibility under the Medical Assistance program under s. 49.471 (4) (a) 4. and 8.
- 13. Page 140, line 19: increase the dollar amount for fiscal year 2019-20 by \$5,760,000 and increase the dollar amount for fiscal year 2020-21 by \$12,437,600 for the purpose of dental access incentive payments under s. 49.45 (24L) beginning January 1, 2020.
- 14. Page 140, line 19: increase the dollar amount for fiscal year 2019-20 only by \$192,000 to provide one—time grants for community-based doulas under Section 9119 (8m) and increase the dollar amount for fiscal year 2020-21 by \$426,700 for the purpose of providing reimbursement for certified doula services provided through the Medical Assistance program in select counties, beginning in fiscal year 2020-21.
- 15. Page 140, line 19: decrease the dollar amount for fiscal year 2019–20 by \$1,750,000 and decrease the dollar amount for fiscal year 2020–21 by \$1,750,000 for the purpose of making payments to rural critical care hospitals.

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16. Page 140, line 19: increase the dollar amount for fiscal year 2019–20 by
\$10,000,000 and increase the dollar amount for fiscal year 2020-21 by $$10,000,000$
for the purpose of funding a pediatric supplemental hospital payment under s. 49.45
(6xm).

- 17. Page 140, line 19: decrease the dollar amount for fiscal year 2019–20 by \$7,700,000 and decrease the dollar amount for fiscal year 2020–21 by \$7,700,000 for the purpose of making hospital access payments and critical access hospital payments.
- 18. Page 140, line 19: increase the dollar amount for fiscal year 2020-21 by \$22,500,000 for the purpose of providing as a benefit in the Medical Assistance program nonmedical services that contribute to the determinants of health under s. 49.46 (2) (b) 21.
- 19. Page 140, line 19: increase the dollar amount for fiscal year 2020-21 by \$9,255,000 for the purpose of extending Medical Assistance eligibility for post-partum women.
- **20.** Page 140, line 19: decrease the dollar amount for fiscal year 2019–20 by \$11,474,100 and decrease the dollar amount for fiscal year 2020–21 by \$7,783,400 for the purpose of reimbursing under the Medical Assistance program direct care to nursing facilities and intermediate care facilities for persons with an intellectual disability.
- **21.** Page 140, line 19: decrease the dollar amount for fiscal year 2019–20 by \$13,947,900 and decrease the dollar amount for fiscal year 2020–21 by \$16,150,900 for the purpose of reimbursing personal care services under the Medical Assistance program.

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- **22.** Page 140, line 19: increase the dollar amount for fiscal year 2019–20 by \$2,454,300 and increase the dollar amount for fiscal year 2020–21 by \$2,454,300 for the purpose of eliminating copayments for prescription drugs for Medical Assistance enrollees.
- **23.** Page 140, line 19: increase the dollar amount for fiscal year 2019-20 by \$8,732,100 and increase the dollar amount for fiscal year 2020-21 by \$18,217,800 for the purpose of funding an increase of Medical Assistance reimbursement rates for mental health, behavioral health, and psychiatric services provided by physicians and medical clinics, effective January 1, 2020.
- **24.** Page 140, line 19: increase the dollar amount for fiscal year 2020-21 by \$2,000,000 for the purpose of funding incentive grants to behavioral health providers that adopt electronic health records systems or participate in the state's health information exchange.
- **25.** Page 140, line 19: increase the dollar amount for fiscal year 2019–20 by \$6,613,900 and decrease the dollar amount for fiscal year 2020–21 by \$872,700 for the purpose of providing the cost to continue Medical Assistance benefits.
- **26.** Page 140, line 19: increase the dollar amount for fiscal year 2019–20 by \$1,088,200 and increase the dollar amount for fiscal year 2020–21 by \$1,692,900 for the purpose of telehealth reimbursement under the Medical Assistance program.
- **27.** Page 140, line 19: increase the dollar amount for fiscal year 2019-20 by \$406,000 and increase the dollar amount for fiscal year 2020-21 by \$609,000 for the purpose of providing dental services to Medical Assistance recipients who have disabilities.

28. Page 140, line 19: increase the dollar amount for fiscal year 2020-21 by
\$89,900 for the purpose of providing supportive services delivered under the Medical
Assistance medical home health benefit for persons with substance abuse disorders.
29. Page 140, line 19: decrease the dollar amount for fiscal year 2019-20 by
\$6,000,000 and decrease the dollar amount for fiscal year 2020–21 by $$9,000,000$ for
the purpose of funding the direct care and services portion of the capitation rates
provided to care management organizations that administer Family Care in
recognition of the direct caregiver workforce challenges facing the state.
30. Page 141, line 15: delete lines 15 and 16 and substitute:
"(bv) Prescription drug assistance for
elderly; aids $GPR B 16,491,400$.
31. Page 142, line 18: delete lines 18 and 19 and substitute:
"(j) Prescription drug assistance for
elgerly; manufacturer rebates PR C $81,753,400$.
32. Page 144, line 8: increase the dollar amount for fiscal year 2019-20 by
\$2,077,300 and increase the dollar amount for fiscal year $2020-21$ by $$2,077,300$ for
the purpose of increasing pay-for-performance incentives to BadgerCare Plus
health maintenance organizations to conduct blood-lead testing for children.
33. Page 144, line 14: delete lines 14 and 15 and substitute:
"(pg) Federal aid; prescription drug
assistance for elderly PR-F C $14,170,000$.
34. Page 144, line 16: increase the dollar amount for fiscal year 2019–20 by
\$7,700,000 and increase the dollar amount for fiscal year 2020–21 by \$7,700,000 for

1	the purpose of making hospital access payments and critical access hospital
2	payments.
3	35. Page 144, line 16: decrease the dollar amount for fiscal year 2019-20 by
4	\$2,316,200 and increase the dollar amount for fiscal year 2020-21 by \$5,359,700 for
5	the purpose of providing the cost to continue Medical Assistance benefits.
6	36. Page 144, line 24: decrease the dollar amount for fiscal year 2019-20 by
7	\$7,400,000 and decrease the dollar amount for fiscal year 2020–21 by $$7,400,000$ for
8	the purpose of making hospital access payments
9	37. Page 145, line 3: decrease the dollar amount for fiscal year 2019-20 by
10	\$300,000 and decrease the dollar amount for fiscal year 2020–21 by \$300,000 for the
11 12	purpose of making critical access hospital payments. 38. Page 145, line 16: delete lines 16 to 17 and substitute:
13	"(cf) Crisis program enhancement
14	grants GPR B 125,000 125,000".
15	39. Page 149, line 3: increase the dollar amount for fiscal year 2019–20 only
16	by \$61,600 and increase the dollar amount for fiscal year 2020-21 only by \$78,200
17	for the purpose of funding a two year academic detailing primary care clinic
18	dementia training pilot program under Section 9119 (3g).
19	40. Page 149, line 3: increase the dollar amount for fiscal year 2019-20 by
20	\$1,680,000 and increase the dollar amount for fiscal year 2020-21 by \$1,680,000 for
21	the purpose of grants to aging and disability resource centers and tribes to fund 27
22	additional dementia care specialists and 3 new tribal dementia care specialists.

1	41. Page 149, line 7: increase the dollar amount for fiscal year 2019-20 by
2	1,550,000 and increase the dollar amount for fiscal year $2020-21$ by $7,600,000$ for
3	the purpose of increasing funding for the Birth to 3 Program.
4	42. Page 157, line 4: increase the dollar amount for fiscal year 2019-20 by
5	$$512,\!500$ and increase the dollar amount for fiscal year $2020-21$ by $$675,\!000$ for the
6	purpose of funding services to prevent child abuse or neglect.
7	43. Page 231, line 6: decrease the dollar amount for fiscal year 2019-20 by
8	1,088,200 and decrease the dollar amount for fiscal year $2020-21$ by $1,692,900$ for
9	the purpose of telehealth reimbursement under the Medical Assistance program.
10	44. Page 231, line 6: decrease the dollar amount for fiscal year 2020-21 by
11	\$89,900 for the purpose of providing supportive services delivered under the Medical
12	Assistance medical home health benefit for persons with substance abuse disorders.
13	45. Page 249, line 15: after that line insert:
14	"Section 188m. 20.435 (1) (bk) of the statutes is created to read:
15	20.435 (1) (bk) Healthy aging grant program. The amounts in the schedule for
16	grants to an entity that conducts programs in healthy aging.".
17	46. Page 249, line 16: delete lines 16 to 18 and substitute:
18	"Section 189b. 20.435 (1) (cr) of the statutes is created to read:
19	20.435 (1) (cr) Minority health grants. The amounts in the schedule for the
20	minority health program under s. 250.20 (3) and (4).".
21	47. Page 249, line 25: delete that line and substitute:
22	"Section 191b. 20.435 (1) (kb) of the statutes is repealed.".
23	48. Page 255, line 2: after that line insert:

1	"Section 201c. 20.435 (4) (jw) of the statutes is amended to read:
2	20.435 (4) (jw) BadgerCare Plus and hospital assessment. All moneys received
3	from payment of enrollment fees under the program under s. 49.45 (23), all moneys
4	transferred under s. 50.38 (9), all moneys transferred from the appropriation account
5	under par. (jz), and 10 percent of all moneys received from penalty assessments
6	under s. 49.471 (9) (c), for administration of the program under s. 49.45 (23), to
7	provide a portion of the state share of administrative costs for the BadgerCare Plus
8	Medical Assistance program under s. 49.471, and for administration of the hospital
9	assessment under s. 50.38.".
10	49. Page 255, line 10: delete lines 10 to 14 and substitute:
11	"Section 203b. 20.435 (5) (cf) of the statutes is amended to read:
12	20.435 (5) (cf) Mobile crisis team Crisis program enhancement grants.
13	Biennially, the amounts in the schedule for awarding grants to counties or regions
14	to establish certified or enhance crisis programs that create mental health mobile
15	crisis teams under s. 46.536.".
16	50. Page 255, line 15: delete lines 15 to 18 and substitute:
17	"Section 204b. 20.435 (5) (ct) of the statutes is created to read:
18	20.435 (5) (ct) Mental health consultation program. The amounts in the
19	schedule for developing a plan for a mental health consultation program under s
20	51.441. No moneys may be encumbered under this paragraph after June 30, 2021."
21	51. Page 265, line 17: delete that line and substitute:
22	"Section 279b. 20.505 (8) (hm) 6e. of the statutes is repealed.".
23	52. Page 304, line 10: delete lines 10 to 18 and substitute:
24	"Section 3. 46.536 of the statutes is amended to read:

...:...

46.536 Mobile crisis team Crisis program enhancement grants. From
the appropriation under s. 20.435 (5) (cf), the department shall award grants in the
total amount of \$250,000 in each fiscal biennium to counties or regions comprised of
$multiple\ counties\ to\ establish\ \underline{certified}\ \underline{or\ enhance}\ crisis\ programs\ \underline{that}\ \underline{create}\ \underline{mental}$
$\textcolor{red}{\textbf{health mobile crisis teams}} \ \textbf{to serve individuals having } \textcolor{red}{\textbf{mental health}} \ \textbf{crises in rural}$
areas. The department shall award a grant under this section in an amount equal
to one-half the amount of money the county or region provides to establish certified
or enhance crisis programs that create mobile crisis teams.".
53. Page 304, line 19: after that line insert:
"Section 486m. 46.854 of the statutes is created to read:
46.854 Healthy aging grant program. From the appropriation under s.
20.435 (1) (bk), the department shall award in each fiscal year a grant of \$250,000
to an entity that conducts programs in healthy aging.".
54. Page 346, line 3: delete lines 3 to 5 and substitute:
"(u) Prevention services. For services to prevent child abuse or neglect,
\$5,289,600 in each fiscal year \$6,302,100 in fiscal year 2019-20 and \$7,464,600 in
<u>fiscal year 2020–21</u> .".
55. Page 348, line 15: after that line insert:
"Section 652c. 49.45 (2p) of the statutes is repealed.".
56. Page 348, line 21: after that line insert:
"Section 654f. 49.45 (3) (e) 11. of the statutes is amended to read:
49.45 (3) (e) 11. The department shall use a portion of the moneys collected
under s. 50.38 (2) (a) to pay for services provided by eligible hospitals, as defined in
s. 50.38 (1), other than critical access hospitals, under the Medical Assistance

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Program under this subchapter, including services reimbursed on a fee-for-service basis and services provided under a managed care system. For state fiscal year 2008–09, total payments required under this subdivision, including both the federal and state share of Medical Assistance, shall equal the amount collected under s. 50.38 (2) (a) for fiscal year 2008–09 divided by 57.75 percent. For each state fiscal year after state fiscal year 2008–09, total payments required under this subdivision, including both the federal and state share of Medical Assistance, shall equal the amount collected under s. 50.38 (2) (a) for the fiscal year divided by 61.68 53.69 percent.

SECTION 654h. 49.45 (3) (e) 12. of the statutes is amended to read:

49.45 (3) (e) 12. The department shall use a portion of the moneys collected under s. 50.38 (2) (b) to pay for services provided by critical access hospitals under the Medical Assistance Program under this subchapter, including services reimbursed on a fee-for-service basis and services provided under a managed care system. For each state fiscal year, total payments required under this subdivision, including both the federal and state share of Medical Assistance, shall equal the amount collected under s. 50.38 (2) (b) for the fiscal year divided by 61.68 53.69 percent."

57. Page 348, line 21: after that line insert:

"Section 657b. 49.45 (3m) (a) (intro.) of the statutes is amended to read:

49.45 (3m) (a) (intro.) Subject to par. (c) and notwithstanding sub. (3) (e), from the appropriations under s. 20.435 (4) (b) and (o), in each fiscal year, the department shall pay to hospitals that serve a disproportionate share of low-income patients an amount equal to the sum of \$27,500,000 \$56,500,000, as the state share of payments,

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and the matching federal share of payments. The department may make a payment to a hospital under this subsection under the calculation method described in par. (b) if the hospital meets all of the following criteria:

Section 658b. 49.45 (3m) (b) 3. a. of the statutes is amended to read:

49.45 (3m) (b) 3. a. No single hospital receives more than \$4,600,000 \$9,200,000, except that a hospital that is a free-standing pediatric teaching hospital located in Wisconsin that has a percentage calculated under subd. 1. a. greater than 50 percent may receive up to \$12,000,000 each fiscal year."

58. Page 348, line 23: delete the material beginning with that line and ending with page 349, line 11 and substitute:

"49.45 (3p) (a) Subject to par. (c) and notwithstanding sub. (3) (e), from the appropriations under s. 20.435 (4) (b) and (o), in each fiscal year, the department shall pay to hospitals that would are not eligible for payments under sub. (3m) but that meet the criteria under sub. (3m) (a) except that the hospitals do not provide obstetric services 1. and 2. and that, in the most recent year for which information is available, charged at least 6 percent of overall charges for services to the Medical Assistance program for services provided to Medical Assistance recipients an amount equal to the sum of \$250,000 \$500,000, as the state share of payments, and the matching federal share of payments. The department may make a payment to a hospital under this subsection under a calculation method determined by the department that provides a fee-for-service supplemental payment that increases as the hospital's percentage of inpatient days for Medical Assistance recipients at the hospital the total amount of the hospital's overall charges for services that are charges to the Medical Assistance program increases."

1	59. Page 352, line 22: after that line insert:
2	"Section 667b. 49.45 (6xm) of the statutes is created to read:
3	49.45 (6xm) Pediatric inpatient supplement. (a) From the appropriations
4	under s. 20.435 (4) (b), (o), and (w), the department shall, using a method determined
5	by the department, distribute a total sum of \$2,000,000 each state fiscal year to
6	hospitals that meet all of the following criteria:
7	1. The hospital is an acute care hospital located in this state.
8	2. During the hospital's fiscal year, the inpatient days in the hospital's acute
9	care pediatric units and intensive care pediatric units totaled more than 12,000 days,
10	not including neonatal intensive care units. For purposes of this subsection, the
11	hospital's fiscal year is the hospital's fiscal year that ended in the 2nd calendar year
12	preceding the beginning of the state fiscal year.
13	(b) Notwithstanding par. (a), from the appropriations under s. 20.435 (4) (b),
14	(o), and (w), the department may, using a method determined by the department,
15	distribute an additional total sum of \$10,000,000 in each state fiscal year to hospitals
16	that are free-standing pediatric teaching hospitals located in Wisconsin that have
17	a percentage calculated under s. 49.45 (3m) (b) 1. a. greater than 45 percent.
18	Section 672c. 49.45 (23) of the statutes is repealed.
19	Section 673g. 49.45 (23) (g) of the statutes is repealed.
20	Section 674g. 49.45 (23b) of the statutes is repealed.
21	Section 676m. 49.45 (24L) of the statutes is created to read:
22	49.45 (24L) Critical access reimbursement payments to dental providers. (a)
23	Based on the criteria in pars. (b) and (c), the department shall increase

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reimbursements to dental providers that meet quality of care standards, as established by the department.

- (b) In order to be eligible for enhanced reimbursement under this subsection, the provider must meet one of the following qualifications:
- 1. For a nonprofit or public provider, 50 percent or more of the individuals served by the provider are individuals who are without dental insurance or are enrolled in the Medical Assistance program.
- 2. For a for-profit provider, 5 percent or more of the individuals served by the provider are enrolled in the Medical Assistance program.
- (c) For dental services rendered on or after January 1, 2020, by a qualified nonprofit critical access dental provider, the department shall increase reimbursement by 50 percent above the reimbursement rate that would otherwise be paid to that provider. For dental services rendered on or after January 1, 2020, by a qualified for-profit critical access dental provider, the department shall increase reimbursement by 30 percent above the reimbursement rate that would otherwise be paid to that provider. For dental providers rendering services to individuals in managed care under the Medical Assistance program, for services rendered on or after January 1, 2020, the department shall increase reimbursement to pay an additional amount on the basis of the rate that would have been paid to the dental provider had the individual not been enrolled in managed care.
- (d) If a provider has more than one service location, the thresholds described under par. (b) apply to each location, and payment for each service location would be determined separately.".

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60. Page 352, line 24: delete the material beginning with that line and ending with page 353, line 8 and substitute:

"49.45 (29w) (b) 1. b. "Telehealth" is means a service provided from a remote location using a combination of interactive video, audio, and externally acquired images through a networking environment between an individual or a provider at an originating site and a provider at a remote location with the service being of sufficient audio and visual fidelity and clarity as to be functionally equivalent to face-to-face contact; or, in circumstances determined by the department, an asynchronous transmission of digital clinical information through a secure electronic communications system from one provider to another provider. "Telehealth" does not include telephone conversations or Internet-based communications between providers or between providers and individuals.".

61. Page 353, line 9: delete that line and substitute:

"Section 678b. 49.45 (29y) (d) of the statutes is repealed."

Section 679p. 49.45 (30y) of the statutes is created to read:

49.45 (30y) CERTIFIED DOULA SERVICES; PILOT PROJECT. (a) In this subsection, "certified doula" means an individual who has received certification from a doula certifying organization recognized by the department.

(b) For purposes of this subsection, services provided by certified doulas include continuous emotional and physical support during labor and birth of a child and intermittent services during the prenatal and postpartum periods.

(c) Subject to par. (d), the department shall reimburse under the Medical Assistance program benefits as provided under this subsection for pregnant women enrolled in the Medical Assistance program who reside in the counties of Brown,

...:...

1	Dane, Milwaukee, Rock, or Sheboygan, or another county as determined by the
2	department.
3	(d) The department shall request from the secretary of the federal department
4	of health and human services any approval necessary to allow reimbursement under
5	the Medical Assistance program for services provided by a certified doula. The
6	department may not pay reimbursement unless federal approval is not required or
7	any required federal approval allowing reimbursement under s. $49.46\ (2)\ (b)\ 12p.$ is
8	approved and in effect.".
9	62. Page 355, line 6: after that line insert:
10	"Section 685b. 49.46 (1) (a) 1m. of the statutes is amended to read:
11	49.46 (1) (a) 1m. Any pregnant woman whose income does not exceed the
12	standard of need under s. 49.19 (11) and whose pregnancy is medically verified.
13	Eligibility continues to the last day of the month in which the 60th day or, if approved
14	by the federal government, the 365th day after the last day of the pregnancy falls.".
15	63. Page 355, line 21: after that line insert:
16	"Section 688b. 49.46 (1) (j) of the statutes is amended to read:
17	49.46 (1) (j) An individual determined to be eligible for benefits under par. (a)
18	9. remains eligible for benefits under par. (a) 9. for the balance of the pregnancy and
19	to the last day of the month in which the 60th day or, if approved by the federal
20	government, the 365th day after the last day of the pregnancy falls without regard
21	to any change in the individual's family income.".
22	64. Page 356, line 2: after that line insert:
23	"Section 690p. 49.46 (2) (b) 12p. of the statutes is created to read:

1	49.46 (2) (b) 12p. Subject to the limitations under s. 49.45 (30y), services
2	provided by a certified doula.".
3	65. Page 356, line 5: after that line insert:
4	"Section 691d. 49.46 (2) (b) 21. of the statutes is created to read:
5	49.46 (2) (b) 21. Subject to par. (bv), nonmedical services that contribute to the
6	determinants of health.
7	SECTION 691g. 49.46 (2) (bv) of the statutes is created to read:
8	49.46 (2) (bv) The department shall determine those services under par. (b) 21.
9	that contribute to the determinants of health. The department shall seek any
10	necessary state plan amendment or request any waiver of federal Medicaid law to
11	implement this paragraph. The department is not required to provided the services
12	under this paragraph as a benefit under the Medical Assistance program if the
13	federal department of health and human services does not provide federal financial
14	participation for the services under this paragraph.".
15	66. Page 356, line 5: after that line insert:
16	"Section 695b. 49.47 (4) (ag) 2. of the statutes is amended to read:
17	49.47 (4) (ag) 2. Pregnant and the woman's pregnancy is medically verified
18	Eligibility continues to the last day of the month in which the 60th day or, if approved
19	by the federal government, the 365th day after the last day of the pregnancy falls.".
20	67. Page 356, line 23: after that line insert:
21	"Section 699c. 49.471 (1) (cr) of the statutes is created to read:
22	49.471 (1) (cr) "Enhanced federal medical assistance percentage" means a
23	federal medical assistance percentage described under 42 USC 1396d (y) or (z).
24	Section 700c. 49.471 (4) (a) 4. b. of the statutes is amended to read:

1	49.471 (4) (a) 4. b. The individual's family income does not exceed 100 133
2	percent of the poverty line before application of the 5 percent income disregard under
3	42 CFR 435.603 (d).
4	SECTION 701c. 49.471 (4) (a) 8. of the statutes is created to read:
5	49.471 (4) (a) 8. An individual who meets all of the following criteria:
6	a. The individual is an adult under the age of 65.
7	b. The adult has a family income that does not exceed 133 percent of the poverty
8	line, except as provided in sub. (4g).
9	c. The adult is not otherwise eligible for the Medical Assistance program under
10	this subchapter or the Medicare program under 42 USC 1395 et seq.
11	Section 702c. 49.471 (4g) of the statutes is created to read:
12	49.471 (4g) Medicaid expansion; federal medical assistance percentage. For
13	services provided to individuals described under sub. (4) (a) 8., the department shall
14	comply with all federal requirements to qualify for the highest available enhanced
15	federal medical assistance percentage. The department shall submit any
16	amendment to the state medical assistance plan, request for a waiver of federal
17	Medicaid law, or other approval request required by the federal government to
18	provide services to the individuals described under sub. (4) (a) 8. and qualify for the
19	highest available enhanced federal medical assistance percentage.".
20	68. Page 356, line 23: after that line insert:
21	"Section 703b. 49.471 (6) (b) of the statutes is amended to read:
22	49.471 (6) (b) A pregnant woman who is determined to be eligible for benefits
23	under sub. (4) remains eligible for benefits under sub. (4) for the balance of the
24	pregnancy and to the last day of the month in which the 60th day or, if approved by

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the federal government, the 365th day after the last day of the pregnancy falls without regard to any change in the woman's family income.

SECTION 704b. 49.471 (6) (L) of the statutes is created to read:

49.471 (6) (L) The department shall request from the federal department of health and human services approval of a state plan amendment, a waiver of federal Medicaid law, or approval of a demonstration project to maintain eligibility for post-partum women to the last day of the month in which the 365th day after the last day of the pregnancy falls under ss. 49.46 (1) (a) 1m. and 9. and (j), 49.47 (4) (ag) 2., and 49.471 (4) (a) 1g. and 1m., (6) (b), and (7) (b) 1.

SECTION 705b. 49.471 (7) (b) 1. of the statutes is amended to read:

49.471 (7) (b) 1. A pregnant woman whose family income exceeds 300 percent of the poverty line may become eligible for coverage under this section if the difference between the pregnant woman's family income and the applicable income limit under sub. (4) (a) is obligated or expended for any member of the pregnant woman's family for medical care or any other type of remedial care recognized under state law or for personal health insurance premiums or for both. Eligibility obtained under this subdivision continues without regard to any change in family income for the balance of the pregnancy and to the last day of the month in which the 60th day or, if approved by the federal government, the 365th day after the last day of the woman's pregnancy falls. Eligibility obtained by a pregnant woman under this subdivision extends to all pregnant women in the pregnant woman's family."

69. Page 357, line 18: after that line insert:

"Section 711c. 49.686 (3) (d) of the statutes is amended to read:

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49.686 (3) (d) Has applied for coverage under and has been denied eligibility for medical assistance within 12 months prior to application for reimbursement under sub. (2). This paragraph does not apply to an individual who is eligible for benefits under the demonstration project for childless adults under s. 49.45 (23) BadgerCare Plus under s. 49.471 (4) (a) 8. or to an individual who is eligible for benefits under BadgerCare Plus under s. 49.471 (11).".

70. Page 364, line 14: delete the material beginning with that line and ending with page 365, line 8 and substitute:

"Section 750b. 51.422 (1) of the statutes is amended to read:

51.422(1) Program Creation. The department shall create 2 or 3 new, regional comprehensive opioid treatment programs, and in the 2017-19 fiscal biennium, shall create 2 or 3 additional regional comprehensive opioid and methamphetamine treatment programs, to provide treatment for opioid and opiate addiction and methamphetamine addiction in underserved, high-need areas. The department shall obtain and review proposals for opioid and methamphetamine treatment programs in accordance with its request-for-proposal procedures. A program under this section may not offer methadone treatment.

Section 751b. 51.422 (2) of the statutes is amended to read:

51.422 (2) Program components. An opioid or methamphetamine treatment program created under this section shall offer an assessment to individuals in need of service to determine what type of treatment is needed. The program shall transition individuals to a certified residential program, if that level of treatment is necessary. The program shall provide counseling, medication-assisted treatment, including both long-acting opioid antagonist and partial agonist medications that

1	have been approved by the federal food and drug administration if $\underline{\text{for}}$ treating opioid
2	addiction, and abstinence-based treatment. The program shall transition
3	individuals who have completed treatment to county-based or private
4	post-treatment care.".
5	71. Page 365, line 9: delete lines 9 to 16 and substitute:
6	"Section 752b. 51.441 of the statutes is created to read:
7	51.441 Comprehensive mental health consultation program. The
8	department shall convene a statewide group of interested persons, including at least
9	one representative of the Medical College of Wisconsin, to develop a concept paper,
10	business plan, and standards for a comprehensive mental health consultation
11	program that incorporates general psychiatry, geriatric psychiatry, addiction
12	medicine and psychiatry, a perinatal psychiatry consultation program, and the child
13	psychiatry consultation program under s. 51.442.".
14	72. Page 433, line 4: after that line insert:
15	"Section 1891b. 250.048 of the statutes is created to read:
16	250.048 Prescription drug importation program. (1) IMPORTATION
17	PROGRAM REQUIREMENTS. The department, in consultation with persons interested in
18	the sale and pricing of prescription drugs and appropriate officials and agencies of
19	the federal government, shall design and implement a prescription drug importation
20	program for the benefit of residents of this state, that generates savings for residents,
21	and that satisfies all of the following:
22	(a) The department shall designate a state agency to become a licensed
23	wholesale distributor or to contract with a licensed wholesale distributor and shall

seek federal certification and approval to import prescription drugs.

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1	(b) The prescription drug importation program under this section shall comply
2	with relevant requirements of 21 USC 384, including safety and cost savings
3	requirements.
4	(c) The prescription drug importation program under this section shall import
5	prescription drugs from Canadian suppliers regulated under any appropriate
6	Canadian or provincial laws.
7	(d) The prescription drug importation program under this section shall have
8	a process to sample the purity, chemical composition, and potency of imported
9	prescription drugs.
10	(e) The prescription drug importation program under this section shall import
11	only those prescription drugs for which importation creates substantial savings for
12	residents of the state and only those prescription drugs that are not brand-name
13	drugs and that have fewer than 4 competitor prescription drugs in the United States.
14	(f) The department shall ensure that prescription drugs imported under the
15	program under this section are not distributed, dispensed, or sold outside of the
16	state.
17	(g) The prescription drug importation program under this section shall ensure
18	all of the following:
19	1. Participation by any pharmacy or health care provider in the program is
20	voluntary.
21	2. Any pharmacy or health care provider participating in the program has the
22	appropriate license or other credential in this state.

3. Any pharmacy or health care provider participating in the program charges a consumer or health plan the actual acquisition cost of the imported prescription drug that is dispensed.

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1	(h) The prescription drug importation program under this section shall ensure
2	that a payment by a health plan or health insurance policy for a prescription drug
3	imported under the program reimburses no more than the actual acquisition cost of
4	the imported prescription drug that is dispensed.
5	(i) The prescription drug importation program under this section shall ensure
6	that any health plan or health insurance policy participating in the program does all
7	of the following:
8	1. Maintains a formulary and claims payment system with current information
9	on prescription drugs imported under the program.
10	2. Bases cost-sharing amounts for participants or insureds under the plan or
11	policy on no more than the actual acquisition cost of the prescription drug imported
12	under the program that is dispensed to the participant or insured.
13	3. Demonstrates to the department or a state agency designated by the
14	department how premiums under the policy or plan are affected by savings on
15	prescription drugs imported under the program.
16	(j) Any wholesale distributor importing prescription drugs under the program
17	under this section shall limit its profit margin to the amount established by the
18	department or a state agency designated by the department.
19	(k) The prescription drug importation program under this section may not
20	import any generic prescription drug that would violate federal patent laws on
21	branded products in this country.
22	(L) The prescription drug importation program under this section shall comply

to the extent practical and feasible before the prescription drug to be imported comes

into possession of the state's wholesale distributor and fully after the prescription

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potent, and safe.

requirements of this subsection.

significant cost savings to residents of the state.

1	drug to be imported is in possession of the state's wholesale distributor with tracking
2	and tracing requirements of 21 USC 360eee to 360eee-1.
3	(m) The prescription drug importation program under this section shall
4	establish a fee or other approach to finance the program that does not jeopardize
5	significant savings to residents of the state.
6	(n) The prescription drug importation program under this section shall have
7	an audit function that ensures all of the following:
8	1. The department has a sound methodology to determine the most
9	cost-effective prescription drugs to include in the importation program under this
10	section.
11	2. The department has a process in place to select Canadian suppliers that are
12	high quality, high performing, and in full compliance with Canadian laws.
13	3. Prescription drugs imported under the program are pure, unadulterated,

The prescription drug importation program is complying with the

5. The prescription drug importation program under this section is adequately

6. The prescription drug importation program under this section does not put

7. The prescription drug importation program under this section provides and

is projected to continue to provide substantial cost savings to residents of the state.

financed to support administrative functions of the program while generating

residents of the state at a higher risk than if the program did not exist.

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- (2) Anticompetitive behavior. The department, in consultation with the attorney general, shall identify the potential for and monitor anticompetitive behavior in industries affected by a prescription drug importation program.
- (3) APPROVAL OF PROGRAM DESIGN; CERTIFICATION. No later than the first day of the 7th month beginning after the effective date of this subsection [LRB inserts date], the department shall submit to the joint committee on finance a report that includes the design of the prescription drug importation program in accordance with this section. The department may not submit the proposed prescription drug importation program to the federal department of health and human services unless the joint committee on finance approves the proposed prescription drug implementation program. Within 14 days of the date of approval by the joint committee on finance of the proposed prescription drug importation program, the department shall submit to the federal department of health and human services a request for certification of the approved prescription drug importation program.
- (4) IMPLEMENTATION OF CERTIFIED PROGRAM. After the federal department of health and human services certifies the prescription drug importation program submitted under sub. (3), the department shall begin implementation of the program and the program shall be fully operational by 180 days after the date of certification by the federal department of health and human services. The department shall do all of the following to implement the prescription drug importation program to the extent the action is in accordance with other state laws and the certification by the federal department of health and human services:
- (a) Become a licensed wholesale distributor, designate another state agency to become a licensed wholesale distributor, or contract with a licensed wholesale distributor.

...:...

1	(b) Contract with one or more Canadian suppliers that meet the criteria in sub.
2	(1) (c).
3	(c) Create an outreach and marketing plan to communicate with and provide
4	information to health plans and health insurance policies, employers, pharmacies,
5	health care providers, and residents of the state on participating in the prescription
6	drug importation program.
7	(d) Develop and implement a registration process for health plans and health
8	insurance policies, pharmacies, and health care providers interested in participating
9	in the prescription drug importation program.
LO	(e) Create a publicly accessible source for listing prices of prescription drugs
11	imported under the program.
12	(f) Create, publicize, and implement a method of communication to promptly
13	answer questions from and address the needs of persons affected by the
L4	implementation of the program before the program is fully operational.
15	(g) Establish the audit functions under sub. (1) (n) with a timeline to complete
16	each audit function every 2 years.
17	(h) Conduct any other activities determined by the department to be important
18	to successful implementation of the prescription drug importation program under
19	this section.
20	(5) REPORT. By January 1 and July 1 of each year, the department shall submit
21	to the joint committee on finance a report including all of the following:
22	(a) A list of prescription drugs included in the importation program under this
23	section.

1	(b) The number of pharmacies, health care providers, and health plans and
2	health insurance policies participating in the prescription drug importation program
3	under this section.
4	(c) The estimated amount of savings to residents of the state, health plans and
5	health insurance policies, and employers resulting from the implementation of the
6	prescription drug importation program under this section reported from the date of
7	the previous report under this subsection and from the date the program was fully
8	operational.
9	(d) Findings of any audit functions under sub. (1) (n) completed since the date
10	of the previous report under this subsection.".
11	73. Page 433, line 5: delete lines 5 to 11 and substitute:
12	"Section 1892b. 250.10 (1m) (b) of the statutes is amended to read:
13	250.10 (1m) (b) Award in each fiscal year to qualified applicants grants totaling
14	\$25,000 no less than \$50,000 for fluoride supplements, \$25,000 for a fluoride
15	mouth-rinse program varnish and other evidence-based oral health activities,
16	\$700,000 for school-based preventive dental services, and \$120,000 for a
17	school-based dental sealant program \$100,000 for school-based restorative dental
18	services.".
19	74. Page 433, line 12: delete the material beginning with that line and ending
20	with page 434, line 2 and substitute:
21	"Section 1893b. 250.20 (3) of the statutes is amended to read:
22	250.20 (3) From the appropriation account under s. 20.435 (1) (kb) (cr), the
23	department shall annually award grants for activities to improve the health status
24	of economically disadvantaged minority group members. A person may apply, in the

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manner specified by the department, for a grant of up to \$50,000 in each fiscal year to conduct these activities. An awardee of a grant under this subsection shall provide, for at least 50 percent of the grant amount, matching funds that may consist of funding or an in-kind contribution. An applicant that is not a federally qualified health center, as defined under 42 CFR 405.2401 (b) shall receive priority for grants awarded under this subsection. An applicant that provides maternal and child health services shall receive priority for grants awarded under this subsection.

Section 1894b. 250.20 (4) of the statutes is amended to read:

250.20 (4) From the appropriation account under s. 20.435 (1) (kb) (cr), the department shall award a grant of up to \$50,000 in each fiscal year to a private nonprofit corporation that applies, in the manner specified by the department, to conduct a public information campaign on minority health.".

75. Page 434, line 3: delete the material beginning with that line and ending with page 445, line 17, and substitute:

"Section 1896b. 253.06 (1) (a) of the statutes is renumbered 253.06 (1) (am) and amended to read:

253.06 (1) (am) "Authorized Approved food" means food identified by the department as an authorized food in accordance with 7 CFR 246.10 as acceptable for use under the federal special supplemental food nutrition program for women, infants and children under 42 USC 1786.

Section 1897b. 253.06 (1) (ag) of the statutes is created to read:

253.06 (1) (ag) "Alternate participant" means a person who has been authorized by a participant to request benefits, participate in nutrition education,

manufacturer of infant formula.

1	bring an infant or child to a Women, Infants, and Children program appointment,
2	and have access to information in the participant's file.
3	SECTION 1898b. 253.06 (1) (b) of the statutes is repealed.
4	SECTION 1899b. 253.06 (1) (br) of the statutes is created to read:
5	253.06 (1) (br) "Cardholder" means a participant; alternate participant;
6	parent, legal guardian, or caretaker of a participant; or another person in possession
7	of a Women, Infants, and Children program electronic benefit transfer card and the
8	personal identification number for the card.
9	Section 1900b. 253.06 (1) (c) of the statutes is repealed.
10	Section 1901b. 253.06 (1) (cm) of the statutes is amended to read:
11	253.06 (1) (cm) "Food Direct distribution center" means an entity, other than
12	a vendor, that is under contract with the department under sub. (3m) to distribute
13	authorized approved food to participants.
14	SECTION 1902b. 253.06 (1) (cp), (cr), (ct) and (cv) of the statutes are created to
15	read:
16	253.06 (1) (cp) "Electronic benefit transfer" means a method that permits
17	electronic access to Women, Infants, and Children program benefits using a device,
18	approved by the department, with payments made in accordance with ch. 410.
19	(cr) "Food instrument" means a voucher, check, electronic benefit transfer card,
20	electronic benefit transfer card number and personal identification number, coupon,
21	or other method used by a participant to obtain Women, Infants, and Children
22	program approved foods.
23	(ct) "Infant formula supplier" means a wholesaler, distributor, retailer, or

(cv) "Local agency" means an entity that has a contract with the department
to provide services under the Women, Infants, and Children program such as
eligibility determination, benefit issuance, and nutritional counseling for
participants.
SECTION 1903b. 253.06 (1) (dm) of the statutes is repealed.
Section 1904b. 253.06 (1) (dr) and (dv) of the statutes are created to read:
253.06(1)(dr) "Summary suspension" means an emergency action taken by the
department to suspend an authorization under the Women, Infants, and Children
program.
(dv) "Trafficking" means doing any of the following:
1. Buying, selling, stealing, or otherwise exchanging for cash or consideration
other than approved food Women, Infants, and Children program food instruments
or benefits that are issued and accessed via a food instrument.
2. Exchanging firearms, ammunition, explosives, or controlled substances, as
defined in 21 USC 802, for a food instrument.
3. Intentionally purchasing and reselling for cash or consideration other than
approved food a product that is purchased with a food instrument.
4. Intentionally purchasing with cash or consideration other than approved
food a product that was originally purchased with a food instrument.
SECTION 1905b. 253.06 (1) (e) of the statutes is amended to read:
253.06(1)(e) "Vendor" means a grocery store or pharmacy that sells authorized
person that operates one or more stores or pharmacies authorized by the department
under sub. (3) to provide approved foods under a retail food delivery system.
Section 1906b. 253.06 (1) (f) of the statutes is repealed.
SECTION 1907h 253 06 (1) (a) of the statutes is created to read:

1	253.06 (1) (g) "Women, Infants, and Children program" means the federal
2	special supplemental nutrition program for women, infants and children under 42
3	USC 1786 and this section.
4	SECTION 1908b. 253.06 (1m) of the statutes is created to read:
5	253.06 (1m) Program administration. (a) The department may identify an
6	alternate participant as the Women, Infants, and Children program cardholder for
7	purposes of electronic administration of the Women, Infants, and Children program.
8	SECTION 1909b. 253.06 (3) (a) (intro.) of the statutes is amended to read:
9	253.06 (3) (a) (intro.) The department may authorize a vendor to accept drafts
10	only if the vendor meets all of the following conditions:
11	SECTION 1910b. 253.06 (3) (a) 5. of the statutes is created to read:
12	253.06 (3) (a) 5. The vendor has an electronic benefit transfer-capable cash
13	register system or payment device, approved by the department, that is able to
14	accurately and securely obtain Women, Infants, and Children program food balances
15	associated with the electronic benefit transfer card, maintain the necessary
16	electronic files such as the approved food list, successfully complete Women, Infants,
17	and Children program electronic benefit transfer purchases, and process Women,
18	Infants, and Children program electronic benefit transfer payments.
19	SECTION 1911b. 253.06 (3) (bg) of the statutes is amended to read:
20	253.06 (3) (bg) The department may limit the number of vendors that it
21	authorizes under this subsection if the department determines that the number of
22	vendors already authorized under this subsection is sufficient to permit participants
23	to obtain authorized approved food conveniently.
24	SECTION 1912b. 253.06 (3) (c) of the statutes is amended to read:

253.06 (3) (c) The department may not redeem drafts food instruments only when submitted by a person who is not an authorized vendor under this subsection except as provided in sub. (3m).

Section 1913b. 253.06 (3) (d) of the statutes is created to read:

253.06 (3) (d) Each store operated by a business entity is a separate vendor for purposes of this section and is required to have a single, fixed location, except when the authorization of mobile stores is necessary to meet special needs in accordance with 7 CFR 246.4 (1) (14) (xiv). The department shall require that each store be authorized as a vendor separately from other stores operated by the business entity.

Section 1914b. 253.06 (3m) (title) and (a) (intro.) of the statutes are amended to read:

253.06 (3m) (title) FOOD DIRECT DISTRIBUTION CENTERS. (a) (intro.) The department may contract for an alternative system of authorized approved food distribution with an entity other than a vendor only if the entity meets all of the following requirements:

SECTION 1915b. 253.06 (3m) (a) 4. of the statutes is created to read:

253.06 (3m) (a) 4. The entity has an electronic benefit transfer-capable cash register system or payment device, approved by the department, that is able to accurately and securely obtain Women, Infants, and Children program food balances associated with the electronic benefit transfer card, maintain the necessary files, successfully complete Women, Infants, and Children program electronic benefit transfer purchases, and process Women, Infants, and Children program electronic benefit transfer payments.

SECTION 1916b. 253.06 (3m) (b) of the statutes is amended to read:

1	253.06 (3m) (b) The department shall redeem valid drafts may process a
2	payment if submitted by a food direct distribution center that is authorized by the
3	department under this subsection.
4	SECTION 1917b. 253.06 (4) (a) 1. of the statutes is amended to read:
5	253.06 (4) (a) 1. Accept drafts or submit drafts a food instrument or submit a
6	request to the department for redemption without authorization.
7	SECTION 1918b. 253.06 (4) (a) 2. of the statutes is repealed.
.8	SECTION 1919b. 253.06 (4) (a) 2m. of the statutes is created to read:
9	253.06 (4) (a) 2m. Engage in trafficking.
10	SECTION 1920b. 253.06 (4) (a) 3. to 4. of the statutes are amended to read:
11	253.06 (4) (a) 3. Accept a draft food instrument other than in exchange for
12	authorized approved food that is provided by the person selected by the electronic
13	benefit transfer cardholder.
14	3m. Provide authorized approved food or other commodities to a participant
15	or proxy an electronic benefit transfer cardholder in exchange for a draft food
16	instrument accepted by a 3rd party.
17	4. Enter on a draft Submit a payment request for a dollar amount that is higher
18	than the actual retail price of the item for which the draft a food instrument was used.
19	SECTION 1921b. 253.06 (4) (a) 5. of the statutes is repealed.
20	SECTION 1922b. 253.06 (4) (a) 5m. of the statutes is created to read:
21	253.06 (4) (a) 5m. Confiscate a food instrument or ask for or enter the electronic
22	benefit transfer cardholder's personal identification number.
23	Section 1923b. 253.06 (4) (a) 6. and 8. of the statutes are repealed.
24	Section 1924b. 253.06 (4) (a) 9. of the statutes is amended to read:

...:...

1	253.06 (4) (a) 9. Submit for redemption a draft Provide to someone other than
2	the department a food instrument; a Women, Infants, and Children program
3	electronic benefit transfer card; or food purchased with a food instrument for
4	something of value.
5	Section 1925b. 253.06 (4) (a) 10. of the statutes is repealed.
6	Section 1926b. 253.06 (5) (a) 1. and 2. of the statutes are amended to read:
7	253.06 (5) (a) 1. Minimum qualification standards for the authorization of
8	vendors and infant formula suppliers and for the awarding of a contract to an entity
9	under sub. (3m).
10	2. Standards of operation for authorized vendors and infant formula suppliers
11	and food direct distribution centers, including prohibited practices.
12	Section 1927b. 253.06 (5) (b) 1. to 3. of the statutes are amended to read:
13	253.06 (5) (b) 1. Denial of the application to be a participant or authorized
14	vendor <u>or infant formula supplier</u> .
15	2. Suspension Summary suspension or termination of authorization for an
16	authorized vendor or infant formula supplier or, in the case of a food direct
17	distribution center, termination of the contract.
18	3. Disqualification from the program under this section for a vendor, infant
19	formula supplier, or participant.
20	Section 1928b. 253.06 (5) (b) 6. to 8. of the statutes are created to read:
21	253.06 (5) (b) 6. Civil monetary penalty.
22	7. Warning letter.
23	8. Implementation of a corrective action plan.
24	Section 1929b. 253.06 (5) (d) (intro.) and 6. of the statutes are amended to
25	read:

253.06 (5) (d) (intro.) The department may directly assess a forfeiture provided for under par. (b) 4., recoupment provided for under par. (b) 5. and an enforcement assessment provided for under par. (c). If the department determines that a forfeiture, recoupment or enforcement assessment should be levied, or that authorization or eligibility should be <u>summarily</u> suspended or terminated, for a particular violation or for failure to correct it, the department shall send a notice of assessment, <u>summary</u> suspension or termination to the vendor, food <u>infant formula supplier</u>, direct distribution center or participant. The notice shall inform the vendor, food <u>infant formula supplier</u>, direct distribution center or participant of the right to a hearing under sub. (6) and shall specify all of the following:

6. If applicable, that the suspension or termination of authorization of the vendor or eligibility of the participant is effective beginning on the 15th day after receipt date of the notice of summary suspension or termination.

SECTION 1930b. 253.06 (5) (e) of the statutes is renumbered 253.06 (5) (e) 1. and amended to read:

253.06 (5) (e) 1. The suspension or termination of authorization of a vendor, infant formula supplier, or direct distribution center or eligibility of a participant shall be effective beginning on the 15th day after receipt of the notice of suspension or termination.

2. All forfeitures, recoupments, and enforcement assessments shall be paid to the department within 15 days after receipt of notice of assessment or, if the forfeiture, recoupment, or enforcement assessment is contested under sub. (6), within 10 days after receipt of the final decision after exhaustion of administrative review, unless the final decision is adverse to the department or unless the final decision is appealed and the decision is stayed by court order under sub. (7). The

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department shall remit all forfeitures paid to the secretary of administration for deposit in the school fund. The department shall deposit all enforcement assessments in the appropriation under s. 20.435 (1) (gr).

Section 1931b. 253.06 (5) (e) 3. of the statutes is created to read:

253.06 (5) (e) 3. The summary suspension of authorization of a vendor, infant formula supplier, or direct distribution center shall be effective immediately upon receipt of the notice under par. (d).

SECTION 1932b. 253.06 (6) (b) of the statutes is amended to read:

253.06 (6) (b) A person may contest an assessment of forfeiture, recoupment or enforcement assessment, a denial, suspension or termination of authorization, a civil monetary penalty assessed in lieu of disqualification, a summary suspension, or a suspension or termination of eligibility by sending a written request for hearing under s. 227.44 to the division of hearings and appeals in the department of administration within 10 days after the receipt of the notice issued under sub. (3) (bm) or (5) (d). The administrator of the division of hearings and appeals may designate a hearing examiner to preside over the case and recommend a decision to the administrator under s. 227.46. The decision of the administrator of the division of hearings and appeals shall be the final administrative decision. The division of hearings and appeals shall commence the hearing and issue a final decision within 60 days after receipt of the request for hearing unless all of the parties consent to a later date. Proceedings before the division of hearings and appeals are governed by ch. 227. In any petition for judicial review of a decision by the division of hearings and appeals, the department, if not the petitioner who was in the proceeding before the division of hearings and appeals, shall be the named respondent.

Section 1933b. 253.06 (8) of the statutes is amended to read: