

1 (c) For purposes of par. (b), the period shall be the period beginning on March
2 12, 2020, and ending on the 60th day after the end of the period covered by the public
3 health emergency declared on March 12, 2020, by executive order 72.

4 (d) A renewal that occurs subsequent to the period described in par. (c) is not
5 subject to the late renewal fee under sub. (3) (a) if the application to renew the
6 credential is received before the next applicable renewal date. Notwithstanding the
7 applicable provisions in chs. 440 to 480, the applicable credentialing board may, for
8 that next applicable renewal date, provide an exemption from or reduction of
9 continuing education or other conditions for renewal.

10 **SECTION 87.** 450.11 (5) (a) of the statutes is amended to read:

11 450.11 (5) (a) Except as provided in ~~par. pars.~~ (bm) and (br), no prescription may
12 be refilled unless the requirements of sub. (1) and, if applicable, sub. (1m) have been
13 met and written, oral, or electronic authorization has been given by the prescribing
14 practitioner. Unless the prescribing practitioner has specified in the prescription
15 order that dispensing a prescribed drug in an initial amount followed by periodic
16 refills as specified in the prescription order is medically necessary, a pharmacist may
17 exercise his or her professional judgment to dispense varying quantities of the
18 prescribed drug per fill up to the total number of dosage units authorized by the
19 prescribing practitioner in the prescription order including any refills, subject to par.
20 (b).

21 **SECTION 88.** 450.11 (5) (br) of the statutes is created to read:

22 450.11 (5) (br) 1. In the event a pharmacist receives a request for a prescription
23 to be refilled and the prescription cannot be refilled as provided in par. (a), the
24 pharmacist may, subject to subd. 2. a. to e., extend the existing prescription order and
25 dispense the drug to the patient, if the pharmacist has not received and is not aware

1 of written or oral instructions from the prescribing practitioner prohibiting further
2 dispensing pursuant to or extension of the prescription order.

3 2. a. A prescribing practitioner may indicate, by writing on the face of the
4 prescription order or, with respect to a prescription order transmitted electronically,
5 by designating in electronic format the phrase "No extensions," or words of similar
6 meaning, that no extension of the prescription order may be made under subd. 1. If
7 such indication is made, the pharmacist may not extend the prescription order under
8 subd. 1.

9 b. A pharmacist acting under subd. 1. may not extend a prescription order to
10 dispense more than a 30-day supply of the prescribed drug, except that if the drug
11 is typically packaged in a form that requires a pharmacist to dispense the drug in a
12 quantity greater than a 30-day supply, the pharmacist may extend the prescription
13 order as necessary to dispense the drug in the smallest quantity in which it is
14 typically packaged.

15 c. A pharmacist may not extend a prescription order under subd. 1. for a drug
16 that is a controlled substance.

17 d. A pharmacist may not extend a prescription order under subd. 1. for a
18 particular patient if a prescription order was previously extended under subd. 1. for
19 that patient during the period described in subd. 3.

20 e. A pharmacist shall, at the earliest reasonable time after acting under subd.
21 1., notify the prescribing practitioner or his or her office, but is not required to
22 attempt to procure a new prescription order or refill authorization for the drug by
23 contacting the prescribing practitioner or his or her office prior to acting under subd.
24 1. After acting under subd. 1., the pharmacist may notify the patient or other

1 individual that any further refills will require the authorization of a prescribing
2 practitioner.

3 3. This paragraph applies only during the period covered by a public health
4 emergency declared by the governor under s. 323.10. During that time, this
5 paragraph supersedes par. (bm) to the extent of any conflict.

6 **SECTION 89.** 609.205 of the statutes is created to read:

7 **609.205 Public health emergency for COVID-19.** (1) In this section,
8 “COVID-19” means an infection caused by the SARS-CoV-2 coronavirus.

9 (2) All of the following apply to a defined network plan or preferred provider
10 plan during the state of emergency related to public health declared under s. 323.10
11 on March 12, 2020, by executive order 72, or during the public health emergency
12 declared under 42 USC 247d by the secretary of the federal department of health and
13 human services in response to the COVID-19 pandemic:

14 (a) The plan may not require an enrollee to pay, including cost sharing, for a
15 service, treatment, or supply provided by a provider that is not a participating
16 provider in the plan’s network of providers more than the enrollee would pay if the
17 service, treatment, or supply is provided by a provider that is a participating
18 provider. This subsection applies to any service, treatment, or supply that is related
19 to diagnosis or treatment for COVID-19 and to any service, treatment, or supply that
20 is provided by a provider that is not a participating provider because a participating
21 provider is unavailable due to the public health emergency.

22 (b) The plan shall reimburse a provider that is not a participating provider for
23 a service, treatment, or supply provided under the circumstances described under
24 par. (a) at 225 percent of the rate the federal Medicare program reimburses the

1 provider for the same or a similar service, treatment, or supply in the same
2 geographic area.

3 (3) During the state of emergency related to public health declared under s.
4 323.10 on March 12, 2020, by executive order 72, or during the public health
5 emergency declared under 42 USC 247d by the secretary of the federal department
6 of health and human services in response to the COVID-19 pandemic, all of the
7 following apply to any health care provider or health care facility that provides a
8 service, treatment, or supply to an enrollee of a defined network plan or preferred
9 provider plan but is not a participating provider of that plan:

10 (a) The health care provider or facility shall accept as payment in full any
11 payment by a defined network plan or preferred provider plan that is at least 225
12 percent of the rate the federal Medicare program reimburses the provider for the
13 same or a similar service, treatment, or supply in the same geographic area.

14 (b) The health care provider or facility may not charge the enrollee for the
15 service, treatment, or supply an amount that exceeds the amount the provider or
16 facility is reimbursed by the defined network plan or preferred provider plan.

17 (4) The commissioner may promulgate any rules necessary to implement this
18 section.

19 **SECTION 90.** 609.83 of the statutes is amended to read:

20 **609.83 Coverage of drugs and devices.** Limited service health
21 organizations, preferred provider plans, and defined network plans are subject to ss.
22 632.853 and 632.895 (16t) and (16v).

23 **SECTION 91.** 609.846 of the statutes is created to read:

1 **609.846 Discrimination based on COVID-19 prohibited.** Limited service
2 health organizations, preferred provider plans, and defined network plans are
3 subject to s. 632.729.

4 **SECTION 92.** 609.885 of the statutes is created to read:

5 **609.885 Coverage of COVID-19 testing.** Defined network plans, preferred
6 provider plans, and limited service health organizations are subject to s. 632.895
7 (14g).

8 **SECTION 93.** 625.12 (2) of the statutes is amended to read:

9 625.12 (2) CLASSIFICATION. ~~Risks~~ Except as provided in s. 632.729, risks may
10 be classified in any reasonable way for the establishment of rates and minimum
11 premiums, except that no classifications may be based on race, color, creed or
12 national origin, and classifications in automobile insurance may not be based on
13 physical condition or developmental disability as defined in s. 51.01 (5). Subject to
14 ~~s. ss. 632.365 and 632.729~~, rates thus produced may be modified for individual risks
15 in accordance with rating plans or schedules that establish reasonable standards for
16 measuring probable variations in hazards, expenses, or both. Rates may also be
17 modified for individual risks under s. 625.13 (2).

18 **SECTION 94.** 628.34 (3) (a) of the statutes is amended to read:

19 628.34 (3) (a) No insurer may unfairly discriminate among policyholders by
20 charging different premiums or by offering different terms of coverage except on the
21 basis of classifications related to the nature and the degree of the risk covered or the
22 expenses involved, subject to ss. 632.365, 632.729, 632.746 and 632.748. Rates are
23 not unfairly discriminatory if they are averaged broadly among persons insured
24 under a group, blanket or franchise policy, and terms are not unfairly discriminatory
25 merely because they are more favorable than in a similar individual policy.

1 **SECTION 95.** 632.729 of the statutes is created to read:

2 **632.729 Prohibiting discrimination based on COVID-19. (1)**

3 DEFINITIONS. In this section:

4 (a) “COVID-19” means an infection caused by the SARS-CoV-2 coronavirus.

5 (b) “Health benefit plan” has the meaning given in s. 632.745 (11).

6 (c) “Pharmacy benefit manager” has the meaning given in s. 632.865 (1) (c).

7 (d) “Self-insured health plan” has the meaning given in s. 632.85 (1) (c).

8 **(2) ISSUANCE OR RENEWAL.** (a) An insurer that offers an individual or group
9 health benefit plan, a pharmacy benefit manager, or a self-insured health plan may
10 not establish rules for the eligibility of any individual to enroll, for the continued
11 eligibility of any individual to remain enrolled, or for the renewal of coverage under
12 the plan based on a current or past diagnosis or suspected diagnosis of COVID-19.

13 (b) An insurer that offers a group health benefit plan, a pharmacy benefit
14 manager, or a self-insured health plan may not establish rules for the eligibility of
15 any employer or other group to enroll, for the continued eligibility of any employer
16 or group to remain enrolled, or for the renewal of an employer’s or group’s coverage
17 under the plan based on a current or past diagnosis or suspected diagnosis of
18 COVID-19 of any employee or other member of the group.

19 **(3) CANCELLATION.** An insurer that offers an individual or group health benefit
20 plan, a pharmacy benefit manager, or a self-insured health plan may not use as a
21 basis for cancellation of coverage during a contract term a current or past diagnosis
22 of COVID-19 or suspected diagnosis of COVID-19.

23 **(4) RATES.** An insurer that offers an individual or group health benefit plan,
24 a pharmacy benefit manager, or a self-insured health plan may not use as a basis

1 for setting rates for coverage a current or past diagnosis of COVID-19 or suspected
2 diagnosis of COVID-19.

3 **(5) PREMIUM GRACE PERIOD.** An insurer that offers an individual or group health
4 benefit plan, a pharmacy benefit manager, or a self-insured health plan may not
5 refuse to grant to an individual, employer, or other group a grace period for the
6 payment of a premium based on an individual's, employee's, or group member's
7 current or past diagnosis of COVID-19 or suspected diagnosis of COVID-19 if a
8 grace period for payment of premium would generally be granted under the plan.

9 **SECTION 96.** 632.895 (14g) of the statutes is created to read:

10 **632.895 (14g) COVERAGE OF COVID-19 TESTING.** (a) In this subsection,
11 "COVID-19" means an infection caused by the SARS-CoV-2 coronavirus.

12 (b) Before March 13, 2021, every disability insurance policy, and every
13 self-insured health plan of the state or of a county, city, town, village, or school
14 district, that generally covers testing for infectious diseases shall provide coverage
15 of testing for COVID-19 without imposing any copayment or coinsurance on the
16 individual covered under the policy or plan.

17 **SECTION 97.** 632.895 (16v) of the statutes is created to read:

18 **632.895 (16v) PROHIBITING COVERAGE LIMITATIONS ON PRESCRIPTION DRUGS.** (a)
19 During the period covered by the state of emergency related to public health declared
20 by the governor on March 12, 2020, by executive order 72, an insurer offering a
21 disability insurance policy that covers prescription drugs, a self-insured health plan
22 of the state or of a county, city, town, village, or school district that covers prescription
23 drugs, or a pharmacy benefit manager acting on behalf of a policy or plan may not
24 do any of the following in order to maintain coverage of a prescription drug:

1 1. Require prior authorization for early refills of a prescription drug or
2 otherwise restrict the period of time in which a prescription drug may be refilled.

3 2. Impose a limit on the quantity of prescription drugs that may be obtained
4 if the quantity is no more than a 90-day supply.

5 (b) This subsection does not apply to a prescription drug that is a controlled
6 substance, as defined in s. 961.01 (4).

7 **SECTION 98.** 895.4801 of the statutes is created to read:

8 **895.4801 Immunity for health care providers during COVID-19**
9 **emergency. (1) DEFINITIONS.** In this section:

10 (a) "Health care professional" means an individual licensed, registered, or
11 certified by the medical examining board under subch. II of ch. 448 or the board of
12 nursing under ch. 441.

13 (b) "Health care provider" has the meaning given in s. 146.38 (1) (b) and
14 includes an adult family home, as defined in s. 50.01 (1).

15 **(2) IMMUNITY.** Subject to sub. (3), any health care professional, health care
16 provider, or employee, agent, or contractor of a health care professional or health care
17 provider is immune from civil liability for the death of or injury to any individual or
18 any damages caused by actions or omissions taken in providing services to address
19 or in response to a 2019 novel coronavirus outbreak under circumstances that satisfy
20 all of the following:

21 (a) The action or omission is committed while the professional, provider,
22 employee, agent, or contractor is providing services during the state of emergency
23 declared under s. 323.10 relating to the 2019 novel coronavirus pandemic and for the
24 60 days following the date that the state of emergency terminates.

1 (b) The actions or omissions occur during the person's good faith response to
2 the emergency described under par. (a) or are substantially consistent with any of
3 the following:

4 1. Any direction, guidance, recommendation, or other statement made by a
5 federal, state, or local official to address or in response to the emergency or disaster
6 declared as described under par. (a).

7 2. Any guidance published by the department of health services, the federal
8 department of health and human services, or any divisions or agencies of the federal
9 department of health and human services relied upon in good faith.

10 (c) The actions or omissions do not involve reckless or wanton conduct or
11 intentional misconduct.

12 **(3) APPLICABILITY.** This section does not apply if s. 257.03, 257.04, 323.41, or
13 323.44 applies.

14 **SECTION 99.** 895.51 (title) of the statutes is amended to read:

15 **895.51 (title) Civil liability exemption: food or emergency household**
16 **products; emergency medical supplies; donation, sale, or distribution.**

17 **SECTION 100.** 895.51 (1) (bd) of the statutes is created to read:

18 895.51 (1) (bd) "Cost of production" means the cost of inputs, wages, operating
19 the manufacturing facility, and transporting the product.

20 **SECTION 101.** 895.51 (1) (bg) of the statutes is created to read:

21 895.51 (1) (bg) "Emergency medical supplies" means any medical equipment
22 or supplies necessary to limit the spread of, or provide treatment for, a disease
23 associated with a public health emergency, including life support devices, personal
24 protective equipment, cleaning supplies, and any other items determined to be
25 necessary by the secretary of health services.

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1 **SECTION 102.** 895.51 (1) (dp) of the statutes is created to read:

2 895.51 (1) (dp) "Public health emergency" has the meaning given in s. 323.02
3 (16).

4 **SECTION 103.** 895.51 (2r) of the statutes is created to read:

5 895.51 (2r) Any person engaged in the manufacturing, distribution, or sale of
6 emergency medical supplies, who donates or sells, at a price not to exceed the cost
7 of production, emergency medical supplies to a charitable organization or
8 governmental unit to respond to the state of emergency related to public health
9 declared by the governor under s. 323.10 on March 12, 2020, by executive order 72,
10 is immune from civil liability for the death of or injury to an individual caused by the
11 emergency medical supplies donated or sold by the person.

12 **SECTION 104.** 895.51 (3r) of the statutes is created to read:

13 895.51 (3r) Any charitable organization that distributes free of charge
14 emergency medical supplies received under sub. (2r) is immune from civil liability
15 for the death of or injury to an individual caused by the emergency medical supplies
16 distributed by the charitable organization.

17 **SECTION 105. Nonstatutory provisions.**

18 (1) ENHANCED FEDERAL MEDICAL ASSISTANCE PERCENTAGE. If the federal
19 government provides an enhanced federal medical assistance percentage during an
20 emergency period declared in response to the novel coronavirus pandemic, the
21 department of health services may do any of the following during the period to which
22 the enhanced federal medical assistance percentage applies in order to satisfy
23 criteria to qualify for the enhanced federal medical assistance percentage:

24 (a) Suspend the requirement to comply with the premium requirements under
25 s. 49.45 (23b) (b) 2. and (c).

1 (b) Suspend the requirement to comply with the health risk assessment
2 requirement under s. 49.45 (23b) (b) 3.

3 (c) Delay implementation of the community engagement requirement under s.
4 49.45 (23b) (b) 1. until the date that is 30 days after either the day the federal
5 government has approved the community engagement implementation plan or the
6 last day of the calendar quarter in which the last day of the emergency period under
7 42 USC 1320b-5 (g) (1) that is declared due to the novel coronavirus pandemic
8 occurs, whichever is later.

9 (d) Notwithstanding any requirement under subch. IV of ch. 49 to disenroll an
10 individual to the contrary, maintain continuous enrollment in compliance with
11 section 6008 (b) (3) of the federal Families First Coronavirus Response Act, P.L.
12 116-127.

13 (2) LIABILITY INSURANCE FOR PHYSICIANS AND NURSE ANESTHETISTS. During the
14 public health emergency declared on March 12, 2020, by executive order 72, all of the
15 following apply to a physician or nurse anesthetist for whom this state is not a
16 principal place of practice but who is authorized to practice in this state on a
17 temporary basis:

18 (a) The physician or nurse anesthetist may fulfill the requirements of s. 655.23
19 (3) (a) by filing with the commissioner of insurance a certificate of insurance for a
20 policy of health care liability insurance issued by an insurer that is authorized in a
21 jurisdiction accredited by the National Association of Insurance Commissioners.

22 (b) The physician or nurse anesthetist may elect, in the manner designated by
23 the commissioner of insurance by rule under s. 655.004, to be subject to ch. 655.

24 (3) VIRTUAL INSTRUCTION; REPORTS AND GUIDANCE.

25 (a) *Definitions.* In this subsection:

- 1 1. “Department” means the department of public instruction.
- 2 2. “Public health emergency” means the period during the 2019–20 school year
3 when schools are closed by the department of health services under s. 252.02 (3).
- 4 3. “Virtual instruction” means instruction provided through means of the
5 Internet if the pupils participating in and instructional staff providing the
6 instruction are geographically remote from each other.
- 7 (b) *School board reports.* By November 1, 2020, each school board shall report
8 to the department all of the following:
 - 9 1. Whether or not virtual instruction was implemented in the school district
10 during the public health emergency and, if implemented, in which grades it was
11 implemented.
 - 12 2. If virtual instruction was implemented in the school district during the
13 public health emergency, the process for implementing the virtual instruction.
 - 14 3. For each grade level, the average percentage of the 2019–20 school year
15 curriculum provided to pupils, including curriculum provided in-person and
16 virtually.
 - 17 4. Whether anything was provided to pupils during the 2020 summer to help
18 pupils learn content that pupils missed because of the public health emergency and,
19 if so, what was provided to pupils.
 - 20 5. Recommendations for best practices for transitioning to and providing
21 virtual instruction when schools are closed.
 - 22 6. Any challenges or barriers the school board faced related to implementing
23 virtual instruction during the public health emergency.
 - 24 7. By position type, the number of staff members who were laid off during the
25 public health emergency.

1 8. The number of lunches the school board provided during the public health
2 emergency.

3 9. The total amount by which the school board reduced expenditures during,
4 or because of, the public health emergency in each of the following categories:

5 a. Utilities.

6 b. Transportation.

7 c. Food service.

8 d. Personnel. This category includes expenditure reductions that result from
9 layoffs.

10 e. Contract terminations.

11 (c) *Report to the legislature.* By January 1, 2021, the department shall compile
12 and submit the information it received under par. (b) to the appropriate standing
13 committees of the legislature in the manner provided under s. 13.172 (3).

14 (d) *DPI guidance on returning to in-person instruction.* By June 30, 2020, the
15 department shall post on its Internet site guidance to schools on best practices
16 related to transitioning from virtual instruction to in-person instruction.

17 (4) TEMPORARY CREDENTIALS FOR FORMER HEALTH CARE PROVIDERS DURING
18 EMERGENCY.

19 (a) *Definitions.* In this subsection:

20 1. "Credential" means a license or certificate.

21 2. "Department" means the department of safety and professional services.

22 3. "Health care provider" means an individual who was at any time within the
23 previous 5 years, but is not currently, any of the following, if the individual's
24 credential was never revoked, limited, suspended, or denied renewal:

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1 a. Licensed as a registered nurse, licensed practical nurse, or nurse-midwife
2 under ch. 441.

3 b. Licensed as a dentist under ch. 447.

4 c. Licensed as a physician, physician assistant, or perfusionist under ch. 448
5 or certified as a respiratory care practitioner under ch. 448.

6 d. Licensed as a pharmacist under ch. 450.

7 e. Licensed as a psychologist under ch. 455.

8 f. A clinical social worker, marriage and family therapist, or professional
9 counselor licensed under ch. 457 or an independent social worker or social worker
10 certified under ch. 457.

11 g. A clinical substance abuse counselor certified under s. 440.88.

12 h. Any practitioner holding a credential to practice a profession that is
13 identified by the department of health services during the period covered by the
14 public health emergency declared on March 12, 2020, by executive order 72.

15 (b) *Temporary emergency credentials.*

16 1. The department may grant a temporary credential to a health care provider
17 if all of the following apply:

18 a. The health care provider submits an application to the department.

19 b. The department determines that the health care provider satisfies the
20 eligibility requirements for the credential and is fit to practice after conducting an
21 investigation of the health care provider's arrest or conviction record and record of
22 professional discipline.

23 2. If the department denies a health care provider's application for a temporary
24 credential under this paragraph, the department shall notify the health care
25 provider of the reason for denial.

1 3. Notwithstanding ss. 441.06 (4), 441.15 (2), 447.03 (1) and (2), 448.03 (1) (a),
2 (b), and (c) and (1m), and 450.03 (1), a health care provider granted a temporary
3 credential under this paragraph may provide services for which the health care
4 provider has been licensed or certified.

5 4. A health care provider who provides services authorized by a temporary
6 credential granted under this paragraph shall maintain malpractice insurance that
7 satisfies the requirements of the profession for which the health care provider has
8 been licensed or certified.

9 5. A temporary credential granted under this paragraph expires 90 days after
10 the conclusion of the period covered by the public health emergency declared on
11 March 12, 2020, by executive order 72.

12 (5) AUTHORITY TO WAIVE FEES. Notwithstanding s. 440.05 and the applicable fee
13 provisions in chs. 440 to 480, during the period covered by the public health
14 emergency declared on March 12, 2020, by executive order 72, the department of
15 safety and professional services may waive fees for applications for an initial
16 credential and renewal of a credential for registered nurses, licensed practical
17 nurses, nurse-midwives, dentists, physicians, physician assistants, perfusionists,
18 respiratory care practitioners, pharmacists, psychologists, clinical social workers,
19 independent social workers, social workers, marriage and family therapists,
20 professional counselors, and clinical substance abuse counselors.

21 (6) TEMPORARY CREDENTIALS FOR HEALTH CARE PROVIDERS FROM OTHER STATES
22 DURING EMERGENCY.

23 (a) *Definitions.* In this subsection:

24 1. "Credential" means a license or certificate.

25 2. "Department" means the department of safety and professional services.

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1 3. "Health care provider" means an individual who holds a valid, unexpired
2 license, certificate, or registration granted by another state or territory that
3 authorizes or qualifies the individual to perform acts that are substantially the same
4 as the acts that any of the following are licensed or certified to perform:

5 a. A registered nurse, licensed practical nurse, or nurse-midwife licensed
6 under ch. 441.

7 b. A dentist licensed under ch. 447.

8 c. A physician, physician assistant, or perfusionist licensed under ch. 448 or a
9 respiratory care practitioner certified under ch. 448.

10 d. A pharmacist licensed under ch. 450.

11 e. A psychologist licensed under ch. 455.

12 f. A clinical social worker, marriage and family therapist, or professional
13 counselor licensed under ch. 457 or an independent social worker or social worker
14 certified under ch. 457.

15 g. A clinical substance abuse counselor certified under s. 440.88.

16 h. Any practitioner holding a credential to practice a profession that is
17 identified by the department of health services during the period covered by the
18 public health emergency declared on March 12, 2020, by executive order 72.

19 (b) *Temporary emergency credentials.*

20 1. The department may grant a temporary credential to a health care provider
21 if all of the following apply:

22 a. The health care provider submits an application to the department.

23 b. The department determines that the health care provider satisfies the
24 eligibility requirements for the credential and is fit to practice after conducting an

1 investigation of the health care provider's arrest or conviction record and record of
2 professional discipline.

3 2. The department may determine the appropriate scope of the review under
4 subd. 1. b. of the background of a health care provider who applies for a temporary
5 credential under this paragraph.

6 3. If the department denies a health care provider's application for a temporary
7 credential under this paragraph, the department shall notify the health care
8 provider of the reason for the denial.

9 4. Notwithstanding ss. 441.06 (4), 441.15 (2), 447.03 (1) and (2), 448.03 (1) (a),
10 (b), and (c) and (1m), and 450.03 (1), a health care provider granted a temporary
11 credential under this paragraph may provide services for which the health care
12 provider is licensed or certified.

13 5. A health care provider who provides services authorized by a temporary
14 credential granted under this paragraph shall maintain malpractice insurance that
15 satisfies the requirements of the profession for which the health care provider is
16 licensed or certified.

17 6. A temporary credential granted under this paragraph expires 90 days after
18 the conclusion of the period covered by the public health emergency declared on
19 March 12, 2020, by executive order 72.

20 (7) AUTHORITY TO WAIVE FEES. Notwithstanding s. 440.05 and the applicable fee
21 provisions in chs. 440 to 480, during the period covered by the public health
22 emergency declared on March 12, 2020, by executive order 72, the department may
23 waive fees for applications for an initial credential and renewal of a credential for
24 registered nurses, licensed practical nurses, nurse-midwives, dentists, physicians,
25 physician assistants, perfusionists, respiratory care practitioners, pharmacists,

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1 psychologists, clinical social workers, independent social workers, social workers,
2 marriage and family therapists, professional counselors, and clinical substance
3 abuse counselors.

4 (8) POSITION TRANSFERS.

5 (a) In this subsection:

6 1. "Emergency period" means the period covered by the public health
7 emergency declared on March 12, 2020, by executive order 72.

8 2. "State agency" means any office, commission, board, department, or
9 independent agency in the executive branch of state government.

10 (b) During the emergency period, the secretary of administration may transfer
11 any employee from one state agency to another state agency to provide services for
12 the receiving state agency. The receiving state agency shall pay all salary and fringe
13 benefit costs of the employee during the time he or she is providing services for the
14 receiving state agency. Any action by the secretary under this paragraph shall
15 remain in effect until rescinded by the secretary or 90 days after the public health
16 emergency is terminated, whichever is earliest.

17 (c) If an employee is transferred under par. (b), the receiving agency may not
18 increase the employee's salary at the time of transfer or during the time he or she is
19 providing services for the receiving agency and the transferring agency may not
20 increase the employee's salary at the time the employee returns to the transferring
21 agency.

22 (d) The secretary of administration shall submit a report to the joint committee
23 on finance no later than June 1, 2020, and on the first day of each subsequent month
24 during the emergency period, that provides information on all employee transfers
25 under par. (b). The report shall specify the number of employees transferred, the title

1 of each employee transferred, the title the employee assumed at the receiving agency,
2 and the reasons for each employee transfer.

3 (9) LOANS TO MUNICIPAL UTILITIES.

4 (a) *Definitions.* In this subsection:

5 1. "Board" means the board of commissioners of public lands.

6 2. "COVID-19 public health emergency" means the public health emergency
7 declared on March 12, 2020, by executive order 72.

8 3. "Emergency period" means the period covered by the COVID-19 public
9 health emergency, plus 60 days.

10 4. "Municipal utility" has the meaning given in s. 196.377 (2) (a) 3.

11 (b) *Loans.*

12 1. The board may loan moneys under its control or belonging to the trust funds
13 to a municipal utility to ensure that the municipal utility is able to maintain liquidity
14 during the emergency period. The loan shall be for the sum of money, for the time,
15 and upon the conditions as may be agreed upon between the board and the borrower.

16 2. The legislature finds and determines that the loans authorized under this
17 subsection serve a public purpose.

18 (10) LEGISLATIVE OVERSIGHT OF THE MEDICAL ASSISTANCE PROGRAM. Sections
19 20.940 and 49.45 (2t) do not apply to a request for a waiver, amendment to a waiver,
20 state plan amendment, or other federal approval from the department of health
21 services during the public health emergency declared under 42 USC 247d by the
22 secretary of the federal department of health and human services on January 31,
23 2020, in response to the 2019 novel coronavirus, only if the request is any of the
24 following:

25 (a) Relating to the Medical Assistance program, any of the following:

SECTION 105

1 1. Allowing providers to receive payments for services provided in alternative
2 settings to recipients affected by 2019 novel coronavirus.

3 2. Waiving preadmission screening and annual resident review requirements
4 when recipients are transferred.

5 3. Allowing hospitals who hold a state license but have not yet received
6 accreditation from the Joint Commission to bill the Medical Assistance program
7 during the 2019 novel coronavirus public health emergency.

8 4. Waiving payment of the application fee to temporarily enroll a provider for
9 90 days or until the termination of the 2019 novel coronavirus public health
10 emergency, whichever is longer.

11 5. Waiving pre-enrollment criminal background checks for providers that are
12 enrolled in the Medicare program to temporarily enroll the provider in the Medical
13 Assistance program for 90 days or until the termination of the 2019 novel
14 coronavirus public health emergency, whichever is longer.

15 6. Waiving site visit requirements to temporarily enroll a provider for 90 days
16 or until the termination of 2019 novel coronavirus public health emergency,
17 whichever is longer.

18 7. Ceasing revalidation of providers who are enrolled in the Medical Assistance
19 program or otherwise directly impacted by the 2019 novel coronavirus public health
20 emergency for 90 days or until termination of the public health emergency,
21 whichever is longer.

22 8. Waiving the requirement that physicians and other health care professionals
23 be licensed in the state in which they are providing services if they have equivalent
24 licensing in another state or are enrolled in the federal Medicare program.

1 9. Waiving prior authorization requirements for access to covered state plan or
2 waiver benefits.

3 10. Expanding the authority under section 1905 (a) of the federal Social
4 Security Act regarding nonemergency transportation to allow for reimbursement of
5 any eligible individual under the Medical Assistance program, additional vendors,
6 transportation for caregivers going to provide services to recipients, and meal
7 delivery to Medical Assistance recipients.

8 11. Waiving public notice requirements that would otherwise be applicable to
9 state plan and waiver changes.

10 12. Modifying the tribal consultation timelines specified in the Medical
11 Assistance state plan to allow for consultation at the next future tribal health
12 director meeting.

13 13. Modifying the requirement under 42 CFR 430.20 to submit the state plan
14 amendment by March 31, 2020, to obtain an effective date during the first calendar
15 quarter of 2020.

16 14. Simplifying program administration by allowing for temporary state plan
17 flexibilities rather than requiring states to go through the state plan amendment
18 submission and approval process.

19 15. Waiving timely filing requirements for billing under 42 USC 1395cc and
20 1396a (a) (54) and 42 CFR 424.44 to allow time for providers to implement changes.

21 16. Expanding hospital presumptive eligibility to include the population over
22 age 65 and disabled.

23 17. Allowing flexibility for submission of electronic signatures on behalf of a
24 Medical Assistance recipient by application assistors if a signature cannot be
25 captured in person.

SECTION 105

1 18. Waiving requirements for managed care organizations to complete initial
2 and periodic recredentialing of network providers if the providers meet Medical
3 Assistance provider enrollment requirements during the 2019 novel coronavirus
4 public health emergency.

5 19. Requiring managed care organizations to extend preexisting
6 authorizations through which a Medical Assistance recipient has received prior
7 authorization until the termination of the 2019 novel coronavirus public health
8 emergency.

9 20. Waiving sanctions under section 1877 (g) of the federal Social Security Act
10 relating to limitations on physician referral.

11 21. Allowing flexibility in how a teaching physician is present with the patient
12 and resident including real-time audio and video or access through a window.

13 22. Waiving certain equipment requirements in hospital equipment
14 maintenance requirement guidance issued on December 20, 2013, to maintain the
15 health and safety of the hospitals' patients and providers.

16 23. Creating provisions allowing for additional flexibilities to allow for the use
17 in nursing homes of physician extenders in place of medical directors and attending
18 physicians and telehealth options.

19 24. Waiving notice of transfers within a nursing home due to medically
20 necessary protection from the 2019 novel coronavirus.

21 25. Waiving requirements to document sufficient preparation and orientation
22 to residents to ensure a safer and orderly intrafacility nursing home transfer.

23 26. Waiving requirements for a nursing home bedhold policy.

24 27. Waiving the requirements for nursing home in-service education under 42
25 CFR 483.35 (d) (7).

1 28. Waiving nurse staffing information and posting of that information for
2 nursing homes.

3 29. Suspending the requirement that a pharmacist go monthly to the nursing
4 home to do record review.

5 30. Waiving or lessening requirements for a paid feeding assistant program in
6 nursing homes and setting guidelines for training to assist with the 2019 novel
7 coronavirus pandemic.

8 31. Waiving the annual and quarterly screening of fire extinguishers and any
9 other annual maintenance review for nursing homes.

10 32. Allowing all clinical hours required under 42 CFR 483.152 (a) (3) to be
11 online simulation.

12 33. Waiving under 42 CFR 483.151 (b) (2) the loss of the Nurse Aide Training
13 and Competency Evaluation Program.

14 34. Waiving the requirements under 42 CFR 483.160 for training of paid
15 feeding assistants.

16 35. Allowing home health agencies to perform certifications, initial
17 assessments, and determine homebound status remotely or by record review.

18 36. Waiving life safety codes for intermediate care facilities for individuals with
19 intellectual disabilities under 42 CFR 483.70 and for hospitals, hospices, nursing
20 homes, critical access hospitals and intermediate care facilities for individuals with
21 intellectual disabilities relating to fire alarm system maintenance and testing,
22 automatic sprinkler and standpipe system inspection, testing, and maintenance,
23 and inspection and maintenance of portable fire extinguishers.

24 (b) Relating to the home and community-based waiver programs of Family
25 Care, IRIS, and Children's Long-Term Supports, any of the following:

1 1. Allowing all waiver services and administrative requirements that that can
2 be provided with the same functional equivalency of face-to-face services to occur
3 remotely.

4 2. Removing the requirement to complete a 6-month progress report to
5 reauthorize prevocational service.

6 3. Removing the limitation that quotes from at least 3 providers must be
7 obtained and submitted for home modifications.

8 4. Removing the limitation preventing supportive home care from being
9 provided in adult family homes and residential care apartment complexes.

10 5. Removing the limitation preventing personal or nursing services for
11 recipients in residential care apartment complexes.

12 6. Removing the limitation that participants cannot receive other waiver
13 services on the same day as receiving respite care.

14 7. Allowing adult day service providers, prevocational providers, and
15 supported employment providers to provide services in alternate settings.

16 8. Allowing up to 3 meals per day for home delivered meals for Family Care and
17 IRIS program enrollees and adding home delivered meals as a benefit in the
18 Children's Long-Term Supports waiver.

19 9. Removing the limitation on using moneys to relocate individuals from an
20 institution or family home to an independent living arrangement.

21 10. Allowing any individual with an intellectual or developmental disability to
22 reside in a community-based residential facility with greater than 8 beds.

23 11. Modifying the scope of the child care benefit to allow for the provision of
24 child care payments for children under the age of 12 in the program for direct care
25 workers and medical workers who need access to child care during the emergency.

- 1 12. Allowing for all home and community-based waiver services to be provided
2 in temporary settings.
- 3 13. Allowing home and community-based waiver services to be provided
4 temporarily in an acute care hospital or in a short-term institutional stay.
- 5 14. Allowing payment for home and community-based waiver services
6 provided in settings outside this state.
- 7 15. Allowing general retailers to provide assistive technology or
8 communication aids.
- 9 16. Allowing providers certified or licensed in other states or enrolled in the
10 Medicare program to perform the same or comparable services in this state.
- 11 17. Delaying provider licensing or certification reviews.
- 12 18. Allowing the department of health services to waive provider qualifications
13 as necessary to increase the pool of available providers.
- 14 19. Allowing 4-year background checks to be delayed.
- 15 20. Expanding transportation providers to include individual and
16 transportation network companies.
- 17 21. Allowing noncertified individuals to provide home delivered meals.
- 18 22. Allowing nursing students to provide allowable nursing services.
- 19 23. Allowing parents to be paid caregivers for their minor children in the
20 Children's Long-Term Supports program when providing a service that would
21 otherwise have been performed and paid for by a provider.
- 22 24. Allowing for qualified individuals to provide training to unpaid caregivers.
- 23 25. Waiving choice of provider requirements.
- 24 26. Waiving the managed care network adequacy requirements under 42 CFR
25 438.68 and 438.207.

1 27. Waiving requirements to complete initial and required periodic
2 credentialing of network providers.

3 28. Adding a verbal and electronic method to signing required documents.

4 29. Allowing the option to conduct evaluations, assessments, and
5 person-centered service planning meetings virtually or remotely in lieu of
6 face-to-face meetings.

7 30. Allowing the lessening of prior approval or authorization requirements.

8 31. Allowing for data entry of incidents into the incident reporting system
9 outside of typical timeframes.

10 32. Waiving the requirement to distribute member-centered plans to essential
11 providers.

12 33. Allowing the department of health services to draw federal financing match
13 for payments, such as hardship or supplemental payments, to stabilize and retain
14 providers who suffer extreme disruptions to their standard business model or
15 revenue streams as a result of the 2019 novel coronavirus.

16 34. Allowing the department of health services to waive participant liability for
17 room and board when temporarily sheltered at noncertified facilities.

18 35. Allowing payment for home and community-based waiver services.

19 36. Allowing managed care enrollees to proceed almost immediately to a state
20 fair hearing without having a managed care plan resolve the appeal first by
21 permitting the department of health services to modify the timeline for managed
22 care plans to resolve appeals to one day so the impacted appeals satisfy the
23 exhaustion requirements and give enrollees more time to request a fair hearing.

24 37. Waiving public notice requirements that would otherwise be applicable to
25 waiver changes.

1 38. Modifying the tribal consultation timelines to allow for consultation at the
2 next future tribal health directors meeting.

3 39. Waiving timelines for reports, required surveys, and notifications.

4 40. Allowing the extension of the certification period of level-of-care screeners.

5 41. Allowing the waiver of requirements related to home and
6 community-based settings on a case-by-case basis in order to ensure the health,
7 safety, and welfare of affected beneficiaries under 42 CFR 441.301 (c) (4).

8 42. Applying any provisions under this paragraph automatically to the
9 concurrent 1915 (b) waiver.

10 43. Allowing the waiver enrollment or eligibility changes based on a completed
11 functional screen resulting in a change in level-of-care.

12 44. Allowing for continued enrollment in the Children's Long-Term Supports
13 program past the ages of 18 and 21.

14 45. Allowing the suspension of involuntary disenrollment.

15 (11) AUDIT OF PROGRAMS AND EXPENDITURES. Beginning July 1, 2020, and ending
16 June 30, 2021, the legislative audit bureau shall use risk-based criteria to review
17 selected programs affected by this act and selected expenditures made with funds
18 authorized by this act and report the results of its reviews at least quarterly to the
19 chief clerk of each house of the legislature and to the joint legislative audit
20 committee.

21 (12) REQUESTS FOR FUNDING FOR GRANTS TO HEALTH CARE PROVIDERS FOR
22 COVID-19 COSTS. At any time during the 2019-21 fiscal biennium, the department
23 of health services may submit a request to the joint committee on finance under s.
24 13.10 to supplement any appropriation made to the department from the
25 appropriation account under s. 20.865 (4) (a) for the purpose of providing grants to

1 health care providers or facilities for their unreimbursed costs incurred for
2 responding to the COVID-19 pandemic.

3 (13) COMMUNICATIONS LIMITATIONS UNDER CAMPAIGN FINANCE LAW. Section 11.1205
4 (1) does not apply to communications made during, or within 30 days after
5 termination of, the public health emergency declared on March 12, 2020, by
6 executive order 72, if the communications relate to the public health emergency.

7 (14) AUTHORITY TO WAIVE INTEREST AND PENALTIES FOR GENERAL FUND AND
8 TRANSPORTATION FUND TAXES. For any person who fails to remit a covered tax or fee
9 by the date required by law, the secretary of revenue may waive, on a case-by-case
10 basis, any penalty or interest that accrues during the applicable period if the date
11 required by law for the remittance is during the applicable period and the secretary
12 determines that the person's failure is due to the effects of the COVID-19 pandemic.
13 For purposes of this subsection, "applicable period" means the period covered by the
14 public health emergency declared on March 12, 2020, by executive order 72, and
15 "covered tax or fee" means a tax that is deposited or expected to be deposited into the
16 general fund or a tax or fee that is deposited or expected to be deposited into the
17 transportation fund.

18 (15) AUTOPSIES AND CREMATION OF BODIES OF PERSONS WHO DIED OF COVID-19.

19 (a) *Definition.* In this subsection, "COVID-19" means an infection caused by
20 the SARS-CoV-2 coronavirus.

21 (b) *Viewing of a corpse to be cremated following death from COVID-19.*
22 Notwithstanding s. 979.10 (1) (b), for the duration of the public health emergency
23 declared on March 12, 2020, by executive order 72, if any physician, coroner, or
24 medical examiner has signed the death certificate of a deceased person and listed
25 COVID-19 as the underlying cause of death, a coroner or medical examiner shall

1 issue a cremation permit to cremate the corpse of that deceased person without
2 viewing the corpse.

3 (c) *Time for cremation of a person who has died of COVID-19.* Notwithstanding
4 s. 979.10 (1) (a) (intro.), for the duration of the public health emergency declared on
5 March 12, 2020, by executive order 72, if a physician, coroner, or medical examiner
6 has signed the death certificate of a deceased person and listed COVID-19 as the
7 underlying cause of death, a coroner or medical examiner shall issue, within 48 hours
8 after the time of death, a cremation permit for the cremation of a corpse of a deceased
9 person.

10 (d) *Autopsy of an inmate who has died of COVID-19.* Notwithstanding s.
11 979.025, for the duration of the public health emergency declared on March 12, 2020,
12 by executive order 72, if an individual dies of COVID-19 while he or she is in the legal
13 custody of the department of corrections and confined to a correctional facility
14 located in this state, an autopsy on the deceased individual may be performed by any
15 coroner or medical examiner in this state.

16 (e) *Requiring electronic signature on death certificates with 48 hours if death*
17 *is caused by COVID-19.* Notwithstanding s. 69.18 or any other requirements to the
18 contrary, during the public health emergency declared on March 12, 2020, by
19 executive order 72, if the underlying cause of a death is determined to be COVID-19,
20 the person required to sign the death certificate shall provide an electronic signature
21 on the death certificate within 48 hours after the death occurs.

22 (16) CREDENTIAL RENEWAL DURING COVID-19 EMERGENCY.

23 (a) *Definition.* In this subsection, “emergency period” means the period covered
24 by the state of emergency related to public health declared by the governor on March

SECTION 105

1 12, 2020, by executive order 72, and for the 60 days following the date that the state
2 of emergency is terminated.

3 (b) *Emergency medical services renewals.* Notwithstanding s. 256.15 (6) (b) and
4 (c), (8) (c) and (cm), and (10), during the emergency period, the department of health
5 services may not require an ambulance service provider, emergency medical services
6 practitioner, or emergency medical responder that holds a license, training permit,
7 or certificate under s. 256.15 that has not been suspended or revoked to renew that
8 license, training permit, or certificate or impose renewal requirements, such as
9 continuing education, on an ambulance service provider, emergency medical services
10 practitioner, or emergency medical responder that holds a license, training permit,
11 or certificate under s. 256.15. A renewal that occurs after the emergency period is
12 not considered a late renewal if the application to renew the credential is received
13 before the next applicable renewal date. The department of health services may, for
14 that next applicable renewal date, provide an exemption from or reduction of
15 continuing education or other conditions for renewal.

16 (17) CHILD CARE AND DEVELOPMENT FUND BLOCK GRANT FUNDS. The federal Child
17 Care and Development Fund block grant funds received under the federal
18 Coronavirus Aid, Relief, and Economic Security Act, P.L. 116-136, shall be credited
19 to the appropriations under s. 20.437 (1) (mc) and (md). No moneys credited under
20 this subsection may be encumbered or expended except as provided under s. 16.54
21 (2) (a) 2.

22 (18) ELIGIBILITY FOR LOCAL FAIR AIDS. Notwithstanding s. 93.23 (1) (c), each
23 agricultural society, board, or association that received aid under s. 93.23 in 1950
24 shall continue to remain eligible for aid if a fair operated by the society, board, or

1 association is not held during 2020 because of the public health emergency declared
2 on March 12, 2020, by executive order 72.

3 (19) APPLICATIONS FOR HEATING ASSISTANCE. Households may apply for heating
4 assistance under s. 16.27 (4) (a) at any time during calendar year 2020.

5 (20) PAY-FOR-PERFORMANCE; HEALTH INFORMATION EXCHANGE. The department of
6 health services shall develop for the Medical Assistance program a payment system
7 based on performance to incentivize participation in health information data sharing
8 to facilitate better patient care, reduced costs, and easier access to patient
9 information. The department shall establish performance metrics for the payment
10 system under this subsection that satisfy all of the following:

11 (a) The metric shall include participation by providers in a health information
12 exchange at a minimum level of patient record access.

13 (b) The payment under the payment system shall increase as the participation
14 level in the health information exchange increases.

15 (c) The payment system shall begin in the 2021 rate year.

16 (d) For purposes of this payment system, the department shall seek any
17 available federal moneys, including any moneys available for this purpose under the
18 the federal Coronavirus Aid, Relief, and Economic Security Act, P.L. 116-136, to
19 assist small, rural providers with the costs of information technology setup to
20 participate in the health information exchange.

21 (21) PUPIL ASSESSMENTS; PUBLIC HEALTH EMERGENCY EXCEPTION FOR THE 2019-20
22 SCHOOL YEAR. Sections 115.7915 (5) (b) and (6) (j), 118.30 (1m), (1r), (1s), and (1t),
23 118.40 (2r) (d) 2. and (2x) (d) 2., 118.60 (7) (b) 1., 119.23 (7) (b) 1., and 121.02 (1) (r)
24 and (s) do not apply in the 2019-20 school year.

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1 (22) DIRECT HOURS OF INSTRUCTION; WAIVER FOR PRIVATE SCHOOLS. In the 2019-20
2 school year, the governing body of a private school may request the department to
3 waive any requirement related to providing hours of instruction in chs. 115 to 121,
4 including the requirements in ss. 118.165 (1) (c), 118.60 (2) (a) 8., and 119.23 (2) (a)
5 8., or in administrative rules promulgated by the department under the authority of
6 those chapters.

7 (23) STATEWIDE PARENTAL CHOICE PROGRAM; APPLICATIONS FOR THE 2020-21 SCHOOL
8 YEAR.

9 (a) Notwithstanding s. 118.60 (3) (ar) 1., a private school that submitted a
10 notice of intent to participate under s. 118.60 (2) (a) 3. a. by January 10, 2020, may
11 accept applications for the 2020-21 school year until May 14, 2020, from pupils who
12 reside in a school district, other than an eligible school district, as defined in s. 118.60
13 (1) (am), or a 1st class city school district.

14 (b) Notwithstanding s. 118.60 (3) (ar) 2., each private school that receives
15 applications under s. 118.60 (3) (ar) 1. for the 2020-21 school year by the deadline
16 under par. (a), shall report the information required under s. 118.60 (3) (ar) 2. to the
17 department of public instruction by May 29, 2020.

18 (24) FULL-TIME OPEN ENROLLMENT; APPLICATIONS FOR THE 2020-21 SCHOOL YEAR.
19 Notwithstanding s. 118.51 (3) (a) and (b), (8), and (14) (b), all of the following apply
20 to applications to attend a public school in a nonresident school district under s.
21 118.51 in the 2020-21 school year:

22 (a) The deadline for a parent of a pupil to submit an application to a nonresident
23 school district under s. 118.51 (3) (a) 1. is May 29, 2020.

1 (b) The deadline for a nonresident school board to send a copy of an application
2 to a pupil's resident school board and the department under s. 118.51 (3) (a) 1. is by
3 the end of the day on June 1, 2020.

4 (c) The deadline for a resident school board to send a copy of a pupil's
5 individualized education program to a nonresident school district under s. 118.51 (3)
6 (a) 1m. is June 8, 2020.

7 (d) A nonresident school board may not act on any application received under
8 s. 118.51 (3) (a) 1. before June 1, 2020.

9 (e) The deadline under s. 118.51 (3) (a) 3. by which a nonresident school board
10 must notify an applicant of whether the applicant's application has been accepted is
11 July 2, 2020.

12 (f) The deadline under s. 118.51 (3) (a) 4. by which a resident school board must
13 notify an applicant and the nonresident school board that an application has been
14 denied is July 9, 2020.

15 (g) The deadline under s. 118.51 (3) (a) 6. for a pupil's parent to notify a
16 nonresident school board of the pupil's intent to attend school in the nonresident
17 school district in the 2020-21 school year is July 31, 2020, or within 10 days of
18 receiving a notice of acceptance if a pupil is selected from a waiting list under s.
19 118.51 (5) (d).

20 (h) By August 7, 2020, each nonresident school board that has accepted a pupil
21 under s. 118.51 for attendance in the 2020-21 school year shall report the name of
22 the pupil to the pupil's resident school board.

23 (i) The deadline for a resident school board to provide the information under
24 s. 118.51 (8) to a nonresident school board to which a pupil has applied to attend in
25 the 2020-21 school year is June 5, 2020.

1 (j) The deadline under s. 118.51 (14) (b) for the department to provide parents
2 requesting reimbursement under s. 118.51 (14) (b) an estimate of the amount of
3 reimbursement that the parent will receive if the pupil attends public school in the
4 nonresident school district in the 2020-21 school year is June 12, 2020.

5 (25) INTEREST ON LATE PROPERTY TAX PAYMENTS. Notwithstanding ss. 74.11, 74.12,
6 and 74.87, for property taxes payable in 2020, a taxation district may provide that
7 no installment payment that is due and payable after April 1, 2020, and is received
8 after its due date shall accrue interest or penalties if the total amount due and
9 payable in 2020 is paid on or before October 1, 2020. Interest and penalties shall
10 accrue from October 1, 2020, for any property taxes payable in 2020 that are
11 delinquent after October 1, 2020.

12 **SECTION 106. Initial applicability.**

13 (1) UNEMPLOYMENT INSURANCE; CHARGING OF BENEFITS. The amendment of s.
14 108.16 (6m) (a) and the creation of ss. 108.04 (2) (d) and 108.07 (5) (bm) first apply
15 retroactively to weeks of benefits described in s. 108.07 (5) (bm).

16 (2) DEADLINES AND TRAINING REQUIREMENTS FALLING DURING A PUBLIC HEALTH
17 EMERGENCY. The treatment of s. 323.265 first applies retroactively to a deadline, as
18 defined in s. 323.265 (1) (b), or training requirement falling during the public health
19 emergency declared on March 12, 2020, by executive order 72.

20 (END)

**2019-2020 DRAFTING INSERT
FROM THE
LEGISLATIVE REFERENCE BUREAU**

LRB
TJD:...

TJD1: Section 77 of LRB-6089: Delete the lines beginning with the line that begins “153.23” and ending with the line that ends “153.05 (2m) (a)” and insert:

153.23 Public health emergency dashboard. (1) “Public health emergency related to the 2019 novel coronavirus” means the period covered by any of the following:

(a) The national emergency declared by the U.S. president under 50 USC 1621 on March 13, 2020, in response to the 2019 novel coronavirus.

(b) The public health emergency declared under 42 USC 247d by the secretary of the federal department of health and human services on January 31, 2020, in response to the 2019 novel coronavirus.

(c) The state of emergency related to public health declared under s. 323.10 on March 12, 2020, by executive order 72.

(2) During the public health emergency related to the 2019 novel coronavirus, the entity under contract under s. 153.05 (2m) (a)

(End insert for Section 77 of LRB-6089)

TJD2: In Section 98 of LRB-6089 in sub. (2) (a) after “s. 323.10” on the 3rd line of the paragraph insert:

on March 12, 2020, by executive order 72,

(End insert for Section 98 of LRB-6089)

Barman, Mike

From: Lang, Bob
Sent: Saturday, April 11, 2020 10:40 AM
To: Champagne, Rick; Hanaman, Cathlene
Cc: Jackson, Wendy
Subject: RE: Redrafting 6089

Good. Thanks.

From: Champagne, Rick <Rick.Champagne@legis.wisconsin.gov>
Sent: Saturday, April 11, 2020 10:37 AM
To: Lang, Bob <Bob.Lang@legis.wisconsin.gov>; Hanaman, Cathlene <Cathlene.Hanaman@legis.wisconsin.gov>
Cc: Jackson, Wendy <Wendy.Jackson@legis.wisconsin.gov>
Subject: Redrafting 6089

Bob,

1. Aside from tax provisions and provisions tied to a federal declaration of emergency, we are changing in 6089 all provisions that are tied to any state of emergency or any public health emergency under s. 323.10 to be instead tied to the current COVID-19 public health emergency. These provisions will therefore not be permanent—they are one-time events. We will insert the phrase “the public health emergency declared on March 12, 2020, by executive order 72” in place of a permanent emergency. Note that we are not changing any 30, 60, or 90 day extension beyond the emergency—just changing the permanent emergency reference to the current COVID-19 one.

Also, please note that we will not be moving these provisions from the statutes to nonstatutory provisions. You will not see redrafts on these changes. Cathlene and I will make these changes on the document.

2. You will see new redrafts of underlying drafts for all of the other substantive changes identified by Tad and Heather.
3. In terms of bill section numbers, we will not be changing these. For your summaries, keep the current bill sections you already have. If we add in a new section, we will number it with an alpha, like Section 74m.

Please call with any questions.

Rick