2021 ASSEMBLY BILL 1

January 4, 2021 - Introduced by Representatives Vos, Summerfield, James, Tusler, Cabral-Guevara, Born, Steineke, Wichgers, Magnafici, Dallman, Katsma, Callahan, Kuglitsch, J. Rodriguez, Vorpagel, Snyder, Duchow, Schraa, Petersen, Thiesfeldt, Swearingen, Zimmerman, Edming, Wittke and Moses. Referred to Committee on Health.

AN ACT to repeal 153.23 (1); to renumber and amend 153.23 (2) and 450.11 (5) (br) 3.; to amend 13.101 (4d), 40.26 (5m), 40.26 (6) (intro.), 70.511 (2) (a), 74.35 (5) (c), 74.37 (4) (b), 108.04 (3) (b), 108.062 (20) (intro.), 108.07 (5) (bm) 1., 108.07 (5) (bm) 2. a., 118.133 (1) (a), 118.133 (1) (b), 118.133 (2), 252.02 (3), 323.19 (3), 440.15, 450.01 (11m), 450.01 (21s), 450.02 (1), 450.035 (2g), 450.035 (2i) (a), 450.035 (2i) (b), 450.035 (3), 450.035 (4), 450.11 (5) (br) 2. d., 609.205 (2) (intro.) and (a), 609.205 (3) (intro.), 632.895 (14g) (b) and 632.895 (16v) (a) (intro.); and to create 49.45 (3) (e) 9m., 49.45 (4r), 49.45 (39n), 50.083, 50.33 (2d), 50.36 (5m), 50.49 (6m) (d), 101.643, 103.375, 108.07 (5) (bm) 1m., 252.02 (5m), 252.03 (2g), 252.03 (2m), 440.08 (2) (a) 69g., 440.094, 447.01 (1e), 447.01 (8) (az), 447.01 (11), 447.059, 450.01 (13w), 450.01 (23) (p), 450.03 (1) (fm), 450.075, 450.11 (5) (br) 3. b., 609.205 (3m), 655.0025 and 895.476 of the statutes; relating to: state government actions to address the COVID-19 pandemic, extending the time limit for emergency rule procedures, providing
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an exemption from emergency rule procedures, and granting rule-making authority.

Analysis by the Legislative Reference Bureau
CORRECTIONAL SYSTEM

Death of an inmate

Under current law, if an individual dies while he or she is in the legal custody of the Department of Corrections and confined to a correctional facility located in this state, an autopsy on the deceased individual must be performed. Under this bill, until the conclusion of a national emergency declared by the U.S. president in response to the 2019 novel coronavirus, if an individual who has been diagnosed with COVID-19 dies, the coroner or medical examiner may perform a limited examination of the deceased individual instead of a full autopsy, which may include an external examination of the body of the deceased individual, a review of the deceased individual’s medical records, or a review of the deceased individual’s radiographs. These changes were enacted in 2019 Wisconsin Act 185, but applied only during the state of emergency related to public health declared on March 12, 2020.

COURTS

Civil liability exemption for certain entities relating to COVID-19 claims

The bill establishes a civil liability exemption for entities for any act or failure to act resulting in or relating to a person’s exposure to the novel coronavirus identified as SARS-CoV-2 or COVID-19 in the course of or through the performance or provision of the entity’s functions or services. Under the bill, entities are defined to include any legal entity, including businesses, associations, governmental entities, schools, institutions of higher education, or nonprofit organizations, as well as employers or business owners, employees, agents, or independent contractors of the entity, regardless of whether they are paid or volunteers. Under the bill, immunity does not apply if the act or omission involves reckless or wanton conduct or intentional misconduct. The bill provides that an entity’s noncompliance with any national, state, or local order requiring entities to close or limit capacity does not constitute reckless or wanton conduct or intentional misconduct for purposes of immunity under the bill. The immunity granted in the bill applies retroactively to claims accruing on or after March 1, 2020, except that it does not apply to actions filed before the bill goes into effect.

EDUCATION

Full-time open enrollment; applications for the 2020-21 and 2021-22 school years

Under current law, a pupil may attend a public school, including a virtual charter school, in a school district other than the pupil’s resident school district (nonresident school district) under the full-time open enrollment program (OEP).
For purposes of the OEP, a virtual charter school is located in the school district that authorized the virtual charter school.

The standard OEP application procedure requires a pupil’s parent to apply to a nonresident school district during the spring semester immediately preceding the school year in which the pupil wishes to attend the nonresident school district. However, current law provides an alternative application procedure that allows a pupil’s parent to apply to a nonresident school district at any time during the school year if certain circumstances apply. One of the circumstances under which a pupil may apply using the alternative application procedure is if the parent of the pupil and the nonresident school board agree that attending school in the nonresident school district is in the best interests of the pupil. Current law allows a resident school board to deny a pupil’s application if the resident school board determines the circumstance relied upon by the pupil to use the alternative application procedure does not apply to the pupil. Current law also provides an appeal process in the event the resident school board denies a pupil’s application.

Under the bill, during the 2020–21 and 2021–22 school years, if a pupil submits an OEP application using the alternative application procedure on the basis of the pupil’s parent and nonresident school board agreeing that attending school in the nonresident school district is in the best interests of the pupil, the pupil’s resident school board may not deny the application for any reason.

Current law also limits the number of nonresident school boards to which a pupil may apply to attend a public school under the OEP to no more than three nonresident school boards in any school year. Under the bill, this limitation does not apply to 1) applications for the 2020–21 school year that are submitted under the alternative application procedure; or 2) applications for the 2021–22 school year that are submitted under the standard or alternative application procedure.

**School board reports on virtual instruction provided during the 2020-21 and 2021-22 school years**

Under the bill, by 30 days after the end of each semester in the 2020–21 and 2021–22 school years, each school board must submit a report to the Department of Public Instruction that contains various information related to virtual instruction provided during the semester, including the amount of certain expenditure reductions or increases related to providing virtual instruction. Under the bill, DPI must compile and report to the legislature the information it receives from school boards for the first semester by the following April 1 and for the second semester by the following September 1. For the 2021–22 school year, a school board does not have to submit a report for a semester during which the school board does not provide virtual instruction in lieu of in-person instruction.

School boards were required to report similar information to DPI related to virtual instruction and school board operations while schools were closed by the Department of Health Services in the 2019–20 school year.

**School board requirements for virtual instruction**

Beginning on January 11, 2021, and ending on the last day of the 2021–22 school year, a school board may not provide virtual instruction to pupils instead of in-person instruction unless approved by a two-thirds vote of the school board
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members. Each school board approval of virtual instruction is valid for 14 days. A school board may reauthorize the virtual instruction only by subsequent two-thirds votes of the school board members.

Interscholastic athletic association; transfer rules in the 2020-21 and 2021-22 school years

This bill prohibits a school district from being a member of an interscholastic athletic association in the 2021-22 school year unless, during the 2020-21 and 2021-22 school years, the association allows an exception to the association’s transfer rules based on the manner in which educational programming was delivered during the 2020-21 and 2021-22 school years. Specifically, under the bill, for purposes of eligibility in the 2020-21 and 2021-22 school years, the interscholastic athletic association must consider the method by which educational programming was delivered during the 2020-21 or 2021-22 school year to be an extenuating circumstance that justifies transferring schools. Under the bill, the “method of delivering educational programming” includes virtual instruction, in-person instruction, and a combination of both virtual and in-person instruction. Additionally, if a waiver is granted based on the method of delivering educational programming in the 2020-21 or 2021-22 school year, the association must allow the pupil to play any level of athletics, including varsity athletics.

Interscholastic athletics and extracurricular activities; virtual charter school pupils

The bill allows a pupil who attends a virtual charter school to participate in interscholastic athletics and extracurricular activities in the pupil’s resident school district.

Under current law, a school board must allow a homeschooled pupil who resides in the school district to participate in interscholastic athletics and extracurricular activities. Current law further provides that a school board may charge a homeschooled pupil a participation fee on the same basis that the school board charges participation fees to pupils enrolled in the school district. The bill extends these provisions to pupils who attend a virtual charter school. Under the bill, a school board may charge a virtual charter school pupil a participation fee on the same basis it charges participation fees to pupils enrolled in the school district.

EMPLOYMENT

Unemployment insurance; plan to address claims backlog

The bill requires the Department of Workforce Development to, within 30 days of the effective date of the bill, publish a plan to address the backlog of unemployment insurance claims, and also requires DWD to extend the hours of the unemployment insurance call center to 12 hours per day, seven days per week, until the backlog has been addressed. Under the bill, the backlog is considered to be addressed when the number of weekly claims in process are at levels comparable to those in January and February 2020.

Unemployment insurance; work-share programs

Current law allows an employer to create a work-share program within a work unit of the employer. Under a work-share program, the working hours of all of the
full-time employees in the program are reduced in an equitable manner in lieu of a layoff of some of the employees and a continuation of full-time employment by the other employees. A claimant for UI benefits who is included in a work-share program may receive UI benefits during his or her continued employment with the work-share employer in an amount equal to the claimant’s benefit for total unemployment multiplied by the same percentage reduction in normal working hours that the claimant incurs under the program. Current law also provides for the temporary modification of certain requirements that apply to work-share plans with respect to work-share plans submitted on or after April 17, 2020, and before December 31, 2020. The bill provides that these modifications also apply while a national emergency declared by the U.S. president in response to the 2019 novel coronavirus remains in effect, but not later than July 3, 2021.

Unemployment insurance; waiting period

Currently, a claimant must generally wait one week after becoming eligible to receive UI benefits before the claimant may receive benefits for a week of unemployment, but the application of the one-week waiting period is temporarily suspended for benefit years that began after March 12, 2020, and before February 7, 2021. This bill extends the end date for suspending the one-week waiting period to March 14, 2021.

Unemployment insurance; benefit charging

Current law, as enacted in 2019 Wisconsin Act 185, requires DWD, when processing claims for UI benefits and evaluating work-share plans, to determine whether a claim or plan is related to the public health emergency declared by the governor under Executive Order 72. If a claim is so related, current law provides that the regular benefits for that claim for weeks occurring after March 12, 2020, and before December 31, 2020, not be charged to the employers’ accounts in the unemployment trust fund or to the employers directly, as is normally provided. Instead, the benefits for those weeks are, subject to numerous exceptions, to be charged to other accounts. This bill provides for this noncharging of benefits to continue through March 13, 2021, and requires DWD to presume that an initial claim for benefit years beginning on or after March 15, 2020, through March 13, 2021, relates to the public health emergency declared on March 12, 2020, by Executive Order 72 unless one of certain exceptions applies. The bill provides that an employer is not required to submit a request for charging relief for initial claims filed through March 13, 2021.

Prohibiting vaccination against SARS-CoV-2 as condition of employment

This bill prohibits an employer from requiring an individual to receive a vaccine against the SARS-CoV-2 coronavirus or show evidence of having received such a vaccine.

HEALTH AND HUMAN SERVICES

Medical Assistance payment for hospitals for nursing facility care

The bill requires DHS to provide reimbursement or a supplemental payment to hospitals under the Medical Assistance program for providing nursing-facility-level custodial care. To receive reimbursement or supplemental
payment, the hospital must notify DHS that it is participating as a swing bed hospital under the Medical Assistance program and providing custodial care for which federal financial participation is approved to an individual who is eligible for discharge after receiving inpatient care in the hospital, who needs nursing-facility-level care, and for whom the hospital is unable to locate a nursing facility that accepts the individual for admission. If providing reimbursement instead of supplemental payment, DHS must pay the hospital the statewide average per-diem rate paid to nursing facilities. DHS must use the same standards and eligibility criteria as the federal Medicare program uses to determine reimbursement for swing beds or, for hospitals that are not critical access hospitals, the terms of a federal waiver issued during the federally declared national emergency related to the 2019 novel coronavirus. This requirement to reimburse hospitals for providing nursing facility care applies until June 30, 2021, or until the termination of any public health emergency declared by the secretary of the federal Department of Health and Human Services related to the 2019 novel coronavirus, whichever is earlier.

Reimbursement for outpatient services provided by hospitals

The bill requires DHS to provide reimbursement through the Medical Assistance program to a hospital for services provided on an outpatient basis that are usually reimbursed when provided at the hospital’s inpatient facility but are provided at the hospital’s outpatient facility due to the 2019 novel coronavirus pandemic. To receive reimbursement under the bill, the outpatient services must be approved for federal financial participation and must be provided in a facility that is operated by the hospital and is certified for outpatient services under the federal Medicare program, including under the terms of a federal waiver issued during the federally declared national emergency related to the 2019 novel coronavirus. DHS must seek any federal approval necessary to provide the reimbursement. The reimbursement requirement applies until the conclusion of a public health emergency declared by the secretary of the federal Department of Health and Human Services in response to the 2019 novel coronavirus or until June 30, 2021, whichever is earlier.

Coverage of vaccinations under SeniorCare

DHS administers the SeniorCare program, which provides assistance to individuals who are elderly in the purchase of prescription drugs. 2019 Wisconsin Act 185 requires DHS to include under the SeniorCare program coverage of vaccinations that are recommended for administration to adults by the federal Centers for Disease Control and Prevention’s Advisory Committee on Immunization Practices and approved by DHS. DHS must also provide payments to health care providers that administer the vaccinations and submit claims for payment in the manner required. SeniorCare is operated under a waiver of federal Medicaid laws, but DHS is required to operate the program regardless of whether a waiver is received from the federal government. The bill clarifies that DHS must cover and reimburse vaccinations under SeniorCare as required under 2019 Wisconsin Act 185 by January 15, 2021, regardless of whether a federal waiver is received.
Medical Assistance reimbursement for COVID-19 vaccines and tests administered by pharmacists

The bill requires DHS to ensure that vaccines against SARS-CoV-2 coronavirus and tests for COVID-19 that are otherwise covered and reimbursed under the Medical Assistance program are covered and reimbursed when administered by a pharmacist acting under the scope of practice, which currently includes the administration of vaccines by pharmacists that meet certain criteria. DHS must certify pharmacists as Medical Assistance providers as necessary to cover and reimburse pharmacists for administering COVID-19 vaccines and tests as the bill requires. Current law requires DHS to reimburse pharmacists for administering vaccines to children if the federal Department of Health and Human Services has approved the request by DHS to amend the state’s Medical Assistance plan to allow such reimbursement and if the pharmacist enrolls in the federal Vaccines for Children Program.

Utilization data in the Medical Assistance program

This bill requires DHS to provide, semiannually, to any health care data aggregator all fee-for-service and managed care encounter claims data and data specifications for the Medical Assistance program. A health care data aggregator is a data organization or entity that collects, analyzes, and disseminates health care information under current law and requests that DHS provide the data to it. Current law provides that a data organization contracts with the state to analyze and report health care claims information collected from insurers and administrators and provides that an entity is under contract to collect, analyze, and disseminate claims and other health information from hospitals and ambulatory surgery centers. Either the data organization, the entity, or both could be a health care data aggregator under the bill.

Under the bill, after DHS provides a health care data aggregator with the Medical Assistance data, the health care data aggregator, within five days or a longer period specified by DHS, must create a data set with information that has eliminated the ability to trace the information back to a specific patient and then destroy the original data. Once the patient information cannot be traced back to a specific patient the information is known as de-identified health information. The health care data aggregator must make the de-identified data set available to the public and may disseminate custom data sets and reports containing de-identified health information. This de-identified health information must meet the requirements in the federal Health Insurance Portability and Accountability Act, or HIPAA, for ensuring that patient information is not individually identifiable. HIPAA generally requires that health information that identifies a specific individual be kept confidential except for treatment, billing, and other limited purposes but allows the use of health information if it cannot identify the individual. The health care data aggregator, in its treatment of the Medical Assistance data received under the bill, must comply with the same patient confidentiality requirements as apply to its collection of data under current law.
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Local health officer orders in response to communicable disease outbreak

Currently, local health officers have the statutory authority to do what is reasonable and necessary for the prevention and suppression of disease and forbid public gatherings when necessary to control outbreaks or epidemics among other public health powers. In addition, local health officers must take all measures necessary to prevent, suppress, and control communicable diseases and report those measures to the appropriate governing body along with the progress of the communicable disease. Under this bill, a local health officer may enforce an order to close or restrict capacity of businesses to control outbreaks and epidemics of the 2019 novel coronavirus for a maximum of 14 days unless the governing body of the local governmental unit in which the order is intended to apply approves an extension of the order. Each extension may not exceed 14 days.

Authority to forbid public gatherings in places of worship

DHS currently has statutory authority to control and suppress communicable diseases, including authority to close schools and forbid public gatherings in schools, churches, and other places to control outbreaks and epidemics and authorize and implement all emergency measures necessary to control communicable diseases. This bill prohibits DHS and local health officers from closing or forbidding gatherings in places of worship to control outbreaks and epidemics of the 2019 novel coronavirus.

Prohibiting mandatory vaccination against SARS-CoV-2

The bill prohibits DHS and local health officers from requiring individuals to receive a vaccine against the SARS-CoV-2 coronavirus, which causes COVID-19. Under current law, during a state of emergency related to public health declared by the governor, DHS may order any individual to receive a vaccination, except under certain medical circumstances or if the individual objects for religious or conscience reasons, and may isolate or quarantine an individual who is unwilling or unable to be vaccinated.

Collection and reporting of public health emergency data

Current law, as created in 2019 Wisconsin Act 185, requires the entity that is under contract to collect, analyze, and disseminate the health care information of hospitals and ambulatory surgery centers to prepare and publish a public health emergency dashboard. The public health emergency dashboard uses health care emergency preparedness program information collected from acute care hospitals and includes information to assist in emergency response planning activities. The requirement created in Act 185 to prepare and publish the public health emergency dashboard applies during any of the following emergencies declared in response to the 2019 novel coronavirus: the national emergency declared by the U.S. president on March 13, 2020; the public health emergency declared by the secretary of the federal Department of Health and Human Services on January 31, 2020; or the now expired state of emergency related to public health declared by the governor on March 12, 2020. The bill eliminates the currently specified periods during which the requirement applies and instead requires the preparation and publication of the public health emergency dashboard during any public health emergency declared by
the secretary of the federal Department of Health and Human Services that is related to an outbreak or epidemic of communicable disease.

**Cremation permits and electronic signature of death certificates**

Under current law, a coroner or medical examiner must view the corpse of a deceased person before issuing a cremation permit, and the corpse may not be cremated within 48 hours after the death unless the death was caused by a contagious or infectious disease. Under this bill, until the conclusion of a national emergency declared by the U.S. president in response to the 2019 novel coronavirus, if a physician, coroner, or medical examiner has signed the death certificate of a deceased person and listed COVID-19 as the cause of death, a coroner or medical examiner must issue a cremation permit without viewing the corpse of a deceased person and a coroner or medical examiner must issue the permit within 48 hours after the time of death. The bill also requires that if the underlying cause of a death is determined to be COVID-19, the person required to sign the death certificate shall provide an electronic signature on the death certificate within 48 hours after the death occurs. These changes to the requirements were enacted in 2019 Wisconsin Act 185, but applied only during the state of emergency related to public health declared on March 12, 2020.

**Child Care and Development Fund block grant funding**

Under this bill, federal Child Care and Development Fund block grant funds received by the state under the federal Consolidated Appropriations Act of 2021 are credited to federal block grant appropriations, and the purposes for the expenditure of those funds are subject to passive review by the Joint Committee on Finance.

**Nursing home or assisted living facility visitation by essential visitors**

The bill allows a nursing home or assisted living facility resident to designate an essential visitor to visit and provide support for the resident. A health care agent under the resident’s power of attorney for health care is also considered an essential visitor. A nursing home or assisted living facility must allow an essential visitor, who agrees to comply with the public health policies of the nursing home or assisted living facility, to enter the nursing home or assisted living facility to visit the resident in compassionate care situations. If the federal Centers for Medicare and Medicaid Services (CMS) issues guidance that restricts visitation more than this bill does, a nursing home or assisted living facility is allowed to comply with that guidance instead of the bill. The requirement to allow visitation of an essential visitor in this bill applies when the nursing home or assisted living facility limits visitors to the nursing home or assisted living facility due to an outbreak or epidemic of communicable disease in the community.

**Hospital services provided in a home setting**

This bill generally specifies standards for certain services provided by hospitals in a home setting and reimbursement under the Medical Assistance program for those services. These “hospital-associated services” are defined in the bill as health care services that are the same type of services as those provided by a hospital in an inpatient or outpatient facility, that are of the type for which a federal Medicare payment could be claimed as a hospital service, and that are provided in a home setting.
setting and not in a setting that is approved as a hospital by DHS. If CMS has approved a hospital to provide any hospital-associated service, DHS may apply and enforce the CMS rule or standard on the hospital as the state standard for the service. A hospital that complies with the bill is not required to be licensed as a home health agency to provide hospital-associated services.

The Medical Assistance program is a joint federal and state program that provides health services to individuals who have limited financial resources, and the Medical Assistance program certifies and provides reimbursement to providers, including hospitals, for those health services that are covered by the program. The bill specifies that hospital-associated services provided by a hospital in accordance with the bill and that are of the type for which Medicare payment could be claimed as inpatient hospital services must be included and reimbursed or paid as inpatient services under the Medical Assistance program.

**Prescription order extensions**

Current law allows a pharmacist to extend a prescription order under certain circumstances in the event that the prescription cannot otherwise be refilled, subject to certain criteria and limitations. However, current law also includes an alternative authorization for a pharmacist to extend a prescription during the public health emergency declared on March 12, 2020, by executive order 72, and for 30 days after the conclusion of that public health emergency. Under this alternative authorization, a pharmacist is exempt from having to contact the prescribing practitioner or his or her office, the pharmacist may extend the prescription by up to a 30-day supply, and certain other requirements also do not apply. The bill provides that this alternative authorization to extend a prescription order also applies beginning on the bill's effective date and continuing until the conclusion of a national emergency declared by the U.S. president in response to the 2019 novel coronavirus or until June 30, 2021, whichever is earlier.

**Practice of emergency medical services personnel and providers with credentials from outside the state**

Currently, with certain exceptions, an individual must have a certification as an emergency medical responder or a license as emergency medical services practitioner to provide emergency medical services in this state. “Emergency medical services practitioners” is the collective term for licensed emergency medical technicians, emergency medical technicians — intermediate, advanced emergency medical technicians, and paramedics. Also, with certain exceptions, a provider of ambulance services in this state must hold a license as an ambulance service provider. Each of the following are exceptions to the licensing or certification requirements: 1) if the individual or provider has a credential from another state and is involved in 10 or fewer patient transports or patient care episodes per year that begin and end in Wisconsin; 2) if the individual or provider has a credential from another state and is responding from that state in response to a request for mutual aid; and 3) the individual had a Wisconsin license as an emergency medical services practitioner or certification as an emergency medical responder at any time in the previous 10 years that was never revoked, limited, suspended, or denied or a valid, unexpired credential from another state and is acting during a state of emergency
declared by the federal, the state, or a local government on behalf of a health care facility, mass clinic, or state or local health department as an emergency volunteer health care practitioner. Currently, DHS may issue a license as an emergency medical services practitioner or a certification as an emergency medical responder to an individual who holds a credential from another state if the credentialing standards are at least substantially equivalent to Wisconsin standards and the individual meets other qualifications, except the individual does not need to take an examination.

This bill allows individuals and providers who hold a current, valid credential from another state that allows them to perform substantially the same services as the applicable Wisconsin license or certification to practice or provide services in Wisconsin within the scope of that credential under criteria specified in the bill, if the individual or provider is not under investigation and there are no restrictions or limitations on the credential. Those criteria are the following: the practice or provision of services is necessary to ensure continued and safe delivery of emergency medical or health care services; the need for emergency medical services reasonably prevented obtaining a Wisconsin license or certification before beginning practice; the individual applies for a license or certification within 10 days of first practicing or providing services; and the provider or facility for which the individual or provider is providing services notifies DHS within five days. Individuals or providers who satisfy one of the current exceptions to licensure do not need to comply with the criteria specified in the bill in order to practice or provide services in Wisconsin. The authorization to practice or provide services under this bill applies through June 30, 2021.

**INSURANCE**

*Liability insurance for physicians and nurse anesthetists*

The bill specifies that, until the conclusion of a national emergency declared by the U.S. president in response to the 2019 novel coronavirus or until June 30, 2021, whichever is earlier, a physician or nurse anesthetist for whom Wisconsin is not a principal place of practice but who is temporarily authorized to practice in Wisconsin may fulfill financial responsibility requirements by filing with the commissioner of insurance a certificate of insurance for a policy of health care liability insurance issued by an insurer authorized in a certain jurisdiction specified in the bill. Additionally, under those same circumstances, the physician or nurse anesthetist may elect to be covered by Wisconsin’s health care liability laws. These liability insurance provisions were enacted in 2019 Wisconsin Act 185 but expired with the expiration of the state of emergency related to public health declared on March 12, 2020, by the governor.

*Out-of-network costs related to health coverage*

The bill prohibits, until the conclusion of a national emergency declared by the U.S. president in response to the 2019 novel coronavirus or until June 30, 2021, whichever is earlier, a defined network plan, including a health maintenance organization, or preferred provider plan from requiring an enrollee of the plan to pay more for a service, treatment, or supply provided by an out-of-network provider than if the service, treatment, or supply is provided by an in-network provider. This
prohibition applies to any service, treatment, or supply that is related to the diagnosis of or treatment for COVID-19 and that is provided by an out-of-network provider because a participating provider is unavailable due to the emergency. For a service, treatment, or supply provided under those circumstances, the bill requires the plan to reimburse the out-of-network provider at 225 percent of the federal Medicare program rate. Also, under those circumstances, any health care provider or facility that provides a service, treatment, or supply to an enrollee of a plan but is not a participating provider of that plan shall accept as payment in full any payment by a plan that is at least 225 percent of the federal Medicare program rate and may not charge the enrollee an amount that exceeds the amount that the provider or facility is reimbursed by the plan. Similar prohibitions and requirements to these were created in 2019 Wisconsin Act 185, but those prohibitions and requirements applied only during the state of emergency related to public health declared on March 12, 2020, by the governor and for 60 days following the termination of that state of emergency.

Coverage of COVID-19 testing and vaccination without cost sharing

Current law, as created in 2019 Wisconsin Act 185, requires health insurance policies and self-insured governmental health plans to cover, until March 13, 2021, testing for COVID-19 without imposing any copayment or coinsurance. A health insurance policy is referred to in the bill as a disability insurance policy. The bill extends the Act 185 coverage requirement for testing and adds a requirement to cover vaccines against SARS-CoV-2, which causes COVID-19, until the conclusion of a national emergency declared by the U.S. president in response to the 2019 novel coronavirus or until June 30, 2021, whichever is earlier.

Coverage limits on certain prescription drugs

The bill prohibits insurers that offer health insurance, self-insured governmental health plans, and pharmacy benefit managers from requiring, until the conclusion of a national emergency declared by the U.S. president in response to the 2019 novel coronavirus or until June 30, 2021, whichever is earlier, prior authorization for early refills of a prescription drug or otherwise restricting the period in which a prescription drug may be refilled and from imposing a limit on the quantity of prescription drugs that may be obtained if the quantity is no more than a 90-day supply. These prohibitions do not apply if the prescription drug is a controlled substance. The bill reinstates the prohibitions that were enacted in 2019 Wisconsin Act 185 but that expired with the termination of the state of emergency related to public health declared on March 12, 2020, by the governor.

LEGISLATURE

Transfer of moneys from sum sufficient appropriations

JCF may currently transfer moneys between sum certain and continuing appropriations if JCF finds that unnecessary duplication of functions can be eliminated, more efficient and effective methods for performing programs will result, or legislative intent will be more effectively carried out because of the transfer.

The bill authorizes JCF to transfer moneys from sum sufficient appropriations until the conclusion of a national emergency declared by the U.S. president in
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response to the 2019 novel coronavirus or until June 30, 2021, whichever is earlier. The total amount that may be transferred from all sum sufficient appropriations may not exceed $100,000,000.

PUBLIC UTILITIES

Loans to assist municipal utilities in maintaining liquidity

Under current law, the Board of Commissioners of Public Lands manages the common school fund, the normal school fund, the university fund, and the agricultural college fund (trust funds). Current law authorizes BCPL to manage and invest moneys belonging to the trust funds in good faith and with the care an ordinary prudent person in a like position would exercise under similar circumstances.

This bill authorizes BCPL to loan moneys belonging to the trust funds to cities, villages, and towns to ensure that a municipal utility under the control of the city, village, or town is able to maintain liquidity. A municipal utility is a public utility that is a city, village, or town, or that is wholly owned or operated by a city, village, or town. Each trust fund loan BCPL awards to a city, village, or town under the bill is secured in the same manner as other trust fund loans BCPL awards to cities, villages, and towns under current law. BCPL may not award a loan under the bill after April 15, 2021.

RETIREMENT AND GROUP INSURANCE

WRS annuities for certain annuitants returning to work during national emergency

The bill allows an annuitant who is hired during the period of a national emergency declared by the U.S. president in response to the 2019 novel coronavirus and ending when the national emergency is no longer in effect or 60 days after the effective date of the bill, whichever is earlier, by a public employer as an employee or to provide employee services to elect to not suspend his or her annuity for the duration of the declared national emergency or until 60 days after the effective date of the bill, whichever is earlier, if the position for which the annuitant is hired is a critical position. Under current law, if a Wisconsin Retirement System annuitant, or a disability annuitant who has attained his or her normal retirement date, is appointed to a position with a WRS-participating employer, or provides employee services to a WRS-participating employer in which he or she is expected to work at least two-thirds of what is considered full-time employment by the Department of Employee Trust Funds, the annuity must be suspended and no annuity payment is payable until after the participant again terminates covered employment.

Also under current law, a WRS participant who has applied to receive a retirement annuity must wait at least 75 days between terminating covered employment with a WRS employer and returning to covered employment again as a participating employee. The bill reduces that period to 15 days for individuals who are hired to a critical position during the period of a national emergency declared by the U.S. president in response to the 2019 novel coronavirus and ending when the national emergency is no longer in effect or 60 days after the effective date of the bill, whichever is earlier.
SAFETY AND PROFESSIONAL SERVICES

Occupancy permit when dwelling occupied before inspection

The bill specifies that a dwelling that is occupied before undergoing all inspections for compliance with the uniform dwelling code may be granted an occupancy permit if the dwelling later passes a uniform dwelling code final inspection. Also, if an occupancy permit for a dwelling is granted after it is occupied, any missed inspection of the dwelling may not be listed as a finding on the occupancy permit.

Current rules promulgated by the Department of Safety and Professional Services generally allow a dwelling to be occupied without a uniform dwelling code final inspection if the inspection is not completed by DSPS or a municipality within five business days of an applicant’s notification.

Practice by health care providers from other states

The bill authorizes, in certain situations, health care providers licensed in another state or territory to provide services for which they are licensed or certified. Under the bill, a person who satisfies certain requirements and holds a valid, unexpired credential in another state or territory as any of the following may provide services in this state: 1) a physician, physician assistant, or perfusionist; 2) a nurse; 3) a dentist; 4) a pharmacist; 5) a psychologist; 6) a social worker, marriage and family therapist, professional counselor, or clinical substance abuse counselor; 7) a chiropractor; 8) a physical therapist; 9) a podiatrist; 10) a dietitian; 11) an athletic trainer; 12) an occupational therapist; 13) an optometrist; 14) an acupuncturist; 15) a speech-language pathologist or audiologist; or 16) a massage or bodywork therapist. Generally, these practitioners may practice in this state and DSPS must grant them a temporary credential if they apply for a temporary credential within 30 days of beginning to practice for a health care employer.

The bill also specifies that a health care provider granted a temporary credential under the bill may provide services through telehealth to a patient located in this state.

Current law generally prohibits a person from engaging in certain health care-related practices without holding a required credential.

Authorizing first- and second-year pharmacy students to administer vaccines

Current law authorizes pharmacy students who have completed two years of pharmacy school to administer vaccines under the supervision of a pharmacist. The bill authorizes pharmacy students in their first or second year of pharmacy school to administer vaccines under the supervision of a pharmacist. A first- or second-year pharmacy student must complete 12 hours of training in vaccine storage, protocols, administration technique, emergency procedures, and record keeping to administer vaccines under the bill.

Authorizing dentists to administer COVID-19 and flu vaccines

The bill authorizes dentists to administer COVID-19 and flu vaccines. Under current law, generally, vaccines may be administered only by physicians, physician assistants, nurses, pharmacists, and certain pharmacy students.
To administer COVID-19 and flu vaccines under the bill, a dentist must complete 12 hours of training on vaccine storage, protocols, administration technique, emergency procedures, and record keeping and must have in effect liability insurance meeting certain requirements. A dentist may not administer a COVID-19 or flu vaccine to a child under the age of six unless the vaccine is administered pursuant to a prescription order and the dentist completes training that includes administering vaccines to children under the age of six. The bill also requires a dentist who administers a COVID-19 or flu vaccine to update the Wisconsin Immunization Registry established by DHS within seven days of administering the vaccine.

Optional registration of third-party logistics providers

The bill creates an optional license for third-party logistics providers that are located in the state or are located outside the state but provide third-party logistics provider services in the state. A third-party logistics provider is defined under current law as a person that contracts with a prescription drug manufacturer to provide or coordinate warehousing, distribution, or other services on behalf of the manufacturer but that does not take title to the manufacturer's prescription drug or have general responsibility to direct the prescription drug's sale or disposition.

The bill requires an applicant for a third-party logistics provider license to submit certain information prior to licensure, including proof of a recent facility inspection, and a personal statement relating to a designated representative of the facility. The license created by this bill will no longer apply if the federal Food and Drug Administration establishes a licensing program for third-party logistics providers under federal law and the Pharmacy Examining Board determines that state licensure is not required for a resident third-party logistics provider to provide third-party logistics services in another state.

The bill also directs the Pharmacy Examining Board to promulgate rules that regulate third-party logistics providers and out-of-state third-party logistics providers consistent with federal law. The authority of the Pharmacy Examining Board to promulgate rules is restricted to only rules that are equivalent to requirements under federal law, and only rules that do not mandate licensing under state law.

The bill requires the Pharmacy Examining Board to issue interim licenses for third-party logistics providers and out-of-state third-party logistics providers between the date of enactment until permanent or emergency rules take effect, whichever is sooner, if, in the opinion of the board, the applicant is currently in compliance with federal law relating to third-party logistics providers. An interim license to act as a third-party logistics provider or out-of-state third-party logistics provider expires 90 days after the date that emergency rules take effect, or 90 days after the date that permanent rules take effect, whichever is sooner. No fee is required for an interim license to act as a third-party logistics provider or an out-of-state third-party logistics provider.

Finally, the bill requires third-party logistics providers, whether or not licensed under the bill, to cooperate with inspections of their facilities and delivery vehicles.
STATE AND LOCAL GOVERNMENT

Extension of term or duration of certain approvals

The bill extends the term or duration of certain approvals that are the subject of administrative or judicial proceedings that may result in the invalidation, reconsideration, or modification of the approval. The terms or durations are extended by an amount of time equal to 36 months plus the duration of the administrative or judicial proceeding to which the covered approval is subject. The approvals covered under the bill are, with certain exceptions, 1) unexpired permits or approvals for construction projects issued by DSPS, the Department of Natural Resources, the Department of Transportation, a political subdivision, or a special purpose district and 2) plats or certified survey map approvals. The extension is exercised by the holder of the approval notifying the governmental unit that issued the approval of the person’s decision to exercise the extension not less than 90 days before the expiration of the unextended term or duration of the approval. In general, the laws, regulations, ordinances, rules, or other properly adopted requirements that were in effect at the time the approval was issued continue to apply to the construction project, plat, or certified survey map during the period of extension.

Legislative oversight of federal COVID-19 funds

Under current law, with exceptions, the governor is authorized to receive and direct the expenditure of all federal funds received by the state. The bill increases the legislature’s role in approving the expenditure of federal funds that are received by the state between the effective date of this bill and June 30, 2021 that relate to COVID-19 activities. Under the bill, as soon as practical after the receipt of any federal funds related to COVID-19 that are made available to the state, the governor must submit to JCF for a 14-day passive review a plan for the expenditure of the funds.

Plan to reopen state capitol and for state employees to return to in-person employment

This bill requires the governor to submit to the legislature by January 31, 2021, a plan to open the state capitol to the public and to have state employees return to in-person employment.

TAXATION

Interest and penalties on late property tax payments

Under current law, a late installment payment of property taxes is subject to interest and penalties, with the interest accruing from February 1 of the year in which the taxes are due. For property taxes payable in 2020, if an installment payment due after April 1, 2020, is late, current law allows a municipality to temporarily waive the interest and penalties in cases of hardship. The entire amount due must be paid no later than October 1, 2020, and both the county and municipality must adopt resolutions authorizing the waiver.

The bill allows municipalities to similarly waive interest and penalties on late installment payments of property taxes payable in 2021. Under the bill, for an installment payment due after April 1, 2021, that is late, a municipality may waive the interest and penalties if the municipality makes a general or case-by-case
finding of hardship and the total amount due is paid no later than October 1, 2021. A municipality may waive the interest and penalties only if the county first adopts a resolution authorizing the waiver and establishing criteria for determining hardship and the municipality then adopts a similar resolution. Under the bill, interest and penalties will accrue from October 1, 2021, for any property taxes payable in 2021 that are delinquent after that date.

The bill requires a county that adopts a waiver resolution to settle the taxes, interest, and penalties collected before August 1, 2021, on August 20, 2021, and to settle the remaining unpaid taxes, interest, and penalties on September 20, 2021. The August 20, 2021, settlement must be distributed proportionally to the underlying taxing jurisdictions.

**Claims to recover property taxes**

Current law allows a person to file a claim to recover the unlawful imposition of property taxes, a claim for the excessive assessment of property taxes, or a claim to recover property taxes paid in protest due to an outstanding contested assessment. However, no person may file a claim unless the person has paid his or her property taxes on time. Current law provides an exception from this requirement for taxes due and payable in 2020 if paid by October 1, 2020, or a later applicable installment date.

The bill creates a similar exception for property taxes due and payable in 2021. Under the bill, the timely payment requirement does not apply to these taxes if paid by October 1, 2021, or a later applicable installment date.

This proposal may contain a health insurance mandate requiring a social and financial impact report under s. 601.423, stats.

For further information see the state and local fiscal estimate, which will be printed as an appendix to this bill.

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*The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:*

1. **Section 1.** 13.101 (4d) of the statutes is amended to read:

2. 13.101 (4d) During the public health emergency declared on March 12, 2020, by executive order 72, and for a period of 90 days after termination of the emergency Until the conclusion of a national emergency declared by the U.S. president under 50 USC 1621 in response to the 2019 novel coronavirus or June 30, 2021, whichever is earlier, the committee may transfer under sub. (4) an amount not to exceed
$75,000,000 $100,000,000 from sum sufficient appropriations, as defined under s. 20.001 (3) (d), to be used for expenditures related to the emergency.

SECTION 2. 40.26 (5m) of the statutes is amended to read:

40.26 (5m) During the public health a national emergency declared on March 12, 2020, by executive order 72 the U.S. president under 50 USC 1621 in response to the 2019 novel coronavirus and ending when the national emergency is no longer in effect or 60 days after the effective date of this subsection .... [LRB enters date], whichever is earlier, sub. (5) does not apply if at least 15 days have elapsed between the termination of employment with a participating employer and becoming a participating employee if the position for which the participant is hired is a critical position, as determined by the secretary of health services under s. 323.19 (3).

SECTION 3. 40.26 (6) (intro.) of the statutes is amended to read:

40.26 (6) (intro.) A participant who is hired during the public health a national emergency declared on March 12, 2020, by executive order 72 the U.S. president under 50 USC 1621 in response to the 2019 novel coronavirus and ending when the national emergency is no longer in effect or 60 days after the effective date of this subsection .... [LRB enters date], whichever is earlier, may elect to not suspend his or her retirement annuity or disability annuity under sub. (1m) for the duration of the state of emergency that period if all of the following conditions are met:

SECTION 4. 49.45 (3) (e) 9m. of the statutes is created to read:

49.45 (3) (e) 9m. a. In this subdivision, “hospital-associated service” has the meaning given in s. 50.33 (2d).

b. Any hospital-associated service that is provided by a hospital in accordance with s. 50.36 (5m) that is of the type for which payment could be claimed as an inpatient hospital service under the federal Medicare program, 42 USC 1395 et seq.,
shall be included as part of and reimbursed or paid as an inpatient service under this section.

**SECTION 5.** 49.45 (4r) of the statutes is created to read:

49.45 (4r) **Utilization Data.** (a) In this subsection, “health care data aggregator” means a data organization or entity that collects, analyzes, and disseminates health care information under subch. I of ch. 153 and that requests the department to provide data under this subsection.

(b) Semiannually, the department shall provide to any health care data aggregator all Medical Assistance program fee-for-service and managed care encounter claims data and data specifications maintained by the department.

(c) Within 5 business days or a longer period specified by the department, of the receipt of data under par. (b), a health care data aggregator shall create a data set from the data received that is de-identified health information, as described in 42 CFR 164.514 (a), and that meets the requirements for de-identification described in 42 CFR 164.514 (b) and then shall destroy the original data provided by the department under par. (b). The health care data aggregator shall make the de-identified data set available to the public and may disseminate custom data sets and reports if the data sets and reports contain only de-identified health information.

(d) Data provided by the department to a health care data aggregator under par. (b) is not subject to inspection or copying under s. 19.35. A health care data aggregator shall comply with the requirements under s. 153.50 (3) to ensure protection of patient identity with regard to data received and made available or disseminated under this subsection.

**SECTION 6.** 49.45 (39n) of the statutes is created to read:
49.45 (39n) Pharmacist Reimbursement for Vaccines and COVID-19 Tests. The department shall ensure that any vaccine against SARS-CoV-2 coronavirus and any test for COVID-19, which is the infection caused by the SARS-CoV-2 coronavirus, that are covered under this subchapter and for which reimbursement for administration is made to any provider, are covered and reimbursed when the vaccine or test is administered by a pharmacist acting under his or her scope of practice, including under s. 450.035. As necessary to comply with this subsection, the department shall certify pharmacists as providers of Medical Assistance services for the purposes of covering and reimbursing pharmacists for administering vaccines and tests described in this subsection.

SECTION 7. 50.083 of the statutes is created to read:

50.083 Visitation by essential visitor. (1) In this section, “essential visitor” means an individual designated by a nursing home resident or assisted living facility resident to visit and provide support to the resident in the nursing home or assisted living facility or the resident’s health care agent under a power of attorney for health care.

(2) Each nursing home and assisted living facility shall allow an essential visitor, who agrees to comply with any public health policies of the nursing home or assisted living facility, to enter the nursing home or assisted living facility to visit the resident in compassionate care situations, including any of the following:

(a) The resident has recently been admitted to the nursing home or assisted living facility and is experiencing difficulty in adjusting to the change in environment and lack of family presence.

(b) The resident is grieving the recent death of a friend or family member.
(c) The resident is experiencing weight loss or dehydration due to lack of support from family or caregivers when eating or drinking.

(d) The resident is experiencing emotional distress or a decline in ability or willingness to communicate.

(3) If the federal centers for medicare and medicaid services issues guidance that is more restrictive in allowing visitation than sub. (2), a nursing home or assisted living facility may comply with that guidance instead of complying with sub. (2).

(4) This section applies at any time the nursing home or assisted living facility limits visitors to the nursing home or assisted living facility due to an outbreak or epidemic of communicable disease in the community in which the nursing home or assisted living facility is located.

SECTION 8. 50.33 (2d) of the statutes is created to read:

50.33 (2d) “Hospital-associated service” means a health care service that meets all of the following conditions:

(a) The service is of the same type as those furnished by a hospital in an inpatient or outpatient facility.

(b) The service is of a type for which a payment could be claimed as a hospital service under the federal Medicare program, 42 USC 1395 et seq.

(c) The service is provided at a location other than in a facility approved by the department under s. 50.35.

(d) The service is provided in a home setting.

SECTION 9. 50.36 (5m) of the statutes is created to read:

50.36 (5m) If the federal centers for medicare and medicaid services has approved a hospital to provide any hospital-associated service, the department may
apply to and enforce upon the hospital as the state standard for the hospital-associated service any rule or standard that is required by the centers for medicare and medicaid services for the service.

**SECTION 10.** 50.49 (6m) (d) of the statutes is created to read:

50.49 (6m) (d) A hospital that is providing hospital-associated services in accordance with s. 50.36 (5m).

**SECTION 11.** 70.511 (2) (a) of the statutes is amended to read:

70.511 (2) (a) If the reviewing authority has not made a determination prior to the time of the tax levy with respect to a particular objection to the amount, valuation or taxability of property, the tax levy on the property or person shall be based on the contested assessed value of the property. A tax bill shall be sent to, and paid by, the person subject to the tax levy as though there had been no objection filed, except that the payment shall be considered to be made under protest. The entire tax bill shall be paid when due under s. 74.11, 74.12 or 74.87 even though the reviewing authority has reduced the assessment prior to the time for full payment of the tax billed. The requirement to pay a tax timely under this paragraph does not apply to taxes due and payable in 2020 if paid by October 1, 2020, or by any installment date for which taxes are due after October 1, 2020, nor to taxes due and payable in 2021 if paid by October 1, 2021, or by any installment date for which taxes are due after October 1, 2021.

**SECTION 12.** 74.35 (5) (c) of the statutes is amended to read:

74.35 (5) (c) No claim may be filed or maintained under this section unless the tax for which the claim is filed, or any authorized installment payment of the tax, is timely paid under s. 74.11, 74.12 or 74.87. This paragraph does not apply to taxes due and payable in 2020 if paid by October 1, 2020, or by any installment date for
which taxes are due after October 1, 2020, nor to taxes due and payable in 2021 if paid by October 1, 2021, or by any installment date for which taxes are due after October 1, 2021.

**SECTION 13.** 74.37 (4) (b) of the statutes is amended to read:

74.37 (4) (b) No claim or action for an excessive assessment may be brought or maintained under this section unless the tax for which the claim is filed, or any authorized installment of the tax, is timely paid under s. 74.11 or 74.12. This paragraph does not apply to taxes due and payable in 2020 if paid by October 1, 2020, or by any installment date for which taxes are due after October 1, 2020, nor to taxes due and payable in 2021 if paid by October 1, 2021, or by any installment date for which taxes are due after October 1, 2021.

**SECTION 14.** 101.643 of the statutes is created to read:

101.643 **Occupancy before inspection; permit.** (1) A dwelling unit that is occupied in accordance with local ordinances before undergoing all inspections for compliance with the one- and 2-family dwelling code may be granted an occupancy permit if the dwelling unit later passes a final inspection for compliance with the one- and 2-family dwelling code.

(2) If an occupancy permit for a dwelling unit is granted after the dwelling unit is occupied as described in sub. (1), any missed inspection of the dwelling unit may not be listed as a finding on the occupancy permit.

**SECTION 15.** 103.375 of the statutes is created to read:

103.375 **Mandatory vaccination for employment prohibited.** No employer may require an employee or prospective employee to receive a vaccine against the SARS-CoV-2 coronavirus, which causes COVID-19, or show proof of
having received such a vaccine, as a condition of an offer of employment or continued employment with the employer.

**SECTION 16.** 108.04 (3) (b) of the statutes is amended to read:

108.04 (3) (b) Paragraph (a) does not apply with respect to benefit years that begin after March 12, 2020, and before February 7 March 14, 2021. The department shall seek the maximum amount of federal reimbursement for benefits that are, during the time period specified in this paragraph, payable for the first week of a claimant’s benefit year as a result of the application of this paragraph.

**SECTION 17.** 108.062 (20) (intro.) of the statutes is amended to read:

108.062 (20) SUSPENSIONS OF CERTAIN PROVISIONS. (intro.) Notwithstanding sub. (2), this subsection, and not sub. (2), applies to work-share plans submitted on or after April 17, 2020, and before December 31, 2020, and to work-share plans submitted during each week that begins while a national emergency declared by the U.S. president under 50 USC 1621 in response to the 2019 novel coronavirus remains in effect, subject to sub. (19), except that this subsection does not apply to work-share plans submitted on or after July 4, 2021. During that period those periods, prior to implementing a work-share program, an employer shall submit a work-share plan for the approval of the department. In its submittal, the employer shall certify that its plan is in compliance with all requirements under this section. Each plan shall:

**SECTION 18.** 108.07 (5) (bm) 1. of the statutes is amended to read:

108.07 (5) (bm) 1. The Subject to subd. 1m., the department shall, when processing initial claims for regular benefits, determine whether a claim or plan is related to the public health emergency declared on March 12, 2020, by executive order 72. If a claim is so related, the regular benefits for that claim shall, except as provided in subd. 2., be paid as provided in subd. 3.
SECTION 19. 108.07 (5) (bm) 1m. of the statutes is created to read:

108.07 (5) (bm) 1m. For purposes of this paragraph, the department shall presume that an initial claim for benefit years beginning on or after March 15, 2020, through March 13, 2021, relates to the public health emergency declared on March 12, 2020, by Executive Order 72 unless the claimant’s most recent separation from employment is due to a labor dispute, voluntary termination of work, discharge for misconduct, or discharge for substantial fault. An employer is not required to submit a request for charging relief under this paragraph for initial claims described in this subdivision.

SECTION 20. 108.07 (5) (bm) 2. a. of the statutes is amended to read:

108.07 (5) (bm) 2. a. Subdivision 1. applies only with respect to benefits payable for weeks beginning after March 12, 2020, and beginning before December 31, 2021.

SECTION 21. 118.133 (1) (a) of the statutes is amended to read:

118.133 (1) (a) A school board shall permit a pupil who resides in the school district and is enrolled in a home-based private educational program or a virtual charter school to participate in interscholastic athletics in the school district on the same basis and to the same extent that it permits pupils enrolled in the school district to participate.

SECTION 22. 118.133 (1) (b) of the statutes is amended to read:

118.133 (1) (b) Upon request, the home-based educational program or virtual charter school in which the pupil is enrolled shall provide the school board with a written statement that the pupil meets the school board’s requirements for participation in interscholastic athletics based on age and academic and disciplinary records. No person may provide a false statement under this paragraph. The school
board may not question the accuracy or validity of the statement or request additional information.

**SECTION 23.** 118.133 (2) of the statutes is amended to read:

118.133 (2) **Extracurricular Activities.** A school board shall permit a pupil who resides in the school district and is enrolled in a home-based private educational program or a virtual charter school to participate in extracurricular activities in the school district on the same basis and to the same extent that it permits pupils enrolled in the school district to participate.

**SECTION 24.** 153.23 (1) of the statutes is repealed.

**SECTION 25.** 153.23 (2) of the statutes is renumbered 153.23 and amended to read:

153.23 **Public health emergency dashboard.** During the public health emergency related to the 2019 novel coronavirus declared under 42 USC 247d by the secretary of the federal department of health and human services that is related to an outbreak or epidemic of communicable disease and that applies to any portion of this state, the entity under contract under s. 153.05 (2m) (a) shall prepare and publish a public health emergency dashboard using health care emergency preparedness program information collected by the state from acute care hospitals. A dashboard published under this section shall include information to assist emergency response planning activities. For purposes of this section, the entity and the department shall enter into a data use agreement and mutually agree to the health care emergency preparedness program information the department will provide to the entity, the information the entity will include in the dashboard, any publication schedule, and any other terms considered necessary by the entity or the department.
SECTION 26. 252.02 (3) of the statutes is amended to read:

252.02 (3) The department may close schools and forbid public gatherings in schools, churches, and other places to control outbreaks and epidemics. The department may not order the closure of or forbid gatherings in places of worship to control outbreaks and epidemics of the 2019 novel coronavirus.

SECTION 27. 252.02 (5m) of the statutes is created to read:

252.02 (5m) Notwithstanding sub. (6) and s. 252.041, the department may not require individuals to receive a vaccine against the SARS-CoV-2 coronavirus, which causes COVID-19.

SECTION 28. 252.03 (2g) of the statutes is created to read:

252.03 (2g) (a) A local health officer may not order the closure of or forbid gatherings in places of worship to control outbreaks and epidemics of the 2019 novel coronavirus.

(b) The duration of any order issued by a local health officer to close or restrict capacity of businesses to control outbreaks and epidemics of the 2019 novel coronavirus may not exceed 14 days unless the governing body of the local governmental unit in which the order is intended to apply approves by a vote of two-thirds of the elected members an extension of the order, with each extension not to exceed 14 days. In this paragraph, “local governmental unit” means a city, village, town, or county.

SECTION 29. 252.03 (2m) of the statutes is created to read:

252.03 (2m) Notwithstanding sub. (2), a local health officer may not require individuals to receive a vaccine against the SARS-CoV-2 coronavirus, which causes COVID-19.

SECTION 30. 323.19 (3) of the statutes is amended to read:
323.19 (3) Based on guidance provided by the secretary of health services, the head of each state agency and each local health department shall determine which public employee positions within the respective state agency or local government are critical during the public health emergency declared on March 12, 2020, by executive order 72 the U.S. president under 50 USC 1621 in response to the 2019 novel coronavirus and ending when the national emergency is no longer in effect or 60 days after the effective date of this subsection ..., [LRB enters date], whichever is earlier, for the purposes of s. 40.26 (5m) and (6) (b).

SECTION 31. 440.08 (2) (a) 69g. of the statutes is created to read:

440.08 (2) (a) 69g. Third-party logistics provider: July 1 of each even-numbered year.

SECTION 32. 440.094 of the statutes is created to read:

440.094 Practice by health care providers from other states. (1) DEFINITIONS. In this section:

(a) “Credential” means a license, permit, certificate, or registration.

(b) “Health care employer” means a system, care clinic, care provider, long-term care facility, or any entity whose employed, contracted, or affiliated staff provide health care service to individuals in this state.

(c) “Health care provider” means an individual who holds a valid, unexpired credential granted by another state or territory that authorizes or qualifies the individual to perform acts that are substantially the same as the acts that any of the following are licensed or certified to perform:

1. A registered nurse, licensed practical nurse, or nurse midwife licensed under ch. 441, or advanced practice nurse prescriber certified under ch. 441.

2. A chiropractor licensed under ch. 446.
3. A dentist licensed under ch. 447.

4. A physician, physician assistant, perfusionist, or respiratory care practitioner licensed or certified under subch. II of ch. 448.

5. A physical therapist or physical therapist assistant licensed under subch. III of ch. 448 or who holds a compact privilege under subch. IX of ch. 448.

6. A podiatrist licensed under subch. IV of ch. 448.


8. An athletic trainer licensed under subch. VI of ch. 448.

9. An occupational therapist or occupational therapy assistant licensed under subch. VII of ch. 448.

10. An optometrist licensed under ch. 449.

11. A pharmacist licensed under ch. 450.


13. A psychologist licensed under ch. 455.

14. A social worker, marriage and family therapist, or professional counselor certified or licensed under ch. 457 or a clinical substance abuse counselor certified under s. 440.88.

15. A speech-language pathologist or audiologist licensed under subch. II of ch. 459.

16. A massage therapist or bodywork therapist licensed under ch. 460.

(2) Practice by health care providers from other states. (a) Notwithstanding ss. 441.06 (4), 441.15 (2), 441.16, 446.02 (1), 447.03 (1) and (2), 448.03 (1) (a), (b), and (c) and (1m), 448.51 (1), 448.61, 448.76, 448.961 (1) and (2), 449.02 (1), 450.03 (1), 451.04 (1), 455.02 (1m), 457.04 (4), (5), (6), and (7), 459.02 (1), 459.24 (1), and 460.02, a health care provider may provide services within the scope
of the credential that the health care provider holds and the department shall grant
the health care provider a temporary credential to practice under this section if all
of the following apply:

1. The health care provider applies to the department for a temporary
credential under this section within 30 days of beginning to provide health care
services for a health care employer. The health care provider shall include in the
application an attestation of all of the following:

   a. The date on which the health care provider first provided health care services
   in this state under this section.

   b. That the health care provider holds a valid, unexpired, credential granted
   in another state.

   c. The health care provider is not currently under investigation and no
   restrictions or limitations are currently placed on the health care provider’s
   credential by the credentialing state or any other jurisdiction.

   d. The health care provider has applied for a permanent credential granted by
   the department or an examining board, as applicable, under chs. 440 to 480. This
   subd. 1. d. does not apply to a health care provider who provides health care services
   only during the period covered by a national emergency declared by the U.S.
   president under 50 USC 1621 in response to the 2019 novel coronavirus or during
   the 30 days immediately after the national emergency ends.

2. If the health care provider provides services other than services provided
through telehealth as described in sub. (3), the health care employer of the health
care provider attests all of the following to the department within 10 days of the date
on which the health care provider begins providing health care services in this state
under this section:
a. The health care employer has confirmed that the health care provider holds a valid, unexpired credential granted by another state.

b. To the best of the health care employer’s knowledge and with a reasonable degree of certainty, the health care provider is not currently under investigation and no restrictions or limitations are currently placed on the health care provider’s credential by the credentialing state or any other jurisdiction.

(b) A health care provider who practices within the scope of a temporary credential granted under this section has all rights and is subject to all responsibilities, malpractice insurance requirements, limitations on scope of practice, and other provisions that apply under chs. 440 to 480 to the practice of the health care provider.

(c) 1. A temporary credential granted under this section becomes effective on the date identified in the attestation under par. (a) 1. a. that the health care provider first provided health care services in this state under this section.

2. a. Except as provided in subd. 2. b., a temporary credential granted under this section expires on the date that the department, or an examining board in the department, as applicable, grants or denies the application under par. (a) 1. d. for a permanent credential submitted by the health care provider.

b. If a health care provider provides health care services only during the period covered by a national emergency declared by the U.S. president under 50 USC 1621 in response to the 2019 novel coronavirus or during the 30 days immediately after the national emergency ends, a temporary credential granted under this section to the health care provider expires 30 days after the national emergency ends.
(3) **Telehealth.** A health care provider who practices within the scope of a temporary credential granted under this section may provide services through telehealth to a patient located in this state.

**SECTION 33.** 440.15 of the statutes is amended to read:

440.15 **No fingerprinting.** Except as provided under ss. 440.03 (13) (c), 441.51 (5) (a) 5., 448.980 (5) (b) 3., and 448.985 (3) (a) 4., 450.071 (3) (c) 9., and 450.075 (3) (c) 9., the department or a credentialing board may not require that an applicant for a credential or a credential holder be fingerprinted or submit fingerprints in connection with the department’s or the credentialing board’s credentialing.

**SECTION 34.** 447.01 (1e) of the statutes is created to read:

447.01 (1e) “Administer” means to directly apply a vaccine to the body of a patient by any means.

**SECTION 35.** 447.01 (8) (az) of the statutes is created to read:

447.01 (8) (az) “Dentistry” includes administering vaccines against SARS-CoV-2 coronavirus and influenza under s. 447.059 (1).

**SECTION 36.** 447.01 (11) of the statutes is created to read:

447.01 (11) “Prescription order” has the meaning given in s. 450.01 (21).

**SECTION 37.** 447.059 of the statutes is created to read:

447.059 **Administering certain vaccines.** (1) A dentist may administer without a prescription order a vaccine against SARS-CoV-2 coronavirus or influenza only if he or she satisfies all of the following:

(a) The dentist successfully completes 12 hours in a course of study and training approved by the examining board in vaccination storage, protocols, administration technique, emergency procedures, and record keeping.
(b) The dentist has in effect liability insurance that covers the dentist against loss, expense, and liability resulting from errors, omissions, or neglect in the administration of vaccines against SARS-CoV-2 coronavirus and influenza in an amount that is not less than $1,000,000 for each occurrence and $2,000,000 for all occurrences in any one policy year.

(c) The dentist maintains proof of completing a course of study and training specified in par. (a) and satisfying the requirement specified in par. (b).

(2) A dentist may not administer a vaccine under sub. (1) to a child who is under the age of 6 unless all of the following apply:

(a) The vaccine is administered pursuant to a prescription order issued within the 29 days immediately preceding the day on which the vaccine is administered.

(b) The dentist successfully completes a course of instruction approved by the examining board that includes the administration of vaccines against SARS-CoV-2 coronavirus and influenza to children under the age of 6.

(c) The dentist maintains proof of completing a course of instruction specified in par. (b).

(3) Upon request, a dentist shall provide copies of proof required under subs. (1) (c) and (2) (c) to the department or the examining board.

(4) A dentist who administers a vaccine under sub. (1) shall update the Wisconsin Immunization Registry established by the department of health services within 7 days of administering the vaccine.

SECTION 38. 450.01 (11m) of the statutes is amended to read:

450.01 (11m) “Facility” means a location where a wholesale distributor or 3rd-party logistics provider stores, distributes, handles, repackages, or offers for sale other services related to prescription drugs.
SECTION 39. 450.01 (13w) of the statutes is created to read:

450.01 (13w) “Out-of-state 3rd-party logistics provider” means a person located outside this state that contracts with a prescription drug manufacturer to provide or coordinate warehousing, distribution, or other services within this state on behalf of the manufacturer but that does not take title to the manufacturer’s prescription drug or have general responsibility to direct the prescription drug’s sale or disposition.

SECTION 40. 450.01 (21s) of the statutes is amended to read:

450.01 (21s) “Third-party logistics provider” means a person that contracts with a prescription drug manufacturer to provide or coordinate warehousing, distribution, or other services on behalf of the manufacturer but that does not take title to the manufacturer’s prescription drug or have general responsibility to direct the prescription drug’s sale or disposition.

SECTION 41. 450.01 (23) (p) of the statutes is created to read:

450.01 (23) (p) The services of a 3rd-party logistics provider or out-of-state 3rd-party logistics provider.

SECTION 42. 450.02 (1) of the statutes is amended to read:

450.02 (1) The department shall keep a record of the proceedings and a register of the names and places of practice or business of pharmacies, manufacturers, wholesale distributors, 3rd-party logistics providers, out-of-state 3rd-party logistics providers, and other persons licensed under this chapter, and the books, registers and records of the department shall be prima facie evidence of the matters recorded.

SECTION 43. 450.03 (1) (fm) of the statutes is created to read:
450.03 (1) (fm) A person who is enrolled at an accredited school of pharmacy and whose practice of pharmacy is limited to administering vaccines under the direct supervision of a person licensed as a pharmacist by the board.

SECTION 44. 450.035 (2g) of the statutes is amended to read:

450.035 (2g) A person engaged in the practice of pharmacy under s. 450.03 (1) (f), (fm), or (g) may not administer a vaccine unless he or she acts under the direct supervision of a pharmacist and he or she and the supervising pharmacist have successfully completed 12 hours in a course of study and training, approved by the Accreditation Council for Pharmacy Education or the board, in vaccination storage, protocols, administration technique, emergency procedures, and record keeping and the supervising pharmacist has satisfied the requirements specified in sub. (2t). A person engaged in the practice of pharmacy under s. 450.03 (1) (f), (fm), or (g) may not administer a vaccine under this subsection to a person who is under the age of 6.

SECTION 45. 450.035 (2i) (a) of the statutes is amended to read:

450.035 (2i) (a) Subject to subs. (2) and (2g), a pharmacist or a person engaged in the practice of pharmacy under s. 450.03 (1) (f), (fm), or (g) may administer without a prescription order any vaccine listed in the current immunization schedules recommended by the federal advisory committee on immunization practices and published by the federal centers for disease control and prevention.

SECTION 46. 450.035 (2i) (b) of the statutes is amended to read:

450.035 (2i) (b) Subject to subs. (2) and (2g), a pharmacist or a person engaged in the practice of pharmacy under s. 450.03 (1) (f), (fm), or (g) may initiate and administer any vaccine not listed in the current immunization schedules recommended by the federal advisory committee on immunization practices and
published by the federal centers for disease control and prevention if the vaccine is
administered pursuant to a prescription order, vaccination protocol, or standing
order.

**SECTION 47.** 450.035 (3) of the statutes is amended to read:

450.035 (3) A pharmacist or a person engaged in the practice of pharmacy
under s. 450.03 (1) (f), (fm), or (g) who successfully completes a course of study and
training specified in sub. (1r), (1t), (2), or (2g) shall maintain proof of completion and,
upon request, provide copies of such proof to the department or the board.

**SECTION 48.** 450.035 (4) of the statutes is amended to read:

450.035 (4) A pharmacist or person engaged in the practice of pharmacy under
s. 450.03 (1) (f), (fm), or (g) who administers a vaccine to a person under this section
shall update, or cause a pharmacy to update, the Wisconsin Immunization Registry
established by the department of health services within 7 days of administering the
vaccine.

**SECTION 49.** 450.075 of the statutes is created to read:

450.075 Third-party logistics providers; licensure. (1) LICENSE ALLOWED.

A person acting as a 3rd-party logistics provider or an out-of-state 3rd-party
logistics provider of any drug or device may apply to obtain a license from the board
under this section. Where operations are conducted at more than one facility, a
person acting as a 3rd-party logistics provider or out-of-state 3rd-party logistics
provider may apply to obtain a license from the board for each such facility.

(2) APPLICATION. An applicant for a license under this section shall submit a
form provided by the board showing all of the following and swear or affirm the
truthfulness of each item in the application:

(a) The name, business address, and telephone number of the applicant.
(b) All trade or business names used by the applicant.

(c) Names, addresses, and telephone numbers of contact persons for all facilities used by the applicant for the warehousing, distribution, or other services on behalf of the manufacturer of prescription drugs.

(d) The type of ownership or operation for the applicant’s business.

(e) If the applicant’s 3rd-party logistics provider business is a partnership, the name of each partner and the name of the partnership.

(f) If the applicant’s 3rd-party logistics provider business is a corporation, the name of each corporate officer and director, the name of the corporation, and the state of incorporation.

(g) If the applicant’s 3rd-party logistics provider business is a sole proprietorship, the name of the sole proprietor and the name of the business entity.

(h) A list of all licenses and permits issued to the applicant by any other state that authorizes the applicant to warehouse or distribute prescription drugs.

(i) The name, address, and telephone number of a designated representative.

(j) For the person identified as the designated representative in par. (i), a personal information statement that contains all of the following:

1. The person’s date and place of birth.

2. The person’s place of residence for the 7-year period immediately preceding the date of the application.

3. The person’s occupations, positions of employment, and offices held during the 7-year period immediately preceding the date of the application.

4. The name and addresses for each business, corporation, or other entity listed in subd. 3.
5. A statement indicating whether the person has been, during the 7-year period immediately preceding the date of the application, the subject of any proceeding for the revocation of any business or professional license and the disposition of the proceeding.

6. A statement indicating whether the person has been, during the 7-year period immediately preceding the date of the application, enjoined by a court, either temporarily or permanently, from possessing, controlling, or distributing any prescription drug, and a description of the circumstances surrounding the injunction.

7. A description of any involvement by the person during the past 7 years with any business, including investments other than the ownership of stock in a publicly traded company or mutual fund, that manufactured, administered, prescribed, distributed, or stored pharmaceutical products or drugs, and a list of any lawsuits in which such a business was named as a party.

8. A description of any misdemeanor or felony criminal offense of which the person was, as an adult, found guilty, whether adjudication of guilt was withheld or the person pleaded guilty or no contest. If the person is appealing a criminal conviction, the application shall include a copy of the notice of appeal, and the person shall submit a copy of the final disposition of the appeal not more than 15 days after a final disposition is reached.

9. A photograph of the person taken within the 12-month period immediately preceding the date of the application.

(k) A statement that each facility used by the applicant for 3rd-party logistics provider services has been inspected in the 3-year period immediately preceding the date of the application by the board, a pharmacy examining board of another state,
the National Association of Boards of Pharmacy, or another accrediting body recognized by the board, with the date of each such inspection.

(3) LICENSURE. The board shall grant a license to an applicant to act as a 3rd-party logistics provider or an out-of-state 3rd-party logistics provider if all of the following apply:

(a) The applicant pays the fee specified in s. 440.05 (1).

(b) The inspections conducted pursuant to sub. (2) (k) satisfy requirements adopted by the board for 3rd-party logistics providers or out-of-state 3rd-party logistics providers.

(c) All of the following apply to each person identified by the applicant as a designated representative:

1. The person is at least 21 years old.

2. The person has been employed full time for at least 3 years in a pharmacy or with a wholesale prescription drug distributor in a capacity related to the dispensing of and distribution of, and record keeping related to, prescription drugs.

3. The person is employed by the applicant full time in a managerial position.

4. The person is physically present at the 3rd-party logistics provider’s or out-of-state 3rd-party logistics provider’s facility during regular business hours and is involved in and aware of the daily operation of the 3rd-party logistics provider or the out-of-state 3rd-party logistics provider. This subdivision does not preclude the person from taking authorized sick leave and vacation time or from being absent from the facility for other authorized business or personal purposes.

5. The person is actively involved in and aware of the daily operation of the 3rd-party logistics provider or the out-of-state 3rd-party logistics provider.
6. The person is a designated representative for only one applicant at any given time. This subdivision does not apply if more than one 3rd-party logistics provider or out-of-state 3rd-party logistics provider is located at the facility and the 3rd-party logistics providers or out-of-state 3rd-party logistics providers located at the facility are members of an affiliated group.

7. The person has not been convicted of violating any federal, state, or local law relating to distribution of a controlled substance.

8. The person has not been convicted of a felony.

9. The person submits to the department 2 fingerprint cards, each bearing a complete set of the applicant’s fingerprints. The department of justice shall provide for the submission of the fingerprint cards to the federal bureau of investigation for purposes of verifying the identity of the person and obtaining the person’s criminal arrest and conviction record.

   (d) The applicant satisfies any other requirements established by the board by rule.

   (4) RULES. The board shall promulgate rules implementing this section. The rules shall ensure compliance with the federal drug supply chain security act, 21 USC 360eee, et seq. The board may not promulgate rules that impose requirements more strict than the federal drug supply chain security act, or any regulations passed under the federal drug supply chain security act. The board may not promulgate rules that require a license under this section.

   (5) ACCESS TO RECORDS. Applications for licensure under this section are not subject to inspection or copying under s. 19.35, and may not be disclosed to any person except as necessary for compliance with and enforcement of the provisions of this chapter.
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(6) Inspections. A 3rd-party logistics provider or an out-of-state 3rd-party logistics provider shall allow the board and authorized federal, state, and local law enforcement officials to enter and inspect its facilities and delivery vehicles, to audit its records and written operating procedures, and to confiscate prescription drugs and records to the extent authorized by law, rule, or regulation.

(7) Applicability. This section does not apply if the board determines that the federal food and drug administration has established a licensing program for 3rd-party logistics providers under 21 USC 360eee-3 and that licensing by this state of resident 3rd-party logistics providers is not required for a resident 3rd-party logistics provider to provide 3rd-party logistics provider services in another state.

SECTION 50. 450.11 (5) (br) 2. d. of the statutes is amended to read:

450.11 (5) (br) 2. d. A pharmacist may not extend a prescription order under subd. 1. for a particular patient if a prescription order was previously extended under subd. 1. for that patient during the applicable period described in subd. 3.

SECTION 51. 450.11 (5) (br) 3. of the statutes is renumbered 450.11 (5) (br) 3. (intro.) and amended to read:

450.11 (5) (br) 3. (intro.) This paragraph applies only during as follows:

a. During the public health emergency declared on March 12, 2020, by executive order 72, and for 30 days after the conclusion of that public health emergency. During that time,

4. While this paragraph applies as specified in subd. 3., it supersedes par. (bm) to the extent of any conflict.

SECTION 52. 450.11 (5) (br) 3. b. of the statutes is created to read:

450.11 (5) (br) 3. b. During the period beginning on the effective date of this subd. 3. b. .... [LRB inserts date], and ending at the conclusion of a national
emergency declared by the U.S. president under 50 USC 1621 in response to the 2019
novel coronavirus or on June 30, 2021, whichever is earlier.

SECTION 53. 609.205 (2) (intro.) and (a) of the statutes are amended to read:

609.205 (2) (intro.) All of the following apply to a defined network plan or
preferred provider plan during the state of emergency related to public health
declared under s. 323.10 on March 12, 2020, by executive order 72, and for the 60 days
following the date that the state of emergency terminates until the conclusion of a
national emergency declared by the U.S. president under 50 USC 1621 in response
to the 2019 novel coronavirus or until June 30, 2021, whichever is earlier:

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

SECTION 54. 609.205 (3) (intro.) of the statutes is amended to read:

609.205 (3) (intro.) During the state of emergency related to public health
declared under s. 323.10 on March 12, 2020, by executive order 72, and for the 60 days
following the date that the state of emergency terminates until the conclusion of a
national emergency declared by the U.S. president under 50 USC 1621 in response
to the 2019 novel coronavirus or until June 30, 2021, whichever is earlier, all of the
following apply to any health care provider or health care facility that provides a
service, treatment, or supply to an enrollee of a defined network plan or preferred
provider plan but is not a participating provider of that plan:

Section 55. 609.205 (3m) of the statutes is created to read:

609.205 (3m) This section does not apply to a service, treatment, or supply that
is a dental service, treatment, or supply.

Section 56. 632.895 (14g) (b) of the statutes is amended to read:

632.895 (14g) (b) Before March 13, 2021 Until the conclusion of a national
emergency declared by the U.S. president under 50 USC 1621 in response to the 2019
novel coronavirus or until June 30, 2021, whichever is earlier, every disability
insurance policy, and every self-insured health plan of the state or of a county, city,
town, village, or school district, that generally covers vaccination and testing for
infectious diseases shall provide coverage of testing for COVID-19 and vaccination
against the SARS-CoV-2 coronavirus without imposing any copayment or
coinsurance on the individual covered under the policy or plan.

Section 57. 632.895 (16v) (a) (intro.) of the statutes is amended to read:

632.895 (16v) (a) (intro.) During the period covered by the state of emergency
related to public health declared by the governor on March 12, 2020, by executive
order 72 Until the conclusion of a national emergency declared by the U.S. president
under 50 USC 1621 in response to the 2019 novel coronavirus or until June 30, 2021,
whichever is earlier, an insurer offering a disability insurance policy that covers
prescription drugs, a self-insured health plan of the state or of a county, city, town,
village, or school district that covers prescription drugs, or a pharmacy benefit
manager acting on behalf of a policy or plan may not do any of the following in order
to maintain coverage of a prescription drug:

Section 58. 655.0025 of the statutes is created to read:
655.0025 Participation during COVID-19 national emergency. Until
the conclusion of a national emergency declared by the U.S. president under 50 USC
1621 in response to the 2019 novel coronavirus or until June 30, 2021, whichever is
earlier, all of the following apply to a physician or nurse anesthetist for whom this
state is not a principal place of practice but who is authorized to practice in this state
on a temporary basis:

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

(2) The physician or nurse anesthetist may elect, in the manner designated by
the commissioner by rule under s. 655.004, to be subject to this chapter.

SECTION 59. 895.476 of the statutes is created to read:

895.476 Civil liability exemption; exposure to the novel coronavirus
SARS-CoV-2 or COVID-19. (1) In this section:

(a) “COVID-19” means the infection caused by the novel coronavirus
SARS-CoV-2 or by any viral strain originating from SARS-CoV-2, and conditions
associated with the infection.

(b) “Entity” means a partnership, corporation, association, governmental
entity, or other legal entity, including a school, institution of higher education, or
nonprofit organization. “Entity” includes an employer or business owner, employee,
agent, or independent contractor of the entity, regardless of whether the person is
paid or an unpaid volunteer.

(2) Beginning March 1, 2020, an entity is immune from civil liability for the
death of or injury to any individual or damages caused by an act or omission resulting
in or relating to exposure, directly or indirectly, to the novel coronavirus identified as SARS-CoV-2 or COVID-19 in the course of or through the performance or provision of the entity’s functions or services.

(3) Subsection (2) does not apply if the act or omission involves reckless or wanton conduct or intentional misconduct. Noncompliance with any national, state, or local order requiring entities to close or limit capacity does not constitute reckless or wanton conduct or intentional misconduct for purposes of this section.

(4) Immunity under this section is in addition to, not in lieu of, other immunity granted by law, and nothing in this section limits immunity granted under any other provision of law, including immunity granted under s. 893.80 (4).

SECTION 9101. Nonstatutory provisions; Administration.

(1) Loans to municipal utilities.

(a) Definitions. In this subsection:

1. “Board” means the board of commissioners of public lands.

2. “Municipal utility” has the meaning given in s. 196.377 (2) (a) 3.

3. “Trust funds” has the meaning given in s. 24.60 (5).

(b) Loans.

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

2. Each loan under this subsection shall be considered a state trust fund loan for purposes of s. 24.70.

3. The board may not award a loan under this subsection after April 15, 2021.
4. The legislature finds and determines that the loans authorized under this subsection serve a public purpose.

SECTION 9106. Nonstatutory provisions; Children and Families.

(1) Child care and development fund block grant funds. The federal Child Care and Development Fund block grant funds received under the federal Consolidated Appropriations Act, 2021, P.L. 116-[H.R. 133], shall be credited to the appropriations under s. 20.437 (1) (mc) and (md). No moneys credited under this subsection may be encumbered or expended except as provided under s. 16.54 (2) (a) 2.

SECTION 9117. Nonstatutory provisions; Governor.

(1) Plan for reopening the capitol and state employees return to in-person work.

(a) Definitions. In this subsection:

1. “Agency” has the meaning given in s. 230.03 (3).

2. “State employee” has the meaning given in s. 230.03 (10h).

(b) Capitol building reopened. By January 31, 2021, the governor shall submit to the legislature a plan to allow public access to the capitol building.

(c) In-person work. By January 31, 2021, the governor shall submit to the legislature a plan for when all state employees holding positions with duties that were required to be performed at the offices of their places of employment with an agency on March 1, 2020, will return to and perform those duties at the offices with that agency.

SECTION 9119. Nonstatutory provisions; Health Services.

(1) Autopsies and cremation of bodies of persons who died of COVID-19.
(a) **Definition.** In this subsection, “COVID-19” means an infection caused by the SARS-CoV-2 coronavirus.

(b) **Viewing of a corpse to be cremated following death from COVID-19.** Notwithstanding s. 979.10 (1) (b), until the conclusion of a national emergency declared by the U.S. president under 50 USC 1621 in response to the 2019 novel coronavirus, if any physician, coroner, or medical examiner has signed the death certificate of a deceased person and listed COVID-19 as the underlying cause of death, a coroner or medical examiner shall issue a cremation permit to cremate the corpse of that deceased person without viewing the corpse.

(c) **Time for cremation of a person who has died of COVID-19.** Notwithstanding s. 979.10 (1) (a) (intro.), until the conclusion of a national emergency declared by the U.S. president under 50 USC 1621 in response to the 2019 novel coronavirus, if a physician, coroner, or medical examiner has signed the death certificate of a deceased person and listed COVID-19 as the underlying cause of death, a coroner or medical examiner shall issue, within 48 hours after the time of death, a cremation permit for the cremation of a corpse of a deceased person.

(d) **Examination of the body of an inmate who has died of COVID-19.** Notwithstanding s. 979.025, until the conclusion of a national emergency declared by the U.S. president under 50 USC 1621 in response to the 2019 novel coronavirus, if an individual who has been diagnosed with COVID-19 dies while he or she is in the legal custody of the department of corrections and confined to a correctional facility located in this state, the coroner or medical examiner may perform a limited examination of the deceased individual instead of a full autopsy, which may include an external examination of the body of the deceased individual, a review of the...
(e) Requiring electronic signature on death certificates with 48 hours if death is caused by COVID-19. Notwithstanding s. 69.18 or any other requirements to the contrary, until the conclusion of a national emergency declared by the U.S. president under 50 USC 1621 in response to the 2019 novel coronavirus, if the underlying cause of a death is determined to be COVID-19, the person required to sign the death certificate shall provide an electronic signature on the death certificate within 48 hours after the death occurs.

(2) Payment for hospitals for nursing facility care.

(a) In this subsection, “public health emergency period” means the period ending on June 30, 2021, or the termination of any public health emergency declared under 42 USC 247d by the secretary of the federal department of health and human services in response to the 2019 novel coronavirus, whichever is earlier.

(b) During the public health emergency period, subject to par. (c), the department of health services shall provide, under the Medical Assistance program, reimbursement at the statewide average per-diem rate paid to nursing facilities or a supplemental payment to hospitals for providing nursing-facility-level care when all of the following criteria apply:

1. The individual for whom the hospital provided nursing-facility-level care is enrolled in the Medical Assistance program, has been admitted on an inpatient basis to the hospital, is eligible for discharge after receiving care in the hospital, requires nursing-facility-level care upon discharge, and due to the hospital being unable to locate a nursing facility that accepts the individual for admission, is unable to be transferred to a nursing facility.
2. The services provided to the individual described under subd. 1. are custodial care for which federal financial participation is approved.

3. The hospital notifies the department of health services that it is participating as a swing bed hospital under the Medical Assistance program.

(c) The department of health services shall use the same standards and criteria for determining whether a hospital is eligible for reimbursement or a supplemental payment under par. (a) as are used by the federal Medicare program under 42 USC 1395 et seq. for the payment for use of swing beds or, for any hospital that is not a critical access hospital, under the terms of a federal waiver approved under section 1135 of the federal social security act. The department shall seek any approval from the federal government necessary to implement the reimbursement under this subsection.

(3) Reimbursement for outpatient services provided by hospitals.

(a) Until the conclusion of a public health emergency declared under 42 USC 247d by the secretary of the federal department of health and human services in response to the 2019 novel coronavirus or until June 30, 2021, whichever is earlier, the department of health services shall provide reimbursement under the Medical Assistance program to a hospital for any outpatient service if all of the following criteria are satisfied:

1. The facility at which the outpatient service is performed is operated by the hospital and certified under the Medicare program under 42 USC 1395 et seq., including under the terms of a federal waiver approved under section 1135 of the federal social security act, for outpatient services.
2. The outpatient service is reimbursable when provided in the hospital’s inpatient facility but is not provided at the inpatient facility due to reasons associated with the 2019 novel coronavirus pandemic.

3. The outpatient service is one for which federal financial participation is approved.

(b) The department of health services may not include in a reimbursement under par. (a) payments under s. 49.45 (3) (e) 11. or 12. or (59).

(c) The department of health services shall seek any approval from the federal department of health and human services that is necessary to provide the reimbursement in accordance with this subsection.

(4) Coverage of Vaccinations under SeniorCare. By January 15, 2021, the department of health services shall cover and provide reimbursement for vaccinations under the program under s. 49.688 in accordance with 2019 Wisconsin Act 185, sections 15 to 17, regardless of whether a waiver related to coverage or reimbursement of vaccinations is granted by the federal department of health and human services.

(5) Dentist Enrollment in COVID-19 Vaccine Program. The department of health services shall allow dentists eligible to administer vaccines under s. 447.059 (1) to participate in the COVID-19 vaccine program, including as a volunteer.

(6) Practice of Emergency Medical Services Personnel and Providers with Credentials from Outside This State.

(a) Definitions. In this subsection:

1. “Ambulance service provider” has the meaning given in s. 256.01 (3).

2. “Credential” means a license, permit, certification, or registration that authorizes or qualifies any of the following:
a. An individual to perform acts that are substantially the same as those acts
that an individual who holds a certification as an emergency medical responder or
license as an emergency medical services practitioner in this state is authorized to
perform.

b. A provider to perform acts that are substantially the same as those acts that
an ambulance service provider that is licensed in this state is authorized to perform.

3. “Emergency medical responder” has the meaning given in s. 256.01 (4p).

4. “Emergency medical services practitioner” has the meaning given in s. 256.01 (5).

(b) Practice authorized. Unless the person qualifies for an exemption under s.
256.15 (2) (b) or (c) or is acting under s. 257.03, any individual with a current, valid
credential issued by another state may practice under that credential and within the
scope of that credential in this state without first obtaining a temporary or
permanent license as an emergency medical services practitioner or certification as
an emergency medical responder from the department of health services if all of the
following are satisfied:

1. The practice is necessary to ensure the continued and safe delivery of
emergency medical or health care services.

2. The individual is not currently under investigation and does not currently
have any restrictions or limitations placed on the credential by the state that issued
the credential or any other jurisdiction.

3. The need for emergency medical services reasonably prevented obtaining a
license or certification in this state in advance of practice.

4. The individual practicing under this subsection applies for a license,
including under s. 256.15 (7), as an emergency medical services practitioner or
certification, including under s. 256.15 (8) (f), as an emergency medical responder within 10 days of first practicing in this state.

5. A provider of ambulance services or a health care facility for which the individual is providing services in this state notifies the department of health services within 5 days of the individual first practicing in this state.

(c) Practice authorized. Unless the provider qualifies for an exemption under s. 256.15 (2) (b) or (c) or is acting under s. 257.03, any provider of ambulance services with a current, valid credential issued by another state may practice under that credential and within the scope of that credential in this state without first obtaining a temporary or permanent license as an ambulance service provider from the department of health services if all of the following are satisfied:

1. The provision of services is necessary to ensure the continued and safe delivery of emergency medical or health care services.

2. The provider is not currently under investigation and does not currently have any restrictions or limitations placed on the credential by the state that issued the credential or any other jurisdiction.

3. The need for emergency medical services reasonably prevented obtaining a license in this state in advance of providing services.

4. The provider practicing under this subsection applies for a license as an ambulance service provider within 10 days of first providing services in this state.

5. An ambulance service provider or a health care facility for which the provider is providing services in this state notifies the department of health services within 5 days of the provider first providing services in this state.
(d) Withdrawal of authority. The department of health services may withdraw the ability for an individual to practice under par. (b) or for a provider to provide services under par. (c) for good cause.

(e) Authority termination date. The authorization to practice under par. (b) or provide services under par. (c) does not apply after June 30, 2021.

SECTION 9128. Nonstatutory provisions; Legislature.

(1) LEGISLATIVE OVERSIGHT OF FEDERAL FUNDS RELATED TO COVID-19.

(a) Definitions. In this section:


2. “Federal funds related to COVID-19” means federal moneys received by the state beginning on the effective date of this subdivision and ending on June 30, 2021, pursuant to federal legislation enacted during the 116th or 117th Congress for the purpose of COVID-19 related activities.

(b) Expenditure of federal funds related to COVID-19. Notwithstanding s. 16.54, as soon as practical after the receipt of any federal funds related to COVID-19, the governor shall submit to the joint committee on finance a plan for the expenditure of the federal funds related to COVID-19. If the cochairs of the committee do not notify the governor that the committee has scheduled a meeting for the purpose of reviewing the plan within 14 working days after the date the governor submits the plan, the governor may implement the plan. If, within 14 working days after the date the governor submits the plan, the cochairs of the committee notify the governor that the committee has scheduled a meeting for the purpose of reviewing the proposed plan, the governor may implement the plan only as approved by the committee.

SECTION 9134. Nonstatutory provisions; Public Instruction.
(1) **Full-time open enrollment applications; unlimited applications in the 2020-21 and 2021-22 school years.**

(a) In this subsection:

1. “Nonresident school board” has the meaning given in s. 118.51 (1) (b).
2. “Nonresident school district” has the meaning given in s. 118.51 (1) (c).
3. “Parent” has the meaning given in s. 118.51 (1) (d).

(b)

1. Notwithstanding s. 118.51 (3) (a) 1., there is no limitation on the number of nonresident school boards to which the parent of a pupil may submit an application under s. 118.51 (3) (a) during the 2020-21 school year for the pupil to attend a public school in a nonresident school district under s. 118.51 in the 2021-22 school year.
2. Notwithstanding s. 118.51 (3m) (a), there is no limitation on the number of nonresident school boards to which the parent of a pupil may submit an application under s. 118.51 (3m) (a) during the 2020-21 or 2021-22 school year for the pupil to attend a public school in a nonresident school district under s. 118.51 in the 2020-21 or 2021-22 school year.

(c) During the 2020-21 and 2021-22 school years, if a pupil submits an application to a nonresident school board under s. 118.51 (3m) (a) on the basis of the criteria under s. 118.51 (3m) (b) 8., the pupil’s resident school board, as defined in s. 118.51 (1) (e), may not reject the application for any reason, including under s. 118.51 (3m) (d).

(2) **Virtual instruction in lieu of in-person instruction; school board requirements.** Beginning on January 11, 2021, and ending June 30, 2022, a school board may not provide virtual instruction to pupils in lieu of in-person instruction unless approved by a two-thirds vote of the members of the school board. An
approval under this subsection is valid for 14 days. A school board may extend
virtual instruction only by two-thirds vote of the members of the school board and
each extension may not be for more than 14 days.

(3) School district semester reports related to providing virtual
instruction.

(a) Definitions. In this subsection:

1. “Department” means the department of public instruction.

2. “End of semester” means the last day on which instruction is provided to
pupils in a semester, as indicated on a school district’s calendar. If a school district
provides instruction to pupils on a basis other than semesters, the “end of the
semester” means the last day of the first half of the school term, as defined in s.
115.001 (12), and the last day of the school term.

3. “Virtual instruction” means instruction provided through means of the
Internet if the pupils participating in and instructional staff providing the
instruction are geographically remote from each other.

(b) School board reports. By no later than 30 days after the end of each semester
in the 2020-21 and 2021-22 school years, each school board shall report to the
department all of the following:

1. Whether or not virtual instruction was implemented in the school district
during the semester and, if implemented, in which grades it was implemented. If
virtual instruction was implemented in the school district during the semester, the
process for implementing the virtual instruction.

2. Whether or not in-person instruction was provided in the school district
during the semester and, if provided, in which grades was it provided. If in-person
instruction was provided during the semester, for each grade in which in-person
instruction was provided, the number of school days in-person instruction was provided to pupils during the semester.

3. Any challenges or barriers the school board faced related to implementing virtual instruction during the semester.

4. The total amount by which the school board reduced or increased expenditures in each of the following categories because the school board provided virtual instruction during the semester:
   a. Utilities.
   b. Transportation.
   c. Food service.
   d. Salary and fringe benefits for personnel, including teachers, support staff, and administrators. This category includes expenditure reductions that result from layoffs.
   e. Contract terminations.

(c) 2021-22 school year; exception. In the 2021–22 school year, a school board is not required to submit a report under par. (b) for a semester in which the school board does not provide virtual instruction to pupils in lieu of in-person instruction.

(d) Reports to the legislature.

1. By April 1, 2021, the department shall compile and submit the information it received under par. (b) for the first semester of the 2020–21 school year to the appropriate standing committees of the legislature in the manner provided under s. 13.172 (3). By September 1, 2021, the department shall compile and submit the information it received under par. (b) for the 2nd semester of the 2020–21 school year to the appropriate standing committees of the legislature in the manner provided under s. 13.172 (3).
2. By April 1, 2022, the department shall compile and submit the information it received under par. (b) for the first semester of the 2021–22 school year to the appropriate standing committees of the legislature in the manner provided under s. 13.172 (3). By September 1, 2022, the department shall compile and submit the information it received under par. (b) for the 2nd semester of the 2021–22 school year to the appropriate standing committees of the legislature in the manner provided under s. 13.172 (3).

(4) **INTERSchOLASTIC ATHLETIC ASSOCIATION MEMBERSHIP; 2021–22 SCHOOL YEAR.** In the 2021–22 school year, no school district may be a member of an interscholastic athletic association unless, for purposes of determining pupil eligibility during the 2020–21 and 2021–22 school years, the interscholastic athletic association does all of the following:

(a) If a request to waive the association’s transfer rules is submitted on behalf of a pupil, considers the method by which educational programming was delivered during the 2020–21 and 2021–22 school years to be an extenuating circumstance that justifies the pupil transferring schools. For purposes of this paragraph, the method by which educational programming was delivered includes virtual instruction, in-person instruction, or a combination of virtual and in-person instruction.

(b) If a waiver is granted based on the extenuating circumstance described in par. (a), allows the pupil to participate in all levels of competition, including varsity competition, during the 2020–21 and 2021–22 school years.

**SECTION 9137. Nonstatutory provisions; Revenue.**

(1) **INTEREST AND PENALTIES ON LATE PROPERTY TAX PAYMENTS.** Notwithstanding ss. 74.11, 74.12, and 74.87, for property taxes payable in 2021, after making a general
or case-by-case finding of hardship, a taxation district may provide that an installment payment that is due and payable after April 1, 2021, and is received after its due date shall not accrue interest or penalties if the total amount due and payable in 2021 is paid on or before October 1, 2021. Interest and penalties shall accrue from October 1, 2021, for any property taxes payable in 2021 that are delinquent after October 1, 2021. A taxation district may not waive interest and penalties as provided in this subsection unless the county board of the county where the taxation district is located first adopts a resolution authorizing such waiver and establishing criteria for determining hardship, and the taxation district subsequently adopts a similar resolution. A county that has adopted a resolution authorizing the waiver of interest and penalties under this subsection shall settle any taxes, interest, and penalties collected on or before July 31, 2021, on August 20, 2021, as provided under s. 74.29 (1), and settle the remaining unpaid taxes, interest, and penalties on September 20, 2021. The August 20, 2021, settlement shall be distributed proportionally to the underlying taxing jurisdictions.

SECTION 9138. Nonstatutory provisions; Safety and Professional Services.

(1) EMERGENCY RULES. The pharmacy examining board may promulgate emergency rules under s. 227.24 implementing s. 450.075. Notwithstanding s. 227.24 (1) (c) and (2), emergency rules promulgated under this subsection remain in effect until June 30, 2023, or the date on which permanent rules take effect, whichever is sooner. Notwithstanding s. 227.24 (1) (a) and (3), the board is not required to provide evidence that promulgating a rule under this subsection as an emergency rule is necessary for the preservation of the public peace, health, safety,
or welfare and is not required to provide a finding of emergency for a rule
promulgated under this subsection.

(2) INTERIM LICENSURE.

(a) In this subsection, the definitions under s. 450.01 apply.

(b) The board shall grant an interim license to an applicant to act as a 3rd-party
logistics provider or an out-of-state 3rd-party logistics provider if, in the opinion of
the board, the applicant is currently in compliance with federal law relating to
3rd-party logistics providers. The holder of an interim license under this subsection
shall apply for a license under s. 450.075 on or after the date that emergency rules
take effect under sub. (1), or the date on which permanent rules take effect,
whichever is sooner. An interim license granted under this subsection expires 90
days after the date that emergency rules take effect under sub. (1), or 90 days after
the date on which permanent rules take effect, whichever is sooner. Notwithstanding s. 440.05, no fee is required for an interim license issued under this
subsection.

SECTION 9150. Nonstatutory provisions; Workforce Development.

(1) UNEMPLOYMENT INSURANCE; PLAN TO ADDRESS CLAIMS BACKLOG.

(a) Definitions. In this subsection, the definitions in s. 108.02 apply.

(b) Plan to address backlog of unemployment insurance claims. Not later than
30 days after the effective date of this paragraph, the department shall develop a
plan to reduce the number of weekly claims for benefits in process to levels
comparable to those in January and February 2020. The plan shall include measures
to ensure maintenance of program integrity and fraud detection. The department
shall submit the plan to the appropriate standing committees of the legislature
under s. 13.172 (3) and shall publish the plan on its Internet site.
(c) Call center. The department shall maintain a call center to provide services and support to claimants for benefits under ch. 108 or federal pandemic unemployment assistance benefits via telephone. The department shall operate the call center for 12 hours per day, 7 days per week, until the number of weekly claims in process is comparable to those in January and February 2020, as determined by the department.

(d) Report. No later than 30 days after the effective date of this paragraph, the department shall submit a report to the joint committee on finance on the status of the activities described in pars. (b) and (c).

SECTION 9151. Nonstatutory provisions; Other.

(1) Extension of certain approvals.

(a) Definitions. In this subsection:

1. “Challenged permit” means a permit or other approval to which all of the following apply:

a. The permit or other approval authorizes a construction project or a portion of a construction project.

b. The application for the permit or other approval includes a description of the construction project.

c. The permit or other approval was issued by a governmental unit.

d. The permit or other approval has a finite term or duration and has not expired.

e. The permit or other approval is the subject of administrative or judicial proceedings that may result in the invalidation, reconsideration, or modification of the permit or approval.
2. “Challenged plat or survey” means a plat or certified survey map approval that is the subject of administrative or judicial proceedings that may result in the invalidation, reconsideration, or modification of the approval.

3. “Construction project” means organized improvements to real property that include the construction or redevelopment of buildings.

4. “Covered approval” means a challenged permit or challenged plat or survey.

5. “Governmental unit” means the department of safety and professional services, the department of natural resources, the department of transportation, a city, a village, a town, a county, or a special purpose district.

(b) Exercise of extension. A person who has received a covered approval may obtain a term or duration extension by notifying the governmental unit that issued the covered approval of the person’s decision to exercise the extension not less than 90 days before the expiration of the unextended term or duration of the covered approval. A notification under this paragraph shall be in writing and shall specify the covered approval extended.

(c) Term of extension. The term or duration of a covered approval extended under par. (b) is extended by an amount of time equal to 36 months plus the duration of the administrative or judicial proceeding to which the covered approval is subject. For purposes of calculating the duration of an administrative or judicial proceeding under this paragraph, the proceeding begins on the date of the initial filing leading to the commencement of the proceeding and ends on the date of the final order disposing of the proceeding.

(d) Change of law. Except as provided in s. 66.10015, the laws, regulations, ordinances, rules, or other properly adopted requirements that were in effect at the time the covered approval was issued shall apply to the construction project, plat, or
certified survey map during the period of extension. This paragraph does not apply to the extent that a governmental unit demonstrates application of this paragraph will create an immediate threat to public health or safety.

(e) Regulation of safety and sanitation. This subsection does not limit any state or local unit of government from requiring that property be maintained and secured in a safe and sanitary condition in compliance with applicable laws, administrative rules, or ordinances.

(f) Exceptions. This subsection does not apply to any of the following:

1. A covered approval under any programmatic, regional, or nationwide general permit issued by the U.S. army corps of engineers.

2. The holder of a covered approval who is determined by the issuing governmental unit to be in significant noncompliance with the conditions of the covered approval as evidenced by written notice of violation or the initiation of a formal enforcement action.

(2) Civil liability exemption for certain entities. The immunity granted under s. 895.476 does not apply to actions filed before the effective date of this subsection.

SECTION 9334. Initial applicability; Public Instruction

(1) Full-time open enrollment applications. Section 9134 (1) (b) 2. and (c) of this act first applies to an application submitted under s. 118.51 (3m) on the effective date of this subsection.

SECTION 9400. Effective dates. This act takes effect on the day after publication, except as follows:

(1) Medical assistance program utilization data. The treatment of s. 49.45 (4r) takes effect on the first day of the 6th month beginning after publication.
(2) Public instruction; interscholastic athletics and extracurriculars;

virtual charter school pupils. The treatment of s. 118.133 (1) (a) and (b) and (2)
takes effect on the July 1 after publication.

(END)