

## Chapter DHS 144

### IMMUNIZATION OF STUDENTS

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**Note:** Chapter H 44 as it existed on June 30, 1981, was repealed and a new chapter HSS 144 was created, effective July 1, 1981. Chapter HSS 144 was renumbered chapter HFS 144 under s. 13.93 (2m) (b) 1., Stats., and corrections made under s. 13.93 (2m) (b) 1., 6. and 7., Stats., Register, June, 1997, No. 498. Chapter HFS 144 was renumbered chapter DHS 144 under s. 13.92 (4) (b) 1., Stats., and corrections made under s. 13.92 (4) (b) 7., Stats., Register January 2009 No. 637.

**DHS 144.01 Introduction. (1) PURPOSE AND AUTHORITY.** This rule implements s. 252.04, Stats., which requires the department to carry out a statewide immunization program to eliminate, immunize, and protect against certain diseases specified in statute or by department rule. This chapter addresses immunization requirements for vaccine-preventable diseases, by students admitted into schools or children admitted into child care settings.

**(2) RELATIONSHIP TO INFANT AND PRESCHOOL IMMUNIZATION SCHEDULES.** The emphasis placed in this chapter on meeting minimum immunization requirements upon entry to Wisconsin schools at any grade level or to a child care center complements efforts by the department to promote early immunization of infants and preschoolers according to accepted immunization schedules.

**History:** Cr. Register, June, 1981, No. 306, eff. 7-1-81; am. (1), Register, June, 1988, No. 390, eff. 7-1-88; correction in (1) made under s. 13.93 (2m) (b) 7., Stats., Register, August, 1995, No. 476; am. (1), Register, June, 1997, No. 498, eff. 7-1-97; am. (1), Register, May, 2001, No. 545, eff. 6-1-01; CR 07-077: am. (1) Register February 2008 No. 626, eff. 3-1-08; CR 19-079: r. and recr. (1), am. (2) Register January 2023 No. 805, eff. 2-1-23.

**DHS 144.02 Definitions. (1)** “Advanced practice nurse prescriber” has the meaning given in s. N 8.02 (2).

**(2)** “Child care center” has the meaning given in s. 49.136 (1) (ad), Stats.

**(3)** “Department” means the Wisconsin department of health services, unless otherwise specified.

**(4)** “DT” means pediatric diphtheria and tetanus vaccine.

**(5)** “DTaP” means pediatric diphtheria, tetanus, and acellular pertussis vaccine.

**(6)** “DTP” means pediatric diphtheria, tetanus, and pertussis vaccine.

**(7)** “Hib” means *Haemophilus influenzae* type b vaccine.

**(8)** “Hep B” means hepatitis B vaccine.

**(9)** “Immunization” means the process of inducing immunity artificially by receiving an immunobiologic.

**(10)** “Local health department” has the meaning given in s. 250.01 (4), Stats.

**(11)** “Mening” means a meningococcal vaccine containing, at a minimum, serogroups A, C, W, and Y.

**(12)** “MMR” means measles, mumps, and rubella vaccine received in combination or as separate vaccines.

**(13)** “Municipality” means any town, village, city, or county.

**(14)** “Parent” means the parent, guardian, or legal custodian of any minor student.

**(15)** “PCV” means pneumococcal conjugate vaccine.

**(16)** “Physician” means an individual possessing the degree of doctor of medicine or doctor of osteopathy or an equivalent degree as determined by the medical examining board under s.

448.05 (2), Stats., and holding a license granted by the medical examining board under s. 448.06, Stats.

**(17)** “Physician assistant” has the meaning given in s. 448.971 (2), Stats.

**(18)** “School” means any public or private elementary, middle, junior or senior high school, which provides educational instruction to students in any grade kindergarten through 12, or in an ungraded educational setting, or to preschool children enrolled in early childhood programs.

**(18m)** “School day,” in reference to schools, has the meaning prescribed in s. 115.01 (10), Stats. “School day,” in reference to child care centers, means any day that the center is open and caring for children.

**(19)** “Student” means any individual enrolled in or attending a school or child care center.

**(20)** “Subsided” in reference to a substantial outbreak means passage of 2 incubation periods for the disease causing the outbreak without additional cases, unless a shorter period of time is judged adequate by the department.

**(21)** “Substantial outbreak” means occurrence of any of the following diseases at the threshold determined by the department using epidemiological factors such as time and place:

- (a) Measles.
- (b) Mumps.
- (c) Rubella.
- (d) Polio.
- (e) Pertussis.
- (f) Diphtheria.
- (g) *Haemophilus influenzae* type b.
- (h) Varicella.
- (i) Meningococcal disease.

**Note:** On March 9, 2023, the Joint Committee for the Review of Administrative Rules (JCRAR) adopted a motion under s. 227.26 (2) (d), Stats., that suspended s. DHS 144.02 (21) (h) and (i). Pursuant to s. 227.26 (2) (f), Stats., JCRAR took executive action to introduce 2023 LRB-2600/1 and LRB-2630/1 in the Senate and Assembly, in support of the JCRAR suspension.

**(22)** “Td” means adolescent and adult tetanus and diphtheria vaccine.

**(23)** “Tdap” means adolescent and adult tetanus, diphtheria and acellular pertussis vaccine.

**(24)** “Vaccine provider” means a health care facility, as defined in s. 155.01 (6), Stats., which administers vaccines, or a local health department, or a physician’s office which administers vaccines.

**(25)** “Var” means varicella vaccine.

**Note:** Varicella is commonly known as chickenpox.

**(26)** “Written evidence of immunization” means a paper or an electronic record, which at a minimum indicates the date that each required dose of vaccine was administered to a student or the results of a laboratory test indicating immunity to the disease. Students who have not previously attended a Wisconsin school must provide the month, day, and year for each required dose of vaccine.

**History:** Cr. Register, June, 1981, No. 306, eff. 7-1-81; r. and recr. (12) (b), Register, June, 1988, No. 390, eff. 7-1-88; correction in (12) made under s. 13.93 (2m) (b)

7., Stats., Register, August, 1995, No. 476; am. (3), cr. (3g), (3m), (3r), (4m) and (13), r. and recr. (4), (6), (7) and (12), renum. (13) to be (14), Register, June, 1997, No. 498, eff. 7-1-97; cr. (13m), Register, May, 2001, No. 545, eff. 6-1-01; CR 07-077: am. (3) and (14), cr. (6m) Register February 2008 No. 626, eff. 3-1-08; correction in (2) made under s. 13.92 (4) (b) 6., Stats., Register January 2009 No. 637; CR 19-079: r. and recr. Register January 2023 No. 805, eff. 2-1-23; correction in (17) made under s. 13.92 (4) (b) 7., Stats., correction in and numbering of (18m) made under s. 13.92 (4) (b) 1. and 35.17, Stats., Register January 2023 No. 805.

**DHS 144.03 Minimum immunization requirements.**

**(1) INDIVIDUALS INCLUDED.** The minimum immunization requirements authorized by s. 252.04, Stats., and required under this chapter, apply to any student admitted to a Wisconsin elementary, middle, junior or senior high school, or to a Wisconsin child care center.

**(2) REQUIREMENTS FOR THE 2021-2022 SCHOOL YEAR AND FOR**

SCHOOL YEARS FOLLOWING THE 2021-2022 SCHOOL YEAR. (a) Table DHS 144.03-A, as qualified by pars. (b) to (k), lists the number of doses of each required vaccine that each student in the 2021-2022 school year and following school years shall have received since birth for the age or grade of the student. These comprise the minimum immunizations required under s. 252.04 (2), Stats. They do not, however, represent all the recommended immunizations according to currently accepted immunization schedules.

**Note:** CR 19-079 did not take effect until February 1, 2023, and the rule was therefore not in effect for the 2021-22 or 2022-23 school years.

(b) Immunization against measles, mumps, and rubella shall be received no sooner than 4 days before the student's first birthday. A second dose of MMR shall be received no sooner than 4 weeks after the first dose.

Table 144.03-A Required Immunizations for the 2021-2022 School Year and the Following School Years									
Age/Grade	Required Immunizations (Number of Doses)								
5 months through 15 months	2 DTP/DTaP/DT		2 Polio			2 Hep B	2 Hib	2 PCV	
16 months through 23 months	3 DTP/DTaP/DT		2 Polio	1 MMR		2 Hep B	3 Hib	3 PCV	
2 years through 4 years	4 DTP/DTaP/DT		3 Polio	1 MMR	1 Var	3 Hep B	3 Hib	3 PCV	
Kindergarten through grade 6	4 DTP/DTaP/DT		4 Polio	2 MMR	2 Var	3 Hep B			
Grade 7 through grade 11	4 DTP/DTaP/DT	1 Tdap	4 Polio	2 MMR	2 Var	3 Hep B			1 Mening
Grade 12	4 DTP/DTaP/DT	1 Tdap	4 Polio	2 MMR	2 Var	3 Hep B			2 Mening

**Note:** On March 9, 2023, the Joint Committee for the Review of Administrative Rules (JCRAR) adopted a motion under s. 227.26 (2) (d), Stats., that partially suspended s. Table DHS 144.03-A. The suspended parts of the table ("1 Mening" and "2 Mening") are shown above with striking. Pursuant to s. 227.26 (2) (f), Stats., JCRAR took executive action to introduce 2023 LRB-2600/1 and LRB-2630/1 in the Senate and Assembly, in support of the JCRAR suspension.

**Note:** CR 19-079 did not take effect until February 1, 2023, and the rule was therefore not in effect for the 2021-22 or 2022-23 school years.

(c) The fourth dose of polio vaccine shall be received no sooner than 4 days before the student's fourth birthday. A student receiving a third dose of polio vaccine after the student's fourth birthday is not required to receive additional doses. No further doses of polio vaccine are required if the student has not met minimum polio vaccine requirements by the eighteenth birthday.

(d) The fourth or fifth dose of DTP/DT/DTaP/Td/Tdap shall be received no sooner than 4 days before the student's fourth birthday. Students receiving a third dose of DTP/DT/DTaP/Td/Tdap after the fourth birthday are not required to receive additional doses.

(e) For students age 5 years or older who attend a school that does not use grades, the immunization requirements are those for the grade which would normally correspond to the individual's age. Immunizations are required for all students age 19 years or older, as prescribed for Grade 12 in table DHS 144.03-A.

(f) Students who begin the Hib series at 12 to 14 months of age are only required to receive 2 doses of Hib, at least 2 months apart. Students who receive 1 dose of Hib 4 days before 15 months of age, or after, are not required to receive additional doses of Hib.

(g) The first dose of Var shall be received no sooner than 4 days before the first birthday. A second dose of Var shall be received

no sooner than 4 weeks after the first dose. Students who have a reliable history of varicella disease are not required to receive Var. A physician, physician assistant, or an advanced practice nurse prescriber, must document a reliable history of varicella disease by indicating on the department's student immunization record form that the student has had varicella disease.

**Note:** On March 9, 2023, the Joint Committee for the Review of Administrative Rules (JCRAR) adopted a motion under s. 227.26 (2) (d), Stats., that suspended s. DHS 144.03 (2) (g) in part as shown below. Pursuant to s. 227.26 (2) (f), Stats., JCRAR took executive action to introduce 2023 LRB-2600/1 and LRB-2630/1 in the Senate and Assembly, in support of the JCRAR suspension.

**ATCP 144.03 (2) (g)** The first dose of Var shall be received no sooner than 4 days before the first birthday. A second dose of Var shall be received no sooner than 4 weeks after the first dose. Students who have a reliable history of varicella disease are not required to receive Var. ~~A physician, physician assistant, or an advanced practice nurse prescriber, must document a reliable history of varicella disease by indicating on the department's student immunization record form that the student has had varicella disease.~~

**Note:** The student immunization record form (DHS Form 04020L) is available by accessing: <https://www.dhs.wisconsin.gov/library/F-04020L.htm>.

(h) Students between the ages of 11 and 15 years who receive 2 doses of a 2 dose formulation of Hep B are not required to receive a third dose of Hep B.

(i) Students who begin the PCV series at 12 to 23 months of age are only required to receive 2 doses of PCV at least 2 months apart. Students who receive their first dose of PCV 4 days before

their second birthday or after are not required to receive additional PCV doses.

(j) Students who receive a dose of Td or Tdap within 5 years of entering a grade for which Tdap is required are not required to receive additional doses of Tdap.

(k) A 2nd dose of mening shall be received between the ages of 16 and 18 years to students who received a first dose of mening between the ages of 11 and 15 years. A second dose is not required for students who received their first dose of mening at age 16 years or older.

**Note:** On March 9, 2023, the Joint Committee for the Review of Administrative Rules (JCRAR) adopted a motion under s. 227.26 (2) (d), Stats., that suspended s. DHS 144.03 (2) (k). Pursuant to s. 227.26 (2) (f), Stats., JCRAR took executive action to introduce 2023 LRB-2600/1 and LRB-2630/1 in the Senate and Assembly, in support of the JCRAR suspension.

(4) **FIRST DEADLINE.** Within 30 school days after having been admitted to a school or child care center, each student who has not filed a waiver form shall submit written evidence of having completed at least the first dose of each vaccine required for that student's age or grade, as outlined in Table DHS 144.03-A.

(5) **SECOND DEADLINE.** Within 90 school days after having been admitted to a school or child care center, each student who has not filed a waiver form shall submit written evidence of having received the second dose of each vaccine required for that student's age or grade, as outlined in Table DHS 144.03-A.

(6) **FINAL DEADLINE.** Within 30 school days after having been admitted to a school or child care center for the following school year, each student who has not filed a waiver form shall submit written evidence of having received the third and, if required, the fourth dose of both DTP/DTaP/DT/Td/Tdap and polio vaccines and the final dose of Hep B as required under sub. (2) and, for students in child care centers, the final dose of Hib vaccine, if a dose has not been received at or after 15 months of age.

(7) **RECORDS OF VACCINATION.** Any person who immunizes a student under s. 252.04, Stats., shall maintain records identifying the manufacturer and lot number of the vaccine used, the date of immunization and the name and title of the person who immunized the student.

(10) **RELEASE OF IMMUNIZATION INFORMATION.** (a) *Between vaccine providers and schools or child care centers.* Vaccine providers shall disclose a student's immunization information, including the student's name, date of birth, gender, and the day, month, and year the vaccine was administered, and the name of vaccine administered, to a school or child care center upon written or verbal request from the school or child care center. Written or verbal permission from a student or parent is not required to release this information to a school or child care center.

(b) *Among vaccine providers.* Immunization information, including the student's name, date of birth and gender and the day, month, year and name of vaccine administered, shall be provided by one vaccine provider to another without written or verbal permission from the student or the parent.

**History:** Cr. Register, June, 1981, No. 306, eff. 7-1-81; r. and recr. (2) and (3), am. (4) to (6), Register, June, 1988, No. 390, eff. 7-1-88; am. (2) (a) to (d), (3) (a) and (b), r. (2) (e), Register, January, 1989, No. 397, eff. 2-1-89; am. (2) (a), (4) and (5), r. and recr. (3), tables 144.03-A and B, Register, July, 1990, No. 415, eff. 8-1-90; corrections made under s. 13.93 (2m) (b) 7., Stats., Register, August, 1995, No. 476; r. and recr. (2) (a), Table 144.03-A and (3), am. (2) (c) and (4) to (7), cr. (2) (e) and (10), r. Table 144.03-B, Register, June, 1997, No. 498, eff. 7-1-97; r. and recr. (2) (a) and Table 144.03-A, cr. (2) (f), (g) and (3m), am. (3) (a) and (6), Register, May, 2001, No. 545, eff. 6-1-01; CR 03-033: am. (2) (b), (c), (e) and Table 144.03-A Register December 2003 No. 576, eff. 1-1-04; CR 07-077: r. and recr. (2) (a), (f), (3), (3m) and Table-A, cr. (2) (h) and (i), am. (10) (a) and (b) Register February 2008 No. 626, eff. 3-1-08; CR 19-079: am. (1), (2) (title), (a), (b), r. and recr. Table 144.03-A, (2) (c) to (i), cr. (2) (j), (k), r. (3), (3m), am. (4) to (6), (10) (a) Register January 2023 No. 805, eff. 2-1-23; correction in (6) made under s. 13.92 (4) (b) 7., Stats., Register January 2023 No. 805.

**DHS 144.04 Waiver for health reasons.** Upon certification by a physician that an immunization required under s. 252.04, Stats., is or may be harmful to the health of a student, the requirements for that immunization shall be waived by the department. Written evidence of any required immunization which the

student has previously received shall be submitted to the school or child care center with the waiver form.

**History:** Cr. Register, June, 1981, No. 306, eff. 7-1-81; correction made under s. 13.93 (2m) (b) 7., Stats., Register, August, 1995, No. 476; CR 19-079: am. Register January 2023 No. 805, eff. 2-1-23.

**DHS 144.05 Waiver for reason of religious or personal conviction.** Immunization requirements under s. 252.04, Stats., shall be waived by the department upon presentation of a signed statement by the parent of a minor student or by the adult student which declares an objection to immunization on religious or personal conviction grounds. Written evidence of any required immunization which the student has previously received shall be submitted to the school or child care center with the waiver form.

**History:** Cr. Register, June, 1981, No. 306, eff. 7-1-81; correction made under s. 13.93 (2m) (b) 7., Stats., Register, August, 1995, No. 476; am. Register, June, 1997, No. 498, eff. 7-1-97; CR 19-079: am. Register January 2023 No. 805, eff. 2-1-23.

**DHS 144.06 Responsibilities of parents and adult students.** The parent of any minor student, or the adult student, shall secure the immunizations required under s. 252.04, Stats., from available health care sources such as physicians' offices, hospitals or local health departments, or shall submit the waiver form.

**History:** Cr. Register, June, 1981, No. 306, eff. 7-1-81; correction made under s. 13.93 (2m) (b) 7., Stats., Register, August, 1995, No. 476; am. Register, June, 1997, No. 498, eff. 7-1-97; CR 19-079: am. Register January 2023 No. 805, eff. 2-1-23.

**DHS 144.07 Responsibilities of schools and child care centers.** (1) The responsibilities of schools under these rules shall be those of the local school board and the school administrator. The licensee for each child care center shall be responsible for compliance with these rules. The school or child care center shall assure compliance with s. 252.04 (2), Stats.

(1m) By the 15th school day after a student is admitted to a school or child care center and again by the 25th school day after a student is admitted to a school or child care center, the school or child care center shall notify the adult student or the parent of any minor student who has not submitted either written evidence of immunization or a waiver form. Notification shall include instructions for complying with the requirements of s. 252.04 (2), Stats., including a list of missing immunizations, the availability of waivers for reasons of health, religion, or personal conviction, and an explanation of the penalty for noncompliance.

(2) For any student who has received the first dose of each immunization required for that student's age or grade under s. DHS 144.03, but who has not received all of the required doses, the school shall obtain written evidence that the student has received the required subsequent doses of immunization as they are administered, but no later than the deadlines described in s. DHS 144.03.

(3) If any minor student for whom a waiver form is not filed fails to comply with the immunization requirements described in s. DHS 144.03 by the date of admission to the school or child care center, the school or child care center may, within 60 school days of that failure to comply, notify the district attorney in writing, with the notice to include the student's name and the name and address of the student's parent, and request the district attorney to seek a court order under s. 48.13 (13), Stats. The school or child care center may keep the district attorney apprised of the subsequent compliance of a student initially reported to the district attorney.

(4) (a) The school and the child care center shall report to both the local health department and the department the degree of compliance with s. 252.04, Stats., and this chapter by students in that school or child care center.

(b) These reports shall be in a format prescribed by the department and shall be made by schools within 40 school days after the beginning of the term and by child care centers at intervals prescribed by the department. Updated reports shall be filed by the school on students who are in the process of being immunized.

These updated reports shall be filed within 10 school days after the deadlines listed in s. DHS 144.03.

(5) The school and the child care center shall maintain on file the immunization history for each student and any waiver form submitted. Immunization histories shall be updated with information supplied by the local health department, parents, or private physicians.

(6) The school or child care center shall maintain a current roster listing the name and immunization history of each student who does not meet all immunization requirements for that student's grade or age.

(7) The immunization record of any new student who transfers from one school or child care center to another shall be forwarded to the new school or child care center within 10 school days of the request for record transfer. The records of a child care student shall be transferred to a school if requested by either the admitting school or the parent.

(8) All suspected cases of diseases covered by s. 252.04 (2), Stats., or this chapter which occur among students or staff shall be reported immediately by telephone to the local health department.

(9) If one of the diseases covered by s. 252.04 (2), Stats., or this chapter occurs in a student or staff member, the school or child care center shall assist the local health department and the department in immediately identifying any unimmunized students, notifying their parents of the possible exposure, and facilitating the disease control activities.

(10) If a substantial outbreak as defined in s. DHS 144.02 (12) occurs in a school or child care center, or in the municipality in which a school or child care center is located, the school or child care center shall exclude students who have not received all required immunizations against the disease, including students in all grades who have not had 2 doses of measles vaccine, when it is an outbreak of measles that is occurring, when ordered to do so by the department. The exclusion shall last until the student is immunized or until the department determines that the outbreak has subsided.

**History:** Cr. Register, June, 1981, No. 306, eff. 7-1-81; am. (10), Register, July, 1990, No. 415, eff. 8-1-90; corrections made under s. 13.93 (2m) (b) 7., Stats., Register, August, 1995, No. 476; renum. (intro.) and (1) to be (1) and (1m) and am. (1m), am. (3), (4) (intro.), (a), (5) and (7) to (9), Register, June, 1997, No. 498, eff. 7-1-97; CR 19-079: am. (title), (1), (1m), (3), r(4) (a) (intro.), renum. (4) (a) 1. to (4) (a) and am., r. (4) (a) 2., am. (4) (b), (5) to (7), (9), (10) Register January 2023 No. 805, eff. 2-1-23.

**DHS 144.08 Responsibilities of local health departments.** (1) Each local health department shall make available the immunizations required under s. 252.04 (2), Stats., insofar as the vaccine is available without charge from the department under

ch. DHS 146. Vaccines made available free from the department under ch. DHS 146 shall be administered without charge for the cost of the biologic. By mutual agreement, responsibility for making the needed immunizations available may be transferred from the local health department to a school or child care center.

(2) By November 15 of each year, each local health department shall report to the department statistical information concerning the degree of compliance with s. 252.04, Stats., of students within its service area. These reports shall be on a form prescribed by the department.

(3) The local health department shall assist the department in informing schools and child care centers of the provisions of s. 252.04, Stats., and this chapter.

**History:** Cr. Register, June, 1981, No. 306, eff. 7-1-81; corrections made under s. 13.93 (2m) (b) 7., Stats., Register, August, 1995, No. 476; am. Register, June, 1997, No. 498, eff. 7-1-97; corrections in (1) made under s. 13.92 (4) (b) 7., Stats., Register January 2009 No. 637; CR 19-079: am. (1), (3) Register January 2023 No. 805, eff. 2-1-23.

**DHS 144.09 Responsibilities of the department.**

(1) (a) The department, in cooperation with local boards of health and health officers, local school boards and school and child care center administrators and other agencies, as appropriate, shall provide guidance to parents, physicians, schools, day care centers, and local health departments in understanding the minimum immunization requirements under s. 252.04, Stats., and this chapter, the reasons behind their establishment and the process for implementing them.

(b) The department shall undertake a public education campaign to inform parents of students about requirements and rights under s. 252.04, Stats., and this chapter.

(c) The department shall prepare the reporting and waiver forms required under this chapter, and shall make copies of those forms available without charge.

**Note:** Contact the Wisconsin Immunization Program at 608-267-9959 for copies of required reporting and waiver forms.

(d) The department may temporarily suspend an immunization requirement if the department determines that the supply of a necessary vaccine is inadequate.

(2) The department shall maintain a surveillance system designed to detect occurrences of vaccine-preventable diseases listed in s. 252.04 (2), Stats., and this chapter and shall investigate outbreaks of these diseases to confirm the diagnosis, determine the source and probable pattern of spread of the infection and guide implementation of appropriate control measures.

**History:** Cr. Register, June, 1981, No. 306, eff. 7-1-81; corrections made under s. 13.93 (2m) (b) 7., Stats., Register, August, 1995, No. 476; r. and recr. Register, June, 1997, No. 498, eff. 7-1-97; CR 07-077: cr. (1) (d) Register February 2008 No. 626, eff. 3-1-08; CR 19-079: am. (1) (a) Register January 2023 No. 805, eff. 2-1-23.