



State of Wisconsin
2023 - 2024 LEGISLATURE

LRBb0690/1
ALL:all

**ASSEMBLY AMENDMENT 3,
TO SENATE BILL 70**

June 29, 2023 - Offered by Representatives DRAKE, BARE, JOERS, ANDRACA, C. ANDERSON, VINING, MADISON, CLANCY, HAYWOOD, SUBECK, SINICKI, J. ANDERSON, HONG, NEUBAUER, EMERSON, JACOBSON, OHNSTAD, PALMERI, RATCLIFF, CONLEY, SNODGRASS, SHELTON, CABRERA, BALDEH, CONSIDINE, MOORE OMOKUNDE, BILLINGS, GOYKE, STUBBS, MYERS, ORTIZ-VELEZ and SHANKLAND.

1 At the locations indicated, amend the bill, as shown by senate substitute
2 amendment 2, as follows:

3 **1.** Page 47, line 19: increase the dollar amount for fiscal year 2023-24 by
4 \$36,600 and increase the dollar amount for fiscal year 2024-25 by \$47,000 to
5 increase the authorized FTE positions by 0.5 PR position to administer diversity,
6 equity, and inclusion activities overseen by the office of the commissioner of
7 insurance in collaboration with the chief equity officer in the department of
8 administration and with other agency equity officers to identify opportunities to
9 advance equity in government operations.

10 **2.** Page 47, line 19: increase the dollar amount for fiscal year 2023-24 by
11 \$358,000 and increase the dollar amount for fiscal year 2024-25 by \$477,400 for the
12 purpose of increasing the authorized FTE positions by 5.0 PR positions in the
13 division of financial regulation in the office of the commissioner of insurance.

1 **3.** Page 47, line 19: increase the dollar amount for fiscal year 2023-24 by
2 \$341,400 and increase the dollar amount for fiscal year 2024-25 by \$455,100 for the
3 purpose of increasing the authorized FTE positions by 5.0 PR positions in the
4 division of market regulation and enforcement in the office of the commissioner of
5 insurance.

6 **4.** Page 47, line 19: increase the dollar amount for fiscal year 2023-24 by
7 \$46,900 and increase the dollar amount for fiscal year 2024-25 by \$45,300 for the
8 purpose of supporting the ongoing operations of the helpline operated by the board
9 on aging and long-term care.

10 **5.** Page 47, line 19: increase the dollar amount for fiscal year 2023-24 by
11 \$702,300 and increase the dollar amount for fiscal year 2024-25 by \$702,300 to
12 restore funding for operations of the office of the commissioner of insurance.

13 **6.** Page 47, line 19: increase the dollar amount for fiscal year 2023-24 by
14 \$106,900 and increase the dollar amount for fiscal year 2024-25 by \$142,500 to
15 increase the authorized FTE positions by 1.0 PR position to establish a designated
16 program manager for the reinsurance program under subch. VII of ch. 601 known
17 as the Wisconsin Healthcare Stability Plan.

18 **7.** Page 47, line 19: increase the dollar amount for fiscal year 2023-24 by
19 \$1,968,300 and increase the dollar amount for fiscal year 2024-25 by \$1,885,800 to
20 increase the authorized FTE positions by 16.0 PR positions for the purpose of
21 administering new initiatives related to prescription drug supply chain regulation
22 and consumer assistance in the prescription drug affordability review board under
23 s. 15.735 (1).

24 **8.** Page 64, line 14: delete that line and substitute:

1 “(2) RESEARCH AND COMMUNITY SUPPORT

2 (a) Violence prevention grants GPR B 7,500,000 7,500,000”.

3 **9.** Page 147, line 8: increase the dollar amount for fiscal year 2023–24 by
4 \$1,000,000 and increase the dollar amount for fiscal year 2024–25 by \$1,000,000 for
5 the purpose of funding HIV/AIDS–related services under the Mike Johnson Life
6 Care and Early Intervention Services grant.

7 **10.** Page 147, line 8: increase the dollar amount for fiscal year 2023–24 by
8 \$500,000 and increase the dollar amount for fiscal year 2024–25 by \$500,000 for the
9 purpose of funding interventions to respond to adverse childhood experiences,
10 trauma, and toxic stress and to build resilience, with a goal of preventing substance
11 use disorders and other adverse health outcomes.

12 **11.** Page 147, line 8: increase the dollar amount for fiscal year 2023–24 by
13 \$109,800 and increase the dollar amount for fiscal year 2024–25 by \$109,800 for the
14 purpose of funding increased costs of supplies and services for public health services.

15 **12.** Page 147, line 8: increase the dollar amount for fiscal year 2023–24 by
16 \$66,800 and increase the dollar amount for fiscal year 2024–25 by \$87,300 to
17 increase the authorized FTE positions for the department of health services by 1.0
18 GPR position to create a suicide and self-harm prevention coordinator position in the
19 injury prevention program maintained by the department under s. 225.20.

20 **13.** Page 147, line 12: increase the dollar amount for fiscal year 2023–24 by
21 \$720,000 and increase the dollar amount for fiscal year 2024–25 by \$720,000 for the
22 purpose of reimbursing ambulance service providers for epinephrine auto-injectors
23 or draw-up epinephrine kits for each ambulance operating in the state under s.
24 256.158.

1 **14.** Page 147, line 12: increase the dollar amount for fiscal year 2023-24 by
2 \$1,500,000 and increase the dollar amount for fiscal year 2024-25 by \$1,500,000 for
3 the purpose of awarding grants to persons in this state for research into spinal cord
4 injuries under s. 255.45.

5 **15.** Page 147, line 12: increase the dollar amount for fiscal year 2023-24 by
6 \$1,680,000 and increase the dollar amount for fiscal year 2024-25 by \$1,680,000 for
7 the purpose of awarding grants to free-standing pediatric teaching hospitals under
8 s. 253.19.

9 **16.** Page 147, line 12: increase the dollar amount for fiscal year fiscal year
10 2024-25 by \$4,172,000 for the purpose of implementing a pilot program to provide
11 electrocardiogram screenings under SECTION 9119 (1w) of this act.

12 **17.** Page 147, line 12: increase the dollar amount for fiscal year 2023-24 by
13 \$833,000 and increase the dollar amount for fiscal year 2024-25 by \$850,600 to
14 increase the authorized FTE positions for the department of health services by 1.0
15 GPR position and to support programs within the department of health services
16 office for the promotion of independent living.

17 **18.** Page 147, line 12: increase the dollar amount for fiscal year 2023-24 by
18 \$600,000 and increase the dollar amount for fiscal year 2024-25 by \$600,000 for the
19 purpose of healthy aging grants under s. 46.854.

20 **19.** Page 147, line 12: increase the dollar amount for fiscal year 2023-24 by
21 \$250,000 and increase the dollar amount for fiscal year 2024-25 by \$250,000 for the
22 purpose of funding grants to an organization that supports and provides services to
23 individuals with amyotrophic lateral sclerosis under s. 46.48 (36).

1 **20.** Page 147, line 12: increase the dollar amount for fiscal year 2023–24 by
2 \$900,000 and increase the dollar amount for fiscal year 2024–25 by \$900,000 for the
3 purpose of funding a low-value care analysis grant.

4 **21.** Page 147, line 12: increase the dollar amount for fiscal year 2023–24 by
5 \$500,000 and increase the dollar amount for fiscal year 2024–25 by \$500,000 to
6 create a suicide prevention grant program.

7 **22.** Page 147, line 14: increase the dollar amount for fiscal year 2023–24 by
8 \$100,000 and increase the dollar amount for fiscal year 2024–25 by \$100,000 for the
9 purpose of increasing funding available for Alzheimer’s training and information
10 grants under s. 46.856.

11 **23.** Page 148, line 3: increase the dollar amount for fiscal year 2023–24 by
12 \$200,000 and increase the dollar amount for fiscal year 2024–25 by \$200,000 for the
13 purpose of increasing funding available for the life-span respite care program under
14 s. 46.986 (2).

15 **24.** Page 148, line 13: increase the dollar amount for fiscal year 2023–24 by
16 \$233,600 and increase the dollar amount for fiscal year 2024–25 by \$271,400 for the
17 purpose of managing and improving emergency medical services data systems, to
18 begin certifying applicants as emergency medical responders under broader
19 eligibility criteria that do not require passage of the emergency medical responder
20 examination developed by the National Registry of Emergency Medical Technicians,
21 and to increase the authorized FTE positions within the department of health
22 services by 2.0 GPR positions to implement the modified emergency medical
23 responder training, examination, and certification standards and procedures and to

1 manage emergency medical services licensing, monitoring, and reporting systems
2 and data.

3 **25.** Page 149, line 16: increase the dollar amount for fiscal year 2023-24 by
4 \$349,000 and increase the dollar amount for fiscal year 2024-25 by \$425,600 to
5 increase the authorized FTE positions in the department of health services by 4.0
6 GPR positions, including an environmental health specialist and a public health
7 nurse in the lead poisoning prevention program in the division of public health
8 within the department of health services, to oversee lead hazard investigations and
9 outreach and prevention programs.

10 **26.** Page 149, line 16: increase the dollar amount for fiscal year 2023-24 by
11 \$1,121,200 and increase the dollar amount for fiscal year 2024-25 by \$1,383,400 to
12 increase the authorized FTE positions in the department of health services by 12.5
13 GPR positions to fund environmental health specialist positions in regional division
14 of public health offices across the state to support local and tribal health departments
15 in meeting increased demand for lead hazard investigations.

16 **27.** Page 149, line 16: increase the dollar amount for fiscal year 2023-24 by
17 \$6,003,400 and increase the dollar amount for fiscal year 2024-25 by \$6,003,400 for
18 the purpose of grant funding for lead poisoning outreach and prevention activities.

19 **28.** Page 150, line 1: increase the dollar amount for fiscal year 2023-24 by
20 \$335,000 and increase the dollar amount for fiscal year 2024-25 by \$670,000 for the
21 purpose of supporting tobacco and vaping cessation services that are responsive and
22 tailored to Native American cultures.

1 **29.** Page 150, line 4: decrease the dollar amount for fiscal year 2023–24 by
2 \$250,000 and decrease the dollar amount for fiscal year 2024–25 by \$250,000 for the
3 purpose of grants to free and charitable clinics.

4 **30.** Page 152, line 4: increase the dollar amount for fiscal year 2023–24 by
5 \$1,600 and increase the dollar amount for fiscal year 2024–25 by \$1,600 for the
6 purpose of funding increased costs of supplies and services for public health services.

7 **31.** Page 152, line 9: decrease the dollar amount for fiscal year 2023–24 by
8 \$6,116,600 and decrease the dollar amount for fiscal year 2024–25 by \$6,365,400 for
9 the purpose of reducing the authorized FTE positions for the department of health
10 services by 56.77 GPR positions in fiscal year 2023–24 and by 59.10 GPR positions
11 in fiscal year 2024–25.

12 **32.** Page 152, line 9: increase the dollar amount for fiscal year 2023–24 by
13 \$4,000 and increase the dollar amount for fiscal year 2024–25 by \$4,000 for the
14 purpose of funding increased costs of supplies and services for centralized services.

15 **33.** Page 152, line 9: increase the dollar amount for fiscal year 2023–24 by
16 \$220,100 and increase the dollar amount for fiscal year 2024–25 by \$220,100 for the
17 purpose of funding increased costs of supplies and services at Sand Ridge Secure
18 Treatment Center.

19 **34.** Page 152, line 9: increase the dollar amount for fiscal year 2023–24 by
20 \$1,200,800 and increase the dollar amount for fiscal year 2024–25 by \$1,200,800 for
21 the purpose of funding increased costs of supplies and services at Mendota Mental
22 Health Institute.

1 **35.** Page 152, line 9: increase the dollar amount for fiscal year 2023-24 by
2 \$187,700 and increase the dollar amount for fiscal year 2024-25 by \$187,700 for the
3 purpose of funding increased costs of supplies and services at Winnebago Mental
4 Health Institute.

5 **36.** Page 152, line 9: increase the dollar amount for fiscal year 2023-24 by
6 \$2,100 and increase the dollar amount for fiscal year 2024-25 by \$2,100 for the
7 purpose of funding increased costs of supplies and services at Southern Wisconsin
8 Center.

9 **37.** Page 152, line 9: increase the dollar amount for fiscal year 2023-24 by
10 \$1,400 and increase the dollar amount for fiscal year 2024-25 by \$1,400 for the
11 purpose of funding increased costs of supplies and services at Northern Wisconsin
12 Center.

13 **38.** Page 152, line 9: increase the dollar amount for fiscal year 2023-24 by
14 \$1,800 and increase the dollar amount for fiscal year 2024-25 by \$1,800 for the
15 purpose of funding increased costs of supplies and services at Central Wisconsin
16 Center.

17 **39.** Page 152, line 9: increase the dollar amount for fiscal year 2023-24 by
18 \$244,600 and increase the dollar amount for fiscal year 2024-25 by \$244,600 for the
19 purpose of funding increased costs of supplies and services at Wisconsin Resource
20 Center.

21 **40.** Page 152, line 9: decrease the dollar amount for fiscal year 2023-24 by
22 \$526,000 and decrease the dollar amount for fiscal year 2024-25 by \$526,000 for the
23 purpose of adjusting supplemental funding for overtime pay expenditures at Sand
24 Ridge Secure Treatment Center.

1 **41.** Page 152, line 9: increase the dollar amount for fiscal year 2023-24 by
2 \$1,407,400 and increase the dollar amount for fiscal year 2024-25 by \$1,407,400 for
3 the purpose of adjusting supplemental funding for overtime pay expenditures at
4 Mendota Mental Health Institute.

5 **42.** Page 152, line 9: increase the dollar amount for fiscal year 2023-24 by
6 \$4,359,100 and increase the dollar amount for fiscal year 2024-25 by \$4,359,100 for
7 the purpose of adjusting funding for variable nonfood supplies and services at Sand
8 Ridge Secure Treatment Center.

9 **43.** Page 152, line 9: increase the dollar amount for fiscal year 2023-24 by
10 \$259,600 and increase the dollar amount for fiscal year 2024-25 by \$259,600 for the
11 purpose of adjusting supplemental funding for overtime pay expenditures at
12 Wisconsin Resource Center.

13 **44.** Page 152, line 9: increase the dollar amount for fiscal year 2023-24 by
14 \$6,939,600 and increase the dollar amount for fiscal year 2024-25 by \$6,393,600 for
15 the purpose of adjusting funding for variable nonfood supplies and services at
16 Mendota Mental Health Institute.

17 **45.** Page 152, line 9: increase the dollar amount for fiscal year 2023-24 by
18 \$2,196,000 and increase the dollar amount for fiscal year 2024-25 by \$2,196,000 for
19 the purpose of adjusting funding for variable nonfood supplies and services at
20 Winnebago Mental Health Institute.

21 **46.** Page 152, line 9: decrease the dollar amount for fiscal year 2023-24 by
22 \$19,900 and decrease the dollar amount for fiscal year 2024-25 by \$19,900 for the
23 purpose of adjusting funding for food costs at Sand Ridge Secure Treatment Center.

1 **47.** Page 152, line 9: decrease the dollar amount for fiscal year 2023-24 by
2 \$69,800 and decrease the dollar amount for fiscal year 2024-25 by \$69,800 for the
3 purpose of adjusting funding for food costs at Winnebago Mental Health Institute.

4 **48.** Page 152, line 9: increase the dollar amount for fiscal year 2023-24 by
5 \$312,600 and increase the dollar amount for fiscal year 2024-25 by \$312,600 for the
6 purpose of adjusting funding for food costs at Mendota Mental Health Institute.

7 **49.** Page 152, line 9: increase the dollar amount for fiscal year 2023-24 by
8 \$572,400 and increase the dollar amount for fiscal year 2024-25 by \$572,400 for the
9 purpose of adjusting funding for food costs at Wisconsin Resource Center.

10 **50.** Page 152, line 9: increase the dollar amount for fiscal year 2023-24 by
11 \$5,201,000 and increase the dollar amount for fiscal year 2024-25 by \$5,501,200 for
12 the purpose of funding electronic health records costs.

13 **51.** Page 152, line 9: decrease the dollar amount for fiscal year 2023-24 by
14 \$876,300 and decrease the dollar amount for fiscal year 2024-25 by \$876,300 for the
15 purpose of adjusting funding for variable nonfood supplies and services at Wisconsin
16 Resource Center.

17 **52.** Page 152, line 9: decrease the dollar amount for fiscal year 2023-24 by
18 \$328,100 and decrease the dollar amount for fiscal year 2024-25 by \$328,100 for the
19 purpose of adjusting supplemental funding for overtime pay expenditures at
20 Winnebago Mental Health Institute.

21 **53.** Page 153, line 3: increase the dollar amount for fiscal year 2023-24 by
22 \$10,100 and increase the dollar amount for fiscal year 2024-25 by \$86,900 for fuel
23 and utilities costs at the care and treatment facilities.

1 **54.** Page 153, line 9: decrease the dollar amount for fiscal year 2023–24 by
2 \$356,400 and decrease the dollar amount for fiscal year 2024–25 by \$356,400 for the
3 purpose of adjusting supplemental funding for overtime pay expenditures at
4 Southern Wisconsin Center.

5 **55.** Page 153, line 9: decrease the dollar amount for fiscal year 2023–24 by
6 \$1,032,500 and decrease the dollar amount for fiscal year 2024–25 by \$1,032,500 for
7 the purpose of adjusting supplemental funding for overtime pay expenditures at
8 Winnebago Mental Health Institute.

9 **56.** Page 153, line 9: increase the dollar amount for fiscal year 2023–24 by
10 \$323,500 and increase the dollar amount for fiscal year 2024–25 by \$323,500 for the
11 purpose of adjusting supplemental funding for overtime pay expenditures at
12 Mendota Mental Health Institute.

13 **57.** Page 153, line 9: increase the dollar amount for fiscal year 2023–24 by
14 \$453,400 and increase the dollar amount for fiscal year 2024–25 by \$453,400 for the
15 purpose of adjusting funding for food costs at Winnebago Mental Health Institute.

16 **58.** Page 153, line 9: increase the dollar amount for fiscal year 2023–24 by
17 \$6,751,000 and increase the dollar amount for fiscal year 2024–25 by \$8,757,600 to
18 increase the authorized FTE positions in the department of health services by 92.0
19 PR positions, beginning in 2023–24, to expand the intensive treatment program at
20 Northern Wisconsin Center for up to 12 additional residents.

21 **59.** Page 153, line 9: increase the dollar amount for fiscal year 2023–24 by
22 \$6,116,600 and increase the dollar amount for fiscal year 2024–25 by \$6,365,400 for
23 the purpose of increasing the authorized FTE positions for the department of health

1 services by 56.77 PR positions in fiscal year 2023-24 and by 59.10 PR positions in
2 fiscal year 2024-25.

3 **60.** Page 153, line 9: decrease the dollar amount for fiscal year 2023-24 by
4 \$21,800 and decrease the dollar amount for fiscal year 2024-25 by \$21,800 for the
5 purpose of adjusting supplemental funding for overtime pay expenditures at
6 Northern Wisconsin Center.

7 **61.** Page 153, line 9: increase the dollar amount for fiscal year 2023-24 by
8 \$4,279,900 and increase the dollar amount for fiscal year 2024-25 by \$4,536,300 for
9 the purpose of funding electronic health records costs.

10 **62.** Page 153, line 9: decrease the dollar amount for fiscal year 2023-24 by
11 \$304,300 and decrease the dollar amount for fiscal year 2024-25 by \$304,300 for the
12 purpose of adjusting supplemental funding for overtime pay expenditures at Central
13 Wisconsin Center.

14 **63.** Page 153, line 9: increase the dollar amount for fiscal year 2023-24 by
15 \$1,136,900 and increase the dollar amount for fiscal year 2024-25 by \$1,136,900 for
16 the purpose of adjusting funding for variable nonfood supplies and services at
17 Northern Wisconsin Center.

18 **64.** Page 153, line 9: increase the dollar amount for fiscal year 2023-24 by
19 \$7,000 and increase the dollar amount for fiscal year 2024-25 by \$7,000 for the
20 purpose of adjusting funding for food costs at Mendota Mental Health Institute.

21 **65.** Page 153, line 9: increase the dollar amount for fiscal year 2023-24 by
22 \$14,500 and increase the dollar amount for fiscal year 2024-25 by \$14,500 for the
23 purpose of adjusting funding for food costs at Central Wisconsin Center.

1 **66.** Page 153, line 9: increase the dollar amount for fiscal year 2023-24 by
2 \$322,600 and increase the dollar amount for fiscal year 2024-25 by \$322,600 for the
3 purpose of adjusting funding for variable nonfood supplies and services at Mendota
4 Mental Health Institute.

5 **67.** Page 153, line 9: increase the dollar amount for fiscal year 2023-24 by
6 \$26,832,200 and increase the dollar amount for fiscal year 2024-25 by \$26,832,200
7 for the purpose of adjusting funding for variable nonfood supplies and services at
8 Winnebago Mental Health Institute.

9 **68.** Page 153, line 9: increase the dollar amount for fiscal year 2023-24 by
10 \$4,038,400 and increase the dollar amount for fiscal year 2024-25 by \$4,038,400 for
11 the purpose of adjusting funding for variable nonfood supplies and services at
12 Southern Wisconsin Center.

13 **69.** Page 153, line 9: increase the dollar amount for fiscal year 2023-24 by
14 \$13,859,100 and increase the dollar amount for fiscal year 2024-25 by \$13,859,100
15 for the purpose of adjusting funding for variable nonfood supplies and services at
16 Central Wisconsin Center.

17 **70.** Page 153, line 9: increase the dollar amount for fiscal year 2023-24 by
18 \$13,700 and increase the dollar amount for fiscal year 2024-25 by \$13,700 for the
19 purpose of adjusting funding for food costs at Southern Wisconsin Center.

20 **71.** Page 153, line 9: increase the dollar amount for fiscal year 2023-24 by
21 \$34,600 and increase the dollar amount for fiscal year 2024-25 by \$34,600 for the
22 purpose of adjusting funding for food costs at Northern Wisconsin Center.

1 **72.** Page 154, line 2: increase the dollar amount for fiscal year 2023–24 by
2 \$66,800 and increase the dollar amount for fiscal year 2024–25 by \$87,300 to
3 increase the authorized FTE positions by 2.0 GPR positions to establish a team
4 dedicated to reimbursement structures and challenges related to Native American
5 tribes and bands within the division of the department of health services that is
6 responsible for medicaid services.

7 **73.** Page 154, line 2: increase the dollar amount for fiscal year 2023–24 by
8 \$314,400 and increase the dollar amount for fiscal year 2024–25 by \$314,400 for the
9 purpose of contracting for the administration of a certified public expenditure
10 program to increase medical assistance reimbursement to ambulance service
11 providers owned by local governments.

12 **74.** Page 154, line 4: increase the dollar amount for fiscal year 2023–24 by
13 \$8,309,500 and increase the dollar amount for fiscal year 2024–25 by \$8,309,500 for
14 the purpose of supporting the room and board costs for residential substance use
15 disorder treatment under s. 49.46 (2) (b) 8m.

16 **75.** Page 154, line 4: increase the dollar amount for fiscal year 2023–24 by
17 \$15,000,000 and increase the dollar amount for fiscal year 2024–25 by \$15,000,000
18 for the purpose of increasing personal care reimbursement rates.

19 **76.** Page 154, line 4: increase the dollar amount for fiscal year 2023–24 by
20 \$17,194,500 and increase the dollar amount for fiscal year 2024–25 by \$71,525,000
21 for the purpose of funding costs associated with continuing the American Rescue
22 Plan Act home and community-based services waiver program rate increase of 5
23 percent from April 1, 2024, through June 30, 2025.

1 **77.** Page 154, line 4: increase the dollar amount for fiscal year 2023–24 by
2 \$15,000,000 and increase the dollar amount for fiscal year 2024–25 by \$15,000,000
3 to increase the direct care and services portion of the capitation rates the department
4 of health services provides to managed care organizations to fund long-term care
5 services for individuals enrolled in the Family Care program.

6 **78.** Page 154, line 4: increase the dollar amount for fiscal year 2023–24 by
7 \$24,263,100 and increase the dollar amount for fiscal year 2024–25 by \$49,572,800
8 for the purpose of increasing Medical Assistance reimbursement rates for patient
9 evaluation and management to 80 percent of federal Medicare rates.

10 **79.** Page 154, line 4: increase the dollar amount for fiscal year 2023–24 by
11 \$4,165,500 and increase the dollar amount for fiscal year 2024–25 by \$8,510,700 for
12 the purpose of increasing Medical Assistance reimbursement rates for emergency
13 department patient evaluation to 56 percent of federal Medicare rates.

14 **80.** Page 154, line 4: increase the dollar amount for fiscal year 2023–24 by
15 \$2,180,500 and increase the dollar amount for fiscal year 2024–25 by \$4,455,200 for
16 the purpose of increasing Medical Assistance reimbursement rates for mental health
17 and substance use disorder services and for child and adolescent day treatment by
18 10 percent in aggregate.

19 **81.** Page 154, line 4: increase the dollar amount for fiscal year 2023–24 by
20 \$1,249,000 and increase the dollar amount for fiscal year 2024–25 by \$2,551,800 for
21 the purpose of increasing Medical Assistance reimbursement for adaptive
22 behavioral treatment.

23 **82.** Page 154, line 4: increase the dollar amount for fiscal year 2023–24 by
24 \$8,741,200 and increase the dollar amount for fiscal year 2024–25 by \$17,859,500 for

1 the purpose of increasing base Medical Assistance reimbursement for hospital
2 services beginning on January 1, 2024.

3 **83.** Page 154, line 4: increase the dollar amount for fiscal year 2023-24 by
4 \$21,712,600 and increase the dollar amount for fiscal year 2024-25 by \$24,235,200
5 for the purpose of assuming the full nonfederal share of community support program
6 costs.

7 **84.** Page 154, line 4: increase the dollar amount for fiscal year 2023-24 by
8 \$113,687,700 and increase the dollar amount for fiscal year 2024-25 by \$240,502,500
9 for the purpose of providing the cost to continue Medical Assistance benefits.

10 **85.** Page 154, line 4: increase the dollar amount for fiscal year 2024-25 by
11 \$691,900 for the purpose of expanding access to medical assistance psychosocial
12 rehabilitation services through the use of non-county providers.

13 **86.** Page 154, line 4: increase the dollar amount for fiscal year 2024-25 by
14 \$6,562,000 for the purpose of funding coverage of community health worker services
15 under the Medical Assistance program pursuant to s. 49.46 (2) (b) 9m.

16 **87.** Page 154, line 4: increase the dollar amount for fiscal year 2023-24 by
17 \$1,000,000 and increase the dollar amount for fiscal year 2024-25 by \$1,000,000 for
18 the purpose of increasing funding for Covering Wisconsin to assist residents of this
19 state in obtaining health insurance and navigating the insurance marketplace.

20 **88.** Page 154, line 4: increase the dollar amount for fiscal year 2024-25 by
21 \$449,300 for the purpose of funding Medical Assistance coverage of doula services
22 pursuant to s. 49.46 (2) (b) 12p.

1 **89.** Page 154, line 4: increase the dollar amount for fiscal year 2024-25 by
2 \$1,268,100 for the purpose of reimbursement of certified peer specialist services
3 under the Medical Assistance program.

4 **90.** Page 154, line 4: increase the dollar amount for fiscal year 2024-25 by
5 \$4,641,700 for the purpose of providing coverage for continuous glucose monitoring
6 devices and insulin pumps for diabetic care as a pharmacy benefit.

7 **91.** Page 154, line 4: increase the dollar amount for fiscal year 2023-24 by
8 \$4,092,600 and increase the dollar amount for fiscal year 2024-25 by \$2,888,800 to
9 support the cost of a health information exchange incentive payment program for
10 certain health care providers.

11 **92.** Page 154, line 4: increase the dollar amount for fiscal year 2023-24 by
12 \$309,300 and increase the dollar amount for fiscal year 2024-25 by \$315,300 for
13 dwelling lead investigations conducted by local public health departments.

14 **93.** Page 154, line 4: increase the dollar amount for fiscal year 2023-24 by
15 \$2,693,600 and increase the dollar amount for fiscal year 2024-25 by \$2,739,100 for
16 the purpose of supplemental payments to hospitals that are freestanding pediatric
17 teaching hospitals located in Wisconsin for which 45 percent or more of their total
18 inpatient days are for Medical Assistance recipients.

19 **94.** Page 154, line 4: decrease the dollar amount for fiscal year 2023-24 by
20 \$841,240,100 and decrease the dollar amount for fiscal year 2024-25 by
21 \$759,177,800 as a result of expanding eligibility for the Medical Assistance program.

22 **95.** Page 154, line 4: increase the dollar amount for fiscal year 2023-24 by
23 \$1,220,300 and increase the dollar amount for fiscal year 2024-25 by \$2,499,000 for

1 the purpose of funding reimbursement for schools when the school acts as the
2 originating site for Medical Assistance services that are delivered by telehealth.

3 **96.** Page 154, line 7: increase the dollar amount for fiscal year 2023-24 by
4 \$721,500 and increase the dollar amount for fiscal year 2024-25 by \$733,700 for the
5 purpose of increasing funding for grants to establish new and existing residency
6 programs.

7 **97.** Page 154, line 11: increase the dollar amount for fiscal year 2023-24 by
8 \$23,069,500 and increase the dollar amount for fiscal year 2024-25 by \$26,169,600
9 to fund contracted services for the administration of the Medical Assistance program
10 and the FoodShare program.

11 **98.** Page 154, line 11: increase the dollar amount for fiscal year 2023-24 by
12 \$300,000 and increase the dollar amount for fiscal year 2024-25 by \$300,000 for the
13 purpose of funding grants to support community dental health coordinators.

14 **99.** Page 154, line 12: increase the dollar amount for fiscal year 2023-24 by
15 \$340,500 and increase the dollar amount for fiscal year 2024-25 by \$342,200 for
16 income maintenance administration.

17 **100.** Page 154, line 12: increase the dollar amount for fiscal year 2023-24 by
18 \$302,700 and increase the dollar amount for fiscal year 2024-25 by \$611,400 to
19 increase base GPR funding for income maintenance consortia and tribal agencies by
20 2 percent in fiscal year 2023-24 and by an additional 2 percent in fiscal year 2024-25.

21 **101.** Page 154, line 12: increase the dollar amount for fiscal year 2023-24 by
22 \$375,000 and increase the dollar amount for fiscal year 2024-25 by \$375,000 for local
23 fraud prevention and investigations programs.

1 **102.** Page 154, line 14: increase the dollar amount for fiscal year 2023-24 by
2 \$3,924,400 and increase the dollar amount for fiscal year 2024-25 by \$5,023,600 for
3 the FoodShare employment and training program.

4 **103.** Page 154, line 16: decrease the dollar amount for fiscal year 2023-24 by
5 \$396,800 and decrease the dollar amount for fiscal year 2024-25 by \$152,800 for the
6 purpose of reflecting reestimates of the cost of payments under the Wisconsin funeral
7 and cemetery aids program.

8 **104.** Page 154, line 20: increase the dollar amount for fiscal year 2023-24 by
9 \$6,605,100 and increase the dollar amount for fiscal year 2024-25 by \$5,477,800 for
10 the purpose of reflecting a reestimate of SeniorCare benefit costs.

11 **105.** Page 154, line 25: increase the dollar amount for fiscal year 2024-25 by
12 \$9,600,000 for the purpose of providing coverage for continuous glucose monitoring
13 devices and insulin pumps for diabetic care as a pharmacy benefit.

14 **106.** Page 157, line 13: decrease the dollar amount for fiscal year 2023-24 by
15 \$58,358,200 and decrease the dollar amount for fiscal year 2024-25 by \$54,069,800
16 to reflect that the current nonschool entity share of the federal matching funds would
17 no longer be deposited in the general fund.

18 **107.** Page 157, line 21: increase the dollar amount for fiscal year 2023-24 by
19 \$298,691,500 and decrease the dollar amount for fiscal year 2024-25 by \$21,588,100
20 for the purpose of providing the cost to continue Medical Assistance benefits.

21 **108.** Page 158, line 14: increase from base the dollar amount for fiscal year
22 2023-24 by \$3,411,900 and increase from base the dollar amount for fiscal year

1 2024-25 by \$5,432,300 for the purpose of reflecting a reestimate of forensic and civil
2 mental health contract costs.

3 **109.** Page 158, line 14: increase the dollar amount for fiscal year 2023-24 by
4 \$33,700 and increase the dollar amount for fiscal year 2024-25 by \$33,700 for the
5 purpose of funding increased costs of supplies and services for care and treatment
6 services.

7 **110.** Page 158, line 14: increase the dollar amount for fiscal year 2023-24 by
8 \$4,949,200 and increase the dollar amount for fiscal year 2024-25 by \$4,949,200 for
9 the purpose of supporting treatment services delivered under an assertive
10 community treatment model for individuals with serious mental illness that are
11 involved in the criminal justice system.

12 **111.** Page 158, line 14: increase the dollar amount for fiscal year 2023-24 by
13 \$63,800 and increase the dollar amount for fiscal year 2024-25 by \$78,500 to
14 increase the authorized FTE positions within the office of children's mental health
15 in the department of health services under s. 15.194 (1) by 1.0 GPR position.

16 **112.** Page 158, line 14: increase the dollar amount for fiscal year 2024-25 by
17 \$1,576,600 for the purpose of awarding grants to mental health and substance abuse
18 providers to help support the employment of qualified treatment trainees.

19 **113.** Page 158, line 14: increase the dollar amount for fiscal year 2023-24 by
20 \$30,000 and increase the dollar amount for fiscal year 2024-25 by \$30,000 to support
21 the cost to maintain a substance use disorder treatment platform.

22 **114.** Page 158, line 15: increase the dollar amount for fiscal year 2023-24 by
23 \$450,000 and increase the dollar amount for fiscal year 2024-25 by \$450,000 for the
24 purpose of awarding grants to peer-run respite centers under s. 46.48 (31).

1 **115.** Page 158, line 15: increase the dollar amount for fiscal year 2024-25 by
2 \$621,000 to support the pilot project under SECTION 9119 (2u) of this act.

3 **116.** Page 158, line 15: increase the dollar amount for fiscal year 2023-24 by
4 \$2,000,000 and increase the dollar amount for fiscal year 2024-25 by \$2,000,000 for
5 the purpose of awarding grants for the purchase of opioid antagonists under s. 46.48
6 (33).

7 **117.** Page 158, line 15: increase the dollar amount for fiscal year 2024-25 by
8 \$1,790,000 to support psychiatric residential treatment facilities.

9 **118.** Page 158, line 15: increase the dollar amount for fiscal year 2023-24 by
10 \$1,644,000 and increase the dollar amount for fiscal year 2024-25 by \$1,644,000 to
11 support stimulant use prevention and treatment programs and services under s.
12 46.48 (34).

13 **119.** Page 158, line 15: increase the dollar amount for fiscal year 2023-24 by
14 \$7,500,000 and increase the dollar amount for fiscal year 2024-25 by \$15,000,000 for
15 the purpose of funding health care provider innovation grants and related contracted
16 program administration and evaluation costs.

17 **120.** Page 159, line 1: delete lines 1 and 2 and substitute:

18 “(bw) Mental health consultation program GPR B 4,000,000 4,000,000”.

19 **121.** Page 159, line 2: after that line insert:

20 “(bx) Addiction medicine consultation pro-
21 gram GPR B 500,000 500,000”.

22 **122.** Page 159, line 2: after that line insert:

1 “(cc) Youth crisis stabilization facilities;

2 grants. GPR A 996,400 996,400”.

3 **123.** Page 159, line 7: delete lines 7 and 8 and substitute:

4 “(ck) Crisis urgent care and observation facil-

5 ities GPR A 64,700 10,038,500”.

6 **124.** Page 159, line 11: delete lines 11 and 12.

7 **125.** Page 160, line 9: decrease the dollar amount for fiscal year 2023-24 by
8 \$996,400 and decrease the dollar amount for fiscal year 2024-25 by \$996,400 for the
9 purpose of reducing program revenue funding for youth crisis stabilization grants.

10 **126.** Page 160, line 9: decrease the dollar amount for fiscal year 2023-24 by
11 \$450,000 and decrease the dollar amount for fiscal year 2024-25 by \$450,000 for the
12 purpose of reducing program revenue funding for peer-run respite center grants.

13 **127.** Page 161, line 6: increase the dollar amount for fiscal year 2023-24 by
14 \$1,114,500 and increase the dollar amount for fiscal year 2024-25 by \$1,420,500 to
15 increase the authorized FTE positions for the department of health services by 32.0
16 GPR positions within the division of the department responsible for assisted living
17 facility licensing.

18 **128.** Page 161, line 6: increase the dollar amount for fiscal year 2023-24 by
19 \$266,000 and increase the dollar amount for fiscal year 2024-25 by \$326,700 to
20 increase the authorized FTE positions for the department of health services by 4.0
21 GPR positions, beginning in fiscal year 2023-24, to increase staffing in the division
22 of the department responsible for caregiver quality.

1 **129.** Page 161, line 6: increase the dollar amount for fiscal year 2023-24 by
2 \$48,400 and increase the dollar amount for fiscal year 2024-25 by \$48,400 for the
3 purpose of funding increased costs of supplies and services for quality assurance
4 services.

5 **130.** Page 161, line 16: increase the dollar amount for fiscal year 2023-24 by
6 \$284,200 and increase the dollar amount for fiscal year 2024-25 by \$351,300 to
7 increase the authorized FTE positions for the department of health services by 4.2
8 PR positions, beginning in fiscal year 2023-24, to increase staffing in the division of
9 the department responsible for caregiver quality.

10 **131.** Page 162, line 13: increase the dollar amount for fiscal year 2024-25 by
11 \$8,546,300 for the purpose of continuing to fund through the end of the 2023-25 fiscal
12 biennium projects started with onetime GPR savings and FED funds realized
13 through the federal American Rescue Plan Act.

14 **132.** Page 162, line 13: increase the dollar amount for fiscal year 2023-24 by
15 \$5,654,300 and increase the dollar amount for fiscal year 2024-25 by \$11,308,600 for
16 the purpose of increasing balance allocations and funding expanded caregiver
17 support services at aging and disability resource centers.

18 **133.** Page 162, line 13: increase the dollar amount for fiscal year 2023-24 by
19 \$250,000 and increase the dollar amount for fiscal year 2024-25 by \$250,000 for the
20 purpose of increasing the maximum amount of funding the department of health
21 services may provide under the Alzheimer's family and caregiver support program
22 under s. 46.40 (8).

23 **134.** Page 162, line 13: increase the dollar amount for fiscal year 2024-25 by
24 \$15,153,600 to fund, for the 3-month period from April 1 to June 30, 2025,

1 implementation of a minimum fee schedule for certain home and community based
2 services, specifically, residential care and supportive home care services, the state
3 provides through its long-term care waiver programs.

4 **135.** Page 162, line 13: increase the dollar amount for fiscal year 2023-24 by
5 \$4,138,300 and increase the dollar amount for fiscal year 2024-25 by \$9,499,200 for
6 the purpose of increasing funding for adult protective services training, needs
7 assessments for tribal adult protective services, guardian support and elder justice
8 training grants, and other adult protective services.

9 **136.** Page 162, line 13: increase the dollar amount for fiscal year 2024-25 by
10 \$627,600 to fund the Wisconsin Personal Caregiver Workforce Careers Program to
11 continue enrolling an additional 5,000 caregivers into the professional certificate
12 program.

13 **137.** Page 162, line 14: increase the dollar amount for fiscal year 2024-25 by
14 \$1,936,000 for the purpose of awarding grants to a statewide provider of behavioral
15 health treatment services for individuals who are deaf, hard of hearing, or deaf-blind
16 under s. 46.48 (3m).

17 **138.** Page 162, line 14: increase the dollar amount for fiscal year 2023-24 by
18 \$260,000 and increase the dollar amount for fiscal year 2024-25 by \$260,000 for the
19 purpose of awarding grants to regional peer recovery centers for individuals
20 experiencing mental health and substance abuse issues under s. 46.48 (37).

21 **139.** Page 162, line 17: increase the dollar amount for fiscal year 2023-24 by
22 \$3,086,500 and increase the dollar amount for fiscal year 2024-25 by \$6,173,100 for
23 the purpose of providing services to additional children under s. 51.44 (5) (bm).

24 **140.** Page 162, line 18: delete that line and substitute:

1 “(d) Complex patient pilot program GPR B 15,000,000 -0-”.

2 **141.** Page 163, line 13: increase the dollar amount for fiscal year 2023-24 by
3 \$556,400 and increase the dollar amount for fiscal year 2024-25 by \$638,000 for the
4 purpose of translating the website and forms for the department of health services
5 into multiple languages.

6 **142.** Page 163, line 19: increase the dollar amount for fiscal year 2023-24 by
7 \$74,800 and increase the dollar amount for fiscal year 2024-25 by \$96,100 to
8 increase the authorized FTE positions by 1.0 GPR position to establish an agency
9 equity officer responsible for collaborating with the chief equity officer in the
10 department of health services and with other agency equity officers to identify
11 opportunities to advance equity in government operations.

12 **143.** Page 165, line 3: increase the dollar amount for fiscal year 2023-24 by
13 \$391,200 and increase the dollar amount for fiscal year 2024-25 by \$391,200 for the
14 purpose of contracting for access to a national database to identify relatives of a child.

15 **144.** Page 165, line 3: increase the dollar amount for fiscal year 2023-24 by
16 \$195,800 and increase the dollar amount for fiscal year 2024-25 by \$204,600 for the
17 purpose of funding licensing fees and costs for a youth assessment and screening
18 instrument.

19 **145.** Page 165, line 3: increase the dollar amount for fiscal year 2023-24 by
20 \$2,687,700 and increase the dollar amount for fiscal year 2024-25 by \$2,687,700 for
21 the purpose of funding statewide automated child welfare information system
22 enhancements.

1 **146.** Page 165, line 3: increase the dollar amount for fiscal year 2023-24 by
2 \$2,020,000 and increase the dollar amount for fiscal year 2024-25 by \$2,020,000 for
3 programs that provide services to runaway and homeless youth.

4 **147.** Page 165, line 3: increase the dollar amount for fiscal year 2023-24 by
5 \$4,865,600 and increase the dollar amount for fiscal year 2024-25 by \$11,849,900 to
6 increase the authorized FTE positions by 4.6 positions and to fund agency services
7 and staff.

8 **148.** Page 165, line 3: increase the dollar amount for fiscal year 2023-24 by
9 \$740,900 and increase the dollar amount for fiscal year 2024-25 by \$740,900 to
10 increase the authorized FTE positions by 3.2 GPR contracted positions to develop a
11 youth justice case management and reporting system.

12 **149.** Page 165, line 5: increase the dollar amount for fiscal year 2023-24 by
13 \$1,200,000 and increase the dollar amount for fiscal year 2024-25 by \$3,896,000 for
14 the purpose of expanding the home visitation program under s. 48.983.

15 **150.** Page 165, line 10: increase the dollar amount for fiscal year 2023-24 by
16 \$4,264,900 and increase the dollar amount for fiscal year 2024-25 by \$4,264,900 for
17 the purpose of funding grants for youth services under s. 48.481.

18 **151.** Page 165, line 15: increase the dollar amount for fiscal year 2023-24 by
19 \$6,217,300 and increase the dollar amount for fiscal year 2024-25 by \$6,217,300 for
20 the purpose of increasing funding under the domestic abuse shelter and services
21 program.

22 **152.** Page 166, line 3: increase the dollar amount for fiscal year 2023-24 by
23 \$366,100 and increase the dollar amount for fiscal year 2024-25 by \$732,200 for the

1 purpose of offering short-term respite child care and shelter for families in
2 emergencies.

3 **153.** Page 166, line 7: increase the dollar amount for fiscal year 2023-24 by
4 \$256,600 and increase the dollar amount for fiscal year 2024-25 by \$282,600 for the
5 purpose of reimbursing tribes and bands for the cost of subsidized guardianships.

6 **154.** Page 166, line 11: delete that line.

7 **155.** Page 166, line 13: delete that line.

8 **156.** Page 166, line 15: delete that line.

9 **157.** Page 168, line 6: increase the dollar amount for fiscal year 2023-24 by
10 \$435,100 and increase the dollar amount for fiscal year 2024-25 by \$435,100 to
11 increase the authorized FTE positions by 1.8 FED contracted positions to develop a
12 youth justice case management and reporting system.

13 **158.** Page 168, line 15: increase the dollar amount for fiscal year 2023-24 by
14 \$26,300 and increase the dollar amount for fiscal year 2024-25 by \$35,000 to
15 increase the authorized FTE positions by 0.4 positions and to fund agency services
16 and staff.

17 **159.** Page 168, line 22: increase the dollar amount for fiscal year 2023-24 by
18 \$139,000 and increase the dollar amount for fiscal year 2024-25 by \$153,000 for the
19 purpose of reimbursing tribes and bands for the cost of subsidized guardianships.

20 **160.** Page 169, line 10: increase the dollar amount for fiscal year 2023-24 by
21 \$6,100 and increase the dollar amount for fiscal year 2024-25 by \$6,700 for the
22 purpose of kinship care exceptional payments due to the inclusion of like-kin as
23 eligible.

1 **161.** Page 169, line 10: increase the dollar amount for fiscal year 2023-24 by
2 \$13,200 and increase the dollar amount for fiscal year 2024-25 by \$26,400 for the
3 purpose of kinship care payment increases due to the inclusion of like-kin as eligible.

4 **162.** Page 170, line 19: decrease the dollar amount for fiscal year 2023-24 by
5 \$15,440,600 and increase the dollar amount for fiscal year 2024-25 by \$17,379,300
6 for the purpose for which the appropriation is made.

7 **163.** Page 170, line 19: increase the dollar amount for fiscal year 2023-24 by
8 \$13,155,900 and increase the dollar amount for fiscal year 2024-25 by \$24,050,000
9 for the purpose of kinship care payment increases due to the inclusion of like-kin as
10 eligible.

11 **164.** Page 170, line 19: increase the dollar amount for fiscal year 2023-24 by
12 \$2,077,200 and increase the dollar amount for fiscal year 2024-25 by \$4,203,900 for
13 the purpose of kinship care exceptional payments due to the inclusion of like-kin as
14 eligible.

15 **165.** Page 170, line 19: increase the dollar amount for fiscal year 2024-25 by
16 \$104,000 for the purpose of expanding the home visitation program under s. 48.983.

17 **166.** Page 170, line 19: increase the dollar amount for fiscal year 2023-24 by
18 \$1,182,600 and increase the dollar amount for fiscal year 2024-25 by \$1,182,600 for
19 the purpose of funding statewide automated child welfare information system
20 enhancements.

21 **167.** Page 218, line 3: increase the dollar amount for fiscal year 2024-25 by
22 \$529,200 for the purpose of implementing the easy enrollment program for health
23 care coverage under s. 71.03 (9).

1 **168.** Page 265, line 18: delete lines 18 to 21 and substitute:

2 “**SECTION 108m.** 20.435 (5) (ck) of the statutes is created to read:

3 20.435 (5) (ck) *Crisis urgent care and observation facilities.* The amounts in
4 the schedule for grants to develop and support crisis urgent care and observation
5 facilities under s. 51.036 and for administration of the grant program.”.

6 **169.** Page 265, line 22: delete lines 22 to 25 and substitute:

7 “**SECTION 109u.** 20.435 (7) (d) of the statutes is created to read:

8 20.435 (7) (d) *Complex patient pilot program.* Biennially, the amounts in the
9 schedule for the complex patient pilot program under 2023 Wisconsin Act ... (this
10 act), section 9119 (4u).

11 **SECTION 109r.** 20.435 (7) (d) of the statutes, as affected by 2023 Wisconsin Act
12 ... (this act), is repealed.”.

13 **170.** Page 296, line 7: delete lines 7 to 11 and substitute:

14 “**SECTION 245m.** 46.40 (8) of the statutes is amended to read:

15 46.40 (8) **ALZHEIMER’S FAMILY AND CAREGIVER SUPPORT ALLOCATION.** Subject to
16 sub. (9), for services to persons with Alzheimer’s disease and their caregivers under
17 s. 46.87, the department shall distribute not more than ~~\$2,808,900~~ \$3,308,900 in
18 each fiscal year.”.

19 **171.** Page 318, line 5: delete lines 5 to 15.

20 **172.** Page 318, line 18: delete the material beginning with that line and
21 ending with page 319, line 12.

22 **173.** Page 365, line 11: after that line insert:

23 “**SECTION 438m.** 250.15 (2) (d) of the statutes is amended to read:

24 250.15 (2) (d) To free and charitable clinics, ~~\$1,500,000~~ \$2,000,000.”.

1 **174.** Page 365, line 12: delete lines 12 to 14.

2 **175.** Page 373, line 20: after that line insert:

3 “**SECTION 470n.** 939.75 (2) (b) 1. of the statutes is amended to read:

4 939.75 **(2)** (b) 1. An act committed during an induced abortion. This
5 subdivision does not limit the applicability of ss. ~~940.04~~, 940.13, 940.15 and 940.16
6 to an induced abortion.

7 **SECTION 470p.** 940.04 of the statutes is repealed.

8 **SECTION 470q.** 968.26 (1b) (a) 2. a. of the statutes is amended to read:

9 968.26 **(1b)** (a) 2. a. Section ~~940.04~~, 940.11, 940.19 (2), (4), (5), or (6), 940.195
10 (2), (4), (5), or (6), 940.198 (2) (b) or (c) or (3), 940.20, 940.201, 940.203, 940.204,
11 940.205, 940.207, 940.208, 940.22 (2), 940.225 (3), 940.29, 940.302 (2) (c), 940.32,
12 941.32, 941.38 (2), 942.09 (2), 943.10, 943.205, 943.32 (1), 946.43, 946.44, 946.47,
13 946.48, 948.02 (3), 948.03 (2) (b) or (c), (3), or (4), 948.04, 948.055, 948.095, 948.10
14 (1) (a), 948.11, 948.13 (2) (a), 948.14, 948.20, 948.23 (1), (2), or (3) (c) 2. or 3., or 948.30
15 (1).”.

16 **176.** Page 374, line 11: after that line insert:

17 “**SECTION 1.** 51.042 (3m) of the statutes is created to read:

18 51.042 **(3m)** GRANTS. From the appropriation under s. 20.435 (5) (cc), the
19 department shall award grants to organizations to develop and support youth crisis
20 stabilization facilities.”.

21 **177.** Page 374, line 11: after that line insert:

22 “**SECTION 2.** 632.865 (2m) of the statutes is created to read:

23 632.865 **(2m)** FIDUCIARY DUTY AND DISCLOSURES TO HEALTH BENEFIT PLAN
24 SPONSORS. (a) A pharmacy benefit manager owes a fiduciary duty to the health

1 benefit plan sponsor to act according to the health benefit plan sponsor's instructions
2 and in the best interests of the health benefit plan sponsor.

3 (b) A pharmacy benefit manager shall annually provide, no later than the date
4 and using the method prescribed by the commissioner by rule, the health benefit plan
5 sponsor all of the following information from the previous calendar year:

6 1. The indirect profit received by the pharmacy benefit manager from owning
7 any interest in a pharmacy or service provider.

8 2. Any payment made by the pharmacy benefit manager to a consultant or
9 broker who works on behalf of the health benefit plan sponsor.

10 3. From the amounts received from all drug manufacturers, the amounts
11 retained by the pharmacy benefit manager, and not passed through to the health
12 benefit plan sponsor, that are related to the health benefit plan sponsor's claims or
13 bona fide service fees.

14 4. The amounts, including pharmacy access and audit recovery fees, received
15 from all pharmacies that are in the pharmacy benefit manager's network or have a
16 contract to be in the network and, from these amounts, the amount retained by the
17 pharmacy benefit manager and not passed through to the health benefit plan
18 sponsor.".

19 **178.** Page 374, line 11: after that line insert:

20 "SECTION 3. 632.869 of the statutes is created to read:

21 **632.869 Reimbursement to federal drug pricing program participants.**

22 (1) In this section:

23 (a) "Covered entity" means an entity described in 42 USC 256b (a) (4) (A), (D),
24 (E), (J), or (N) that participates in the federal drug pricing program under 42 USC

1 256b, a pharmacy of the entity, or a pharmacy contracted with the entity to dispense
2 drugs purchased through the federal drug pricing program under 42 USC 256b.

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

4 (2) No person, including a pharmacy benefit manager and 3rd-party payer,
5 may do any of the following:

6 (a) Reimburse a covered entity for a drug that is subject to an agreement under
7 42 USC 256b at a rate lower than that paid for the same drug to pharmacies that are
8 not covered entities and have a similar prescription volume to that of the covered
9 entity.

10 (b) Assess a covered entity any fee, charge back, or other adjustment on the
11 basis of the covered entity’s participation in the federal drug pricing program under
12 42 USC 256b.

13 (3) The commissioner may promulgate rules to implement this section and to
14 establish a minimum reimbursement rate for covered entities and any other entity
15 described under 42 USC 256b (a) (4).”.

16 **179.** Page 374, line 11: after that line insert:

17 “SECTION 4. 609.712 of the statutes is created to read:

18 **609.712 Essential health benefits; preventive services.** Defined network
19 plans and preferred provider plans are subject to s. 632.895 (13m) and (14m).

20 SECTION 5. 609.847 of the statutes is created to read:

21 **609.847 Preexisting condition discrimination and certain benefit**
22 **limits prohibited.** Limited service health organizations, preferred provider plans,
23 and defined network plans are subject to s. 632.728.

24 SECTION 6. 625.12 (1) (a) of the statutes is amended to read:

1 625.12 (1) (a) Past and prospective loss and expense experience within and
2 outside of this state, except as provided in s. 632.728.

3 **SECTION 7.** 625.12 (1) (e) of the statutes is amended to read:

4 625.12 (1) (e) Subject to ~~s.~~ ss. 632.365 and 632.728, all other relevant factors,
5 including the judgment of technical personnel.

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

7 625.12 (2) CLASSIFICATION. Except as provided in ~~s.~~ ss. 632.728 and 632.729,
8 risks may be classified in any reasonable way for the establishment of rates and
9 minimum premiums, except that no classifications may be based on race, color, creed
10 or national origin, and classifications in automobile insurance may not be based on
11 physical condition or developmental disability as defined in s. 51.01 (5). Subject to
12 ss. 632.365, 632.728, and 632.729, rates thus produced may be modified for
13 individual risks in accordance with rating plans or schedules that establish
14 reasonable standards for measuring probable variations in hazards, expenses, or
15 both. Rates may also be modified for individual risks under s. 625.13 (2).

16 **SECTION 9.** 625.15 (1) of the statutes is amended to read:

17 625.15 (1) RATE MAKING. ~~An~~ Except as provided in s. 632.728, an insurer may
18 itself establish rates and supplementary rate information for one or more market
19 segments based on the factors in s. 625.12 and, if the rates are for motor vehicle
20 liability insurance, subject to s. 632.365, or the insurer may use rates and
21 supplementary rate information prepared by a rate service organization, with
22 average expense factors determined by the rate service organization or with such
23 modification for its own expense and loss experience as the credibility of that
24 experience allows.

25 **SECTION 10.** 628.34 (3) (a) of the statutes is amended to read:

1 628.34 (3) (a) No insurer may unfairly discriminate among policyholders by
2 charging different premiums or by offering different terms of coverage except on the
3 basis of classifications related to the nature and the degree of the risk covered or the
4 expenses involved, subject to ss. 632.365, 632.728, 632.729, 632.746 and, 632.748,
5 and 632.7496. Rates are not unfairly discriminatory if they are averaged broadly
6 among persons insured under a group, blanket or franchise policy, and terms are not
7 unfairly discriminatory merely because they are more favorable than in a similar
8 individual policy.

9 **SECTION 11.** 632.728 of the statutes is created to read:

10 **632.728 Coverage of persons with preexisting conditions; guaranteed**
11 **issue; benefit limits. (1) DEFINITIONS.** In this section:

12 (a) “Cost sharing” includes deductibles, coinsurance, copayments, or similar
13 charges.

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

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

16 **(2) GUARANTEED ISSUE.** (a) Every individual health benefit plan shall accept
17 every individual in this state who, and every group health benefit plan shall accept
18 every employer in this state that, applies for coverage, regardless of sexual
19 orientation, gender identity, or whether or not any employee or individual has a
20 preexisting condition. A health benefit plan may restrict enrollment in coverage
21 described in this paragraph to open or special enrollment periods.

22 (b) The commissioner shall establish a statewide open enrollment period of no
23 shorter than 30 days for every individual health benefit plan to allow individuals,
24 including individuals who do not have coverage, to enroll in coverage.

1 **(3) PROHIBITING DISCRIMINATION BASED ON HEALTH STATUS.** (a) An individual
2 health benefit plan or a self-insured health plan may not establish rules for the
3 eligibility of any individual to enroll, or for the continued eligibility of any individual
4 to remain enrolled, under the plan based on any of the following health
5 status-related factors in relation to the individual or a dependent of the individual:

6 1. Health status.

7 2. Medical condition, including both physical and mental illnesses.

8 3. Claims experience.

9 4. Receipt of health care.

10 5. Medical history.

11 6. Genetic information.

12 7. Evidence of insurability, including conditions arising out of acts of domestic
13 violence.

14 8. Disability.

15 (b) An insurer offering an individual health benefit plan or a self-insured
16 health plan may not require any individual, as a condition of enrollment or continued
17 enrollment under the plan, to pay, on the basis of any health status-related factor
18 under par. (a) with respect to the individual or a dependent of the individual, a
19 premium or contribution or a deductible, copayment, or coinsurance amount that is
20 greater than the premium or contribution or deductible, copayment, or coinsurance
21 amount respectively for a similarly situated individual enrolled under the plan.

22 (c) Nothing in this subsection prevents an insurer offering an individual health
23 benefit plan or a self-insured health plan from establishing premium discounts or
24 rebates or modifying otherwise applicable cost sharing in return for adherence to
25 programs of health promotion and disease prevention.

1 **(4) PREMIUM RATE VARIATION.** A health benefit plan offered on the individual or
2 small employer market or a self-insured health plan may vary premium rates for a
3 specific plan based only on the following considerations:

4 (a) Whether the policy or plan covers an individual or a family.

5 (b) Rating area in the state, as established by the commissioner.

6 (c) Age, except that the rate may not vary by more than 3 to 1 for adults over
7 the age groups and the age bands shall be consistent with recommendations of the
8 National Association of Insurance Commissioners.

9 (d) Tobacco use, except that the rate may not vary by more than 1.5 to 1.

10 **(5) STATEWIDE RISK POOL.** An insurer offering a health benefit plan may not
11 segregate enrollees into risk pools other than a single statewide risk pool for the
12 individual market and a single statewide risk pool for the small employer market or
13 a single statewide risk pool that combines the individual and small employer
14 markets.

15 **(6) ANNUAL AND LIFETIME LIMITS.** An individual or group health benefit plan or
16 a self-insured health plan may not establish any of the following:

17 (a) Lifetime limits on the dollar value of benefits for an enrollee or a dependent
18 of an enrollee under the plan.

19 (b) Annual limits on the dollar value of benefits for an enrollee or a dependent
20 of an enrollee under the plan.

21 **(7) COST SHARING MAXIMUM.** A health benefit plan offered on the individual or
22 small employer market may not require an enrollee under the plan to pay more in
23 cost sharing than the maximum amount calculated under 42 USC 18022 (c),
24 including the annual indexing of the limits.

1 **(8) MEDICAL LOSS RATIO.** (a) In this subsection, “medical loss ratio” means the
2 proportion, expressed as a percentage, of premium revenues spent by a health
3 benefit plan on clinical services and quality improvement.

4 (b) A health benefit plan on the individual or small employer market shall have
5 a medical loss ratio of at least 80 percent.

6 (c) A group health benefit plan other than one described under par. (b) shall
7 have a medical loss ratio of at least 85 percent.

8 **(9) ACTUARIAL VALUES OF PLAN TIERS.** Any health benefit plan offered on the
9 individual or small employer market shall provide a level of coverage that is designed
10 to provide benefits that are actuarially equivalent to at least 60 percent of the full
11 actuarial value of the benefits provided under the plan.

12 **SECTION 12.** 632.746 (1) (a) of the statutes is renumbered 632.746 (1) and
13 amended to read:

14 632.746 (1) ~~Subject to subs. (2) and (3), an An insurer that offers a group health~~
15 benefit plan may, ~~with respect to a participant or beneficiary under the plan,~~ not
16 impose a preexisting condition exclusion ~~only if the exclusion relates to a condition,~~
17 ~~whether physical or mental, regardless of the cause of the condition, for which~~
18 ~~medical advice, diagnosis, care or treatment was recommended or received within~~
19 ~~the 6-month period ending on the participant’s or beneficiary’s enrollment date~~
20 ~~under the plan on a participant or beneficiary under the plan.~~

21 **SECTION 13.** 632.746 (1) (b) of the statutes is repealed.

22 **SECTION 14.** 632.746 (2) (a) of the statutes is amended to read:

23 632.746 (2) (a) An insurer offering a group health benefit plan may not ~~treat~~
24 impose a preexisting condition exclusion based on genetic information ~~as a~~

1 ~~preexisting condition under sub. (1) without a diagnosis of a condition related to the~~
2 ~~information.~~

3 **SECTION 15.** 632.746 (2) (c), (d) and (e) of the statutes are repealed.

4 **SECTION 16.** 632.746 (3) (a) of the statutes is repealed.

5 **SECTION 17.** 632.746 (3) (d) 1. of the statutes is renumbered 632.746 (3) (d).

6 **SECTION 18.** 632.746 (3) (d) 2. and 3. of the statutes are repealed.

7 **SECTION 19.** 632.746 (5) of the statutes is repealed.

8 **SECTION 20.** 632.746 (8) (a) (intro.) of the statutes is amended to read:

9 632.746 (8) (a) (intro.) A health maintenance organization that offers a group
10 health benefit plan ~~and that does not impose any preexisting condition exclusion~~
11 ~~under sub. (1)~~ with respect to a particular coverage option may impose an affiliation
12 period for that coverage option, but only if all of the following apply:

13 **SECTION 21.** 632.748 (2) of the statutes is amended to read:

14 632.748 (2) An insurer offering a group health benefit plan may not require any
15 individual, as a condition of enrollment or continued enrollment under the plan, to
16 pay, on the basis of any health status-related factor with respect to the individual
17 or a dependent of the individual, a premium or contribution or a deductible,
18 copayment, or coinsurance amount that is greater than the premium or contribution
19 or deductible, copayment, or coinsurance amount respectively for a similarly
20 situated individual enrolled under the plan.

21 **SECTION 22.** 632.76 (2) (a) and (ac) 1. and 2. of the statutes are amended to read:

22 632.76 (2) (a) No claim for loss incurred or disability commencing after 2 years
23 from the date of issue of the policy may be reduced or denied on the ground that a
24 disease or physical condition existed prior to the effective date of coverage, unless the
25 condition was excluded from coverage by name or specific description by a provision

1 effective on the date of loss. This paragraph does not apply to a group health benefit
2 plan, as defined in s. 632.745 (9), which is subject to s. 632.746, a disability insurance
3 policy, as defined in s. 632.895 (1) (a), or a self-insured health plan, as defined in s.
4 632.85 (1) (c).

5 (ac) 1. ~~Notwithstanding par. (a), no~~ No claim or loss incurred or disability
6 commencing ~~after 12 months from the date of issue of~~ under an individual disability
7 insurance policy, as defined in s. 632.895 (1) (a), may be reduced or denied on the
8 ground that a disease or physical condition existed prior to the effective date of
9 coverage, ~~unless the condition was excluded from coverage by name or specific~~
10 ~~description by a provision effective on the date of the loss.~~

11 2. ~~Except as provided in subd. 3., an~~ An individual disability insurance policy,
12 as defined in s. 632.895 (1) (a), other than a short-term policy subject to s. 632.7495
13 (4) and (5), may not define a preexisting condition more restrictively than a condition
14 that was present before the date of enrollment for the coverage, whether physical or
15 mental, regardless of the cause of the condition, ~~for which~~ and regardless of whether
16 medical advice, diagnosis, care, or treatment was recommended or received ~~within~~
17 ~~12 months before the effective date of coverage.~~

18 **SECTION 23.** 632.795 (4) (a) of the statutes is amended to read:

19 632.795 (4) (a) An insurer subject to sub. (2) shall provide coverage under the
20 same policy form and for the same premium as it originally offered in the most recent
21 enrollment period, subject only to the medical underwriting used in that enrollment
22 period. Unless otherwise prescribed by rule, the insurer may apply deductibles,
23 ~~preexisting condition limitations, waiting periods,~~ or other limits only to the extent
24 that they would have been applicable had coverage been extended at the time of the
25 most recent enrollment period and with credit for the satisfaction or partial

1 satisfaction of similar provisions under the liquidated insurer's policy or plan. The
2 insurer may exclude coverage of claims that are payable by a solvent insurer under
3 insolvency coverage required by the commissioner or by the insurance regulator of
4 another jurisdiction. Coverage shall be effective on the date that the liquidated
5 insurer's coverage terminates.

6 **SECTION 24.** 632.895 (8) (d) of the statutes is amended to read:

7 632.895 (8) (d) Coverage is required under this subsection despite whether the
8 woman shows any symptoms of breast cancer. Except as provided in pars. (b), (c), and
9 (e), coverage under this subsection may only be subject to exclusions and limitations,
10 including deductibles, copayments and restrictions on excessive charges, that are
11 applied to other radiological examinations covered under the disability insurance
12 policy. Coverage under this subsection may not be subject to any deductibles,
13 copayments, or coinsurance.

14 **SECTION 25.** 632.895 (13m) of the statutes is created to read:

15 632.895 (13m) PREVENTIVE SERVICES. (a) In this section, "self-insured health
16 plan" has the meaning given in s. 632.85 (1) (c).

17 (b) Every disability insurance policy, except any disability insurance policy that
18 is described in s. 632.745 (11) (b) 1. to 12., and every self-insured health plan shall
19 provide coverage for all of the following preventive services:

20 1. Mammography in accordance with sub. (8).

21 2. Genetic breast cancer screening and counseling and preventive medication
22 for adult women at high risk for breast cancer.

23 3. Papanicolaou test for cancer screening for women 21 years of age or older
24 with an intact cervix.

- 1 4. Human papillomavirus testing for women who have attained the age of 30
2 years but have not attained the age of 66 years.
- 3 5. Colorectal cancer screening in accordance with sub. (16m).
- 4 6. Annual tomography for lung cancer screening for adults who have attained
5 the age of 55 years but have not attained the age of 80 years and who have health
6 histories demonstrating a risk for lung cancer.
- 7 7. Skin cancer screening for individuals who have attained the age of 10 years
8 but have not attained the age of 22 years.
- 9 8. Counseling for skin cancer prevention for adults who have attained the age
10 of 18 years but have not attained the age of 25 years.
- 11 9. Abdominal aortic aneurysm screening for men who have attained the age of
12 65 years but have not attained the age of 75 years and who have ever smoked.
- 13 10. Hypertension screening for adults and blood pressure testing for adults, for
14 children under the age of 3 years who are at high risk for hypertension, and for
15 children 3 years of age or older.
- 16 11. Lipid disorder screening for minors 2 years of age or older, adults 20 years
17 of age or older at high risk for lipid disorders, and all men 35 years of age or older.
- 18 12. Aspirin therapy for cardiovascular health for adults who have attained the
19 age of 55 years but have not attained the age of 80 years and for men who have
20 attained the age of 45 years but have not attained the age of 55 years.
- 21 13. Behavioral counseling for cardiovascular health for adults who are
22 overweight or obese and who have risk factors for cardiovascular disease.
- 23 14. Type II diabetes screening for adults with elevated blood pressure.
- 24 15. Depression screening for minors 11 years of age or older and for adults when
25 follow-up supports are available.

1 16. Hepatitis B screening for minors at high risk for infection and adults at high
2 risk for infection.

3 17. Hepatitis C screening for adults at high risk for infection and onetime
4 hepatitis C screening for adults born in any year from 1945 to 1965.

5 18. Obesity screening and management for all minors and adults with a body
6 mass index indicating obesity, counseling and behavioral interventions for obese
7 minors who are 6 years of age or older, and referral for intervention for obesity for
8 adults with a body mass index of 30 kilograms per square meter or higher.

9 19. Osteoporosis screening for all women 65 years of age or older and for women
10 at high risk for osteoporosis under the age of 65 years.

11 20. Immunizations in accordance with sub. (14).

12 21. Anemia screening for individuals 6 months of age or older and iron
13 supplements for individuals at high risk for anemia and who have attained the age
14 of 6 months but have not attained the age of 12 months.

15 22. Fluoride varnish for prevention of tooth decay for minors at the age of
16 eruption of their primary teeth.

17 23. Fluoride supplements for prevention of tooth decay for minors 6 months of
18 age or older who do not have fluoride in their water source.

19 24. Gonorrhea prophylaxis treatment for newborns.

20 25. Health history and physical exams for prenatal visits and for minors.

21 26. Length and weight measurements for newborns and height and weight
22 measurements for minors.

23 27. Head circumference and weight-for-length measurements for newborns
24 and minors who have not attained the age of 3 years.

25 28. Body mass index for minors 2 years of age or older.

- 1 29. Blood pressure measurements for minors 3 years of age or older and a blood
2 pressure risk assessment at birth.
- 3 30. Risk assessment and referral for oral health issues for minors who have
4 attained the age of 6 months but have not attained the age of 7 years.
- 5 31. Blood screening for newborns and minors who have not attained the age of
6 2 months.
- 7 32. Screening for critical congenital health defects for newborns.
- 8 33. Lead screenings in accordance with sub. (10).
- 9 34. Metabolic and hemoglobin screening and screening for phenylketonuria,
10 sickle cell anemia, and congenital hypothyroidism for minors including newborns.
- 11 35. Tuberculin skin test based on risk assessment for minors one month of age
12 or older.
- 13 36. Tobacco counseling and cessation interventions for individuals who are 5
14 years of age or older.
- 15 37. Vision and hearing screening and assessment for minors including
16 newborns.
- 17 38. Sexually transmitted infection and human immunodeficiency virus
18 counseling for sexually active minors.
- 19 39. Risk assessment for sexually transmitted infection for minors who are 10
20 years of age or older and screening for sexually transmitted infection for minors who
21 are 16 years of age or older.
- 22 40. Alcohol misuse screening and counseling for minors 11 years of age or older.
- 23 41. Autism screening for minors who have attained the age of 18 months but
24 have not attained the age of 25 months.
- 25 42. Developmental screening and surveillance for minors including newborns.

1 43. Psychosocial and behavioral assessment for minors including newborns.

2 44. Alcohol misuse screening and counseling for pregnant adults and a risk
3 assessment for all adults.

4 45. Fall prevention and counseling and preventive medication for fall
5 prevention for community-dwelling adults 65 years of age or older.

6 46. Screening and counseling for intimate partner violence for adult women.

7 47. Well-woman visits for women who have attained the age of 18 years but
8 have not attained the age of 65 years and well-woman visits for recommended
9 preventive services, preconception care, and prenatal care.

10 48. Counseling on, consultations with a trained provider on, and equipment
11 rental for breastfeeding for pregnant and lactating women.

12 49. Folic acid supplement for adult women with reproductive capacity.

13 50. Iron deficiency anemia screening for pregnant and lactating women.

14 51. Preeclampsia preventive medicine for pregnant adult women at high risk
15 for preeclampsia.

16 52. Low-dose aspirin after 12 weeks of gestation for pregnant women at high
17 risk for miscarriage, preeclampsia, or clotting disorders.

18 53. Screenings for hepatitis B and bacteriuria for pregnant women.

19 54. Screening for gonorrhea for pregnant and sexually active females 24 years
20 of age or younger and females older than 24 years of age who are at risk for infection.

21 55. Screening for chlamydia for pregnant and sexually active females 24 years
22 of age and younger and females older than 24 years of age who are at risk for
23 infection.

24 56. Screening for syphilis for pregnant women and adults who are at high risk
25 for infection.

1 57. Human immunodeficiency virus screening for adults who have attained the
2 age of 15 years but have not attained the age of 66 years and individuals at high risk
3 of infection who are younger than 15 years of age or older than 65 years of age.

4 58. All contraceptives and services in accordance with sub. (17).

5 59. Any services not already specified under this paragraph having an A or B
6 rating in current recommendations from the U.S. preventive services task force.

7 60. Any preventive services not already specified under this paragraph that are
8 recommended by the federal health resources and services administration's Bright
9 Futures project.

10 61. Any immunizations, not already specified under sub. (14), that are
11 recommended and determined to be for routine use by the federal advisory
12 committee on immunization practices.

13 (c) Subject to par. (d), no disability insurance policy and no self-insured health
14 plan may subject the coverage of any of the preventive services under par. (b) to any
15 deductibles, copayments, or coinsurance under the policy or plan.

16 (d) 1. If an office visit and a preventive service specified under par. (b) are billed
17 separately by the health care provider, the disability insurance policy or self-insured
18 health plan may apply deductibles to and impose copayments or coinsurance on the
19 office visit but not on the preventive service.

20 2. If the primary reason for an office visit is not to obtain a preventive service,
21 the disability insurance policy or self-insured health plan may apply deductibles to
22 and impose copayments or coinsurance on the office visit.

23 3. Except as otherwise provided in this subdivision, if a preventive service
24 specified under par. (b) is provided by a health care provider that is outside the
25 disability insurance policy's or self-insured health plan's network of providers, the

1 policy or plan may apply deductibles to and impose copayments or coinsurance on the
2 office visit and the preventive service. If a preventive service specified under par. (b)
3 is provided by a health care provider that is outside the disability insurance policy's
4 or self-insured health plan's network of providers because there is no available
5 health care provider in the policy's or plan's network of providers that provides the
6 preventive service, the policy or plan may not apply deductibles to or impose
7 copayments or coinsurance on the preventive service.

8 4. If multiple well-woman visits described under par. (b) 47. are required to
9 fulfill all necessary preventive services and are in accordance with clinical
10 recommendations, the disability insurance policy or self-insured health plan may
11 not apply a deductible to or impose a copayment or coinsurance on any of those
12 well-woman visits.

13 **SECTION 26.** 632.895 (14) (a) 1. i. and j. of the statutes are amended to read:

14 632.895 (14) (a) 1. i. Hepatitis A and B.

15 j. Varicella and herpes zoster.

16 **SECTION 27.** 632.895 (14) (a) 1. k. to o. of the statutes are created to read:

17 632.895 (14) (a) 1. k. Human papillomavirus.

18 L. Meningococcal meningitis.

19 m. Pneumococcal pneumonia.

20 n. Influenza.

21 o. Rotavirus.

22 **SECTION 28.** 632.895 (14) (b) of the statutes is amended to read:

23 632.895 (14) (b) Except as provided in par. (d), every disability insurance policy,
24 and every self-insured health plan of the state or a county, city, town, village, or
25 school district, ~~that provides coverage for a dependent of the insured shall provide~~

1 coverage of appropriate and necessary immunizations, ~~from birth to the age of 6~~
2 ~~years, for an insured or plan participant, including a dependent who is a child of the~~
3 ~~insured or plan participant.~~

4 **SECTION 29.** 632.895 (14) (c) of the statutes is amended to read:

5 632.895 (14) (c) The coverage required under par. (b) may not be subject to any
6 deductibles, copayments, or coinsurance under the policy or plan. ~~This paragraph~~
7 ~~applies to a defined network plan, as defined in s. 609.01 (1b), only with respect to~~
8 ~~appropriate and necessary immunizations provided by providers participating, as~~
9 ~~defined in s. 609.01 (3m), in the plan.~~

10 **SECTION 30.** 632.895 (14) (d) 3. of the statutes is amended to read:

11 632.895 (14) (d) 3. A health care plan offered by a limited service health
12 organization, as defined in s. 609.01 (3), ~~or by a preferred provider plan, as defined~~
13 ~~in s. 609.01 (4), that is not a defined network plan, as defined in s. 609.01 (1b).~~

14 **SECTION 31.** 632.895 (14m) of the statutes is created to read:

15 632.895 (14m) ESSENTIAL HEALTH BENEFITS. (a) In this subsection,
16 “self-insured health plan” has the meaning given in s. 632.85 (1) (c).

17 (b) On a date specified by the commissioner, by rule, every disability insurance
18 policy, except as provided in par. (g), and every self-insured health plan shall provide
19 coverage for essential health benefits as determined by the commissioner, by rule,
20 subject to par. (c).

21 (c) In determining the essential health benefits for which coverage is required
22 under par. (b), the commissioner shall do all of the following:

23 1. Include benefits, items, and services in, at least, all of the following
24 categories:

25 a. Ambulatory patient services.

- 1 b. Emergency services.
- 2 c. Hospitalization.
- 3 d. Maternity and newborn care.
- 4 e. Mental health and substance use disorder services, including behavioral
- 5 health treatment.
- 6 f. Prescription drugs.
- 7 g. Rehabilitative and habilitative services and devices.
- 8 h. Laboratory services.
- 9 i. Preventive and wellness services and chronic disease management.
- 10 j. Pediatric services, including oral and vision care.
- 11 2. Conduct a survey of employer-sponsored coverage to determine benefits
- 12 typically covered by employers and ensure that the scope of essential health benefits
- 13 for which coverage is required under this subsection is equal to the scope of benefits
- 14 covered under a typical disability insurance policy offered by an employer to its
- 15 employees.
- 16 3. Ensure that essential health benefits reflect a balance among the categories
- 17 described in subd. 1. such that benefits are not unduly weighted toward one category.
- 18 4. Ensure that essential health benefit coverage is provided with no or limited
- 19 cost-sharing requirements.
- 20 5. Require that disability insurance policies and self-insured health plans do
- 21 not make coverage decisions, determine reimbursement rates, establish incentive
- 22 programs, or design benefits in ways that discriminate against individuals because
- 23 of their age, disability, or expected length of life.

1 6. Establish essential health benefits in a way that takes into account the
2 health care needs of diverse segments of the population, including women, children,
3 persons with disabilities, and other groups.

4 7. Ensure that essential health benefits established under this subsection are
5 not subject to a coverage denial based on an insured's or plan participant's age,
6 expected length of life, present or predicted disability, degree of dependency on
7 medical care, or quality of life.

8 8. Require that disability insurance policies and self-insured health plans
9 cover emergency department services that are essential health benefits without
10 imposing any requirement to obtain prior authorization for those services and
11 without limiting coverage for services provided by an emergency services provider
12 that is not in the provider network of a policy or plan in a way that is more restrictive
13 than requirements or limitations that apply to emergency services provided by a
14 provider that is in the provider network of the policy or plan.

15 9. Require a disability insurance policy or self-insured health plan to apply to
16 emergency department services that are essential health benefits provided by an
17 emergency department provider that is not in the provider network of the policy or
18 plan the same copayment amount or coinsurance rate that applies if those services
19 are provided by a provider that is in the provider network of the policy or plan.

20 (d) The commissioner shall periodically update, by rule, the essential health
21 benefits under this subsection to address any gaps in access to coverage.

22 (e) If an essential health benefit is also subject to mandated coverage elsewhere
23 under this section and the coverage requirements are not identical, the disability
24 insurance policy or self-insured health plan shall provide coverage under whichever

1 subsection provides the insured or plan participant with more comprehensive
2 coverage of the medical condition, item, or service.

3 (f) Nothing in this subsection or rules promulgated under this subsection
4 prohibits a disability insurance policy or a self-insured health plan from providing
5 benefits in excess of the essential health benefit coverage required under this
6 subsection.

7 (g) This subsection does not apply to any disability insurance policy that is
8 described in s. 632.745 (11) (b) 1. to 12.

9 **SECTION 32.** 632.895 (16m) (b) of the statutes is amended to read:

10 632.895 **(16m)** (b) The coverage required under this subsection may be subject
11 to any limitations, or exclusions,~~or cost-sharing provisions~~ that apply generally
12 under the disability insurance policy or self-insured health plan. The coverage
13 required under this subsection may not be subject to any deductibles, copayments,
14 or coinsurance.

15 **SECTION 33.** 632.895 (17) (b) 2. of the statutes is amended to read:

16 632.895 **(17)** (b) 2. Outpatient consultations, examinations, procedures, and
17 medical services that are necessary to prescribe, administer, maintain, or remove a
18 contraceptive, ~~if covered for any other drug benefits under the policy or plan~~
19 sterilization procedures, and patient education and counseling for all females with
20 reproductive capacity.

21 **SECTION 34.** 632.895 (17) (c) of the statutes is amended to read:

22 632.895 **(17)** (c) Coverage under par. (b) may be subject only to the exclusions,
23 and limitations,~~or cost-sharing provisions~~ that apply generally to the coverage of
24 outpatient health care services, preventive treatments and services, or prescription
25 drugs and devices that is provided under the policy or self-insured health plan. A

1 disability insurance policy or self-insured health plan may not apply a deductible or
2 impose a copayment or coinsurance to at least one of each type of contraceptive
3 method approved by the federal food and drug administration for which coverage is
4 required under this subsection. The disability insurance policy or self-insured
5 health plan may apply reasonable medical management to a method of contraception
6 to limit coverage under this subsection that is provided without being subject to a
7 deductible, copayment, or coinsurance to prescription drugs without a brand name.
8 The disability insurance policy or self-insured health plan may apply a deductible
9 or impose a copayment or coinsurance for coverage of a contraceptive that is
10 prescribed for a medical need if the services for the medical need would otherwise be
11 subject to a deductible, copayment, or coinsurance.

12 **SECTION 35.** 632.897 (11) (a) of the statutes is amended to read:

13 632.897 (11) (a) Notwithstanding subs. (2) to (10), the commissioner may
14 promulgate rules establishing standards requiring insurers to provide continuation
15 of coverage for any individual covered at any time under a group policy who is a
16 terminated insured or an eligible individual under any federal program that
17 provides for a federal premium subsidy for individuals covered under continuation
18 of coverage under a group policy, including rules governing election or extension of
19 election periods, notice, rates, premiums, premium payment, ~~application of~~
20 ~~preexisting condition exclusions~~, election of alternative coverage, and status as an
21 eligible individual, as defined in s. 149.10 (2t), 2011 stats.

22 **SECTION 9323. Initial applicability; Insurance.**

23 (1u) COVERAGE OF INDIVIDUALS WITH PREEXISTING CONDITIONS, ESSENTIAL HEALTH
24 BENEFITS, AND PREVENTIVE SERVICES.

1 (a) For policies and plans containing provisions inconsistent with these
2 sections, the treatment of ss. 632.728, 632.746 (1) (a) and (b), (2) (a), (c), (d), and (e),
3 (3) (a) and (d) 1., 2., and 3., (5), and (8) (a) (intro.), 632.748 (2), 632.76 (2) (a) and (ac)
4 1. and 2., 632.795 (4) (a), 632.895 (8) (d), (13m), (14) (a) 1. i., j., and k. to o., (b), (c),
5 and (d) 3., (14m), (16m) (b), and (17) (b) 2. and (c), and 632.897 (11) (a) first applies
6 to policy or plan years beginning on January 1 of the year following the year in which
7 this paragraph takes effect, except as provided in par. (b).

8 (b) For policies and plans that are affected by a collective bargaining agreement
9 containing provisions inconsistent with these sections, the treatment of ss. 632.728,
10 632.746 (1) (a) and (b), (2) (a), (c), (d), and (e), (3) (a) and (d) 1., 2., and 3., (5), and (8)
11 (a) (intro.), 632.748 (2), 632.76 (2) (a) and (ac) 1. and 2., 632.795 (4) (a), 632.895 (8)
12 (d), (13m), (14) (a) 1. i., j., and k. to o., (b), (c), and (d) 3., (14m), (16m) (b), and (17)
13 (b) 2. and (c), and 632.897 (11) (a) first applies to policy or plan years beginning on
14 the effective date of this paragraph or on the day on which the collective bargaining
15 agreement is entered into, extended, modified, or renewed, whichever is later.

16 **SECTION 9423. Effective dates; Insurance.**

17 (1v) COVERAGE OF INDIVIDUALS WITH PREEXISTING CONDITIONS, ESSENTIAL HEALTH
18 BENEFITS, AND PREVENTIVE SERVICES. The treatment of ss. 632.728, 632.746 (1) (a) and
19 (b), (2) (a), (c), (d), and (e), (3) (a) and (d) 1., 2., and 3., (5), and (8) (a) (intro.), 632.748
20 (2), 632.76 (2) (a) and (ac) 1. and 2., 632.795 (4) (a), 632.895 (8) (d), (13m), (14) (a) 1.
21 i., j., and k. to o., (b), (c), and (d) 3., (14m), (16m) (b), and (17) (b) 2. and (c), and 632.897
22 (11) (a) and SECTION 9323 (1u) of this act take effect on the first day of the 4th month
23 beginning after publication.”

24 **180.** Page 374, line 11: after that line insert:

1 “**SECTION 36.** 609.20 (3) of the statutes is created to read:

2 609.20 (3) The commissioner may promulgate rules to establish minimum
3 network time and distance standards and minimum network wait-time standards
4 for defined network plans and preferred provider plans. In promulgating rules
5 under this subsection, the commissioner shall consider standards adopted by the
6 federal centers for medicare and medicaid services for qualified health plans, as
7 defined in 42 USC 18021 (a), that are offered through the federal health insurance
8 exchange established pursuant to 42 USC 18041 (c).”.

9 **181.** Page 374, line 11: after that line insert:

10 “**SECTION 37.** 609.045 of the statutes is created to read:

11 **609.045 Balance billing; emergency medical services. (1) DEFINITIONS.**

12 In this section:

13 (a) “Emergency medical condition” means all of the following:

14 1. A medical condition, including a mental health condition or substance use
15 disorder condition, manifesting itself by acute symptoms of sufficient severity,
16 including severe pain, such that the absence of immediate medical attention could
17 reasonably be expected to result in any of the following:

18 a. Placing the health of the individual or, with respect to a pregnant woman,
19 the health of the woman or her unborn child, in serious jeopardy.

20 b. Serious impairment of bodily function.

21 c. Serious dysfunction of any bodily organ or part.

22 2. With respect to a pregnant woman who is having contractions, a medical
23 condition for which there is inadequate time to safely transfer the pregnant woman

1 to another hospital before delivery or for which the transfer may pose a threat to the
2 health or safety of the pregnant woman or the unborn child.

3 (b) “Emergency medical services,” with respect to an emergency medical
4 condition, has the meaning given for “emergency services” in 42 USC 300gg-111 (a)
5 (3) (C).

6 (c) “Independent freestanding emergency department” has the meaning given
7 in 42 USC 300gg-111 (a) (3) (D).

8 (d) “Out-of-network rate” has the meaning given by the commissioner by rule
9 or, in the absence of such rule, the meaning given in 42 USC 300gg-111 (a) (3) (K).

10 (e) “Preferred provider plan,” notwithstanding s. 609.01 (4), includes only any
11 preferred provider plan, as defined in s. 609.01 (4), that has a network of
12 participating providers and imposes on enrollees different requirements for using
13 providers that are not participating providers.

14 (f) “Recognized amount” has the meaning given by the commissioner by rule
15 or, in the absence of such rule, the meaning given in 42 USC 300gg-111 (a) (3) (H).

16 (g) “Self-insured governmental plan” means a self-insured health plan of the
17 state or a county, city, village, town, or school district that has a network of
18 participating providers and imposes on enrollees in the self-insured health plan
19 different requirements for using providers that are not participating providers.

20 (h) “Terminated” means the expiration or nonrenewal of a contract.
21 “Terminated” does not include a termination of a contract for failure to meet
22 applicable quality standards or for fraud.

23 **(2) EMERGENCY MEDICAL SERVICES.** A defined network plan, preferred provider
24 plan, or self-insured governmental plan that covers any benefits or services provided
25 in an emergency department of a hospital or emergency medical services provided

1 in an independent freestanding emergency department shall cover emergency
2 medical services in accordance with all of the following:

3 (a) The plan may not require a prior authorization determination.

4 (b) The plan may not deny coverage on the basis of whether or not the health
5 care provider providing the services is a participating provider or participating
6 emergency facility.

7 (c) If the emergency medical services are provided to an enrollee by a provider
8 or in a facility that is not a participating provider or participating facility, the plan
9 complies with all of the following:

10 1. The emergency medical services are covered without imposing on an enrollee
11 a requirement for prior authorization or any coverage limitation that is more
12 restrictive than requirements or limitations that apply to emergency medical
13 services provided by participating providers or in participating facilities.

14 2. Any cost-sharing requirement imposed on an enrollee for the emergency
15 medical services is no greater than the requirements that would apply if the
16 emergency medical services were provided by a participating provider or in a
17 participating facility.

18 3. Any cost-sharing amount imposed on an enrollee for the emergency medical
19 services is calculated as if the total amount that would have been charged for the
20 emergency medical services if provided by a participating provider or in a
21 participating facility is equal to the recognized amount for such services, plan or
22 coverage, and year.

23 4. The plan does all of the following:

1 a. No later than 30 days after the participating provider or participating facility
2 transmits to the plan the bill for emergency medical services, sends to the provider
3 or facility an initial payment or a notice of denial of payment.

4 b. Pays to the participating provider or participating facility a total amount
5 that, incorporating any initial payment under subd. 4. a., is equal to the amount by
6 which the out-of-network rate exceeds the cost-sharing amount.

7 5. The plan counts any cost-sharing payment made by the enrollee for the
8 emergency medical services toward any in-network deductible or out-of-pocket
9 maximum applied by the plan in the same manner as if the cost-sharing payment
10 was made for emergency medical services provided by a participating provider or in
11 a participating facility.

12 **(3) NONPARTICIPATING PROVIDER IN PARTICIPATING FACILITY.** For items or services
13 other than emergency medical services that are provided to an enrollee of a defined
14 network plan, preferred provider plan, or self-insured governmental plan by a
15 provider who is not a participating provider but who is providing services at a
16 participating facility, the plan shall provide coverage for the item or service in
17 accordance with all of the following:

18 (a) The plan may not impose on an enrollee a cost-sharing requirement for the
19 item or service that is greater than the cost-sharing requirement that would have
20 been imposed if the item or service was provided by a participating provider.

21 (b) Any cost-sharing amount imposed on an enrollee for the item or service is
22 calculated as if the total amount that would have been charged for the item or service
23 if provided by a participating provider is equal to the recognized amount for such
24 item or service, plan or coverage, and year.

1 (c) No later than 30 days after the provider transmits the bill for services, the
2 plan shall send to the provider an initial payment or a notice of denial of payment.

3 (d) The plan shall make a total payment directly to the provider who provided
4 the item or service to the enrollee that, added to any initial payment described under
5 par. (c), is equal to the amount by which the out-of-network rate for the item or
6 service exceeds the cost-sharing amount.

7 (e) The plan counts any cost-sharing payment made by the enrollee for the item
8 or service toward any in-network deductible or out-of-pocket maximum applied by
9 the plan in the same manner as if the cost-sharing payment was made for the item
10 or service when provided by a participating provider.

11 **(4) CHARGING FOR SERVICES BY NONPARTICIPATING PROVIDER; NOTICE AND CONSENT.**

12 (a) Except as provided in par. (c), a provider of an item or service who is entitled to
13 payment under sub. (3) may not bill or hold liable an enrollee for any amount for the
14 item or service that is more than the cost-sharing amount calculated under sub. (3)

15 (b) for the item or service unless the nonparticipating provider provides notice and
16 obtains consent in accordance with all of the following:

17 1. The notice states that the provider is not a participating provider in the
18 enrollee's defined network plan, preferred provider plan, or self-insured
19 governmental plan.

20 2. The notice provides a good faith estimate of the amount that the
21 nonparticipating provider may charge the enrollee for the item or service involved,
22 including notification that the estimate does not constitute a contract with respect
23 to the charges estimated for the item or service.

1 3. The notice includes a list of the participating providers at the participating
2 facility who would be able to provide the item or service and notification that the
3 enrollee may be referred to one of those participating providers.

4 4. The notice includes information about whether or not prior authorization or
5 other care management limitations may be required before receiving an item or
6 service at the participating facility.

7 5. The notice clearly states that consent is optional and that the patient may
8 elect to seek care from an in-network provider.

9 6. The notice is worded in plain language.

10 7. The notice is available in languages other than English. The commissioner
11 shall identify languages for which the notice should be available.

12 8. The enrollee provides consent to the nonparticipating provider to be treated
13 by the nonparticipating provider, and the consent acknowledges that the enrollee
14 has been informed that the charge paid by the enrollee may not meet a limitation that
15 the enrollee's defined network plan, preferred provider plan, or self-insured
16 governmental plan places on cost sharing, such as an in-network deductible.

17 9. A signed copy of the consent described under subd. 8. is provided to the
18 enrollee.

19 (b) To be considered adequate, the notice and consent under par. (a) shall meet
20 one of the following requirements, as applicable:

21 1. If the enrollee makes an appointment for the item or service at least 72 hours
22 before the day on which the item or service is to be provided, any notice under par.
23 (a) shall be provided to the enrollee at least 72 hours before the day of the
24 appointment at which the item or service is to be provided.

1 2. If the enrollee makes an appointment for the item or service less than 72
2 hours before the day on which the item or service is to be provided, any notice under
3 par. (a) shall be provided to the enrollee on the day that the appointment is made.

4 (c) A provider of an item or service who is entitled to payment under sub. (3)
5 may not bill or hold liable an enrollee for any amount for an ancillary item or service
6 that is more than the cost-sharing amount calculated under sub. (3) (b) for the item
7 or service, whether or not provided by a physician or non-physician practitioner,
8 unless the commissioner specifies by rule that the provider may balance bill for the
9 ancillary item or service, if the item or service is any of the following:

- 10 1. Related to an emergency medical service.
- 11 2. Anesthesiology.
- 12 3. Pathology.
- 13 4. Radiology.
- 14 5. Neonatology.
- 15 6. An item or service provided by an assistant surgeon, hospitalist, or
16 intensivist.
- 17 7. A diagnostic service, including a radiology or laboratory service.
- 18 8. An item or service provided by a specialty practitioner that the commissioner
19 specifies by rule.
- 20 9. An item or service provided by a nonparticipating provider when there is no
21 participating provider who can furnish the item or service at the participating
22 facility.

23 (d) Any notice and consent provided under par. (a) may not extend to items or
24 services furnished as a result of unforeseen, urgent medical needs that arise at the
25 time the item or service is provided.

1 (e) Any consent provided under par. (a) shall be retained by the provider for no
2 less than 7 years.

3 **(5) NOTICE BY PROVIDER OR FACILITY.** Beginning no later than January 1, 2024,
4 a health care provider or health care facility shall make available, including posting
5 on a website, to enrollees in defined network plans, preferred provider plans, and
6 self-insured governmental plans notice of the requirements on a provider or facility
7 under sub. (4), of any other applicable state law requirements on the provider or
8 facility with respect to charging an enrollee for an item or service if the provider or
9 facility does not have a contractual relationship with the plan, and of information on
10 contacting appropriate state or federal agencies in the event the enrollee believes the
11 provider or facility violates any of the requirements under this section or other
12 applicable law.

13 **(6) NEGOTIATION; DISPUTE RESOLUTION.** A provider or facility that is entitled to
14 receive an initial payment or notice of denial under sub. (2) (c) 4. a. or (3) (c) may
15 initiate, within 30 days of receiving the initial payment or notice of denial, open
16 negotiations with the defined network plan, preferred provider plan, or self-insured
17 governmental plan to determine a payment amount for an emergency medical
18 service or other item or service for a period that terminates 30 days after initiating
19 open negotiations. If the open negotiation period under this subsection terminates
20 without determination of a payment amount, the provider, facility, defined network
21 plan, preferred provider plan, or self-insured governmental plan may initiate,
22 within the 4 days beginning on the day after the open negotiation period ends, the
23 independent dispute resolution process as specified by the commissioner. If the
24 independent dispute resolution decision-maker determines the payment amount,
25 the party to the independent dispute resolution process whose amount was not

1 selected shall pay the fees for the independent dispute resolution. If the parties to
2 the independent dispute resolution reach a settlement on the payment amount, the
3 parties to the independent dispute resolution shall equally divide the payment for
4 the fees for the independent dispute resolution.

5 (7) CONTINUITY OF CARE. (a) In this subsection:

6 1. "Continuing care patient" means an individual who is any of the following:

7 a. Undergoing a course of treatment for a serious and complex condition from
8 a provider or facility.

9 b. Undergoing a course of institutional or inpatient care from a provider or
10 facility.

11 c. Scheduled to undergo nonelective surgery, including receipt of postoperative
12 care, from a provider or facility.

13 d. Pregnant and undergoing a course of treatment for the pregnancy from a
14 provider or facility.

15 e. Terminally ill and receiving treatment for the illness from a provider or
16 facility.

17 2. "Serious and complex condition" means any of the following:

18 a. In the case of an acute illness, a condition that is serious enough to require
19 specialized medical treatment to avoid the reasonable possibility of death or
20 permanent harm.

21 b. In the case of a chronic illness or condition, a condition that is
22 life-threatening, degenerative, potentially disabling, or congenital and requires
23 specialized medical care over a prolonged period.

24 (b) If an enrollee is a continuing care patient and is obtaining items or services
25 from a participating provider or participating facility and the contract between the

1 defined network plan, preferred provider plan, or self-insured governmental plan
2 and the provider or facility is terminated because of a change in the terms of the
3 participation of the provider or facility in the plan or the contract between the defined
4 network plan, preferred provider plan, or self-insured governmental plan and the
5 provider or facility is terminated, resulting in a loss of benefits provided under the
6 plan, the plan shall do all of the following:

7 1. Notify each enrollee of the termination of the contract or benefits and of the
8 right for the enrollee to elect to continue transitional care from the participating
9 provider or participating facility under this subsection.

10 2. Provide the enrollee an opportunity to notify the plan of the need for
11 transitional care.

12 3. Allow the enrollee to elect to continue to have the benefits provided under
13 the plan under the same terms and conditions as would have applied to the item or
14 service if the termination had not occurred for the course of treatment related to the
15 enrollee's status as a continuing care patient beginning on the date on which the
16 notice under subd. 1. is provided and ending 90 days after the date on which the
17 notice under subd. 1. is provided or the date on which the enrollee is no longer a
18 continuing care patient, whichever is earlier.

19 (c) The provisions of s. 609.24 apply to a continuing care patient to the extent
20 that s. 609.24 does not conflict with this subsection so as to limit the enrollee's rights
21 under this subsection.

22 **(8) RULE MAKING.** The commissioner may promulgate any rules necessary to
23 implement this section, including specifying the independent dispute resolution
24 process under sub. (6). The commissioner may promulgate rules to modify the list
25 of those items and services for which a provider may not balance bill under sub. (4)

1 (c). In promulgating rules under this subsection, the commissioner may consider any
2 rules promulgated by the federal department of health and human services pursuant
3 to the federal No Surprises Act, 42 USC 300gg-111, et seq.

4 **SECTION 38.** 609.24 (5) of the statutes is created to read:

5 609.24 (5) If an enrollee is a continuing care patient, as defined in s. 609.045
6 (7) (a), and if any of the situations described under s. 609.045 (7) (b) (intro.) applies,
7 all of the following apply to the enrollee's defined network plan:

8 (a) Subsection (1) (c) shall apply to any of the participating providers providing
9 the enrollee's course of treatment under s. 609.045 (7), including the enrollee's
10 primary care physician.

11 (b) Subsection (1) (c) shall apply to lengthen the period in which benefits are
12 provided under s. 609.045 (7) (b) 3., but shall not be applied to shorten the period in
13 which benefits are provided under s. 609.045 (7) (b) 3.

14 (c) Subsection (1) (d) shall not be applied in a manner that limits the enrollee's
15 rights under s. 609.045 (7) (b) 3.

16 (d) No plan may contract or arrange with a participating provider to provide
17 notice of the termination of the participating provider's participation, pursuant to
18 sub. (4).".

19 **182.** Page 374, line 11: after that line insert:

20 "SECTION 39. 609.74 of the statutes is created to read:

21 **609.74 Coverage of infertility services.** Defined network plans and
22 preferred provider plans are subject to s. 632.895 (15m).

23 **SECTION 40.** 632.895 (15m) of the statutes is created to read:

24 **632.895 (15m) COVERAGE OF INFERTILITY SERVICES.** (a) In this subsection:

1 1. “Diagnosis of and treatment for infertility” means any recommended
2 procedure or medication to treat infertility at the direction of a physician that is
3 consistent with established, published, or approved medical practices or professional
4 guidelines from the American College of Obstetricians and Gynecologists, or its
5 successor organization, or the American Society for Reproductive Medicine, or its
6 successor organization.

7 2. “Infertility” means a disease, condition, or status characterized by any of the
8 following:

9 a. The failure to establish a pregnancy or carry a pregnancy to a live birth after
10 regular, unprotected sexual intercourse for, if the woman is under the age of 35, no
11 longer than 12 months or, if the woman is 35 years of age or older, no longer than 6
12 months, including any time during those 12 months or 6 months that the woman has
13 a pregnancy that results in a miscarriage.

14 b. An individual’s inability to reproduce either as a single individual or with
15 a partner without medical intervention.

16 c. A physician’s findings based on a patient’s medical, sexual, and reproductive
17 history, age, physical findings, or diagnostic testing.

18 3. “Self-insured health plan” means a self-insured health plan of the state or
19 a county, city, village, town, or school district.

20 4. “Standard fertility preservation service” means a procedure that is
21 consistent with established medical practices or professional guidelines published
22 by the American Society for Reproductive Medicine or its successor organization, or
23 the American Society of Clinical Oncology or its successor organization, for a person
24 who has a medical condition or is expected to undergo medication therapy, surgery,

1 radiation, chemotherapy, or other medical treatment that is recognized by medical
2 professionals to cause a risk of impairment to fertility.

3 (b) Subject to pars. (c) to (e), every disability insurance policy and self-insured
4 health plan that provides coverage for medical or hospital expenses shall cover
5 diagnosis of and treatment for infertility and standard fertility preservation
6 services. Coverage required under this paragraph includes at least 4 completed
7 oocyte retrievals with unlimited embryo transfers, in accordance with the guidelines
8 of the American Society for Reproductive Medicine or its successor organization, and
9 single embryo transfer may be used when recommended and medically appropriate.

10 (c) 1. A disability insurance policy or self-insured health plan may not do any
11 of the following:

12 a. Impose any exclusions, limitations, or other restrictions on coverage
13 required under par. (b) based on a covered individual's participation in fertility
14 services provided by or to a 3rd party.

15 b. Impose any exclusion, limitation, or other restriction on coverage of
16 medications that are required to be covered under par. (b) that are different from
17 those imposed on any other prescription medications covered under the policy or
18 plan.

19 c. Impose any exclusion, limitation, cost-sharing requirement, benefit
20 maximum, waiting period, or other restriction on coverage that is required under
21 par. (b) of diagnosis of and treatment for infertility and standard fertility
22 preservation services that is different from an exclusion, limitation, cost-sharing
23 requirement, benefit maximum, waiting period or other restriction imposed on
24 benefits for services that are covered by the policy or plan and that are not related
25 to infertility.

1 2. A disability insurance policy or self-insured health plan shall provide
2 coverage required under par. (b) to any covered individual under the policy or plan,
3 including any covered spouse or nonspouse dependent, to the same extent as other
4 pregnancy-related benefits covered under the policy or plan.

5 (d) The commissioner, after consulting with the department of health services
6 on appropriate treatment for infertility, shall promulgate any rules necessary to
7 implement this subsection. Before the promulgation of rules, disability insurance
8 policies and self-insured health plans are considered to comply with the coverage
9 requirements of par. (b) if the coverage conforms to the standards of the American
10 Society for Reproductive Medicine.

11 (e) This subsection does not apply to a disability insurance policy that is a
12 health benefit plan described under s. 632.745 (11) (b).

13 **SECTION 9323. Initial applicability; Insurance.**

14 (1u) COVERAGE OF INFERTILITY SERVICES.

15 (a) For policies and plans containing provisions inconsistent with these
16 sections, the treatment of ss. 609.74 and 632.895 (15m) first applies to policy or plan
17 years beginning on January 1 of the year following the year in which this paragraph
18 takes effect, except as provided in pars. (b) and (c).

19 (b) For policies and plans that have a term greater than one year and contain
20 provisions inconsistent with these sections, the treatment of ss. 609.74 and 632.895
21 (15m) first applies to policy or plan years beginning on January 1 of the year
22 following the year in which the policy or plan is extended, modified, or renewed,
23 whichever is later.

24 (c) For policies and plans that are affected by a collective bargaining agreement
25 containing provisions inconsistent with these sections, the treatment of ss. 609.74

1 and 632.895 (15m) first applies to policy or plan years beginning on the effective date
2 of this paragraph or on the day on which the collective bargaining agreement is
3 entered into, extended, modified, or renewed, whichever is later.

4 **SECTION 9423. Effective dates; Insurance.**

5 (1v) COVERAGE OF INFERTILITY SERVICES. The treatment of ss. 609.74 and 632.895
6 (15m) and SECTION 9323 (1u) of this act take effect on the first day of the 4th month
7 beginning after publication.”.

8 **183.** Page 374, line 11: after that line insert:

9 “SECTION 41. 609.713 of the statutes is created to read:

10 **609.713 Qualified treatment trainee coverage.** Limited service health
11 organizations, preferred provider plans, and defined network plans are subject to s.
12 632.87 (7).

13 **SECTION 42.** 632.87 (7) of the statutes is created to read:

14 632.87 (7) (a) In this subsection:

- 15 1. “Health care provider” has the meaning given in s. 146.81 (1) (a) to (hp).
16 2. “Qualified treatment trainee” has the meaning given in s. DHS 35.03 (17m).

17 (b) No policy, plan, or contract may exclude coverage for mental health or
18 behavioral health treatment or services provided by a qualified treatment trainee
19 within the scope of the qualified treatment trainee’s education and training if the
20 policy, plan, or contract covers the mental health or behavioral health treatment or
21 services when provided by another health care provider.

22 **SECTION 9323. Initial applicability; Insurance.**

23 (1u) QUALIFIED TREATMENT TRAINEE COVERAGE.

1 (a) For policies and plans containing provisions inconsistent with this section,
2 the treatment of s. 632.87 (7) first applies to policy or plan years beginning on
3 January 1 of the year following the year in which this paragraph takes effect, except
4 as provided in par. (b).

5 (b) For policies and plans that are affected by a collective bargaining agreement
6 containing provisions inconsistent with this section, the treatment of s. 632.87 (7)
7 first applies to policy or plan years beginning on the effective date of this paragraph
8 or on the day on which the collective bargaining agreement is entered into, extended,
9 modified, or renewed, whichever is later.

10 **SECTION 9423. Effective dates; Insurance.**

11 (1v) **QUALIFIED TREATMENT TRAINEE COVERAGE.** The treatment of s. 632.87 (7) and
12 SECTION 9323 (1u) of this act take effect on the first day of the 4th month beginning
13 after publication.”.

14 **184.** Page 374, line 11: after that line insert:

15 “**SECTION 43.** 256.08 (4) (L) of the statutes is created to read:

16 256.08 (4) (L) Identify certified training programs for emergency medical
17 responders.

18 **SECTION 44.** 256.08 (5) of the statutes is created to read:

19 256.08 (5) **EDUCATIONAL STANDARDS.** The department, in consultation with the
20 board, may promulgate rules to establish educational standards for training
21 programs for emergency medical responders and minimum examination standards
22 for training programs for emergency medical responders.

23 **SECTION 45.** 256.15 (4) (g) of the statutes is created to read:

1 256.15 (4) (g) No emergency medical responder may replace an emergency
2 medical technician as a member of an ambulance crew unless the emergency medical
3 responder has passed the National Registry of Emergency Medical Technicians
4 examination for emergency medical responders.

5 **SECTION 46.** 256.15 (8) (b) (intro.) of the statutes is amended to read:

6 256.15 (8) (b) (intro.) To be eligible for initial certification as an emergency
7 medical responder, except as provided in pars. (bg) and (br) and ss. 256.17 and
8 256.18, an individual shall meet all of the following requirements:

9 **SECTION 47.** 256.15 (8) (bg) of the statutes is created to read:

10 256.15 (8) (bg) The department shall grant an initial certification as an
11 emergency medical responder to any individual who meets the requirements under
12 par. (b) 1. and 2. and successfully completes a certified training program for
13 emergency medical responders identified by the department under s. 256.08 (4) (L).
14 Any relevant education, training, instruction, or other experience that an applicant
15 for initial certification as an emergency medical responder obtained in connection
16 with any military service, as defined in s. 111.32 (12g), satisfies the completion of a
17 certified training program for emergency medical responders if the applicant
18 demonstrates to the satisfaction of the department that the education, training,
19 instruction, or other experience obtained by the applicant is substantially equivalent
20 to the certified training program for emergency medical responders.

21 **SECTION 48.** 256.15 (8) (br) of the statutes is created to read:

22 256.15 (8) (br) The department shall grant an initial certification as an
23 emergency medical responder to any individual who meets the requirements under
24 par. (b) 1. and 2. and passes the National Registry of Emergency Medical Technicians
25 examination for emergency medical responder certification.

1 **SECTION 9419. Effective dates; Health Services.**

2 (1) CERTIFICATION OF EMERGENCY MEDICAL RESPONDERS. The treatment of ss.
3 256.08 (4) (L) and 256.15 (4) (g) and (8) (b) (intro.), (bg), and (br) takes effect on July
4 1, 2024.”.

5 **185.** Page 374, line 11: after that line insert:

6 “**SECTION 49.** 46.48 (33) of the statutes is created to read:

7 46.48 (33) OPIOID ANTAGONIST FUNDING. From the appropriation under s. 20.435
8 (5) (bc), the department shall annually award up to \$2,000,000 to entities for the
9 purchase of opioid antagonists, as defined under s. 450.01 (13v).”.

10 **186.** Page 374, line 11: after that line insert:

11 “**SECTION 50.** 50.36 (3s) of the statutes is created to read:

12 50.36 (3s) The department shall require a hospital that provides emergency
13 services to have sufficient qualified personnel at all times to manage the number and
14 severity of emergency department cases anticipated by the location. At all times, a
15 hospital that provides emergency services shall have on-site at least one physician
16 who, through education, training, and experience, specializes in emergency
17 medicine.”.

18 **187.** Page 374, line 11: after that line insert:

19 “**SECTION 51.** 71.03 (9) of the statutes is created to read:

20 71.03 (9) MEDICAL ASSISTANCE COVERAGE. (a) The department shall include the
21 following questions and explanatory information on each individual income tax
22 return under this section and a method for the taxpayer to respond to each question:

23 1. “Are you, your spouse, your dependent children, or any eligible adult child
24 dependent not covered under a health insurance policy, health plan, or other health

1 care coverage? ‘Eligible adult child dependent’ means a child who is under the age
2 of 26 who is a full-time student or a child who is under the age of 27 who is called
3 to active duty in the national guard or armed forces reserve while enrolled as a
4 full-time student.”

5 2. “If you responded ‘yes’ to question 1, do you want to have evaluated your
6 eligibility for Medical Assistance under subch. IV of ch. 49 or your eligibility for
7 subsidized health insurance coverage?”

8 (b) For each person who responded “yes” to the question under par. (a) 2., the
9 department shall provide that person’s contact information and other relevant
10 information from that person’s individual income tax return to the department of
11 health services to perform an evaluation of that person’s eligibility under the Medical
12 Assistance program or an evaluation of that person’s eligibility for subsidized health
13 insurance coverage through an exchange, as defined under 45 CFR 155.20. The
14 information provided to the department of health services may not be used to
15 determine that the individual is ineligible to enroll in the Medical Assistance
16 program.

17 **SECTION 52.** 71.78 (4) (v) of the statutes is created to read:

18 71.78 (4) (v) The secretary of health services and employees of that department
19 for the purpose of performing an evaluation under s. 71.03 (9).

20 **SECTION 9319. Initial applicability; Health Services.**

21 (1k) DETERMINATION OF MEDICAL ASSISTANCE ELIGIBILITY BY INDICATING INTEREST
22 ON AN INDIVIDUAL INCOME TAX RETURN. The treatment of ss. 71.03 (9) and 71.78 (4) (v)
23 first applies to taxable years beginning after December 31, 2023.”.

24 **188.** Page 374, line 11: after that line insert:

1 “**SECTION 53.** 49.46 (2) (b) 8m. of the statutes is created to read:

2 49.46 **(2)** (b) 8m. Room and board for residential substance use disorder
3 treatment.”.

4 **189.** Page 374, line 11: after that line insert:

5 “**SECTION 54.** 46.87 (5m) of the statutes is amended to read:

6 46.87 **(5m)** A person is financially eligible for the program under this section
7 if the joint income of the person with Alzheimer’s disease and that person’s spouse,
8 if any, is ~~\$48,000~~ \$60,000 per year or less, unless the department sets a higher
9 limitation on income eligibility by rule. In determining joint income for purposes of
10 this subsection, the administering agency shall subtract any expenses attributable
11 to the Alzheimer’s-related needs of the person with Alzheimer’s disease or of the
12 person’s caregiver.”.

13 **190.** Page 374, line 11: after that line insert:

14 “**SECTION 55.** 20.005 (3) (schedule) of the statutes: at the appropriate place,
15 insert the following amounts for the purposes indicated:

2023-24 2024-25

16 **20.435 Health services, department of**

17 (1) PUBLIC HEALTH SERVICES PLANNING, REGULATION,
18 AND DELIVERY

19 (ca) State stockpile of personal pro-

20 ective equipment GPR B 1,346,300 15,849,000

21 **SECTION 56.** 20.435 (1) (ca) of the statutes is created to read:

22 20.435 **(1)** (ca) *State stockpile of personal protective equipment.* Biennially, the
23 amounts in the schedule for the establishment and maintenance of a state stockpile

1 of personal protective equipment under s. 252.02 (8), including associated storage
2 and warehousing.

3 **SECTION 2.** 252.02 (8) of the statutes is created to read:

4 252.02 (8) The department may establish and maintain a state stockpile of
5 personal protective equipment.”.

6 **191.** Page 374, line 11: after that line insert:

7 “**SECTION 57.** 49.45 (25r) of the statutes is created to read:

8 49.45 (25r) COMMUNITY HEALTH WORKER SERVICES. (a) In this subsection:

9 1. “Community health services” means services provided by a community
10 health worker.

11 2. “Community health worker” means a frontline public health worker who is
12 a trusted member of or has a close understanding of the community served, enabling
13 the worker to serve as a liaison, link, or intermediary between health and social
14 services and the community to facilitate access to services and improve the quality
15 and cultural competence of service delivery, and who builds individual and
16 community capacity by increasing health knowledge and self-sufficiency through a
17 range of activities such as outreach, community education, informal counseling,
18 social support, and advocacy.

19 (b) The department shall request any necessary waiver from, or submit any
20 necessary amendments to the state Medical Assistance plan to, the secretary of the
21 federal department of health and human services to provide community health
22 services to eligible Medical Assistance recipients. If the waiver or state plan
23 amendment is granted, the department shall reimburse certified providers for those
24 community health services approved by the federal department of health and human

1 services for Medical Assistance coverage and as provided to Medical Assistance
2 recipients under s. 49.46 (2) (b) 9m.

3 **SECTION 58.** 49.46 (2) (b) 9m. of the statutes is created to read:

4 49.46 (2) (b) 9m. Community health services, as specified under s. 49.45 (25r).”.

5 **192.** Page 374, line 11: after that line insert:

6 **“SECTION 9219. Fiscal changes; Health Services.**

7 (1) MENDOTA JUVENILE TREATMENT CENTER STAFFING. In the schedule under s.
8 20.005 (3) for the appropriation to the department of health services under s. 20.435
9 (2) (gk), the dollar amount for fiscal year 2023-24 is increased by \$9,075,800 to
10 increase the authorized FTE positions by 114.5 PR positions to expand the capacity
11 of the Mendota Juvenile Treatment Center. In the schedule under s. 20.005 (3) for
12 the appropriation to the health services under s. 20.435 (2) (gk), the dollar amount
13 for fiscal year 2024-25 is increased by \$15,616,000 to increase the authorized FTE
14 positions by 174.0 PR positions to expand the capacity of the Mendota Juvenile
15 Treatment Center.”.

16 **193.** Page 374, line 11: after that line insert:

17 **“SECTION 59.** 49.45 (30) (a) of the statutes is repealed.

18 **SECTION 60.** 49.45 (30) (b) of the statutes is renumbered 49.45 (30) and
19 amended to read:

20 49.45 (30) SERVICE PROVIDED BY COMMUNITY SUPPORT PROGRAMS. The department
21 shall reimburse a ~~provider of~~ county that provides services under s. 49.46 (2) (b) 6.
22 L. ~~only~~ for the amount of the allowable charges for those services under the Medical
23 Assistance program that is provided by the federal government and for the amount

1 of the allowable charges for those services under the Medical Assistance program
2 that is not provided by the federal government.

3 **SECTION 61.** 49.45 (52) (a) 1. of the statutes is amended to read:

4 49.45 (52) (a) 1. If the department provides the notice under par. (c) selecting
5 the payment procedure in this paragraph, the department may, from the
6 appropriation account under s. 20.435 (7) (b), make Medical Assistance payment
7 adjustments to county departments under s. 46.215, 46.22, 46.23, 51.42, or 51.437
8 or to local health departments, as defined in s. 250.01 (4), as appropriate, for covered
9 services under s. 49.46 (2) (a) 2. and 4. d. and f. and (b) 6. b., c., f., fm., g., j., k., L.,
10 Lm., and m., 9., 12., 12m., 13., 15., and 16., except for services specified under s. 49.46
11 (2) (b) 6. b. and c. provided to children participating in the early intervention program
12 under s. 51.44. Payment adjustments under this paragraph shall include the state
13 share of the payments. The total of any payment adjustments under this paragraph
14 and Medical Assistance payments made from appropriation accounts under s. 20.435
15 (4) (b), (gm), (o), and (w), may not exceed applicable limitations on payments under
16 42 USC 1396a (a) (30) (A).

17 **SECTION 62.** 49.45 (52) (b) 1. of the statutes is amended to read:

18 49.45 (52) (b) 1. Annually, a county department under s. 46.215, 46.22, 46.23,
19 51.42, or 51.437 shall submit a certified cost report that meets the requirements of
20 the federal department of health and human services for covered services under s.
21 49.46 (2) (a) 2. and 4. d. and f. and (b) 6. b., c., f., fm., g., j., k., L., Lm., and m., 9., 12.,
22 12m., 13., 15., and 16., except for services specified under s. 49.46 (2) (b) 6. b. and c.
23 provided to children participating in the early intervention program under s. 51.44.”.

24 **194.** Page 374, line 11: after that line insert:

1 “**SECTION 63.** 146.63 (5) of the statutes is amended to read:

2 146.63 (5) TERM OF GRANTS. The department may not distribute a grant under
3 sub. (2) (a) for a term that is more than 5 years to a rural hospital or group of rural
4 hospitals ~~for a term that is more than 3 years.~~”.

5 **195.** Page 374, line 11: after that line insert:

6 “**SECTION 64.** 20.435 (7) (b) of the statutes is amended to read:

7 20.435 (7) (b) *Community aids and Medical Assistance payments.* The
8 amounts in the schedule for human services and community mental health services
9 under s. 46.40, to fund services provided by resource centers under s. 46.283 (5), to
10 fund activities in support of resource center operations, for services under the family
11 care benefit under s. 46.284 (5), for grants to federally recognized American Indian
12 tribes and bands located in this state under s. 46.41, for Medical Assistance payment
13 adjustments under s. 49.45 (52) (a) for services described in s. 49.45 (52) (a) 1., for
14 Medical Assistance payments under s. 49.45 (6tw), and for Medical Assistance
15 payments under s. 49.45 (53) for services described in s. 49.45 (53) that are provided
16 before January 1, 2012. Social services disbursements under s. 46.03 (20) (b) may
17 be made from this appropriation. Refunds received relating to payments made under
18 s. 46.03 (20) (b) for the provision of services for which moneys are appropriated under
19 this paragraph shall be returned to this appropriation. Notwithstanding ss. 20.001
20 (3) (a) and 20.002 (1), the department of health services may transfer funds between
21 fiscal years under this paragraph. The department shall deposit into this
22 appropriation funds it recovers under ss. 46.495 (2) (b) and 51.423 (15), from prior
23 year audit adjustments including those resulting from audits of services under s.
24 46.26, 1993 stats., or s. 46.27, 2017 stats. Except for amounts authorized to be

1 carried forward under s. 46.45, all funds recovered under ss. 46.495 (2) (b) and 51.423
2 (15) and all funds allocated under s. 46.40 and not spent or encumbered by December
3 31 of each year shall lapse to the general fund on the succeeding January 1 unless
4 carried forward to the next calendar year by the joint committee on finance.

5 **SECTION 65.** 46.41 of the statutes is created to read:

6 **46.41 Grants for tribal long-term care system development.** From the
7 appropriation under s. 20.435 (7) (b), the department shall annually allocate not
8 more than \$5,500,000 in each fiscal year to federally recognized American Indian
9 tribes and bands located in this state for capital improvements to tribal facilities
10 serving tribal members with long-term care needs and for improvements and
11 repairs to homes of tribal members with long-term care needs to enable tribal
12 members to receive long-term care services at home.”.

13 **196.** Page 374, line 11: after that line insert:

14 **“SECTION 9119. Nonstatutory provisions; Health Services.**

15 (1g) GPR-EARNED. In the appropriation under s. 20.435 (2) (a), the department
16 of health services may retain up to \$5,900,000 in fiscal year 2023-24 and up to
17 \$6,000,000 in fiscal year 2024-25 of Medical Assistance reimbursements received by
18 the Northern Wisconsin Center, the Southern Wisconsin Center, and the Central
19 Wisconsin Center for depreciation and interest costs.”.

20 **197.** Page 374, line 11: after that line insert:

21 **“SECTION 66.** 51.445 of the statutes is repealed.”.

22 **198.** Page 374, line 11: after that line insert:

23 **“SECTION 67.** 20.435 (5) (by) of the statutes is repealed.”.

24 **199.** Page 374, line 11: after that line insert:

1 “**SECTION 68.** 20.435 (5) (cc) of the statutes is created to read:

2 20.435 (5) (cc) *Youth crisis stabilization facilities; grants.* The amounts in the
3 schedule for grants under s. 51.042 (3m).”.

4 **200.** Page 374, line 11: after that line insert:

5 “**SECTION 69.** 46.48 (3m) of the statutes is created to read:

6 46.48 (3m) DEAF, HARD OF HEARING, AND DEAF-BLIND BEHAVIORAL HEALTH
7 TREATMENT CENTER. The department may distribute not more than \$1,936,000 in
8 each fiscal year, beginning in fiscal year 2024-25, to a statewide provider of
9 behavioral health treatment services for individuals who are deaf, hard of hearing,
10 or deaf-blind.”.

11 **201.** Page 374, line 11: after that line insert:

12 “**SECTION 70.** 46.48 (31) of the statutes is amended to read:

13 46.48 (31) PEER RUN RESPITE CENTERS. ~~The~~ From the appropriation under s.
14 20.435 (5) (bc), the department may distribute ~~not more than \$1,200,000 in each~~
15 ~~fiscal year, beginning in fiscal year 2014-15,~~ grants to regional peer run respite
16 centers for individuals with mental health and substance abuse concerns.”.

17 **202.** Page 374, line 11: after that line insert:

18 “**SECTION 71.** 13.48 (26m) of the statutes is created to read:

19 13.48 (26m) LEAD SERVICE LINE REPLACEMENT. The legislature finds and
20 determines that the prevalence of lead service lines in connections to public water
21 systems poses a public health hazard and that processes for reducing lead entering
22 drinking water from such pipes requires additional treatment of wastewater. It is
23 therefore in the public interest, and it is the public policy of this state, to assist
24 private users of public water systems in replacing lead service lines.

1 **SECTION 72.** 20.005 (3) (schedule) of the statutes: at the appropriate place,
2 insert the following amounts for the purposes indicated:

2023-24 2024-25

3 **20.320 Environmental improvement program**

4 (2) SAFE DRINKING WATER LOAN PROGRAM OPERATIONS

5 (a) Lead service line replacement GPR C 200,000,000 -0-

6 **SECTION 73.** 20.320 (2) (a) of the statutes is created to read:

7 20.320 (2) (a) *Lead service line replacement.* As a continuing appropriation, the
8 amounts in the schedule for lead service line replacement loans under s. 281.61 (8)
9 (b).

10 **SECTION 74.** 281.61 (8) (b) of the statutes is created to read:

11 281.61 (8) (b) The department of administration shall allocate the amount
12 appropriated under s. 20.320 (2) (a) to projects involving forgivable loans to private
13 users of public water systems to replace lead service lines.”.

14 **203.** Page 374, line 11: after that line insert:

15 “**SECTION 75.** 601.41 (13) of the statutes is created to read:

16 601.41 (13) VALUE-BASED DIABETES MEDICATION PILOT PROJECT. The
17 commissioner shall develop a pilot project to direct a pharmacy benefit manager, as
18 defined in s. 632.865 (1) (c), and a pharmaceutical manufacturer to create a
19 value-based, sole-source arrangement to reduce the costs of prescription medication
20 used to treat diabetes. The commissioner may promulgate rules to implement this
21 subsection.”.

22 **204.** Page 374, line 11: after that line insert:

23 “**SECTION 76.** 15.197 (20) of the statutes is created to read:

1 15.197 (20) SPINAL CORD INJURY COUNCIL. (a) There is created in the department
2 of health services a spinal cord injury council that, except as provided in par. (b),
3 consists of the following members appointed by the department for 2-year terms:

4 1. One member representing the University of Wisconsin School of Medicine
5 and Public Health.

6 2. One member representing the Medical College of Wisconsin.

7 3. One member who has a spinal cord injury.

8 4. One member who is a family member of a person with a spinal cord injury.

9 5. One member who is a veteran who has a spinal cord injury.

10 6. One member who is a physician specializing in the treatment of spinal cord
11 injuries.

12 7. One member who is a researcher in the field of neurosurgery.

13 8. One member who is a researcher employed by the veterans health
14 administration of the U.S. department of veterans affairs.

15 (b) If the department of health services is unable to appoint a member specified
16 in par. (a) 1. to 8., the department of health services may appoint a member
17 representing the general public in lieu of the member so specified.

18 **SECTION 77.** 255.45 of the statutes is created to read:

19 **255.45 Spinal cord injury research grants and symposia. (1)**

20 DEFINITIONS. In this section:

21 (a) "Council" means the spinal cord injury council.

22 (b) "Grant program" means the program established under sub. (2).

23 **(2) GRANT PROGRAM.** The department shall establish a program to award
24 grants, from the appropriation under s. 20.435 (1) (b), to persons in this state for
25 research into spinal cord injuries. The purpose of the grants is to support research

1 into new and innovative treatments and rehabilitative efforts for the functional
2 improvement of people with spinal cord injuries, and research topics may include
3 pharmaceutical, medical device, brain stimulus, and rehabilitative approaches and
4 techniques. Grant recipients shall agree to present their research findings at
5 symposia held by the department under sub. (3).

6 (3) SYMPOSIA. The department may hold symposia every 2 years for recipients
7 of grants under the grant program to present findings of research supported by the
8 grants.

9 (4) GRANT REPORTS. By January 15 of each year, the department shall submit
10 an annual report to the appropriate standing committees of the legislature under s.
11 13.172 (3) that identifies the recipients of grants under the grant program and the
12 purposes for which the grants were used.

13 (5) COUNCIL. (a) The council shall do all of the following:

14 1. Develop criteria for the department to evaluate and award grants under the
15 grant program.

16 2. Review and make recommendations to the department on applications
17 submitted under the grant program.

18 3. Perform other duties specified by the department.

19 (b) Each member of the council shall disclose in a written statement any
20 financial interest in any organization that the council recommends to receive a grant
21 under the grant program. The council shall include the written statements with its
22 recommendations to the department on grant applications.

23 **SECTION 9119. Nonstatutory provisions; Health Services**

1 (1) SPINAL CORD INJURY COUNCIL; INITIAL APPOINTMENTS. Notwithstanding the
2 length of terms specified for the members of the spinal cord injury council under s.
3 15.197 (20) (a) (intro.), initial appointments to the council shall be made as follows:

4 (a) The members appointed under s. 15.197 (20) (a) 1., 3., 5., and 7., or in lieu
5 of those members under s. 15.197 (20) (b), shall be appointed for terms expiring on
6 July 1, 2025.

7 (b) The members appointed under s. 15.197 (20) (a) 2., 4., 6., and 8., or in lieu
8 of those members under s. 15.197 (20) (b), shall be appointed for terms expiring on
9 July 1, 2026.”.

10 **205.** Page 374, line 11: after that line insert:

11 “**SECTION 78.** 15.07 (3) (bm) 7. of the statutes is created to read:

12 15.07 (3) (bm) 7. The prescription drug affordability review board shall meet
13 at least 4 times each year.

14 **SECTION 79.** 15.735 of the statutes is created to read:

15 **15.735 Same; attached board.** (1) There is created a prescription drug
16 affordability review board attached to the office of the commissioner of insurance
17 under s. 15.03. The board shall consist of the following members:

18 (a) The commissioner of insurance or his or her designee.

19 (b) Two members appointed for 4-year terms who represent the
20 pharmaceutical drug industry, including pharmaceutical drug manufacturers and
21 wholesalers. At least one of the members appointed under this paragraph shall be
22 a licensed pharmacist.

23 (c) Two members appointed for 4-year terms who represent the health
24 insurance industry, including insurers and pharmacy benefit managers.

1 (d) Two members appointed for 4-year terms who represent the health care
2 industry, including hospitals, physicians, pharmacies, and pharmacists. At least one
3 of the members appointed under this paragraph shall be a licensed practitioner.

4 (e) Two members appointed for 4-year terms who represent the interests of the
5 public.

6 (2) A member appointed under sub. (1), except for a member appointed under
7 sub. (1) (b), may not be an employee of, a board member of, or a consultant to a drug
8 manufacturer or trade association for drug manufacturers.

9 (3) Any conflict of interest, including any financial or personal association, that
10 has the potential to bias or has the appearance of biasing an individual's decision in
11 matters related to the board or the conduct of the board's activities shall be
12 considered and disclosed when appointing that individual to the board under sub.
13 (1).

14 **SECTION 80.** Subchapter VI (title) of chapter 601 [precedes 601.78] of the
15 statutes is created to read:

16 **CHAPTER 601**

17 **SUBCHAPTER VI**

18 **PRESCRIPTION DRUG**

19 **AFFORDABILITY REVIEW BOARD**

20 **SECTION 81.** 601.78 of the statutes is created to read:

21 **601.78 Definitions.** In this subchapter:

22 (1) "Biologic" means a drug that is produced or distributed in accordance with
23 a biologics license application approved under 21 CFR 601.20.

24 (2) "Biosimilar" means a drug that is produced or distributed in accordance
25 with a biologics license application approved under 42 USC 262 (k) (3).

1 **(3)** “Board” means the prescription drug affordability review board established
2 under s. 15.735 (1).

3 **(4)** “Brand name drug” means a drug that is produced or distributed in
4 accordance with an original new drug application approved under 21 USC 355 (c),
5 other than an authorized generic drug, as defined in 42 CFR 447.502.

6 **(5)** “Financial benefit” includes an honorarium, fee, stock, the value of the stock
7 holdings of a member of the board or any immediate family member, and any direct
8 financial benefit deriving from the finding of a review conducted under s. 601.79.

9 **(6)** “Generic drug” means any of the following:

10 (a) A retail drug that is marketed or distributed in accordance with an
11 abbreviated new drug application approved under 21 USC 355 (j).

12 (b) An authorized generic drug, as defined in 42 CFR 447.502.

13 (c) A drug that entered the market prior to 1962 and was not originally
14 marketed under a new drug application.

15 **(7)** “Immediate family member” means a spouse, grandparent, parent, sibling,
16 child, stepchild, or grandchild or the spouse of a grandparent, parent, sibling, child,
17 stepchild, or grandchild.

18 **(8)** “Manufacturer” means an entity that does all of the following:

19 (a) Engages in the manufacture of a prescription drug product or enters into
20 a lease with another manufacturer to market and distribute a prescription drug
21 product under the entity’s own name.

22 (b) Sets or changes the wholesale acquisition cost of the prescription drug
23 product described in par. (a).

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

1 **(10)** “Prescription drug product” means a brand name drug, a generic drug, a
2 biologic, or a biosimilar.

3 **SECTION 82.** 601.785 of the statutes is created to read:

4 **601.785 Prescription drug affordability review board. (1) MISSION.** The
5 purpose of the board is to protect state residents, the state, local governments, health
6 plans, health care providers, pharmacies licensed in this state, and other
7 stakeholders of the health care system in this state from the high costs of prescription
8 drug products.

9 **(2) POWERS AND DUTIES.** (a) The board shall do all of the following:

10 1. Meet in open session at least 4 times per year to review prescription drug
11 product pricing information, except that the chair may cancel or postpone a meeting
12 if there is no business to transact.

13 2. To the extent practicable, access and assess pricing information for
14 prescription drug products by doing all of the following:

15 a. Accessing and assessing information from other states by entering into
16 memoranda of understanding with other states to which manufacturers report
17 pricing information.

18 b. Assessing spending for specific prescription drug products in this state.

19 c. Accessing other available pricing information.

20 (b) The board may do any of the following:

21 1. Promulgate rules for the administration of this subchapter.

22 2. Enter into a contract with an independent 3rd party for any service
23 necessary to carry out the powers and duties of the board. Unless written permission
24 is granted by the board, any person with whom the board contracts may not release,

1 publish, or otherwise use any information to which the person has access under the
2 contract.

3 (c) The board shall establish and maintain a website to provide public notices
4 and make meeting materials available under sub. (3) (a) and to disclose conflicts of
5 interest under sub. (4) (d).

6 **(3) MEETING REQUIREMENTS.** (a) Pursuant to s. 19.84, the board shall provide
7 public notice of each board meeting at least 2 weeks prior to the meeting and shall
8 make the materials for each meeting publicly available at least one week prior to the
9 meeting.

10 (b) Notwithstanding s. 19.84 (2), the board shall provide an opportunity for
11 public comment at each open meeting and shall provide the public with the
12 opportunity to provide written comments on pending decisions of the board.

13 (c) Notwithstanding subch. V of ch. 19, any portion of a meeting of the board
14 concerning proprietary data and information shall be conducted in closed session
15 and shall in all respects remain confidential.

16 (d) The board may allow expert testimony at any meeting, including when the
17 board meets in closed session.

18 **(4) CONFLICTS OF INTEREST.** (a) A member of the board shall recuse himself or
19 herself from a decision by the board relating to a prescription drug product if the
20 member or an immediate family member has received or could receive any of the
21 following:

22 1. A direct financial benefit deriving from a determination, or a finding of a
23 study or review, by the board relating to the prescription drug product.

1 2. A financial benefit in excess of \$5,000 in a calendar year from any person who
2 owns, manufactures, or provides a prescription drug product to be studied or
3 reviewed by the board.

4 (b) A conflict of interest under this subsection shall be disclosed by the board
5 when hiring board staff, by the appointing authority when appointing members to
6 the board, and by the board when a member of the board is recused from any decision
7 relating to a review of a prescription drug product.

8 (c) A conflict of interest under this subsection shall be disclosed no later than
9 5 days after the conflict is identified, except that, if the conflict is identified within
10 5 days of an open meeting of the board, the conflict shall be disclosed prior to the
11 meeting.

12 (d) The board shall disclose a conflict of interest under this subsection on the
13 board's website unless the chair of the board recuses the member from a final
14 decision relating to a review of the prescription drug product. The disclosure shall
15 include the type, nature, and magnitude of the interests of the member involved.

16 (e) A member of the board or a 3rd-party contractor may not accept any gift or
17 donation of services or property that indicates a potential conflict of interest or has
18 the appearance of biasing the work of the board.

19 **SECTION 83.** 601.79 of the statutes is created to read:

20 **601.79 Drug cost affordability review. (1) IDENTIFICATION OF DRUGS.** The
21 board shall identify prescription drug products that are any of the following:

22 (a) A brand name drug or biologic that, as adjusted annually to reflect
23 adjustments to the U.S. consumer price index for all urban consumers, U.S. city
24 average, as determined by the U.S. department of labor, has a launch wholesale
25 acquisition cost of at least \$30,000 per year or course of treatment.

1 (b) A brand name drug or biologic that, as adjusted annually to reflect
2 adjustments to the U.S. consumer price index for all urban consumers, U.S. city
3 average, as determined by the U.S. department of labor, has a wholesale acquisition
4 cost that has increased at least \$3,000 during a 12-month period.

5 (c) A biosimilar that has a launch wholesale acquisition cost that is not at least
6 15 percent lower than the referenced brand biologic at the time the biosimilar is
7 launched.

8 (d) A generic drug that has a wholesale acquisition cost, as adjusted annually
9 to reflect adjustments to the U.S. consumer price index for all urban consumers, U.S.
10 city average, as determined by the U.S. department of labor, that meets all of the
11 following conditions:

12 1. Is at least \$100 for a supply lasting a patient for a period of 30 consecutive
13 days based on the recommended dosage approved for labeling by the federal food and
14 drug administration, a supply lasting a patient for a period of fewer than 30 days
15 based on the recommended dosage approved for labeling by the federal food and drug
16 administration, or one unit of the drug if the labeling approved by the federal food
17 and drug administration does not recommend a finite dosage.

18 2. Increased by at least 200 percent during the preceding 12-month period, as
19 determined by the difference between the resulting wholesale acquisition cost and
20 the average of the wholesale acquisition cost reported over the preceding 12 months.

21 (e) Other prescription drug products, including drugs to address public health
22 emergencies, that may create affordability challenges for the health care system and
23 patients in this state.

24 **(2) AFFORDABILITY REVIEW.** (a) After identifying prescription drug products
25 under sub. (1), the board shall determine whether to conduct an affordability review

1 for each identified prescription drug product by seeking stakeholder input about the
2 prescription drug product and considering the average patient cost share of the
3 prescription drug product.

4 (b) The information used to conduct an affordability review under par. (a) may
5 include any document and research related to the manufacturer's selection of the
6 introductory price or price increase of the prescription drug product, including life
7 cycle management, net average price in this state, market competition and context,
8 projected revenue, and the estimated value or cost-effectiveness of the prescription
9 drug product.

10 (c) The failure of a manufacturer to provide the board with information for an
11 affordability review under par. (b) does not affect the authority of the board to
12 conduct the review.

13 **(3) AFFORDABILITY CHALLENGE.** When conducting an affordability review of a
14 prescription drug product under sub. (2), the board shall determine whether use of
15 the prescription drug product that is fully consistent with the labeling approved by
16 the federal food and drug administration or standard medical practice has led or will
17 lead to an affordability challenge for the health care system in this state, including
18 high out-of-pocket costs for patients. To the extent practicable, in determining
19 whether a prescription drug product has led or will lead to an affordability challenge,
20 the board shall consider all of the following factors:

21 (a) The wholesale acquisition cost for the prescription drug product sold in this
22 state.

23 (b) The average monetary price concession, discount, or rebate the
24 manufacturer provides, or is expected to provide, to health plans in this state as

1 reported by manufacturers and health plans, expressed as a percent of the wholesale
2 acquisition cost for the prescription drug product under review.

3 (c) The total amount of the price concessions, discounts, and rebates the
4 manufacturer provides to each pharmacy benefit manager for the prescription drug
5 product under review, as reported by the manufacturer and pharmacy benefit
6 manager and expressed as a percent of the wholesale acquisition cost.

7 (d) The price at which therapeutic alternatives to the prescription drug product
8 have been sold in this state.

9 (e) The average monetary concession, discount, or rebate the manufacturer
10 provides or is expected to provide to health plan payors and pharmacy benefit
11 managers in this state for therapeutic alternatives to the prescription drug product.

12 (f) The costs to health plans based on patient access consistent with labeled
13 indications by the federal food and drug administration and recognized standard
14 medical practice.

15 (g) The impact on patient access resulting from the cost of the prescription drug
16 product relative to insurance benefit design.

17 (h) The current or expected dollar value of drug-specific patient access
18 programs that are supported by the manufacturer.

19 (i) The relative financial impacts to health, medical, or social services costs that
20 can be quantified and compared to baseline effects of existing therapeutic
21 alternatives to the prescription drug product.

22 (j) The average patient copay or other cost sharing for the prescription drug
23 product in this state.

24 (k) Any information a manufacturer chooses to provide.

25 (L) Any other factors as determined by the board by rule.

1 **(4) UPPER PAYMENT LIMIT.** (a) If the board determines under sub. (3) that use
2 of a prescription drug product has led or will lead to an affordability challenge, the
3 board shall establish an upper payment limit for the prescription drug product after
4 considering all of the following:

- 5 1. The cost of administering the drug.
- 6 2. The cost of delivering the drug to consumers.
- 7 3. Other relevant administrative costs related to the drug.

8 (b) For a prescription drug product identified in sub. (1) (b) or (d) 2., the board
9 shall solicit information from the manufacturer regarding the price increase. To the
10 extent that the price increase is not a result of the need for increased manufacturing
11 capacity or other effort to improve patient access during a public health emergency,
12 the board shall establish an upper payment limit under par. (a) that is equal to the
13 cost to consumers prior to the price increase.

14 (c) 1. The upper payment limit established under this subsection shall apply
15 to all purchases and payor reimbursements of the prescription drug product
16 dispensed or administered to individuals in this state in person, by mail, or by other
17 means.

18 2. Notwithstanding subd. 1., while state-sponsored and state-regulated
19 health plans and health programs shall limit drug reimbursements and drug
20 payment to no more than the upper payment limit established under this subsection,
21 a plan subject to the Employee Retirement Income Security Act of 1974 or Part D of
22 Medicare under 42 USC 1395w-101 et seq. may choose to reimburse more than the
23 upper payment limit. A provider who dispenses and administers a prescription drug
24 product in this state to an individual in this state may not bill a payor more than the
25 upper payment limit to the patient regardless of whether a plan subject to the

1 Employee Retirement Income Security Act of 1974 or Part D of Medicare under 42
2 USC 1395w-101 et seq. chooses to reimburse the provider above the upper payment
3 limit.

4 (5) PUBLIC INSPECTION. Information submitted to the board under this section
5 shall be open to public inspection only as provided under ss. 19.31 to 19.39.

6 (6) NO PROHIBITION ON MARKETING. Nothing in this section may be construed to
7 prevent a manufacturer from marketing a prescription drug product approved by the
8 federal food and drug administration while the prescription drug product is under
9 review by the board.

10 (7) APPEALS. A person aggrieved by a decision of the board may request an
11 appeal of the decision no later than 30 days after the board makes the determination.
12 The board shall hear the appeal and make a final decision no later than 60 days after
13 the appeal is requested. A person aggrieved by a final decision of the board may
14 petition for judicial review in a court of competent jurisdiction.

15 **SECTION 9123. Nonstatutory provisions; Insurance.**

16 (1u) STAGGERED TERMS FOR BOARD. Notwithstanding the length of terms
17 specified for the members of the board under s. 15.735 (1) (b) to (e), 2 of the initial
18 members shall be appointed for terms expiring on May 1, 2025; 2 of the initial
19 members shall be appointed for terms expiring on May 1, 2026; 2 of the initial
20 members shall be appointed for terms expiring on May 1, 2027; and 2 of the initial
21 members shall be appointed for terms expiring on May 1, 2028.

22 **SECTION 9423. Effective dates; Insurance.**

23 (1v) PRESCRIPTION DRUG AFFORDABILITY REVIEW BOARD. The treatment of ss. 15.07
24 (3) (bm) 7., 15.735, 601.78, 601.785, and 601.79 and subch. VI (title) of ch. 601 and

1 SECTION 9123 (1u) of this act take effect on the first day of the 7th month beginning
2 after publication.”

3 **206.** Page 374, line 11: after that line insert:

4 “SECTION 84. 20.005 (3) (schedule) of the statutes: at the appropriate place,
5 insert the following amounts for the purposes indicated:

2023-24 2024-25

6 **20.435 Health services, department of**

7 (5) MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

8 (ch) Suicide and crisis lifeline grants GPR A 898,700 2,105,700

9 **SECTION 85.** 20.435 (5) (ch) of the statutes is created to read:

10 20.435 (5) (ch) *Suicide and crisis lifeline grants.* The amounts in the schedule
11 for grants under s. 46.533.

12 **SECTION 86.** 46.533 of the statutes is created to read:

13 **46.533 Suicide and crisis lifeline; grants.** (1) In this section, “national
14 crisis hotline” means the telephone or text access number “988,” or its successor, that
15 is maintained under the federally administered program under 42 USC 290bb-36c.

16 (2) From the appropriation under s. 20.435 (5) (ch), the department shall award
17 grants to organizations that provide crisis intervention services and crisis care
18 coordination to individuals who contact the national crisis hotline from anywhere
19 within this state.”

20 **207.** Page 374, line 11: after that line insert:

21 “SECTION 87. 49.79 (9) (f) of the statutes is repealed.”

22 **208.** Page 374, line 11: after that line insert:

23 “SECTION 88. 46.48 (36) of the statutes is created to read:

1 46.48 (36) AMYOTROPHIC LATERAL SCLEROSIS. From the appropriation under s.
2 20.435 (1) (b), the department shall award \$250,000 in each fiscal year as a grant to
3 an organization that supports and provides services to individuals with amyotrophic
4 lateral sclerosis for the purposes of assisting individuals diagnosed with
5 amyotrophic lateral sclerosis and their families with the costs of respite care and
6 costs associated with amyotrophic lateral sclerosis that are not covered by
7 insurance.”.

8 **209.** Page 374, line 11: after that line insert:

9 **“SECTION 9119. Nonstatutory provisions; Health Services.**

10 (1) LOW-VALUE CARE ANALYSIS GRANT. From the appropriation under s. 20.435 (1)
11 (b), in the 2023-24 and 2024-25 fiscal years, the department of health services shall
12 award a grant in an amount not to exceed \$900,000 in each fiscal year to an
13 organization for the purpose of conducting a data analysis of claims under the
14 medical assistance program administered by the department of health services and
15 claims under health care coverage plans offered by the state under s. 40.51 (6) to
16 identify low-value care. The recipient of the grant under this subsection shall report
17 the organization’s findings, including any recommendations for providing effective
18 and efficient care, to the department of health services and the department of
19 employee trust funds. The department of health services and the department of
20 employee trust funds shall distribute the findings reported under this subsection to
21 health care providers that provide services covered by the medical assistance
22 program or a health care coverage plan and to health maintenance organizations and
23 insurance companies that provide health insurance to state employees.”.

24 **210.** Page 374, line 11: after that line insert:

1 “**SECTION 89.** 20.005 (3) (schedule) of the statutes: at the appropriate place,
2 insert the following amounts for the purposes indicated:

2023-24 2024-25

3 **20.435 Health services, department of**

4 (1) PUBLIC HEALTH SERVICES PLANNING, REGULATION,
5 AND DELIVERY

6 (ex) Maternal and infant mortality
7 prevention and response GPR A 2,870,900 2,807,000

8 **SECTION 90.** 20.435 (1) (ex) of the statutes is created to read:

9 20.435 (1) (ex) *Maternal and infant mortality prevention and response.* The
10 amounts in the schedule for the prevention of and response to maternal and infant
11 mortality under s. 253.143.

12 **SECTION 91.** 253.143 of the statutes is created to read:

13 **253.143 Maternal and infant mortality prevention and response.** From
14 the appropriation under s. 20.435 (1) (ex), the department shall do all of the
15 following:

16 (1) Annually award grants to community organizations whose goal is the
17 prevention of maternal and infant mortality.

18 (2) Annually award grants to support the expansion of fetal and infant
19 mortality review and maternal mortality review teams statewide and expand
20 technical assistance and support for existing fetal and infant mortality review and
21 child death review teams.

22 (3) Provide funding and technical assistance to community-based
23 organizations aimed at preventing infant mortality.

1 (4) Provide funding for grief and bereavement programming for those impacted
2 by infant loss.

3 **SECTION 9119. Nonstatutory provisions; Health Services.**

4 (1) MATERNAL AND INFANT MORTALITY PREVENTION AND RESPONSE. The authorized
5 FTE positions for the department of health services are increased by 2.0 FTE
6 positions, to be funded from the appropriation under s. 20.435 (1) (ex), for the purpose
7 of administering the maternal and infant mortality prevention and response
8 program.”.

9 **211.** Page 374, line 11: after that line insert:

10 “**SECTION 92.** 49.45 (7m) of the statutes is created to read:

11 49.45 (7m) PAY-FOR-PERFORMANCE; HEALTH INFORMATION EXCHANGE. The
12 department shall develop and implement for non-hospital providers in the Medical
13 Assistance program, including physicians, clinics, health departments, home health
14 agencies, and post-acute care facilities, a payment system based on performance to
15 incentivize participation in health information data sharing to facilitate better
16 patient care, reduced costs, and easier access to patient information. The
17 department shall establish performance metrics for the payment system under this
18 subsection that satisfy all of the following:

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

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

23 (c) The payment system shall begin in the 2024 rate year.

1 (d) For purposes of the payment system, the department shall seek any
2 available federal moneys.”.

3 **212.** Page 374, line 11: after that line insert:

4 “**SECTION 93.** 49.45 (30p) of the statutes is created to read:

5 49.45 (30p) DETOXIFICATION AND STABILIZATION SERVICES. (a) In this subsection:

6 1. “Adult residential integrated behavioral health stabilization service” means
7 a residential behavioral health treatment service, delivered under the oversight of
8 a medical director, that provides withdrawal management and intoxication
9 monitoring, as well as integrated behavioral health stabilization services, and
10 includes nursing care on site for medical monitoring available on a 24-hour basis.

11 “Adult residential integrated behavioral health stabilization service” may include
12 the provision of services including screening, assessment, intake, evaluation and
13 diagnosis, medical care, observation and monitoring, physical examination,
14 determination of medical stability, medication management, nursing services, case
15 management, drug testing, counseling, individual therapy, group therapy, family
16 therapy, psychoeducation, peer support services, recovery coaching, recovery
17 support services, and crisis intervention services, to ameliorate acute behavioral
18 health symptoms and stabilize functioning.

19 2. “Community-based withdrawal management” means a medically managed
20 withdrawal management service delivered on an outpatient basis by a physician or
21 other service personnel acting under the supervision of a physician.

22 3. “Detoxification and stabilization services” means adult residential
23 integrated behavioral health stabilization service, residential withdrawal
24 management service, or residential intoxication monitoring service.

1 4. “Residential intoxication monitoring service” means a residential service
2 that provides 24-hour observation to monitor the safe resolution of alcohol or
3 sedative intoxication and to monitor for the development of alcohol withdrawal for
4 intoxicated patients who are not in need of emergency medical or behavioral
5 healthcare. “Residential intoxication monitoring service” may include the provision
6 of services including screening, assessment, intake, evaluation and diagnosis,
7 observation and monitoring, case management, drug testing, counseling, individual
8 therapy, group therapy, family therapy, psychoeducation, peer support services,
9 recovery coaching, and recovery support services.

10 5. “Residential withdrawal management service” means a residential
11 substance use treatment service that provides withdrawal management and
12 intoxication monitoring, and includes medically managed 24-hour on-site nursing
13 care, under the supervision of a physician. “Residential withdrawal management
14 service” may include the provision of services, including screening, assessment,
15 intake, evaluation and diagnosis, medical care, observation and monitoring,
16 physical examination, medication management, nursing services, case
17 management, drug testing, counseling, individual therapy, group therapy, family
18 therapy, psychoeducation, peer support services, recovery coaching, and recovery
19 support services, to ameliorate symptoms of acute intoxication and withdrawal and
20 to stabilize functioning. “Residential withdrawal management service” may also
21 include community-based withdrawal management and intoxication monitoring
22 services.

23 (b) Subject to par. (c), the department shall provide reimbursement for
24 detoxification and stabilization services under the Medical Assistance program
25 under s. 49.46 (2) (b) 14r. The department shall certify providers under the Medical

1 Assistance program to provide detoxification and stabilization services in
2 accordance with this subsection.

3 (c) The department shall submit to the federal department of health and
4 human services any request for a state plan amendment, waiver, or other federal
5 approval necessary to provide reimbursement for detoxification and stabilization
6 services as described in this subsection. If the federal department approves the
7 request or if no federal approval is necessary, the department shall provide the
8 reimbursement under par. 49.46 (2) (b) 14r. If the federal department disapproves
9 the request, the department may not provide the reimbursement described in this
10 subsection.

11 **SECTION 94.** 49.46 (2) (b) 14r. of the statutes is created to read:

12 49.46 (2) (b) 14r. Detoxification and stabilization services as specified under s.
13 49.45 (30p).”.

14 **213.** Page 374, line 11: after that line insert:

15 “**SECTION 95.** 49.45 (6xm) of the statutes is created to read:

16 49.45 (6xm) PEDIATRIC INPATIENT SUPPLEMENT. (a) From the appropriations
17 under s. 20.435 (4) (b), (o), and (w), the department shall, using a method determined
18 by the department, distribute a total sum of \$2,000,000 in each state fiscal year to
19 hospitals that meet all of the following criteria:

- 20 1. The hospital is an acute care hospital located in this state.
- 21 2. During the hospital’s fiscal year, the inpatient days in the hospital’s acute
22 care pediatric units and intensive care pediatric units totaled more than 12,000 days,
23 not including neonatal intensive care units. For purposes of this subdivision, the

1 hospital's fiscal year is the hospital's fiscal year that ended in the 2nd calendar year
2 preceding the beginning of the state fiscal year.

3 (b) Notwithstanding par. (a), from the appropriations under s. 20.435 (4) (b),
4 (o), and (w), the department may, using a method determined by the department,
5 distribute an additional total sum of \$10,000,000 in each state fiscal year to hospitals
6 that are freestanding pediatric teaching hospitals located in Wisconsin that have a
7 percentage calculated under s. 49.45 (3m) (b) 1. a. greater than 45 percent.”.

8 **214.** Page 374, line 11: after that line insert:

9 “**SECTION 96.** 49.45 (3) (e) 12. of the statutes is amended to read:

10 49.45 (3) (e) 12. The department shall use a portion of the moneys collected
11 under s. 50.38 (2) (b) to pay for services provided by critical access hospitals under
12 the Medical Assistance Program under this subchapter, including services
13 reimbursed on a fee-for-service basis and services provided under a managed care
14 system. For each state fiscal year, total payments required under this subdivision,
15 including both the federal and state share of Medical Assistance, shall equal the
16 amount collected under s. 50.38 (2) (b) for the fiscal year divided by ~~61.68~~ 44.21
17 percent.”.

18 **215.** Page 374, line 11: after that line insert:

19 “**SECTION 97.** 49.45 (3) (e) 11. of the statutes is amended to read:

20 49.45 (3) (e) 11. The department shall use a portion of the moneys collected
21 under s. 50.38 (2) (a) to pay for services provided by eligible hospitals, as defined in
22 s. 50.38 (1), other than critical access hospitals, under the Medical Assistance
23 Program under this subchapter, including services reimbursed on a fee-for-service
24 basis and services provided under a managed care system. For state fiscal year

1 2008-09, total payments required under this subdivision, including both the federal
2 and state share of Medical Assistance, shall equal the amount collected under s.
3 50.38 (2) (a) for fiscal year 2008-09 divided by 57.75 percent. For each state fiscal
4 year after state fiscal year 2008-09, total payments required under this subdivision,
5 including both the federal and state share of Medical Assistance, shall equal the
6 amount collected under s. 50.38 (2) (a) for the fiscal year divided by ~~61.68~~ 44.21
7 percent.”.

8 **216.** Page 374, line 11: after that line insert:

9 “**SECTION 98.** 20.435 (4) (jw) of the statutes is amended to read:

10 20.435 (4) (jw) *BadgerCare Plus and hospital assessment.* All moneys received
11 from payment of enrollment fees under the program under s. 49.45 (23), all moneys
12 transferred under s. 50.38 (9), all moneys transferred from the appropriation account
13 under par. (jz), and 10 percent of all moneys received from penalty assessments
14 under s. 49.471 (9) (c), ~~for administration of the program under s. 49.45 (23),~~ to
15 provide a portion of the state share of administrative costs for the BadgerCare Plus
16 Medical Assistance program under s. 49.471, and for administration of the hospital
17 assessment under s. 50.38.

18 **SECTION 99.** 49.45 (2p) of the statutes is repealed.

19 **SECTION 100.** 49.45 (23) of the statutes is repealed.

20 **SECTION 101.** 49.45 (23b) of the statutes is repealed.

21 **SECTION 102.** 49.471 (1) (cr) of the statutes is created to read:

22 49.471 (1) (cr) “Enhanced federal medical assistance percentage” means a
23 federal medical assistance percentage described under 42 USC 1396d (y) or (z).

24 **SECTION 103.** 49.471 (4) (a) 4. b. of the statutes is amended to read:

1 49.471 (4) (a) 4. b. The individual's family income does not exceed ~~100~~ 133
2 percent of the poverty line ~~before application of the 5 percent income disregard under~~
3 ~~42 CFR 435.603 (d)~~.

4 **SECTION 104.** 49.471 (4) (a) 8. of the statutes is created to read:

5 49.471 (4) (a) 8. An individual who meets all of the following criteria:

6 a. The individual is an adult under the age of 65.

7 b. The adult has a family income that does not exceed 133 percent of the poverty
8 line, except as provided in sub. (4g).

9 c. The adult is not otherwise eligible for the Medical Assistance program under
10 this subchapter or the Medicare program under 42 USC 1395 et seq.

11 **SECTION 105.** 49.471 (4g) of the statutes is created to read:

12 49.471 (4g) MEDICAID EXPANSION; FEDERAL MEDICAL ASSISTANCE PERCENTAGE. For
13 services provided to individuals described under sub. (4) (a) 8., the department shall
14 comply with all federal requirements to qualify for the highest available enhanced
15 federal medical assistance percentage. The department shall submit any
16 amendment to the state medical assistance plan, request for a waiver of federal
17 Medicaid law, or other approval request required by the federal government to
18 provide services to the individuals described under sub. (4) (a) 8. and qualify for the
19 highest available enhanced federal medical assistance percentage.

20 **SECTION 106.** 49.686 (3) (d) of the statutes is amended to read:

21 49.686 (3) (d) Has applied for coverage under and has been denied eligibility
22 for medical assistance within 12 months prior to application for reimbursement
23 under sub. (2). This paragraph does not apply to an individual ~~who is eligible for~~
24 ~~benefits under the demonstration project for childless adults under s. 49.45 (23) or~~

1 ~~to an individual~~ who is eligible for benefits under BadgerCare Plus under s. 49.471
2 (4) (a) 8. or (11).

3 **SECTION 107.** 2017 Wisconsin Act 370, section 44 (2) and (3) are repealed.

4 **SECTION 9119. Nonstatutory provisions; Health Services.**

5 (2h) CHILDLESS ADULTS DEMONSTRATION PROJECT. The department of health
6 services shall submit any necessary request to the federal department of health and
7 human services for a state plan amendment or waiver of federal Medicaid law or to
8 modify or withdraw from any waiver of federal Medicaid law relating to the childless
9 adults demonstration project under s. 49.45 (23), 2021 stats., to reflect the
10 incorporation of recipients of Medical Assistance under the demonstration project
11 into the BadgerCare Plus program under s. 49.471 and the termination of the
12 demonstration project.

13 **SECTION 9419. Effective dates; Health Services.**

14 (2r) MEDICAID EXPANSION. The treatment of ss. 20.435 (4) (jw), 49.45 (2p), 49.45
15 (23) and (23b), 49.471 (1) (cr), (4) (a) 4. b. and 8., and (4g), and 49.686 (3) (d), and 2017
16 Wisconsin Act 370, section 44 (2) and (3), and SECTION 9119 (2h) of this act take effect
17 on July 1, 2023.”.

18 **217.** Page 374, line 11: after that line insert:

19 “**SECTION 108.** 20.005 (3) (schedule) of the statutes: at the appropriate place,
20 insert the following amounts for the purposes indicated:

2023-24 2024-25

21 **20.435 Health services, department of**

22 (1) PUBLIC HEALTH SERVICES PLANNING, REGULATION,

23 AND DELIVERY

1 (bc) Emergency medical services

2 grants GPR C 150,000,000 -0-

3 **SECTION 109.** 20.435 (1) (bc) of the statutes is created to read:

4 20.435 (1) (bc) *Emergency medical services grants.* As a continuing
5 appropriation, the amounts in the schedule for grants to providers of emergency
6 medical services under s. 256.42.

7 **SECTION 110.** 256.42 of the statutes is created to read:

8 **256.42 Emergency medical services grants.** From the appropriation under
9 s. 20.435 (1) (bc), the department may award grants to providers of emergency
10 medical services for reasonable operating expenses related to emergency medical
11 services, including expenses related to supplies, equipment, training, staffing, and
12 vehicles.”.

13 **218.** Page 374, line 11: after that line insert:

14 **“SECTION 9119. Nonstatutory provisions; Health Services.**

15 (1) OFFICE OF CAREGIVER QUALITY POSITION INCREASE. The authorized FTE
16 positions for the department of health services are increased by 2.8 FED positions,
17 beginning in fiscal year 2023–24, to be funded from the appropriation under s. 20.435
18 (6) (n) for the purpose of increasing staffing in the division of the department
19 responsible for caregiver quality.”.

20 **219.** Page 374, line 11: after that line insert:

21 **“SECTION 1.** 252.12 (2) (a) 8. (intro.) of the statutes is amended to read:

22 252.12 (2) (a) 8. ‘Mike Johnson life care and early intervention services grants.’
23 (intro.) The department shall award not more than ~~\$4,000,000~~ \$5,000,000 in each
24 fiscal year in grants to applying AIDS service organizations for the provision of needs

1 assessments; assistance in procuring financial, medical, legal, social and pastoral
 2 services; counseling and therapy; homecare services and supplies; advocacy; and
 3 case management services. These services shall include early intervention services.
 4 The department shall also award not more than \$74,000 in each year from the
 5 appropriation account under s. 20.435 (5) (md) for the services under this
 6 subdivision. The state share of payment for case management services that are
 7 provided under s. 49.45 (25) (be) to recipients of medical assistance shall be paid from
 8 the appropriation account under s. 20.435 (1) (am). All of the following apply to
 9 grants awarded under this subdivision.”

10 **220.** Page 374, line 11: after that line insert:

11 “**SECTION 111.** 20.005 (3) (schedule) of the statutes: at the appropriate place,
 12 insert the following amounts for the purposes indicated:

	2023-24	2024-25
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13 **20.435 Health services, department of**

14 (1) PUBLIC HEALTH SERVICES PLANNING, REGULATION
 15 AND DELIVERY

16 (ew) Congenital disorders; general				
17 purpose revenue	GPR	A	3,556,300	1,669,600

18 **SECTION 112.** 20.435 (1) (ew) of the statutes is created to read:

19 20.435 (1) (ew) *Congenital disorders; general purpose revenue.* The amounts
 20 in the schedule to provide diagnostic services, special dietary treatment, and
 21 follow-up counseling for congenital disorders and periodic evaluation of infant
 22 screening programs as specified under s. 253.13, to provide referrals under s.

1 **146.41 Nurse aide training and recruitment grants.** (1) In this section:

2 (a) “Nurse aide” has the meaning given in s. 146.40 (1) (d).

3 (b) “Nursing home” has the meaning given in s. 50.01 (3).

4 **(2)** Beginning in fiscal year 2024–25, the department shall award grants to
5 train and recruit individuals to work as nurse aides in nursing homes. The grants
6 awarded under this subsection shall include grants for all of the following:

7 (a) The cost for an individual to complete an instructional program for nurse
8 aides in a program approved under s. 146.40 (3) and (3g).

9 (b) The cost for an individual to complete a competency evaluation for nurse
10 aides in a program approved under s. 146.40 (3m).

11 (c) A retention bonus for an individual who has worked for at least 6 months
12 as a nurse aide in a nursing home.

13 **(3)** The department may partner with nonprofit organizations, private entities,
14 the board on aging and long term care, and the technical college system board to
15 award the grants under sub. (2) and recruit individuals to work as nurse aides in
16 nursing homes.”.

17 **223.** Page 374, line 11: after that line insert:

18 “**SECTION 118.** 20.005 (3) (schedule) of the statutes: at the appropriate place,
19 insert the following amounts for the purposes indicated:

	2023-24	2024-25
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20 **20.145 Insurance, office of the commissioner of**

21 (1) SUPERVISION OF THE INSURANCE INDUSTRY

22 (a) State operations	GPR	A	1,982,400	1,264,900
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23 **SECTION 119.** 20.145 (1) (a) of the statutes is created to read:

1 20.145 (1) (a) *State operations*. The amounts in the schedule for general
2 program operations.

3 **SECTION 120.** 20.145 (1) (g) (intro.) of the statutes is amended to read:

4 20.145 (1) (g) *General program operations*. (intro.) The amounts in the
5 schedule for general program operations, including organizational support services
6 and, oversight of care management organizations, development of a public option
7 health insurance plan, and operation of a state-based exchange under s. 601.59, and
8 for transferring to the appropriation account under s. 20.435 (4) (kv) the amount
9 allocated by the commissioner of insurance. Notwithstanding s. 20.001 (3) (a), at the
10 end of each fiscal year, the unencumbered balance in this appropriation account that
11 exceeds 10 percent of that fiscal year's expenditure under this appropriation shall
12 lapse to the general fund. All of the following shall be credited to this appropriation
13 account:

14 **SECTION 121.** 20.145 (1) (g) 4. of the statutes is created to read:

15 20.145 (1) (g) 4. All moneys received under s. 601.59.

16 **SECTION 122.** 40.51 (8) of the statutes is amended to read:

17 40.51 (8) Every health care coverage plan offered by the state under sub. (6)
18 shall comply with ss. 631.89, 631.90, 631.93 (2), 631.95, 632.72 (2), ~~632.728~~, 632.729,
19 632.746 (1) to (8) and (10), 632.747, 632.748, 632.798, 632.83, 632.835, 632.85,
20 632.853, 632.855, 632.861, 632.862, 632.867, 632.87 (3) to ~~(6)~~ (8), 632.871, 632.885,
21 632.89, 632.895 (5m) and (8) to (17), and 632.896.

22 **SECTION 123.** 40.51 (8m) of the statutes is amended to read:

23 40.51 (8m) Every health care coverage plan offered by the group insurance
24 board under sub. (7) shall comply with ss. 631.95, 632.728, 632.729, 632.746 (1) to
25 (8) and (10), 632.747, 632.748, 632.798, 632.83, 632.835, 632.85, 632.853, 632.855,

1 632.861, 632.862, 632.867, 632.87 (7) and (8), 632.871, 632.885, 632.89, and 632.895
2 ~~(11)~~ (8) and (10) to (17).

3 **SECTION 124.** 66.0137 (4) of the statutes is amended to read:

4 66.0137 (4) SELF-INSURED HEALTH PLANS. If a city, including a 1st class city, or
5 a village provides health care benefits under its home rule power, or if a town
6 provides health care benefits, to its officers and employees on a self-insured basis,
7 the self-insured plan shall comply with ss. 49.493 (3) (d), 631.89, 631.90, 631.93 (2),
8 632.728, 632.729, 632.746 (1) and (10) (a) 2. and (b) 2., 632.747 (3), 632.798, 632.85,
9 632.853, 632.855, 632.861, 632.862, 632.867, 632.87 (4) to ~~(6)~~ (8), 632.871, 632.885,
10 632.89, 632.895 ~~(9)~~ (8) to (17), 632.896, and 767.513 (4).

11 **SECTION 125.** 120.13 (2) (g) of the statutes is amended to read:

12 120.13 (2) (g) Every self-insured plan under par. (b) shall comply with ss.
13 49.493 (3) (d), 631.89, 631.90, 631.93 (2), 632.728, 632.729, 632.746 (1) and (10) (a)
14 2. and (b) 2., 632.747 (3), 632.798, 632.85, 632.853, 632.855, 632.861, 632.862,
15 632.867, 632.87 (4) to ~~(6)~~ (8), 632.871, 632.885, 632.89, 632.895 ~~(9)~~ (8) to (17),
16 632.896, and 767.513 (4).

17 **SECTION 126.** 185.983 (1) (intro.) of the statutes is amended to read:

18 185.983 (1) (intro.) Every voluntary nonprofit health care plan operated by a
19 cooperative association organized under s. 185.981 shall be exempt from chs. 600 to
20 646, with the exception of ss. 601.04, 601.13, 601.31, 601.41, 601.42, 601.43, 601.44,
21 601.45, 611.26, 611.67, 619.04, 623.11, 623.12, 628.34 (10), 631.17, 631.89, 631.93,
22 631.95, 632.72 (2), 632.728, 632.729, 632.745 to 632.749, 632.775, 632.79, 632.795,
23 632.798, 632.85, 632.853, 632.855, 632.861, 632.862, 632.867, 632.87 (2) to ~~(6)~~ (8),
24 632.871, 632.885, 632.89, 632.895 (5) and (8) to (17), 632.896, and 632.897 (10) and
25 chs. 609, 620, 630, 635, 645, and 646, but the sponsoring association shall:

1 **SECTION 127.** 601.31 (1) (mv) of the statutes is created to read:

2 601.31 (1) (mv) For initial issuance or renewal of a license as a pharmacy
3 benefit management broker or consultant under s. 628.495, amounts to be set by the
4 commissioner by rule.

5 **SECTION 128.** 601.31 (1) (nv) of the statutes is created to read:

6 601.31 (1) (nv) For issuing or renewing a license as a pharmaceutical
7 representative under s. 632.863, an amount to be set by the commissioner by rule.

8 **SECTION 129.** 601.31 (1) (nw) of the statutes is created to read:

9 601.31 (1) (nw) For issuing or renewing a license as a pharmacy services
10 administrative organization under s. 632.864, an amount to be set by the
11 commissioner by rule.

12 **SECTION 130.** 601.575 of the statutes is created to read:

13 **601.575 Prescription drug importation program. (1) IMPORTATION**
14 **PROGRAM REQUIREMENTS.** The commissioner, in consultation with persons interested
15 in the sale and pricing of prescription drugs and appropriate officials and agencies
16 of the federal government, shall design and implement a prescription drug
17 importation program for the benefit of residents of this state, that generates savings
18 for residents, and that satisfies all of the following:

19 (a) The commissioner shall designate a state agency to become a licensed
20 wholesale distributor or to contract with a licensed wholesale distributor and shall
21 seek federal certification and approval to import prescription drugs.

22 (b) The program shall comply with relevant requirements of 21 USC 384,
23 including safety and cost savings requirements.

24 (c) The program shall import prescription drugs from Canadian suppliers
25 regulated under any appropriate Canadian or provincial laws.

1 (d) The program shall have a process to sample the purity, chemical
2 composition, and potency of imported prescription drugs.

3 (e) The program shall import only those prescription drugs for which
4 importation creates substantial savings for residents of this state and only those
5 prescription drugs that are not brand-name drugs and that have fewer than 4
6 competitor prescription drugs in the United States.

7 (f) The commissioner shall ensure that prescription drugs imported under the
8 program are not distributed, dispensed, or sold outside of this state.

9 (g) The program shall ensure all of the following:

10 1. Participation by any pharmacy or health care provider in the program is
11 voluntary.

12 2. Any pharmacy or health care provider participating in the program has the
13 appropriate license or other credential in this state.

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

17 (h) The program shall ensure that a payment by a health plan or health
18 insurance policy for a prescription drug imported under the program reimburses no
19 more than the actual acquisition cost of the imported prescription drug that is
20 dispensed.

21 (i) The program shall ensure that any health plan or health insurance policy
22 participating in the program does all of the following:

23 1. Maintains a formulary and claims payment system with current information
24 on prescription drugs imported under the program.

1 2. Bases cost-sharing amounts for participants or insureds under the plan or
2 policy on no more than the actual acquisition cost of the prescription drug imported
3 under the program that is dispensed to the participant or insured.

4 3. Demonstrates to the commissioner or a state agency designated by the
5 commissioner how premiums under the plan or policy are affected by savings on
6 prescription drugs imported under the program.

7 (j) Any wholesale distributor importing prescription drugs under the program
8 shall limit its profit margin to the amount established by the commissioner or a state
9 agency designated by the commissioner.

10 (k) The program may not import any generic prescription drug that would
11 violate federal patent laws on branded products in the United States.

12 (L) The program shall comply with tracking and tracing requirements of 21
13 USC 360eee and 360eee-1, to the extent practical and feasible, before the
14 prescription drug to be imported comes into the possession of this state's wholesale
15 distributor and fully after the prescription drug to be imported is in the possession
16 of this state's wholesale distributor.

17 (m) The program shall establish a fee or other mechanism to finance the
18 program that does not jeopardize significant savings to residents of this state.

19 (n) The program shall have an audit function that ensures all of the following:

20 1. The commissioner has a sound methodology to determine the most
21 cost-effective prescription drugs to include in the program.

22 2. The commissioner has a process in place to select Canadian suppliers that
23 are high quality, high performing, and in full compliance with Canadian laws.

24 3. Prescription drugs imported under the program are pure, unadulterated,
25 potent, and safe.

1 4. The program is complying with the requirements of this subsection.

2 5. The program is adequately financed to support administrative functions of
3 the program while generating significant cost savings to residents of this state.

4 6. The program does not put residents of this state at a higher risk than if the
5 program did not exist.

6 7. The program provides and is projected to continue to provide substantial cost
7 savings to residents of this state.

8 **(2) ANTICOMPETITIVE BEHAVIOR.** The commissioner, in consultation with the
9 attorney general, shall identify the potential for and monitor anticompetitive
10 behavior in industries affected by a prescription drug importation program.

11 **(3) APPROVAL OF PROGRAM DESIGN; CERTIFICATION.** No later than the first day of
12 the 7th month beginning after the effective date of this subsection [LRB inserts
13 date], the commissioner shall submit to the joint committee on finance a report that
14 includes the design of the prescription drug importation program in accordance with
15 this section. The commissioner may not submit the proposed program to the federal
16 department of health and human services unless the joint committee on finance
17 approves the proposed program. Within 14 days of the date of approval by the joint
18 committee on finance of the proposed program, the commissioner shall submit to the
19 federal department of health and human services a request for certification of the
20 approved program.

21 **(4) IMPLEMENTATION OF CERTIFIED PROGRAM.** After the federal department of
22 health and human services certifies the prescription drug importation program
23 submitted under sub. (3), the commissioner shall begin implementation of the
24 program, and the program shall be fully operational by 180 days after the date of
25 certification by the federal department of health and human services. The

1 commissioner shall do all of the following to implement the program to the extent the
2 action is in accordance with other state laws and the certification by the federal
3 department of health and human services:

4 (a) Become a licensed wholesale distributor, designate another state agency to
5 become a licensed wholesale distributor, or contract with a licensed wholesale
6 distributor.

7 (b) Contract with one or more Canadian suppliers that meet the criteria in sub.
8 (1) (c) and (n).

9 (c) Create an outreach and marketing plan to communicate with and provide
10 information to health plans and health insurance policies, employers, pharmacies,
11 health care providers, and residents of this state on participating in the program.

12 (d) Develop and implement a registration process for health plans and health
13 insurance policies, pharmacies, and health care providers interested in participating
14 in the program.

15 (e) Create a publicly accessible source for listing prices of prescription drugs
16 imported under the program.

17 (f) Create, publicize, and implement a method of communication to promptly
18 answer questions from and address the needs of persons affected by the
19 implementation of the program before the program is fully operational.

20 (g) Establish the audit functions under sub. (1) (n) with a timeline to complete
21 each audit function every 2 years.

22 (h) Conduct any other activities determined by the commissioner to be
23 important to successful implementation of the program.

24 **(5) REPORT.** By January 1 and July 1 of each year, the commissioner shall
25 submit to the joint committee on finance a report including all of the following:

1 (a) A list of prescription drugs included in the prescription drug importation
2 program under this section.

3 (b) The number of pharmacies, health care providers, and health plans and
4 health insurance policies participating in the prescription drug importation program
5 under this section.

6 (c) The estimated amount of savings to residents of this state, health plans and
7 health insurance policies, and employers resulting from the implementation of the
8 prescription drug importation program under this section reported from the date of
9 the previous report under this subsection and from the date the program was fully
10 operational.

11 (d) Findings of any audit functions under sub. (1) (n) completed since the date
12 of the previous report under this subsection.

13 **(6) RULEMAKING.** The commissioner may promulgate any rules necessary to
14 implement this section.

15 **SECTION 131.** 601.59 of the statutes is created to read:

16 **601.59 State-based exchange. (1) DEFINITIONS.** In this section:

17 (a) “Exchange” has the meaning given in 45 CFR 155.20.

18 (b) “State-based exchange on the federal platform” means an exchange that is
19 described in and meets the requirements of 45 CFR 155.200 (f) and is approved by
20 the federal secretary of health and human services under 45 CFR 155.106.

21 (c) “State-based exchange without the federal platform” means an exchange,
22 other than one described in 45 CFR 155.200 (f), that performs all the functions
23 described in 45 CFR 155.200 (a) and is approved by the federal secretary of health
24 and human services under 45 CFR 155.106.

1 **(2) ESTABLISHMENT AND OPERATION OF STATE-BASED EXCHANGE.** The commissioner
2 shall establish and operate an exchange that at first is a state-based exchange on
3 the federal platform and then subsequently transitions to a state-based exchange
4 without the federal platform. The commissioner shall develop procedures to address
5 the transition from the state-based exchange on the federal platform to the
6 state-based exchange without the federal platform, including the circumstances
7 that shall be met in order for the transition to occur.

8 **(3) AGREEMENT WITH FEDERAL GOVERNMENT.** The commissioner may enter into
9 any agreement with the federal government necessary to facilitate the
10 implementation of this section.

11 **(4) USER FEES.** The commissioner shall impose a user fee, as authorized under
12 45 CFR 155.160 (b) (1), on each insurer that offers a health plan through the
13 state-based exchange on the federal platform or the state-based exchange without
14 the federal platform. The user fee shall be applied at one of the following rates on
15 the total monthly premiums charged by an insurer for each policy under the plan for
16 which enrollment is through the exchange:

17 (a) For any plan year for which the commissioner operates a state-based
18 exchange on the federal platform, the rate is 0.5 percent.

19 (b) For the first 2 plan years for which the commissioner operates a state-based
20 exchange without the federal platform, the rate is equal to the user fee rate the
21 federal department of health and human services specifies under 45 CFR 156.50 (c)
22 (1) for the federally facilitated exchanges for the applicable plan year.

23 (c) Beginning with the 3rd plan year for which the commissioner operates a
24 state-based exchange without the federal platform and for each plan year thereafter,
25 the rate shall be set by the commissioner by rule.

1 **(5) RULES.** The commissioner may promulgate rules necessary to implement
2 this section.

3 **SECTION 132.** 601.83 (1) (h) of the statutes is renumbered 601.83 (1) (h) (intro.)
4 and amended to read:

5 601.83 **(1)** (h) (intro.) ~~In 2019 and in each subsequent year~~ Unless the joint
6 committee on finance under s. 13.10 increases the amount upon request by the
7 commissioner, the commissioner may expend no more than \$200,000,000 the
8 following amounts from all revenue sources for the healthcare stability plan under
9 this section, ~~unless the joint committee on finance under s. 13.10 has increased this~~
10 ~~amount upon request by the commissioner.:~~

11 (he) The commissioner shall ensure that sufficient funds are available for the
12 healthcare stability plan under this section to operate as described in the approval
13 of the federal department of health and human services dated July 29, 2018, and in
14 any waiver extension approvals.

15 **SECTION 133.** 601.83 (1) (h) 1. and 3. of the statutes are created to read:

16 601.83 **(1)** (h) 1. In 2019, 2020, and 2021, \$200,000,000.

17 3. In 2025 and in each year thereafter, the maximum expenditure amount for
18 the previous year, adjusted to reflect the percentage increase, if any, in the consumer
19 price index for all urban consumers, U.S. city average, for the medical care group, as
20 determined by the U.S. department of labor, for the 12-month period ending on
21 December 31 of the year before the year in which the amount is determined. The
22 commissioner shall determine the annual adjustment amount for a particular year
23 in January of the previous year. The commissioner shall publish the new maximum
24 expenditure amount under this subdivision each year in the Wisconsin
25 Administrative Register.

1 **SECTION 134.** 601.83 (1) (hm) of the statutes is renumbered 601.83 (1) (h) 2. and
2 amended to read:

3 601.83 (1) (h) 2. ~~Notwithstanding par. (h), in In 2022 and in each year~~
4 ~~thereafter, the commissioner may expend from all revenue sources, 2023, and 2024,~~
5 ~~\$230,000,000 or less for the healthcare stability plan under this section.~~

6 **SECTION 135.** 609.714 of the statutes is created to read:

7 **609.714 Substance abuse counselor coverage.** Limited service health
8 organizations, preferred provider plans, and defined network plans are subject to s.
9 632.87 (8).

10 **SECTION 136.** 609.719 of the statutes is created to read:

11 **609.719 Coverage for telehealth services.** Limited service health
12 organizations, preferred provider plans, and defined network plans are subject to s.
13 632.871.

14 **SECTION 137.** 609.83 of the statutes is amended to read:

15 **609.83 Coverage of drugs and devices; application of payments.**
16 Limited service health organizations, preferred provider plans, and defined network
17 plans are subject to ss. 632.853, 632.861, 632.862, and 632.895 (6) (b), (16t), and
18 (16v).

19 **SECTION 138.** 628.495 of the statutes is created to read:

20 **628.495 Pharmacy benefit management broker and consultant**
21 **licenses. (1) DEFINITION.** In this section, “pharmacy benefit manager” has the
22 meaning given in s. 632.865 (1) (c).

23 **(2) LICENSE REQUIRED.** Beginning on the first day of the 12th month beginning
24 after the effective date of this subsection ... [LRB inserts date], no individual may
25 act as a pharmacy benefit management broker or consultant or any other individual

1 who procures the services of a pharmacy benefit manager on behalf of a client
2 without being licensed by the commissioner under this section.

3 (3) RULES. The commissioner may promulgate rules to establish criteria and
4 procedures for initial licensure and renewal of licensure and to implement licensure
5 under this section.

6 **SECTION 139.** 632.7495 (4) (b) of the statutes is amended to read:

7 632.7495 (4) (b) The coverage has a term of not more than ~~12~~ 3 months.

8 **SECTION 140.** 632.7495 (4) (c) of the statutes is amended to read:

9 632.7495 (4) (c) The coverage term aggregated with all consecutive periods of
10 the insurer's coverage of the insured by individual health benefit plan coverage not
11 required to be renewed under this subsection does not exceed ~~18~~ 6 months. For
12 purposes of this paragraph, coverage periods are consecutive if there are no more
13 than 63 days between the coverage periods.

14 **SECTION 141.** 632.7496 of the statutes is created to read:

15 **632.7496 Coverage requirements for short-term plans. (1) DEFINITION.**
16 In this section, "short-term, limited duration plan" means an individual health
17 benefit plan described in s. 632.7495 (4).

18 (2) GUARANTEED ISSUE. An insurer that offers a short-term, limited duration
19 plan shall accept every individual in this state who applies for coverage regardless
20 of whether the individual has a preexisting condition.

21 (3) PROHIBITING DISCRIMINATION BASED ON HEALTH STATUS. (a) An insurer that
22 offers a short-term, limited duration plan may not establish rules for the eligibility
23 of any individual to enroll, or for the continued eligibility of any individual to remain
24 enrolled, under a short-term, limited duration plan based on any of the following

1 health status-related factors with respect to the individual or a dependent of the
2 individual:

3 1. Health status.

4 2. Medical condition, including both physical and mental illnesses.

5 3. Claims experience.

6 4. Receipt of health care.

7 5. Medical history.

8 6. Genetic information.

9 7. Evidence of insurability, including conditions arising out of acts of domestic
10 violence.

11 8. Disability.

12 (b) An insurer that offers a short-term, limited duration plan may not require
13 any individual, as a condition of enrollment or continued enrollment under the
14 short-term, limited duration plan, to pay, on the basis of any health status-related
15 factor described under par. (a) with respect to the individual or a dependent of the
16 individual, a premium or contribution or a deductible, copayment, or coinsurance
17 amount that is greater than the premium or contribution or deductible, copayment,
18 or coinsurance amount respectively for a similarly situated individual enrolled
19 under the short-term, limited duration plan.

20 (4) PREMIUM RATE VARIATION. An insurer that offers a short-term, limited
21 duration plan may vary premium rates for a specific short-term, limited duration
22 plan based only on the following considerations:

23 (a) Whether the short-term, limited duration plan covers an individual or a
24 family.

25 (b) Rating area in the state, as established by the commissioner.

1 (c) Age, except that the rate may not vary by more than 3 to 1 for adults over
2 the age groups and the age bands shall be consistent with recommendations of the
3 National Association of Insurance Commissioners.

4 (d) Tobacco use, except that the rate may not vary by more than 1.5 to 1.

5 **(5) ANNUAL AND LIFETIME LIMITS.** A short-term, limited duration plan may not
6 establish any of the following:

7 (a) Lifetime limits on the dollar value of benefits for an enrollee or a dependent
8 of an enrollee under the short-term, limited duration plan.

9 (b) Limits on the dollar value of benefits for an enrollee or a dependent of an
10 enrollee under the short-term, limited duration plan for a term of coverage or for the
11 aggregate duration of the short-term, limited duration plan.

12 **SECTION 142.** 632.76 (2) (ac) 3. (intro.) of the statutes is amended to read:

13 632.76 **(2)** (ac) 3. (intro.) Except as the commissioner provides by rule under
14 s. 632.7495 (5), all of the following apply to an individual disability insurance policy
15 that is a short-term policy, limited duration plan subject to s. 632.7495 (4) and (5):

16 **SECTION 143.** 632.76 (2) (ac) 3. b. of the statutes is amended to read:

17 632.76 **(2)** (ac) 3. b. The policy ~~shall reduce the length of time during which a~~
18 ~~may not impose any~~ preexisting condition exclusion may be imposed by the
19 ~~aggregate of the insured's consecutive periods of coverage under the insurer's~~
20 ~~individual disability insurance policies that are short-term policies subject to s.~~
21 ~~632.7495 (4) and (5). For purposes of this subd. 3. b., coverage periods are consecutive~~
22 ~~if there are no more than 63 days between the coverage periods.~~

23 **SECTION 144.** 632.862 of the statutes is created to read:

24 **632.862 Application of prescription drug payments. (1) DEFINITIONS.** In
25 this section:

1 (a) “Brand name” has the meaning given in s. 450.12 (1) (a).

2 (b) “Brand name drug” means any of the following:

3 1. A prescription drug that contains a brand name and that has no generic
4 equivalent.

5 2. A prescription drug that contains a brand name and has a generic equivalent
6 but for which the enrollee has received prior authorization from the insurer offering
7 the disability insurance policy or self-insured health plan or authorization from a
8 physician to obtain the prescription drug under the disability insurance policy or
9 self-insured health plan.

10 (c) “Disability insurance policy” has the meaning given in s. 632.895 (1) (a).

11 (d) “Prescription drug” has the meaning given in s. 450.01 (20).

12 (e) “Self-insured health plan” means a self-insured health plan of the state or
13 a county, city, village, town, or school district.

14 **(2) APPLICATION OF DISCOUNTS.** A disability insurance policy that offers a
15 prescription drug benefit or a self-insured health plan shall apply to any calculation
16 of an out-of-pocket maximum amount and to any deductible of the disability
17 insurance policy or self-insured health plan for an enrollee the amount that any
18 discount provided by the manufacturer of a brand name drug reduces the cost
19 sharing amount charged to the enrollee for that brand name drug.

20 **SECTION 145.** 632.863 of the statutes is created to read:

21 **632.863 Pharmaceutical representatives. (1) DEFINITIONS.** In this section:

22 (a) “Health care professional” means a physician or other health care
23 practitioner who is licensed to provide health care services or to prescribe
24 pharmaceutical or biologic products.

1 (b) “Pharmaceutical” means a medication that may legally be dispensed only
2 with a valid prescription from a health care professional.

3 (c) “Pharmaceutical representative” means an individual who markets or
4 promotes pharmaceuticals to health care professionals on behalf of a pharmaceutical
5 manufacturer for compensation.

6 **(2) LICENSURE.** Beginning on the first day of the 12th month beginning after
7 the effective date of this subsection [LRB inserts date], no individual may act as
8 a pharmaceutical representative in this state without being licensed by the
9 commissioner as a pharmaceutical representative under this section. In order to
10 obtain a license, the individual shall apply to the commissioner in the form and
11 manner prescribed by the commissioner. The term of a license issued under this
12 subsection is one year and is renewable.

13 **(3) DISPLAY OF LICENSE.** A pharmaceutical representative licensed under sub.
14 (2) shall display the pharmaceutical representative’s license during each visit with
15 a health care professional.

16 **(4) ENFORCEMENT.** (a) Any individual who violates this section shall be fined
17 not less than \$1,000 nor more than \$3,000 for each offense. Each day of continued
18 violation constitutes a separate offense.

19 (b) The commissioner may suspend or revoke the license of a pharmaceutical
20 representative who violates this section. A suspended or revoked license may not be
21 reinstated until the pharmaceutical representative remedies all violations related
22 to the suspension or revocation and pays all assessed penalties and fees.

23 **(5) RULES.** The commissioner shall promulgate rules to implement this section,
24 including rules that require pharmaceutical representatives to complete continuing
25 educational coursework as a condition of licensure.

1 **SECTION 146.** 632.864 of the statutes is created to read:

2 **632.864 Pharmacy services administrative organizations. (1)**

3 DEFINITIONS. In this section:

4 (a) “Administrative service” means any of the following:

5 1. Assisting with claims.

6 2. Assisting with audits.

7 3. Providing centralized payment.

8 4. Performing certification in a specialized care program.

9 5. Providing compliance support.

10 6. Setting flat fees for generic drugs.

11 7. Assisting with store layout.

12 8. Managing inventory.

13 9. Providing marketing support.

14 10. Providing management and analysis of payment and drug dispensing data.

15 11. Providing resources for retail cash cards.

16 (b) “Independent pharmacy” means a pharmacy operating in this state that is
17 licensed under s. 450.06 or 450.065 and is under common ownership with no more
18 than 2 other pharmacies.

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

20 (d) “Pharmacy services administrative organization” means an entity
21 operating in this state that does all of the following:

22 1. Contracts with an independent pharmacy to conduct business on the
23 independent pharmacy’s behalf with a 3rd-party payer.

1 2. Provides at least one administrative service to an independent pharmacy
2 and negotiates and enters into a contract with a 3rd-party payer or pharmacy benefit
3 manager on behalf of the independent pharmacy.

4 (e) “Third-party payer” means an entity, including a plan sponsor, health
5 maintenance organization, or insurer, operating in this state that pays or insures
6 health, medical, or prescription drug expenses on behalf of beneficiaries.

7 **(2) LICENSURE.** (a) Beginning on the first day of the 12th month beginning after
8 the effective date of this paragraph [LRB inserts date], no person may operate as
9 a pharmacy services administrative organization in this state without being licensed
10 by the commissioner as a pharmacy services administrative organization under this
11 section. In order to obtain a license, the person shall apply to the commissioner in
12 the form and manner prescribed by the commissioner. The application shall include
13 all of the following:

14 1. The name, address, telephone number, and federal employer identification
15 number of the applicant.

16 2. The name, business address, and telephone number of a contact person for
17 the applicant.

18 3. The fee under s. 601.31 (1) (nw).

19 4. Evidence of financial responsibility of at least \$1,000,000.

20 5. Any other information required by the commissioner.

21 (b) The term of a license issued under par. (a) shall be 2 years from the date of
22 issuance.

23 **(3) DISCLOSURE TO THE COMMISSIONER.** (a) A pharmacy services administrative
24 organization licensed under sub. (2) shall disclose to the commissioner the extent of

1 any ownership or control of the pharmacy services administrative organization by
2 an entity that does any of the following:

3 1. Provides pharmacy services.

4 2. Provides prescription drug or device services.

5 3. Manufactures, sells, or distributes prescription drugs, biologicals, or medical
6 devices.

7 (b) A pharmacy services administrative organization licensed under sub. (2)
8 shall notify the commissioner in writing within 5 days of any material change in its
9 ownership or control relating to an entity described in par. (a).

10 (4) RULES. The commissioner may promulgate rules to implement this section.

11 SECTION 147. 632.868 of the statutes is created to read:

12 **632.868 Insulin safety net programs.** (1) DEFINITIONS. In this section:

13 (a) “Manufacturer” means a person engaged in the manufacturing of insulin
14 that is self-administered on an outpatient basis.

15 (b) “Navigator” has the meaning given in s. 628.90 (3).

16 (c) “Patient assistance program” means a program established by a
17 manufacturer under sub. (3) (a).

18 (d) “Pharmacy” means an entity licensed under s. 450.06 or 450.065.

19 (e) “Urgent need of insulin” means having less than a 7-day supply of insulin
20 readily available for use and needing insulin in order to avoid the likelihood of
21 suffering a significant health consequence.

22 (f) “Urgent need safety net program” means a program established by a
23 manufacturer under sub. (2) (a).

24 (2) URGENT NEED SAFETY NET PROGRAM. (a) *Establishment of program.* No later
25 than July 1, 2024, each manufacturer shall establish an urgent need safety net

1 program to make insulin available in accordance with this subsection to individuals
2 who meet the eligibility requirements under par. (b).

3 (b) *Eligible individual.* An individual shall be eligible to receive insulin under
4 an urgent need safety net program if all of the following conditions are met:

5 1. The individual is in urgent need of insulin.

6 2. The individual is a resident of this state.

7 3. The individual is not receiving public assistance under ch. 49.

8 4. The individual is not enrolled in prescription drug coverage through an
9 individual or group health plan that limits the total cost sharing amount, including
10 copayments, deductibles, and coinsurance, that an enrollee is required to pay for a
11 30-day supply of insulin to no more than \$75, regardless of the type or amount of
12 insulin prescribed.

13 5. The individual has not received insulin under an urgent need safety net
14 program within the previous 12 months, except as allowed under par. (d).

15 (c) *Provision of insulin under an urgent need safety net program.* 1. In order
16 to receive insulin under an urgent need safety net program, an individual who meets
17 the eligibility requirements under par. (b) shall provide a pharmacy with all of the
18 following:

19 a. A completed application, on a form prescribed by the commissioner that shall
20 include an attestation by the individual, or the individual's parent or legal guardian
21 if the individual is under the age of 18, that the individual meets all of the eligibility
22 requirements under par. (b).

23 b. A valid insulin prescription.

1 c. A valid Wisconsin driver's license or state identification card. If the
2 individual is under the age of 18, the individual's parent or legal guardian shall meet
3 this requirement.

4 2. Upon receipt of the information described in subd. 1. a. to c., the pharmacist
5 shall dispense a 30-day supply of the prescribed insulin to the individual. The
6 pharmacy shall also provide the individual with the information sheet described in
7 sub. (8) (b) 2. and the list of navigators described in sub. (8) (c). The pharmacy may
8 collect a copayment, not to exceed \$35, from the individual to cover the pharmacy's
9 costs of processing and dispensing the insulin. The pharmacy shall notify the health
10 care practitioner who issued the prescription no later than 72 hours after the insulin
11 is dispensed.

12 3. A pharmacy that dispenses insulin under subd. 2. may submit to the
13 manufacturer, or the manufacturer's vendor, a claim for payment that is in
14 accordance with the national council for prescription drug programs' standards for
15 electronic claims processing, except that no claim may be submitted if the
16 manufacturer agrees to send the pharmacy a replacement of the same insulin in the
17 amount dispensed. If the pharmacy submits an electronic claim, the manufacturer
18 or vendor shall reimburse the pharmacy in an amount that covers the pharmacy's
19 acquisition cost.

20 4. A pharmacy that dispenses insulin under subd. 2. shall retain a copy of the
21 application form described in subd. 1. a.

22 (d) *Eligibility of certain individuals.* An individual who has applied for public
23 assistance under ch. 49 but for whom a determination of eligibility has not been made
24 or whose coverage has not become effective or an individual who has an appeal
25 pending under sub. (3) (c) 4. may access insulin under this subsection if the

1 individual is in urgent need of insulin. To access a 30-day supply of insulin, the
2 individual shall attest to the pharmacy that the individual is described in this
3 paragraph and comply with par. (c) 1.

4 **(3) PATIENT ASSISTANCE PROGRAM.** (a) *Establishment of program.* No later than
5 July 1, 2024, each manufacturer shall establish a patient assistance program to
6 make insulin available in accordance with this subsection to individuals who meet
7 the eligibility requirements under par. (b). Under the patient assistance program,
8 the manufacturer shall do all of the following:

9 1. Provide the commissioner with information regarding the patient assistance
10 program, including contact information for individuals to call for assistance in
11 accessing the patient assistance program.

12 2. Provide a hotline for individuals to call or access between 8 a.m. and 10 p.m.
13 on weekdays and between 10 a.m. and 6 p.m. on Saturdays.

14 3. List the eligibility requirements under par. (b) on the manufacturer's
15 website.

16 4. Maintain the privacy of all information received from an individual applying
17 for or participating in the patient assistance program and not sell, share, or
18 disseminate the information unless required under this section or authorized, in
19 writing, by the individual.

20 (b) *Eligible individual.* An individual shall be eligible to receive insulin under
21 a patient assistance program if all of the following conditions are met:

22 1. The individual is a resident of this state.

23 2. The individual, or the individual's parent or legal guardian if the individual
24 is under the age of 18, has a valid Wisconsin driver's license or state identification
25 card.

1 3. The individual has a valid insulin prescription.

2 4. The family income of the individual does not exceed 400 percent of the
3 poverty line as defined and revised annually under 42 USC 9902 (2) for a family the
4 size of the individual's family.

5 5. The individual is not receiving public assistance under ch. 49.

6 6. The individual is not eligible to receive health care through a federally
7 funded program or receive prescription drug benefits through the U.S. department
8 of veterans affairs, except that this subdivision does not apply to an individual who
9 is enrolled in a policy under Part D of Medicare under 42 USC 1395w-101 et seq. if
10 the individual has spent at least \$1,000 on prescription drugs in the current calendar
11 year.

12 7. The individual is not enrolled in prescription drug coverage through an
13 individual or group health plan that limits the total cost sharing amount, including
14 copayments, deductibles, and coinsurance, that an enrollee is required to pay for a
15 30-day supply of insulin to no more than \$75, regardless of the type or amount of
16 insulin needed.

17 (c) *Application for patient assistance program.* 1. An individual may apply to
18 participate in a patient assistance program by filing an application with the
19 manufacturer that established the patient assistance program, the individual's
20 health care practitioner if the practitioner participates in the patient assistance
21 program, or a navigator included on the list under sub. (8) (c). A health care
22 practitioner or navigator shall immediately submit the application to the
23 manufacturer. Upon receipt of an application, the manufacturer shall determine the
24 individual's eligibility under par. (b) and, except as provided in subd. 2., notify the
25 individual of the determination no later than 10 days after receipt of the application.

1 2. If necessary to determine the individual's eligibility under par. (b), the
2 manufacturer may request additional information from an individual who has filed
3 an application under subd. 1. no later than 5 days after receipt of the application.
4 Upon receipt of the additional information, the manufacturer shall determine the
5 individual's eligibility under par. (b) and notify the individual of the determination
6 no later than 3 days after receipt of the requested information.

7 3. Except as provided in subd. 5., if the manufacturer determines under subd.
8 1. or 2. that the individual is eligible for the patient assistance program, the
9 manufacturer shall provide the individual with a statement of eligibility. The
10 statement of eligibility shall be valid for 12 months and may be renewed upon a
11 determination by the manufacturer that the individual continues to meet the
12 eligibility requirements under par. (b).

13 4. If the manufacturer determines under subd. 1. or 2. that the individual is not
14 eligible for the patient assistance program, the manufacturer shall provide the
15 reason for the determination in the notification under subd. 1. or 2. The individual
16 may appeal the determination by filing an appeal with the commissioner that shall
17 include all of the information provided to the manufacturer under subds. 1. and 2.
18 The commissioner shall establish procedures for deciding appeals under this
19 subdivision. The commissioner shall issue a decision no later than 10 days after the
20 appeal is filed, and the commissioner's decision shall be final. If the commissioner
21 determines that the individual meets the eligibility requirements under par. (b), the
22 manufacturer shall provide the individual with the statement of eligibility described
23 in subd. 3.

24 5. In the case of an individual who has prescription drug coverage through an
25 individual or group health plan, if the manufacturer determines under subd. 1. or 2.

1 that the individual is eligible for the patient assistance program but also determines
2 that the individual's insulin needs are better addressed through the use of the
3 manufacturer's copayment assistance program rather than the patient assistance
4 program, the manufacturer shall inform the individual of the determination and
5 provide the individual with the necessary coupons to submit to a pharmacy. The
6 individual may not be required to pay more than the copayment amount specified in
7 par. (d) 2.

8 (d) *Provision of insulin under a patient assistance program.* 1. Upon receipt
9 from an individual of the eligibility statement described in par. (c) 3. and a valid
10 insulin prescription, a pharmacy shall submit an order containing the name of the
11 insulin and daily dosage amount to the manufacturer. The pharmacy shall include
12 with the order the pharmacy's name, shipping address, office telephone number, fax
13 number, email address, and contact name, as well as any days or times when
14 deliveries are not accepted by the pharmacy.

15 2. Upon receipt of an order meeting the requirements under subd. 1., the
16 manufacturer shall send the pharmacy a 90-day supply of insulin, or lesser amount
17 if requested in the order, at no charge to the individual or pharmacy. The pharmacy
18 shall dispense the insulin to the individual associated with the order. The insulin
19 shall be dispensed at no charge to the individual, except that the pharmacy may
20 collect a copayment from the individual to cover the pharmacy's costs for processing
21 and dispensing in an amount not to exceed \$50 for each 90-day supply of insulin.
22 The pharmacy may not seek reimbursement from the manufacturer or a 3rd-party
23 payer.

1 3. The pharmacy may submit a reorder to the manufacturer if the individual's
2 eligibility statement described in par. (c) 3. has not expired. The reorder shall be
3 treated as an order for purposes of subd. 2.

4 4. Notwithstanding subds. 2. and 3., a manufacturer may send the insulin
5 directly to the individual if the manufacturer provides a mail-order service option,
6 in which case the pharmacy may not collect a copayment from the individual.

7 **(4) EXCEPTIONS.** (a) This section does not apply to a manufacturer that shows
8 to the commissioner's satisfaction that the manufacturer's annual gross revenue
9 from insulin sales in this state does not exceed \$2,000,000.

10 (b) A manufacturer may not be required to make an insulin product available
11 under sub. (2) or (3) if the wholesale acquisition cost of the insulin product does not
12 exceed \$8, as adjusted annually based on the U.S. consumer price index for all urban
13 consumers, U.S. city average, per milliliter or the applicable national council for
14 prescription drug programs' plan billing unit.

15 **(5) CONFIDENTIALITY.** All medical information solicited or obtained by any
16 person under this section shall be subject to the applicable provisions of state law
17 relating to confidentiality of medical information, including s. 610.70.

18 **(6) REIMBURSEMENT PROHIBITION.** No person, including a manufacturer,
19 pharmacy, pharmacist, or 3rd-party administrator, as part of participating in an
20 urgent need safety net program or patient assistance program may request or seek,
21 or cause another person to request or seek, any reimbursement or other
22 compensation for which payment may be made in whole or in part under a federal
23 health care program, as defined in 42 USC 1320a-7b (f).

1 **(7) REPORTS.** (a) Annually, no later than March 1, each manufacturer shall
2 report to the commissioner all of the following information for the previous calendar
3 year:

4 1. The number of individuals who received insulin under the manufacturer's
5 urgent need safety net program.

6 2. The number of individuals who sought assistance under the manufacturer's
7 patient assistance program and the number of individuals who were determined to
8 be ineligible under sub. (3) (c) 4.

9 3. The wholesale acquisition cost of the insulin provided by the manufacturer
10 through the urgent need safety net program and patient assistance program.

11 (b) Annually, no later than April 1, the commissioner shall submit to the
12 governor and the chief clerk of each house of the legislature, for distribution to the
13 legislature under s. 13.172 (2), a report on the urgent need safety net programs and
14 patient assistance programs that includes all of the following:

15 1. The information provided to the commissioner under par. (a).

16 2. The penalties assessed under sub. (9) during the previous calendar year,
17 including the name of the manufacturer and amount of the penalty.

18 **(8) ADDITIONAL RESPONSIBILITIES OF COMMISSIONER.** (a) *Application form.* The
19 commissioner shall make the application form described in sub. (2) (c) 1. a. available
20 on the office's website and shall make the form available to pharmacies and health
21 care providers who prescribe or dispense insulin, hospital emergency departments,
22 urgent care clinics, and community health clinics.

23 (b) *Public outreach.* 1. The commissioner shall conduct public outreach to
24 create awareness of the urgent need safety net programs and patient assistance
25 programs.

1 2. The commissioner shall develop and make available on the office's website
2 an information sheet that contains all of the following information:

3 a. A description of how to access insulin through an urgent need safety net
4 program.

5 b. A description of how to access insulin through a patient assistance program.

6 c. Information on how to contact a navigator for assistance in accessing insulin
7 through an urgent need safety net program or patient assistance program.

8 d. Information on how to contact the commissioner if a manufacturer
9 determines that an individual is not eligible for a patient assistance program.

10 e. A notification that an individual may contact the commissioner for more
11 information or assistance in accessing ongoing affordable insulin options.

12 (c) *Navigators*. The commissioner shall develop a training program to provide
13 navigators with information and the resources necessary to assist individuals in
14 accessing appropriate long-term insulin options. The commissioner shall compile
15 a list of navigators that have completed the training program and are available to
16 assist individuals in accessing affordable insulin coverage options. The list shall be
17 made available on the office's website and to pharmacies and health care
18 practitioners who dispense and prescribe insulin.

19 (d) *Satisfaction surveys*. 1. The commissioner shall develop and conduct a
20 satisfaction survey of individuals who have accessed insulin through urgent need
21 safety net programs and patient assistance programs. The survey shall ask whether
22 the individual is still in need of a long-term solution for affordable insulin and shall
23 include questions about the individual's satisfaction with all of the following, if
24 applicable:

25 a. Accessibility to urgent-need insulin.

1 b. Adequacy of the information sheet and list of navigators received from the
2 pharmacy.

3 c. Helpfulness of a navigator.

4 d. Ease of access in applying for a patient assistance program and receiving
5 insulin from the pharmacy under the patient assistance program.

6 2. The commissioner shall develop and conduct a satisfaction survey of
7 pharmacies that have dispensed insulin through urgent need safety net programs
8 and patient assistance programs. The survey shall include questions about the
9 pharmacy's satisfaction with all of the following, if applicable:

10 a. Timeliness of reimbursement from manufacturers for insulin dispensed by
11 the pharmacy under urgent need safety net programs.

12 b. Ease in submitting insulin orders to manufacturers.

13 c. Timeliness of receiving insulin orders from manufacturers.

14 3. The commissioner may contract with a nonprofit entity to develop and
15 conduct the surveys under subds. 1. and 2. and to evaluate the survey results.

16 4. No later than July 1, 2026, the commissioner shall submit to the governor
17 and the chief clerk of each house of the legislature, for distribution to the legislature
18 under s. 13.172 (2), a report on the results of the surveys under subds. 1. and 2.

19 **(9) PENALTY.** A manufacturer that violates this section may be required to
20 forfeit not more than \$200,000 per month of violation, with the maximum forfeiture
21 increasing to \$400,000 per month if the manufacturer continues to be in violation
22 after 6 months and increasing to \$600,000 per month if the manufacturer continues
23 to be in violation after one year.

24 **SECTION 148.** 632.87 (8) of the statutes is created to read:

25 632.87 **(8)** (a) In this subsection:

- 1 1. “Health care provider” has the meaning given in s. 146.81 (1) (a) to (hp).
- 2 2. “Substance abuse counselor” means a substance abuse counselor certified
- 3 under s. 440.88.
- 4 (b) No policy, plan, or contract may exclude coverage for alcoholism or other
- 5 drug abuse treatment or services provided by a substance abuse counselor within the
- 6 scope of the substance abuse counselor’s education and training if the policy, plan,
- 7 or contract covers the alcoholism or other drug abuse treatment or services when
- 8 provided by another health care provider.

9 **SECTION 149.** 632.871 of the statutes is created to read:

10 **632.871 Telehealth services. (1) DEFINITIONS.** In this section:

- 11 (a) “Disability insurance policy” has the meaning given in s. 632.895 (1) (a).
- 12 (b) “Self-insured health plan” means a self-insured health plan of the state or
- 13 a county, city, village, town, or school district.
- 14 (c) “Telehealth” means a practice of health care delivery, diagnosis,
- 15 consultation, treatment, or transfer of medically relevant data by means of audio,
- 16 video, or data communications that are used either during a patient visit or a
- 17 consultation or are used to transfer medically relevant data about a patient.
- 18 “Telehealth” does not include communications delivered solely by audio-only
- 19 telephone, facsimile machine, or email unless specified otherwise by rule.

20 **(2) COVERAGE DENIAL PROHIBITED.** No disability insurance policy or self-insured

21 health plan may deny coverage for a treatment or service provided through

22 telehealth on the basis that the treatment or service is provided through telehealth

23 if that treatment or service is covered by the disability insurance policy or

24 self-insured health plan when provided in person. A disability insurance policy or

1 self-insured health plan may limit coverage of treatments or services provided
2 through telehealth to those treatments or services that are medically necessary.

3 (3) CERTAIN LIMITATIONS ON TELEHEALTH PROHIBITED. A disability insurance
4 policy or self-insured health plan may not subject a treatment or service provided
5 through telehealth for which coverage is required under sub. (2) to any of the
6 following:

7 (a) Any greater deductible, copayment, or coinsurance amount than would be
8 applicable if the treatment or service is provided in person.

9 (b) Any policy or calendar year or lifetime benefit limit or other maximum
10 limitation that is not imposed on other treatments or services covered by the
11 disability insurance policy or self-insured health plan that are not provided through
12 telehealth.

13 (c) Prior authorization requirements that are not required for the same
14 treatment or service when provided in person.

15 (d) Unique location requirements.

16 (4) DISCLOSURE OF COVERAGE OF CERTAIN TELEHEALTH SERVICES. A disability
17 insurance policy or self-insured health plan that covers a telehealth treatment or
18 service that has no equivalent in-person treatment or service, such as remote patient
19 monitoring, shall specify in policy or plan materials the coverage of that telehealth
20 treatment or service.

21 **SECTION 9123. Nonstatutory provisions; Insurance.**

22 (1) PRESCRIPTION DRUG IMPORTATION PROGRAM. The commissioner of insurance
23 shall submit the first report required under s. 601.575 (5) by the next January 1 or
24 July 1, whichever is earliest, that is at least 180 days after the date the prescription
25 drug importation program is fully operational under s. 601.575 (4). The

1 commissioner of insurance shall include in the first 3 reports submitted under s.
2 601.575 (5) information on the implementation of the audit functions under s.
3 601.575 (1) (n).

4 (2) PUBLIC OPTION HEALTH INSURANCE PLAN. The office of the commissioner of
5 insurance may expend from the appropriation under s. 20.145 (1) (a) in fiscal year
6 2023-24 not more than \$1,000,000 for the development of a public option health
7 insurance plan.

8 (3) PRESCRIPTION DRUG PURCHASING ENTITY. During the 2023-2025 fiscal
9 biennium, the office of the commissioner of insurance shall conduct a study on the
10 viability of creating or implementing a state prescription drug purchasing entity.

11 **SECTION 9323. Initial applicability; Insurance.**

12 (1) TELEHEALTH PARITY.

13 (a) For policies and plans containing provisions inconsistent with the
14 treatment of s. 632.871, the treatment of s. 632.871 first applies to policy or plan
15 years beginning on January 1 of the year following the year in which this paragraph
16 takes effect, except as provided in par. (b).

17 (b) For policies and plans that are affected by a collective bargaining agreement
18 containing provisions inconsistent with the treatment of s. 632.871, the treatment
19 of s. 632.871 first applies to policy or plan years beginning on the effective date of this
20 paragraph or on the day on which the collective bargaining agreement is newly
21 established, extended, modified, or renewed, whichever is later.

22 (2) SUBSTANCE ABUSE COUNSELOR COVERAGE.

23 (a) For policies and plans containing provisions inconsistent with the
24 treatment of s. 632.87 (8), the treatment of s. 632.87 (8) first applies to policy or plan

1 years beginning on January 1 of the year following the year in which this paragraph
2 takes effect, except as provided in par. (b).

3 (b) For policies and plans that are affected by a collective bargaining agreement
4 containing provisions inconsistent with the treatment of s. 632.87 (8), the treatment
5 of s. 632.87 (8) first applies to policy or plan years beginning on the effective date of
6 this paragraph or on the day on which the collective bargaining agreement is newly
7 established, extended, modified, or renewed, whichever is later.

8 (3) APPLICATION OF MANUFACTURER DISCOUNTS.

9 (a) For policies and plans containing provisions inconsistent with the
10 treatment of s. 632.862, the treatment of s. 632.862 first applies to policy or plan
11 years beginning on January 1 of the year following the year in which this paragraph
12 takes effect, except as provided in par. (b).

13 (b) For policies or plans that are affected by a collective bargaining agreement
14 containing provisions inconsistent with the treatment of s. 632.862, the treatment
15 of s. 632.862 first applies to policy or plan years beginning on the effective date of this
16 paragraph or on the day on which the collective bargaining agreement is newly
17 established, extended, modified, or renewed, whichever is later.

18 **SECTION 9423. Effective dates; Insurance.**

19 (1) SUBSTANCE ABUSE COUNSELOR COVERAGE. The treatment of s. 632.87 (8) and
20 SECTION 9323 (2) of this act take effect on the first day of the 4th month beginning
21 after publication.”

22 **224.** Page 374, line 11: after that line insert:

23 “**SECTION 150.** 20.005 (3) (schedule) of the statutes: at the appropriate place,
24 insert the following amounts for the purposes indicated:

2023-24 2024-25

1 **20.115 Agriculture, trade and consumer**
2 **protection, department of**

3 (7) AGRICULTURAL RESOURCE MANAGEMENT

4 (ge) Marijuana producers and proces-
5 sors; official logotype PR C -0- -0-

6 **20.435 Health services, department of**

7 (5) MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

8 (q) Payments to counties SEG C -0- 44,400,000

9 **20.566 Revenue, department of**

10 (1) COLLECTION OF TAXES

11 (bn) Administration and enforcement
12 of marijuana tax and regulation GPR A 3,284,300 2,073,600

13 **20.835 Shared revenue and tax relief**

14 (2) TAX RELIEF

15 (eq) Marijuana tax refunds GPR S -0- 2,200,000

16 **SECTION 151.** 20.115 (7) (gc) of the statutes is amended to read:

17 20.115 (7) (gc) *Industrial hemp and marijuana*. All moneys received under s.
18 94.55 for regulation of activities relating to industrial hemp under s. 94.55 and to
19 marijuana under s. 94.56.

20 **SECTION 152.** 20.115 (7) (ge) of the statutes is created to read:

21 20.115 (7) (ge) *Marijuana producers and processors; official logotype*. All
22 moneys received under s. 94.56 for regulation of activities relating to marijuana

1 under s. 94.56, for conducting public awareness campaigns under s. 94.56, and for
2 the creation of a logotype under s. 100.145.

3 **SECTION 153.** 20.435 (5) (q) of the statutes is created to read:

4 20.435 (5) (q) *Payments to counties.* From the community reinvestment fund,
5 all moneys received under subch. IV of ch. 139 for grants to counties under s. 250.22.

6 **SECTION 154.** 20.566 (1) (bn) of the statutes is created to read:

7 20.566 (1) (bn) *Administration and enforcement of marijuana tax and*
8 *regulation.* The amounts in the schedule for the purposes of administering the
9 marijuana tax imposed under subch. IV of ch. 139 and for the costs incurred in
10 enforcing the taxing and regulation of marijuana producers, marijuana processors,
11 and marijuana retailers under subch. IV of ch. 139.

12 **SECTION 155.** 20.835 (2) (eq) of the statutes is created to read:

13 20.835 (2) (eq) *Marijuana tax refunds.* A sum sufficient to pay refunds under
14 subch. IV of ch. 139.

15 **SECTION 156.** 25.316 of the statutes is created to read:

16 **25.316 Community reinvestment fund.** There is established a separate
17 nonlapsible trust fund, designated the community reinvestment fund consisting of
18 all moneys received under subch. IV of ch. 139, including interest and penalties.

19 **SECTION 157.** 49.148 (4) (a) of the statutes is amended to read:

20 49.148 (4) (a) A Wisconsin ~~works~~ Works agency shall require a participant in
21 a community service job or transitional placement who, after August 22, 1996, was
22 convicted in any state or federal court of a felony that had as an element possession,
23 use or distribution of a controlled substance to submit to a test for use of a controlled
24 substance as a condition of continued eligibility. If the test results are positive, the
25 Wisconsin ~~works~~ Works agency shall decrease the presanction benefit amount for

1 that participant by not more than 15 percent for not fewer than 12 months, or for the
2 remainder of the participant's period of participation in a community service job or
3 transitional placement, if less than 12 months. If, at the end of 12 months, the
4 individual is still a participant in a community service job or transitional placement
5 and submits to another test for use of a controlled substance and if the results of the
6 test are negative, the Wisconsin works Works agency shall discontinue the reduction
7 under this paragraph. In this subsection, "controlled substance" does not include
8 tetrahydrocannabinols in any form, including tetrahydrocannabinols contained in
9 marijuana, obtained from marijuana, or chemically synthesized.

10 **SECTION 158.** 49.46 (1) (a) 1m. of the statutes is amended to read:

11 49.46 (1) (a) 1m. Any pregnant woman whose income does not exceed the
12 standard of need under s. 49.19 (11) and whose pregnancy is medically verified.
13 Eligibility continues to the last day of the month in which the 60th day or, if approved
14 by the federal government, the 90th 365th day after the last day of the pregnancy
15 falls.

16 **SECTION 159.** 49.46 (1) (j) of the statutes is amended to read:

17 49.46 (1) (j) An individual determined to be eligible for benefits under par. (a)
18 9. remains eligible for benefits under par. (a) 9. for the balance of the pregnancy and
19 to the last day of the month in which the 60th day or, if approved by the federal
20 government, the 90th 365th day after the last day of the pregnancy falls without
21 regard to any change in the individual's family income.

22 **SECTION 160.** 49.47 (4) (ag) 2. of the statutes is amended to read:

23 49.47 (4) (ag) 2. Pregnant and the woman's pregnancy is medically verified.
24 Eligibility continues to the last day of the month in which the 60th day or, if approved

1 by the federal government, the ~~90th~~ 365th day after the last day of the pregnancy
2 falls.

3 **SECTION 161.** 49.471 (6) (b) of the statutes is amended to read:

4 49.471 (6) (b) A pregnant woman who is determined to be eligible for benefits
5 under sub. (4) remains eligible for benefits under sub. (4) for the balance of the
6 pregnancy and to the last day of the month in which the 60th day or, if approved by
7 the federal government, the ~~90th~~ 365th day after the last day of the pregnancy falls
8 without regard to any change in the woman's family income.

9 **SECTION 162.** 49.471 (7) (b) 1. of the statutes is amended to read:

10 49.471 (7) (b) 1. A pregnant woman whose family income exceeds 300 percent
11 of the poverty line may become eligible for coverage under this section if the
12 difference between the pregnant woman's family income and the applicable income
13 limit under sub. (4) (a) is obligated or expended for any member of the pregnant
14 woman's family for medical care or any other type of remedial care recognized under
15 state law or for personal health insurance premiums or for both. Eligibility obtained
16 under this subdivision continues without regard to any change in family income for
17 the balance of the pregnancy and to the last day of the month in which the 60th day
18 or, if approved by the federal government, the ~~90th~~ 365th day after the last day of the
19 woman's pregnancy falls. Eligibility obtained by a pregnant woman under this
20 subdivision extends to all pregnant women in the pregnant woman's family.

21 **SECTION 163.** 49.79 (1) (b) of the statutes is amended to read:

22 49.79 (1) (b) "Controlled substance" has the meaning given in 21 USC 802 (6),
23 except that "controlled substance" does not include tetrahydrocannabinols in any
24 form, including tetrahydrocannabinols contained in marijuana, obtained from
25 marijuana, or chemically synthesized.

1 **SECTION 164.** 59.54 (25) (title) of the statutes is amended to read:

2 59.54 (25) (title) POSSESSION ~~REGULATION~~ OF MARIJUANA.

3 **SECTION 165.** 59.54 (25) (a) (intro.) of the statutes is amended to read:

4 59.54 (25) (a) (intro.) The board may enact and enforce an ordinance to prohibit
5 the possession of marijuana, as defined in s. 961.01 (14), subject to the exceptions in
6 s. 961.41 (3g) (intro.), and provide a forfeiture for a violation of the ordinance that
7 is consistent with s. 961.71 or 961.72; except that if a complaint is issued regarding
8 an allegation of possession of more than 25 grams of marijuana, or possession of any
9 amount of marijuana following a conviction in this state for possession of marijuana
10 alleging a violation of s. 961.72 (2) (b) 2. or (c) 3., the subject of the complaint may
11 not be prosecuted under this subsection for the same action that is the subject of the
12 complaint unless all of the following occur:

13 **SECTION 166.** 66.0107 (1) (bm) of the statutes is amended to read:

14 66.0107 (1) (bm) Enact and enforce an ordinance to prohibit the possession of
15 marijuana, as defined in s. 961.01 (14), subject to the exceptions in s. 961.41 (3g)
16 (intro.), and provide a forfeiture for a violation of the ordinance that is consistent
17 with s. 961.71 or 961.72; except that if a complaint is issued regarding an allegation
18 of possession of more than 25 grams of marijuana, or possession of any amount of
19 marijuana following a conviction in this state for possession of marijuana alleging
20 a violation of s. 961.72 (2) (b) 2. or (c) 3., the subject of the complaint may not be
21 prosecuted under this paragraph for the same action that is the subject of the
22 complaint unless the charges are dismissed or the district attorney declines to
23 prosecute the case.

24 **SECTION 167.** 66.04185 of the statutes is created to read:

1 **66.04185 Cultivation of tetrahydrocannabinols.** No city, village, town, or
2 county may prohibit cultivating tetrahydrocannabinols outdoors if the cultivation is
3 by an individual who has no more than 6 marijuana plants at one time for his or her
4 personal use.

5 **SECTION 168.** 73.17 of the statutes is created to read:

6 **73.17 Medical marijuana registry program. (1) DEFINITIONS.** In this
7 section:

8 (a) “Debilitating medical condition or treatment” means any of the following:

9 1. Cancer; glaucoma; acquired immunodeficiency syndrome; a positive test for
10 the presence of HIV, antigen or nonantigenic products of HIV, or an antibody to HIV;
11 inflammatory bowel disease, including ulcerative colitis or Crohn’s disease; a
12 hepatitis C virus infection; Alzheimer’s disease; amyotrophic lateral sclerosis; nail
13 patella syndrome; Ehlers-Danlos Syndrome; post-traumatic stress disorder; or the
14 treatment of these conditions.

15 2. A chronic or debilitating disease or medical condition or the treatment of
16 such a disease or condition that causes cachexia, severe pain, severe nausea,
17 seizures, including those characteristic of epilepsy, or severe and persistent muscle
18 spasms, including those characteristic of multiple sclerosis.

19 (b) “Department” means the department of revenue.

20 (c) “Physician” means a person licensed under s. 448.04 (1) (a).

21 (d) “Qualifying patient” means a person who has been diagnosed by a physician
22 as having or undergoing a debilitating medical condition or treatment but does not
23 include a person under the age of 18 years.

24 (e) “Tax exemption certificate” means a certificate to claim the exemption under
25 s. 77.54 (71).

1 (f) “Usable marijuana” has the meaning given in s. 139.97 (13).

2 (g) “Written certification” means means a statement made by a person’s
3 physician if all of the following apply:

4 1. The statement indicates that, in the physician’s professional opinion, the
5 person has or is undergoing a debilitating medical condition or treatment and the
6 potential benefits of the person’s use of usable marijuana would likely outweigh the
7 health risks for the person.

8 2. The statement indicates that the opinion described in subd. 1. was formed
9 after a full assessment of the person’s medical history and current medical condition
10 that was conducted no more than 6 months prior to making the statement and that
11 was made in the course of a bona fide physician–patient relationship.

12 3. The statement is signed by the physician or is contained in the person’s
13 medical records.

14 4. The statement contains an expiration date that is no more than 48 months
15 after issuance and the statement has not expired.

16 **(2) APPLICATION.** An adult who is claiming to be a qualifying patient may apply
17 for a registry identification card by submitting to the department a signed
18 application form containing or accompanied by all of the following:

19 (a) His or her name, address, and date of birth.

20 (b) A written certification.

21 (c) The name, address, and telephone number of the person’s current physician,
22 as listed in the written certification.

23 **(3) PROCESSING THE APPLICATION.** The department shall verify the information
24 contained in or accompanying an application submitted under sub. (2) and shall
25 approve or deny the application within 30 days after receiving it. The department

1 may deny an application submitted under sub. (2) only if the required information
2 has not been provided or if false information has been provided.

3 **(4) ISSUING A REGISTRY IDENTIFICATION CARD AND TAX EXEMPTION CERTIFICATE.** The
4 department shall issue to the applicant a registry identification card and tax
5 exemption certificate within 5 days after approving an application under sub. (3).
6 Unless voided under sub. (5) (b) or revoked under rules issued by the department
7 under sub. (7), a registry identification card and tax exemption certificate shall
8 expire 4 years from the date of issuance. A tax exemption certificate shall contain
9 the information determined by the department. A registry identification card shall
10 contain all of the following:

11 (a) The name, address, and date of birth of the registrant.

12 (b) The date of issuance and expiration date of the registry identification card.

13 (c) A photograph of the registrant.

14 (d) Other information the department may require by rule.

15 **(5) ADDITIONAL INFORMATION TO BE PROVIDED BY REGISTRANT.** (a) A registrant
16 shall notify the department of any change in the registrant's name and address. A
17 registrant who is a qualifying patient shall notify the department of any change in
18 his or her physician or of any significant improvement in his or her health as it
19 relates to his or her debilitating medical condition or treatment.

20 (b) If a registrant fails to notify the department within 10 days after any change
21 for which notification is required under par. (a), his or her registry identification card
22 and tax exemption certificate is void.

23 **(6) RECORDS.** (a) The department shall maintain a list of all registrants.

1 (b) Notwithstanding s. 19.35 and except as provided in par. (c), the department
2 may not disclose information from an application submitted or a registry
3 identification card issued under this section.

4 (c) The department may disclose to state or local law enforcement agencies
5 information from an application submitted by, or from a registry identification card
6 issued to, a specific person under this section for the purpose of verifying that the
7 person possesses a valid registry identification card.

8 **(7) RULES.** The department shall promulgate rules to implement this section.

9 **SECTION 169.** 77.54 (71) of the statutes is created to read:

10 77.54 **(71)** The sales price from the sale of and the storage, use, or other
11 consumption of usable marijuana, as defined in s. 139.97 (13), purchased by an
12 individual who holds a valid certificate issued under s. 73.17 (4).

13 **SECTION 170.** 94.55 (2t) of the statutes is repealed.

14 **SECTION 171.** 94.56 of the statutes is created to read:

15 **94.56 Marijuana producers and processors. (1) DEFINITIONS.** In this
16 section:

17 (a) “Labor peace agreement” means an agreement between a person applying
18 for a permit under this section and a labor organization, as defined in s. 5.02 (8m),
19 that does all of the following:

20 1. Prohibits labor organizations and its members from engaging in picketing,
21 work stoppages, boycotts, and any other economic interference with persons doing
22 business in this state.

23 2. Prohibits the applicant from disrupting the efforts of the labor organization
24 to communicate with and to organize and represent the applicant’s employees.

1 3. Provides the labor organization access at reasonable times to areas in which
2 the applicant's employees work for the purpose of meeting with employees to discuss
3 their right to representation, employment rights under state law, and terms and
4 conditions of employment.

5 (b) "Marijuana" has the meaning given in s. 961.70 (2).

6 (c) "Marijuana processor" has the meaning given in s. 139.97 (6).

7 (d) "Marijuana producer" has the meaning given in s. 139.97 (7).

8 (e) "Usable marijuana" has the meaning given in s. 139.97 (13).

9 (f) "Permittee" means a marijuana producer or marijuana processor who is
10 issued a permit under this section.

11 **(2) PERMIT REQUIRED.** (a) No person may operate in this state as a marijuana
12 producer or marijuana processor without a permit from the department. A person
13 who acts as a marijuana producer and a marijuana processor shall obtain a separate
14 permit for each activity. A permit issued under this section is not transferable from
15 one person to another or from one premises to another. A separate permit is required
16 for each place in this state where the operations of a marijuana producer or
17 marijuana processor occur. A person is not required to obtain a permit under this
18 section if the person produces or processes only industrial hemp and holds a valid
19 license under s. 94.55.

20 (b) This subsection applies to all officers, directors, agents, and stockholders
21 holding 5 percent or more of the stock of any corporation applying for a permit under
22 this section.

23 (c) Subject to ss. 111.321, 111.322, and 111.335, a permit under this section may
24 not be granted to any person to whom any of the following applies:

1 1. The person has been convicted of a violent misdemeanor, as defined in s.
2 941.29 (1g) (b), at least 3 times.

3 2. The person has been convicted of a violent felony, as defined in s. 941.29 (1g)
4 (a), unless pardoned.

5 3. During the preceding 3 years, the person has been committed under s. 51.20
6 for being drug dependent.

7 4. The person chronically and habitually uses alcohol beverages or other
8 substances to the extent that his or her normal faculties are impaired. A person is
9 presumed to chronically and habitually use alcohol beverages or other substances to
10 the extent that his or her normal faculties are impaired if, within the preceding 3
11 years, any of the following applies:

12 a. The person has been committed for involuntary treatment under s. 51.45
13 (13).

14 b. The person has been convicted of a violation of s. 941.20 (1) (b).

15 c. In 2 or more cases arising out of separate incidents, a court has found the
16 person to have committed a violation of s. 346.63 or a local ordinance in conformity
17 with that section; a violation of a law of a federally recognized American Indian tribe
18 or band in this state in conformity with s. 346.63; or a violation of the law of another
19 jurisdiction, as defined in s. 340.01 (41m), that prohibits use of a motor vehicle while
20 intoxicated, while under the influence of a controlled substance, a controlled
21 substance analog, or a combination thereof, with an excess or specified range of
22 alcohol concentration, or while under the influence of any drug to a degree that
23 renders the person incapable of safely driving, as those or substantially similar
24 terms are used in that jurisdiction's laws.

1 5. The person has income that comes principally from gambling or has been
2 convicted of 2 or more gambling offenses.

3 6. The person has been convicted of crimes relating to prostitution.

4 7. The person has been convicted of crimes relating to loaning money or
5 anything of value to persons holding licenses or permits pursuant to ch. 125.

6 8. The person is under the age of 21.

7 9. The person has not been a resident of this state continuously for at least 90
8 days prior to the application date.

9 (cm) An applicant with 20 or more employees may not receive a permit under
10 this section unless the applicant certifies to the department that the applicant has
11 entered into a labor peace agreement and will abide by the terms of the agreement
12 as a condition of maintaining a valid permit under this section. The applicant shall
13 submit to the department a copy of the page of the labor peace agreement that
14 contains the signatures of the labor organization representative and the applicant.

15 (cn) The department shall use a competitive scoring system to determine which
16 applicants are eligible to receive a permit under this section. The department shall
17 issue permits to the highest scoring applicants that it determines will best protect
18 the environment; provide stable, family-supporting jobs to local residents; ensure
19 worker and consumer safety; operate secure facilities; and uphold the laws of the
20 jurisdictions in which they operate. The department may deny a permit to an
21 applicant with a low score as determined under this paragraph. The department
22 may request that the applicant provide any information or documentation that the
23 department deems necessary for purposes of making a determination under this
24 paragraph.

1 (d) 1. Before the department issues a new or renewed permit under this section,
2 the department shall give notice of the permit application to the governing body of
3 the municipality where the permit applicant intends to operate the premises of a
4 marijuana producer or marijuana processor. No later than 30 days after the
5 department submits the notice, the governing body of the municipality may file with
6 the department a written objection to granting or renewing the permit. At the
7 municipality's request, the department may extend the period for filing objections.

8 2. A written objection filed under subd. 1. shall provide all the facts on which
9 the objection is based. In determining whether to grant or deny a permit for which
10 an objection has been filed under this paragraph, the department shall give
11 substantial weight to objections from a municipality based on chronic illegal activity
12 associated with the premises for which the applicant seeks a permit or the premises
13 of any other operation in this state for which the applicant holds or has held a valid
14 permit or license, the conduct of the applicant's patrons inside or outside the
15 premises of any other operation in this state for which the applicant holds or has held
16 a valid permit or license, and local zoning ordinances. In this subdivision, "chronic
17 illegal activity" means a pervasive pattern of activity that threatens the public
18 health, safety, and welfare of the municipality, including any crime or ordinance
19 violation, and that is documented in crime statistics, police reports, emergency
20 medical response data, calls for service, field data, or similar law enforcement agency
21 records.

22 (e) After denying a permit, the department shall immediately notify the
23 applicant in writing of the denial and the reasons for the denial. After making a
24 decision to grant or deny a permit for which a municipality has filed an objection

1 under par. (d), the department shall immediately notify the governing body of the
2 municipality in writing of its decision and the reasons for the decision.

3 (f) 1. The department's denial of a permit under this section is subject to judicial
4 review under ch. 227.

5 2. The department's decision to grant a permit under this section regardless of
6 an objection filed under par. (d) is subject to judicial review under ch. 227.

7 (g) The department shall not issue a permit under this section to any person
8 who does not hold a valid certificate under s. 73.03 (50).

9 **(3) FEES; TERM.** (a) Each person who applies for a permit under this section
10 shall submit with the application a \$250 fee. A permit issued under this section is
11 valid for one year and may be renewed, except that the department may revoke or
12 suspend a permit prior to its expiration. A person is not entitled to a refund of the
13 fees paid under this subsection if the person's permit is denied, revoked, or
14 suspended.

15 (b) A permittee shall annually pay to the department a fee for as long as the
16 person holds a valid permit under this section. The annual fee for a marijuana
17 processor permittee is \$2,000. The annual fee for a marijuana producer permittee
18 is one of the following, unless the department, by rule, establishes a higher amount:

19 1. If the permittee plants, grows, cultivates, or harvests not more than 1,800
20 marijuana plants, \$1,800.

21 2. If the permittee plants, grows, cultivates, or harvests more than 1,800 but
22 not more than 3,600 marijuana plants, \$2,900.

23 3. If the permittee plants, grows, cultivates, or harvests more than 3,600 but
24 not more than 6,000 marijuana plants, \$3,600.

1 4. If the permittee plants, grows, cultivates, or harvests more than 6,000 but
2 not more than 10,200 marijuana plants, \$5,100.

3 5. If the permittee plants, grows, cultivates, or harvests more than 10,200
4 marijuana plants, \$7,100 plus \$800 for every 3,600 marijuana plants over 10,200.

5 **(4) SCHOOLS.** The department may not issue a permit under this section to
6 operate any premises that are within 500 feet of the perimeter of the grounds of any
7 elementary or secondary school, playground, recreation facility, child care facility,
8 public park, public transit facility, or library.

9 **(5) EDUCATION AND AWARENESS CAMPAIGN.** The department shall develop and
10 make available training programs for marijuana producers on how to safely and
11 efficiently plant, grow, cultivate, harvest, and otherwise handle marijuana, and for
12 marijuana processors on how to safely and efficiently produce and handle marijuana
13 products and test marijuana for contaminants. The department shall conduct an
14 awareness campaign to inform potential marijuana producers and marijuana
15 processors of the availability and viability of marijuana as a crop or product in this
16 state.

17 **(6) RULES.** The department shall promulgate rules necessary to administer and
18 enforce this section, including rules relating to the inspection of the plants, facilities,
19 and products of permittees; training requirements for employees of permittees; and
20 the competitive scoring system for determining which applicants are eligible to
21 receive a permit under this section.

22 **(7) PENALTIES.** (a) Unless another penalty is prescribed for the violation, any
23 person who violates sub. (2), fails to pay the required fee under sub. (3), or violates
24 any of the requirements established by the rules promulgated under sub. (6) shall

1 be fined not less than \$100 nor more than \$500 or imprisoned not more than 6 months
2 or both.

3 (b) In addition to the penalties imposed under par. (a), the department shall
4 revoke the permit of any person convicted of any violation described under par. (a)
5 and not issue another permit to that person for a period of 2 years following the
6 revocation. The department may suspend or revoke the permit of any permittee who
7 violates s. 100.30, any provision of this section, or any rules promulgated under sub.
8 (6). The department shall revoke the permit of any permittee who violates s. 100.30
9 3 or more times within a 5-year period.

10 **SECTION 172.** 94.57 of the statutes is created to read:

11 **94.57 Testing laboratories.** The department shall register entities as
12 tetrahydrocannabinols testing laboratories. The laboratories may possess or
13 manufacture tetrahydrocannabinols or drug paraphernalia and shall perform the
14 following services:

15 (1) Test marijuana produced for the medical use of tetrahydrocannabinols for
16 potency and for mold, fungus, pesticides, and other contaminants.

17 (2) Collect information on research findings and conduct research related to
18 the medical use of tetrahydrocannabinols, including research that identifies
19 potentially unsafe levels of contaminants.

20 (3) Provide training on the following:

21 (a) The safe and efficient cultivation, harvesting, packaging, labeling, and
22 distribution of marijuana for the medical use of tetrahydrocannabinols.

23 (b) Security and inventory accountability procedures.

24 (c) The most recent research on the use of tetrahydrocannabinols.

25 **SECTION 173.** 100.145 of the statutes is created to read:

1 **100.145 Recreational marijuana logotype.** The department shall design
2 an official logotype appropriate for including on a label affixed to recreational
3 marijuana under s. 139.973 (10) (a).

4 **SECTION 174.** 108.02 (18r) of the statutes is created to read:

5 108.02 (18r) MARIJUANA. “Marijuana” has the meaning given in s. 111.32 (11m).

6 **SECTION 175.** 108.04 (5m) of the statutes is created to read:

7 108.04 (5m) DISCHARGE FOR USE OF MARIJUANA. (a) Notwithstanding sub. (5),
8 “misconduct,” for purposes of sub. (5), does not include the employee’s use of
9 marijuana off the employer’s premises during nonworking hours or a violation of the
10 employer’s policy concerning such use, unless termination of the employee because
11 of that use is permitted under s. 111.35.

12 (b) Notwithstanding sub. (5g), “substantial fault,” for purposes of sub. (5g), does
13 not include the employee’s use of marijuana off the employer’s premises during
14 nonworking hours or a violation of the employer’s policy concerning such use, unless
15 termination of the employee because of that use is permitted under s. 111.35.

16 **SECTION 176.** 111.32 (9m) of the statutes is created to read:

17 111.32 (9m) “Lawful product” includes marijuana.

18 **SECTION 177.** 111.32 (11m) of the statutes is created to read:

19 111.32 (11m) “Marijuana” means all parts of the plants of the genus Cannabis,
20 whether growing or not; the seeds thereof; the resin extracted from any part of the
21 plant; and every compound, manufacture, salt, derivative, mixture, or preparation
22 of the plant, its seeds or resin, including tetrahydrocannabinols.

23 **SECTION 178.** 111.35 (2) (e) of the statutes is amended to read:

1 111.35 (2) (e) Conflicts with any federal or state statute, rule or regulation.

2 This paragraph does not apply with respect to violations concerning marijuana or
3 tetrahydrocannabinols under 21 USC 841 to 865.

4 **SECTION 179.** 114.09 (2) (bm) 1. (intro.) of the statutes is amended to read:

5 114.09 (2) (bm) 1. (intro.) Except as provided in subd. 1. a. or b., the court shall
6 order the person violating sub. (1) (b) 1. or 1m. to submit to and comply with an
7 assessment by an approved public treatment facility as defined in s. 51.45 (2) (c) for
8 examination of the person's use of alcohol, tetrahydrocannabinols, controlled
9 substances, or controlled substance analogs and development of an airman safety
10 plan for the person. The court shall notify the person, the department, and the proper
11 federal agency of the assessment order. The assessment order shall:

12 **SECTION 180.** 114.09 (2) (bm) 4. of the statutes is amended to read:

13 114.09 (2) (bm) 4. The assessment report shall order compliance with an
14 airman safety plan. The report shall inform the person of the fee provisions under
15 s. 46.03 (18) (f). The safety plan may include a component that makes the person
16 aware of the effect of his or her offense on a victim and a victim's family. The safety
17 plan may include treatment for the person's misuse, abuse, or dependence on alcohol,
18 tetrahydrocannabinols, controlled substances, or controlled substance analogs. If
19 the plan requires inpatient treatment, the treatment shall not exceed 30 days. An
20 airman safety plan under this paragraph shall include a termination date consistent
21 with the plan that shall not extend beyond one year. The county department under
22 s. 51.42 shall assure notification of the department of transportation and the person
23 of the person's compliance or noncompliance with assessment and treatment.

24 **SECTION 181.** 115.35 (1) of the statutes is renumbered 115.35 (1) (a) (intro.) and
25 amended to read:

1 **139.97 Definitions.** In this subchapter:

2 (1) “Department” means the department of revenue.

3 (2) “Lot” means a definite quantity of marijuana or usable marijuana identified
4 by a lot number, every portion or package of which is consistent with the factors that
5 appear in the labeling.

6 (3) “Lot number” means a number that specifies the person who holds a valid
7 permit under this subchapter and the harvesting or processing date for each lot.

8 (4) “Marijuana” has the meaning given in s. 961.70 (2).

9 (5) “Marijuana distributor” means a person in this state who purchases or
10 receives usable marijuana from a marijuana processor and who sells or otherwise
11 transfers the usable marijuana to a marijuana retailer for the purpose of resale to
12 consumers.

13 (6) “Marijuana processor” means a person in this state who processes
14 marijuana into usable marijuana, packages and labels usable marijuana for sale in
15 retail outlets, and sells at wholesale or otherwise transfers usable marijuana to
16 marijuana distributors.

17 (7) “Marijuana producer” means a person in this state who produces marijuana
18 and sells it at wholesale or otherwise transfers it to marijuana processors.

19 (8) “Marijuana retailer” means a person in this state that sells usable
20 marijuana at a retail outlet.

21 (9) “Microbusiness” means a marijuana producer that produces marijuana in
22 one area that is less than 10,000 square feet and who also operates as any 2 of the
23 following:

24 (a) A marijuana processor.

25 (b) A marijuana distributor.

1 (c) A marijuana retailer.

2 (10) "Permittee" means a marijuana producer, marijuana processor, marijuana
3 distributor, marijuana retailer, or microbusiness that is issued a permit under s.
4 139.972.

5 (11) "Retail outlet" means a location for the retail sale of usable marijuana.

6 (12) "Sales price" has the meaning given in s. 77.51 (15b).

7 (13) "Usable marijuana" means marijuana that has been processed for human
8 consumption and includes dried marijuana flowers, marijuana-infused products,
9 and marijuana edibles.

10 **139.971 Marijuana tax.** (1) (a) An excise tax is imposed on a marijuana
11 producer at the rate of 15 percent of the sales price on each wholesale sale or transfer
12 in this state of marijuana to a marijuana processor. This paragraph applies to a
13 microbusiness that transfers marijuana to a processing operation within the
14 microbusiness.

15 (b) An excise tax is imposed on a marijuana retailer at the rate of 10 percent
16 of the sales price on each retail sale in this state of usable marijuana, except that the
17 tax does not apply to sales of usable marijuana to an individual who holds a valid tax
18 exemption certificate issued under s. 73.17 (4).

19 (2) Each person liable for the taxes imposed under sub. (1) shall pay the taxes
20 to the department no later than the 15th day of the month following the month in
21 which the person's tax liability is incurred and shall include with the payment a
22 return on a form prescribed by the department.

23 (3) For purposes of this section, a marijuana producer may not sell marijuana
24 directly to a marijuana distributor or marijuana retailer, and a marijuana retailer
25 may purchase usable marijuana for resale only from a marijuana distributor. This

1 subsection does not apply to a microbusiness that transfers marijuana or usable
2 marijuana to another operation with the microbusiness.

3 **139.972 Permits required. (1)** (a) No person may operate in this state as a
4 marijuana producer, marijuana processor, marijuana distributor, marijuana
5 retailer, or microbusiness without first filing an application for and obtaining the
6 proper permit from the department to perform such operations. In addition, no
7 person may operate in this state as a marijuana producer or marijuana processor
8 without first filing an application for and obtaining the proper permit under s. 94.56.

9 (b) This section applies to all officers, directors, agents, and stockholders
10 holding 5 percent or more of the stock of any corporation applying for a permit under
11 this section.

12 (c) Subject to ss. 111.321, 111.322, and 111.335, a permit under this section may
13 not be granted to any person to whom any of the following applies:

14 1. The person has been convicted of a violent misdemeanor, as defined in s.
15 941.29 (1g) (b), at least 3 times.

16 2. The person has been convicted of a violent felony, as defined in s. 941.29 (1g)
17 (a), unless pardoned.

18 3. During the preceding 3 years, the person has been committed under s. 51.20
19 for being drug dependent.

20 4. The person chronically and habitually uses alcohol beverages or other
21 substances to the extent that his or her normal faculties are impaired. A person is
22 presumed to chronically and habitually use alcohol beverages or other substances to
23 the extent that his or her normal faculties are impaired if, within the preceding 3
24 years, any of the following applies:

1 a. The person has been committed for involuntary treatment under s. 51.45
2 (13).

3 b. The person has been convicted of a violation of s. 941.20 (1) (b).

4 c. In 2 or more cases arising out of separate incidents, a court has found the
5 person to have committed a violation of s. 346.63 or a local ordinance in conformity
6 with that section; a violation of a law of a federally recognized American Indian tribe
7 or band in this state in conformity with s. 346.63; or a violation of the law of another
8 jurisdiction, as defined in s. 340.01 (41m), that prohibits use of a motor vehicle while
9 intoxicated, while under the influence of a controlled substance, a controlled
10 substance analog, or a combination thereof, with an excess or specified range of
11 alcohol concentration, or while under the influence of any drug to a degree that
12 renders the person incapable of safely driving, as those or substantially similar
13 terms are used in that jurisdiction's laws.

14 5. The person has income that comes principally from gambling or has been
15 convicted of 2 or more gambling offenses.

16 6. The person has been convicted of crimes relating to prostitution.

17 7. The person has been convicted of of crimes relating to loaning money or
18 anything of value to persons holding licenses or permits pursuant to ch. 125.

19 8. The person is under the age of 21.

20 9. The person has not been a resident of this state continuously for at least 90
21 days prior to the application date.

22 (cm) An applicant with 20 or more employees may not receive a permit under
23 this section to operate as a marijuana distributor or marijuana retailer unless the
24 applicant certifies to the department that the applicant has entered into a labor
25 peace agreement, as defined in s. 94.56 (1) (a), and will abide by the terms of the

1 agreement as a condition of maintaining a valid permit under this section. The
2 applicant shall submit to the department a copy of the page of the labor peace
3 agreement that contains the signatures of the labor organization representative and
4 the applicant.

5 (cn) The department shall use a competitive scoring system to determine which
6 applicants are eligible to receive a permit under this section. The department shall
7 issue permits to the highest scoring applicants that it determines will best protect
8 the environment; provide stable, family-supporting jobs to local residents; ensure
9 worker and consumer safety; operate secure facilities; and uphold the laws of the
10 jurisdictions in which they operate. The department shall, using criteria established
11 by rule, score an applicant for a permit to operate as a marijuana retailer on the
12 applicant's ability to articulate a social equity plan related to the operation of a
13 marijuana retail establishment. The department may deny a permit to an applicant
14 with a low score as determined under this paragraph. The department may request
15 that the applicant provide any information or documentation that the department
16 deems necessary for purposes of making a determination under this paragraph.

17 (d) 1. Before the department issues a new or renewed permit under this section,
18 the department shall give notice of the permit application to the governing body of
19 the municipality where the permit applicant intends to operate the premises of a
20 marijuana producer, marijuana processor, marijuana distributor, marijuana
21 retailer, or microbusiness. No later than 30 days after the department submits the
22 notice, the governing body of the municipality may file with the department a written
23 objection to granting or renewing the permit. At the municipality's request, the
24 department may extend the period for filing objections.

1 2. A written objection filed under subd. 1. shall provide all the facts on which
2 the objection is based. In determining whether to grant or deny a permit for which
3 an objection has been filed under this paragraph, the department shall give
4 substantial weight to objections from a municipality based on chronic illegal activity
5 associated with the premises for which the applicant seeks a permit or the premises
6 of any other operation in this state for which the applicant holds or has held a valid
7 permit or license, the conduct of the applicant's patrons inside or outside the
8 premises of any other operation in this state for which the applicant holds or has held
9 a valid permit or license, and local zoning ordinances. In this subdivision, "chronic
10 illegal activity" means a pervasive pattern of activity that threatens the public
11 health, safety, and welfare of the municipality, including any crime or ordinance
12 violation, and that is documented in crime statistics, police reports, emergency
13 medical response data, calls for service, field data, or similar law enforcement agency
14 records.

15 (e) After denying a permit, the department shall immediately notify the
16 applicant in writing of the denial and the reasons for the denial. After making a
17 decision to grant or deny a permit for which a municipality has filed an objection
18 under par. (d), the department shall immediately notify the governing body of the
19 municipality in writing of its decision and the reasons for the decision.

20 (f) 1. The department's denial of a permit under this section is subject to judicial
21 review under ch. 227.

22 2. The department's decision to grant a permit under this section regardless of
23 an objection filed under par. (d) is subject to judicial review under ch. 227.

24 (g) The department shall not issue a permit under this section to any person
25 who does not hold a valid certificate under s. 73.03 (50).

1 **(2)** Each person who applies for a permit under this section shall submit with
2 the application a \$250 fee. Each person who is granted a permit under this section
3 shall annually pay to the department a \$2,000 fee for as long as the person holds a
4 valid permit under this section. A permit issued under this section is valid for one
5 year and may be renewed, except that the department may revoke or suspend a
6 permit prior to its expiration. A person is not entitled to a refund of the fees paid
7 under this subsection if the person's permit is denied, revoked, or suspended.

8 **(3)** The department may not issue a permit under this section to operate any
9 premises which are within 500 feet of the perimeter of the grounds of any elementary
10 or secondary school, playground, recreation facility, child care facility, public park,
11 public transit facility, or library.

12 **(4)** Under this section, a separate permit is required for and issued to each class
13 of permittee, and the permit holder may perform only the operations authorized by
14 the permit. A permit issued under this section is not transferable from one person
15 to another or from one premises to another. A separate permit is required for each
16 place in this state where the operations of a marijuana producer, marijuana
17 processor, marijuana distributor, marijuana retailer, or microbusiness occur,
18 including each retail outlet. No person who has been issued a permit to operate as
19 a marijuana retailer, or who has any direct or indirect financial interest in the
20 operation of a marijuana retailer, shall be issued a permit to operate as a marijuana
21 producer, marijuana processor, or marijuana distributor. A person who has been
22 issued a permit to operate as a microbusiness is not required to hold separate permits
23 to operate as a marijuana processor, marijuana distributor, or marijuana retailer,
24 but shall specify on the person's application for a microbusiness permit the activities
25 that the person will be engaged in as a microbusiness.

1 **(5)** Each person issued a permit under this section shall post the permit in a
2 conspicuous place on the premises to which the permit relates.

3 **139.973 Regulation. (1)** (a) No permittee may employ an individual who is
4 under the age of 21 to work in the business to which the permit relates.

5 (b) Subject to ss. 111.321, 111.322, and 111.335, no permittee may employ an
6 individual if any of the conditions under s. 139.972 (1) (c) 1. to 7. applies to the
7 individual.

8 **(2)** A retail outlet shall sell no products or services other than usable marijuana
9 or paraphernalia intended for the storage or use of usable marijuana.

10 **(3)** No marijuana retailer may allow a person who is under the age of 21 to enter
11 or be on the premises of a retail outlet in violation of s. 961.71 (2m), unless that person
12 is a qualifying patient, as defined in s. 73.17 (1) (d).

13 **(4)** The maximum amount of usable marijuana that a retail outlet may sell to
14 an individual consumer in a single transaction may not exceed a permissible amount,
15 as defined in s. 961.70 (3).

16 **(4m)** A marijuana retailer may not collect, retain, or distribute personal
17 information regarding the retailer's customers except that which is necessary to
18 complete a sale of usable marijuana.

19 **(5)** No marijuana retailer may display any signage in a window, on a door, or
20 on the outside of the premises of a retail outlet that is visible to the general public
21 from a public right-of-way, other than a single sign that is no larger than 1,600
22 square inches identifying the retail outlet by the permittee's business or trade name.

23 **(6)** No marijuana retailer may display usable marijuana in a manner that is
24 visible to the general public from a public right-of-way.

1 **(7)** No marijuana retailer or employee of a retail outlet may consume, or allow
2 to be consumed, any usable marijuana on the premises of the retail outlet.

3 **(7m)** A marijuana retailer may operate a retail outlet only between the hours
4 of 8 a.m. and 8 p.m.

5 **(8)** Except as provided under sub. (5), no marijuana producer, marijuana
6 processor, marijuana distributor, marijuana retailer, or microbusiness may place or
7 maintain, or cause to be placed or maintained, an advertisement of usable marijuana
8 in any form or through any medium.

9 **(9)** (a) On a schedule determined by the department, every marijuana
10 producer, marijuana processor, or microbusiness shall submit representative
11 samples of the marijuana and usable marijuana produced or processed by the
12 marijuana producer, marijuana processor, or microbusiness to a testing laboratory
13 registered under s. 94.57 for testing marijuana and usable marijuana in order to
14 certify that the marijuana and usable marijuana comply with standards prescribed
15 by the department by rule, including testing for potency and for mold, fungus,
16 pesticides, and other contaminants. The laboratory testing the sample shall destroy
17 any part of the sample that remains after the testing.

18 (b) Marijuana producers, marijuana processors, and microbusinesses shall
19 submit the results of the testing provided under par. (a) to the department in the
20 manner prescribed by the department by rule.

21 (c) If a representative sample tested under par. (a) does not meet the standards
22 prescribed by the department, the department shall take the necessary action to
23 ensure that the entire lot from which the sample was taken is destroyed. The
24 department shall promulgate rules to determine lots and lot numbers for purposes
25 of this subsection and for the reporting of lots and lot numbers to the department.

1 **(10)** (a) A marijuana processor or a microbusiness that operates as a marijuana
2 processor shall affix a label to all usable marijuana that the marijuana processor or
3 microbusiness sells to marijuana distributors. The label may not be designed to
4 appeal to persons under the age of 18. The label shall include all of the following:

5 1. The ingredients and the tetrahydrocannabinols concentration in the usable
6 marijuana.

7 2. The producer's business or trade name.

8 3. The producer's permit number.

9 4. The harvest batch number of the marijuana.

10 5. The harvest date.

11 6. The strain name and product identity.

12 7. The net weight.

13 8. The activation time.

14 9. The name of laboratory performing any test, the test batch number, and the
15 test analysis dates.

16 10. The logotype for recreational marijuana developed by the department of
17 agriculture, trade and consumer protection under s. 100.145.

18 11. Warnings about the risks of marijuana use and pregnancy and risks of
19 marijuana use by persons under the age of 18.

20 (b) No marijuana processor or microbusiness that operates as a marijuana
21 processor may make usable marijuana using marijuana grown outside this state.
22 The label on each package of usable marijuana may indicate that the usable
23 marijuana is made in this state.

24 **(11)** (a) No permittee may sell marijuana or usable marijuana that contains
25 more than 3 parts tetrahydrocannabinols to one part cannabidiol.

1 (b) No permittee may sell marijuana or usable marijuana that tests positive
2 under sub. (9) (a) for mold, fungus, pesticides, or other contaminants if the
3 contaminants, or level of contaminants, are identified by a testing laboratory to be
4 potentially unsafe to the consumer.

5 (12) Immediately after beginning employment with a permittee, every
6 employee of a permittee shall receive training, approved by the department, on the
7 safe handling of marijuana and usable marijuana and on security and inventory
8 accountability procedures.

9 (13) The department shall deposit all moneys received under this subchapter
10 into the community reinvestment fund.

11 **139.974 Records and reports.** (1) Every permittee shall keep accurate and
12 complete records of the production and sales of marijuana and usable marijuana in
13 this state. The records shall be kept on the premises described in the permit and in
14 such manner as to ensure permanency and accessibility for inspection at reasonable
15 hours by the department's authorized personnel. The department shall prescribe
16 reasonable and uniform methods of keeping records and making reports and shall
17 provide the necessary forms to permittees.

18 (2) If the department determines that any permittee's records are not kept in
19 the prescribed form or are in such condition that the department requires an unusual
20 amount of time to determine from the records the amount of the tax due, the
21 department shall give notice to the permittee that the permittee is required to revise
22 the permittee's records and keep them in the prescribed form. If the permittee fails
23 to comply within 30 days, the permittee shall pay the expenses reasonably
24 attributable to a proper examination and tax determination at the rate of \$30 a day
25 for each auditor used to make the examination and determination. The department

1 shall send a bill for such expenses, and the permittee shall pay the amount of such
2 bill within 10 days.

3 (3) If any permittee fails to file a report when due, the permittee shall be
4 required to pay a late filing fee of \$10. A report that is mailed is filed on time if it is
5 mailed in a properly addressed envelope with postage prepaid, the envelope is
6 officially postmarked, or marked or recorded electronically as provided under section
7 7502 (f) (2) (c) of the Internal Revenue Code, on the date due, and the report is
8 actually received by the department or at the destination that the department
9 prescribes within 5 days of the due date. A report that is not mailed is timely if it
10 is received on or before the due date by the department or at the destination that the
11 department prescribes. For purposes of this subsection, "mailed" includes delivery
12 by a delivery service designated under section 7502 (f) of the Internal Revenue Code.

13 (4) Sections 71.78 (1), (1m), and (4) to (9) and 71.83 (2) (a) 3. and 3m., relating
14 to confidentiality of income, franchise, and gift tax returns, apply to any information
15 obtained from any permittee under this subchapter on a tax return, report, schedule,
16 exhibit, or other document or from an audit report relating to any of those documents,
17 except that the department shall publish production and sales statistics.

18 **139.975 Administration and enforcement.** (1) The department shall
19 administer and enforce this subchapter and promulgate rules necessary to
20 administer and enforce this subchapter.

21 (2) The duly authorized employees of the department have all necessary police
22 powers to prevent violations of this subchapter.

23 (3) Authorized personnel of the department of justice and the department of
24 revenue, and any law enforcement officer, within their respective jurisdictions, may
25 at all reasonable hours enter the premises of any permittee and examine the books

1 and records to determine whether the tax imposed by this subchapter has been fully
2 paid and may enter and inspect any premises where marijuana or usable marijuana
3 is produced, processed, made, sold, or stored to determine whether the permittee is
4 complying with this subchapter.

5 (4) The department may suspend or revoke the permit of any permittee who
6 violates s. 100.30, any provision of this subchapter, or any rules promulgated under
7 sub. (1). The department shall revoke the permit of any permittee who violates s.
8 100.30 3 or more times within a 5-year period.

9 (5) No suit shall be maintained in any court to restrain or delay the collection
10 or payment of the tax levied in s. 139.971. The aggrieved taxpayer shall pay the tax
11 when due and, if paid under protest, may at any time within 90 days from the date
12 of payment sue the state to recover the tax paid. If it is finally determined that any
13 part of the tax was wrongfully collected, the secretary of administration shall pay the
14 amount wrongfully collected. A separate suit need not be filed for each separate
15 payment made by any taxpayer, but a recovery may be had in one suit for as many
16 payments as may have been made.

17 (6) (a) Any person may be compelled to testify in regard to any violation of this
18 subchapter of which the person may have knowledge, even though such testimony
19 may tend to incriminate the person, upon being granted immunity from prosecution
20 in connection with the testimony, and upon the giving of such testimony, the person
21 shall not be prosecuted because of the violation relative to which the person has
22 testified.

23 (b) The immunity provided under par. (a) is subject to the restrictions under
24 s. 972.085.

1 (7) The provisions on timely filing under s. 71.80 (18) apply to the tax imposed
2 under this subchapter.

3 (8) Sections 71.74 (1), (2), (10), (11), and (14), 71.77, 71.91 (1) (a) and (c) and
4 (2) to (7), 71.92, and 73.0301 as they apply to the taxes under ch. 71 apply to the taxes
5 under this subchapter. Section 71.74 (13) as it applies to the collection of the taxes
6 under ch. 71 applies to the collection of the taxes under this subchapter, except that
7 the period during which notice of an additional assessment shall be given begins on
8 the due date of the report under this subchapter.

9 (9) Any building or place of any kind where marijuana or usable marijuana is
10 sold, possessed, stored, or manufactured without a lawful permit or in violation of
11 s. 139.972 or 139.973 is declared a public nuisance and may be closed and abated as
12 such.

13 (10) At the request of the secretary of revenue, the attorney general may
14 represent this state or assist a district attorney in prosecuting any case arising under
15 this subchapter.

16 **139.976 Theft of tax moneys.** All marijuana tax moneys received by a
17 permittee for the sale of marijuana or usable marijuana on which the tax under this
18 subchapter has become due and has not been paid are trust funds in the permittee's
19 possession and are the property of this state. Any permittee who fraudulently
20 withholds, appropriates, or otherwise uses marijuana tax moneys that are the
21 property of this state is guilty of theft under s. 943.20 (1), whether or not the
22 permittee has or claims to have an interest in those moneys.

23 **139.977 Seizure and confiscation. (1)** All marijuana and usable marijuana
24 produced, processed, made, kept, stored, sold, distributed, or transported in violation
25 of this subchapter, and all tangible personal property used in connection with the

1 marijuana or usable marijuana, is unlawful property and subject to seizure by the
2 department or a law enforcement officer. Except as provided in sub. (2), all
3 marijuana and usable marijuana seized under this subsection shall be destroyed.

4 (2) If marijuana or usable marijuana on which the tax has not been paid is
5 seized as provided under sub. (1), it may be given to law enforcement officers to use
6 in criminal investigations or sold to qualified buyers by the department, without
7 notice. If the department finds that the marijuana or usable marijuana may
8 deteriorate or become unfit for use in criminal investigations or for sale, or that those
9 uses would otherwise be impractical, the department may order it destroyed.

10 (3) If marijuana or usable marijuana on which the tax has been paid is seized
11 as provided under sub. (1), it shall be returned to the true owner if ownership can be
12 ascertained and the owner or the owner's agent is not involved in the violation
13 resulting in the seizure. If the ownership cannot be ascertained or if the owner or
14 the owner's agent was guilty of the violation that resulted in the seizure of the
15 marijuana or usable marijuana, it may be sold or otherwise disposed of as provided
16 in sub. (2).

17 (4) If tangible personal property other than marijuana or usable marijuana is
18 seized as provided under sub. (1), the department shall advertise the tangible
19 personal property for sale by publication of a class 2 notice under ch. 985. If no person
20 claiming a lien on, or ownership of, the property has notified the department of the
21 person's claim within 10 days after last insertion of the notice, the department shall
22 sell the property. If a sale is not practical the department may destroy the property.
23 If a person claiming a lien on, or ownership of, the property notifies the department
24 within the time prescribed in this subsection, the department may apply to the
25 circuit court in the county where the property was seized for an order directing

1 disposition of the property or the proceeds from the sale of the property. If the court
2 orders the property to be sold, all liens, if any, may be transferred from the property
3 to the sale proceeds. Neither the property seized nor the proceeds from the sale shall
4 be turned over to any claimant of lien or ownership unless the claimant first
5 establishes that the property was not used in connection with any violation under
6 this subchapter or that, if so used, it was done without the claimant's knowledge or
7 consent and without the claimant's knowledge of facts that should have given the
8 claimant reason to believe it would be put to such use. If no claim of lien or ownership
9 is established as provided under this subsection the property may be ordered
10 destroyed.

11 **139.978 Interest and penalties.** (1) Any person who makes or signs any
12 false or fraudulent report under this subchapter or who attempts to evade the tax
13 imposed by s. 139.971, or who aids in or abets the evasion or attempted evasion of
14 that tax, may be fined not more than \$10,000 or imprisoned for not more than 9
15 months or both.

16 (2) Any permittee who fails to keep the records required by s. 139.974 (1) and
17 (2) shall be fined not less than \$100 nor more than \$500 or imprisoned not more than
18 6 months or both.

19 (3) Any person who refuses to permit the examination or inspection authorized
20 under s. 139.975 (3) may be fined not more than \$500 or imprisoned not more than
21 6 months or both. The department shall immediately suspend or revoke the permit
22 of any person who refuses to permit the examination or inspection authorized under
23 s. 139.975 (3).

1 **(4)** Any person who violates any of the provisions of this subchapter for which
2 no other penalty is prescribed shall be fined not less than \$100 nor more than \$1,000
3 or imprisoned not less than 10 days nor more than 90 days or both.

4 **(5)** Any person who violates any of the rules promulgated in accordance with
5 this subchapter shall be fined not less than \$100 nor more than \$500 or imprisoned
6 not more than 6 months or both.

7 **(6)** In addition to the penalties imposed for violating the provisions of this
8 subchapter or any of the department's rules, the department shall revoke the permit
9 of any person convicted of such a violation and not issue another permit to that
10 person for a period of 2 years following the revocation.

11 **(7)** Unpaid taxes bear interest at the rate of 12 percent per year from the due
12 date of the return until paid or deposited with the department, and all refunded taxes
13 bear interest at the rate of 3 percent per year from the due date of the return to the
14 date on which the refund is certified on the refund rolls.

15 **(8)** All nondelinquent payments of additional amounts owed shall be applied
16 in the following order: penalties, interest, tax principal.

17 **(9)** Delinquent marijuana taxes bear interest at the rate of 1.5 percent per
18 month until paid. The taxes imposed by this subchapter shall become delinquent if
19 not paid:

20 (a) In the case of a timely filed return, no return filed or a late return, on or
21 before the due date of the return.

22 (b) In the case of a deficiency determination of taxes, within 2 months after the
23 date of demand.

24 **(10)** If due to neglect an incorrect return is filed, the entire tax finally
25 determined is subject to a penalty of 25 percent of the tax exclusive of interest or

1 other penalty. A person filing an incorrect return has the burden of proving that the
2 error or errors were due to good cause and not due to neglect.

3 **139.979 Personal use.** An individual who possesses no more than 6
4 marijuana plants that have reached the flowering stage at any one time is not subject
5 to the tax imposed under s. 139.971. An individual who possesses more than 6
6 marijuana plants that have reached the flowering stage at any one time shall apply
7 for the appropriate permit under s. 139.972 and pay the appropriate tax imposed
8 under s. 139.971.

9 **139.980 Agreement with tribes.** The department may enter into an
10 agreement with a federally recognized American Indian tribe in this state for the
11 administration and enforcement of this subchapter and to provide refunds of the tax
12 imposed under s. 139.971 on marijuana sold on tribal land by or to enrolled members
13 of the tribe residing on the tribal land.

14 **SECTION 183.** 157.06 (11) (hm) of the statutes is created to read:

15 157.06 (11) (hm) Unless otherwise required by federal law, a hospital,
16 physician, procurement organization, or other person may not determine the
17 ultimate recipient of an anatomical gift based solely upon a positive test for the use
18 of marijuana by a potential recipient.

19 **SECTION 184.** 157.06 (11) (i) of the statutes is amended to read:

20 157.06 (11) (i) Except as provided under ~~par. pars.~~ (a) 2. and (hm), nothing in
21 this section affects the allocation of organs for transplantation or therapy.

22 **SECTION 185.** 250.22 of the statutes is created to read:

23 **250.22 Payments to counties.** The department shall promulgate rules to
24 establish grants to counties to support mental health and substance use disorder

1 services. The department shall fund all grants established under this section from
2 the appropriation under s. 20.435 (5) (q).

3 **SECTION 186.** 289.33 (3) (d) of the statutes is amended to read:

4 289.33 (3) (d) "Local approval" includes any requirement for a permit, license,
5 authorization, approval, variance or exception or any restriction, condition of
6 approval or other restriction, regulation, requirement or prohibition imposed by a
7 charter ordinance, general ordinance, zoning ordinance, resolution or regulation by
8 a town, city, village, county or special purpose district, including without limitation
9 because of enumeration any ordinance, resolution or regulation adopted under s.
10 91.73, 2007 stats., s. 59.03 (2), 59.11 (5), 59.42 (1), 59.48, 59.51 (1) and (2), 59.52 (2),
11 (5), (6), (7), (8), (9), (11), (12), (13), (15), (16), (17), (18), (19), (20), (21), (22), (23), (24),
12 (25), (26) and (27), 59.53 (1), (2), (3), (4), (5), (7), (8), (9), (11), (12), (13), (14), (15), (19),
13 (20) and (23), 59.535 (2), (3) and (4), 59.54 (1), (2), (3), (4), (4m), (5), (6), (7), (8), (10),
14 (11), (12), (16), (17), (18), (19), (20), (21), (22), (23), (24), (25) (a), and (26), 59.55 (3),
15 (4), (5) and (6), 59.56 (1), (2), (4), (5), (6), (7), (9), (10), (11), (12), (12m), (13) and (16),
16 59.57 (1), 59.58 (1) and (5), 59.62, 59.69, 59.692, 59.693, 59.696, 59.697, 59.698, 59.70
17 (1), (2), (3), (5), (7), (8), (9), (10), (11), (21), (22) and (23), 59.79 (1), (2), (3), (5), (7), (8),
18 and (10), 59.792 (2) and (3), 59.80, 59.82, 60.10, 60.22, 60.23, 60.54, 60.77, 61.34,
19 61.35, 61.351, 61.353, 61.354, 62.11, 62.23, 62.231, 62.233, 62.234, 66.0101, 66.0415,
20 87.30, 196.58, 200.11 (8), 236.45, 281.43 or 349.16, subch. VIII of ch. 60, or subch. III
21 of ch. 91.

22 **SECTION 187.** 349.02 (2) (b) 4. of the statutes is amended to read:

23 349.02 (2) (b) 4. Local ordinances enacted under s. 59.54 (25) (a) or (25m) or
24 66.0107 (1) (bm).

1 **SECTION 188.** 961.01 (14) of the statutes is renumbered 961.70 (2) and amended
2 to read:

3 **961.70 (2)** “Marijuana” means all parts of the plants of the genus Cannabis,
4 whether growing or not; the seeds thereof; the resin extracted from any part of the
5 plant; and every compound, manufacture, salt, derivative, mixture, or preparation
6 of the plant, its seeds or resin, including if the tetrahydrocannabinols concentration
7 of the plant part, seeds, resin, compound, manufacture, salt, derivative, mixture, or
8 preparation is greater than 0.3 percent on a dry weight basis. “Marijuana” does
9 include the mature stalks if mixed with other parts of the plant, but does not include
10 fiber produced from the stalks, oil or cake made from the seeds of the plant, any other
11 compound, manufacture, salt, derivative, mixture, or preparation of the mature
12 stalks (except the resin extracted therefrom), fiber, oil, or cake or the sterilized seed
13 of the plant which is incapable of germination. “Marijuana” does not include hemp,
14 as defined in s. 94.55 (1).

15 **SECTION 189.** 961.11 (4g) of the statutes is repealed.

16 **SECTION 190.** 961.14 (4) (t) of the statutes is repealed.

17 **SECTION 191.** 961.32 (2m) of the statutes is repealed.

18 **SECTION 192.** 961.34 of the statutes is renumbered 961.75, and 961.75 (title),
19 as renumbered, is amended to read:

20 **961.75 (title)** ~~Controlled substances~~ **Marijuana therapeutic research.**

21 **SECTION 193.** 961.38 (1n) of the statutes is repealed.

22 **SECTION 194.** 961.41 (1) (h) of the statutes is repealed.

23 **SECTION 195.** 961.41 (1m) (h) of the statutes is repealed.

24 **SECTION 196.** 961.41 (1q) of the statutes is repealed.

25 **SECTION 197.** 961.41 (1r) of the statutes is amended to read:

1 **961.41 (1r) DETERMINING WEIGHT OF SUBSTANCE.** In determining amounts under
2 s. 961.49 (2) (b), 1999 stats., and subs. (1) and (1m), an amount includes the weight
3 of cocaine, cocaine base, fentanyl, a fentanyl analog, heroin, phencyclidine, lysergic
4 acid diethylamide, psilocin, psilocybin, amphetamine, methamphetamine,
5 tetrahydrocannabinols, synthetic cannabinoids, or substituted cathinones, or any
6 controlled substance analog of any of these substances together with any compound,
7 mixture, diluent, plant material or other substance mixed or combined with the
8 controlled substance or controlled substance analog. ~~In addition, in determining~~
9 ~~amounts under subs. (1) (h) and (1m) (h), the amount of tetrahydrocannabinols~~
10 ~~means anything included under s. 961.14 (4) (t) and includes the weight of any~~
11 ~~marijuana.~~

12 **SECTION 198.** 961.41 (1x) of the statutes is amended to read:

13 **961.41 (1x) CONSPIRACY.** Any person who conspires, as specified in s. 939.31,
14 to commit a crime under sub. (1) (cm) to ~~(h)~~ (g) or (1m) (cm) to ~~(h)~~ (g) is subject to the
15 applicable penalties under sub. (1) (cm) to ~~(h)~~ (g) or (1m) (cm) to ~~(h)~~ (g).

16 **SECTION 199.** 961.41 (3g) (c) of the statutes is amended to read:

17 **961.41 (3g) (c) Cocaine and cocaine base.** If a person possesses or attempts to
18 possess cocaine or cocaine base, or a controlled substance analog of cocaine or cocaine
19 base, the person shall be fined not more than \$5,000 and may be imprisoned for not
20 more than one year in the county jail upon a first conviction and is guilty of a Class
21 I felony for a 2nd or subsequent offense. For purposes of this paragraph, an offense
22 is considered a 2nd or subsequent offense if, prior to the offender's conviction of the
23 offense, the offender has at any time been convicted of any felony or misdemeanor
24 under this chapter or under any statute of the United States or of any state relating

1 to controlled substances, controlled substance analogs, narcotic drugs, ~~marijuana~~,
2 or depressant, stimulant, or hallucinogenic drugs.

3 **SECTION 200.** 961.41 (3g) (d) of the statutes is amended to read:

4 961.41 (3g) (d) *Certain hallucinogenic and stimulant drugs.* If a person
5 possesses or attempts to possess lysergic acid diethylamide, phencyclidine,
6 amphetamine, 3,4-methylenedioxymethamphetamine, methcathinone, cathinone,
7 N-benzylpiperazine, a substance specified in s. 961.14 (4) (a) to (h), (m) to (q), (sm),
8 (u) to (xb), or (7) (L), psilocin, or psilocybin, or a controlled substance analog of
9 lysergic acid diethylamide, phencyclidine, amphetamine,
10 3,4-methylenedioxymethamphetamine, methcathinone, cathinone,
11 N-benzylpiperazine, a substance specified in s. 961.14 (4) (a) to (h), (m) to (q), (sm),
12 (u) to (xb), or (7) (L), psilocin, or psilocybin, the person may be fined not more than
13 \$5,000 or imprisoned for not more than one year in the county jail or both upon a first
14 conviction and is guilty of a Class I felony for a 2nd or subsequent offense. For
15 purposes of this paragraph, an offense is considered a 2nd or subsequent offense if,
16 prior to the offender's conviction of the offense, the offender has at any time been
17 convicted of any felony or misdemeanor under this chapter or under any statute of
18 the United States or of any state relating to controlled substances, controlled
19 substance analogs, narcotic drugs, ~~marijuana~~, or depressant, stimulant, or
20 hallucinogenic drugs.

21 **SECTION 201.** 961.41 (3g) (e) of the statutes is repealed.

22 **SECTION 202.** 961.41 (3g) (em) of the statutes is amended to read:

23 961.41 (3g) (em) *Synthetic cannabinoids.* If a person possesses or attempts to
24 possess a controlled substance specified in s. 961.14 (4) (tb), or a controlled substance
25 analog of a controlled substance specified in s. 961.14 (4) (tb), the person may be fined

1 not more than \$1,000 or imprisoned for not more than 6 months or both upon a first
2 conviction and is guilty of a Class I felony for a 2nd or subsequent offense. For
3 purposes of this paragraph, an offense is considered a 2nd or subsequent offense if,
4 prior to the offender's conviction of the offense, the offender has at any time been
5 convicted of any felony or misdemeanor under this chapter or under any statute of
6 the United States or of any state relating to controlled substances, controlled
7 substance analogs, narcotic drugs, ~~marijuana~~, or depressant, stimulant, or
8 hallucinogenic drugs.

9 **SECTION 203.** 961.47 (1) of the statutes is amended to read:

10 961.47 (1) Whenever any person who has not previously been convicted of any
11 offense under this chapter, or of any offense under any statute of the United States
12 or of any state or of any county ordinance relating to controlled substances or
13 controlled substance analogs, narcotic drugs, ~~marijuana~~ or stimulant, depressant,
14 or hallucinogenic drugs, pleads guilty to or is found guilty of possession or attempted
15 possession of a controlled substance or controlled substance analog under s. 961.41
16 (3g) (b), the court, without entering a judgment of guilt and with the consent of the
17 accused, may defer further proceedings and place him or her on probation upon terms
18 and conditions. Upon violation of a term or condition, the court may enter an
19 adjudication of guilt and proceed as otherwise provided. Upon fulfillment of the
20 terms and conditions, the court shall discharge the person and dismiss the
21 proceedings against him or her. Discharge and dismissal under this section shall be
22 without adjudication of guilt and is not a conviction for purposes of disqualifications
23 or disabilities imposed by law upon conviction of a crime, including the additional
24 penalties imposed for 2nd or subsequent convictions under s. 961.48. There may be
25 only one discharge and dismissal under this section with respect to any person.

1 **SECTION 204.** 961.48 (3) of the statutes is amended to read:

2 961.48 (3) For purposes of this section, a felony offense under this chapter is
3 considered a 2nd or subsequent offense if, prior to the offender's conviction of the
4 offense, the offender has at any time been convicted of any felony or misdemeanor
5 offense under this chapter or under any statute of the United States or of any state
6 relating to controlled substances or controlled substance analogs, narcotic drugs,
7 ~~marijuana~~ or depressant, stimulant, or hallucinogenic drugs.

8 **SECTION 205.** 961.48 (5) of the statutes is amended to read:

9 961.48 (5) This section does not apply if the person is presently charged with
10 a felony under s. 961.41 (3g) (c), (d), ~~(e)~~, or (g).

11 **SECTION 206.** 961.49 (1m) (intro.) of the statutes is amended to read:

12 961.49 (1m) (intro.) If any person violates s. 961.41 (1) (cm), (d), (dm), (e), (f),
13 or (g) ~~or (h)~~ by delivering or distributing, or violates s. 961.41 (1m) (cm), (d), (dm), (e),
14 (f), or (g) ~~or (h)~~ by possessing with intent to deliver or distribute, cocaine, cocaine
15 base, fentanyl, a fentanyl analog, heroin, phencyclidine, lysergic acid diethylamide,
16 psilocin, psilocybin, amphetamine, methamphetamine, or methcathinone ~~or any~~
17 ~~form of tetrahydrocannabinols~~ or a controlled substance analog of any of these
18 substances and the delivery, distribution or possession takes place under any of the
19 following circumstances, the maximum term of imprisonment prescribed by law for
20 that crime may be increased by 5 years:

21 **SECTION 207.** 961.571 (1) (a) 7. of the statutes is repealed.

22 **SECTION 208.** 961.571 (1) (a) 11. (intro.) of the statutes is amended to read:

23 961.571 (1) (a) 11. (intro.) Objects used, designed for use or primarily intended
24 for use in ingesting, inhaling, or otherwise introducing ~~marijuana~~, cocaine, hashish
25 or hashish oil into the human body, such as:

1 (5) “Retail outlet” has the meaning given in s. 139.97 (11).

2 (6) “Tetrahydrocannabinols concentration” means the percent of
3 tetrahydrocannabinol content per dry weight of any part of the plant Cannabis, or
4 per volume or weight of marijuana product, or the combined percent of
5 tetrahydrocannabinol and tetrahydrocannabinolic acid in any part of the plant
6 Cannabis regardless of moisture content.

7 (7) “Underage person” means a person who has not attained the legal age.

8 (8) “Usable marijuana” has the meaning given in s. 139.97 (13).

9 **961.71 Underage persons prohibitions; penalties.** (1) (a) 1. No permittee
10 may sell, distribute, or deliver marijuana to any underage person.

11 2. No permittee may directly or indirectly permit an underage person to violate
12 sub. (2m).

13 (b) A permittee that violates par. (a) 1. or 2. may be subject to a forfeiture of not
14 more than \$500 and to a suspension of the permittee’s permit for an amount of time
15 not to exceed 30 days.

16 (c) In determining whether a permittee has violated par. (a) 2., all relevant
17 circumstances surrounding the presence of the underage person may be considered.
18 In determining whether a permittee has violated par. (a) 1., all relevant
19 circumstances surrounding the selling, distributing, or delivering of marijuana may
20 be considered. In addition, proof of all of the following facts by the permittee is a
21 defense to any prosecution for a violation under par. (a):

22 1. That the underage person falsely represented that he or she had attained the
23 legal age.

24 2. That the appearance of the underage person was such that an ordinary and
25 prudent person would believe that the underage person had attained the legal age.

1 3. That the action was made in good faith and in reliance on the representation
2 and appearance of the underage person in the belief that the underage person had
3 attained the legal age.

4 4. That the underage person supported the representation under subd. 1. with
5 documentation that he or she had attained the legal age.

6 **(2)** Any underage person who does any of the following is subject to a forfeiture
7 of not less than \$250 nor more than \$500:

8 (a) Procures or attempts to procure marijuana from a permittee.

9 (b) Falsely represents his or her age for the purpose of receiving marijuana from
10 a permittee.

11 (c) Knowingly possesses or consumes marijuana.

12 (d) Violates sub. (2m).

13 **(2m)** An underage person not accompanied by his or her parent, guardian, or
14 spouse who has attained the legal age may not enter, knowingly attempt to enter, or
15 be on the premises of a retail outlet.

16 **(3)** An individual who has attained the legal age and who knowingly does any
17 of the following may be subject to a forfeiture that does not exceed \$1,000:

18 (a) Permits or fails to take action to prevent a violation of sub. (2) (c) on premises
19 owned by the individual or under the individual's control.

20 (b) Encourages or contributes to a violation of sub. (2) (a).

21 **961.72 Restrictions; penalties. (1)** No person except a permittee may sell,
22 or possess with the intent to sell, marijuana. No person may distribute or deliver,
23 or possess with the intent to distribute or deliver, marijuana except a permittee. Any
24 person who violates a prohibition under this subsection is guilty of the following:

25 (a) Except as provided in par. (b), a Class I felony.

1 (b) If the individual to whom the marijuana is, or is intended to be, sold,
2 distributed, or delivered has not attained the legal age and the actual or intended
3 seller, distributor, or deliverer is at least 3 years older than the individual to whom
4 the marijuana is, or is intended to be, sold, distributed, or delivered, a Class H felony.

5 (2) (a) A person that is not a permittee who possesses an amount of marijuana
6 that exceeds the permissible amount by not more than one ounce is subject to a civil
7 forfeiture not to exceed \$1,000.

8 (b) A person who is not a permittee who possesses an amount of marijuana that
9 exceeds the permissible amount by more than one ounce is one of the following:

10 1. Except as provided in subd. 2., subject to a fine not to exceed \$1,000 or
11 imprisonment not to exceed 90 days, or both.

12 2. Guilty of a Class I felony if the person has taken action to hide how much
13 marijuana the person possesses and has in place an extreme measure to avoid
14 detection.

15 (c) A person who is not a permittee that possesses more than 6 marijuana plants
16 that have reached the flowering stage at one time must apply for a permit under s.
17 139.972 and is one of the following:

18 1. Except as provided in subds. 2. and 3., subject to a civil forfeiture that is not
19 more than twice the permitting fee under s. 139.972.

20 2. Except as provided in subd. 3., subject to a fine not to exceed \$1,000 or
21 imprisonment not to exceed 90 days, or both, if the number of marijuana plants that
22 have reached the flowering stage is more than 12.

23 3. Guilty of a Class I felony if the number of marijuana plants that have reached
24 the flowering stage is more than 12, if the individual has taken action to hide the

1 number of marijuana plants that have reached the flowering stage and if the person
2 has in place an extreme measure to avoid detection.

3 (d) Whoever uses or displays marijuana in a public space is subject to a civil
4 forfeiture of not more than \$100.

5 (3) Any person who sells or attempts to sell marijuana via mail, telephone, or
6 Internet is subject to a fine not to exceed \$10,000 or imprisonment not to exceed 9
7 months, or both.

8 **SECTION 212.** 967.055 (1m) (b) 5. of the statutes is repealed.

9 **SECTION 213.** 971.365 (1) (a) of the statutes is amended to read:

10 971.365 (1) (a) In any case under s. 961.41 (1) (em), 1999 stats., or s. 961.41 (1)
11 (cm), (d), (dm), (e), (f), or (g) ~~or~~ (h) involving more than one violation, all violations
12 may be prosecuted as a single crime if the violations were pursuant to a single intent
13 and design.

14 **SECTION 214.** 971.365 (1) (b) of the statutes is amended to read:

15 971.365 (1) (b) In any case under s. 961.41 (1m) (em), 1999 stats., or s. 961.41
16 (1m) (cm), (d), (dm), (e), (f), or (g) ~~or~~ (h) involving more than one violation, all
17 violations may be prosecuted as a single crime if the violations were pursuant to a
18 single intent and design.

19 **SECTION 215.** 971.365 (1) (c) of the statutes is amended to read:

20 971.365 (1) (c) In any case under s. 961.41 (3g) (a) 2., 1999 stats., or s. 961.41
21 (3g) (dm), 1999 stats., or s. 961.41 (3g) (am), (c), (d), ~~(e)~~, or (g) involving more than
22 one violation, all violations may be prosecuted as a single crime if the violations were
23 pursuant to a single intent and design.

24 **SECTION 216.** 971.365 (2) of the statutes is amended to read:

1 971.365 (2) An acquittal or conviction under sub. (1) does not bar a subsequent
2 prosecution for any acts in violation of s. 961.41 (1) (em), 1999 stats., s. 961.41 (1m)
3 (em), 1999 stats., s. 961.41 (3g) (a) 2., 1999 stats., or s. 961.41 (3g) (dm), 1999 stats.,
4 or s. 961.41 (1) (cm), (d), (dm), (e), (f), or (g), ~~or (h)~~, (1m) (cm), (d), (dm), (e), (f), or (g),
5 ~~or (h)~~ or (3g) (am), (c), (d), ~~(e)~~, or (g) on which no evidence was received at the trial
6 on the original charge.

7 **SECTION 217.** 973.016 of the statutes is created to read:

8 **973.016 Special disposition for marijuana-related crimes. (1)**

9 RESENTENCING PERSONS SERVING A SENTENCE OR PROBATION. (a) A person serving a
10 sentence or on probation may request resentencing or dismissal as provided under
11 par. (b) if all of the following apply:

12 1. The sentence or probation period was imposed for a violation of s. 961.41 (1)
13 (h), 2021 stats., s. 961.41 (1m) (h), 2021 stats., or s. 961.41 (3g) (e), 2021 stats.

14 2. One of the following applies:

15 a. The person would not have been guilty of a crime had the violation occurred
16 on or after the effective date of this subd. 2. a. [LRB inserts date].

17 b. The person would have been guilty of a lesser crime had the violation
18 occurred on or after the effective date of this subd. 2. b. [LRB inserts date].

19 (b) 1. A person to whom par. (a) applies shall file a petition with the sentencing
20 court to request resentencing, adjustment of probation, or dismissal.

21 2. If the court receiving a petition under subd. 1. determines that par. (a)
22 applies, the court shall schedule a hearing to consider the petition. At the hearing,
23 if the court determines that par. (a) 2. b. applies, the court shall resentence the person
24 or adjust the probation and change the record to reflect the lesser crime, and, if the
25 court determines that par. (a) 2. a. applies, the court shall dismiss the conviction and

1 expunge the record. Before resentencing, adjusting probation, or dismissing a
2 conviction under this subdivision, the court shall determine that the action does not
3 present an unreasonable risk of danger to public safety.

4 3. If the court resentences the person or adjusts probation, the person shall
5 receive credit for time or probation served for the relevant offense.

6 **(2) REDESIGNATING OFFENSE FOR PERSONS WHO COMPLETED A SENTENCE OR**
7 **PROBATION.** (a) A person who has completed his or her sentence or period of probation
8 may request under par. (b) expungement of the conviction because the conviction is
9 legally invalid or redesignation to a lesser crime if all of the following apply:

10 1. The sentence or probation period was imposed for a violation of s. 961.41 (1)
11 (h), 2021 stats., s. 961.41 (1m) (h), 2021 stats., or s. 961.41 (3g) (e), 2021 stats.

12 2. One of the following applies:

13 a. The person would not have been guilty of a crime had the violation occurred
14 on or after the effective date of this subd. 2. a. [LRB inserts date].

15 b. The person would have been guilty of a lesser crime had the violation
16 occurred on or after the effective date of this subd. 2. b. [LRB inserts date].

17 (b) 1. A person to whom par. (a) applies shall file a petition with the sentencing
18 court to request expungement or redesignation.

19 2. If the court receiving a petition under subd. 1. determines that par. (a)
20 applies, the court shall schedule a hearing to consider the petition. At the hearing,
21 if the court determines that par. (a) 2. b. applies, the court shall redesignate the crime
22 to a lesser crime and change the record to reflect the lesser crime, and if the court
23 determines that par. (a) 2. a. applies, the court shall expunge the conviction. Before
24 redesignating or expunging under this subdivision, the court shall determine that
25 the action does not present an unreasonable risk of danger to public safety.

1 **(3) EFFECT OF RESENTENCING, DISMISSAL, REDESIGNATION, OR EXPUNGEMENT.** If the
2 court changes or expunges a record under this section, a conviction that was changed
3 or expunged is not considered a conviction for any purpose under state or federal law,
4 including for purposes of s. 941.29 or 18 USC 921.

5 **SECTION 9128. Nonstatutory provisions; Legislature.**

6 (1) **JOINT LEGISLATIVE COUNCIL STUDY.** The joint legislative council shall study
7 the implementation of the marijuana tax and regulation provided under subch. IV
8 of ch. 139 and identify uses for the revenues generated by the tax. The joint
9 legislative council shall report its findings, conclusions, and recommendations to the
10 joint committee on finance no later than 2 years after the effective date of this
11 subsection.”.

12 **225.** Page 374, line 11: after that line insert:

13 “**SECTION 218.** 49.45 (30e) (a) 2. of the statutes is repealed.

14 **SECTION 219.** 49.45 (30e) (b) 3. of the statutes is amended to read:

15 49.45 **(30e)** (b) 3. Requirements for certification of community-based
16 psychosocial service programs. The department may certify county-based providers
17 and providers that are not county-based providers.

18 **SECTION 220.** 49.45 (30e) (c) of the statutes is renumbered 49.45 (30e) (c) 1. and
19 amended to read:

20 49.45 **(30e)** (c) 1. ~~A For a county that elects to ~~make~~ provide the services under~~
21 ~~s. 49.46 (2) (b) 6. Lm. available shall reimburse a provider of the services for the~~
22 ~~amount of the allowable charges for those services under the medical assistance~~
23 ~~program that is not provided by the federal government. The, the department shall~~
24 reimburse the ~~provider~~ county only for the amount of the allowable charges for those

1 services under the ~~medical assistance~~ Medical Assistance program that is provided
2 by the federal government.

3 **SECTION 221.** 49.45 (30e) (c) 2. of the statutes is created to read:

4 49.45 (30e) (c) 2. The department shall reimburse a provider that is not a
5 county-based provider for services under s. 49.46 (2) (b) 6. Lm. for both the federal
6 and nonfederal share of a fee schedule that is determined by the department.

7 **SECTION 222.** 49.45 (30e) (d) of the statutes is amended to read:

8 49.45 (30e) (d) *Provision of services on regional basis.* Notwithstanding par.
9 (c) 1. and subject to par. (e), in counties that elect to ~~deliver~~ provide the services under
10 s. 49.46 (2) (b) 6. Lm. through the Medical Assistance program on a regional basis
11 according to criteria established by the department, the department shall reimburse
12 a provider of the services for the amount of the allowable charges for those services
13 under the Medical Assistance program that is provided by the federal government
14 and for the amount of the allowable charges that is not provided by the federal
15 government.

16 **SECTION 9119. Nonstatutory provisions; Health Services.**

17 (1) COMMUNITY-BASED PSYCHOSOCIAL SERVICES. The department of health
18 services may promulgate rules, including amending rules promulgated under s.
19 49.45 (30e) (b), update Medical Assistance program policies, and request any state
20 plan amendment or waiver of federal Medicaid law from the federal government
21 necessary to provide reimbursement to providers who are not county-based
22 providers for psychosocial services provided to Medical Assistance recipients under
23 s. 49.45 (30e).”.

24 **226.** Page 374, line 11: after that line insert:

1 **“SECTION 223.** 46.48 (37) of the statutes is created to read:

2 46.48 **(37)** PEER RECOVERY CENTERS. The department may distribute not more
3 than \$260,000 in each fiscal year to regional peer recovery centers for individuals
4 experiencing mental health and substance abuse issues.”.

5 **227.** Page 374, line 11: after that line insert:

6 **“SECTION 9119. Nonstatutory provisions; Health Services**

7 (2u) HEALTH CARE WORKFORCE PILOT PROJECT. The department of health services
8 shall distribute \$621,000 in fiscal year 2024-25 to support a pilot project in Dane
9 County relating to the impact of the COVID-19 pandemic on the health care
10 workforce.”.

11 **228.** Page 374, line 11: after that line insert:

12 **“SECTION 224.** 20.145 (1) (km) of the statutes is repealed.”.

13 **229.** Page 374, line 11: after that line insert:

14 **“SECTION 225.** 632.895 (6) (title) of the statutes is amended to read:

15 632.895 **(6)** (title) EQUIPMENT AND SUPPLIES FOR TREATMENT OF DIABETES; INSULIN.

16 **SECTION 226.** 632.895 (6) of the statutes is renumbered 632.895 (6) (a) and
17 amended to read:

18 632.895 **(6)** (a) Every disability insurance policy ~~which~~ that provides coverage
19 of expenses incurred for treatment of diabetes shall provide coverage for expenses
20 incurred by the installation and use of an insulin infusion pump, coverage for all
21 other equipment and supplies, including insulin or any other prescription
22 medication, used in the treatment of diabetes, and coverage of diabetic
23 self-management education programs. Coverage Except as provided in par. (b),
24 coverage required under this subsection shall be subject to the same exclusions,

1 limitations, deductibles, and coinsurance provisions of the policy as other covered
2 expenses, except that insulin infusion pump coverage may be limited to the purchase
3 of one pump per year and the insurer may require the insured to use a pump for 30
4 days before purchase.

5 **SECTION 227.** 632.895 (6) (b) of the statutes is created to read:

6 632.895 (6) (b) 1. In this paragraph:

7 a. "Cost sharing" means the total of any deductible, copayment, or coinsurance
8 amounts imposed on a person covered under a policy or plan.

9 b. "Self-insured health plan" has the meaning given in s. 632.85 (1) (c).

10 2. Every disability insurance policy and self-insured health plan that cover
11 insulin and impose cost sharing on prescription drugs may not impose cost sharing
12 on insulin in an amount that exceeds \$35 for a one-month supply of insulin.

13 3. Nothing in this paragraph prohibits a disability insurance policy or
14 self-insured health plan from imposing cost sharing on insulin in an amount less
15 than the amount specified under subd. 2. Nothing in this paragraph requires a
16 disability insurance policy or self-insured health plan to impose any cost sharing on
17 insulin.

18 **SECTION 9423. Effective dates; Insurance.**

19 (1) COST-SHARING CAP ON INSULIN. The treatment of ss. 609.83 and 632.895 (6)
20 (title), the renumbering and amendment of s. 632.895 (6), and the creation of s.
21 632.895 (6) (b) take effect on the first day of the 4th month beginning after
22 publication.”.

23 **230.** Page 374, line 11: after that line insert:

24 “**SECTION 228.** 20.435 (4) (bm) of the statutes is amended to read:

1 20.435 (4) (bm) *Medical Assistance, food stamps, and Badger Care*
2 *administration; contract costs, insurer reports, and resource centers.* Biennially, the
3 amounts in the schedule to provide a portion of the state share of administrative
4 contract costs for the Medical Assistance program under subch. IV of ch. 49 and the
5 Badger Care health care program under s. 49.665 and to provide the state share of
6 administrative costs for the food stamp program under s. 49.79, other than payments
7 under s. 49.78 (8), to develop and implement a registry of recipient immunizations,
8 to reimburse 3rd parties for their costs under s. 49.475, for costs associated with
9 outreach activities, for state administration of state supplemental grants to
10 supplemental security income recipients under s. 49.77, for grants under s. 46.73,
11 and for services of resource centers under s. 46.283. No state positions may be funded
12 in the department of health services from this appropriation, except positions for the
13 performance of duties under a contract in effect before January 1, 1987, related to
14 the administration of the Medical Assistance program between the subunit of the
15 department primarily responsible for administering the Medical Assistance
16 program and another subunit of the department. Total administrative funding
17 authorized for the program under s. 49.665 may not exceed 10 percent of the amounts
18 budgeted under pars. (p) and (x).

19 **SECTION 229.** 20.435 (4) (pa) of the statutes is amended to read:

20 20.435 (4) (pa) *Federal aid; Medical Assistance and food stamp contracts*
21 *administration.* All federal moneys received for the federal share of the cost of
22 contracting for payment and services administration and reporting, other than
23 moneys received under pars. (nn) and (np), to reimburse 3rd parties for their costs
24 under s. 49.475, for administrative contract costs for the food stamp program under
25 s. 49.79, for grants under s. 46.73, and for services of resource centers under s. 46.283.

1 **SECTION 230.** 46.73 of the statutes is created to read:

2 **46.73 Community dental health coordinators.** From the appropriations
3 under s. 20.435 (4) (bm) and (pa), the department shall award grants to support
4 community dental health coordinators.”.

5 **231.** Page 374, line 11: after that line insert:

6 “**SECTION 231.** 46.482 (1) (a) of the statutes is renumbered 46.482 (1) (bm).

7 **SECTION 232.** 46.482 (1) (am) of the statutes is created to read:

8 46.482 (1) (am) “Certified peer specialist” means an individual described under
9 s. 49.45 (30j) (a) 1m. who has met the certification requirements established by the
10 department.

11 **SECTION 233.** 46.482 (1) (b) of the statutes is renumbered 46.482 (1) (c) and
12 amended to read:

13 46.482 (1) (c) “Peer recovery coach” means an individual described under s.
14 49.45 (30j) (a) ~~2.~~ 3. who has completed the training requirements specified under
15 s. 49.45 (30j) (b) 4.

16 **SECTION 234.** 46.482 (2) (a) of the statutes is amended to read:

17 46.482 (2) (a) Use peer recovery coaches and certified peer specialists to
18 encourage individuals to seek treatment for a substance use disorder following an
19 overdose.

20 **SECTION 235.** 46.482 (2) (f) of the statutes is amended to read:

21 46.482 (2) (f) Collect and evaluate data on the outcomes of patients receiving
22 peer recovery coach or certified peer specialist services and coordination and
23 continuation of care services under this section.

24 **SECTION 236.** 49.45 (30j) (title) of the statutes is amended to read:

1 49.45 (30j) (title) REIMBURSEMENT FOR PEER RECOVERY COACH AND CERTIFIED PEER
2 SPECIALIST SERVICES.

3 **SECTION 237.** 49.45 (30j) (a) 1. and 2. of the statutes are renumbered 49.45 (30j)
4 (a) 2m. and 3.

5 **SECTION 238.** 49.45 (30j) (a) 1m. of the statutes is created to read:

6 49.45 (30j) (a) 1m. “Certified peer specialist” means an individual who has
7 experience in the mental health and substance use services system, who is trained
8 to provide support to others, and who has received peer specialist or parent peer
9 specialist certification under the rules established by the department.

10 **SECTION 239.** 49.45 (30j) (bm) of the statutes is created to read:

11 49.45 (30j) (bm) The department shall reimburse under the Medical Assistance
12 program under this subchapter any service provided by a certified peer specialist if
13 the service satisfies all of the following conditions:

14 1. The recipient of the service provided by a certified peer specialist is in
15 treatment for or recovery from a mental illness or a substance use disorder.

16 2. The certified peer specialist provides the service under the supervision of a
17 competent mental health professional.

18 3. The certified peer specialist provides the service in coordination with the
19 Medical Assistance recipient’s individual treatment plan and in accordance with the
20 recipient’s individual treatment goals.

21 4. The certified peer specialist providing the service has completed training
22 requirements, as established by the department by rule, after consulting with
23 members of the recovery community.

24 **SECTION 240.** 49.45 (30j) (c) of the statutes is amended to read:

1 49.45 (30j) (c) The department shall certify under Medical Assistance peer
2 recovery coaches and certified peer specialists to provide services in accordance with
3 this subsection.

4 **SECTION 241.** 49.46 (2) (b) 14p. of the statutes is amended to read:

5 49.46 (2) (b) 14p. Subject to s. 49.45 (30j), services provided by a peer recovery
6 coach or a certified peer specialist.

7 **SECTION 9119. Nonstatutory provisions; Health Services.**

8 (1) RULES REGARDING TRAINING OF CERTIFIED PEER SPECIALISTS. The department
9 of health services may promulgate the rules required under s. 49.45 (30j) (bm) 4. as
10 emergency rules under s. 227.24. Notwithstanding s. 227.24 (1) (a) and (3), the
11 department of health services is not required to provide evidence that promulgating
12 a rule under this subsection as an emergency rule is necessary for the preservation
13 of the public peace, health, safety, or welfare and is not required to provide a finding
14 of emergency for a rule promulgated under this subsection. Notwithstanding s.
15 227.24 (1) (c) and (2), emergency rules promulgated under this subsection remain in
16 effect until January 1, 2025, or the date the permanent rules take effect, whichever
17 is sooner.”.

18 **232.** Page 374, line 11: after that line insert:

19 “**SECTION 242.** 46.854 of the statutes is created to read:

20 **46.854 Healthy aging grant program.** From the appropriation under s.
21 20.435 (1) (b), the department shall award in each fiscal year a grant of \$600,000 to
22 an entity that conducts programs in healthy aging.”.

23 **233.** Page 374, line 11: after that line insert:

24 “**SECTION 243.** 20.145 (1) (g) 5. of the statutes is created to read:

1 20.145 (1) (g) 5. All moneys received from the regulation of pharmacy benefit
2 managers, pharmacy benefit management brokers, pharmacy benefit management
3 consultants, pharmacy services administration organizations, and pharmaceutical
4 representatives.”.

5 **234.** Page 374, line 11: after that line insert:

6 “**SECTION 244.** 256.158 of the statutes is created to read:

7 **256.158 Epinephrine for ambulances.** (1) In this section:

8 (a) “Ambulance service provider” means an ambulance service provider that is
9 a public agency, volunteer fire department, or nonprofit corporation.

10 (b) “Draw-up epinephrine” means epinephrine that is administered
11 intramuscularly using a needle and syringe and drawn up from a vial or ampule.

12 (c) “Draw-up epinephrine kit” means a single-use vial or ampule of draw-up
13 epinephrine and a syringe for administration to a patient.

14 (d) “Epinephrine auto-injector” means a device for the automatic injection of
15 epinephrine into the human body.

16 (2) From the appropriation under s. 20.435 (1) (b), the department shall
17 reimburse ambulance service providers for a set of 2 epinephrine auto-injectors or
18 a set of 2 draw-up epinephrine kits for each ambulance operating in the state. On
19 an ongoing basis, the department shall, upon request from an ambulance service
20 provider, reimburse the ambulance service provider for a replacement set of 2
21 epinephrine auto-injectors or a set of 2 draw-up epinephrine kits. The department
22 shall allow the ambulance service provider to choose between epinephrine
23 auto-injectors and draw-up epinephrine kits. The department may not reimburse
24 an ambulance service provider for epinephrine unless each ambulance for which the

1 ambulance service provider is reimbursed is staffed with an emergency medical
2 services practitioner who is qualified to administer the provided epinephrine.”.

3 **235.** Page 374, line 11: after that line insert:

4 “**SECTION 245.** 253.19 of the statutes is created to read:

5 **253.19 Grants to free-standing pediatric teaching hospitals.** From the
6 appropriation under s. 20.435 (1) (b), the department shall award grants to
7 free-standing pediatric teaching hospitals to fund programming related to
8 parenting, educational needs of and supports for chronically ill children, and case
9 management for children with asthma. A free-standing pediatric teaching hospital
10 is eligible for a grant under this section only if the percentage of Medical Assistance
11 recipient inpatient days at the free-standing pediatric teaching hospital calculated
12 under s. 49.45 (3m) (b) 1. a. is greater than 45 percent.”.

13 **236.** Page 374, line 11: after that line insert:

14 “**SECTION 9119. Nonstatutory provisions; Health Services.**

15 (1w) ELECTROCARDIOGRAM SCREENING PILOT PROGRAM. The department of health
16 services shall develop a pilot program to provide electrocardiogram screenings for
17 participants in middle school and high school athletics programs in Milwaukee and
18 Waukesha Counties. From the appropriation under s. 20.435 (1) (b), in fiscal year
19 2024-25, the department shall award \$4,172,000 in grants to local health
20 departments, as defined under s. 250.01 (4), to implement the pilot program under
21 this subsection. Participation in the pilot program by participants in middle school
22 and high school athletics programs shall be optional.”.

23 **237.** Page 374, line 11: after that line insert:

24 “**SECTION 246.** 51.44 (5) (bm) of the statutes is created to read:

1 51.44 (5) (bm) Ensure that any child with a level of lead in his or her blood that
2 is 3.5 or more micrograms per 100 milliliters of blood, as confirmed by one venous
3 blood test, is eligible for services under the program under this section.

4 **SECTION 9119. Nonstatutory provisions; Health Services.**

5 (1u) EARLY INTERVENTION SERVICES. The department of health services may
6 develop a methodology to allocate moneys under s. 20.435 (7) (bt) across county
7 programs.”.

8 **238.** Page 374, line 11: after that line insert:

9 “**SECTION 247.** 46.995 (4) of the statutes is created to read:

10 46.995 (4) The department shall ensure that any child who is eligible and who
11 applies for the disabled children’s long-term support program that is operating
12 under a waiver of federal law receives services under the disabled children’s
13 long-term support program that is operating under a waiver of federal law.”.

14 **239.** Page 374, line 11: after that line insert:

15 “**SECTION 248.** 49.45 (30t) of the statutes is created to read:

16 49.45 (30t) DOULA SERVICES. (a) In this subsection:

17 1. “Certified doula” means an individual who has received certification from a
18 doula certifying organization recognized by the department.

19 2. “Doula services” means childbirth education and support services, including
20 emotional and physical support provided during pregnancy, labor, birth, and the
21 postpartum period.

22 (b) The department shall request from the secretary of the federal department
23 of health and human services any required waiver or any required amendment to the
24 state plan for Medical Assistance to allow reimbursement for doula services provided

1 by a certified doula. If the waiver or state plan amendment is granted, the
2 department shall reimburse a certified doula under s. 49.46 (2) (b) 12p. for the
3 allowable charges for doula services provided to Medical Assistance recipients.

4 **SECTION 249.** 49.46 (2) (b) 12p. of the statutes is created to read:

5 49.46 (2) (b) 12p. Doula services provided by a certified doula, as specified
6 under s. 49.45 (30t).”.

7 **240.** Page 374, line 11: after that line insert:

8 “**SECTION 250.** 49.45 (39) (b) 1. of the statutes is amended to read:

9 49.45 (39) (b) 1. ‘Payment for school medical services.’ If a school district or a
10 cooperative educational service agency elects to provide school medical services and
11 meets all requirements under par. (c), the department shall reimburse the school
12 district or the cooperative educational service agency for ~~60~~ 100 percent of the federal
13 share of allowable charges for the school medical services that it provides and, as
14 specified in subd. 2., for allowable administrative costs. If the Wisconsin Center for
15 the Blind and Visually Impaired or the Wisconsin Educational Services Program for
16 the Deaf and Hard of Hearing elects to provide school medical services and meets all
17 requirements under par. (c), the department shall reimburse the department of
18 public instruction for ~~60~~ 100 percent of the federal share of allowable charges for the
19 school medical services that the Wisconsin Center for the Blind and Visually
20 Impaired or the Wisconsin Educational Services Program for the Deaf and Hard of
21 Hearing provides and, as specified in subd. 2., for allowable administrative costs. A
22 school district, cooperative educational service agency, the Wisconsin Center for the
23 Blind and Visually Impaired, or the Wisconsin Educational Services Program for the
24 Deaf and Hard of Hearing may submit, and the department shall allow, claims for

1 common carrier transportation costs as a school medical service unless the
2 department receives notice from the federal health care financing administration
3 that, under a change in federal policy, the claims are not allowed. If the department
4 receives the notice, a school district, cooperative educational service agency, the
5 Wisconsin Center for the Blind and Visually Impaired, or the Wisconsin Educational
6 Services Program for the Deaf and Hard of Hearing may submit, and the department
7 shall allow, unreimbursed claims for common carrier transportation costs incurred
8 before the date of the change in federal policy. The department shall promulgate
9 rules establishing a methodology for making reimbursements under this paragraph.
10 All other expenses for the school medical services provided by a school district or a
11 cooperative educational service agency shall be paid for by the school district or the
12 cooperative educational service agency with funds received from state or local taxes.
13 The school district, the Wisconsin Center for the Blind and Visually Impaired, the
14 Wisconsin Educational Services Program for the Deaf and Hard of Hearing, or the
15 cooperative educational service agency shall comply with all requirements of the
16 federal department of health and human services for receiving federal financial
17 participation.

18 **SECTION 251.** 49.45 (39) (b) 2. of the statutes is amended to read:

19 49.45 (39) (b) 2. 'Payment for school medical services administrative costs.' The
20 department shall reimburse a school district or a cooperative educational service
21 agency specified under subd. 1. and shall reimburse the department of public
22 instruction on behalf of the Wisconsin Center for the Blind and Visually Impaired or
23 the Wisconsin Educational Services Program for the Deaf and Hard of Hearing for
24 90 100 percent of the federal share of allowable administrative costs, using time
25 studies, ~~beginning in fiscal year 1999-2000.~~ A school district or a cooperative

1 educational service agency may submit, and the department of health services shall
2 allow, claims for administrative costs incurred during the period that is up to 24
3 months before the date of the claim, if allowable under federal law.”.

4 **241.** Page 374, line 11: after that line insert:

5 “SECTION 252. 49.46 (2) (b) 24. of the statutes is created to read:

6 49.46 (2) (b) 24. Subject to par. (by), nonmedical services that contribute to the
7 determinants of health.

8 SECTION 253. 49.46 (2) (by) of the statutes is created to read:

9 49.46 (2) (by) The department shall determine those services under par. (b) 24.
10 that contribute to the determinants of health. The department shall seek any
11 necessary state plan amendment or request any waiver of federal Medicaid law to
12 implement this paragraph. The department is not required to provide the services
13 under this paragraph as a benefit under the Medical Assistance program if the
14 federal department of health and human services does not provide federal financial
15 participation for the services under this paragraph.”.

16 **242.** Page 374, line 11: after that line insert:

17 “SECTION 254. 20.435 (4) (jw) of the statutes is amended to read:

18 20.435 (4) (jw) *BadgerCare Plus and hospital assessment*. All moneys received
19 from payment of enrollment fees under the program under s. 49.45 (23), all moneys
20 transferred under s. 50.38 (9), all moneys transferred under s. 256.23 (6), all moneys
21 transferred from the appropriation account under par. (jz), and 10 percent of all
22 moneys received from penalty assessments under s. 49.471 (9) (c), ~~for administration~~
23 ~~of the program under s. 49.45 (23)~~, to provide a portion of the state share of
24 administrative costs for the BadgerCare Plus Medical Assistance program under s.

1 49.471, and for administration of the hospital assessment under s. 50.38, and for
2 administration of the ambulance service provider fee under s. 256.23.

3 **SECTION 255.** 20.435 (4) (xm) of the statutes is created to read:

4 20.435 (4) (xm) *Ambulance service provider trust fund; ambulance payments.*

5 From the ambulance service provider trust fund, all moneys received from the
6 assessment under s. 256.23, except amounts transferred to the appropriation under
7 s. 20.435 (4) (jw) as specified in s. 256.23 (6), to make payments to eligible ambulance
8 service providers as specified under s. 49.45 (3) (em).

9 **SECTION 256.** 49.45 (3) (em) of the statutes is amended to read:

10 49.45 (3) (em) The department shall expend moneys collected under s. 256.23
11 (2), less amounts transferred under s. 256.23 (6), to supplement reimbursement for
12 eligible ambulance service providers, as defined in s. 256.23 (1) (a), for services
13 provided under the Medical Assistance program under this subchapter, including
14 services reimbursed on a fee-for-service basis and provided under managed care, by
15 eligible ambulance service providers. Health plans shall be indemnified and held
16 harmless for any errors made by the department or its agents in calculation of any
17 supplemental reimbursement made under this paragraph.

18 **SECTION 257.** 256.23 (6) of the statutes is created to read:

19 256.23 (6) In each fiscal year, the secretary of administration shall transfer
20 from the ambulance service provider trust fund under s. 25.776 to the appropriation
21 under s. 20.435 (4) (jw) an amount equal to the annual costs of administering the
22 ambulance assessment as specified under this section and making supplemental
23 reimbursements to ambulance service providers under s. 49.45 (3) (em).”.

24 **243.** Page 374, line 11: after that line insert:

1 **“SECTION 258.** 20.940 of the statutes is repealed.

2 **SECTION 259.** 49.45 (2t) of the statutes is repealed.

3 **SECTION 260.** 256.23 (5) of the statutes is amended to read:

4 256.23 (5) ~~In accordance with s. 20.940, the~~ The department shall submit to
5 the federal department of health and human services a request for any state plan
6 amendment, waiver or other approval that is required to implement this section and
7 s. 49.45 (3) (em). If federal approval is required, the department may not implement
8 the collection of the fee under sub. (2) until it receives approval from the federal
9 government to obtain federal matching funds.

10 **SECTION 261.** 601.83 (1) (a) of the statutes is amended to read:

11 601.83 (1) (a) The commissioner shall administer a state-based reinsurance
12 program known as the healthcare stability plan in accordance with the specific terms
13 and conditions approved by the federal department of health and human services
14 dated July 29, 2018. Before December 31, 2023, the commissioner may not request
15 from the federal department of health and human services a modification,
16 suspension, withdrawal, or termination of the waiver under 42 USC 18052 under
17 which the healthcare stability plan under this subchapter operates unless
18 legislation has been enacted specifically directing the modification, suspension,
19 withdrawal, or termination. Before December 31, 2023, the commissioner may
20 request renewal, without substantive change, of the waiver under 42 USC 18052
21 under which the health care stability plan operates ~~in accordance with s. 20.940 (4)~~
22 unless legislation has been enacted that is contrary to such a renewal request. ~~The~~
23 ~~commissioner shall comply with applicable timing in and requirements of s. 20.940.~~

24 **SECTION 9119. Nonstatutory provisions; Health Services.**

1 (1v) CHILDLESS ADULTS DEMONSTRATION PROJECT REFORM WAIVER. The department
2 of health services may submit a request to the federal department of health and
3 human services to modify or withdraw the waiver granted under s. 49.45 (23) (g),
4 2021 stats.”.

5 **244.** Page 374, line 11: after that line insert:

6 “**SECTION 262.** 20.435 (5) (bw) of the statutes is amended to read:

7 20.435 (5) (bw) ~~Child psychiatry and addiction medicine consultation~~
8 ~~programs~~ Mental health consultation program. Biennially, the amounts in the
9 schedule for operating the ~~child psychiatry consultation program under s. 51.442 and~~
10 ~~the addiction medicine consultation program under s. 51.448~~ mental health
11 consultation program under s. 51.443.

12 **SECTION 263.** 20.435 (5) (bx) of the statutes is created to read:

13 20.435 (5) (bx) *Addiction medicine consultation program*. Biennially, the
14 amounts in the schedule for operating the addiction medicine consultation program
15 under s. 51.448.

16 **SECTION 264.** 20.435 (5) (ct) of the statutes is repealed.

17 **SECTION 265.** 51.441 of the statutes is repealed.

18 **SECTION 266.** 51.442 of the statutes is repealed.

19 **SECTION 267.** 51.443 of the statutes is created to read:

20 **51.443 Mental health consultation program. (1)** In this section:

21 (a) “Participating clinicians” includes physicians, nurse practitioners,
22 physician assistants, and medically appropriate members of the care teams of
23 physicians, nurse practitioners, and physician assistants.

1 (b) “Program” means the mental health consultation program under this
2 section.

3 (2) During the fiscal year 2023-24, the department shall contract with the
4 organization that provided consultation services through the child psychiatry
5 consultation program under s. 51.442, 2021 stats., as of January 1, 2023, to
6 administer the mental health consultation program described under this section. In
7 subsequent fiscal years, the department shall contract with the organization that
8 provided consultation services through the child psychiatry consultation program
9 under s. 51.442, 2021 stats., as of January 1, 2023, or another organization to
10 administer the mental health consultation program under this section.

11 (3) The contracting organization under sub. (2) shall administer a mental
12 health consultation program that incorporates a comprehensive set of mental health
13 consultation services, which may include perinatal, child, adult, geriatric, pain,
14 veteran, and general mental health consultation services, and may contract with any
15 other entity to perform any operations and satisfy any requirements under this
16 section for the program.

17 (4) As a condition of providing services through the program, the contracting
18 organization under sub. (2) shall do all of the following:

19 (a) Ensure that all mental health care providers who are providing services
20 through the program have the applicable credential from this state; if a psychiatric
21 professional, that the provider is eligible for certification or is certified by the
22 American Board of Psychiatry and Neurology for adult psychiatry, child and
23 adolescent psychiatry, or both; and if a psychologist, that the provider is registered
24 in a professional organization, including the American Psychological Association,

1 National Register of Health Service Psychologists, Association for Psychological
2 Science, or the National Alliance of Professional Psychology Providers.

3 (b) Maintain the infrastructure necessary to provide the program's services
4 statewide.

5 (c) Operate the program on weekdays during normal business hours of 8 a.m.
6 to 5 p.m.

7 (d) Provide consultation services under the program as promptly as is
8 practicable.

9 (e) Have the capability to provide consultation services by, at a minimum,
10 telephone and email. Consultation through the program may be provided by
11 teleconference, video conference, voice over Internet protocol, email, pager,
12 in-person conference, or any other telecommunication or electronic means.

13 (f) Provide all of the following services through the program:

14 1. Support for participating clinicians to assist in the management of mental
15 health concerns.

16 2. Triage-level assessments to determine the most appropriate response to
17 each request, including appropriate referrals to any community providers and
18 health systems.

19 3. When medically appropriate, diagnostics and therapeutic feedback.

20 4. Recruitment of other clinicians into the program as participating clinicians
21 when possible.

22 (g) Report to the department any information requested by the department.

23 (h) Conduct annual surveys of participating clinicians who use the program to
24 assess the quality of care provided, self-perceived levels of confidence in providing
25 mental health services, and satisfaction with the consultations and other services

1 provided through the program. Immediately after participating clinicians begin
2 using the program and again 6 to 12 months later, the contracting organization
3 under sub. (2) may conduct assessments of participating clinicians to assess the
4 barriers to and benefits of participation in the program to make future improvements
5 and to determine the participating clinicians' treatment abilities, confidence, and
6 awareness of relevant resources before and after beginning to use the program.

7 (5) Services provided under sub. (4) (b) to (h) are eligible for funding from the
8 department. The contracting organization under sub. (2) also may provide any of the
9 following services under the program that are eligible for funding from the
10 department:

11 (a) Second opinion diagnostic and medication management evaluations and
12 community resource referrals conducted by either a psychiatrist or allied health
13 professionals.

14 (b) In-person or web-based educational seminars and refresher courses on a
15 medically appropriate topic within mental or behavioral health care provided to any
16 participating clinician who uses the program.

17 (c) Data evaluation and assessment of the program.”.

18 **245.** Page 374, line 11: after that line insert:

19 “**SECTION 268.** 46.48 (35) of the statutes is created to read:

20 46.48 (35) PSYCHIATRIC RESIDENTIAL TREATMENT FACILITIES. The department may
21 distribute not more than \$1,790,000 in each fiscal year to support psychiatric
22 residential treatment facilities.

23 **SECTION 269.** 49.46 (2) (b) 14c. of the statutes is created to read:

1 49.46 (2) (b) 14c. Subject to par. (bv), services by a psychiatric residential
2 treatment facility.

3 **SECTION 270.** 49.46 (2) (bv) of the statutes is created to read:

4 49.46 (2) (bv) The department shall submit to the federal department of health
5 and human services any request for a state plan amendment, waiver, or other federal
6 approval necessary to provide reimbursement for services by a psychiatric
7 residential treatment facility. If the federal department of health and human
8 services approves the request or if no federal approval is necessary, the department
9 shall provide reimbursement under par. (b) 14c. If the federal department of health
10 and human services disapproves the request, the department may not provide
11 reimbursement for services under par. (b) 14c.

12 **SECTION 271.** 51.044 of the statutes is created to read:

13 **51.044 Psychiatric residential treatment facilities. (1) DEFINITION.** In
14 this section, “psychiatric residential treatment facility” is a non-hospital facility
15 that provides inpatient comprehensive mental health treatment services to
16 individuals under the age of 21 who, due to mental illness, substance use, or severe
17 emotional disturbance, need treatment that can most effectively be provided in a
18 residential treatment facility.

19 **(2) CERTIFICATION REQUIRED; EXEMPTION.** (a) No person may operate a
20 psychiatric residential treatment facility without a certification from the
21 department. The department may limit the number of certifications it grants to
22 operate a psychiatric residential treatment facility.

23 (b) A psychiatric residential treatment facility that has a certification from the
24 department under this section is not subject to facility regulation under ch. 48.

25 **(3) RULES.** The department may promulgate rules to implement this section.

1 **SECTION 9119. Nonstatutory provisions; Health Services.**

2 (1) EMERGENCY RULES ON PSYCHIATRIC RESIDENTIAL TREATMENT FACILITIES. The
3 department of health services may promulgate emergency rules under s. 227.24
4 implementing certification of psychiatric residential treatment facilities under s.
5 51.044, including development of a new provider type and a reimbursement model
6 for psychiatric residential treatment facilities under the Medical Assistance
7 program under subch. IV of ch. 49. Notwithstanding s. 227.24 (1) (a) and (3), the
8 department of health services is not required to provide evidence that promulgating
9 a rule under this subsection as an emergency rule is necessary for the preservation
10 of the public peace, health, safety, or welfare and is not required to provide a finding
11 of emergency for a rule promulgated under this subsection. Notwithstanding s.
12 227.24 (1) (c) and (2), emergency rules promulgated under this subsection remain in
13 effect until July 1, 2025, or the date on which permanent rules take effect, whichever
14 is sooner.”.

15 **246.** Page 374, line 11: after that line insert:

16 “**SECTION 272.** 46.48 (22) of the statutes is created to read:

17 46.48 (22) HEALTH CARE PROVIDER INNOVATION GRANTS. The department may
18 distribute not more than \$14,550,000 in each fiscal year as grants to health care
19 providers and long-term care providers to implement best practices and innovative
20 solutions to increase worker recruitment and retention.”.

21 **247.** Page 374, line 11: after that line insert:

22 “**SECTION 9119. Nonstatutory provisions; Health Services.**

23 (4u) COMPLEX PATIENT PILOT PROGRAM.

24 (a) In this subsection, “department” means the department of health services.

1 (b) The department shall form an advisory group to assist with development
2 and implementation of a complex patient pilot program. The secretary of health
3 services, or his or her designee, shall be the chair of the advisory group. Members
4 of the advisory group under this paragraph shall have clinical, financial, or
5 administrative expertise in government programs, acute care, or post-acute care.

6 (c) The department shall use its request-for-proposal procedure to select
7 partnership groups to be designated as participating sites for the complex patient
8 pilot program under this subsection.

9 (d) The advisory group formed under this subsection shall develop a request
10 for proposal for the complex patient pilot program that includes eligibility
11 requirements. For purposes of the pilot program under this subsection, only
12 partnerships of hospitals and post-acute facilities are eligible to submit proposals.
13 An eligible partnership shall include at least one hospital and at least one post-acute
14 facility, but may include more than one hospital or post-acute facility.

15 (e) Each partnership group that applies to the department to be designated as
16 a site for the complex patient pilot program shall specifically address all of the
17 following issues:

- 18 1. The number of beds that would be set aside in the post-acute facility.
- 19 2. The goals of the partnership during the pilot program and after the pilot
20 program.
- 21 3. The types of complex patients for whom care would be provided.
- 22 4. Expertise to successfully implement the proposal, including a discussion of
23 at least all of the following issues:
 - 24 a. Experience of the partners working together.
 - 25 b. Plan for staffing the unit.

1 c. Ability to electronically exchange health information.

2 d. Clinical expertise.

3 e. Hospital and post-acute facility survey history over the past 3 years.

4 f. Acute care partner readmissions history over the past 3 years.

5 g. Discharge planning and patient intake resources.

6 h. Stability of finances to support the proposal, including matching funds that
7 could be dedicated to the pilot program under this subsection. No applicant is
8 required to provide matching funds or a contribution, but the advisory group and the
9 department of health services may take into consideration the availability of
10 matching funds or a contribution in evaluating an application.

11 5. The per diem rate requested to adequately compensate the hospital or
12 hospitals and the post-acute facility or facilities.

13 6. A post-acute bed reserve rate.

14 7. Anticipated impediments to successful implementation and how the
15 applicant partnership group intends to overcome the anticipated impediments.

16 (f) The advisory group formed under this subsection shall do all of the following:

17 1. Determine and recommend to the department an amount of the funding
18 budgeted for the complex patient pilot program under s. 20.435 (7) (d) to be reserved
19 for reconciliation to ensure that participants in the pilot program are held harmless
20 from unanticipated financial loss.

21 2. Develop a methodology to evaluate the complex patient pilot program,
22 including a recommendation on whether the department should contract with an
23 independent organization to evaluate the complex patient pilot program. The
24 department may contract with an independent organization to complete the
25 evaluation described under this subdivision and, if the department does so, the

1 department may pay the fee of the organization selected from the appropriation
2 under s. 20.435 (7) (d).

3 3. Make recommendations to the secretary of health services regarding which
4 partnership groups should receive designation as a participating site for the complex
5 patient pilot program.

6 (g) 1. No later than 90 days after the effective date of this subdivision, the
7 advisory group shall complete development of the request for proposal for
8 partnership groups to be designated as participating sites in the complex patient
9 pilot program and provide its recommendations to the secretary of health services.

10 2. No later than 150 days after the effective date of this subdivision, the
11 advisory group shall review all applications submitted in response to the request for
12 proposal and select up to 4 partnership groups to recommend to the secretary of
13 health services for designation as participating sites for the complex patient pilot
14 program under this subsection.

15 3. Between 6 months and 18 months after the effective date of this subdivision,
16 the partnership groups designated by the department as participating sites in the
17 complex patient pilot program shall implement the pilot program and meet quarterly
18 with both the department and the advisory group or any independent organization
19 hired by the department for the purpose of evaluating the pilot program to discuss
20 experiences relating to the pilot program. From the appropriation under s. 20.435
21 (7) (d), the department shall provide payments to partnership groups designated as
22 participating sites for care provided during the course of the pilot program under this
23 subsection.

24 4. No later than June 30, 2025, the advisory group or any independent
25 organization hired by the department for the purpose of evaluating the complex

1 patient pilot program shall complete and submit to the secretary of health services
2 an evaluation of the complex patient pilot program under this subsection, including
3 a written report and recommendations.

4 **SECTION 9419. Effective dates; Health Services.**

5 (1u) COMPLEX PATIENT PILOT PROGRAM. The repeal of s. 20.435 (7) (d) takes effect
6 on July 1, 2025.”.

7 **248.** Page 374, line 11: after that line insert:

8 “**SECTION 273.** 20.455 (1) (hn) of the statutes is created to read:

9 20.455 (1) (hn) *Payments to relators.* All moneys received by the department
10 that are owed to a relator, to provide payments owed to a relator.

11 **SECTION 274.** 20.9315 of the statutes is created to read:

12 **20.9315 False claims; actions by or on behalf of state. (1)** In this section:

13 (a) 1. “Claim” means any request or demand, whether under a contract or
14 otherwise, for money or property, whether the state has title to the money or property,
15 that is any of the following:

16 a. Presented to an officer, employee, agent, or other representative of the state.

17 b. Made to a contractor, grantee, or other person if the money or property is to
18 be spent or used on the state’s behalf or to advance a state program or interest and
19 if the state provides any portion of the money or property that is requested or
20 demanded or will reimburse directly or indirectly the contractor, grantee, or other
21 person for any portion of the money or property that is requested or demanded.

22 2. “Claim” includes a request or demand for services from a state agency or as
23 part of a state program.

1 3. “Claim” does not include requests or demands for money or property that the
2 state has paid to an individual as compensation for state employment or as an income
3 subsidy with no restriction on that individual’s use of the money or property.

4 (b) “Knowingly” means, with respect to information, having actual knowledge
5 of the information, acting in deliberate ignorance of the truth or falsity of the
6 information, or acting in reckless disregard of the truth or falsity of the information.
7 “Knowingly” does not mean specifically intending to defraud.

8 (c) “Material” means having a natural tendency to influence, or be capable of
9 influencing, the payment or receipt of money or property or the receipt of services.

10 (d) “Medical assistance” has the meaning given under s. 49.43 (8).

11 (e) “Obligation” has the meaning given in 31 USC 3729 (b) (3).

12 (f) “Original source” has the meaning given in 31 USC 3730 (e) (4) (B).

13 (g) “Proceeds” includes damages, civil penalties, surcharges, payments for
14 costs of compliance, and any other economic benefit realized by this state as a result
15 of an action or settlement of a claim.

16 **(2)** Except as provided in sub. (3), any person who does any of the following is
17 liable to this state for 3 times the amount of the damages that were sustained by the
18 state or would have been sustained by the state, whichever is greater, because of the
19 actions of the person and shall forfeit, for each violation, an amount within the range
20 specified under 31 USC 3729 (a):

21 (a) Knowingly presents or causes to be presented a false or fraudulent claim
22 to a state agency, including a false or fraudulent claim for medical assistance.

23 (b) Knowingly makes, uses, or causes to be made or used a false record or
24 statement material to a false or fraudulent claim to a state agency, including a false
25 or fraudulent claim for medical assistance.

1 (c) Knowingly makes, uses, or causes to be made or used a false record or
2 statement material to an obligation to pay or transmit money or property to the
3 Medical Assistance program, or knowingly conceals or knowingly and improperly
4 avoids or decreases an obligation to pay or transmit money or property to the Medical
5 Assistance program.

6 (d) Knowingly makes, uses, or causes to be made or used a false record or
7 statement material to an obligation to pay or transmit money or property to a state
8 agency or knowingly conceals or knowingly and improperly avoids or decreases an
9 obligation to pay or transmit money or property to a state agency.

10 (e) Conspires to commit a violation under par. (a), (b), (c), or (d).

11 **(3)** The court may assess against a person who violates sub. (2) not less than
12 2 nor more than 3 times the amount of the damages sustained by the state because
13 of the acts of the person, and shall not assess any forfeiture, if the court finds all of
14 the following:

15 (a) The person who commits the acts furnished the attorney general with all
16 information known to the person about the acts within 30 days after the date on
17 which the person obtained the information.

18 (b) The person fully cooperated with any investigation by this state of the acts.

19 (c) At the time that the person furnished the attorney general with information
20 concerning the acts, no criminal prosecution or civil or administrative enforcement
21 action had been commenced with respect to any such act, and the person did not have
22 actual knowledge of the existence of any investigation into any such act.

23 **(5)** (a) Except as provided in subs. (10) and (12), any person may bring a civil
24 action as a qui tam plaintiff against a person who commits an act in violation of sub.
25 (2) for the person and the state in the name of the state.

1 (b) The plaintiff under par. (a) shall serve upon the attorney general a copy of
2 the complaint and documents disclosing substantially all material evidence and
3 information that the plaintiff possesses. The plaintiff shall file a copy of the
4 complaint with the court for inspection in camera. Except as provided in par. (c), the
5 complaint shall remain under seal for a period of 60 days from the date of filing and
6 shall not be served upon the defendant until the court so orders. Within 60 days from
7 the date of service upon the attorney general of the complaint, evidence, and
8 information under this paragraph, the attorney general may intervene in the action.

9 (bm) Any complaint filed by the state in intervention, whether filed separately
10 or as an amendment to the qui tam plaintiff's complaint, shall relate back to the filing
11 date of the qui tam plaintiff's complaint to the extent that the state's claim arises out
12 of the conduct, transactions, or occurrences set forth, or attempted to be set forth, in
13 the qui tam plaintiff's complaint.

14 (c) The attorney general may, for good cause shown, move the court for one or
15 more extensions of the period during which a complaint in an action under this
16 subsection remains under seal.

17 (d) Before the expiration of the period during which the complaint remains
18 under seal, the attorney general shall do one of the following:

19 1. Proceed with the action or an alternate remedy under sub. (10), in which case
20 the action or proceeding under sub. (10) shall be prosecuted by the state.

21 2. Notify the court that he or she declines to proceed with the action, in which
22 case the person bringing the action may proceed with the action.

23 (e) If a person brings a valid action under this subsection, no person other than
24 the state may intervene or bring a related action based upon the same facts
25 underlying the original action while the original action is pending.

1 (f) In any action brought under this subsection or other proceeding under sub.
2 (10), the plaintiff is required to prove all essential elements of the cause of action or
3 complaint, including damages, by a preponderance of the evidence.

4 (6) If the state proceeds with an action under sub. (5) or an alternate remedy
5 under sub. (10), the state has primary responsibility for prosecuting the action under
6 sub. (5) or proceeding under sub. (10). The state is not bound by any act of the person
7 bringing the action, but that person has the right to continue as a party to the action.

8 (7) (b) With the approval of the governor, the attorney general may compromise
9 and settle an action under sub. (5) or an administrative proceeding under sub. (10)
10 to which the state is a party, notwithstanding objection of the person bringing the
11 action, if the court determines, after affording to the person bringing the action the
12 right to a hearing at which the person is afforded the opportunity to present evidence
13 in opposition to the proposed settlement, that the proposed settlement is fair,
14 adequate, and reasonable considering the relevant circumstances pertaining to the
15 violation.

16 (c) Upon a showing by the state that unrestricted participation in the
17 prosecution of an action under sub. (5) or an alternate proceeding under sub. (10) to
18 which the state is a party by the person bringing the action would interfere with or
19 unduly delay the prosecution of the action or proceeding, or would result in
20 consideration of repetitious or irrelevant evidence or evidence presented for
21 purposes of harassment, the court may limit the person's participation in the
22 prosecution, such as:

- 23 1. Limiting the number of witnesses that the person may call.
- 24 2. Limiting the length of the testimony of the witnesses.
- 25 3. Limiting the cross-examination of witnesses by the person.

1 4. Otherwise limiting the participation by the person in the prosecution of the
2 action or proceeding.

3 (d) Upon a showing by a defendant that unrestricted participation in the
4 prosecution of an action under sub. (5) or alternate proceeding under sub. (10) to
5 which the state is a party by the person bringing the action would result in
6 harassment or would cause the defendant undue burden or unnecessary expense, the
7 court may limit the person's participation in the prosecution.

8 **(8)** Except as provided in sub. (7), if the state elects not to participate in an
9 action filed under sub. (5), the person bringing the action may prosecute the action.
10 If the attorney general so requests, the attorney general shall, at the state's expense,
11 be served with copies of all pleadings and deposition transcripts in the action. If the
12 person bringing the action initiates prosecution of the action, the court, without
13 limiting the status and rights of that person, may permit the state to intervene at a
14 later date upon a showing by the state of good cause for the proposed intervention.

15 **(9)** Whether or not the state participates in an action under sub. (5), upon a
16 showing in camera by the attorney general that discovery by the person bringing the
17 action would interfere with the state's ongoing investigation or prosecution of a
18 criminal or civil matter arising out of the same facts as the facts upon which the
19 action is based, the court may stay such discovery in whole or in part for a period of
20 not more than 60 days. The court may extend the period of any such stay upon a
21 further showing in camera by the attorney general that the state has pursued the
22 criminal or civil investigation of the matter with reasonable diligence and the
23 proposed discovery in the action brought under sub. (5) will interfere with the
24 ongoing criminal or civil investigation or prosecution.

1 **(10)** The attorney general may pursue a claim relating to an alleged violation
2 of sub. (2) through an alternate remedy available to the state or any state agency,
3 including an administrative proceeding to assess a civil forfeiture. If the attorney
4 general elects any such alternate remedy, the attorney general shall serve timely
5 notice of his or her election upon the person bringing the action under sub. (5), and
6 that person has the same rights in the alternate venue as the person would have had
7 if the action had continued under sub. (5). Any finding of fact or conclusion of law
8 made by a court or by a state agency in the alternate venue that has become final is
9 conclusive upon all parties named in an action under sub. (5). For purposes of this
10 subsection, a finding or conclusion is final if it has been finally determined on appeal,
11 if all time for filing an appeal or petition for review with respect to the finding or
12 conclusion has expired, or if the finding or conclusion is not subject to judicial review.

13 **(11)** (a) Except as provided in pars. (b) and (e), if the state proceeds with an
14 action brought by a person under sub. (5) or the state pursues an alternate remedy
15 relating to the same acts under sub. (10), the person who brings the action shall
16 receive at least 15 percent but not more than 25 percent of the proceeds of the action
17 or settlement of the claim, depending upon the extent to which the person
18 contributed to the prosecution of the action or claim.

19 (b) Except as provided in par. (e), if an action or claim is one that the court or
20 other adjudicator finds to be based primarily upon disclosures of specific information
21 not provided by the person who brings the action or claim under sub. (5) relating to
22 allegations or transactions specifically disclosed in a criminal, civil, or
23 administrative hearing; legislative or administrative report, hearing, audit, or
24 investigation; or report made by the news media, the court or other adjudicator may
25 award an amount to the person as it considers appropriate, but not more than 10

1 percent of the proceeds of the action or settlement of the claim, depending upon the
2 significance of the information and the role of the person bringing the action in
3 advancing the prosecution of the action or claim.

4 (c) Except as provided in par. (e), in addition to any amount received under par.
5 (a) or (b), a person bringing an action under sub. (5) shall be awarded his or her
6 reasonable expenses necessarily incurred in bringing the action together with the
7 person's costs and reasonable actual attorney fees. The court or other adjudicator
8 shall assess any award under this paragraph against the defendant.

9 (d) Except as provided in par. (e), if the state does not proceed with an action
10 under sub. (5) or an alternate proceeding under sub. (10), the person bringing the
11 action shall receive an amount that the court decides is reasonable for collection of
12 the civil penalty and damages. The amount shall be not less than 25 percent and not
13 more than 30 percent of the proceeds of the action and shall be paid from the
14 proceeds. In addition, the person shall be paid his or her expenses, costs, and fees
15 under par. (c).

16 (e) Whether or not the state proceeds with an action under sub. (5) or an
17 alternate proceeding under sub. (10), if the court or other adjudicator finds that an
18 action under sub. (5) was brought by a person who planned or initiated the violation
19 upon which the action or proceeding is based, then the court may, to the extent that
20 the court considers appropriate, reduce the share of the proceeds of the action that
21 the person would otherwise receive under par. (a), (b), or (d), taking into account the
22 role of that person in advancing the prosecution of the action or claim and any other
23 relevant circumstance pertaining to the violation, except that if the person bringing
24 the action is convicted of criminal conduct arising from his or her role in a violation
25 of sub. (2), the court or other adjudicator shall dismiss the person as a party and the

1 person shall not receive any share of the proceeds of the action or claim or any
2 expenses, costs, or fees under par. (c).

3 (12) Except if the action is brought by the attorney general or the person
4 bringing the action is an original source of the information, the court shall dismiss
5 an action or claim under this section, unless opposed by the state, if substantially the
6 same allegations or transactions as alleged in the action or claim were publicly
7 disclosed in any of the following ways:

8 (a) In a federal criminal, civil, or administrative hearing in which the state or
9 its agent is a party.

10 (b) In a congressional, government accountability office, or other federal report,
11 hearing, audit, or investigation.

12 (c) From the news media.

13 (13) The state is not liable for any expenses incurred by a private person in
14 bringing an action under sub. (5).

15 (14) Any employee, contractor, or agent who is discharged, demoted,
16 suspended, threatened, harassed, or in any other manner discriminated against in
17 the terms and conditions of employment because of lawful actions taken by the
18 employee, contractor, or agent or by others in furtherance of an action or claim filed
19 under this section or on behalf of the employee, contractor, or agent, including
20 investigation for, initiation of, testimony for, or assistance in an action or claim filed
21 or to be filed under sub. (5), is entitled to all necessary relief to make the employee,
22 contractor, or agent whole. Such relief shall in each case include reinstatement with
23 the same seniority status that the employee, contractor, or agent would have had but
24 for the discrimination, 2 times the amount of back pay, interest on the back pay at
25 the legal rate, and compensation for any special damages sustained as a result of the

1 discrimination, including costs and reasonable attorney fees. An employee,
2 contractor, or agent may bring an action to obtain the relief to which the employee,
3 contractor, or agent is entitled under this subsection within 3 years after the date the
4 retaliation occurred.

5 (15) A civil action may be brought under sub. (5) based upon acts occurring
6 prior to the effective date of this subsection [LRB inserts date], if the action is
7 brought within the period specified in s. 893.9815.

8 (16) A judgment of guilty entered against a defendant in a criminal action in
9 which the defendant is charged with fraud or making false statements estops the
10 defendant from denying the essential elements of the offense in any action under sub.
11 (5) that involves the same elements as in the criminal action.

12 (17) The remedies provided for under this section are in addition to any other
13 remedies provided for under any other law or available under the common law.

14 (18) This section shall be liberally construed and applied to promote the public
15 interest and to effect the congressional intent in enacting 31 USC 3729 to 3733, as
16 reflected in the federal False Claims Act and the legislative history of the act.

17 **SECTION 275.** 49.485 of the statutes is renumbered 20.9315 (19) and amended
18 to read:

19 20.9315 (19) ~~Whoever knowingly presents or causes to be presented to any~~
20 ~~officer, employee, or agent of this state a false claim for medical assistance shall~~
21 ~~forfeit not less than \$5,000 nor more than \$10,000, plus 3 times the amount of the~~
22 ~~damages that were sustained by the state or would have been sustained by the state,~~
23 ~~whichever is greater, as a result of the false claim. The attorney general may bring~~
24 an action on behalf of the state to recover any forfeiture incurred under this section.

25 **SECTION 276.** 165.25 (11m) of the statutes is created to read:

1 165.25 **(11m)** FALSE CLAIMS. Diligently investigate possible violations of s.
2 20.9315 and, if the department determines that a person has committed an act that
3 is punishable under s. 20.9315, may bring a civil action against that person.

4 **SECTION 277.** 801.02 (1) of the statutes is amended to read:

5 801.02 (1) ~~A~~ Except as provided in s. 20.9315 (5) (b), a civil action in which a
6 personal judgment is sought is commenced as to any defendant when a summons and
7 a complaint naming the person as defendant are filed with the court, provided service
8 of an authenticated copy of the summons and of the complaint is made upon the
9 defendant under this chapter within 90 days after filing.

10 **SECTION 278.** 803.09 (1) of the statutes is amended to read:

11 803.09 (1) ~~Upon~~ Except as provided in s. 20.9315, upon timely motion anyone
12 shall be permitted to intervene in an action when the movant claims an interest
13 relating to the property or transaction which is the subject of the action and the
14 movant is so situated that the disposition of the action may as a practical matter
15 impair or impede the movant's ability to protect that interest, unless the movant's
16 interest is adequately represented by existing parties.

17 **SECTION 279.** 803.09 (2) of the statutes is amended to read:

18 803.09 (2) ~~Upon~~ Except as provided in s. 20.9315, upon timely motion anyone
19 may be permitted to intervene in an action when a movant's claim or defense and the
20 main action have a question of law or fact in common. When a party to an action
21 relies for ground of claim or defense upon any statute or executive order or rule
22 administered by a federal or state governmental officer or agency or upon any
23 regulation, order, rule, requirement or agreement issued or made pursuant to the
24 statute or executive order, the officer or agency upon timely motion may be permitted
25 to intervene in the action. In exercising its discretion the court shall consider

1 whether the intervention will unduly delay or prejudice the adjudication of the rights
2 of the original parties.

3 **SECTION 280.** 804.01 (2) (intro.) of the statutes is amended to read:

4 804.01 (2) SCOPE OF DISCOVERY. (intro.) ~~Unless~~ Except as provided in s. 20.9315
5 (9), and unless otherwise limited by order of the court in accordance with the
6 provisions of this chapter, the scope of discovery is as follows:

7 **SECTION 281.** 805.04 (1) of the statutes is amended to read:

8 805.04 (1) BY PLAINTIFF; BY STIPULATION. ~~An~~ Except as provided in sub. (2p), an
9 action may be dismissed by the plaintiff without order of court by serving and filing
10 a notice of dismissal at any time before service by an adverse party of responsive
11 pleading or motion or by the filing of a stipulation of dismissal signed by all parties
12 who have appeared in the action. Unless otherwise stated in the notice of dismissal
13 or stipulation, the dismissal is not on the merits, except that a notice of dismissal
14 operates as an adjudication on the merits when filed by a plaintiff who has once
15 dismissed in any court an action based on or including the same claim.

16 **SECTION 282.** 805.04 (2p) of the statutes is created to read:

17 805.04 (2p) FALSE CLAIMS. An action filed under s. 20.9315 may be dismissed
18 only by order of the court. In determining whether to dismiss the action filed under
19 s. 20.9315, the court shall take into account the best interests of the parties and the
20 purposes of s. 20.9315.

21 **SECTION 283.** 893.9815 of the statutes is created to read:

22 **893.9815 False claims.** An action or claim under s. 20.9315 shall be
23 commenced within 10 years after the cause of the action or claim accrues or be
24 barred.”.

1 **249.** Page 374, line 11: after that line insert:

2 “**SECTION 284.** 20.435 (4) (bq) of the statutes is repealed.

3 **SECTION 285.** 49.79 (9) (d) of the statutes is repealed.

4 **SECTION 286.** 49.791 of the statutes is repealed.

5 **SECTION 287.** 2017 Wisconsin Act 370, section 44 (5) is repealed.”.

6 **250.** Page 374, line 11: after that line insert:

7 “**SECTION 288.** 49.79 (9) (a) 1g. of the statutes is amended to read:

8 49.79 (9) (a) 1g. Except as provided in subs. 2. and 3., ~~beginning October 1,~~
9 2019, the department shall require, to the extent allowed by the federal government,
10 all able-bodied adults without dependents in this state to participate in the
11 employment and training program under this subsection, except for able-bodied
12 adults without dependents who are employed, as determined by the department.
13 The department may require other able individuals who are 18 to 60 years of age, or
14 a subset of those individuals to the extent allowed by the federal government, who
15 are not participants in a Wisconsin Works employment position to participate in the
16 employment and training program under this subsection.”.

17 **251.** Page 374, line 11: after that line insert:

18 “**SECTION 289.** 20.005 (3) (schedule) of the statutes: at the appropriate place,
19 insert the following amounts for the purposes indicated:

	2023-24	2024-25
20 20.435 Health services, department of		
21 (4) MEDICAID SERVICES		
22 (bu) Healthy eating incentives	GPR A 88,200	448,400

23 **SECTION 290.** 20.435 (4) (bu) of the statutes is created to read:

1 20.435 (4) (bu) *Healthy eating incentives*. The amounts in the schedule for the
2 development and administration of the healthy eating incentives program under s.
3 49.79 (7m) and to provide electronic benefit transfer and credit and debit card
4 processing equipment and services to farmers' markets and farmers who sell directly
5 to consumers under s. 49.79 (7s).

6 **SECTION 291.** 49.79 (7m) of the statutes is created to read:

7 **49.79 (7m) HEALTHY EATING INCENTIVES.** (a) In this subsection, "fruit and
8 vegetables" means any variety of fresh, canned, dried, or frozen whole or cut fruits
9 or vegetables without added sugars, fats, oils, or salt.

10 (b) Subject to pars. (c) and (d), from the appropriation under s. 20.435 (4) (bu),
11 the department shall establish and implement the statewide healthy eating
12 incentives Double Up Food Bucks pilot program under the federal Gus Schumacher
13 Nutrition Incentive Program to match benefit amounts spent by recipients under the
14 food stamp program on fruits and vegetables from participating retailers with
15 additional benefit amounts to be used for the purchase of fruits and vegetables.

16 (c) The department shall do all of the following, on a schedule determined by
17 the department:

18 1. Submit to the U.S. department of agriculture a request for a waiver or any
19 other federal approval necessary to allow the department to implement the program
20 under this subsection.

21 2. Seek any available moneys, including federal moneys under the federal Gus
22 Schumacher Nutrition Incentive Program, to fund implementation of the program
23 under this subsection.

1 (d) If the U.S. department of agriculture disapproves the request under par. (c)
2 1. or if the department is unable to obtain sufficient funding for the program, the
3 department may not implement the program under this subsection.”.

4 **252.** Page 374, line 11: after that line insert:

5 “**SECTION 292.** 49.79 (7s) of the statutes is created to read:

6 49.79 (7s) PAYMENT PROCESSING PROGRAM. From the appropriation under s.
7 20.435 (4) (bu), the department shall administer a payment processing program to
8 provide to farmers’ markets and farmers who sell directly to consumers electronic
9 benefit transfer and credit and debit card processing equipment and services,
10 including electronic benefit transfer for the food stamp program. To participate in
11 the payment processing program, the vendor that is under contract to process the
12 electronic benefit transfer and credit and debit card transactions shall also process
13 any local purchasing incentives, even if those local purchasing incentives are funded
14 by a local 3rd-party entity.

15 **SECTION 9219. Fiscal changes; Health Services.**

16 (1) PAYMENT PROCESSING PROGRAM. In the schedule under s. 20.005 (3) for the
17 appropriation to the department of health services under s. 20.435 (4) (bu), the dollar
18 amount for fiscal year 2023-24 is increased by \$735,000 and the dollar amount for
19 fiscal year 2024-25 is increased by \$735,000 for the program under s. 49.79 (7s).”.

20 **253.** Page 374, line 11: after that line insert:

21 “**SECTION 293.** 20.005 (3) (schedule) of the statutes: at the appropriate place,
22 insert the following amounts for the purposes indicated:

	2023-24	2024-25
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1 **20.435 Health services, department of**

2 (5) MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

3 (cm) Service dog training grants	GPR	A	125,000	125,000
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4 **SECTION 294.** 20.435 (5) (cm) of the statutes is created to read:

5 20.435 (5) (cm) *Service dog training grants.* The amounts in the schedule for
6 awarding grants to organizations for service dog training under s. 46.250.

7 **SECTION 295.** 46.250 of the statutes is created to read:

8 **46.250 Service dog training grants. (1)** From the appropriation under s.
9 20.435 (5) (cm), the department shall award grants to organizations that train
10 service dogs for the purpose of assisting providers in attaining accreditation specific
11 to post-traumatic stress disorder training from Assistance Dog International.

12 (2) The department shall promulgate rules to establish a process and criteria
13 for organizations to apply for the grants under this section.”.

14 **254.** Page 374, line 11: after that line insert:

15 “**SECTION 245m.** 46.48 (34) of the statutes is created to read:

16 46.48 (34) STIMULANT PREVENTION AND TREATMENT RESPONSE PROGRAMS. The
17 department may distribute not more than \$1,644,000 in each fiscal year to support
18 stimulant use prevention and treatment programs and services.”.

19 **255.** Page 374, line 11: after that line insert:

20 “**SECTION 296.** 20.435 (1) (b) of the statutes is amended to read:

21 20.435 (1) (b) *General aids and local assistance.* The amounts in the schedule
22 for aids and local assistance relating to public health services, for grants for the
23 suicide prevention program under s. 255.20 (4), and for grants for community

1 programs under s. 46.48. Notwithstanding ss. 20.001 (3) (a) and 20.002 (1), the
2 department may transfer funds between fiscal years under this paragraph. Except
3 as otherwise provided in this paragraph, all funds allocated but not encumbered by
4 December 31 of each year lapse to the general fund on the next January 1 unless
5 carried forward to the next calendar year by the joint committee on finance.

6 **SECTION 297.** 255.20 (4) of the statutes is created to read:

7 255.20 (4) (a) Implement a suicide prevention program that creates public
8 awareness for issues relating to suicide prevention, builds community networks, and
9 conducts training programs on suicide prevention for law enforcement personnel,
10 health care providers, school employees, and other persons who have contact with
11 persons at risk of suicide.

12 (b) As part of the suicide prevention program under this subsection, the
13 department shall do all of the following:

- 14 1. Coordinate suicide prevention activities with other state agencies.
- 15 2. Provide educational activities to the general public relating to suicide
16 prevention.
- 17 3. Provide training to persons who routinely interact with persons at risk of
18 suicide, including training on recognizing persons at risk of suicide and referring
19 those persons for appropriate treatment or support services.
- 20 4. Develop and carry out public awareness and media campaigns in each county
21 targeting groups of persons who are at risk of suicide.
- 22 5. Enhance crisis services relating to suicide prevention.
- 23 6. Link persons trained in the assessment of and intervention in suicide with
24 schools, public community centers, nursing homes, and other facilities serving
25 persons most at risk of suicide.

1 7. Coordinate the establishment of local advisory groups in each county to
2 support the efforts of the suicide prevention program under this subsection.

3 8. Work with groups advocating suicide prevention, community coalitions,
4 managers of existing crisis hotlines that are nationally accredited or certified, and
5 staff members of mental health agencies in this state to identify and address the
6 barriers that interfere with providing services to groups of persons who are at risk
7 of suicide.

8 9. Develop and maintain a website with links to appropriate resource
9 documents, suicide hotlines that are nationally accredited or certified, credentialed
10 professional personnel, state and local mental health agencies, and appropriate
11 national organizations.

12 10. Review current research on data collection for factors related to suicide and
13 develop recommendations for improved systems of surveillance for suicide and
14 uniform collection of data related to suicide.

15 11. Develop and submit proposals for funding from federal government
16 agencies and nongovernmental organizations.

17 12. Administer grant programs involving suicide prevention.

18 (c) 1. The department shall award grants to organizations or coalitions of
19 organizations, which may include a city, village, town, county, or federally recognized
20 American Indian tribe or band in this state for any of the following purposes:

21 a. To train staff at a firearm retailer or firearm range on how to recognize a
22 person that may be considering suicide.

23 b. To provide suicide prevention materials for distribution at a firearm retailer
24 or firearm range.

25 c. To provide voluntary, temporary firearm storage.

1 2. The department may not award a grant under subd. 1. unless the recipient
2 contributes matching funds or in-kind services having a value equal to at least 20
3 percent of the grant.

4 3. The department may not award a grant to a recipient under subd. 1. for an
5 amount that exceeds \$5,000. The department may not award a grant under subd.
6 1. having a duration of more than one year and may not automatically renew a grant
7 awarded under subd. 1. This subdivision shall not be construed to prevent an
8 organization or coalition of organizations from reapplying for a grant in consecutive
9 years. In awarding grants under subd. 1., the department shall give preference to
10 organizations or coalitions of organizations that have not previously received a grant
11 under this paragraph.

12 (d) From the appropriation under s. 20.435 (1) (b), the department may
13 distribute up to \$500,000 in grants each fiscal year for grants under this subsection,
14 up to \$75,000 of which may be distributed each fiscal year for grants under par. (c).”.

15 **256.** Page 374, line 11: after that line insert:

16 “**SECTION 298.** 254.11 (5m) of the statutes is repealed.

17 **SECTION 299.** 254.11 (9) of the statutes is amended to read:

18 254.11 (9) “Lead poisoning or lead exposure” means a level of lead in the blood
19 of ~~5~~ 3.5 or more micrograms per 100 milliliters of blood.

20 **SECTION 300.** 254.166 (1) of the statutes is amended to read:

21 254.166 (1) The department may shall, after being notified that an occupant
22 of a dwelling or premises who is under 6 years of age has blood lead poisoning or lead
23 exposure, present official credentials to the owner or occupant of the dwelling or
24 premises, or to a representative of the owner, and request admission to conduct a lead

1 investigation of the dwelling or premises. If the department is notified that an
2 occupant of a dwelling or premises who is a child under 6 years of age has ~~an elevated~~
3 ~~blood lead level~~ blood lead poisoning or lead exposure, the department shall conduct
4 a lead investigation of the dwelling or premises or ensure that a lead investigation
5 of the dwelling or premises is conducted. The lead investigation shall be conducted
6 during business hours, unless the owner or occupant of the dwelling or premises
7 consents to an investigation during nonbusiness hours or unless the department
8 determines that the dwelling or premises presents an imminent lead hazard. The
9 department shall use reasonable efforts to provide prior notice of the lead
10 investigation to the owner of the dwelling or premises. The department may remove
11 samples or objects necessary for laboratory analysis to determine the presence of a
12 lead hazard in the dwelling or premises. The department shall prepare and file
13 written reports of all lead investigations conducted under this section and shall make
14 the contents of these reports available for inspection by the public, except for medical
15 information, which may be disclosed only to the extent that patient health care
16 records may be disclosed under ss. 146.82 to 146.835. If the owner or occupant
17 refuses admission, the department may seek a warrant to investigate the dwelling
18 or premises. The warrant shall advise the owner or occupant of the scope of the lead
19 investigation.”.

20 **257.** Page 374, line 11: after that line insert:

21 “**SECTION 301.** 49.45 (41) (a) of the statutes is renumbered 49.45 (41) (a) (intro.)
22 and amended to read:

1 49.45 (41) (a) (intro.) In this subsection, “crisis intervention services” means
2 crisis intervention services for the treatment of mental illness, intellectual disability,
3 substance abuse, and dementia that are provided by ~~a~~ any of the following:

4 2. A crisis intervention program operated by, or under contract with, a county,
5 if the county is certified as a medical assistance provider.

6 **SECTION 302.** 49.45 (41) (a) 1. of the statutes is created to read:

7 49.45 (41) (a) 1. A crisis urgent care and observation facility certified under s.
8 51.036.

9 **SECTION 303.** 49.45 (41) (b) of the statutes is amended to read:

10 49.45 (41) (b) If a county elects to become certified as a provider of crisis
11 intervention services under par. (a) 2., the county may provide crisis intervention
12 services under this subsection in the county to medical assistance recipients through
13 the medical assistance program. A county that elects to provide the services shall
14 pay the amount of the allowable charges for the services under the medical
15 assistance program that is not provided by the federal government. The department
16 shall reimburse the county under this subsection only for the amount of the allowable
17 charges for those services under the medical assistance program that is provided by
18 the federal government.

19 **SECTION 304.** 49.45 (41) (c) (intro.) of the statutes is amended to read:

20 49.45 (41) (c) (intro.) Notwithstanding par. (b), if a county elects, pursuant to
21 par. (a) 2., to deliver crisis intervention services under the Medical Assistance
22 program on a regional basis according to criteria established by the department, all
23 of the following apply:

24 **SECTION 305.** 49.45 (41) (d) of the statutes is created to read:

1 49.45 (41) (d) The department shall request any necessary federal approval
2 required to provide reimbursement to crisis urgent care and observation facilities
3 certified under s. 51.036 for crisis intervention services under this subsection. If
4 federal approval is granted or no federal approval is required, the department shall
5 provide reimbursement under s. 49.46 (2) (b) 15. If federal approval is necessary but
6 is not granted, the department may not provide reimbursement for crisis
7 intervention services provided by crisis urgent care and observation facilities.

8 **SECTION 306.** 51.036 of the statutes is created to read:

9 **51.036 Crisis urgent care and observation facilities. (1) DEFINITIONS.** In
10 this section:

11 (a) “Crisis” means a situation caused by an individual’s apparent mental or
12 substance use disorder that results in a high level of stress or anxiety for the
13 individual, persons providing care for the individual, or the public and that is not
14 resolved by the available coping methods of the individual or by the efforts of those
15 providing ordinary care or support for the individual.

16 (b) “Crisis urgent care and observation facility” means a treatment facility that
17 admits an individual to prevent, de-escalate, or treat the individual’s mental health
18 or substance use disorder and includes the necessary structure and staff to support
19 the individual’s needs relating to the mental health or substance use disorder.

20 **(2) CERTIFICATION REQUIRED; EXEMPTION.** (a) The department shall establish a
21 certification process for crisis urgent care and observation facilities and may
22 establish criteria by rule for the certification of crisis urgent care and observation
23 facilities. The department may limit the number of certifications it grants to operate
24 crisis urgent care and observation facilities. No person may operate a crisis urgent
25 care and observation facility without a certification under this section. The

1 department shall establish by rule a process for crisis urgent care and observation
2 facilities to apply to the department for certification of the facility for the receipt of
3 funds for services provided as a benefit to a recipient under the Medical Assistance
4 program.

5 (b) A crisis urgent care and observation facility certified under this section is
6 not subject to facility regulation under ch. 50, unless otherwise required due to the
7 facility's licensure or certification for other services or purposes. A crisis urgent care
8 and observation facility is not a hospital under s. 50.32 and nothing in this paragraph
9 limits services a hospital may provide under s. 50.32.

10 (c) A crisis urgent care and observation facility certified under this section shall
11 do all of the following:

12 1. Accept referrals for crisis services for both youths and adults, including
13 involuntary patients under emergency detention, voluntary patients, walk-ins, and
14 individuals brought by law enforcement, emergency medical responders, and other
15 emergency medical services practitioners.

16 2. Abstain from having a requirement for medical clearance before admission
17 assessment.

18 3. Provide assessments for physical health, substance use disorder, and mental
19 health.

20 4. Provide screens for suicide and violence risk.

21 5. Provide medication management and therapeutic counseling.

22 6. Provide coordination of services for basic needs.

23 7. Have adequate staffing 24 hours a day, 7 days a week, with a
24 multidisciplinary team including, as needed, psychiatrists or psychiatric nurse
25 practitioners, nurses, licensed clinicians capable of completing assessments and

1 providing necessary treatment, peers with lived experience, and other appropriate
2 staff.

3 8. Allow for voluntary and involuntary treatment of individuals in crisis as a
4 means to avoid unnecessary placement of those individuals in hospital inpatient
5 beds and allow for an effective conversion to voluntary stabilization when warranted
6 in the same setting.

7 **(3) ADMISSION.** (a) A crisis urgent care and observation facility certified under
8 this section may accept individuals for voluntary stabilization, observation and
9 treatment, including for assessments for mental health or substance use disorder,
10 screening for suicide and violence risk, and medication management and therapeutic
11 counseling.

12 (b) A crisis urgent care and observation facility certified under this section may
13 accept individuals for emergency detention under s. 51.15 if the facility agrees to
14 accept the individual. A county crisis assessment under s. 51.15 (2) (c) is required
15 prior to acceptance of an individual for purposes of emergency detention at a crisis
16 urgent care and observation facility certified under this section. Medical clearance
17 is not required before admission, but the facility shall provide necessary medical
18 services on site.

19 **(4) GRANTS.** From the appropriation under s. 20.435 (5) (ck), the department
20 shall award grants to individuals and entities to develop and support crisis urgent
21 care and observation facilities under this section.

22 **(5) RULES.** The department may promulgate rules to implement this section,
23 including requirements for admitting and holding individuals for purposes of
24 emergency detention. The department may promulgate the rules under this section
25 as emergency rules under s. 227.24. Notwithstanding s. 227.24 (1) (c) and (2), a rule

1 promulgated under this subsection may remain in effect for not more than 24
2 months. Notwithstanding s. 227.24 (1) (a) and (3), the department is not required
3 to provide evidence that promulgating a rule under this subsection as an emergency
4 rule is necessary for the preservation of the public peace, health, safety, or welfare
5 and is not required to provide a finding of emergency for a rule promulgated under
6 this subsection.”.

7 **258.** Page 374, line 11: after that line insert:

8 “**SECTION 307.** 20.437 (1) (dd) of the statutes is amended to read:

9 20.437 (1) (dd) *State out-of-home care, adoption services, and subsidized*
10 *guardianships.* The amounts in the schedule for foster care, institutional child care,
11 and subsidized adoptions under ss. 48.48 (12) and 48.52, for the cost of care for
12 children under s. 49.19 (10) (d), for the cost of placements of children 18 years of age
13 or over in residential care centers for children and youth under voluntary
14 agreements under s. 48.366 (3) or under orders that terminate as provided in s.
15 48.355 (4) (b) 4., 48.357 (6) (a) 4., or 48.365 (5) (b) 4., for the cost of the foster care
16 monitoring system, for the cost of reimbursing counties and Indian tribes for
17 subsidized guardianship payments under s. 48.623 (3) (a), for the cost of services to
18 children with special needs who are under the guardianship of the department to
19 prepare those children for adoption, and for the cost of postadoption services to
20 children with special needs.

21 **SECTION 308.** 20.437 (1) (pd) of the statutes is amended to read:

22 20.437 (1) (pd) *Federal aid; state out-of-home care, adoption services, and*
23 *subsidized guardianships.* All federal moneys received for meeting the costs of
24 providing foster care, institutional child care, and subsidized adoptions under ss.

1 48.48 (12) and 48.52, the cost of care for children under s. 49.19 (10) (d), the cost of
2 placements of children 18 years of age or over in residential care centers for children
3 and youth under voluntary agreements under s. 48.366 (3) or under orders that
4 terminate as provided in s. 48.355 (4) (b) 4., 48.357 (6) (a) 4., or 48.365 (5) (b) 4., the
5 cost of reimbursing counties and Indian tribes for subsidized guardianship
6 payments under s. 48.623 (3) (a), the cost of services to children with special needs
7 who are under the guardianship of the department to prepare those children for
8 adoption, and the cost of postadoption services to children with special needs.
9 Disbursements for foster care under s. 49.32 (2) and for the purposes described under
10 s. 48.627 may be made from this appropriation.

11 **SECTION 309.** 48.48 (8r) of the statutes is amended to read:

12 48.48 (8r) To reimburse county departments and Indian tribes, from the
13 appropriations under s. 20.437 (1) (dd) and (pd), for subsidized guardianship
14 payments made under s. 48.623 (1) or (6), including guardianships of ~~Indian~~ children
15 ordered by tribal courts.

16 **SECTION 310.** 48.623 (1) (intro.) of the statutes is amended to read:

17 48.623 (1) ELIGIBILITY. (intro.) A county department or, as provided in sub. (3)
18 (a), an Indian tribe or the department shall provide monthly subsidized
19 guardianship payments in the amount specified in sub. (3) (b) to a guardian of a child
20 under s. 48.977 (2) or under a substantially similar tribal law if the county
21 department, Indian tribe, or department determines that the conditions specified in
22 pars. (a) to (d) have been met. A county department or, as provided in sub. (3) (a),
23 a tribe or the department shall also provide those payments for the care of a sibling
24 of such a child, regardless of whether the sibling meets the conditions specified in par.
25 (a), if the county department, Indian tribe, or department and the guardian agree on

1 the appropriateness of placing the sibling in the home of the guardian. A guardian
2 of a child under s. 48.977 (2) or under a substantially similar tribal law is eligible for
3 monthly subsidized guardianship payments under this subsection if the county
4 department, Indian tribe, or ~~the~~ department, whichever will be providing those
5 payments, determines that all of the following apply:

6 **SECTION 311.** 48.623 (1) (b) 3. of the statutes is amended to read:

7 48.623 (1) (b) 3. The guardian is licensed as the child's foster parent and the
8 guardian and all adults residing in the guardian's home meet the requirements
9 specified in s. 48.685 or, for a guardianship of a child ordered by a tribal court in
10 which the background investigation is conducted by the Indian tribe, all adults
11 residing in the guardian's home meet either the requirements specified in s. 48.685
12 or the background check requirements for foster parent licensing under 42 USC 671
13 (a) (20).

14 **SECTION 312.** 48.623 (1) (c) of the statutes is amended to read:

15 48.623 (1) (c) An order under s. 48.345, 48.357, 48.363, 48.365, 938.345,
16 938.357, 938.363, or 938.365 or a tribal court under a substantially similar tribal law
17 placing the child, or continuing the placement of the child, outside of the child's home
18 has been terminated, or any proceeding in which the child has been adjudged to be
19 in need of protection or services specified in s. 48.977 (2) (a) has been dismissed, as
20 provided in s. 48.977 (3r) (a).

21 **SECTION 313.** 48.623 (2) (intro.) of the statutes is amended to read:

22 48.623 (2) SUBSIDIZED GUARDIANSHIP AGREEMENT. (intro.) Before a county
23 department, an Indian tribe, or the department may approve the provision of
24 subsidized guardianship payments under sub. (1) to a proposed guardian, the county
25 department, Indian tribe, or department shall negotiate and enter into a written,

1 binding subsidized guardianship agreement with the proposed guardian and provide
2 the proposed guardian with a copy of the agreement. A subsidized guardianship
3 agreement or an amended subsidized guardianship agreement may also name a
4 prospective successor guardian of the child to assume the duty and authority of
5 guardianship on the death or incapacity of the guardian. A successor guardian is
6 eligible for monthly subsidized guardianship payments under this section only if the
7 successor guardian is named as a prospective successor guardian of the child in a
8 subsidized guardianship agreement or amended subsidized guardianship
9 agreement that was entered into before the death or incapacity of the guardian, the
10 conditions specified in sub. (6) (bm) are met, and the court appoints the successor
11 guardian to assume the duty and authority of guardianship as provided in s. 48.977
12 (5m). A subsidized guardianship agreement shall specify all of the following:

13 **SECTION 314.** 48.623 (2) (c) of the statutes is amended to read:

14 48.623 (2) (c) That the county department, Indian tribe, or department will pay
15 the total cost of the nonrecurring expenses that are associated with obtaining
16 guardianship of the child, not to exceed \$2,000.

17 **SECTION 315.** 48.623 (3) (a) of the statutes is amended to read:

18 48.623 (3) (a) Except as provided in this paragraph, the county department
19 shall provide the monthly payments under sub. (1) or (6). An Indian tribe that has
20 entered into an agreement with the department under sub. (8) shall provide the
21 monthly payments under sub. (1) or (6) for guardianships of children ordered by the
22 tribal court, or a county department may provide the monthly payments under sub.
23 (1) or (6) for guardianships of children ordered by the tribal court if the county
24 department has entered into an agreement with the governing body of an Indian
25 tribe to provide those payments. The county department or Indian tribe shall

1 provide those payments from moneys received under s. 48.48 (8r). The department
2 shall reimburse county departments and Indian tribes for the cost of subsidized
3 guardianship payments, including payments made by county departments for
4 guardianships of ~~Indian~~ children ordered by tribal courts, from the appropriations
5 under s. 20.437 (1) (dd) and (pd). In a county having a population of 750,000 or more
6 or in the circumstances specified in s. 48.43 (7) (a) or 48.485 (1), the department shall
7 provide the monthly payments under sub. (1) or (6). The department shall provide
8 those payments from the appropriations under s. 20.437 (1) (cx) and (mx).

9 **SECTION 316.** 48.623 (3) (b) of the statutes is amended to read:

10 48.623 (3) (b) The county department or, as provided in par. (a), an Indian tribe
11 or the department shall determine the initial amount of a monthly payment under
12 sub. (1) or (6) for the care of a child based on the circumstances of the guardian and
13 the needs of the child. That amount may not exceed the amount received under s.
14 48.62 (4) or a substantially similar tribal law by the guardian of the child for the
15 month immediately preceding the month in which the guardianship order was
16 granted. A guardian or an interim caretaker who receives a monthly payment under
17 sub. (1) or (6) for the care of a child is not eligible to receive a payment under s. 48.57
18 (3m) or (3n) or 48.62 (4) for the care of that child.

19 **SECTION 317.** 48.623 (3) (c) 1. of the statutes is amended to read:

20 48.623 (3) (c) 1. If a person who is receiving monthly subsidized guardianship
21 payments under an agreement under sub. (2) believes that there has been a
22 substantial change in circumstances, as defined by the department by rule
23 promulgated under sub. (7) (a), he or she may request that the agreement be
24 amended to increase the amount of those payments. If a request is received under
25 this subdivision, the county department, Indian tribe, or department shall

1 determine whether there has been a substantial change in circumstances and
2 whether there has been a substantiated report of abuse or neglect of the child by the
3 person receiving those payments. If there has been a substantial change in
4 circumstances and if there has been no substantiated report of abuse or neglect of
5 the child by that person, the county department, Indian tribe, or department shall
6 offer to increase the amount of those payments based on criteria established by the
7 department by rule promulgated under sub. (7) (b). If an increased monthly
8 subsidized guardianship payment is agreed to by the person receiving those
9 payments, the county department, Indian tribe, or department shall amend the
10 agreement in writing to specify the increased amount of those payments.

11 **SECTION 318.** 48.623 (3) (c) 2. of the statutes is amended to read:

12 48.623 (3) (c) 2. Annually, a county department, Indian tribe, or the department
13 shall review an agreement that has been amended under subd. 1. to determine
14 whether the substantial change in circumstances that was the basis for amending
15 the agreement continues to exist. If that substantial change in circumstances
16 continues to exist, the agreement, as amended, shall remain in effect. If that
17 substantial change in circumstances no longer exists, the county department, Indian
18 tribe, or department shall offer to decrease the amount of the monthly subsidized
19 guardianship payments provided under sub. (1) based on criteria established by the
20 department under sub. (7) (c). If the decreased amount of those payments is agreed
21 to by the person receiving those payments, the county department, Indian tribe, or
22 department shall amend the agreement in writing to specify the decreased amount
23 of those payments. If the decreased amount of those payments is not agreed to by
24 the person receiving those payments, that person may appeal the decision of the

1 county department, Indian tribe, or department regarding the decrease under sub.
2 (5).

3 **SECTION 319.** 48.623 (3) (d) of the statutes is amended to read:

4 48.623 (3) (d) The department, an Indian tribe, or a county department may
5 recover an overpayment made under sub. (1) or (6) from a guardian or interim
6 caretaker who continues to receive those payments by reducing the amount of the
7 person's monthly payment. The department may by rule specify other methods for
8 recovering those overpayments. A county department or Indian tribe that recovers
9 an overpayment under this paragraph due to the efforts of its officers and employees
10 may retain a portion of the amount recovered, as provided by the department by rule.

11 **SECTION 320.** 48.623 (4) of the statutes is amended to read:

12 48.623 (4) ANNUAL REVIEW. A county department, an Indian tribe, or the
13 department shall review a placement of a child for which the county department,
14 Indian tribe, or department makes payments under sub. (1) not less than every 12
15 months after the county department, Indian tribe, or department begins making
16 those payments to determine whether the child and the guardian remain eligible for
17 those payments. If the child or the guardian is no longer eligible for those payments,
18 the county department, Indian tribe, or department shall discontinue making those
19 payments.

20 **SECTION 321.** 48.623 (5) (b) 1. (intro.) of the statutes is amended to read:

21 48.623 (5) (b) 1. (intro.) Upon receipt of a timely petition described in par. (a)
22 the department shall give the applicant or recipient reasonable notice and an
23 opportunity for a fair hearing. The department may make such additional
24 investigation as it considers necessary. Notice of the hearing shall be given to the
25 applicant or recipient and to the county department, Indian tribe, or subunit of the

1 department whose action or failure to act is the subject of the petition. That county
2 department, Indian tribe, or subunit of the department may be represented at the
3 hearing. The department shall render its decision as soon as possible after the
4 hearing and shall send a certified copy of its decision to the applicant or recipient and
5 to the county department, Indian tribe, or subunit of the department whose action
6 or failure to act is the subject of the petition. The decision of the department shall
7 have the same effect as an order of the county department, Indian tribe, or subunit
8 of the department whose action or failure to act is the subject of the petition. The
9 decision shall be final, but may be revoked or modified as altered conditions may
10 require. The department shall deny a petition for review or shall refuse to grant
11 relief if any of the following applies:

12 **SECTION 322.** 48.623 (5) (b) 2. of the statutes is amended to read:

13 48.623 (5) (b) 2. If a recipient requests a hearing within 10 days after the date
14 of notice that his or her payments under sub. (1) are being decreased or discontinued,
15 those payments may not be decreased or discontinued until a decision is rendered
16 after the hearing but payments made pending the hearing decision may be recovered
17 by the department if the contested action or failure to act is upheld. The department
18 shall promptly notify the county department, Indian tribe, or the subunit of the
19 department whose action is the subject of the hearing that the recipient has
20 requested a hearing. Payments under sub. (1) shall be decreased or discontinued if
21 the recipient is contesting a state law or a change in state law and not the
22 determination of the payment made on the recipient's behalf.

23 **SECTION 323.** 48.623 (6) (am) (intro.) of the statutes is amended to read:

24 48.623 (6) (am) (intro.) On the death, incapacity, resignation, or removal of a
25 guardian receiving payments under sub. (1), the county department, Indian tribe, or

1 the department providing those payments shall provide monthly subsidized
2 guardianship payments in the amount specified in sub. (3) (b) for a period of up to
3 12 months to an interim caretaker if all of the following conditions are met:

4 **SECTION 324.** 48.623 (6) (am) 1. of the statutes is amended to read:

5 48.623 (6) (am) 1. The county department, Indian tribe, or department inspects
6 the home of the interim caretaker, interviews the interim caretaker, and determines
7 that placement of the child with the interim caretaker is in the best interests of the
8 child. In the case of an Indian child, the best interests of the Indian child shall be
9 determined in accordance with s. 48.01 (2).

10 **SECTION 325.** 48.623 (6) (am) 2. of the statutes is amended to read:

11 48.623 (6) (am) 2. The county department, Indian tribe, or department
12 conducts a background investigation under s. 48.685 of the interim caretaker and
13 any nonclient resident, as defined in s. 48.685 (1) (bm), of the home of the interim
14 caretaker and determines that those individuals meet the requirements specified in
15 s. 48.685. For investigations conducted by an Indian tribe, the background
16 investigation may be conducted under s. 48.685 or by meeting the background check
17 requirements for foster parent licensing under 42 USC 671 (a) (20). The county
18 department, Indian tribe, or department shall provide the department of health
19 services with information about each person who is denied monthly subsidized
20 guardianship payments or permission to reside in the home of an interim caretaker
21 for a reason specified in s. 48.685 (4m) (a) 1. to 5. or (b) 1. to 5.

22 **SECTION 326.** 48.623 (6) (am) 3. of the statutes is amended to read:

23 48.623 (6) (am) 3. The interim caretaker cooperates with the county
24 department, Indian tribe, or department in finding a permanent placement for the
25 child.

1 **SECTION 327.** 48.623 (6) (bm) (intro.), 1., 2., 3., 4. and 5. of the statutes are
2 amended to read:

3 48.623 **(6)** (bm) (intro.) On the death or incapacity of a guardian receiving
4 payments under sub. (1), the county department, an Indian tribe, or the department
5 providing those payments shall provide monthly subsidized guardianship payments
6 in the amount specified in sub. (3) (b) to a person named as a prospective successor
7 guardian of the child in a subsidized guardianship agreement or amended subsidized
8 guardianship agreement that was entered into before the death or incapacity of the
9 guardian if all of the following conditions are met and the court appoints the person
10 as successor guardian to assume the duty and authority of guardianship as provided
11 in s. 48.977 (5m):

12 1. The county department, Indian tribe, or department determines that the
13 child, if 14 years of age or over, has been consulted with regarding the successor
14 guardianship arrangement.

15 2. The county department, Indian tribe, or department determines that the
16 person has a strong commitment to caring permanently for the child.

17 3. The county department, Indian tribe, or department inspects the home of the
18 person, interviews the person, and determines that placement of the child with the
19 person is in the best interests of the child. In the case of an Indian child, the best
20 interests of the Indian child shall be determined in accordance with s. 48.01 (2).

21 4. Prior to being appointed as successor guardian to assume the duty and
22 authority of guardianship, the person enters into a subsidized guardianship
23 agreement under sub. (2) with the county department, Indian tribe, or department.

24 5. Prior to the person entering into the subsidized guardianship agreement, the
25 county department, Indian tribe, or department conducts a background

1 investigation under s. 48.685 of the person and any nonclient resident, as defined in
2 s. 48.685 (1) (bm), of the home of the person and determines that those individuals
3 meet the requirements specified in s. 48.685. The county department, Indian tribe,
4 or department shall provide the department of health services with information
5 about each person who is denied monthly subsidized guardianship payments or
6 permission to reside in the home of a person receiving those payments for a reason
7 specified in s. 48.685 (4m) (a) 1. to 5. or (b) 1. to 5.

8 **SECTION 328.** 48.623 (7) (b) of the statutes is amended to read:

9 48.623 (7) (b) Rules establishing requirements for submitting a request under
10 sub. (3) (c) 1. and criteria for determining the amount of the increase in monthly
11 subsidized guardianship payments that a county department, an Indian tribe, or the
12 department shall offer if there has been a substantial change in circumstances and
13 if there has been no substantiated report of abuse or neglect of the child by the person
14 receiving those payments.

15 **SECTION 329.** 48.623 (8) of the statutes is created to read:

16 48.623 (8) TRIBAL AGREEMENTS. (a) The department may enter into an
17 agreement with the governing body of an Indian tribe to allow that governing body
18 to administer subsidized guardianships ordered by a tribal court under a tribal law
19 substantially similar to s. 48.977 (2) and to be reimbursed by the department for
20 eligible tribal subsidized guardianship payments. An agreement under this
21 paragraph shall require the governing body of an Indian tribe to comply with all
22 requirements for administering subsidized guardianship that apply to counties and
23 the department, including eligibility.

24 (b) A county department may provide the monthly payments under sub. (1) or
25 (6) for guardianships of children ordered by the tribal court if the county department

1 has entered into an agreement with the governing body of an Indian tribe to provide
2 those payments.

3 **SECTION 330.** 48.685 (5) (a) of the statutes is amended to read:

4 48.685 (5) (a) Subject to par. (bm), the department may license to operate an
5 entity, a county department or a child welfare agency may license to operate a foster
6 home under s. 48.62, the department in a county having a population of 750,000 or
7 more, an Indian tribe, or a county department may provide subsidized guardianship
8 payments under s. 48.623 (6) to a person who otherwise may not be so licensed or
9 provided those payments for a reason specified in sub. (4m) (a) 1. to 5., and an entity
10 may employ, contract with, or permit to reside at the entity or permit to reside with
11 a caregiver specified in sub. (1) (ag) 1. am. of the entity a person who otherwise may
12 not be so employed, provided payments, or permitted to reside at the entity or with
13 that caregiver for a reason specified in sub. (4m) (b) 1. to 5., if the person
14 demonstrates to the department, county department, or child welfare agency or, in
15 the case of an entity that is located within the boundaries of a reservation, to the
16 person or body designated by the Indian tribe under sub. (5d) (a) 3., by clear and
17 convincing evidence and in accordance with procedures established by the
18 department by rule or by the tribe that he or she has been rehabilitated.

19 **SECTION 331.** 48.977 (3r) (a) of the statutes is amended to read:

20 48.977 (3r) (a) *Guardian*. Subsidized guardianship payments under s. 48.623
21 (1) may not be made to a guardian of a child unless a subsidized guardianship
22 agreement under s. 48.623 (2) is entered into before the guardianship order is
23 granted and the court either terminates any order specified in sub. (2) (a) or
24 dismisses any proceeding in which the child has been adjudicated in need of
25 protection or services as specified in sub. (2) (a). If a child's permanency plan calls

1 for placement of the child in the home of a guardian and the provision of monthly
2 subsidized guardianship payments to the guardian, the petitioner under sub. (4) (a)
3 shall include in the petition under sub. (4) (b) a statement of the determinations
4 made under s. 48.623 (1) and a request for the court to include in the court's findings
5 under sub. (4) (d) a finding confirming those determinations. If the court confirms
6 those determinations, appoints a guardian for the child under sub. (2), and either
7 terminates any order specified in sub. (2) (a) or dismisses any proceeding in which
8 the child is adjudicated to be in need of protection or services as specified in sub. (2)
9 (a), the county department or, as provided in s. 48.623 (3) (a), an Indian tribe or the
10 department shall provide monthly subsidized guardianship payments to the
11 guardian under s. 48.623 (1).

12 **SECTION 332.** 48.977 (3r) (b) of the statutes is amended to read:

13 48.977 (3r) (b) *Successor guardian.* Subsidized guardianship payments under
14 s. 48.623 (6) (bm) may not be made to a successor guardian of a child unless the court
15 makes a finding confirming that the successor guardian is named as a prospective
16 successor guardian of the child in a subsidized guardianship agreement or amended
17 subsidized guardianship agreement under s. 48.623 (2) that was entered into before
18 the death or incapacity of the guardian and that the conditions specified in s. 48.623
19 (6) (bm) have been met, appoints the successor guardian to assume the duty and
20 authority of guardianship as provided in sub. (5m), and either terminates any order
21 specified in sub. (2) (a) or dismisses any proceeding in which the child has been
22 adjudicated in need of protection or services as specified in sub. (2) (a). If the court
23 makes that finding and appointment and either terminates such an order or
24 dismisses such a proceeding, the county department or, as provided in s. 48.623 (3)

(a), an Indian tribe or the department shall provide monthly subsidized guardianship payments to the successor guardian under s. 48.623 (6) (bm).”.

259. Page 374, line 11: after that line insert:

“**SECTION 333.** 20.005 (3) (schedule) of the statutes: at the appropriate place, insert the following amounts for the purposes indicated:

				2023-24	2024-25
20.437 Children and families, department of					
(1)	CHILDREN AND FAMILY SERVICES				
(es)	Kinship care; flexible support	GPR	A	\$8,122,900	\$8,219,100
(2)	ECONOMIC SUPPORT				
(c)	Child care quality improvement pro-				
	gram	GPR	A	\$81,389,400	\$221,719,300
(d)	Child care partnership grant program	GPR	A	11,198,000	11,198,000

SECTION 334. 20.437 (1) (es) of the statutes is created to read:

20.437 (1) (es) *Kinship care; flexible support.* The amounts in the schedule for flexible support for a kinship care provider under s. 48.57 (3m) (as).

SECTION 335. 20.437 (2) (d) of the statutes is created to read:

20.437 (2) (d) *Child care partnership grant program.* The amounts in the schedule for the grants under s. 49.132.

SECTION 336. 20.437 (2) (c) of the statutes is created to read:

20.437 (2) (c) *Child care quality improvement program.* The amounts in the schedule for the program under s. 49.133.

SECTION 337. 48.02 (12c) of the statutes is created to read:

1 48.02 (12c) “Like-kin” means a person who has a significant emotional
2 relationship with a child or the child’s family and to whom any of the following
3 applies:

4 (a) Prior to the child’s placement in out-of-home care, the person had an
5 existing relationship with the child or the child’s family that is similar to a familial
6 relationship.

7 (b) During the child’s placement in out-of-home care, the person developed a
8 relationship with the child or the child’s family that is similar to a familial
9 relationship, and the person is not and has not previously been the child’s licensed
10 foster parent.

11 (c) For an Indian child, “like-kin” includes individuals identified by the child’s
12 tribe according to tribal tradition, custom or resolution, code, or law.

13 **SECTION 338.** 48.02 (15) of the statutes is amended to read:

14 48.02 (15) “Relative” means a parent, stepparent, brother, sister, stepbrother,
15 stepsister, half brother, half sister, brother-in-law, sister-in-law, first cousin, first
16 cousin once removed, 2nd cousin, nephew, niece, uncle, aunt, stepuncle, stepaunt, or
17 any person of a preceding generation as denoted by the prefix of grand, great, or
18 great-great, whether by blood, marriage, or legal adoption, or the spouse of any
19 person named in this subsection, even if the marriage is terminated by death or
20 divorce. For purposes of the application of s. 48.028 and the federal Indian Child
21 Welfare Act, 25 USC 1901 to 1963, “relative” includes an extended family member,
22 as defined in s. 48.028 (2) (am), whether by blood, marriage, or adoption, including
23 adoption under tribal law or custom. For purposes of placement of a child, “relative”
24 also includes a parent of a sibling of the child who has legal custody of that sibling.

25 **SECTION 339.** 48.028 (2) (e) of the statutes is amended to read:

1 48.028 (2) (e) “Out-of-home care placement” means the removal of an Indian
2 child from the home of his or her parent or Indian custodian for temporary placement
3 in a foster home, group home, residential care center for children and youth, or
4 shelter care facility, in the home of a relative other than a parent, in the home of
5 like-kin, or in the home of a guardian, from which placement the parent or Indian
6 custodian cannot have the child returned upon demand. “Out-of-home care
7 placement” does not include an adoptive placement, a preadoptive placement, a
8 delegation of powers, as described in par. (d) 5., an emergency change in placement
9 under s. 48.357 (2) (b), or holding an Indian child in custody under ss. 48.19 to 48.21.

10 **SECTION 340.** 48.028 (2) (f) of the statutes is amended to read:

11 48.028 (2) (f) “Preadoptive placement” means the temporary placement of an
12 Indian child in a foster home, group home, or residential care center for children and
13 youth, in the home of a relative other than a parent, in the home of like-kin, or in
14 the home of a guardian after a termination of parental rights but prior to or in lieu
15 of an adoptive placement. “Preadoptive placement” does not include an emergency
16 change in placement under s. 48.437 (2).

17 **SECTION 341.** 48.207 (1) (b) of the statutes is amended to read:

18 48.207 (1) (b) The home of a relative or like-kin, except that a child may not
19 be held under this paragraph in the home of a ~~relative if the relative~~ person who has
20 been convicted under s. 940.01 of the first-degree intentional homicide, or under s.
21 940.05 of the 2nd-degree intentional homicide, of a parent of the child, and the
22 conviction has not been reversed, set aside or vacated, unless the person making the
23 custody decision determines by clear and convincing evidence that the placement
24 would be in the best interests of the child. The person making the custody decision
25 shall consider the wishes of the child in making that determination.

1 **SECTION 342.** 48.207 (1) (f) of the statutes is amended to read:

2 48.207 (1) (f) The home of a person not a relative or like-kin, if the placement
3 does not exceed 30 days, though the placement may be extended for an additional 30
4 days for cause by the court, and if the person has not had a license under s. 48.62
5 refused, revoked, or suspended within the last 2 years.

6 **SECTION 343.** 48.33 (4) (intro.) of the statutes is amended to read:

7 48.33 (4) OTHER OUT-OF-HOME PLACEMENTS. (intro.) A report recommending
8 placement of an adult expectant mother outside of her home shall be in writing. A
9 report recommending placement of a child in a foster home, group home, or
10 residential care center for children and youth, in the home of a relative other than
11 a parent, in the home of like-kin, in the home of a guardian under s. 48.977 (2), or
12 in a supervised independent living arrangement shall be in writing and shall include
13 all of the following:

14 **SECTION 344.** 48.335 (3g) (intro.) of the statutes is amended to read:

15 48.335 (3g) (intro.) At hearings under this section, if the agency, as defined in
16 s. 48.38 (1) (a), is recommending placement of the child in a foster home, group home,
17 or residential care center for children and youth, in the home of a relative other than
18 a parent, in the home of like-kin, in the home of a guardian under s. 48.977 (2), or
19 in a supervised independent living arrangement, the agency shall present as
20 evidence specific information showing all of the following:

21 **SECTION 345.** 48.335 (3j) (intro.) of the statutes is amended to read:

22 48.335 (3j) (intro.) At hearings under this section involving an Indian child, if
23 the agency, as defined in s. 48.38 (1) (a), is recommending removal of the Indian child
24 from the home of his or her parent or Indian custodian and placement of the Indian
25 child in a foster home, group home, or residential care center for children and youth

1 or in the home of a relative other than a parent or in the home of like-kin, the agency
2 shall present as evidence specific information showing all of the following:

3 **SECTION 346.** 48.345 (3) (a) (intro.) of the statutes is amended to read:

4 48.345 (3) (a) (intro.) The home of a parent ~~or~~, other relative, or like-kin of the
5 child, except that the judge may not designate any of the following as the child's
6 placement, unless the judge determines by clear and convincing evidence that the
7 placement would be in the best interests of the child or, in the case of an Indian child,
8 the best interests of the Indian child as described in s. 48.01 (2):

9 **SECTION 347.** 48.345 (3) (a) 1. of the statutes is amended to read:

10 48.345 (3) (a) 1. The home of a parent ~~or~~, other relative, or like-kin if the parent
11 ~~or~~, other relative, or like-kin has been convicted under s. 940.01 of the first-degree
12 intentional homicide, or under s. 940.05 of the 2nd-degree intentional homicide, of
13 a parent of the child, and the conviction has not been reversed, set aside, or vacated.
14 In determining whether a placement under this subdivision would be in the best
15 interests of the child, the judge shall consider the wishes of the child.

16 **SECTION 348.** 48.345 (3) (a) 2. of the statutes is amended to read:

17 48.345 (3) (a) 2. The home of a relative other than the parent of a child or the
18 home of like-kin if the judge finds that the relative or like-kin has been convicted
19 of, has pleaded no contest to, or has had a charge dismissed or amended as a result
20 of a plea agreement for a crime under s. 948.02 (1) or (2), 948.025, 948.03 (2) or (5)
21 (a) 1., 2., 3., or 4., 948.05, 948.051, 948.055, 948.06, 948.07, 948.08, 948.081, 948.085,
22 948.11 (2) (a) or (am), 948.12, 948.13, 948.21, 948.215, 948.30, or 948.53, or a similar
23 law of another state.

24 **SECTION 349.** 48.345 (4) (a) of the statutes is amended to read:

25 48.345 (4) (a) A relative or like-kin of the child.

1 **SECTION 350.** 48.355 (4) (b) (intro.) of the statutes is amended to read:

2 48.355 (4) (b) (intro.) Except as provided under s. 48.368, an order under this
3 section or s. 48.357 or 48.365 made before the child reaches 18 years of age that places
4 or continues the placement of the child in a foster home, group home, or residential
5 care center for children and youth, in the home of a relative other than a parent, in
6 the home of like-kin, or in a supervised independent living arrangement shall
7 terminate on the latest of the following dates, unless the judge specifies a shorter
8 period or the judge terminates the order sooner:

9 **SECTION 351.** 48.366 (1) (a) of the statutes is amended to read:

10 48.366 (1) (a) The person is placed in a foster home, group home, or residential
11 care center for children and youth, in the home of a relative other than a parent, in
12 the home of like-kin, or in a supervised independent living arrangement under an
13 order under s. 48.355, 48.357, or 48.365 that terminates as provided in s. 48.355 (4)
14 (b) 1., 2., or 3., 48.357 (6) (a) 1., 2., or 3., or 48.365 (5) (b) 1., 2., or 3. on or after the
15 person attains 18 years of age.

16 **SECTION 352.** 48.371 (1) (intro.) of the statutes is amended to read:

17 48.371 (1) (intro.) If a child is placed in a foster home, group home, or
18 residential care center for children and youth or in the home of a relative other than
19 a parent or in the home of like-kin, including a placement under s. 48.205 or 48.21,
20 the agency, as defined in s. 48.38 (1) (a), that placed the child or arranged for the
21 placement of the child shall provide the following information to the foster parent,
22 relative, like-kin, or operator of the group home or residential care center for
23 children and youth at the time of placement or, if the information has not been
24 provided to the agency by that time, as soon as possible after the date on which the
25 agency receives that information, but not more than 2 working days after that date:

1 **SECTION 353.** 48.371 (1) (a) of the statutes is amended to read:

2 48.371 (1) (a) Results of an HIV test, as defined in s. 252.01 (2m), of the child,
3 as provided under s. 252.15 (3m) (d) 15., including results included in a court report
4 or permanency plan. At the time that the HIV test results are provided, the agency
5 shall notify the foster parent, relative, like-kin, or operator of the group home or
6 residential care center for children and youth of the confidentiality requirements
7 under s. 252.15 (6).

8 **SECTION 354.** 48.371 (3) (intro.) of the statutes is amended to read:

9 48.371 (3) (intro.) At the time of placement of a child in a foster home, group
10 home, or residential care center for children and youth or in the home of a relative
11 other than a parent or in the home of like-kin or, if the information is not available
12 at that time, as soon as possible after the date on which the court report or
13 permanency plan has been submitted, but no later than 7 days after that date, the
14 agency, as defined in s. 48.38 (1) (a), responsible for preparing the child's permanency
15 plan shall provide to the foster parent, relative, like-kin, or operator of the group
16 home or residential care center for children and youth information contained in the
17 court report submitted under s. 48.33 (1), 48.365 (2g), 48.425 (1), 48.831 (2), or 48.837
18 (4) (c) or permanency plan submitted under s. 48.355 (2e), 48.38, 48.43 (1) (c) or (5)
19 (c), 48.63 (4) or (5) (c), or 48.831 (4) (e) relating to findings or opinions of the court or
20 agency that prepared the court report or permanency plan relating to any of the
21 following:

22 **SECTION 355.** 48.371 (3) (d) of the statutes is amended to read:

23 48.371 (3) (d) Any involvement of the child, whether as victim or perpetrator,
24 in sexual intercourse or sexual contact in violation of s. 940.225, 948.02, 948.025, or
25 948.085, prostitution in violation of s. 944.30 (1m), trafficking in violation of s.

1 940.302 (2) if s. 940.302 (2) (a) 1. b. applies, sexual exploitation of a child in violation
2 of s. 948.05, trafficking of a child in violation of s. 948.051, or causing a child to view
3 or listen to sexual activity in violation of s. 948.055, if the information is necessary
4 for the care of the child or for the protection of any person living in the foster home,
5 group home, or residential care center for children and youth or in the home of the
6 relative or like-kin.

7 **SECTION 356.** 48.371 (5) of the statutes is amended to read:

8 48.371 (5) Except as permitted under s. 252.15 (6), a foster parent, relative,
9 like-kin, or operator of a group home or residential care center for children and youth
10 that receives any information under sub. (1) or (3), other than the information
11 described in sub. (3) (e), shall keep the information confidential and may disclose that
12 information only for the purposes of providing care for the child or participating in
13 a court hearing or permanency review concerning the child.

14 **SECTION 357.** 48.38 (2) (intro.) of the statutes is amended to read:

15 48.38 (2) PERMANENCY PLAN REQUIRED. (intro.) Except as provided in sub. (3),
16 for each child living in a foster home, group home, residential care center for children
17 and youth, juvenile detention facility, shelter care facility, qualifying residential
18 family-based treatment facility with a parent, or supervised independent living
19 arrangement, the agency that placed the child or arranged the placement or the
20 agency assigned primary responsibility for providing services to the child under s.
21 48.355 (2) (b) 6g. shall prepare a written permanency plan, if any of the following
22 conditions exists, and, for each child living in the home of a guardian ~~or~~, a relative
23 other than a parent, or like-kin, that agency shall prepare a written permanency
24 plan, if any of the conditions specified in pars. (a) to (e) exists:

25 **SECTION 358.** 48.38 (3m) (a) of the statutes is amended to read:

1 48.38 **(3m)** (a) All appropriate biological family members, relatives, and
2 like-kin of the child, as determined by the agency. Notwithstanding s. 48.02 (12c)
3 (b), in this paragraph, “like-kin” may include a person who is or previously was the
4 child’s licensed foster parent.

5 **SECTION 359.** 48.38 (4) (f) (intro.) of the statutes is amended to read:

6 48.38 **(4)** (f) (intro.) A description of the services that will be provided to the
7 child, the child’s family, and the child’s foster parent, the operator of the facility
8 where the child is living, or the relative or like-kin with whom the child is living to
9 carry out the dispositional order, including services planned to accomplish all of the
10 following:

11 **SECTION 360.** 48.38 (4m) (b) of the statutes is amended to read:

12 48.38 **(4m)** (b) At least 10 days before the date of the hearing the court shall
13 notify the child; any parent, guardian, and legal custodian of the child; any foster
14 parent, or other physical custodian described in s. 48.62 (2) of the child, the operator
15 of the facility in which the child is living, or the relative or like-kin with whom the
16 child is living; and, if the child is an Indian child, the Indian child’s Indian custodian
17 and tribe of the time, place, and purpose of the hearing, of the issues to be determined
18 at the hearing, and of the fact that they shall have a right to be heard at the hearing.

19 **SECTION 361.** 48.38 (4m) (d) of the statutes is amended to read:

20 48.38 **(4m)** (d) The court shall give a foster parent, other physical custodian
21 described in s. 48.62 (2), operator of a facility, ~~or~~ relative, or like-kin who is notified
22 of a hearing under par. (b) a right to be heard at the hearing by permitting the foster
23 parent, other physical custodian, operator, ~~or~~ relative, or like-kin to make a written
24 or oral statement during the hearing, or to submit a written statement prior to the
25 hearing, relevant to the issues to be determined at the hearing. The foster parent,

1 other physical custodian, operator of a facility, ~~or~~ relative, or like-kin does not
2 become a party to the proceeding on which the hearing is held solely on the basis of
3 receiving that notice and right to be heard.

4 **SECTION 362.** 48.38 (5) (b) of the statutes is amended to read:

5 48.38 (5) (b) The court or the agency shall notify the child; the child's parent,
6 guardian, and legal custodian; the child's foster parent, the operator of the facility
7 in which the child is living, or the relative or like-kin with whom the child is living;
8 and, if the child is an Indian child who is placed outside the home of his or her parent
9 or Indian custodian, the Indian child's Indian custodian and tribe of the time, place,
10 and purpose of the review, of the issues to be determined as part of the review, and
11 of the fact that they shall have a right to be heard at the review as provided in par.
12 (bm) 1. The court or agency shall notify the person representing the interests of the
13 public, the child's counsel, the child's guardian ad litem, the child's court-appointed
14 special advocate, and the child's school of the time, place, and purpose of the review,
15 of the issues to be determined as part of the review, and of the fact that they may have
16 an opportunity to be heard at the review as provided in par. (bm) 1. The notices under
17 this paragraph shall be provided in writing not less than 30 days before the review
18 and copies of the notices shall be filed in the child's case record. The notice to the
19 child's school shall also include the name and contact information for the caseworker
20 or social worker assigned to the child's case.

21 **SECTION 363.** 48.38 (5) (bm) 1. of the statutes is amended to read:

22 48.38 (5) (bm) 1. A child, parent, guardian, legal custodian, foster parent,
23 operator of a facility, ~~or~~ relative, or like-kin who is provided notice of the review
24 under par. (b) shall have a right to be heard at the review by submitting written
25 comments relevant to the determinations specified in par. (c) not less than 10

1 working days before the date of the review or by participating at the review. A person
2 representing the interests of the public, counsel, guardian ad litem, court-appointed
3 special advocate, or school who is provided notice of the review under par. (b) may
4 have an opportunity to be heard at the review by submitting written comments
5 relevant to the determinations specified in par. (c) not less than 10 working days
6 before the date of the review. A foster parent, operator of a facility, ~~or~~ relative, or
7 like-kin who receives notice of a review under par. (b) and a right to be heard under
8 this subdivision does not become a party to the proceeding on which the review is held
9 solely on the basis of receiving that notice and right to be heard.

10 **SECTION 364.** 48.38 (5) (e) of the statutes is amended to read:

11 48.38 (5) (e) Within 30 days, the agency shall prepare a written summary of
12 the determinations under par. (c) and shall provide a copy to the court that entered
13 the order; the child or the child's counsel or guardian ad litem; the person
14 representing the interests of the public; the child's parent, guardian, or legal
15 custodian; the child's court-appointed special advocate; the child's foster parent, the
16 operator of the facility where the child is living, or the relative or like-kin with whom
17 the child is living; and, if the child is an Indian child who is placed outside the home
18 of his or her parent or Indian custodian, the Indian child's Indian custodian and tribe.

19 **SECTION 365.** 48.38 (5m) (b) of the statutes is amended to read:

20 48.38 (5m) (b) The court shall notify the child; the child's parent, guardian, and
21 legal custodian; and the child's foster parent, the operator of the facility in which the
22 child is living, or the relative or like-kin with whom the child is living of the time,
23 place, and purpose of the hearing, of the issues to be determined at the hearing, and
24 of the fact that they shall have a right to be heard at the hearing as provided in par.
25 (c) 1. The court shall notify the child's counsel, the child's guardian ad litem, and the

1 child's court-appointed special advocate; the agency that prepared the permanency
2 plan; the child's school; the person representing the interests of the public; and, if the
3 child is an Indian child who is placed outside the home of his or her parent or Indian
4 custodian, the Indian child's Indian custodian and tribe of the time, place, and
5 purpose of the hearing, of the issues to be determined at the hearing, and of the fact
6 that they may have an opportunity to be heard at the hearing as provided in par. (c)
7 1. The notices under this paragraph shall be provided in writing not less than 30
8 days before the hearing. The notice to the child's school shall also include the name
9 and contact information for the caseworker or social worker assigned to the child's
10 case.

11 **SECTION 366.** 48.38 (5m) (c) 1. of the statutes is amended to read:

12 48.38 (5m) (c) 1. A child, parent, guardian, legal custodian, foster parent,
13 operator of a facility, ~~or~~ relative, or like-kin who is provided notice of the hearing
14 under par. (b) shall have a right to be heard at the hearing by submitting written
15 comments relevant to the determinations specified in sub. (5) (c) not less than 10
16 working days before the date of the hearing or by participating at the hearing. A
17 counsel, guardian ad litem, court-appointed special advocate, agency, school, or
18 person representing the interests of the public who is provided notice of the hearing
19 under par. (b) may have an opportunity to be heard at the hearing by submitting
20 written comments relevant to the determinations specified in sub. (5) (c) not less
21 than 10 working days before the date of the hearing or by participating at the
22 hearing. A foster parent, operator of a facility, ~~or~~ relative, or like-kin who receives
23 notice of a hearing under par. (b) and a right to be heard under this subdivision does
24 not become a party to the proceeding on which the hearing is held solely on the basis
25 of receiving that notice and right to be heard.

1 **SECTION 367.** 48.38 (5m) (e) of the statutes is amended to read:

2 48.38 **(5m)** (e) After the hearing, the court shall make written findings of fact
3 and conclusions of law relating to the determinations under sub. (5) (c) and shall
4 provide a copy of those findings of fact and conclusions of law to the child; the child's
5 parent, guardian, and legal custodian; the child's foster parent, the operator of the
6 facility in which the child is living, or the relative or like-kin with whom the child
7 is living; the child's court-appointed special advocate; the agency that prepared the
8 permanency plan; the person representing the interests of the public; and, if the child
9 is an Indian child who is placed outside the home of his or her parent or Indian
10 custodian, the Indian child's Indian custodian and tribe. The court shall make the
11 findings specified in sub. (5) (c) 7. on a case-by-case basis based on circumstances
12 specific to the child and shall document or reference the specific information on
13 which those findings are based in the findings of fact and conclusions of law prepared
14 under this paragraph. Findings of fact and conclusions of law that merely reference
15 sub. (5) (c) 7. without documenting or referencing that specific information in the
16 findings of fact and conclusions of law or amended findings of fact and conclusions
17 of law that retroactively correct earlier findings of fact and conclusions of law that
18 do not comply with this paragraph are not sufficient to comply with this paragraph.

19 **SECTION 368.** 48.385 (intro.) of the statutes is amended to read:

20 **48.385 Plan for transition to independent living.** (intro.) During the 90
21 days immediately before a child who is placed in a foster home, group home, or
22 residential care center for children and youth, in the home of a relative other than
23 a parent, in the home of like-kin, or in a supervised independent living arrangement
24 attains 18 years of age or, if the child is placed in such a placement under an order
25 under s. 48.355, 48.357, or 48.365 that terminates under s. 48.355 (4) (b) after the

1 child attains 18 years of age or under a voluntary transition-to-independent-living
2 agreement under s. 48.366 (3) that terminates under s. 48.366 (3) (a) after the child
3 attains 18 years of age, during the 90 days immediately before the termination of the
4 order or agreement, the agency primarily responsible for providing services to the
5 child under the order or agreement shall do all of the following:

6 **SECTION 369.** 48.40 (1m) of the statutes is amended to read:

7 48.40 (1m) “Kinship care ~~relative~~” provider” means a person receiving
8 payments under s. 48.57 (3m) (am) for providing care and maintenance for a child.

9 **SECTION 370.** 48.427 (3m) (a) 5. of the statutes is amended to read:

10 48.427 (3m) (a) 5. A relative with whom the child resides, if the relative has
11 filed a petition to adopt the child or if the relative is a kinship care ~~relative~~ provider
12 or is receiving payments under s. 48.62 (4) for providing care and maintenance for
13 the child.

14 **SECTION 371.** 48.43 (5) (b) 1. of the statutes is amended to read:

15 48.43 (5) (b) 1. The court shall hold a hearing to review the permanency plan
16 within 30 days after receiving a report under par. (a). At least 10 days before the date
17 of the hearing, the court shall provide notice of the time, place, and purpose of the
18 hearing to the agency that prepared the report, the child’s guardian, the child, and
19 the child’s foster parent, the operator of the facility in which the child is living, or the
20 relative or like-kin with whom the child is living.

21 **SECTION 372.** 48.43 (5) (b) 3. of the statutes is amended to read:

22 48.43 (5) (b) 3. The court shall give a foster parent, operator of a facility, or
23 relative or like-kin who is notified of a hearing under subd. 1. a right to be heard at
24 the hearing by permitting the foster parent, operator, or relative or like-kin to make
25 a written or oral statement during the hearing, or to submit a written statement

1 prior to the hearing, relevant to the issues to be determined at the hearing. The foster
2 parent, operator of a facility, or relative or like-kin does not become a party to the
3 proceeding on which the hearing is held solely on the basis of receiving that notice
4 and right to be heard.

5 **SECTION 373.** 48.43 (5m) of the statutes is amended to read:

6 48.43 (5m) Either the court or the agency that prepared the permanency plan
7 shall furnish a copy of the original plan and each revised plan to the child, if he or
8 she is 12 years of age or over, to the child's guardian, to the child's foster parent, the
9 operator of the facility in which the child is living, or the relative or like-kin with
10 whom the child is living, and, if the order under sub. (1) involuntarily terminated
11 parental rights to an Indian child, to the Indian child's tribe.

12 **SECTION 374.** 48.57 (3m) (a) 1. b. of the statutes is amended to read:

13 48.57 (3m) (a) 1. b. The person is under 21 years of age, the person is a full-time
14 student in good academic standing at a secondary school or its vocational or technical
15 equivalent, an individualized education program under s. 115.787 is in effect for the
16 person, and the person is placed in the home of the kinship care relative provider
17 under an order under s. 48.355, 48.357, 48.365, 938.355, 938.357, or 938.365 that
18 terminates under s. 48.355 (4) (b) or 938.355 (4) (am) after the person attains 18 years
19 of age or under a voluntary transition-to-independent-living agreement under s.
20 48.366 (3) or 938.366 (3).

21 **SECTION 375.** 48.57 (3m) (a) 2. of the statutes is amended to read:

22 48.57 (3m) (a) 2. "Kinship care ~~relative~~ provider" means a relative other than
23 a parent, an extended family member, as defined in s. 48.028 (2) (am), or like-kin.

24 **SECTION 376.** 48.57 (3m) (am) (intro.) of the statutes is amended to read:

1 48.57 (3m) (am) (intro.) From the appropriations under s. 20.437 (2) (dz), (md),
2 (me), and (s), the department shall reimburse counties having populations of less
3 than 750,000 for payments made under this subsection and shall make payments
4 under this subsection in a county having a population of 750,000 or more. Subject
5 to par. (ap), a county department and, in a county having a population of 750,000 or
6 more, the department shall make payments in the amount of \$300 per month
7 beginning on January 1, 2022, to a kinship care relative provider who is providing
8 care and maintenance for a child if all of the following conditions are met:

9 **SECTION 43q.** 48.57 (3m) (am) (intro.) of the statutes is amended to read:

10 48.57 (3m) (am) (intro.) From the appropriations under s. 20.437 (2) (dz), (md),
11 (me), and (s), the department shall reimburse counties having populations of less
12 than 750,000 for payments made under this subsection and shall make payments
13 under this subsection in a county having a population of 750,000 or more. Subject
14 to par. (ap), and if all of the following conditions are met, beginning on January 1,
15 2024, a county department and, in a county having a population of 750,000 or more,
16 the department shall make monthly payments to a kinship care provider who is
17 providing care and maintenance for a child in the amount of \$300 ~~per month~~
18 ~~beginning on January 1, 2022, to a kinship care provider who is providing care and~~
19 ~~maintenance for a child if all of the following conditions are met~~ \$441 for a child
20 under 5 years of age; \$483 for a child 5 to 11 years of age; \$548 for a child 12 to 14
21 years of age; and \$572 for a child 15 years of age or over:

22 **SECTION 377.** 48.57 (3m) (am) 1. of the statutes is amended to read:

23 48.57 (3m) (am) 1. The kinship care relative provider applies to the county
24 department or department for payments under this subsection and, if the child is
25 placed in the home of the kinship care relative provider under a court order, other

1 than a court order under s. 48.9795 or ch. 54, 2017 stats., for a license to operate a
2 foster home.

3 **SECTION 378.** 48.57 (3m) (am) 1m. of the statutes is amended to read:

4 48.57 **(3m)** (am) 1m. The county department or department determines that
5 there is a need for the child to be placed with the kinship care relative provider and
6 that the placement with the kinship care relative provider is in the best interests of
7 the child.

8 **SECTION 379.** 48.57 (3m) (am) 4. of the statutes is amended to read:

9 48.57 **(3m)** (am) 4. The county department or department conducts a
10 background investigation under sub. (3p) of the kinship care relative provider, any
11 employee and prospective employee of the kinship care relative provider who has or
12 would have regular contact with the child for whom the payments would be made and
13 any other adult resident of the kinship care relative's provider's home to determine
14 if the kinship care relative provider, employee, prospective employee or adult
15 resident has any arrests or convictions that could adversely affect the child or the
16 kinship care relative's provider's ability to care for the child.

17 **SECTION 380.** 48.57 (3m) (am) 4m. of the statutes is amended to read:

18 48.57 **(3m)** (am) 4m. Subject to sub. (3p) (fm) 1. and 2., the kinship care relative
19 provider states that he or she does not have any arrests or convictions that could
20 adversely affect the child or the kinship care relative's provider's ability to care for
21 the child and that no adult resident, as defined in sub. (3p) (a), and no employee or
22 prospective employee of the kinship care relative provider who would have regular
23 contact with the child has any arrests or convictions that could adversely affect the
24 child or the kinship care relative's provider's ability to care for the child.

25 **SECTION 381.** 48.57 (3m) (am) 5. of the statutes is amended to read:

1 48.57 **(3m)** (am) 5. The kinship care relative provider cooperates with the
2 county department or department in the application process, including applying for
3 other forms of assistance for which the child may be eligible.

4 **SECTION 382.** 48.57 (3m) (am) 5m. of the statutes is amended to read:

5 48.57 **(3m)** (am) 5m. The kinship care relative provider is not receiving
6 payments under sub. (3n) with respect to the child.

7 **SECTION 383.** 48.57 (3m) (am) 6. of the statutes is amended to read:

8 48.57 **(3m)** (am) 6. The child for whom the kinship care relative provider is
9 providing care and maintenance is not receiving supplemental security income
10 under 42 USC 1381 to 1383c or state supplemental payments under s. 49.77.

11 **SECTION 384.** 48.57 (3m) (an) of the statutes is created to read:

12 48.57 **(3m)** (an) In addition to the monthly payments for kinship care under
13 par. (am), the department or, with the department's approval, the county department
14 may make payments for exceptional circumstances to enable siblings or a minor
15 parent and minor children to reside together and for initial clothing allowances to
16 a kinship care provider who is providing care and maintenance for a child residing
17 in the home of the kinship care provider who is receiving a monthly rate under par.
18 (am), commensurate with the needs of the child, according to the rules promulgated
19 by the department under par. (i) 3.

20 **SECTION 385.** 48.57 (3m) (ar) and (at) of the statutes are created to read:

21 48.57 **(3m)** (ar) In addition to the monthly payments for kinship care under par.
22 (ap), the department or, with the department's approval, the county department may
23 make emergency payments for kinship care to a kinship care provider who is
24 providing care and maintenance for a child residing in the home of the kinship care
25 provider under a court order if any of the following conditions are met:

1 1. The governor has declared a state of emergency pursuant to s. 323.10, or the
2 federal government has declared a major disaster under 42 USC 68, that covers the
3 locality of the home of the kinship care provider.

4 2. This state has received federal funding to be used for child welfare purposes
5 due to an emergency or disaster declared for the locality of the home of the kinship
6 care provider.

7 3. The department has determined that conditions in this state or in the locality
8 of the home of the kinship care provider have resulted in a temporary increase in the
9 costs borne by kinship care providers. Those conditions may include any of the
10 following:

11 a. A pandemic or other public health threat.

12 b. A natural disaster.

13 c. Unplanned school closures of 5 consecutive days or more.

14 (at) The department shall determine the amount of emergency payments under
15 par. (ar) based on available funding.

16 **SECTION 386.** 48.57 (3m) (ap) 1. of the statutes is amended to read:

17 48.57 **(3m)** (ap) 1. Subject to subds. 2. and 3., the county department or, in a
18 county having a population of 750,000 or more, the department may make payments
19 under par. (am) to a kinship care ~~relative~~ provider who is providing care and
20 maintenance for a child who is placed in the home of the kinship care ~~relative~~
21 provider under a court order for no more than 60 days after the date on which the
22 county department or department received under par. (am) 1. the completed
23 application of the kinship care ~~relative~~ provider for a license to operate a foster home
24 or, if the application is approved or denied or the kinship care ~~relative~~ provider is
25 otherwise determined to be ineligible for licensure within those 60 days, until the

1 date on which the application is approved or denied or the kinship care ~~relative~~
2 provider is otherwise determined to be ineligible for licensure.

3 **SECTION 387.** 48.57 (3m) (ap) 2. of the statutes is amended to read:

4 48.57 **(3m)** (ap) 2. If the application specified in subd. 1. is not approved or
5 denied or the kinship care ~~relative~~ provider is not otherwise determined to be
6 ineligible for licensure within 60 days after the date on which the county department
7 or department received the completed application for any reason other than an act
8 or omission of the kinship care ~~relative~~ provider, the county department or
9 department may make payments under par. (am) for 4 months after the date on
10 which the county department or department received the completed application or,
11 if the application is approved or denied or the kinship care ~~relative~~ provider is
12 otherwise determined to be ineligible for licensure within those 4 months, until the
13 date on which the application is approved or denied or the kinship care ~~relative~~
14 provider is otherwise determined to be ineligible for licensure.

15 **SECTION 388.** 48.57 (3m) (ap) 3. of the statutes is amended to read:

16 48.57 **(3m)** (ap) 3. Notwithstanding that an application of a kinship care
17 ~~relative~~ provider specified in subd. 1. is denied or the kinship care ~~relative~~ provider
18 is otherwise determined to be ineligible for licensure, the county department or, in
19 a county having a population of 750,000 or more, the department may make
20 payments under par. (am) to the kinship care ~~relative~~ provider for as long as the
21 conditions specified in par. (am) 1. to 6. continue to apply if the county department
22 or department submits to the court information relating to the background
23 investigation specified in par. (am) 4., an assessment of the safety of the kinship care
24 ~~relative's~~ provider's home and the ability of the kinship care ~~relative~~ provider to care
25 for the child, and a recommendation that the child remain in the home of the kinship

1 care ~~relative~~ provider and the court, after considering that information, assessment,
2 and recommendation, orders the child to remain in the kinship care ~~relative's~~
3 provider's home. If the court does not order the child to remain in the kinship care
4 ~~relative's~~ provider's home, the court shall order the county department or
5 department to request a change in placement under s. 48.357 (1) (am) or 938.357 (1)
6 (am). Any person specified in s. 48.357 (2m) (a) or 938.357 (2m) (a) may also request
7 a change in placement.

8 **SECTION 389.** 48.57 (3m) (as) of the statutes is created to read:

9 48.57 (3m) (as) From the appropriation under s. 20.437 (1) (es), a county
10 department and, in a county having a population of 750,000 or more, the department
11 may provide flexible support, in the form of additional payments or services, to a
12 kinship care provider who qualifies under rules promulgated by the department
13 under par. (i) 3.

14 **SECTION 390.** 48.57 (3m) (b) 2. of the statutes is amended to read:

15 48.57 (3m) (b) 2. When any kinship care ~~relative~~ provider of a child applies for
16 or receives payments under this subsection, any right of the child or the child's parent
17 to support or maintenance from any other person accruing during the time that
18 payments are made under this subsection is assigned to the state. If a child who is
19 the beneficiary of a payment under this subsection is also the beneficiary of support
20 under a judgment or order that includes support for one or more children who are not
21 the beneficiaries of payments under this subsection, any support payment made
22 under the judgment or order is assigned to the state in the amount that is the
23 proportionate share of the child who is the beneficiary of the payment made under
24 this subsection, except as otherwise ordered by the court on the motion of a party.

25 **SECTION 391.** 48.57 (3m) (cm) of the statutes is amended to read:

1 48.57 (3m) (cm) A kinship care ~~relative~~ provider who receives a payment under
2 par. (am) for providing care and maintenance for a child is not eligible to receive a
3 payment under sub. (3n) or s. 48.62 (4) or 48.623 (1) or (6) for that child.

4 **SECTION 392.** 48.57 (3m) (h) of the statutes is amended to read:

5 48.57 (3m) (h) A county department or, in a county having a population of
6 750,000 or more, the department may recover an overpayment made under par. (am)
7 from a kinship care ~~relative~~ provider who continues to receive payments under par.
8 (am) by reducing the amount of the kinship care ~~relative's~~ provider's monthly
9 payment. The department may by rule specify other methods for recovering
10 overpayments made under par. (am). A county department that recovers an
11 overpayment under this paragraph due to the efforts of its officers and employees
12 may retain a portion of the amount recovered, as provided by the department by rule.

13 **SECTION 393.** 48.57 (3m) (i) 1. of the statutes is amended to read:

14 48.57 (3m) (i) 1. Rules to provide assessment criteria for determining whether
15 a kinship care ~~relative~~ provider who is providing care and maintenance for a child
16 is eligible to receive payments under par. (am). The rules shall also provide that any
17 criteria established under the rules shall first apply to applications for payments
18 under par. (am) received, and to reviews under par. (d) conducted, on the effective
19 date of those rules.

20 **SECTION 394.** 48.57 (3m) (i) 3. of the statutes is created to read:

21 48.57 (3m) (i) 3. Rules governing the provision of flexible support under par.
22 (as). Rules promulgated under this subdivision may specify qualifying costs and
23 services and eligibility criteria.

24 **SECTION 395.** 48.57 (3m) (i) 4. of the statutes is created to read:

1 48.57 (3m) (i) 4. Rules governing the provision of payments for exceptional
2 circumstances to enable siblings or a minor parent and minor children to reside
3 together and for initial clothing allowances for a child residing in the home of a
4 kinship care provider who is receiving a monthly rate under par. (am).

5 **SECTION 396.** 48.57 (3m) (j) of the statutes is created to read:

6 48.57 (3m) (j) The department may promulgate rules governing the provision
7 of emergency payments under par. (ar).

8 **SECTION 397.** 48.57 (3n) (a) 1. b. of the statutes is amended to read:

9 48.57 (3n) (a) 1. b. The person is under 21 years of age, the person is a full-time
10 student in good academic standing at a secondary school or its vocational or technical
11 equivalent, an individualized education program under s. 115.787 is in effect for the
12 person, and the person is placed in the home of the long-term kinship care relative
13 provider under an order under s. 48.355, 48.357, 48.365, 938.355, 938.357, or 938.365
14 that terminates under s. 48.355 (4) (b) or 938.355 (4) (am) after the person attains
15 18 years of age or under a voluntary transition-to-independent-living agreement
16 under s. 48.366 (3) or 938.366 (3).

17 **SECTION 398.** 48.57 (3n) (a) 2. of the statutes is amended to read:

18 48.57 (3n) (a) 2. “Long-term kinship care relative provider” means a relative
19 other than a parent, an extended family member, as defined in s. 48.028 (2) (am), or
20 like-kin.

21 **SECTION 399.** 48.57 (3n) (am) (intro.) of the statutes is amended to read:

22 48.57 (3n) (am) (intro.) From the appropriations under s. 20.437 (2) (dz), (md),
23 (me), and (s), the department shall reimburse counties having populations of less
24 than 750,000 for payments made under this subsection and shall make payments
25 under this subsection in a county having a population of 750,000 or more. Subject

1 to par. (ap), a county department and, in a county having a population of 750,000 or
2 more, the department shall make monthly payments for each child in the amount of
3 \$300 per month beginning on January 1, 2022, to a long-term kinship care ~~relative~~
4 provider who is providing care and maintenance for that child if all of the following
5 conditions are met:

6 **SECTION 66q.** 48.57 (3n) (am) (intro.) of the statutes is amended to read:

7 48.57 (3n) (am) (intro.) From the appropriations under s. 20.437 (2) (dz), (md),
8 (me), and (s), the department shall reimburse counties having populations of less
9 than 750,000 for payments made under this subsection and shall make payments
10 under this subsection in a county having a population of 750,000 or more. Subject
11 to par. (ap) and if all of the following conditions are met, beginning on January 1,
12 2024, a county department and, in a county having a population of 750,000 or more,
13 the department shall make monthly payments to a long-term kinship care provider
14 who is providing care and maintenance for each a child in the amount of \$300 per
15 month beginning on January 1, 2022, to a long-term kinship care provider who is
16 providing care and maintenance for that child if all of the following conditions are
17 met \$441 for a child under 5 years of age; \$483 for a child 5 to 11 years of age; \$548
18 for a child 12 to 14 years of age; and \$572 for a child 15 years of age or over:

19 **SECTION 400.** 48.57 (3n) (am) 1. of the statutes is amended to read:

20 48.57 (3n) (am) 1. The long-term kinship care ~~relative provider~~ applies to the
21 county department or department for payments under this subsection, provides
22 proof that he or she has been appointed as the guardian of the child, and, if the child
23 is placed in the home of the long-term kinship care ~~relative provider~~ under a court
24 order, other than a court order under s. 48.9795 or ch. 54, 2017 stats., applies to the
25 county department or department for a license to operate a foster home.

1 **SECTION 401.** 48.57 (3n) (am) 2. of the statutes is amended to read:

2 48.57 **(3n)** (am) 2. The county department or department inspects the
3 long-term kinship care ~~relative's~~ provider's home, interviews the long-term kinship
4 care ~~relative~~ provider and determines that long-term placement with the long-term
5 kinship care ~~relative~~ provider is in the best interests of the child.

6 **SECTION 402.** 48.57 (3n) (am) 4. of the statutes is amended to read:

7 48.57 **(3n)** (am) 4. The county department or department conducts a
8 background investigation under sub. (3p) of the long-term kinship care ~~relative~~
9 provider, the employees and prospective employees of the long-term kinship care
10 ~~relative~~ provider who have or would have regular contact with the child for whom the
11 payments would be made and any other adult resident, as defined in sub. (3p) (a),
12 of the long-term kinship care ~~relative's~~ provider's home to determine if the
13 long-term kinship care ~~relative~~ provider, employee, prospective employee or adult
14 resident has any arrests or convictions that are likely to adversely affect the child or
15 the long-term kinship care ~~relative's~~ provider's ability to care for the child.

16 **SECTION 403.** 48.57 (3n) (am) 4m. of the statutes is amended to read:

17 48.57 **(3n)** (am) 4m. Subject to sub. (3p) (fm) 1m. and 2m., the long-term
18 kinship care ~~relative~~ provider states that he or she does not have any arrests or
19 convictions that could adversely affect the child or the long-term kinship care
20 ~~relative's~~ provider's ability to care for the child and that, to the best of the long-term
21 kinship care ~~relative's~~ provider's knowledge, no adult resident, as defined in sub. (3p)
22 (a), and no employee or prospective employee of the long-term kinship care ~~relative~~
23 provider who would have regular contact with the child has any arrests or
24 convictions that could adversely affect the child or the long-term kinship care
25 ~~relative's~~ provider's ability to care for the child.

1 **SECTION 404.** 48.57 (3n) (am) 5. of the statutes is amended to read:

2 48.57 **(3n)** (am) 5. The long-term kinship care ~~relative~~ provider cooperates
3 with the county department or department in the application process, including
4 applying for other forms of assistance for which the child may be eligible.

5 **SECTION 405.** 48.57 (3n) (am) 5m. of the statutes is amended to read:

6 48.57 **(3n)** (am) 5m. The long-term kinship care ~~relative~~ provider is not
7 receiving payments under sub. (3m) with respect to the child.

8 **SECTION 406.** 48.57 (3n) (am) 5r. of the statutes is amended to read:

9 48.57 **(3n)** (am) 5r. The child for whom the long-term kinship care ~~relative~~
10 provider is providing care and maintenance is not receiving supplemental security
11 income under 42 USC 1381 to 1383c or state supplemental payments under s. 49.77.

12 **SECTION 407.** 48.57 (3n) (am) 6. (intro.) of the statutes is amended to read:

13 48.57 **(3n)** (am) 6. (intro.) The long-term kinship care ~~relative~~ provider and the
14 county department or department enter into a written agreement under which the
15 long-term kinship care ~~relative~~ provider agrees to provide care and maintenance for
16 the child and the county department or department agrees, subject to sub. (3p) (hm),
17 to make monthly payments to the long-term kinship care ~~relative~~ provider at the
18 rate specified in sub. (3m) (am) (intro.) until the earliest of the following:

19 **SECTION 408.** 48.57 (3n) (am) 6. c. of the statutes is amended to read:

20 48.57 **(3n)** (am) 6. c. The date on which the child is placed outside the long-term
21 kinship care ~~relative's~~ provider's home under a court order or under a voluntary
22 agreement under s. 48.63 (1) (a) or (b) or (5) (b).

23 **SECTION 409.** 48.57 (3n) (am) 6. d. of the statutes is amended to read:

24 48.57 **(3n)** (am) 6. d. The date on which the child ceases to reside with the
25 long-term kinship care ~~relative~~ provider.

1 **SECTION 410.** 48.57 (3n) (am) 6. e. of the statutes is amended to read:

2 48.57 **(3n)** (am) 6. e. The date on which the long-term kinship care's care
3 provider's guardianship under s. 48.977 terminates.

4 **SECTION 411.** 48.57 (3n) (an) of the statutes is created to read:

5 48.57 **(3n)** (an) In addition to the monthly payments for long-term kinship care
6 under par. (am), the department or, with the department's approval, the county
7 department may make payments for exceptional circumstances to enable siblings or
8 a minor parent and minor children to reside together and for initial clothing
9 allowances to a long-term kinship care provider who is providing care and
10 maintenance for a child residing in the home of the long-term kinship care provider
11 who is receiving a monthly rate under par. (am), commensurate with the needs of the
12 child, according to the rules promulgated by the department under par. (i) 2.

13 **SECTION 412.** 48.57 (3n) (ap) 1. of the statutes is amended to read:

14 48.57 **(3n)** (ap) 1. Subject to subds. 2. and 3., the county department or, in a
15 county having a population of 750,000 or more, the department may make payments
16 under par. (am) to a long-term kinship care ~~relative~~ provider who is providing care
17 and maintenance for a child who is placed in the home of the long-term kinship care
18 ~~relative~~ provider for no more than 60 days after the date on which the county
19 department or department received under par. (am) 1. the completed application of
20 the long-term kinship care ~~relative~~ provider for a license to operate a foster home or,
21 if the application is approved or denied or the long-term kinship care ~~relative~~
22 provider is otherwise determined to be ineligible for licensure within those 60 days,
23 until the date on which the application is approved or denied or the long-term
24 kinship care ~~relative~~ provider is otherwise determined to be ineligible for licensure.

25 **SECTION 413.** 48.57 (3n) (ap) 2. of the statutes is amended to read:

1 48.57 (3n) (ap) 2. If the application specified in subd. 1. is not approved or
2 denied or the long-term kinship care relative provider is not otherwise determined
3 to be ineligible for licensure within 60 days after the date on which the county
4 department or department received the completed application for any reason other
5 than an act or omission of the long-term kinship care relative provider, the county
6 department or department may make payments under par. (am) for 4 months after
7 the date on which the county department or department received the completed
8 application or, if the application is approved or denied or the long-term kinship care
9 relative provider is otherwise determined to be ineligible for licensure within those
10 4 months, until the date on which the application is approved or denied or the
11 long-term kinship care relative provider is otherwise determined to be ineligible for
12 licensure.

13 **SECTION 414.** 48.57 (3n) (ap) 3. of the statutes is amended to read:

14 48.57 (3n) (ap) 3. Notwithstanding that an application of a long-term kinship
15 care relative provider specified in subd. 1. is denied or the long-term kinship care
16 relative provider is otherwise determined to be ineligible for licensure, the county
17 department or, in a county having a population of 750,000 or more, the department
18 may make payments under par. (am) to the long-term kinship care relative provider
19 until an event specified in par. (am) 6. a. to f. occurs if the county department or
20 department submits to the court information relating to the background
21 investigation specified in par. (am) 4., an assessment of the safety of the long-term
22 kinship care relative's provider's home and the ability of the long-term kinship care
23 relative provider to care for the child, and a recommendation that the child remain
24 in the home of the long-term kinship care relative provider and the court, after
25 considering that information, assessment, and recommendation, orders the child to

1 remain in the long-term kinship care ~~relative's~~ provider's home. If the court does not
2 order the child to remain in the kinship care ~~relative's~~ provider's home, the court
3 shall order the county department or department to request a change in placement
4 under s. 48.357 (1) (am) or 938.357 (1) (am) or to request a termination of the
5 guardianship order under s. 48.977 (7). Any person specified in s. 48.357 (2m) (a) or
6 938.357 (2m) (a) may also request a change in placement and any person who is
7 authorized to file a petition for the appointment of a guardian for the child may also
8 request a termination of the guardianship order.

9 **SECTION 415.** 48.57 (3n) (b) 2. of the statutes is amended to read:

10 48.57 (3n) (b) 2. When any long-term kinship care ~~relative~~ provider of a child
11 applies for or receives payments under this subsection, any right of the child or the
12 child's parent to support or maintenance from any other person accruing during the
13 time that payments are made under this subsection is assigned to the state. If a child
14 is the beneficiary of support under a judgment or order that includes support for one
15 or more children who are not the beneficiaries of payments under this subsection,
16 any support payment made under the judgment or order is assigned to the state in
17 the amount that is the proportionate share of the child who is the beneficiary of the
18 payment made under this subsection, except as otherwise ordered by the court on the
19 motion of a party.

20 **SECTION 416.** 48.57 (3n) (cm) of the statutes is amended to read:

21 48.57 (3n) (cm) A long-term kinship care ~~relative~~ provider who receives a
22 payment under par. (am) for providing care and maintenance for a child is not eligible
23 to receive a payment under sub. (3m) or s. 48.62 (4) or 48.623 (1) or (6) for that child.

24 **SECTION 417.** 48.57 (3n) (h) of the statutes is amended to read:

1 48.57 **(3n)** (h) A county department or, in a county having a population of
2 750,000 or more, the department may recover an overpayment made under par. (am)
3 from a long-term kinship care ~~relative~~ provider who continues to receive payments
4 under par. (am) by reducing the amount of the long-term kinship care ~~relative's~~
5 provider's monthly payment. The department may by rule specify other methods for
6 recovering overpayments made under par. (am). A county department that recovers
7 an overpayment under this paragraph due to the efforts of its officers and employees
8 may retain a portion of the amount recovered, as provided by the department by rule.

9 **SECTION 418.** 48.57 (3p) (h) 3. (intro.) of the statutes is amended to read:

10 48.57 **(3p)** (h) 3. (intro.) The director of the county department, the person
11 designated by the governing body of an Indian tribe or, in a county having a
12 population of 750,000 or more, the person designated by the secretary shall review
13 the denial of payments or the prohibition on employment or being an adult resident
14 to determine if the conviction record on which the denial or prohibition is based
15 includes any arrests, convictions, or penalties that are likely to adversely affect the
16 child or the ability of the kinship care ~~relative~~ provider to care for the child. In
17 reviewing the denial or prohibition, the director of the county department, the person
18 designated by the governing body of the Indian tribe or the person designated by the
19 secretary shall consider all of the following factors:

20 **SECTION 419.** 48.57 (3p) (h) 3. b. of the statutes is amended to read:

21 48.57 **(3p)** (h) 3. b. The nature of the violation or penalty and how that violation
22 or penalty affects the ability of the kinship care ~~relative~~ provider to care for the child.

23 **SECTION 420.** 48.57 (3p) (h) 4. of the statutes is amended to read:

24 48.57 **(3p)** (h) 4. If the director of the county department, the person designated
25 by the governing body of the Indian tribe or, in a county having a population of

1 750,000 or more, the person designated by the secretary determines that the
2 conviction record on which the denial of payments or the prohibition on employment
3 or being an adult resident is based does not include any arrests, convictions, or
4 penalties that are likely to adversely affect the child or the ability of the kinship care
5 relative provider to care for the child, the director of the county department, the
6 person designated by the governing body of the Indian tribe, or the person designated
7 by the secretary may approve the making of payments under sub. (3m) or may permit
8 a person receiving payments under sub. (3m) to employ a person in a position in
9 which that person would have regular contact with the child for whom payments are
10 being made or permit a person to be an adult resident.

11 **SECTION 421.** 48.57 (3n) (i) of the statutes is renumbered 48.57 (3n) (i) (intro.)
12 and amended to read:

13 48.57 (3n) (i) (intro.) The department shall promulgate rules to implement this
14 subsection. Those rules shall include rules all of the following:

15 1. Rules governing the provision of long-term kinship care payments for the
16 care and maintenance of a child after the child attains 18 years of age.

17 **SECTION 422.** 48.57 (3n) (i) 2. of the statutes is created to read:

18 48.57 (3n) (i) 2. Rules governing the provision of payments for exceptional
19 circumstances to enable siblings or a minor parent and minor children to reside
20 together and for initial clothing allowances for children residing in a home of a
21 long-term kinship care provider who is receiving a monthly rate under par. (am).

22 **SECTION 423.** 48.60 (2) (a) of the statutes is amended to read:

23 48.60 (2) (a) A relative or like-kin, guardian, or person delegated care and
24 custody of a child under s. 48.979 who provides care and maintenance for such
25 children.

1 **SECTION 424.** 48.62 (2) of the statutes is amended to read:

2 48.62 (2) A relative or like-kin, a guardian of a child, or a person delegated care
3 and custody of a child under s. 48.979 who provides care and maintenance for the
4 child is not required to obtain the license specified in this section. The department,
5 county department, or licensed child welfare agency as provided in s. 48.75 may issue
6 a license to operate a foster home to a relative or like-kin who has no duty of support
7 under s. 49.90 (1) (a) and who requests a license to operate a foster home for a specific
8 child who is either placed by court order or who is the subject of a voluntary
9 placement agreement under s. 48.63. The department, a county department, or a
10 licensed child welfare agency may, at the request of a guardian appointed under s.
11 48.977, 48.978, or 48.9795, ch. 54, 2017 stats., or ch. 880, 2003 stats., license the
12 guardian's home as a foster home for the guardian's minor ward who is living in the
13 home and who is placed in the home by court order. Relatives and like-kin with no
14 duty of support and guardians appointed under s. 48.977, 48.978, or 48.9795, ch. 54,
15 2017 stats., or ch. 880, 2003 stats., who are licensed to operate foster homes are
16 subject to the department's licensing rules.

17 **SECTION 425.** 48.62 (4) of the statutes is amended to read:

18 48.62 (4) Monthly payments in foster care shall be provided according to the
19 rates specified in this subsection. Beginning on January 1, 2022, ~~the rates are \$300~~
20 ~~for care and maintenance provided for a child of any age by a foster home that is~~
21 ~~certified to provide level one care, as defined in the rules promulgated under sub. (8)~~
22 ~~(a) and 2024~~, for care and maintenance provided by a foster home that is certified to
23 provide care at a any level of care that is higher than level one care, \$420 \$441 for
24 a child under 5 years of age; \$460 \$483 for a child 5 to 11 years of age; \$522 \$548 for
25 a child 12 to 14 years of age; and \$545 \$572 for a child 15 years of age or over. In

1 addition to these grants for basic maintenance, the department, county department,
2 or licensed child welfare agency shall make supplemental payments for foster care
3 to a foster home that is receiving an age-related rate under this subsection that are
4 commensurate with the level of care that the foster home is certified to provide and
5 the needs of the child who is placed in the foster home according to the rules
6 promulgated by the department under sub. (8) (c).

7 **SECTION 426.** 48.64 (1) of the statutes is amended to read:

8 48.64 (1) DEFINITION. In this section, “agency” means the department, the
9 department of corrections, a county department under s. 46.215, 46.22, or 46.23, or
10 a licensed child welfare agency authorized to place children in foster homes, group
11 homes, or shelter care facilities approved under s. 938.22 (2) (c) ~~or~~, in the homes of
12 relatives other than a parent, or in the homes of like-kin.

13 **SECTION 427.** 48.64 (1m) of the statutes is amended to read:

14 48.64 (1m) OUT-OF-HOME CARE AGREEMENTS. If an agency places a child in a
15 foster home or group home or in the home of a relative other than a parent or in the
16 home of like-kin under a court order or places a child in a foster home, group home,
17 or shelter care facility approved under s. 938.22 (2) (c) under a voluntary agreement
18 under s. 48.63, the agency shall enter into a written agreement with the head of the
19 home or facility. The agreement shall provide that the agency shall have access at
20 all times to the child and the home or facility, and that the child will be released to
21 the agency whenever, in the opinion of the agency placing the child or the
22 department, the best interests of the child require release to the agency. If a child
23 has been in a foster home or group home or in the home of a relative other than a
24 parent or in the home of like-kin for 6 months or more, the agency shall give the head
25 of the home written notice of intent to remove the child, stating the reasons for the

1 removal. The child may not be removed from a foster home, group home, or home of
2 a relative other than a parent or the home of like-kin before completion of the
3 hearing under sub. (4) (a) or (c), if requested, or 30 days after the receipt of the notice,
4 whichever is later, unless the safety of the child requires it or, in a case in which the
5 reason for removal is to place the child for adoption under s. 48.833, unless all of the
6 persons who have the right to request a hearing under sub. (4) (a) or (c) sign written
7 waivers of objection to the proposed removal. If the safety of the child requires earlier
8 removal, s. 48.19 applies. If an agency removes a child from an adoptive placement,
9 the head of the home shall have no claim against the placing agency for the expense
10 of care, clothing, or medical treatment.

11 **SECTION 428.** 48.64 (2) of the statutes is amended to read:

12 48.64 (2) SUPERVISION OF OUT-OF-HOME CARE PLACEMENTS. Every child who is
13 placed in a foster home, group home, or shelter care facility approved under s. 938.22
14 (2) (c) shall be under the supervision of an agency. Every child who is placed in the
15 home of a relative other than a parent or in the home of like-kin under a court order
16 shall be under the supervision of an agency.

17 **SECTION 429.** 48.64 (4) (a) of the statutes is amended to read:

18 48.64 (4) (a) Except as provided in par. (d), any decision or order issued by an
19 agency that affects the head of a foster home or group home, the head of the home
20 of a relative other than a parent or the home of like-kin in which a child is placed,
21 or the child involved may be appealed to the department under fair hearing
22 procedures established under rules promulgated by the department. Upon receipt
23 of an appeal, the department shall give the head of the home reasonable notice and
24 an opportunity for a fair hearing. The department may make any additional
25 investigation that the department considers necessary. The department shall give

1 notice of the hearing to the head of the home and to the departmental subunit, county
2 department, or child welfare agency that issued the decision or order. Each person
3 receiving notice is entitled to be represented at the hearing. At all hearings
4 conducted under this paragraph, the head of the home, or a representative of the
5 head of the home, shall have an adequate opportunity, notwithstanding s. 48.78 (2)
6 (a), to examine all documents and records to be used at the hearing at a reasonable
7 time before the date of the hearing as well as during the hearing, to bring witnesses,
8 to establish all pertinent facts and circumstances, and to question or refute any
9 testimony or evidence, including an opportunity to confront and cross-examine
10 adverse witnesses. The department shall grant a continuance for a reasonable
11 period of time when an issue is raised for the first time during a hearing. This
12 requirement may be waived with the consent of the parties. The decision of the
13 department shall be based exclusively on evidence introduced at the hearing. A
14 transcript of testimony and exhibits, or an official report containing the substance
15 of what transpired at the hearing, together with all papers and requests filed in the
16 proceeding, and the findings of the hearing examiner shall constitute the exclusive
17 record for decision by the department. The department shall make the record
18 available at any reasonable time and at an accessible place to the head of the home
19 or his or her representative. Decisions by the department shall specify the reasons
20 for the decision and identify the supporting evidence. No person participating in an
21 agency action being appealed may participate in the final administrative decision on
22 that action. The department shall render its decision as soon as possible after the
23 hearing and shall send a certified copy of its decision to the head of the home and to
24 the departmental subunit, county department, or child welfare agency that issued
25 the decision or order. The decision shall be binding on all parties concerned.

1 **SECTION 430.** 48.64 (4) (c) of the statutes is amended to read:

2 48.64 (4) (c) Except as provided in par. (d), the circuit court for the county where
3 the dispositional order placing a child in a foster home or group home or in the home
4 of a relative other than a parent or in the home of like-kin was entered or the
5 voluntary agreement under s. 48.63 placing a child in a foster home or group home
6 was made has jurisdiction upon petition of any interested party over the child who
7 is placed in the foster home, group home, or home of the relative or like-kin. The
8 circuit court may call a hearing, at which the head of the home and the supervising
9 agency under sub. (2) shall be present, for the purpose of reviewing any decision or
10 order of that agency involving the placement and care of the child. If the child has
11 been placed in a foster home or in the home of a relative other than a parent or in the
12 home of like-kin, the foster parent ~~or~~ relative, or like-kin may present relevant
13 evidence at the hearing. The petitioner has the burden of proving by clear and
14 convincing evidence that the decision or order issued by the agency is not in the best
15 interests of the child.

16 **SECTION 431.** 48.67 (4) (b) of the statutes is amended to read:

17 48.67 (4) (b) The training under par. (a) shall be available to a kinship care
18 relative provider, as defined in s. 48.40 (1m), upon request of the kinship care relative
19 provider.

20 **SECTION 432.** 49.132 of the statutes is created to read:

21 **49.132 Child care partnership grant program.** (1) In this section,
22 “business” means any organization or enterprise operated for profit or a nonprofit
23 corporation. “Business” does not include a governmental entity.

24 (2) The department may establish a grant program to award funding to
25 businesses that provide or wish to provide child care services for their employees.

1 A grant awarded under this program may be used to reserve child care placements
2 for local business employees, pay child care tuition, and other costs related to child
3 care.

4 (3) A business awarded a grant under this section shall provide matching funds
5 equal to 25 percent or more of the amount awarded.

6 (4) The department may promulgate rules to administer this section, including
7 to determine eligibility for a grant.

8 **SECTION 433.** 49.133 of the statutes is created to read:

9 **49.133 Child care quality improvement program.** (1) The department
10 may establish a program under which it may, from the appropriation under s. 20.437
11 (2) (c) and under s. 49.175 (1) (qm), make monthly payments and monthly per-child
12 payments to child care providers certified under s. 48.651, child care centers licensed
13 under s. 48.65, and child care programs established or contracted for by a school
14 board under s. 120.13 (14).

15 (2) The department may promulgate rules to implement the program under
16 this section, including establishing eligibility requirements and payment amounts
17 and setting requirements for how recipients may use the payments.

18 **SECTION 434.** 49.155 (1g) (ac) of the statutes is amended to read:

19 49.155 (1g) (ac) A child care scholarship and bonus program, in the amount of
20 at least ~~\$3,975,000~~ \$8,975,000 per fiscal year.

21 **SECTION 435.** 49.155 (1m) (a) 1m. b. of the statutes is amended to read:

22 49.155 (1m) (a) 1m. b. The individual has not yet attained the age of 18 years
23 and the individual resides with his or her custodial parent or with a kinship care
24 relative provider under s. 48.57 (3m) or with a long-term kinship care relative
25 provider under s. 48.57 (3n) or is in a foster home licensed under s. 48.62, a subsidized

1 guardianship home under s. 48.623, a group home, or an independent living
2 arrangement supervised by an adult.

3 **SECTION 436.** 49.155 (6) (e) 2. of the statutes is repealed.

4 **SECTION 437.** 49.155 (6) (e) 3. (intro.) of the statutes is amended to read:

5 49.155 (6) (e) 3. (intro.) The department may modify a child care provider's
6 maximum payment rate under ~~subd. 2. pars. (a) to (c)~~ on the basis of the provider's
7 quality rating, as described in the quality rating plan, in the following manner:

8 **SECTION 438.** 938.02 (12c) of the statutes is created to read:

9 938.02 (12c) "Like-kin" means a person who has a significant emotional
10 relationship with a child or the child's family and to whom any of the following
11 applies:

12 (a) Prior to the child's placement in out-of-home care, the person had an
13 existing relationship with the child or the child's family that is similar to a familial
14 relationship.

15 (b) During the child's placement in out-of-home care, the person developed a
16 relationship with the child or the child's family that is similar to a familial
17 relationship, and the person is not and has not previously been the child's licensed
18 foster parent.

19 (c) For an Indian child, "like-kin" includes individuals identified by the child's
20 tribe according to tribal tradition, custom or resolution, code, or law.

21 **SECTION 439.** 938.02 (15) of the statutes is amended to read:

22 938.02 (15) "Relative" means a parent, stepparent, brother, sister, stepbrother,
23 stepsister, half brother, half sister, brother-in-law, sister-in-law, first cousin, 2nd
24 cousin, first cousin once removed, nephew, niece, uncle, aunt, stepuncle, steppaunt,
25 or any person of a preceding generation as denoted by the prefix of grand, great, or

1 great-great, whether by blood, marriage, or legal adoption, or the spouse of any
2 person named in this subsection, even if the marriage is terminated by death or
3 divorce. For purposes of the application of s. 938.028 and the federal Indian Child
4 Welfare Act, 25 USC 1901 to 1963, “relative” includes an extended family member,
5 as defined in s. 938.028 (2) (a), whether by blood, marriage, or adoption, including
6 adoption under tribal law or custom. For purposes of placement of a juvenile,
7 “relative” also includes a parent of a sibling of the juvenile who has legal custody of
8 that sibling.

9 **SECTION 440.** 938.028 (2) (c) of the statutes is amended to read:

10 938.028 (2) (c) “Out-of-home care placement” means the removal of an Indian
11 juvenile from the home of his or her parent or Indian custodian for temporary
12 placement in a foster home, group home, residential care center for children and
13 youth, or shelter care facility, in the home of a relative other than a parent, in the
14 home of like-kin, or in the home of a guardian, from which placement the parent or
15 Indian custodian cannot have the juvenile returned upon demand. “Out-of-home
16 care placement” does not include an emergency change in placement under s.
17 938.357 (2) (b) or holding an Indian juvenile in custody under ss. 938.19 to 938.21.

18 **SECTION 441.** 938.207 (1) (b) of the statutes is amended to read:

19 938.207 (1) (b) The home of a relative or like-kin, except that a juvenile may
20 not be held in the home of a ~~relative if the relative~~ person who has been convicted
21 under s. 940.01 of the first-degree intentional homicide, or under s. 940.05 of the
22 2nd-degree intentional homicide, of a parent of the juvenile, and the conviction has
23 not been reversed, set aside or vacated, unless the person making the custody
24 decision determines by clear and convincing evidence that the placement would be

1 in the best interests of the juvenile. The person making the custody decision shall
2 consider the wishes of the juvenile in making that determination.

3 **SECTION 442.** 938.207 (1) (f) of the statutes is amended to read:

4 938.207 (1) (f) The home of a person not a relative or like-kin if the person has
5 not had a license under s. 48.62 refused, revoked, or suspended within the previous
6 2 years. A placement under this paragraph may not exceed 30 days, unless the
7 placement is extended by the court for cause for an additional 30 days.

8 **SECTION 443.** 938.33 (4) (intro.) of the statutes is amended to read:

9 938.33 (4) OTHER OUT-OF-HOME PLACEMENTS. (intro.) A report recommending
10 placement in a foster home, group home, or nonsecured residential care center for
11 children and youth, in the home of a relative other than a parent, in the home of
12 like-kin, in the home of a guardian under s. 48.977 (2), or in a supervised
13 independent living arrangement shall be in writing, except that the report may be
14 presented orally at the dispositional hearing if all parties consent. A report that is
15 presented orally shall be transcribed and made a part of the court record. The report
16 shall include all of the following:

17 **SECTION 444.** 938.335 (3g) (intro.) of the statutes is amended to read:

18 938.335 (3g) REASONABLE EFFORTS FINDING. (intro.) At hearings under this
19 section, if the agency, as defined in s. 938.38 (1) (a), is recommending placement of
20 the juvenile in a foster home, group home, or residential care center for children and
21 youth, in the home of a relative other than a parent, in the home of like-kin, in the
22 home of a guardian under s. 48.977 (2), or in a supervised independent living
23 arrangement, the agency shall present as evidence specific information showing all
24 of the following:

25 **SECTION 445.** 938.335 (3j) (intro.) of the statutes is amended to read:

1 938.335 (3j) INDIAN JUVENILE; ACTIVE EFFORTS FINDING. (intro.) At hearings
2 under this section involving an Indian juvenile who is the subject of a proceeding
3 under s. 938.13 (4), (6), (6m), or (7), if the agency, as defined in s. 938.38 (1) (a), is
4 recommending removal of the Indian juvenile from the home of his or her parent or
5 Indian custodian and placement of the Indian juvenile in a foster home, group home,
6 or residential care center for children and youth ~~or~~ in the home of a relative other
7 than a parent, or in the home of like-kin, the agency shall present as evidence
8 specific information showing all of the following:

9 **SECTION 446.** 938.34 (3) (a) (intro.) of the statutes is amended to read:

10 938.34 (3) (a) (intro.) The home of a parent ~~or~~ other relative, or like-kin of the
11 juvenile, except that the court may not designate any of the following as the juvenile's
12 placement, unless the court determines by clear and convincing evidence that the
13 placement would be in the best interests of the juvenile or, in the case of an Indian
14 juvenile, the best interests of the Indian juvenile as described in s. 938.01 (3):

15 **SECTION 447.** 938.34 (3) (a) 1. of the statutes is amended to read:

16 938.34 (3) (a) 1. The home of a parent ~~or~~ other relative, or like-kin of the
17 juvenile if the parent ~~or~~ other relative, or like-kin has been convicted of the homicide
18 of a parent of the juvenile under s. 940.01 or 940.05, and the conviction has not been
19 reversed, set aside, or vacated. In determining whether a placement under this
20 subdivision would be in the best interests of the juvenile, the court shall consider the
21 wishes of the juvenile.

22 **SECTION 448.** 938.34 (3) (a) 2. of the statutes is amended to read:

23 938.34 (3) (a) 2. The home of a relative other than the parent of the juvenile
24 or the home of like-kin if the court finds that the relative or like-kin has been
25 convicted of, has pleaded no contest to, or has had a charge dismissed or amended

1 as a result of a plea agreement for a crime under s. 948.02 (1) or (2), 948.025, 948.03
2 (2) or (5) (a) 1., 2., 3., or 4., 948.05, 948.051, 948.055, 948.06, 948.07, 948.08, 948.081,
3 948.085, 948.11 (2) (a) or (am), 948.12, 948.13, 948.21, 948.215, 948.30, or 948.53, or
4 a similar law of another state.

5 **SECTION 449.** 938.355 (4) (am) (intro.) of the statutes is amended to read:

6 938.355 (4) (am) (intro.) Except as provided in par. (b) or s. 938.368, an order
7 under this section or s. 938.357 or 938.365 made before the juvenile attains 18 years
8 of age that places or continues the placement of the juvenile in a foster home, group
9 home, or residential care center for children and youth, in the home of a relative other
10 than a parent, in the home of like-kin, or in a supervised independent living
11 arrangement shall terminate on the latest of the following dates, unless the court
12 specifies a shorter period or the court terminates the order sooner:

13 **SECTION 450.** 938.357 (6) (a) (intro.) of the statutes is amended to read:

14 938.357 (6) (a) (intro.) No change in placement may extend the expiration date
15 of the original dispositional order, except that if the change in placement is from a
16 placement in the juvenile's home to a placement in a foster home, group home, or
17 residential care center for children and youth, in the home of a relative who is not
18 a parent, in the home of like-kin, or in a supervised independent living arrangement,
19 the court may extend the expiration date of the original dispositional order to the
20 latest of the following dates, unless the court specifies a shorter period:

21 **SECTION 451.** 938.357 (6) (b) of the statutes is amended to read:

22 938.357 (6) (b) If the change in placement is from a placement in a foster home,
23 group home, or residential care center for children and youth or in the home of a
24 relative or like-kin to a placement in the juvenile's home and if the expiration date
25 of the original dispositional order is more than one year after the date on which the

1 change-in-placement order is granted, the court shall shorten the expiration date
2 of the original dispositional order to the date that is one year after the date on which
3 the change-in-placement order is granted or to an earlier date as specified by the
4 court.

5 **SECTION 452.** 938.365 (5) (b) (intro.) of the statutes is amended to read:

6 938.365 (5) (b) (intro.) Except as provided in s. 938.368, an order under this
7 section that continues the placement of a juvenile in a foster home, group home, or
8 residential care center for children and youth, in the home of a relative other than
9 a parent, in the home of like-kin, or in a supervised independent living arrangement
10 shall be for a specified length of time not to exceed the latest of the following dates:

11 **SECTION 453.** 938.366 (1) (a) of the statutes is amended to read:

12 938.366 (1) (a) The person is placed in a foster home, group home, or residential
13 care center for children and youth, in the home of a relative other than a parent, in
14 the home of like-kin, or in a supervised independent living arrangement under an
15 order under s. 938.355, 938.357, or 938.365 that terminates as provided in s. 938.355
16 (4) (am) 1., 2., or 3., 938.357 (6) (a) 1., 2., or 3., or 938.365 (5) (b) 1., 2., or 3. on or after
17 the person attains 18 years of age.

18 **SECTION 454.** 938.371 (1) (intro.) of the statutes is amended to read:

19 938.371 (1) MEDICAL INFORMATION. (intro.) If a juvenile is placed in a foster
20 home, group home, residential care center for children and youth, or juvenile
21 correctional facility ~~or~~, in the home of a relative other than a parent, or in the home
22 of like-kin, including a placement under s. 938.205 or 938.21, the agency, as defined
23 in s. 938.38 (1) (a), that placed the juvenile or arranged for the placement of the
24 juvenile shall provide the following information to the foster parent, relative,
25 like-kin, or operator of the group home, residential care center for children and

1 youth, or juvenile correctional facility at the time of placement or, if the information
2 has not been provided to the agency by that time, as soon as possible after the date
3 on which the agency receives that information, but not more than 2 working days
4 after that date:

5 **SECTION 455.** 938.371 (1) (a) of the statutes is amended to read:

6 938.371 (1) (a) Results of an HIV test, as defined in s. 252.01 (2m), of the
7 juvenile as provided under s. 252.15 (3m) (d) 15., including results included in a court
8 report or permanency plan. At the time that the test results are provided, the agency
9 shall notify the foster parent, relative, like-kin, or operator of the group home,
10 residential care center for children and youth, or juvenile correctional facility of the
11 confidentiality requirements under s. 252.15 (6).

12 **SECTION 456.** 938.371 (3) (intro.) of the statutes is amended to read:

13 938.371 (3) OTHER INFORMATION. (intro.) At the time of placement of a juvenile
14 in a foster home, group home, residential care center for children and youth, or
15 juvenile correctional facility or in the home of a relative other than a parent or in the
16 home of like-kin or, if the information is not available at that time, as soon as possible
17 after the date on which the court report or permanency plan has been submitted, but
18 no later than 7 days after that date, the agency, as defined in s. 938.38 (1) (a),
19 responsible for preparing the juvenile's permanency plan shall provide to the foster
20 parent, relative, like-kin, or operator of the group home, residential care center for
21 children and youth, or juvenile correctional facility information contained in the
22 court report submitted under s. 938.33 (1) or 938.365 (2g) or permanency plan
23 submitted under s. 938.355 (2e) or 938.38 relating to findings or opinions of the court
24 or agency that prepared the court report or permanency plan relating to any of the
25 following:

1 **SECTION 457.** 938.371 (5) of the statutes is amended to read:

2 938.371 **(5)** CONFIDENTIALITY OF INFORMATION. Except as permitted under s.
3 252.15 (6), a foster parent, treatment foster parent, relative, like-kin, or operator of
4 a group home, residential care center for children and youth, or juvenile correctional
5 facility that receives any information under sub. (1) or (3), other than the information
6 described in sub. (3) (e), shall keep the information confidential and may disclose that
7 information only for the purposes of providing care for the juvenile or participating
8 in a court hearing or permanency review concerning the juvenile.

9 **SECTION 458.** 938.38 (2) (intro.) of the statutes is amended to read:

10 938.38 **(2)** PERMANENCY PLAN REQUIRED. (intro.) Except as provided in sub. (3),
11 for each juvenile living in a foster home, group home, residential care center for
12 children and youth, juvenile detention facility, shelter care facility, or supervised
13 independent living arrangement, the agency that placed the juvenile or arranged the
14 placement or the agency assigned primary responsibility for providing services to the
15 juvenile under s. 938.355 (2) (b) 6g. shall prepare a written permanency plan, if any
16 of the following conditions exists, and, for each juvenile living in the home of a
17 guardian or a relative other than a parent or in the home of like-kin, that agency
18 shall prepare a written permanency plan, if any of the conditions under pars. (a) to
19 (e) exists:

20 **SECTION 459.** 938.38 (3m) (a) of the statutes is amended to read:

21 938.38 **(3m)** (a) All appropriate biological family members, relatives, and
22 like-kin of the juvenile, as determined by the agency. Notwithstanding s. 938.02
23 (12c) (b), in this paragraph, "like-kin" may include a person who is or previously was
24 the child's licensed foster parent.

25 **SECTION 460.** 938.38 (4) (f) (intro.) of the statutes is amended to read:

1 938.38 (4) (f) (intro.) A description of the services that will be provided to the
2 juvenile, the juvenile's family, and the juvenile's foster parent, the operator of the
3 facility where the juvenile is living, or the relative or like-kin with whom the juvenile
4 is living to carry out the dispositional order, including services planned to accomplish
5 all of the following:

6 **SECTION 461.** 938.38 (4m) (b) of the statutes is amended to read:

7 938.38 (4m) (b) At least 10 days before the date of the hearing the court shall
8 notify the juvenile; any parent, guardian, and legal custodian of the juvenile; any
9 foster parent, or other physical custodian described in s. 48.62 (2) of the juvenile, the
10 operator of the facility in which the juvenile is living, or the relative or like-kin with
11 whom the juvenile is living; and, if the juvenile is an Indian juvenile who is or is
12 alleged to be in need of protection or services under s. 938.13 (4), (6), (6m), or (7), the
13 Indian juvenile's Indian custodian and tribe of the time, place, and purpose of the
14 hearing, of the issues to be determined at the hearing, and of the fact that they shall
15 have a right to be heard at the hearing.

16 **SECTION 462.** 938.38 (4m) (d) of the statutes is amended to read:

17 938.38 (4m) (d) The court shall give a foster parent, other physical custodian
18 described in s. 48.62 (2), operator of a facility, ~~or~~ relative, or like-kin who is notified
19 of a hearing under par. (b) a right to be heard at the hearing by permitting the foster
20 parent, other physical custodian, operator, ~~or~~ relative, or like-kin to make a written
21 or oral statement during the hearing, or to submit a written statement prior to the
22 hearing, relevant to the issues to be determined at the hearing. The foster parent,
23 other physical custodian, operator of a facility, ~~or~~ relative, or like-kin does not
24 become a party to the proceeding on which the hearing is held solely on the basis of
25 receiving that notice and right to be heard.

1 **SECTION 463.** 938.38 (5) (b) of the statutes is amended to read:

2 938.38 (5) (b) The court or the agency shall notify the juvenile; the juvenile's
3 parent, guardian, and legal custodian; the juvenile's foster parent, the operator of the
4 facility in which the juvenile is living, or the relative or like-kin with whom the
5 juvenile is living; and, if the juvenile is an Indian juvenile who is placed outside the
6 home of his or her parent or Indian custodian under s. 938.13 (4), (6), (6m), or (7), the
7 Indian juvenile's Indian custodian and tribe of the time, place, and purpose of the
8 review, of the issues to be determined as part of the review, and of the fact that they
9 shall have a right to be heard at the review as provided in par. (bm) 1. The court or
10 agency shall notify the person representing the interests of the public, the juvenile's
11 counsel, the juvenile's guardian ad litem, and the juvenile's school of the time, place,
12 and purpose of the review, of the issues to be determined as part of the review, and
13 of the fact that they may have an opportunity to be heard at the review as provided
14 in par. (bm) 1. The notices under this paragraph shall be provided in writing not less
15 than 30 days before the review and copies of the notices shall be filed in the juvenile's
16 case record. The notice to the juvenile's school shall also include the name and
17 contact information for the caseworker or social worker assigned to the juvenile's
18 case.

19 **SECTION 464.** 938.38 (5) (bm) 1. of the statutes is amended to read:

20 938.38 (5) (bm) 1. A juvenile, parent, guardian, legal custodian, foster parent,
21 operator of a facility, ~~or~~ relative, or like-kin who is provided notice of the review
22 under par. (b) shall have a right to be heard at the review by submitting written
23 comments relevant to the determinations specified in par. (c) not less than 10
24 working days before the date of the review or by participating at the review. A person
25 representing the interests of the public, counsel, guardian ad litem, or school who is

1 provided notice of the review under par. (b) may have an opportunity to be heard at
2 the review by submitting written comments relevant to the determinations specified
3 in par. (c) not less than 10 working days before the date of the review. A foster parent,
4 operator of a facility, ~~or relative,~~ or like-kin who receives notice of a review under par.
5 (b) and a right to be heard under this subdivision does not become a party to the
6 proceeding on which the review is held solely on the basis of receiving that notice and
7 right to be heard.

8 **SECTION 465.** 938.38 (5) (e) of the statutes is amended to read:

9 938.38 (5) (e) Within 30 days, the agency shall prepare a written summary of
10 the determinations under par. (c) and shall provide a copy to the court that entered
11 the order; the juvenile or the juvenile's counsel or guardian ad litem; the person
12 representing the interests of the public; the juvenile's parent, guardian, or legal
13 custodian; the juvenile's foster parent, the operator of the facility where the juvenile
14 is living, or the relative or like-kin with whom the juvenile is living; and, if the
15 juvenile is an Indian juvenile who is placed outside the home of his or her parent or
16 Indian custodian under s. 938.13 (4), (6), (6m), or (7), the Indian juvenile's Indian
17 custodian and tribe.

18 **SECTION 466.** 938.38 (5m) (b) of the statutes is amended to read:

19 938.38 (5m) (b) The court shall notify the juvenile; the juvenile's parent,
20 guardian, and legal custodian; and the juvenile's foster parent, the operator of the
21 facility in which the juvenile is living, or the relative or like-kin with whom the
22 juvenile is living of the time, place, and purpose of the hearing, of the issues to be
23 determined at the hearing, and of the fact that they shall have a right to be heard
24 at the hearing as provided in par. (c) 1. The court shall notify the juvenile's counsel
25 and the juvenile's guardian ad litem; the agency that prepared the permanency plan;

1 the juvenile's school; the person representing the interests of the public; and, if the
2 juvenile is an Indian juvenile who is placed outside the home of his or her parent or
3 Indian custodian under s. 938.13 (4), (6), (6m), or (7), the Indian juvenile's Indian
4 custodian and tribe of the time, place, and purpose of the hearing, of the issues to be
5 determined at the hearing, and of the fact that they may have an opportunity to be
6 heard at the hearing as provided in par. (c) 1. The notices under this paragraph shall
7 be provided in writing not less than 30 days before the hearing. The notice to the
8 juvenile's school shall also include the name and contact information for the
9 caseworker or social worker assigned to the juvenile's case.

10 **SECTION 467.** 938.38 (5m) (c) 1. of the statutes is amended to read:

11 938.38 (5m) (c) 1. A juvenile, parent, guardian, legal custodian, foster parent,
12 operator of a facility, ~~or relative,~~ or like-kin who is provided notice of the hearing
13 under par. (b) shall have a right to be heard at the hearing by submitting written
14 comments relevant to the determinations specified in sub. (5) (c) not less than 10
15 working days before the date of the hearing or by participating at the hearing. A
16 counsel, guardian ad litem, agency, school, or person representing the interests of the
17 public who is provided notice of the hearing under par. (b) may have an opportunity
18 to be heard at the hearing by submitting written comments relevant to the
19 determinations specified in sub. (5) (c) not less than 10 working days before the date
20 of the hearing or by participating at the hearing. A foster parent, operator of a
21 facility, ~~or relative,~~ or like-kin who receives notice of a hearing under par. (b) and a
22 right to be heard under this subdivision does not become a party to the proceeding
23 on which the hearing is held solely on the basis of receiving that notice and right to
24 be heard.

25 **SECTION 468.** 938.38 (5m) (e) of the statutes is amended to read:

1 938.38 (5m) (e) After the hearing, the court shall make written findings of fact
2 and conclusions of law relating to the determinations under sub. (5) (c) and shall
3 provide a copy of those findings of fact and conclusions of law to the juvenile; the
4 juvenile's parent, guardian, and legal custodian; the juvenile's foster parent, the
5 operator of the facility in which the juvenile is living, or the relative or like-kin with
6 whom the juvenile is living; the agency that prepared the permanency plan; the
7 person representing the interests of the public; and, if the juvenile is an Indian
8 juvenile who is placed outside the home of his or her parent or Indian custodian
9 under s. 938.13 (4), (6), (6m), or (7), the Indian juvenile's Indian custodian and tribe.
10 The court shall make the findings specified in sub. (5) (c) 7. on a case-by-case basis
11 based on circumstances specific to the juvenile and shall document or reference the
12 specific information on which those findings are based in the findings of fact and
13 conclusions of law prepared under this paragraph. Findings of fact and conclusions
14 of law that merely reference sub. (5) (c) 7. without documenting or referencing that
15 specific information in the findings of fact and conclusions of law or amended
16 findings of fact and conclusions of law that retroactively correct earlier findings of
17 fact and conclusions of law that do not comply with this paragraph are not sufficient
18 to comply with this paragraph.

19 **SECTION 469.** 938.385 (intro.) of the statutes is amended to read:

20 **938.385 Plan for transition to independent living.** (intro.) During the 90
21 days immediately before a juvenile who is placed in a foster home, group home, or
22 residential care center for children and youth, in the home of a relative other than
23 a parent, in the home of like-kin, or in a supervised independent living arrangement
24 attains 18 years of age or, if the juvenile is placed in such a placement under an order
25 under s. 938.355, 938.357, or 938.365 that terminates under s. 938.355 (4) (am) after

1 the juvenile attains 18 years of age or under a voluntary
2 transition-to-independent-living agreement under s. 938.366 (3) that terminates
3 under s. 938.366 (3) (a) after the juvenile attains 18 years of age, during the 90 days
4 immediately before the termination of the order or agreement, the agency primarily
5 responsible for providing services to the juvenile under the order or agreement shall
6 do all of the following:

7 **SECTION 470.** DCF 56.23 (1) (c) of the administrative code is amended to read:

8 DCF 56.23 (1) (c) A placing agency may not make a supplemental or
9 exceptional payment ~~or pay an initial clothing allowance, except for an exceptional~~
10 payment under sub. (3) (a) 2., for a child placed in a Level 1 foster home.

11 **SECTION 471.** DCF 58.08 (9) (c) and (d) of the administrative code are created
12 to read:

13 DCF 58.08 (9) (c) *Exceptional payments.* A kinship care agency may issue to
14 a relative caregiver who is receiving kinship care payments or long-term kinship
15 care payments an exceptional payment to enable siblings or minor parent and minor
16 children to reside together, subject to a maximum payment amount determined by
17 the department.

18 (d) *Initial clothing allowance.* A kinship care agency may pay an initial
19 clothing allowance to a relative caregiver when the relative caregiver is initially
20 approved by the kinship care agency. The amount of the initial clothing allowance
21 shall be the actual cost of the clothing not to exceed a maximum determined by the
22 department.

23 **SECTION 9106. Nonstatutory provisions; Children and Families.**

24 (1) CHILD CARE QUALITY IMPROVEMENT PROGRAM. Using the procedure under s.
25 227.24, the department of children and families may promulgate the rules

1 authorized under s. 49.133 (2) as emergency rules. Notwithstanding s. 227.24 (1) (a)
 2 and (3), the department of children and families is not required to provide evidence
 3 that promulgating a rule under this subsection as an emergency rule is necessary for
 4 the preservation of the public peace, health, safety, or welfare and is not required to
 5 provide a finding of emergency for a rule promulgated under this subsection.

6 **SECTION 9406. Effective dates; Children and Families.**

7 (1) FOSTER CARE AND KINSHIP CARE RATES. The treatment of ss. 48.57 (3m) (am)
 8 (intro.) (by SECTION 43q) and (3n) (am) (intro.) (by SECTION 66q) and 48.62 (4) takes
 9 effect on January 1, 2024, or on the day after publication, whichever is later.”

10 **260.** Page 374, line 11: after that line insert:

11 “**SECTION 472.** 20.005 (3) (schedule) of the statutes: at the appropriate place,
 12 insert the following amounts for the purposes indicated:

	2023-24	2024-25
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13 **20.437 Children and families, department of**

14 (1) CHILDREN AND FAMILY SERVICES

(bd) Tribal family services grants	GPR	A	825,000	1,100,000
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(bn) Tribal placements	GPR	A	3,000,000	3,000,000”.
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17 **261.** Page 374, line 11: after that line insert:

18 “**SECTION 473.** 20.435 (5) (bf) of the statutes is amended to read:

19 20.435 (5) (bf) *Brighter futures initiative Grants for youth services.* The
 20 amounts in the schedule to be transferred to the appropriation account under s.
 21 20.437 (1) (kb) for ~~the brighter futures initiative under s. 48.545 grants for youth~~
 22 services under s. 48.481.

23 **SECTION 474.** 20.437 (1) (bc) of the statutes is amended to read:

1 20.437 (1) (bc) *Grants for ~~children's community programs~~ youth services*. The
2 amounts in the schedule for grants for ~~children's community programs~~ youth
3 services under s. 48.481. Notwithstanding ss. 20.001 (3) (a) and 20.002 (1), the
4 department may transfer funds between fiscal years under this paragraph. All
5 moneys under this appropriation account that are distributed under s. 48.481 but are
6 not encumbered by December 31 of each year lapse to the general fund on the next
7 January 1 unless carried forward to the next calendar year by the joint committee
8 on finance.

9 **SECTION 475.** 20.437 (1) (bd) of the statutes is created to read:

10 20.437 (1) (bd) *Tribal family services grants*. The amounts in the schedule for
11 tribal family services grants under s. 48.487.

12 **SECTION 476.** 20.437 (1) (bn) of the statutes is created to read:

13 20.437 (1) (bn) *Tribal placements*. The amounts in the schedule to be used for
14 unexpected or unusually high-cost out-of-home care placements of Indian children
15 by tribal courts, including placements of Indian juveniles who have been adjudicated
16 delinquent.

17 **SECTION 477.** 20.437 (1) (e) of the statutes is repealed.

18 **SECTION 478.** 20.437 (1) (eg) of the statutes is repealed.

19 **SECTION 479.** 20.437 (1) (er) of the statutes is repealed.

20 **SECTION 480.** 20.437 (1) (kb) of the statutes is amended to read:

21 20.437 (1) (kb) *Interagency aids; ~~brighter futures initiative~~ grants for youth*
22 *services*. All moneys transferred from the appropriation account under s. 20.435 (5)
23 (bf) for the ~~brighter futures initiative~~ under s. 48.545 grants for youth services under
24 s. 48.481.

25 **SECTION 481.** 20.9275 (2) (intro.) of the statutes is amended to read:

1 20.9275 (2) (intro.) No state agency or local governmental unit may authorize
2 payment of funds of this state, of any local governmental unit or, subject to sub. (3m),
3 of federal funds passing through the state treasury as a grant, subsidy or other
4 funding that wholly or partially or directly or indirectly involves pregnancy
5 programs, projects or services, that is a grant, subsidy or other funding under s.
6 48.481, 48.487, ~~48.545~~, 253.05, 253.07, 253.08, or 253.085 or 42 USC 701 to 710, if
7 any of the following applies:

8 **SECTION 482.** 48.48 (19) of the statutes is repealed.

9 **SECTION 483.** 48.481 (title) of the statutes is amended to read:

10 **48.481** (title) **Grants for children’s community programs youth**
11 **services.**

12 **SECTION 484.** 48.481 (intro.) of the statutes is renumbered 48.481 (2m) (intro.)
13 and amended to read:

14 48.481 (2m) (intro.) ~~From the appropriation under s. 20.437 (1) (bc), the The~~
15 ~~department shall distribute the following grants for children’s community programs~~
16 ~~youth services to public agencies, nonprofit corporations, and Indian tribes to~~
17 ~~provide programs that accomplish one or more of the following purposes:~~

18 **SECTION 485.** 48.481 (1) of the statutes is repealed.

19 **SECTION 486.** 48.481 (1m) of the statutes is created to read:

20 48.481 (1m) In this section:

21 (a) “Nonprofit corporation” means a nonstock, nonprofit corporation organized
22 under ch. 181.

23 (b) “Public agency” means a county, city, village, town, or school district or an
24 agency of this state or of a county, city, village, town, or school district.

25 **SECTION 487.** 48.481 (2) of the statutes is repealed.

1 **SECTION 488.** 48.481 (2m) (a), (b), (c), (d), (e), (f), (g), (h) and (i) and (3) of the
2 statutes are created to read:

3 48.481 **(2m)** (a) Increasing youth access to housing.

4 (b) Increasing youth self-sufficiency through employment, education, and
5 training.

6 (c) Increasing youth social and emotional health by promoting healthy and
7 stable adult connections, social engagement, and connection with necessary
8 services.

9 (d) Preventing sex trafficking of children and youth.

10 (e) Providing treatment and services for documented and suspected victims of
11 child and youth sex trafficking.

12 (f) Preventing and reducing the incidence of youth violence and other
13 delinquent behavior.

14 (g) Preventing and reducing the incidence of youth alcohol and other drug use
15 and abuse.

16 (h) Preventing and reducing the incidence of child abuse and neglect.

17 (i) Preventing and reducing the incidence of teen pregnancy.

18 **(3)** From the appropriations under s. 20.437 (1) (bc) and (kb), the department
19 shall distribute \$55,000 in each fiscal year to Diverse and Resilient, Inc., to provide
20 programs that accomplish one or more of the purposes under sub. (2m).

21 **SECTION 489.** 48.545 of the statutes is repealed.

22 **SECTION 490.** 49.1385 of the statutes is repealed.

23 **SECTION 491.** 49.175 (1) (intro.) of the statutes is amended to read:

24 49.175 **(1)** ALLOCATION OF FUNDS. (intro.) In this section, with respect to any
25 of the following that fund a contract for services, “allocate” means to designate an

1 amount of money equal to the amount under the contract that the department is
2 obligated to pay. Except as provided in sub. (2), within the limits of the
3 appropriations under s. 20.437 (2) (a), (cm), (dz), (k), (kx), (L), (mc), (md), (me), and
4 (s) and (3) (kp), the department shall allocate the following amounts for the following
5 purposes:

6 **SECTION 492.** 49.175 (1) (f) of the statutes is amended to read:

7 49.175 (1) (f) *Homeless case management services grants.* For grants to shelter
8 facilities under s. 16.3085, ~~\$500,000~~ \$1,000,000 in each fiscal year. All moneys
9 allocated under this paragraph shall be credited to the appropriation account under
10 s. 20.505 (7) (kg).

11 **SECTION 493.** 49.175 (1) (ms) of the statutes is created to read:

12 49.175 (1) (ms) *Child support debt reduction.* For the child support debt
13 reduction program for low-income noncustodial parents under s. 49.226, \$3,472,000
14 in fiscal year 2023-24 and \$6,944,000 in fiscal year 2024-25.

15 **SECTION 494.** 49.175 (1) (o) of the statutes is amended to read:

16 49.175 (1) (o) ~~*Evidence-based substance abuse prevention grants*~~ *Grants for*
17 *youth services.* For grants awarded under s. ~~48.545 (2) (e)~~ 48.481, \$500,000 in each
18 fiscal year.

19 **SECTION 495.** 49.175 (1) (t) of the statutes is amended to read:

20 49.175 (1) (t) *Safety and out-of-home placement services.* For services provided
21 to ensure the safety of children who the department or a county determines may
22 remain at home if appropriate services are provided, and for services provided to
23 families with children placed in out-of-home care, ~~\$10,314,300~~ \$6,282,400 in each
24 fiscal year. To receive funding under this paragraph, a county shall match a
25 percentage of the amount received that is equal to the percentage the county is

1 required to match for a distribution under s. 48.563 (2) as specified by the schedule
2 established by the department under s. 48.569 (1) (d).

3 **SECTION 496.** 49.175 (1) (zh) of the statutes is amended to read:

4 49.175 (1) (zh) *Earned income tax credit supplement.* For the transfer of
5 moneys from the appropriation account under s. 20.437 (2) (md) to the appropriation
6 account under s. 20.835 (2) (kf) for the earned income tax credit, ~~\$63,600,000~~
7 \$109,020,000 in fiscal year ~~2021-22~~ 2023-24 and ~~\$66,600,000~~ \$111,260,000 in fiscal
8 year ~~2022-23~~ 2024-25.

9 **SECTION 497.** 49.226 of the statutes is created to read:

10 **49.226 Child support debt reduction.** (1) The department shall establish
11 a program to provide a noncustodial child support debt reduction. A noncustodial
12 parent qualifies to receive \$1,500 in debt reduction under this section if all of the
13 following apply:

14 (a) The noncustodial parent completes an eligible employment program, as
15 defined by the department in rules promulgated under sub. (3).

16 (b) The custodial parent agrees to reducing child support debt owed up to the
17 amount of the benefit paid.

18 (2) A noncustodial parent may not receive debt reduction under sub. (1) more
19 than once in any 12-month period.

20 (3) The department shall promulgate rules to implement this section,
21 including rules to determine how debt reduction provided under sub. (1) is
22 apportioned among multiple child support orders.

23 **SECTION 9106. Nonstatutory provisions; Children and Families.**

24 (1k) CHILD SUPPORT DEBT REDUCTION; EMERGENCY RULEMAKING. The department
25 of children and families may promulgate emergency rules under s. 227.24 to

1 implement s. 49.226. Notwithstanding s. 227.24 (1) (a), (2) (b), and (3), the
2 department is not required to provide evidence that promulgating a rule under this
3 subsection as an emergency rule is necessary for the preservation of the public peace,
4 health, safety, or welfare and is not required to provide a finding of emergency for a
5 rule promulgated under this subsection.

6 **SECTION 9406. Effective dates; Children and Families.**

7 (1k) CHILD SUPPORT DEBT REDUCTION. The treatment of s. 49.226 takes effect on
8 the first day of the 7th month beginning after publication.”

9 **262.** Page 374, line 11: after that line insert:

10 “SECTION 1. 20.005 (3) (schedule) of the statutes: at the appropriate place,
11 insert the following amounts for the purposes indicated:

2023-24 2024-25

12 **20.437 Children and family, department of**

13 (1) CHILDREN AND FAMILY SERVICES

14 (es) Kinship care; flexible support GPR A 8,259,400 8,237,100

15 **SECTION 2.** 20.437 (1) (es) of the statutes is created to read:

16 20.437 (1) (es) *Kinship care; flexible support.* The amounts in the schedule for
17 flexible support for a kinship care provider under s. 48.57 (3m) (as).

18 **SECTION 3.** 48.57 (3m) (as) of the statutes is created to read:

19 48.57 (3m) (as) From the appropriation under s. 20.437 (1) (es), a county
20 department and, in a county having a population of 750,000 or more, the department
21 may provide flexible support, in the form of additional payments or services, to a
22 kinship care provider who qualifies under rules promulgated by the department
23 under par. (i) 3.

1 who are placed in out-of-home care or who are involved in the juvenile justice
2 system.

3 (b) To provide support for intensive family preservation services provided by
4 the department, county departments, nonprofit corporations, Indian tribes, or
5 licensed child welfare agencies, including any of the following:

6 1. Training, coaching, quality assurance, data collection and analysis, and
7 funding for certification or licensing for implementation of the services.

8 2. Purchasing or subsidizing the purchase of the services described in subd. 1.

9 (c) To develop criteria, standards, and review procedures for the administration
10 of this subsection. Notwithstanding s. 227.10 (1), the criteria, standards, and review
11 procedures established under this paragraph need not be promulgated as rules
12 under ch. 227.

13 **SECTION 501.** 48.48 (22) of the statutes is created to read:

14 48.48 (22) To create, maintain, and require use of for placement purposes a
15 group care referral clearinghouse. The department may promulgate rules necessary
16 for the implementation of this subsection.”.

17 **264.** Page 374, line 11: after that line insert:

18 “**SECTION 502.** 20.005 (3) (schedule) of the statutes: at the appropriate place,
19 insert the following amounts for the purposes indicated:

2023-24 2024-25

20 **20.437 Children and families, department of**

21 (1) CHILDREN AND FAMILY SERVICES

22 (dm) Sibling connections scholarships GPR A 75,000 75,000

23 **SECTION 503.** 20.437 (1) (bg) of the statutes is amended to read:

1 20.437 (1) (bg) *Grants to support foster parents and children.* The amounts in
2 the schedule for grants by the department of children and families under 2017
3 ~~Wisconsin Act 260, section 3 s. 48.53.~~

4 **SECTION 504.** 20.437 (1) (dm) of the statutes is created to read:

5 20.437 (1) (dm) *Sibling connections scholarships.* The amounts in the schedule
6 for the scholarship program under s. 48.483.

7 **SECTION 505.** 48.483 of the statutes is created to read:

8 **48.483 Sibling connections scholarships.** From the appropriation under
9 s. 20.437 (1) (dm), the department shall award scholarships to adopted children and
10 their biological siblings who do not reside in the same household to attend programs
11 together in order to build sibling connections.

12 **SECTION 506.** 48.53 of the statutes is created to read:

13 **48.53 Grants to support foster parents and children.** From the
14 appropriation account under s. 20.437 (1) (bg), the department shall distribute
15 grants to counties, nonprofit organizations, or tribes for the purpose of supporting
16 foster parents and providing normalcy for children in out-of-home care.”.

17 **265.** Page 415, line 10: delete lines 10 to 16.

18 **266.** Page 416, line 6: after that line insert:

19 “(5mi) **HEALTHY EATING INCENTIVES.** The authorized FTE positions for the
20 department of health services are increased by 0.5 GPR positions and 0.5 FED
21 positions on the effective date of this subsection, to be funded from the appropriation
22 under s. 20.435 (4) (bu), for the purpose of administering the program under s. 49.79
23 (7m).”.

24 **267.** Page 416, line 6: after that line insert:

