



Legislative Fiscal Bureau

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March 24, 2020

TO: Senators Fitzgerald and Shilling
Representatives Vos and Hintz
State Capitol

FROM: Bob Lang, Director

SUBJECT: Summary of Provisions of LRB 5904/1 and LRB 5920/P2

LRB 5904/1 is a Senate Joint Resolution which would indefinitely extend the state of public health emergency declared by the Governor on March 12, 2020, until it is revoked by a subsequent executive order of the Governor or a subsequent joint resolution of the Legislature. Under current law, such a state of emergency declared by the Governor cannot exceed 60 days unless it is extended by joint resolution of the Legislature.

LRB 5920/P2 is a bill which addresses issues related to the state's public health emergency. The attached document summarizes the provisions of the bill.

In total, various provisions in the bill would increase general fund appropriations by up to \$706,231,800 GPR for the 2019-21 biennium. In addition, the bill would create an unlimited GPR sum sufficient appropriation under the Department of Health Services for funding related to the public health emergency.

The document is organized by each affected state agency. The items contain the fiscal effect, if any, of each provision and identify the bill sections of LRB 5920/P2.

Note that LRB 5920/P2 has not been introduced and is therefore, subject to change.

BL/bh
Attachment

Summary of Provisions (LRB 5920/P2)

ADMINISTRATION

1. PUBLIC HEALTH EMERGENCY, STATE ASSISTANCE

GPR	\$200,000,000
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LRB 5920/P2: Create a sum sufficient GPR appropriation under the Department of Administration (DOA) for costs related to a public health emergency, with expenditures limited to \$200,000,000 per biennium (the provision is not limited to 2019-21 biennium). Authorize DOA to spend funds for the following activities related to a public health emergency declared by the Governor, as determined by the Secretary of DOA: (a) facilitating coordination between and among federal, state, local, and tribal agencies, social services agencies, and public and private health care entities; (b) awarding grants and entering into contracts; (c) supporting emergency operations, including investigation, education, and eradication; (d) information technology; (e) facilities expenditures; (f) personnel costs, including salary, fringe, overtime, and additional leave benefits, for any state agency; (g) state purchasing; (h) expenditures associated with continuity of state government; and (i) carrying out other activities as the Secretary of DOA determines applicable and appropriate. Define state agency as any office, department, agency, institution of higher education, association, society, or other body in state government that is created or authorized to be created by the Constitution or any law and is entitled to expend moneys appropriated by law, including any authority, but not including the Legislature or the Courts.

Authorize DOA to submit a request to the Joint Committee on Finance under s. 13.10 of the statutes to expend more than \$200,000,000 per biennium. The request would be approved if: (a) the Committee approves or modifies the request; (b) no member of the Committee objects to the request within 24 hours after the request is received; or (c) a member objects within 24 hours and the Committee does not reject, modify, or approve the request within 48 hours after the request is received. Specify that the Committee may vote on the request by mail ballot or by polling, and waive the requirement that a public hearing be held for the request.

Require DOA to report to the Committee on expenditures from the public health emergency appropriation no later than 75 days after first spending funds and no later than the end of each month after that in which DOA spends funds from the appropriation.

[Bill Sections: 7 and 12]

2. GRANTS TO HEALTH CARE PROVIDERS AND FOR ESTABLISHMENT OF TEMPORARY SITES

GPR	\$100,000,000
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LRB 5920/P2: Create a biennial GPR appropriation under DOA and provide \$50,000,000 annually for grants to health care providers to plan, prepare, or respond to an outbreak of COVID-19. Eligible providers would include: (a) a health system; (b) a health care clinic; (c) a partnership of health care providers, corporation or limited liability company of health care providers that provides health care services, cooperative health care association that directly provides services through salaried employees in its own facility, hospice licensed under Chapter 50 of the statutes, inpatient health care facility, community-based residential facility, rural medical center, or ambulance service provider; (d) a pharmacy licensed under Chapter 450 of the statutes; or (e) any other health care facility or long-term care facility or setting where assisted living services or health care services may be provided.

Grants could be used for one or more of the following purposes: (a) establishment and operation of temporary sites to provide testing services or treatment beds or to isolate or quarantine affected individuals; (b) temporary conversion of space for another purpose that, after a COVID-19 outbreak, will revert to its original use; (c) staff overtime and hiring staff; (d) staff training and orientation; (e) purchasing of consumable protective or treatment supplies and equipment to protect or treat staff, visitors, and patients; (f) development and implementation of COVID-19 screening and testing procedures; (g) patient outreach activities related to COVID-19; (h) emergency transportation of patients that exceeds usual capacity; (i) information technology and systems costs to support telehealth activities, patient triage, and COVID-19 screening; (j) purchasing replacement parts or filters that are necessary for the operation of medical equipment; (k) specialty cleaning supplies for facilities and equipment; (l) expenses related to the isolation and quarantine of staff, except for the payment of wages for the staff being isolated or quarantined; and (m) expenses that assist with planning or preparing for or responding to an outbreak of COVID-19 but that, in the determination of the DOA Secretary, cannot reasonably be expected to generate income for the recipient after the outbreak ends.

Direct the Secretary of DOA to do the following relating to grants: (a) determine the number of grants and the amount of each grant; (b) develop an application form and process for an eligible provider to apply and demonstrate an urgent or emergency need for a grant; and (c) establish conditions to which an eligible provider must agree in order to obtain a grant. Authorize the Secretary of DOA to immediately terminate any portions or all of the grant agreement, recover from the grant recipient any moneys paid and used for an unauthorized purpose, and pursue any other remedy available under the law if the Secretary determines that a grant recipient has used awarded moneys for a purpose not authorized or has otherwise violated the grant agreement. Specify that the grant application process and eligibility criteria need not be promulgated as administrative rules, are not a guidance document, and are not subject to statutory guidance document requirements.

Specify that, if no eligible provider is reasonably capable of establishing and operating temporary sites to provide testing services to test for COVID-19, to provide treatment beds for patients affected by a COVID-19 outbreak, or to isolate or quarantine individuals affected by a COVID-19 outbreak, then the Secretary of DOA may expend moneys from the appropriation for grants to establish and operate such temporary sites. Authorize the Secretary to direct local units of

government and eligible providers to operate a temporary site established for any of these purposes.

Require DOA to submit a report to the Legislature and the Governor no later than 12 months after the COVID-19 public health emergency is discontinued, including: (a) the number of grants awarded; (b) the number of temporary sites established and operated; (c) the amount of grants issued and amount of funds expended on temporary sites; and (d) for each grant recipient, the name of the recipient, the grant amount, the use of funds, and the amount spent on each use of funds.

[Bill Sections: 6, 8, and 13]

3. PUBLIC HEALTH EMERGENCY, LOCAL ASSISTANCE

GPR	\$20,000,000
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LRB 5920/P2: Provide \$20,000,000 GPR in 2019-20 in a continuing appropriation under Miscellaneous Appropriations for DOA to make payments to local units of government under a public health emergency local assistance program. Direct DOA to establish and administer a public health emergency local assistance program to reimburse local units of government for extraordinary operational costs related to protecting and improving public health during the COVID-19 public health emergency, including any extension by joint resolution of the Legislature. Eligible recipients would include counties, cities, villages, towns, or federally-recognized American Indian tribes or bands in the state. Require local units of government requesting reimbursement under the program to submit a claim using an application prescribed by DOA. Specify that DOA must do the following to implement the program: (a) establish an application period; (b) at the end of the application period, evaluate each reimbursement claim and determine whether to approve, deny, or disallow the claim in whole or in part; (c) for each approved claim, pay the reimbursement amount to the local unit of government, except that the amount would be prorated for each approved claim if the total amount of approved claims exceed the moneys in the appropriation account; and (d) establish procedures for processing applications and evaluating reimbursement claims. Ineligible costs would include capital acquisition costs, unless incurred directly in response to expanding medical treatment capacity for the COVID-19 public health emergency, and any cost reimbursed by another source. Specify that, if moneys remain in the appropriation account after the payment of reimbursement amounts approved in the initial application period, DOA must repeat the application process, establishing as many subsequent application periods as necessary until the funds are depleted.

[Bill Sections: 8, 16, 19, and 34]

4. PRINTING SERVICES FOR LOCAL GOVERNMENTS

LRB 5920/P2: Authorize DOA to provide printing services to counties, towns, villages, and cities. Create a continuing PR appropriation under DOA to support the cost of providing printing services.

[Bill Sections: 5 and 14]

5. EMPLOYEE TRANSFER AUTHORITY

LRB 5920/P2: Authorize the Secretary of DOA to transfer any employee from one executive branch agency to another executive branch agency to provide services for the receiving agency during the public health emergency declared on March 12, 2020, including any extension by joint resolution of the Legislature. Specify that the receiving agency must pay all salary and fringe benefit costs of the employee during the time he or she is providing services for the receiving agency. Further, specify that any transfer would remain in effect until rescinded by the Secretary of DOA. While an employee could only be transferred during the public health emergency, the transfer could be rescinded on a date occurring after the public health emergency has concluded.

[Bill Section: 75(11)]

6. LIMITED-TERM EMPLOYEE HOURS

LRB 5920/P2: Specify that the Director of the Bureau of Merit Recruitment and Selection in DOA's Division of Personnel Management may increase or suspend the number of hours for a limited-term appointment for the duration of a public health emergency declared by the Governor. Under current law, a limited-term appointment is a provisional appointment for less than 1,040 hours per year.

[Bill Section: 53(2)]

7. SABBATICAL LEAVE FOR CRITICAL SERVICES

LRB 5920/P2: Specify that the administrator of DOA's Division of Personnel Management may provide additional sabbatical leave to employees who provide critical services during a public health emergency declared by the Governor. Further, specify that the sabbatical leave provided for these employees would be in addition to any annual leave provided for under statute or the state employee compensation plan, and would not be subject to existing statutory limitations on sabbatical leave. The term "critical services" is not defined in the bill or under current law.

In a separate provision, the bill would require the head of each state agency and each local health department, based on guidance provided by the Secretary of the Department of Health Services, to determine which positions within the respective state agency or local government are critical when the Governor declares a public health emergency, for the purposes of administering provisions applicable to rehired annuitants.

[Bill Sections: 48 and 53(4)]

8. USE OF ANNUAL LEAVE

LRB 5920/P2: Specify that an employee may take annual leave within the first six months of the employee's probationary period upon initial appointment during a public health emergency

declared by the Governor.

[Bill Section: 53(3)]

9. STATE EMPLOYMENT FILINGS AND IN-PERSON MEETINGS

LRB 5920/P2: Specify that a state employee does not waive his or her right to appeal an adverse employment decision if the employee does not timely file a complaint or appeal during a public health emergency declared by the Governor. Further, specify that the tolling period for an employee to file such a complaint with the appointing authority would begin 14 days after the termination of the declared public health emergency or extension. In addition, specify that an appointing authority or his or her designee is not required to meet with a complainant in person when conducting an investigation related to such a complaint filed by an employee during a public health emergency declared by the Governor.

Under current law, to commence the grievance process for an adverse employment action, a state employee must file a complaint with the employee's appointing authority challenging the adverse employment decision against the employee no later than 14 days after the employee becomes aware of, or should have become aware of, the decision that is the subject of the complaint. Also under current law, an appointing authority or his or her designee who receives a timely complaint must conduct any investigation they consider necessary, meet with the employee in person, and issue a decision in writing no later than 14 days after the date on which the complaint is received.

[Bill Section: 53(5)]

BUILDING COMMISSION

1. GENERAL OBLIGATION BONDING REFUNDING AUTHORITY

LRB 5920/P2: Increase the bonding authorization for refunding of any outstanding tax-supported or self-amortizing state general obligation debt by \$725,000,000, from its current level of \$6,785,000,000 to \$7,510,000,000. These bonds could only be issued if the debt refinancing meets the current law requirement that the true interest costs of the state must be reduced. The authorization for this refunding bonding was last increased in 2017 Act 59 (the 2017-19 budget).

[Bill Section: 17]

CHILDREN AND FAMILIES

1. WISCONSIN WORKS, CHILD CARE, AND OTHER ECONOMIC SUPPORT PROGRAMS

GPR	\$25,000,000
FED	<u>100,000,000</u>
Total	\$125,000,000

LRB 5920/P2: Provide \$125,000,000 (\$25,000,000 GPR and \$100,000,000 FED) in 2019-20 to increase funding for several programs administered by the Department of Children and Families (DCF) to assist individuals affected by the public health emergency declared by the Governor on March 12, 2020, under Executive Order 72, including any extensions of the order. In addition, modify DCF programs, effective for the duration of the public health emergency, as follows.

Expanded W2 Cash Payments. During the public health emergency, authorize DCF to provide cash benefit payments of \$653 per month under the W2 program to an individual who is facing an immediate and discrete financial crisis due to the pandemic if: (a) the individual's place of employment closes, the individual is furloughed or temporarily laid off, or the individual misses work due to a lack of available child care as a result of the pandemic; (b) the individual meets the current nonfinancial eligibility criteria, except as described below; and (c) the individual is a member of a W2 group whose gross income, as defined under current law for the W2 program, is at or below 200 percent of the poverty line. Under current law, the income limitation for W2 eligibility is 115% of the federal poverty line.

The following nonfinancial eligibility requirements would not apply for individuals receiving these monthly cash payments during the public health emergency: (a) the requirement to make a good faith effort to obtain employment and to not have refused a bona fide offer of employment within the 180 days immediately preceding the W2 application; (b) for those that have applied in the previous 180 days, the requirement to have previously cooperated with the efforts of W2 agencies to obtain employment; (c) the 48-month time limit on participation in W2 (and the predecessor job opportunities and basic skills program); (d) the limitation on other W2 group members participating in a W2 employment position. Further, both custodial and noncustodial parents would be eligible for a cash benefit payment.

Expanded Job Access Loans. During the public health emergency, authorize DCF to provide job access loans of up to \$1,600 to an individual who is facing an immediate and discrete financial crisis due to the pandemic if all of the following apply: (a) the individual meets the W2 nonfinancial eligibility criteria under current law, except that both custodial and noncustodial parents would be eligible; (b) the individual is a member of a W2 group whose gross income, as defined under current law for the W2 program, is at or below 200 percent of the poverty line (rather than 115%, as under current law); and (c) the individual meets the additional job access eligibility criteria under current law (the individual is not a migrant worker and needs a loan to address immediate and discrete financial crisis in order to obtain or continue employment and the individual is not in default on any previous job access loan). Both custodial and noncustodial parents would be eligible for these loans. During the public health emergency, all payments on job access loans would be suspended.

Expanded Emergency Assistance. During the public health emergency, authorize DCF to provide emergency assistance payments of up to \$1,200 to an individual who suffers a loss of income due to the pandemic if the individual meets the criteria established in the current rules promulgated by DCF, except that: (a) persons between 18 and 24 years of age who are not parents or caretakers would also be eligible; and (b) individuals who are members of W2 groups whose gross income, as defined under current law for the W2 program, is at or below 200 percent of the poverty line (rather than 115% of the poverty line, as provided under current law) would be eligible for emergency assistance.

Currently the maximum emergency assistance payment amount is \$500 for an energy crises or otherwise \$258 per group member for a family of two, \$172 per group member for a family of three, \$129 per group member for a family of four or five, or \$110 per group member for larger families.

Specify that an individual would only be eligible to receive emergency assistance once in a 12-month period, except that an individual would be able to receive both emergency assistance under current law and under the expanded program in the same 12-month period.

Authorize DCF to establish streamlined eligibility verification procedures. Specify that the process need not be promulgated as an administrative rule, would not be considered to be a guidance document, and the requirements under the statutes relating to guidance documents under 227.122 of the statutes would not apply.

Expanded Wisconsin Shares. Provide that, to the extent authorized under a state plan amendment, waiver, or other federal approval, any individual who needs child care services due to the pandemic may receive a subsidy under the expanded Wisconsin Shares program during the public health emergency. No later than 60 days after the day of publication of the bill, require DCF to submit to the U.S. Department of Health and Human Services (DHHS) any request for a state plan amendment, waiver, or other federal approval necessary to so expand eligibility under Wisconsin Shares. Provide that, if DHHS approves the request or if no federal approval is necessary, DCF must expand eligibility for the child care subsidy program. Specify that if DHHS denies the request, DCF may not expand program eligibility.

Short-term Financial Assistance. Create a short-term financial assistance program to provide cash payments to eligible families for up to four months to pay for costs associated with housing, transportation, and other essential needs during the public health emergency.

Provide that an individual would be eligible for financial assistance under the program if the individual is financially affected by the pandemic and: (a) is a custodial or noncustodial parent; (b) has attained the age of 18; (c) is a U.S. citizen or a qualifying alien, as defined by DCF by rule; (d) has residence in this state; (e) has received any public benefits within the 12 months prior to the date of application; (f) is not receiving a W2 benefit on the date that the individual applies for short-term financial assistance.

Essential Workforce Child Care Grant Program. Create a grant program under which DCF would make grants available to entities that employ, contract with, or have as volunteers essential workforce members to help pay for, or reimburse eligible child care costs.

For these purposes, define "eligible child care costs" as those child care costs that are due to the pandemic and that are incurred during the public health emergency. Eligible child care costs would include the cost to establish a temporary facility to provide care and supervision for children of essential workforce members or the cost to pay for a slot in an existing facility that provides care and supervision of children. Define an "essential workforce member" as an employee, contractor, or other staff person working in a vital sector, including health care, child welfare, long-term care, residential care, pharmacy, child care, government operations, critical infrastructure (such as sanitation, transportation, utilities, telecommunications, grocery and food services, supply chain operations, and other sectors, as determined by DCF.

Require DCF to prioritize grants that assist health care workers and first responders and authorize DCF to award grants that assist other essential workforce members at its discretion. For this purpose, define "first responder" as an employee of or volunteer for an agency that provides firefighting, law enforcement, medical, or other emergency services.

Child Care Hazard Pay Grant Program. Create a grant program under which DCF would make monthly grants available to certified child care providers, licensed or provisionally licensed child care centers, and child care providers contracted by or established by a school board to pay for providing hazard pay to employees who work during the public health emergency. All providers would be eligible for the grant program, regardless of whether they provide child care services to individuals who are eligible for subsidies under Wisconsin Shares.

Grant Program Criteria and Guidelines. Authorize DCF to establish eligibility criteria and guidelines for administering the short-term financial assistance, essential workforce child care, and child care hazard pay grant programs. The eligibility criteria and guidelines would not be guidance documents and would not need to be promulgated as administrative rules.

Reallocation of TANF Funds among Programs. Under current law, DCF is prohibited from reallocating funds between TANF-funded programs unless DCF first notifies the Joint Committee on Finance in writing of the proposed reallocation and the Co-Chairs of the Committee do not notify DCF within 14 working days after the date of the DCF notification that the Committee has scheduled a meeting to review the proposed reallocation. However, if within 14 working days after the DCF notification, the Co-Chairs notify DCF that the Committee has scheduled a meeting to review the proposed reallocation, then DCF may make the proposed reallocation only upon approval by the Committee.

The bill would specify that the reallocation procedure apply for the programs described above, but modified as follows. Without the approval of the Committee, DCF would be empowered to reallocate funding between the programs in the bill and to reallocate funding from another preexisting TANF program to one of these programs. DCF would not be able to reallocate funding from one of the programs described in the bill to another TANF program.

General Definitions. Define several words and terms used in these provisions, as follows, including (a) "pandemic" as the pandemic resulting from the novel strain of coronavirus; (b) "public health emergency" as the public health emergency declared on March 12, 2020, by Executive Order 72 and any further extensions; (c) "poverty line" as the official poverty line defined by the Office of Management and Budget based on the most recent data available from the Bureau of the Census.

Funding. Create a new appropriation and provide \$25,000,000 GPR in 2019-20 for child care grants under the essential workforce child care grant program and the child care hazard pay grant program. Further, provide \$20,000,000 FED TANF in 2019-20 for the costs of administering the expanded Wisconsin Works program, the expanded job access loans program, the expanded emergency assistance program, the expanded Wisconsin Shares program, the short-term financial assistance program, and the essential workforce child care grant program. Provide an additional \$80,000,000 FED TANF in 2019-20 for the costs of providing aid to individuals and organizations under these programs. Provide that any TANF funding unspent in 2019-20 would carryover to 2020-21 to be spent for the same purpose.

Effective Date. Unless otherwise noted above, these provisions would take effect on the day of publication.

[Bill Sections: 10, 75(12), and 76(3)]

ELECTIONS COMMISSION

1. ELECTRONIC VOTER REGISTRATION DURING A PUBLIC HEALTH EMERGENCY

GPR	\$1,000,000
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LRB 5920/P2: Provide \$1,000,000 in 2019-20 to the Commission's appropriation for general program operations for the purpose of updating the voter registration system to support the extended deadline for electronic voter registration. Specify that, during a public health emergency declared by the Governor or extended by joint resolution of the Legislature, the deadline for electronic registration would be 5:00 p.m. on the fifth day preceding the election, rather than the current law deadline of 11:59 pm on the third Wednesday preceding the election. Further, specify that all parts of the registration may be completed electronically.

On March 20, 2020, the U.S. District Court for the Western District of Wisconsin issued an order extending the online registration deadline to March 30 for the April 7 spring election only. The bill would extend the online registration deadline for the spring election to April 2, 2020, and would additionally extend the deadline to the fifth day preceding the election for any other election held during a public health emergency.

[Bill Sections: 2, 3, and 76(1)]

2. VOTER IDENTIFICATION DURING A PUBLIC HEALTH EMERGENCY

LRB 5920/P2: Specify that proof of identification is not required to vote in an election held during a public health emergency declared by the Governor or extended by joint resolution of the

Legislature.

[Bill Section: 1]

3. ABSENTEE VOTING DURING A PUBLIC HEALTH EMERGENCY

LRB 5920/P2: Require that all voting during a public health emergency declared by the Governor or extended by joint resolution of the Legislature be conducted by mail using absentee ballots. Specify that absentee ballots must be postmarked no later than the day of the election and a witness signature is not required for any such ballot.

[Bill Section: 4]

EMPLOYEE TRUST FUNDS

1. REHIRED ANNUITANTS IN CRITICAL POSITIONS

LRB 5920/P2: Specify that a Wisconsin Retirement System (WRS) participant who is hired by a participating employer during a public health emergency declared by the Governor may elect to not suspend his or her annuity for the duration of the public health emergency if: (a) at the time of terminating employment, the participant does not have an agreement with any participating employer to return to employment or enter into a contract to provide employee services; and (b) the position for which the annuitant is hired is a critical position. Further, specify that the current break-in-service requirement of 75 days would not apply to a participant who is hired for a critical position during the public health emergency if at least 15 days have elapsed between the termination of employment and becoming a participating employee. Require the head of each state agency and each local health department, based on guidance provided by the Secretary of the Department of Health Services, to determine which positions within the respective state agency or local government are critical when the Governor declares a public health emergency, for the purposes of administering the provisions applicable to rehired annuitants.

Under current law, any WRS participant who retires on or after July 2, 2013, must suspend their annuity and become a participating WRS employee if they are employed in covered employment, or enter into a contract with a WRS employer, and are expected to work at least two-thirds of what is considered full-time employment by the Department of Employee Trust Funds. Also under current law, any WRS participant who retires on or after July 2, 2013, has a break-in-service requirement of 75 days between termination of employment and becoming a participating employee with a WRS employer. This separation from WRS employment must occur for an individual who applied for an annuity or lump sum payment to continue to qualify for an annuity or to retain the lump sum payment.

[Bill Sections: 20 thru 28 and 48]

2. LEAVES OF ABSENCE AND HEALTH INSURANCE

LRB 5920/P2: Specify that, for the purposes of group health insurance coverage offered by the Group Insurance Board, an employee who returns from a leave of absence and who has not resumed active duty for at least 30 consecutive calendar days on the date that the Governor declares a public health emergency is deemed to have ended or interrupted the leave of absence on that date. The public health emergency related to COVID-19 was declared by the Governor on March 12, 2020.

Under current law, a leave of absence is not deemed ended or interrupted until the employee has resumed active performance of duty for 30 consecutive calendar days for at least 50 percent of what is considered the employee's normal work time with the employer. Also under current law, a state employer must continue to pay required employer contributions towards the health insurance premiums of an insured employee while the insured employee is on a leave of absence for the first three months of the leave of absence, or for the entire leave of absence if the insured employee is receiving temporary disability compensation. Under the bill, a state employee who returns from a leave of absence, and who was eligible to receive an employer contribution towards health insurance premiums prior to commencing the leave of absence, would be immediately eligible for the employer contribution towards the cost of health insurance premiums.

[Bill Section: 53(1)]

GENERAL PROVISIONS

1. GOVERNMENTAL DEADLINES DURING A PUBLIC HEALTH EMERGENCY

LRB 5920/P2: Specify that, notwithstanding any requirement to the contrary, each deadline any state agency, local governmental unit, or individual is required by state law to satisfy during an emergency period, including any tax filing deadline, is delayed until the last day of that deadline's lead period. State agency would not include the Courts or the Legislature. Define "emergency period" as the period covered by a public health emergency declared by the Governor, including any extension by joint resolution of the Legislature, plus 30 days. Under the bill, "lead period" would be defined as the period that begins on the first day after the emergency period and is equal to the period beginning on the first day of the emergency period, and ending on the date on which a deadline would otherwise have fallen. Specify that the provision does not apply to any deadline in a court proceeding or to any deadline imposed by a court, nor does it apply to any statute of limitations for commencing an action in any court. [Note that the bill does not specifically address the treatment of deadlines that occur between the date on which a public health emergency was declared and the date of enactment of the bill.]

[Bill Section: 52]

2. IN PERSON APPEARANCE WAIVER

LRB 5920/P2: Specify that the head or governing body of a state entity may waive a requirement imposed, administered, or enforced by the state entity that an individual appear in person during a public health emergency declared by the Governor if the head or governing body finds that the waiver assists in the state's response to the public health emergency or that enforcing the requirement may increase the public health risk. Define "state entity" to mean any state agency, institution of higher education, association, society, or other body in state government, created or authorized to be created by the Constitution or any law that is entitled to expend moneys appropriated by law, including the Legislature, the Courts, and any authority.

[Bill Section: 49]

3. TENANT PROTECTIONS

LRB 5920/P2: Provide that during any period of a public health emergency declared by the Governor (including any extension and during the 45 days following that period) a landlord may not: (a) issue a tenant in default of rent payment a notice to pay or vacate within at least five days; (b) issue a notice to vacate within at least 14 days; or (c) charge a late fee for late payment of rent. If a notice to pay or vacate was given prior to a declared public health emergency, the days during the public health emergency (including any extension and the 45 days following) are not counted in the five- or 14-day notice.

Create an exception for removal of a tenant on termination of tenancy to exclude tenants whose tenancy has terminated because of a failure to pay rent prior to a period covered by a public health emergency declared by the Governor, if the tenant has not yet been removed from the premises and a civil action of eviction has not yet been commenced. In this situation, a landlord may not commence a civil action of eviction based on a tenant's failure to pay rent during the period covered by a public health emergency declared by the Governor (including any extension and during the 45 days following that period). In addition, a landlord may not remove the tenant and recover damages for holding over after the expiration of a lease if a tenant's tenancy has terminated, but would not otherwise have expired, because of a failure to pay rent prior to a period covered by a public health emergency declared by the Governor, if the tenant has not yet been removed from the premises, and a civil action of eviction has not yet been commenced.

Under current law, if a tenant remains in possession without consent of the landlord after termination of the tenant's tenancy, the landlord may proceed in any manner permitted by law (including bringing an eviction action against a tenant whose tenancy has been terminated for failure to pay rent) to remove the tenant and recover damages for such holding over.

Provide that, under the above circumstances, no court may enter an order for judgement or order of eviction, and no court or sheriff may enter or execute or writ of restitution during a public health emergency declared by the Governor (including any extension and during the 45 days following that period).

[Bill Sections: 68 thru 74]

HEALTH SERVICES

1. DHS FUNDING AND AUTHORITY DURING PUBLIC HEALTH EMERGENCIES

GPR

Unlimited

LRB 5920/P2: Create a GPR-funded sum sufficient appropriation in the Division of Public Health to fund the statutory public health emergency fund. (The sum sufficient appropriation would not be limited to the 2019-21 biennium.) Authorize DHS to use the public health emergency moneys during a declared public health emergency (PHE) for any of the following purposes:

- to facilitate coordination between and among federal, state, local, and tribal agencies, social services, and public and private health care entities that the state health officer determines may be affected by a PHE;
- to make grants, provide for awards, enter into contracts, and conduct supportive investigations pertaining to a PHE or potential PHE;
- to facilitate advanced research, purchase products, and develop security measures or pandemic or epidemic products that are applicable to the PHE or potential PHE;
- to strengthen biosurveillance capabilities and laboratory capacity to identify, collect, and analyze information regarding the PHE or potential PHE;
- to support emergency operations related to the PHE or potential PHE;
- to carry out other activities as the state health officer determines applicable and appropriate; and
- create a full-time equivalent (FTE) position or portion of a position during a declared PHE.

During a declared PHE, authorize DHS to create an FTE position or portion of a position funded from the sum sufficient appropriation. After the declared PHE has ended, permit DHS to abolish any FTE position or portion of a position funded from the appropriation.

Expenditure Report. Require DHS, within 12 months after the termination of a PHE, to submit to the Legislature and to the Governor a report on any moneys expended from the sum sufficient appropriation.

Under current law, if a PHE is declared and DHS is designated as the lead agency to respond to the PHE, DHS must, within 90 days after the termination of the PHE, submit to the Governor and Legislature a report on: (a) the emergency powers used by the public health authority and its agents in acting under the PHE; and (b) the expenses incurred by the public health authority and its agents in acting under the PHE. The bill would create an exception to the 90-day reporting requirement, as it relates to expenditures from the GPR sum-sufficient appropriation.

Modifications to Current DHS Authority during PHEs. Modify the Department's current authority during PHEs by authorizing DHS to possess all powers necessary to respond to a PHE, including: (a) the new authority specified in the bill; (b) the powers to expend public health emergency funds; and (c) to investigate the cause and extent of any declared PHE and issue orders necessary to protect public health.

In addition, modify the statutory definition of "public health emergency" to mean the occurrence or imminent threat of an illness or health condition that meets any of the following criteria: (a) is caused or suspected to be caused by a biological agent, toxin, bioterrorism, or other threat to health; or (b) poses a high probability of either: (1) a large number of deaths or serious or long-term disabilities among humans or (2) a significant risk of substantial future harm to a large number of people.

Under current law, a "public health emergency" is defined as the occurrence or imminent threat of an illness or health condition that meets all of the following criteria: (a) is believed to be caused by bioterrorism or a novel or previously controlled or eradicated biological agent; and (b) poses a high probability of either a large number of deaths or serious or long-term disabilities among humans, or a high probability of widespread exposure to a biological, chemical, or radiological agent that creates a significant risk of substantial future harm to a large number of people.

[Bill Sections: 9, 46, 47, and 50]

2. AID TO LOCAL HEALTH DEPARTMENTS

GPR	\$17,441,000
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LRB 5920/P2: Provide \$17,441,000 in 2019-20 in the Division of Public Health's general aids and local assistance appropriation to increase aid to local health departments. Authorize DHS to transfer moneys to, and expend this funding in, fiscal year 2020-21. Under 2019 Wisconsin Act 9 (the 2019-21 biennial budget act), \$543,600 GPR is budgeted in this annual appropriation that supports public health services and several grants for community programs.

[Bill Section: 75(2)]

3. DIVISION OF PUBLIC HEALTH POSITIONS

	Funding	Positions
GPR	\$10,350,000	64.0

LRB 5920/P2: Provide \$2,070,000 in 2019-20 and \$8,280,000 in 2020-21 to fund 64.0 positions, beginning in 2019-20, for the Division of Public Health.

In addition, provide that, during a state-declared public health emergency, or during a public health emergency declared by the Secretary of the U.S. Department of Health and Human Services, the DHS Secretary may request that the administrator of the Department of Administration's Division of Personnel Management waive any provisions of the state's civil service provisions, as necessary to expedite the recruitment and hiring by DHS of individuals for the 64.0 positions that would be created in the bill.

[Bill Sections: 75(1) and 76(2)]

4. TEMPORARY SUSPENSION OF MEDICAL ASSISTANCE PROVISIONS TO MEET CONDITIONS FOR ENHANCED FEDERAL MATCHING PERCENTAGE

LRB 5920/P2: Authorize the DHS to suspend compliance with any medical assistance (MA) program provisions as necessary to qualify for enhanced federal medical assistance percentage (FMAP) available during an emergency period declared in response to the novel coronavirus pandemic. Specify that such suspension applies to statutory requirements related to implementation of a federal waiver that establishes eligibility and program requirements for childless adults enrolled in MA, as well as any other provisions of MA that are in conflict with criteria for the enhanced FMAP. Authorize DHS to submit any request for a waiver of federal law or amendment to or suspension of a waiver, any state Medicaid plan amendment, or other federal approval necessary to obtain enhanced FMAP without complying with statutory provisions related to current law requirements and procedures applicable to waivers, plan amendments, or other federal approvals.

Temporary Increase to FMAP. The federal Family First Coronavirus Response Act (P.L. 116-127), which was signed into law on March 18, 2020, increases the federal Medicaid matching percentage by 6.2 percentage points, applicable during any calendar quarter during which a public health emergency related to COVID-19 is in effect. The U.S. Department of Health and Human Services (DHHS) Secretary declared a public health emergency, retroactive to January 27, 2020. Consequently, the enhanced FMAP applies, at a minimum, during the first quarter of 2020 (January to March of 2020), and will continue until the end of the calendar quarter during which the public health emergency declaration order expires. The FMAP is used to determine the share of total benefit costs incurred by state Medicaid programs that is paid with federal Medicaid funds. Currently, the state's FMAP is 59.36%, meaning the state pays 40.64% of eligible MA benefit costs. As a result of P.L. 116-117, the state's FMAP would increase to 65.56%, decreasing the state's share to 34.44%, provided the state meets the federal criteria. At current MA spending levels, this increase to the state's FMAP would shift approximately \$150 million of state GPR costs to federal funds for each quarter that the federal public health emergency is in effect.

State Eligibility for Enhanced FMAP. In order to qualify for the higher FMAP, P.L. 116-117 requires states to meet certain requirements related to enrollment eligibility standards and processes, applicable during the federal public health emergency. These provisions apply to beneficiaries whose coverage is either provided through the state Medicaid plan (standard eligibility and benefits) or through federal waivers.

First, a qualifying state may not adopt more restrictive eligibility standards, methodologies, or procedures for their Medicaid programs than were in effect on January 1, 2020. Second, the state may not charge a higher premium for any eligibility groups than was in effect on January 1, 2020. Third, the state must ensure that any person who was enrolled as of the date of enactment of the federal act or who enrolls during the public health emergency shall be considered eligible for benefits through the end of the month in which the public health emergency period ends, unless the person requests a voluntary termination of eligibility or the person ceases to be a resident of the state. Fourth, the state must provide coverage of COVID-19 testing and treatment for Medicaid beneficiaries without cost sharing.

Under current state law, DHS is required to implement provisions of a federal waiver related to coverage and eligibility requirements for childless adults enrolled in MA. Some provisions of the waiver were implemented on February 1, 2020. These provisions include monthly premiums, an \$8 copayment for nonemergency use of a hospital emergency department, and a mandatory treatment needs questionnaire. The Department has been working with the federal Centers for Medicare and Medicaid Services to finalize implementation of another waiver provision, relating to a 48-month enrollment limit, applicable during any month that the enrollee does not satisfy community engagement criteria or qualify for an exemption. Since several of the waiver provisions conflict with the criteria for receiving the temporary increase to the state's FMAP, the state would not be eligible unless these provisions are suspended. This item would allow DHS to suspend implementation of those provisions during the period that the enhanced FMAP applies and request any necessary federal approval for such a suspension.

[Bill Section: 75(10)]

5. LEGISLATIVE OVERSIGHT OF DHS FEDERAL REQUESTS, MA STATE PLAN AMENDMENTS, AND MA PROVIDER REIMBURSEMENTS DURING PUBLIC HEALTH EMERGENCIES

LRB 5920/P2: Exempt DHS from compliance with 2017 Wisconsin Act 370 provisions that provide legislative oversight of certain requests to federal agencies, including federal waivers, state plan amendments under the medical assistance (MA) program, and changes to MA reimbursement rates. Specify that DHS is only exempt from complying with these requirements during a public health emergency declared by the Governor or by the Secretary of the U.S. Department of Health and Human Services (DHHS).

Generally, the Act 370 provisions: (a) prohibit DHS from submitting a request to a federal agency for a waiver or a renewal, modification, withdrawal, suspension, or termination of a waiver of federal law or rules or for authorization to implement a pilot program or demonstration project, unless legislation has been enacted specifically directing the submission of the request for a waiver, renewal, modification, withdrawal, suspension, termination or authorization; (b) establish new procedures that provide legislative oversight relating to requests for waivers or renewals, modifications, withdrawal, suspension, or termination of federal waivers or for authorization to implement a pilot project or demonstration, as required in legislation enacted on or after January 1, 2011; and (c) prohibit DHS from submitting an MA state plan amendment to DHHS or implementing a change to the reimbursement rate for, or make a supplemental payment to a provider under the MA program when the amendment, rate change, or payment has an expected fiscal effect of \$7,500,000 or more from all revenue sources over a 12-month period following implementation (unless the provider reimbursement change was specifically authorized in enacted legislation).

[Bill Sections: 18 and 31]

INSURANCE

1. NO COST SHARING FOR COVID-19 TESTING AND TREATMENT

LRB 5920/P2: Require any health insurance policy, state employee health plan, or self-insured health plan offered by a local government or school district that generally covers testing and treatment for infectious diseases to provide coverage of testing and treatment for COVID-19, including prescription drugs and administration of any vaccination developed to prevent COVID-19, without imposing any copayment or coinsurance on the individual covered under the policy or plan.

[Bill Sections: 61 and 66]

2. PROHIBIT COVERAGE DISCRIMINATION BASED ON COVID-19

LRB 5920/P2: Prohibit any insurer, pharmacy benefit manager, or self-insured health plan from using a current or past diagnosis, or suspected diagnosis, of COVID-19, as the basis for doing the following: (a) establishing rules, applicable to an individual or employer or other group, for eligibility for enrollment, continued eligibility to remain enrolled, or renewal of coverage; (b) canceling coverage during a contract term; (c) establishing rates for coverage; or (d) refusing to grant a grace period for the payment of premium, if a grace period for payment of premium would generally be granted under the plan.

[Bill Sections: 29, 30, 32, 44, 45, 60, 62, 63, and 64]

3. PROHIBIT POLICY CANCELLATION DURING PUBLIC HEALTH EMERGENCY FOR PREMIUM NONPAYMENT

LRB 5920/P2: Prohibit insurers from canceling any policy of insurance for nonpayment of premiums until at least 90 days after the unpaid premium was due during the period covered by the state of emergency related to public health declared by the Governor on March 12, 2020, under Executive Order 72.

[Bill Section: 75(3)]

4. TELEHEALTH COVERAGE PARITY

LRB 5920/P2: Prohibit any health insurance policy, state employee health plan, or self-insured health plan offered by a local government or school district from denying coverage of any treatment or service provided through telehealth if that treatment or service is covered by the policy or plan when provided in person by a health care provider. Specify that limited service health organizations, preferred provider plans, and defined network plans are subject to this provision.

Define "telehealth" as a practice of health care delivery, diagnosis, consultation, treatment,

or transfer of medically relevant data by means of audio, video, or data communications that are used either during a patient visit or consultation or are used to transfer medically relevant data about a patient. Authorize the Office of the Commissioner of Insurance (OCI) to promulgate any rules necessary to implement this provision.

[Bill Sections: 29, 30, 32, 44, 45, 58, and 65]

5. PRESCRIPTION DRUG LIMITS

LRB 5920/P2: Prohibit any health insurance policy, state employee health plan, or self-insured health plan offered by a local government or school district, or a pharmacy benefit manager acting on behalf of a policy or plan from doing the following during the period covered by the state of emergency related to public health declared by the Governor on March 12, 2020, under Executive Order 72: (a) requiring prior authorization for early refills of a prescription drug or otherwise restrict the period of time in which a prescription drug may be refilled; or (b) imposing a limit on the quantity of prescription drugs that may be obtained if the quantity is no more than a 90-day supply. Specify that these restrictions do not apply to a prescription drug that is classified as a controlled substance by the Controlled Substances Board.

[Bill Sections: 59 and 67]

6. LIABILITY INSURANCE FOR PHYSICIANS AND NURSE ANESTHETISTS

LRB 5920/P2: Specify that, during the public health emergency declared on March 12, 2020, under Executive Order 72, any physician or nurse anesthetist for whom Wisconsin is not a principal place of practice but who is authorized to practice in Wisconsin on a temporary basis, may fulfill the state's practice liability insurance requirements by filing with the Office of the Commissioner of Insurance a certificate of insurance for a policy of health care liability insurance issued by an insurer that is authorized in a jurisdiction accredited by the National Association of Insurance Commissioners. Specify that such a physician or nurse anesthetist may elect, in a manner specified by the Insurance Commissioner by rule, to be subject to the state's liability provisions and the state's injured patients and families compensation program.

Health care providers are generally required to obtain liability insurance coverage, issued by an insurer authorized to do business in Wisconsin, for \$1,000,000 per claim or occurrence and for \$3,000,000 for all claims or occurrences in a year. Liabilities in excess of those amounts are paid from the state's injured patients and families compensation program, which is funded from assessments collected on providers. This item would allow out-of-state physicians and nurse anesthetists who are authorized to practice in Wisconsin on a temporary basis during the declared public health emergency, to satisfy liability insurance requirements with a policy issued by an insurer authorized for business in another state or jurisdiction.

[Bill Section: 75(4)]

7. OUT-OF-NETWORK CHARGES AND PAYMENTS DURING A PUBLIC HEALTH EMERGENCY

LRB 5920/P2: Specify that, during a state of emergency related to public health declared by the Secretary of the U.S. Department of Health and Human Services or by the Governor, any defined network or preferred provider health plan may not require an enrollee to pay, including cost sharing, for a service, treatment, or supply rendered by a provider that is not in the plan's network more than the enrollee would pay if the service, treatment, or supply is rendered by an in-network provider, if the following apply: (a) the service, treatment, or supply is related to a diagnosis or treatment for the condition for which the public health emergency is declared; and (b) the service, treatment, or supply is rendered by an out-of-network provider because no in-network provider is available due to the public health emergency. Specify that, in these circumstances, the plan must reimburse the out-of-network provider at 250 percent of the rate the federal Medicare program reimburses the provider for the same or a similar service, treatment, or supply in the same geographic area.

Specify that, during a declared public health emergency, any health care provider or facility that renders a service, treatment, or supply to an enrollee of a defined network plan or preferred provider plan that does not include the health provider or facility in its network must accept as payment in full any payment that is at least 250 percent of the Medicare rate for a similar service, treatment, or supply in the same geographic area. Prohibit the provider from charging the enrollee an amount that exceeds the amount the provider or facility is reimbursed by the defined network plan or preferred provider plan.

Authorize the Insurance Commissioner to promulgate any rules necessary to implement these provisions.

[Bill Section: 57]

MILITARY AFFAIRS

1. APPROPRIATION FOR PUBLIC HEALTH EMERGENCY RESPONSE

GPR	\$300,000,000
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LRB 5920/P2: Create a sum sufficient GPR appropriation for public health emergencies with expenditures limited to \$300,000,000 per biennium (the provision is not limited to the 2019-21 biennium). Authorize the Department of Military Affairs (DMA) to expend funds during a public health emergency to: (a) facilitate coordination between and among federal, state, local, and tribal agencies, social service, and health care entities affected by the emergency; (b) make grants, provide for awards, enter into contracts, and conduct supportive investigations pertaining to the emergency or potential emergency; (c) support emergency operations related to the emergency, including investigation, education, and eradication; and (d) carry out other activities related to the emergency, as the State Health Officer or the Administrator of DMA's Division of Emergency Management determines applicable and appropriate.

Authorize DMA to submit a request to the Joint Committee on Finance under s. 13.10 of the statutes to expend more than \$300,000,000 per biennium. The request would be approved if: (a) the Committee approves or modifies the request; or (b) no member of the Committee objects to the request within 24 hours after the request is received. If a member objects within 24 hours, the Committee must reject, modify, or approve the request within 48 hours after the request is received, or the request would be approved as submitted. Specify that the Committee may vote on the request by mail ballot or by polling, and waive the requirement that a public hearing be held.

Require DMA to report to the Committee on expenditures under the public health emergency appropriation no later than 75 days after first spending funds and no later than the end of each month after that in which the Department spends funds from the appropriation.

[Bill Sections: 11 and 51]

PUBLIC INSTRUCTION

1. LAYOFFS OF SCHOOL EMPLOYEES UNDER PUBLIC HEALTH EMERGENCY

LRB 5920/P2: Prohibit a governing body from laying off a current employee during a period when schools are closed by the Department of Health Services to control an outbreak or epidemic. Additionally, require that the governing body continue to pay current employees for regularly scheduled hours at the employee's regular rate during such a period, regardless of whether the employee is required to report to work while schools are closed. Specify that the governing body could pay a current employee more than the required amount. These provisions would first apply to the period beginning on March 18, 2020, during which schools were closed by the Department of Health Services.

A governing body would be defined as one of the following: (a) a school board; (b) an operator, governing board, or authorizer of an independent charter school; (c) the operator or governing board of a charter school that is not an instrumentality of a school district; or (d) the governing body of a private school participating in a private school choice program or the special needs scholarship program. A current employee would be defined as one who was employed by the governing body on the date on which schools were closed.

The bill includes a statement of legislative intent that indicates that the intent of the Legislature is that all schools that receive public funds continue to employ and pay all employees who were employed on March 18, 2020, for the entirety of the period during which schools are closed by order of DHS as a result of the public health emergency declared on March 12, 2020, by Executive Order 72.

[Bill Sections: 41, 75(13), and 77(1)]

2. ADDITIONAL WAIVER AUTHORITY FOR THE DEPARTMENT OF PUBLIC INSTRUCTION UNDER PUBLIC HEALTH EMERGENCY

LRB 5920/P2: Provide that if the Department of Health Services closes schools to control an outbreak or epidemic, the Department of Public Instruction (DPI) could waive any requirement in statute or administrative rules promulgated by DPI applying to school boards, school districts, private schools (including those participating in a choice program or the special needs scholarship program), or independent charter schools. Additionally, specify that if DPI is not required to publish school or school district accountability reports for a school year, DPI could waive any requirement related to the publication of those reports. (A separate section of the bill would specify that DPI would not be required to publish school and school district accountability reports for the 2019-20 school year.) These provisions would first apply to an order to close schools issued in the 2019-20 school year.

Under current law, DPI has the authority to waive certain requirements for school districts and school boards, but cannot waive requirements related to the following: (a) the health or safety of pupils; (b) pupil discrimination on the basis of sex, race, religion, national origin, ancestry, creed, pregnancy, marital or parental status, sexual orientation or physical, mental, emotional or learning disability.; (c) assessments; (d) pupil records; (e) the collection of data by DPI; (f) the uniform financial fund accounting system and audits of school district accounts; (g) teacher licensure or certification; (h) the school start date; or (i) the requirements for contracts under the achievement gap reduction program. Current law does not provide authority for DPI to waive requirements for private schools or independent charter schools.

[Bill Sections: 42, 43, and 77(3)]

3. SCHOOL AND SCHOOL DISTRICT ACCOUNTABILITY REPORTS

LRB 5920/P2: Specify that the Department of Public Instruction would not be required to publish school and school district accountability reports for the 2019-20 school year.

Under current law, DPI is required to publish accountability reports annually no later than November 30. The report cards issued each fall are based on data from assessments administered the previous spring.

[Bill Sections: 39 and 40]

REVENUE

1. GOVERNMENTAL DEADLINES DURING A PUBLIC HEALTH EMERGENCY

LRB 5920/P2: Specify that, notwithstanding any requirement to the contrary, each tax filing

deadline is delayed until the last day of that deadline's lead period. Define "emergency period" as the period covered by a public health emergency, including any extension, plus 30 days. Under the bill, "lead period" would be defined as the period that begins on the first day after the emergency period and is equal to the period beginning on the first day of the emergency period, and ending on the date on which a deadline would otherwise have fallen. [Note that the bill does not specifically address deadlines that occur between the date on which a public health emergency was declared and the date of enactment of the bill.]

Beginning on March 12, 2020, Governor Evers declared an emergency period of 60 days covered by a public health emergency. The emergency period will end on May 11, 2020, unless the Legislature extends the emergency period by joint resolution beyond 60 days.

The Treasury Department and Internal Revenue Service announced on March 21, 2020, that the deadline for filing federal income tax returns is extended from April 15, 2020, to July 15, 2020. Taxpayers who make estimated income tax payments that would otherwise be due on April 15 can make such payments by July 15 without incurring any interest or penalties. The provisions apply regardless of amounts owed by a taxpayer. A taxpayer need not file any additional forms in order to qualify for this extended due date under federal law.

In Wisconsin, the Department of Revenue has indicated it will automatically adopt similar guidelines as those at the federal level (described above). State taxpayers will have until July 15, 2020, to file their state income or franchise tax returns or make estimated payments without interest, penalty, or underpayment interest between April 15, 2020, and July 15, 2020. Because this filing deadline for Wisconsin income and franchise tax filers falls outside the emergency period, the July 15, 2020, deadline would apply unless the Legislature, by joint resolution, were to extend the emergency period beyond July 15, 2020.

[Bill Section: 52]

SAFETY AND PROFESSIONAL SERVICES

1. HEALTH CARE PROVIDER CREDENTIAL RENEWALS

LRB 5920/P2: Specify that a health care provider credential, as defined below, is not subject to renewal, or any other conditions for renewal, including continuing education, and remains valid during the period covered by the public health emergency declared on March 12, 2020, by Executive Order 72, including any extension, and continuing until further specified by the applicable credentialing board. Specify that these changes are notwithstanding the Department's general statutory authority and requirements relating to notice of renewals; renewal dates, fees, and applications; and late renewals, as well as the applicable statutory provisions for the health care provider credentials, but subject to any professional discipline imposed on the credential.

Specify that a renewal that occurs subsequent to the public health emergency declared on

March 12, 2020, by Executive Order 72, including any extension, is not subject to the statutory late renewal fee if the application to renew the credential is received before the next applicable renewal date. Notwithstanding the applicable statutory provisions for the health care provider credentials, the applicable credentialing board may, for that next applicable renewal date, provide an exemption from, or reduction of, continuing education or other conditions for renewal.

Definition. For these purposes, define a "health care provider credential" to mean any credential issued under the following state statutory chapters: Board of Nursing (ch. 441); Dentistry Examining Board (ch. 447); Medical Practices (ch. 448); Pharmacy Examining Board (ch. 450); Psychology Examining Board (ch. 455); Massage Therapy and Bodywork Therapy (ch. 460); or Radiographers and Limited X-Ray Machine Operators (ch. 462).

[Bill Section: 54]

2. TEMPORARY CREDENTIALS FOR FORMER HEALTH CARE PROVIDERS DURING THE CURRENT PUBLIC HEALTH EMERGENCY

LRB 5920/P2: Authorize the Department of Safety and Professional Services (DSPS) to grant temporary credentials to certain former health care providers during the state public health emergency declared on March 12, 2020 under Executive Order 72, as follows.

Issuance of Temporary Credentials. Require DSPS to grant a temporary credential to a health care provider if all of the following apply: (a) the health care provider submits an application to DSPS; and (b) DSPS determines that the health care provider satisfies the eligibility requirements for the credential and is fit to practice after conducting an investigation of the health care provider's arrest or conviction record and record of professional discipline. Require DSPS to notify the health care provider if DSPS denies the provider's application for a temporary emergency credential.

Specify that, notwithstanding statutory prohibitions on practicing as a nurse, nurse-midwife, dentist, dental hygienist, physician, physician assistant, perfusionist, respiratory care practitioner, or pharmacist, unless credentialed under the appropriate statutory section, a health care provider granted a temporary credential under these provisions may provide services for which the health care provider has been licensed or certified.

Require any health care provider who provides services authorized by a temporary credential under these provisions to maintain malpractice insurance that satisfies the requirements of the profession for which the health care provider has been licensed or certified.

Duration of Credential. Specify that a temporary credential granted under this provision expires 90 days after the conclusion of the period covered by the public health emergency declared on March 12, 2020, by Executive Order 72, including any extension.

Authority to Waive Credential Fees. Provide that, during the period covered by the public health emergency declared on March 12, 2020, by Executive Order 72, including any extension, DSPS may waive fees for applications for an initial credential and renewal of a credential for registered nurses, licensed practical nurses, nurse-midwives, dentists, physicians, physician

assistants, perfusionists, respiratory care practitioners, pharmacists, psychologists, clinical social workers, independent social workers, social workers, marriage and family therapists, professional counselors, and clinical substance abuse counselors.

Definitions. For these purposes, define "health care provider" to mean an individual who was at any time within the previous five years, but is not currently, any of the following, if the individual's credential was never revoked, limited, suspended, or denied renewal: (a) licensed as a registered nurse, licensed practical nurse, or nurse-midwife under ch. 441 of the Wisconsin state statutes; (b) licensed as a dentist under ch. 447 of the Wisconsin state statutes; (c) licensed as a physician, physician assistant, or perfusionist under ch. 448 or certified as a respiratory care practitioner under ch. 448 of the Wisconsin state statutes; (d) licensed as a pharmacist under ch. 450 of the Wisconsin state statutes; (e) licensed as a psychologist under ch. 455 of the Wisconsin state statutes; (f) a clinical social worker, marriage and family therapist, or professional counselor licensed under ch. 457 or an independent social worker or social worker certified under ch. 457 of the Wisconsin state statutes; (g) a clinical substance abuse counselor certified under s. 440.88 of the Wisconsin state statutes; or (h) any practitioner holding a credential to practice a profession that is identified by the Department of Health Services during the period covered by the public health emergency declared on March 12, 2020, by Executive Order 72, including any extension of the public health emergency.

Define: (a) "credential" to mean license or certificate: and (b) "department" to mean DSPS.

[Bill Sections: 75(5) and (6)]

3. TEMPORARY CREDENTIALS FOR HEALTH CARE PROVIDERS FROM OTHER STATES

LRB 5920/P2: Authorize DSPS to grant temporary credentials to certain health care providers from other states during the period covered by the public health emergency declared on March 12, 2020 under Executive Order 72, including any extension of the public health emergency, as follows.

Temporary Credentials. Require DSPS to grant a temporary credential to a health care provider, as defined below, if all of the following apply: (a) the health care provider submits an application to DSPS, and (b) DSPS determines that the health care provider satisfies the eligibility requirements for the credential and is fit to practice after conducting an investigation of the health care provider's arrest or conviction record and record of professional discipline. Authorize DSPS to determine the appropriate scope of review of the background of a health care provider who applies for a temporary credential under this paragraph. Require that if DSPS denies a health care provider's application for a temporary credential under this section, DSPS must notify the health care provider of the reason for the denial.

Specify that, notwithstanding statutory prohibitions on practicing as a nurse, nurse-midwife, dentist, dental hygienist, physician, physician assistant, perfusionist, respiratory care practitioner, or pharmacist, unless credentialed under the appropriate statutory section, a health care provider granted a temporary credential under this paragraph may provide services for which the health care

Require that a health care provider who provides services authorized by a temporary credential granted under these provisions, must maintain malpractice insurance that satisfies the requirements of the profession for which the health care provider has been licensed or certified.

Duration of the Temporary Credential. Specify that a temporary credential granted under this paragraph expires 90 days after the conclusion of the period covered by the public health emergency declared on March 12, 2020, by Executive Order 72, including any extension.

Fee Waiver. Notwithstanding the Department's authority to require standard fees for initial credentialing and examinations and the applicable fee provisions in state statute, during the period covered by the public health emergency declared on March 12, 2020, by Executive Order 72, including any extension, authorize DSPS to waive fees for applications for an initial credential and renewal of a credential for: registered nurses, licensed practical nurses, nurse-midwives, dentists, physicians, physician assistants, perfusionists, respiratory care practitioners, pharmacists, psychologists, clinical social workers, independent social workers, social workers, marriage and family therapists, professional counselors, and clinical substance abuse counselors.

Definitions. Define "health care provider" to mean an individual who holds a valid, unexpired license, certificate, or registration granted by another state or territory that authorizes or qualifies the individual to perform acts that are substantially the same as the acts that any of the following are licensed or certified to perform: (a) a registered nurse, licensed practical nurse, or nurse-midwife under ch. 441 of the Wisconsin state statutes; (b) a dentist licensed under ch. 447 of the Wisconsin state statutes; (c) a physician, physician assistant, or perfusionist licensed under ch. 448 or a respiratory care practitioner certified under ch. 448 of the Wisconsin state statutes; (d) a pharmacist licensed under ch. 450 of the Wisconsin state statutes; (e) a psychologist licensed under ch. 455 of the Wisconsin state statutes; (f) a clinical social worker, marriage and family therapist, or professional counselor licensed under ch. 457 or an independent social worker or social worker certified under ch. 457 of the Wisconsin state statutes; (g) a clinical substance abuse counselor certified under s. 440.88 of the Wisconsin state statutes; or (h) any practitioner holding a credential to practice a profession that is identified by the Department of Health Services during the period covered by the public health emergency declared on March 12, 2020, by Executive Order 72, including any extension of the public health emergency.

In addition define: (a) "credential" to mean license or certificate and (b) "department" to mean the Department of Safety and Professional Services (DSPS).

[Bill Sections: 75(7) and (8)]

4. PRESCRIPTION ORDER EXTENSIONS DURING PUBLIC HEALTH EMERGENCIES

LRB 5920/P2: Expand the manner in which a pharmacist can extend a prescription order. Specify that if a pharmacist receives a request for a prescription to be refilled and the prescription cannot be refilled under current state statutes governing initial fills and refills, the pharmacist may, subject to certain statutory conditions, extend the existing prescription order and dispense the drug to the patient, if the pharmacist has not received and is not aware of written or oral instructions

from the prescribing practitioner prohibiting further dispensing pursuant to or extension of the prescription order.

Prohibit a pharmacist from extending a prescription order under this section if: (a) a prescribing practitioner has indicated, by writing on the face of the prescription order or, with respect to a prescription order transmitted electronically, by designating in electronic format the phrase "No extensions," or words of similar meaning; (b) the prescription is for a drug that is a controlled substance; or (c) if a prescription order was previously extended for that particular patient during the period covered by a public health emergency declared by the Governor, including any extension of that public health emergency.

Further, prohibit a pharmacist acting under this provision from extending a prescription order to dispense more than a 30-day supply of the prescribed drug, except that if the drug is typically packaged in a form that requires a pharmacist to dispense the drug in a quantity greater than a 30-day supply, the pharmacist may extend the prescription order as necessary to dispense the drug in the smallest quantity in which it is typically packaged.

Require that a pharmacist, at the earliest reasonable time after acting under this provision, notify the prescribing practitioner or his or her office. However, specify that the pharmacist is not required to attempt to procure a new prescription order or refill authorization for the drug by contacting the prescribing practitioner or his or her office prior to acting under this provision. Authorize the pharmacist, after acting under this provision, to notify the patient or other individual that any further refills will require the authorization of a prescribing practitioner.

Specify that the authority granted under this provision applies only during the period covered by a public health emergency declared by the governor, including any extension. During that time, clarify that this paragraph supersedes existing circumstances under which a pharmacist may extend a prescription order to the extent of any conflict.

[Bill Sections: 55 and 56]

SHARED REVENUE AND PROPERTY TAX RELIEF

1. COUNTY AND MUNICIPAL AID -- PUBLIC HEALTH EMERGENCY SUPPLEMENT	GPR	\$7,440,800
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LRB 5920/P2: Provide each county and municipality a one-time aid payment in 2020, equal to 1% of their 2020 county and municipal aid payment, as calculated under current law. Create a sum-sufficient GPR appropriation to make the payments. Estimate the cost of the payments at \$7,440,800 GPR in 2020-21. Require the Department of Administration, upon certification by the Department of Revenue, to make the payments to counties and municipalities by the first Monday in May, 2020, or at a later date in 2020, as determined by the Secretary of Revenue. Specify that the payments would be considered local funds to be paid into the separate accounts of all local

governments established in the local government pooled-investment fund.

[Bill Sections: 15, 19, and 33]

WISCONSIN ECONOMIC DEVELOPMENT CORPORATION

1. MODIFICATION TO WEDC'S GPR APPROPRIATION FOR OPERATIONS AND PROGRAMS

GPR	\$25,000,000
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LRB 5920/P2: Under current law, funding for the Wisconsin Economic Development Corporation's (WEDC) operations and programs is provided in an amount of GPR equal to \$41,550,700 minus the amounts WEDC expends from the economic development fund and environmental fund. However, WEDC's sum sufficient GPR appropriation is currently capped at \$16,512,500 in any year. The bill would increase the above figures by \$25,000,000 in 2019-20, thereby providing additional funding of \$25,000,000 GPR in 2019-20 for WEDC's operations and programs.

[Bill Section: 75(9)]

WORKFORCE DEVELOPMENT

1. UNEMPLOYMENT INSURANCE WAITING WEEK REPEAL

LRB 5920/P2: Repeal the one-week waiting period requirement for unemployment insurance (UI) benefits. Under this provision, a claimant for UI benefits would start receiving benefit payments beginning with the individual's first week of eligibility. The repeal of the one-week waiting period would result in an undetermined cost to the state's UI trust fund due to increased UI benefit payments.

Under current law, the claimant's waiting period is the first week of a claimant's benefit year for which the claimant is otherwise eligible for regular benefits. During a claimant's waiting period, no benefits are payable to the claimant. The waiting period does not affect a claimant's maximum benefit amount, which is 26 weeks of regular state benefits. However, claimants who do not reach the state's 26-week limit effectively receive one less week of benefits due to the waiting week requirement. A claimant must serve one waiting week per benefit year.

The effective date of this provision would be the first Sunday after publication of the bill. This provision would first apply to a claimant benefit year beginning on that effective date.

[Bill Sections: 36 thru 38, 77(2), and 78(1)]

2. EMPLOYEE RECORDS DURING PUBLIC HEALTH EMERGENCY

LRB 5920/P2: Provide that during the period covered by a state of emergency related to a public health emergency declared by the Governor, an employer is not required to provide an employee's personnel records within seven working days after an employee makes a request to inspect his or her personnel records, and an employer is not required to provide the inspection at a location reasonably near the employee's place of employment during normal working hours.

[Bill Section: 35]