



Legislative Fiscal Bureau

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April 15, 2020

TO: Members
Wisconsin Legislature

FROM: Bob Lang, Director

SUBJECT: Summary of Provisions of SSA 1 to AB 1038

The attached document is a summary of the provisions of Senate Substitute Amendment 1 to Assembly Bill 1038.

In total, various provisions in the substitute amendment would increase general fund appropriations by up to \$1,068,466,300 GPR for the 2019-21 biennium. In addition, the substitute amendment would create an unlimited GPR sum sufficient appropriation under the Department of Health Services for funding related to the public health emergency.

BL/lb
Attachment

Summary of Provisions

Senate Substitute Amendment 1 to Assembly Bill 1038

ADMINISTRATION

1. PUBLIC HEALTH EMERGENCY, STATE ASSISTANCE

GPR	\$200,000,000
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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 the 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) operating as a procurement clearinghouse for state and local governments and select private entities, as determined by the Secretary, during a public health emergency; (i) expenditures associated with continuity of state government; and (j) 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.

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

GPR	\$100,000,000
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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 or long-term care facility or setting where assisted living services or health care services may be provided.

Grants could be used for 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: (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 guidance documents, 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 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 public health emergency declared under Executive Order #72 is discontinued, that includes: (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.

3. PUBLIC HEALTH EMERGENCY, LOCAL ASSISTANCE

GPR	\$20,000,000
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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.

4. PRINTING SERVICES FOR LOCAL GOVERNMENTS

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.

5. EMPLOYEE TRANSFER AUTHORITY

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 a public health emergency declared by the Governor. 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 a public health emergency, the transfer could be rescinded on a date occurring after the applicable public health emergency has concluded.

6. LIMITED-TERM EMPLOYEE HOURS

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.

7. SABBATICAL LEAVE FOR CRITICAL SERVICES

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 substitute or under current law.

In a separate provision, the substitute 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.

8. USE OF ANNUAL LEAVE

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.

Under current law, an employee, with the approval of his or her appointing authority, may anticipate the annual leave which he or she could earn during the current calendar year, but no employee is eligible to take annual leave until he or she has completed the first six months of a probationary period for an original job appointment unless the employee uses annual leave that he or she accrued while serving in an unclassified position.

9. STATE EMPLOYMENT FILINGS AND IN-PERSON MEETINGS

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.

10. GRANTS FOR MEAL DELIVERY PROGRAMS

GPR	\$10,000,000
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Create a grant program to support meal delivery programs and provide \$10,000,000 in 2019-20 in a newly created annual appropriation. Allow DOA to transfer moneys in the appropriation between fiscal years. Entities eligible to receive funding would include schools, publicly-administered meal delivery programs, and public-private partnerships between meal delivery programs and privately-operated and locally-owned restaurants. Define a "meal delivery program" as a program that provides or delivers meals to individuals based on financial need or to individuals in long-term care or congregate care settings. Authorize DOA to establish eligibility criteria and guidelines, including proration of pay, for administering grants. Specify that eligibility criteria and guidelines need not be promulgated as administrative rules, would not be considered guidance documents, and would not be subject to statutory guidance document requirements.

11. LOW-INCOME ENERGY ASSISTANCE PROGRAM APPLICATION PERIOD

Allow households to apply for heating assistance under the low-income home energy assistance program (LIHEAP) any time before December 31, 2020, rather than between October 1 and May 15, as under current law. The Coronavirus Aid, Relief, and Economic Security (CARES) Act provides Wisconsin an estimated \$8.0 million for the program to support costs associated with home energy bills and weatherization.

12. HAZARD PAY FOR CRITICAL WORKERS

Create a grant program to provide hazard pay to critical workforce members who work during a public health emergency declared by the Governor. Specify that the program would be funded under DOA's existing federal aid appropriation. The substitute does not specify the amount of funding that would be allocated to the program.

Define a critical workforce member as an employee, contractor, or other individual working in a vital public or private sector or in critical infrastructure, as determined by the Secretary of DOA. Authorize DOA to establish eligibility criteria and guidelines, including proration of pay, for administering grants. Specify that eligibility criteria and guidelines need not be promulgated as administrative rules, would not be considered guidance documents, and would not be subject to statutory guidance document requirements.

BUDGET MANAGEMENT AND COMPENSATION RESERVES

1. USE FEDERAL FUNDS FIRST

Create a nonstatutory provision that would require the Secretary of Administration, to the greatest extent possible, to ensure that federal moneys accepted by the Governor for the purpose of addressing the COVID-19 public health emergency would be used for the purposes of this substitute prior to the use of GPR appropriated for those purposes.

2. SUSPEND JFC APPROVAL OF CERTAIN FEDERAL MONEYS

Create a nonstatutory provision that would specify that no approval of the Joint Committee on Finance is required for the expenditure of federal funds received during the emergency period for the purpose of addressing the COVID-19 public health emergency by certain agencies. Current law requires JFC approval of federal block grants, and the receipt of federal moneys that deviate outside of 95% to 105% of budgeted amounts by the Departments of Justice and Public Instruction, and outside of 95% to 105% for certain federal moneys received by the Department of Transportation. Emergency period would be defined as the period covered by the public health emergency declared on March 12, 2020, by Executive Order 72.

BUILDING COMMISSION

1. GENERAL OBLIGATION BONDING REFUNDING AUTHORITY

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).

2. BONDING FOR INCREASED CAPITAL COSTS

BR	\$100,000,000
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Provide \$100,000,000 of bonding under the Building Commission under the "other public purposes" bonding authorization under current law. Create a nonstatutory provision that would specify that the Commission could authorize up to \$100,000,000 of general fund supported bonding in fiscal year 2019-20 for expenditures to cover increased capital costs, as determined by the Commission, incurred due to interruptions of work under the authorized state building program as a result of the public health emergency declared on March 12 by Executive Order 72. Provide that this

provision would constitute enumeration in the authorized building program for all purposes.

CHILDREN AND FAMILIES

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

GPR	\$25,000,000
FED	\$100,000,000

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 during a public health emergency declared by the Governor. In addition, modify DCF programs, effective for the duration of a public health emergency declared by the Governor, as follows.

Expanded W2 Cash Payments. During a 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 percent 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, and noncustodial parents would be eligible regardless of whether the custodial parent is receiving W-2 services and benefits.

Expanded Job Access Loans. During a 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 percent, 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 a public health emergency, all payments on job access loans would be suspended.

Expanded Emergency Assistance. During a 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 public health issue that is the basis of the public health emergency 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 public health issue that is the basis of a public health emergency may receive a subsidy under the expanded Wisconsin Shares program during a public health emergency. No later than 60 days after the Governor declares a public health emergency, 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 a public health emergency.

Provide that an individual would be eligible for financial assistance under the program if the individual is financially affected by the public health issue that is the basis of the public health emergency 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.

Critical 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 critical workforce members to help pay for, or reimburse eligible child care costs. DCF would also be required to make grants available to certified child care providers and licensed child care centers to pay for providing care and supervision for children of critical workforce members during the public health emergency. Require DCF to prioritize grants that assist health care workers and first responders and authorize DCF to award grants that assist other critical workforce members at its discretion.

For these purposes, define "eligible child care costs" as those child care costs that are due to the public health issue that is the basis of a public health emergency 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 critical workforce members or the cost to pay for a slot in an existing facility that provides care and supervision of children. Define a "critical 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.

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 a 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, critical 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 substitute would specify that, during a public health emergency declared by the Governor, the reallocation procedure apply for the programs described above, but modified as follows. Without the approval of the Committee, DCF would be authorized to reallocate funding between the programs in the substitute 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 substitute to another TANF program.

General Definitions. Define several words and terms used in these provisions, as follows: (a) "public health emergency" as any public health emergency declared by the Governor under Chapter 323; (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.

Initial Applicability. Specify that these provisions would first apply to a public health emergency declared on March 12, 2020.

Reconciliation Provisions. Provide that if 2019 LRB-6005 is enacted into law and if that draft contains the public health emergency grant programs in this item, the funding for the child care grant program (\$25.0 million GPR), and the public health emergency grant programs in this item are void.

Provide that, notwithstanding the deadline in this item for submitting to the U.S. Department of Health and Human Services a request for a state plan amendment, waiver, or other federal approval necessary to expand eligibility for the child subsidy program to individuals who need child care services due to the public health issue that is the basis of a public health emergency, with respect to the public health emergency declared on March 12, 2020, by Executive Order 72, DCF must submit the request no later than 60 days after the general effective date of the substitute.

2. CHILD PLACEMENTS DURING A PUBLIC HEALTH EMERGENCY

Modify provisions relating to the placement of children in out-of-home care during a public health emergency, as follows.

- Permit a child to be placed in a licensed public or private shelter care facility as a transitional placement for up to 40 days, rather than 20 days, as under current law.
- Authorize DCF to waive the current law requirement that prospective adoptive parents receive six hours of in-person preadoption training.
- Permit a licensed foster care home to receive more than four children if DCF determines that it is necessary.
- Permit a group home to receive up to ten children, instead of eight as provided under current law, if DCF determines that it is necessary.

- Permit DCF to waive the requirement for a child welfare agency, group home, child care center, or shelter care facility to submit an application and fee for continuance of a license 30 days before its expiration date.
- Permit DCF to extend a foster home license that expires during a public health emergency may beyond two years from its date of issuance.
- Permit a public licensing agency to license a foster home in another county.
- Permit DCF to provide intake services and any duty of the county for abused or neglected unborn children.

Provide that these changes would first apply to the state of emergency related to public health declared on March 12, 2020.

3. ADOPTION ASSISTANCE AND STATE FOSTER CARE GPR - \$3,000,000

Reduce funding for adoption assistance and state foster care payments by \$3,000,000 in 2019-20 to reflect reestimates of caseloads.

4. SERVICES FOR VICTIMS OF SEX TRAFFICKING GPR - \$209,500

Reduce funding for services for victims of sex trafficking by \$209,500 in 2019-20 to reflect reestimates of caseloads.

5. ELIGIBILITY FOR SERVICES FUNDED FROM THE COMMUNITY SERVICE BLOCK GRANT

Conform state law to federal law as it relates to the use of federal funding the state receives under the community services block grant (CSBG) by increasing, from 125% to 200% of the federal poverty line, an individual's or family's eligibility for services funded from the federal grant. This provision would apply during the period covered by the state public health emergency declared on March 12, 2020, under Executive Order 72.

The CSBG provides funding to states, territories, and tribes for distribution to local organizations to provide a range of services and activities to address the needs of low-income individuals, including homeless individuals, migrants, and the elderly. For an organization to be eligible to receive funding, the majority of the persons served by the organization must have income at or below the poverty level.

For purposes of the CSBG eligibility, federal law allows states to define the poverty line as 125% of the official measurement by the federal Office of Budget and Management. For federal fiscal years 2019-20 and 2020-21, the federal Coronavirus Aid, Relief, and Economic Security Act allows states to define the poverty line as up to 200% of this measure.

For the period of time covered by the public health emergency declared on March 12, 2020, the substitute would change the definition of "poor person," for purposes of CSBG eligibility, to be at or below 200% of the federal poverty line, rather than 125%, as under current law.

6. PUBLIC HEALTH EMERGENCY GRANT PROGRAMS

GPR	\$28,209,500
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Create a biennial appropriation to provide \$28,209,500 in 2019-20 for programs for youth who are runaways, homeless, or in independent living arrangements and for the following public health emergency grant programs.

Critical 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 critical workforce members to help pay for, or reimburse eligible child care costs. Require DCF to make grants available to certified child care providers and licensed child care centers to pay for providing care and supervision for children of critical workforce members during the public health emergency. Require DCF to prioritize grants that assist health care workers and first responders and authorize DCF to award grants that assist other critical workforce members at its discretion.

For these purposes, define "eligible child care costs" as those child care costs that are due to the public health issue that is the basis of the public health emergency 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 critical workforce members or the cost to pay for a slot in an existing facility that provides care and supervision of children. Define a "critical 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, and supply chain operations), and other sectors, as determined by DCF. "First responder" would be defined 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 the Wisconsin Shares child care subsidy program.

Grant Program for Closure of Child Care Providers. Create a grant program requiring DCF to make monthly payments 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 that have ceased operations due to a public health issue that is the basis of the public health emergency. Funding could be used to cover costs of lost revenue from child care services that would otherwise have been provided to individuals who are not eligible for child care subsidies under the Wisconsin Shares program, provided that these individuals are not charged for child care services while the provider is closed during the public health emergency.

Congregate Care Facility Grant Program. Create a grant program under which DCF would make grants available to congregate out-of-home care facilities for the costs of addressing workforce shortages and other needs in order to keep facilities operational during the public health emergency.

Grant Program Criteria and Guidelines. Authorize DCF to establish eligibility criteria and guidelines for administering the public health emergency grant programs. The eligibility criteria and guidelines would not be guidance documents and would not need to be promulgated as administrative rules.

For these purposes, a "public health emergency" is defined as a state public health emergency declared by the Governor under Chapter 323. The provisions relating to the grant program would first apply to the state public health emergency declared on March 12, 2020.

CORRECTIONS

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| 1. INSTITUTIONAL COSTS RELATED TO A PUBLIC HEALTH EMERGENCY | GPR \$8,726,500 |
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Create a biennial GPR appropriation under the Department of Corrections and provide \$8,726,500 GPR in 2019-20 to use for institutional costs related to responding to a public health emergency declared by the Governor.

ELECTIONS COMMISSION

- | | |
|--|-----------------------------|
| 1. ELECTRONIC VOTER REGISTRATION DURING A PUBLIC HEALTH EMERGENCY | GPR \$1,000,000 |
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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.

- 2. VOTER IDENTIFICATION DURING A PUBLIC HEALTH EMERGENCY**

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.

3. ABSENTEE VOTING DURING A PUBLIC HEALTH EMERGENCY

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.

EMPLOYEE TRUST FUNDS

1. REHIRED ANNUITANTS IN CRITICAL POSITIONS

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.

2. LEAVES OF ABSENCE AND HEALTH INSURANCE

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 or local public employer that provides its employees health insurance coverage through a plan offered by the Group Insurance Board must continue to pay required employer contributions, if any, toward the health insurance premium 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 substitute, an employee of such an employer 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.

FINANCIAL INSTITUTIONS

1. NOTARIAL ACTS FOR REMOTELY LOCATED INDIVIDUALS DURING A PUBLIC HEALTH EMERGENCY

PR	\$806,000
GPR-Rev	- \$806,000

Specify that a notary public located in Wisconsin may perform a notarial act for a remotely located individual during any public health emergency declared by the Governor for transactions governed by laws governing the creation and execution of wills, codicils, or testamentary trusts, and by laws governing the creation and execution of certain living trusts or trust amendments for personal use. The associated provisions governing notarial acts for remotely located individuals were created under 2019 Act 125.

Direct the Legislative Reference Bureau to, in enrolling, amend 2019 Act 125 so that Act 125 takes effect on the effective date of this provision. Specify that this provision takes effect on the day after publication of the bill, or May 1, 2020 (the effective date of Act 125), whichever is earlier.

Increase funding for general program operations in the Department of Financial Institutions (DFI) by \$806,000 PR in 2020-21 for administration of the Department's duties related to notaries public. DFI reports that its current notarization technology systems would need to be upgraded to meet the Department's expanded notary oversight and administration duties required under Act 125. The administration notes that online notarization services are in greater demand due to the public health emergency, and that the requested funding would be used for implementation costs to upgrade the related technology systems, in part to facilitate online access to these services. Per the administration, \$800,000 PR of the requested funding would be provided on a one-time basis related

to the aforementioned technology upgrades, and \$6,000 PR would represent ongoing costs for software system maintenance.

With certain exceptions, fees and assessments imposed on regulated entities and individuals by DFI are deposited in the Department's general program operations appropriation. Any balance in this appropriation at the close of a fiscal year transfers to the general fund. Therefore, estimate a corresponding decrease in amounts transferred to the general fund of \$806,000 GPR-Rev in 2020-21.

GENERAL PROVISIONS

1. GOVERNMENTAL DEADLINES DURING A PUBLIC HEALTH EMERGENCY

Specify that, notwithstanding any requirement to the contrary, each deadline any state agency, local governmental unit, or other person is required by state law to satisfy during an emergency period, including any tax filing deadline, may be delayed until the last day of that deadline's lead period, at the discretion of the Secretary of the Department of Administration or the agency head who the Secretary designates. State agency would not include the Courts or the Legislature.

Create the following definitions:

- a. Deadline, any date certain by which, or any other limitation as to time within which, an action or event is required to occur under state law.
- b. Determining authority, the Secretary of the Department of Administration or an agency head to whom a delegation is made by the Secretary.
- c. Emergency period, the period covered by a public health emergency declared by the Governor, including any extension, plus 60 days.
- d. Lead period, 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 as to time in a court proceeding or to any requirement as to time imposed by a court, and does it apply to any statute of limitations for commencing an action in any court.

Specify that the provisions first apply retroactively to a deadline falling during the public health emergency declared on March 12, 2020, by Executive Order 72, including any extension. However, also specify that, with respect to the March 12, 2020, public health emergency, the provision does not apply to any new deadline established under the substitute, as determined by the determining authority.

2. WAIVER OF CERTAIN INTEREST, PENALTIES AND PAYMENTS

Allow each state agency and local governmental unit to waive any interest, penalty, or payment of a debtor that accrues or becomes due during an emergency period with respect to a debt the debtor owes the agency or local governmental unit. The definition of "agency" would not include the Courts or the Legislature. Define debtor to mean a person who owes a debt to an agency or a local governmental unit. Define emergency period to mean the period covered by a public health emergency declared by the Governor, including any extension, plus 60 days. Specify that the provision would first apply retroactively to any interest, penalty, or payment that accrues or becomes due during the public health emergency declared on March 12, 2020, by Executive Order 72, including any extension.

3. IN PERSON APPEARANCE WAIVER

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.

4. TENANT PROTECTIONS

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).

HEALTH SERVICES

1. DHS FUNDING AND AUTHORITY DURING PUBLIC HEALTH EMERGENCIES | | | |-----|-----------| | GPR | Unlimited | |-----|-----------|

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 substitute 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 substitute: (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.

2. AID TO LOCAL HEALTH DEPARTMENTS

GPR	\$17,441,000
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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.

3. DIVISION OF PUBLIC HEALTH POSITIONS

	Funding	Positions
GPR	\$10,350,000	64.0

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 substitute.

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

Authorize 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: (a) during the period for which the enhanced FMAP applies; and (b) 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 Families First Coronavirus Response Act (FFCRA), 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 and second quarters of 2020 (January to March and April to June 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 the FFCRA, 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, FFCRA 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.

Although the state is currently out of compliance with criteria for the enhanced FMAP, the FFCRA provides a 30-day window following passage of the Act for states to enact legislation if necessary to meet those criteria. That 30-day period ends April 17, 2020.

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

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).

6. REIMBURSEMENTS TO HEALTH CARE PROVIDERS FOR COVID-19 SERVICES

GPR	\$10,000,000
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Provide \$5,000,000 in 2019-20 and 2020-21 in a new biennial appropriation for the Division of Public Health to pay reimbursements to health care providers for testing, treatment and vaccination services during an outbreak of COVID-19.

Direct DHS to establish and implement a program, including the process and criteria, to reimburse a health care provider for testing or treating any individual for COVID-19 during an outbreak of COVID-19 or for vaccinating, if a vaccine is available, an individual against COVID-19 when the health care provider has incurred the cost because (a) the individual does not have insurance or health coverage; or (b) the testing, treatment, or vaccination is not paid for by a publicly administered health program such as Medicare or the MA program or another party.

Prohibit DHS from making payment to a health care provider under the program unless: (a) a determination has been made whether the individual for whom the health care provider seeks reimbursement for testing, treatment, or vaccination is eligible for medical assistance; and (b) all other sources of reimbursement for the testing, treatment, or vaccination, including any reimbursement of the health care provider from a public health and social services emergency fund administered by the federal government have been exhausted.

For these purposes, define "health care providers" by referencing a definition in Chapter 146 of the statutes, which includes: (a) nurses; (b) chiropractors; (c) dentists; (d) physicians, physician assistants, perfusionists, and respiratory care practitioners; (e) physical therapists and physical therapist assistants that are licensed or who hold compact privileges; (f) podiatrists; (g) dietitians (h) athletic trainers; (i) occupational therapists and occupational therapy assistants; (j) optometrists; (k) pharmacists; (l) acupuncturists; (m) psychologists; (n) social worker, marriage and family therapists, and professional counselors; (o) speech-language pathologists and audiologists and speech and language pathologists licensed by the Department of Public Instruction; (p) massage therapists and bodywork therapists; (o) partnerships of any providers listed above; (p) corporations and limited liability companies of any providers specified above that provides health care services; (o) cooperative health care associations that directly provide services through salaried employees in their own facilities; (p) hospices; (q) inpatient health care facilities; (r) community-based residential facilities; (s) rural medical centers; (t) ambulance service providers; (u) emergency medical services practitioners; and (v) emergency medical responders.

Define "COVID-19" to mean an infection caused by the SARS-CoV-2 coronavirus.

7. MEDICAL ASSISTANCE PROVIDER REIMBURSEMENT FOR COVID-19 COSTS

GPR	\$94,425,000
FED	\$179,747,500

Provide \$94,425,000 GPR in 2019-20 in the medical assistance benefits appropriation to

provide increased reimbursements to healthcare providers due to the COVID-19 pandemic. Require DHS to allocate this amount among providers, as shown in the table below. The table also shows estimated federal matching funds associated with the GPR funding, as well as the funding total. Federal estimates are provided under the assumption that the provider reimbursement increases would be paid during a fiscal quarter during which a 6.2 percentage point increase in the state's federal matching percentage applies. The federal matching funds, and so the total funding available for payments, would be less if a portion of the payments were made in a calendar quarter in which the increased matching percentage is not in effect.

**Required Allocation of Proposed COVID-19 Reimbursement Increases
by Provider Type, With Estimated Federal Match and Funding Total**

	<u>GPR</u>	<u>FED</u>	<u>Total</u>
Managed long-term care*	\$39,933,200	\$76,016,900	\$115,950,100
Hospital supplemental payments	25,822,500	49,155,700	74,978,200
Home and community-based waiver services**	14,861,900	28,291,100	43,153,000
Nursing homes, fee-for-service***	9,863,400	18,776,000	28,639,400
Personal care, fee-for-service	<u>3,944,000</u>	<u>7,507,800</u>	<u>11,451,800</u>
Total	\$94,425,000	\$179,747,500	\$274,172,500

* According to the administration, this includes Family Care and PACE

** Includes IRIS and children's long-term services waiver

*** Includes nursing homes and hospice

8. GRANTS TO LOCAL FOOD BANKS

GPR	\$10,000,000
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Provide \$10,000,000 in 2019-20 for DHS to provide grants to local food banks, funded from a current appropriation that supports general aids, local assistance, and community programs administered by the Division of Public Health. Authorize DHS to transfer this funding to, and expend these moneys in the 2020-21 fiscal year.

Authorize DHS to establish eligibility criteria and guidelines for the distribution of these grants, and specify that they need not be promulgated as rules, and are not subject to Chapter 227 requirements relating to guidance documents.

9. WISCAREGIVER CAREERS PROGRAM

GPR	\$6,383,000
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Provide \$6,383,000 in 2019-20 to expand the WisCaregiver Careers Program. Specify that the Department may transfer money under this provision to, and expend those moneys in fiscal year 2020-21.

The WisCaregiver Careers Program provides free training and testing for students to become nurse aides in Wisconsin nursing homes. Nurse aides also receive a retention bonus from participating nursing homes after six months on the job.

10. SENIORCARE COVERAGE OF VACCINATIONS

Amend the definition of "prescription drug" for the purposes of coverage in the SeniorCare program, to include vaccinations that are recommend for administration to adults by the federal Centers for Disease Control and Prevention's advisory committee on immunization practices and approved for the administration to adults by the Wisconsin Department of Health Services.

SeniorCare is a program administered by DHS that provides assistance with the purchase of prescription drugs for enrollees. To be eligible, enrollees must be at least 65 years old and meet income thresholds. Enrollees with an income exceeding 160% of the federal poverty level must meet a deductible requirements before becoming eligible for program benefits. This item would provide coverage under the program for certain recommended vaccinations.

11. SUSPEND MORATORIUM ON HOSPITAL BEDS

Provide that current law provisions that limit the construction of hospital beds and prohibit certain transfers of hospital beds do not apply during a state-declared public health emergency, and for the 60 days after the date that the public health emergency expires.

Under current law, the maximum number of hospital beds in Wisconsin that may be approved by DHS for occupancy is 22,516. Further, the statutes prohibit the transfer of approved beds of a hospital to another facility that is associated with the hospital.

12. OUT-OF-STATE EMERGENCY SERVICE PROVIDERS

Authorize ambulance providers, emergency medical services practitioners, and emergency medical responders that hold licenses and certifications from other states to act as or advertise for the provision of services as ambulance service providers, medical services practitioners, or emergency medical responders in Wisconsin during a state-declared public health emergency. Specify that this provision also applies to emergency medical services practitioners who hold a training permit in another state. Under current law, with limited exceptions, these emergency service providers must be issued credentials by DHS in order to provide services in the state.

HIGHER EDUCATIONAL AIDS BOARD

1. RELIEF FROM GRANT AND SCHOLARSHIP LIMITS

Require that for the following programs under the Higher Educational Aids Board (HEAB), including Wisconsin grants, Indian student assistance grants, academic excellence scholarships, talent incentive grants, and minority undergraduate grants, the HEAB Executive Secretary would exclude any semester the student does not complete due to a public health emergency declared by

the Governor from the following: (a) any limit on the number of semesters or years for which the student may be awarded the grant or scholarship; and (b) any requirement related to the student's satisfactory progress, enrollment status, or academic performance. Specify that "semester" includes any equivalent academic term or session. Require that the Executive Secretary would take these measures if the Executive Secretary is able to do so in a manner that limits complexity and the burden on the student.

Under current law, HEAB administers most state-funded student financial aid programs through which the Board awards grants and scholarships to students enrolled at higher educational institutions. Certain restrictions are imposed by statute or administrative rule on these grants and scholarships, including the number of semesters or years for which the grant or scholarship may be awarded to the student, and a demonstration by the student of satisfactory progress or academic performance to continue receiving the grant or scholarship.

INSURANCE

1. **SUPPLEMENTAL REINSURANCE PAYMENTS FOR** | | | |-----|--------------| | GPR | \$30,000,000 | |-----|--------------| **INSURERS' COVID-19 CLAIMS COSTS**

Provide \$30,000,000 in 2020-21 in a new appropriation for COVID-19 costs incurred in 2020 by insurers eligible for reinsurance payments under the Wisconsin healthcare stability plan (WHSP). Authorize the Office of the Commissioner of Insurance (OCI) to make payments to eligible insurers for COVID-19 claims costs, upon request of the insurer, and specify that payments may be made regardless of whether those costs for any enrolled individual would otherwise meet the minimum threshold for a WHSP reinsurance payment. Require insurers, as a condition of receiving a COVID-19 reinsurance payment, to seek reinsurance from all other sources, including any federal funds or programs, before requesting a reinsurance payment under this program. Specify that the insurer may not accept a reinsurance payment if the costs for which the payment are requested have been paid by another source. Specify that the insurer must exclude costs for which the insurer requested a COVID-19 reinsurance payment from requests the insurer makes for reinsurance payments under the existing WHSP program. Require OCI, no later than September 30, 2020, to submit a report to the Legislature and the Governor that specifies the requirements for an eligible health carrier to obtain a reinsurance payment for COVID-19 costs.

WHSP is a state-operated reinsurance program, supported with state and federal funding, that is intended to reduce premiums paid by individuals who purchase health insurance in the individual market. Reinsurance payments reimburse insurers for a portion of the total annual claims for individuals with high costs. For 2020, the program will pay 50% of the total annual claims associated with an enrollee that fall between \$40,000 and \$175,000. OCI adjusts these parameters each year based on an actuarial assessment of projected enrollment in the individual insurance market and anticipated healthcare claims paid by insurers, setting a target for total reinsurance payments at \$200 million.

Because reinsurance payments reduce the amount of insurers' claims costs that must be paid with premium collections, the WHSP program has the result of lowering premiums in the individual insurance market. This reduction in premiums, in turn, reduces the cost to the federal government of advanced premium tax credits paid to individuals purchasing plans on the health insurance exchange (since these payments are based on the cost of the premium). The federal savings resulting from the reinsurance program is passed through to the state and is the source of the federal funding for the program. State GPR, provided through a sum sufficient appropriation in OCI, makes up the difference between the federal pass-through funds and the total of all reinsurance payments.

The 2019-21 budget act included an estimate of \$72.3 million GPR in 2020-21 for the state's share of the reinsurance payments for the 2019 plan year. This amount is the difference between the total federal pass through funding that the state will receive, which is \$127.7 million, and \$200 million, the estimated total for reinsurance payments. However, based on 2019 reinsurance claims submitted by insurers to date, OCI estimates that total reinsurance payments will be less than the \$200 million target. Since the amount of the federal pass-through funding is fixed, the state's share of the cost will be lower than the amount budgeted, by approximately \$30 million. In the absence of any changes, this savings would be reflected as an increase in GPR lapse in the 2019-21 general fund condition statement. [This increase in the GPR lapse was not reflected in the fund condition estimate produced by this office in a memorandum to the Legislature on general fund revenue estimates, dated January 23, 2020, since an estimate of total reinsurance payments was not known at the time.]

This item would create a new appropriation for separate reinsurance payments associated with insurers' COVID-19 costs, utilizing the GPR funding that would otherwise be reflected as a fund lapse.

2. COVERING WISCONSIN -- HEALTH INSURANCE LITERACY AND ENROLLMENT ASSISTANCE

PR	\$1,082,600
GPR-Rev	- \$1,082,600

Provide \$1,082,600 PR in 2019-20 in the Office of the Commissioner of Insurance program revenue general program operations appropriation to provide grants to the organization known as Covering Wisconsin to assist individuals with health insurance literacy and enrollment. Specify that OCI may transfer any moneys that are provided for grants under this item, but that remain unexpended at the end of 2019-20, to state fiscal year 2020-21 for expenditure on grants in that fiscal year. Decrease estimated GPR-earned revenue by \$1,082,600 in 2019-20 to reflect a reduction in the amount of unspent funding lapsed from OCI's PR appropriation to the general fund at the close of the fiscal year.

Covering Wisconsin, an organization affiliated with the University of Wisconsin, conducts a variety health insurance outreach and enrollment activities. In addition to providing direct services, Covering Wisconsin subcontracts with other organizations across the state to provide enrollment assistance, with a particular focus on populations are uninsured, at risk of losing coverage, or who do not typically obtain coverage through insurance brokers or agents. In 2019-20, DHS provided a \$500,000 grant from GPR and federal funding provided for Medicaid administrative contracts to assist persons with insurance and medical assistance enrollment during the health insurance exchange enrollment period. Covering Wisconsin also receives other funding from federal, local

government, and private sources.

OCI's PR appropriation is funded with revenues collected from fees and assessments on insurance industry entities, and include navigator licensing and registration fees. The total amount of revenues collected generally exceeds OCI's PR-funded expenditures. Under current law, the amount of collections that exceeds expenditures (minus a 10% reserve) is deposited in the general fund (treated as GPR-earned revenue). Therefore, any increase or decrease to PR expenditures has a secondary effect of decreasing or increasing general fund revenues, respectively.

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

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.

4. PROHIBIT COVERAGE DISCRIMINATION BASED ON COVID-19

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.

5. PROHIBIT POLICY CANCELLATION FOR 90 DAYS DURING A PUBLIC HEALTH EMERGENCY FOR PREMIUM NONPAYMENT

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.

6. TELEHEALTH COVERAGE PARITY

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.

7. PRESCRIPTION DRUG LIMITS

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.

8. LIABILITY INSURANCE FOR PHYSICIANS AND NURSE ANESTHETISTS

Specify that, during the public health emergency declared by the Governor 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.

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

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.

MILITARY AFFAIRS

1. APPROPRIATION FOR PUBLIC HEALTH EMERGENCY RESPONSE

GPR	\$300,000,000
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Create a sum sufficient GPR appropriation for public health emergencies with expenditures limited to \$300,000,000 per biennium (\$150,000,000 per year). 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 administrator or state health officer 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.

NATURAL RESOURCES

1. PECFA PROGRAM SUNSET

Change the deadline from June 30, 2020, to June 30, 2021, for submittal of a claim for the reimbursement of eligible costs under the petroleum environmental cleanup fund award (PECFA) program.

The PECFA program reimburses owners for a portion of the cleanup costs of discharges from petroleum product storage systems (primarily gas stations) and home heating oil systems. The program is funded from a portion of the petroleum inspection fee, which is 2¢ per gallon on most motor vehicle fuel and heating oil. Under 2015 Wisconsin Act 55, a deadline was established under which a person must submit a PECFA claim before July 1, 2020, to be eligible for reimbursement under the program. PECFA claims are appropriated \$15,000,000 petroleum inspection SEG in the 2019-21 biennium.

The provision is identical to one in the Governor's 2019-21 biennial budget recommendations. The one-year deadline extension was not enacted under 2019 Wisconsin Act 9. The administration intends for the provision to accommodate work delays that may have occurred at PECFA-eligible sites during the public health emergency.

PUBLIC INSTRUCTION

1. PROHIBIT LAYOFFS OF SCHOOL EMPLOYEES

Prohibit a school board from laying off a current employee during a period when schools are closed by the Department of Health Services (DHS) during a public health emergency to control an outbreak or epidemic. Additionally, require that the school board 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 school board could pay a current employee more than the required amount. A current employee would be defined as one who was employed by the school board on the date on which schools were closed.

The substitute includes a nonstatutory provision with a statement of legislative intent that indicates that the intent of the Legislature is that school boards continue to employ and pay all employees when schools are closed by DHS during a public health emergency.

2. WAIVER AUTHORITY FOR DPI UNDER PUBLIC HEALTH EMERGENCY

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 the statutes governing K-12 education or related administrative rules promulgated by DPI that apply to any of the following: (a) school boards or school districts; (b) private schools, including those related to participating in a private school choice program or the special needs scholarship program; or (c) independent charter schools, including those related to authorizers, operators, or governing boards. This authority would first apply to an order to order to close schools issued during 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.

3. SCHOOL AND SCHOOL DISTRICT ACCOUNTABILITY REPORTS

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.)

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 in the statutes governing K-12 education or related administrative code related to the publication of those reports.

REVENUE

1. TAX FILING DEADLINES DURING A PUBLIC HEALTH EMERGENCY

Specify that, notwithstanding any requirement to the contrary, each tax filing deadline may

(but is not required to) be delayed up to the end of that deadline's lead period, at the discretion of the determining authority. Define "emergency period" as the period covered by a public health emergency declared by the Governor, including any extension, plus 60 days. Define "lead period" 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. Define "determining authority" to mean the Secretary of the Department of Administration, or any agency head to whom the Secretary delegates such determining authority. Define "deadline" to mean any date certain by which, or any other limitation as to time within which, an action or event is required to occur under state law.

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 following is an example of how the Secretary of DOA could delay a tax filing deadline normally occurring on June 30, 2020.

Under the substitute, the "emergency period" would end on July 10, 2020, if the public health emergency declaration ends on May 11, 2020, as described above. The "lead period" would then begin the following day (July 11). If a taxpayer with a normal tax filing due date of June 30, 2020, was authorized an extension for the maximum amount of time allowed under the substitute, the lead period would last for 110 days (the time between the initial declaration on March 12, and the normal due date of June 30). As a result, a taxpayer with a tax filing deadline normally occurring on June 30, 2020, could be extended to October 29, 2020.

Specify that these provisions apply retroactively to any deadline occurring during the public health emergency described above. However, with respect to that public health emergency, specify that the provisions do not apply to any new deadline established under the substitute, as determined by the determining authority.

The administration indicates that it does not intend to delay general fund tax filing deadlines, except for previously announced intentions to allow small businesses to request an extension to file sales and use tax payments due March 31, 2020, until April 30, 2020, and due April 30, 2020, until June 1, 2020, and the income and franchise filing deadlines described below. However, the DOA Secretary would have the authority under the substitute to delay additional tax filing deadlines that fall during the public health emergency.

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.

Wisconsin law provides similar treatment such that state income and franchise taxpayers with tax filing due dates of April 15, 2020, will have until July 15, 2020, to file their state income or franchise tax returns for tax year 2019, or make their first tax year 2020 estimated payment, without interest, penalty, or underpayment interest applying until that date. 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.

2. WAIVE INTEREST AND PENALTIES ON TAXES DURING A PUBLIC HEALTH EMERGENCY

GPR-Tax	-\$13,200,000
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Provide that each state agency, including the Department of Revenue (DOR), may (but is not required to) waive any interest, penalty, or payment that accrues or becomes due during an emergency period for a debtor who owes an associated debt to such an entity. Define debtor to mean a person who owes any debt to an agency or local governmental unit. Define "emergency period" as the period covered by any public health emergency declared by the Governor, including any extension, plus 60 days. Specify that the provision would first apply retroactively to any interest, penalty, or payment that accrues or becomes due during the public health emergency declared on March 12, 2020, including any extension.

Beginning on March 12, 2020, Governor Evers declared an emergency period of 60 days covered by a public health emergency. The public health emergency declaration will end on May 11, 2020, unless the Legislature extends it by joint resolution. This "emergency period" as defined under the substitute would subsequently expire on July 10, 2020. As a result, if this provision were applied to all general fund taxes by the Secretary of DOR, the associated interest and penalty amounts which would otherwise apply for unpaid taxes owed between March 12, 2020 (the initial emergency declaration date) and July 10, 2020, would not be imposed. In such a scenario, it is estimated that general fund tax revenues would decline by \$3.3 million per month, or approximately \$13.2 million for the duration of the current "emergency period." If the emergency period were extended, the fiscal effect of this provision would increase based on the duration of the extension.

3. EXPAND THE EARNED INCOME TAX CREDIT FOR TAX YEAR 2020

GPR	\$9,700,000
PR	\$17,000,000

Provide that, for earned income tax credit (EITC) claimants with one qualifying child, the percentage of the federal EITC is increased from 4% to 11%, and for claimants with two qualifying children, the percentage is increased from 11% to 14%. Specify that these percentage increases apply only for tax year 2020. Increase funding by \$17,000,000 PR in 2020-21 for the federal block grant aids appropriation in the Department of Children and Families (DCF) to fund the transfer of such monies to the EITC -- temporary assistance to needy families (TANF) appropriation. Estimate increased GPR expenditures of \$9,700,000 in 2020-21 relative to current law. These adjustments would increase the estimated cost of credit claims by \$26,700,000 in 2020-21.

Under current law, the EITC is offered at both the federal and state levels as a means of providing assistance to lower-income workers. The state EITC is calculated as a percentage of the federal credit (except that the state does not provide a credit to individuals without children). Both the federal and state credits are refundable, meaning if the credit exceeds the amount of tax due, a check is issued for the difference. The state EITC is funded with a combination of GPR and federal TANF funding transferred from DCF. The GPR portion is provided through a sum sufficient

appropriation and covers the balance of the cost of the credit. Total EITC funding is estimated at \$95,900,000 in 2020-21 (\$69,700,000 PR and \$26,200,000 GPR), and would increase to \$122,600,000 (\$86,700,000 PR and \$35,900,000 GPR) in 2020-21.

4. ELIGIBILITY FOR THE BUSINESS DEVELOPMENT TAX CREDIT

Modify eligibility for the refundable business development tax credit during a public health emergency as follows.

The refundable business development tax credit can be claimed for eligible expenses for increased employment, retaining employees, employee training, capital investment, and corporate headquarters location or retention in Wisconsin. In general, a business certified by the Wisconsin Economic Development Corporation (WEDC) is eligible to receive tax benefits if, in each year the business claims the credit, it increases net employment in Wisconsin above the level during the year before the person was certified.

Under the substitute, during any part of a year including any period covered by the public health emergency declared on March 12, 2020, by Executive Order 72, including any extension authorized under current law, a person is considered to satisfy the employment requirement if the net employment in this state in the person's business during that year is not less than the net employment in this state in the person's business during the year before the person was certified as eligible to receive the credit, as determined by WEDC under its policies and procedures.

5. IMPOSITION OF INTEREST FOR REVOCATION OF WEDC TAX CREDIT PROGRAMS

Specify that any assessment made as a result of a revocation of a tax credit by WEDC during any state of emergency declared by the Governor, including any extension authorized under current law, or within 90 days after the state of emergency ends, an interest rate of 12% would apply from the date of revocation, rather than the due date of the tax credit claim. This provision would result in a reduction of general fund tax revenue, depending on the number and amount of revocations WEDC were to make during or within 90 days of an emergency period.

SAFETY AND PROFESSIONAL SERVICES

1. HEALTH CARE PROVIDER CREDENTIAL RENEWALS

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 a public health emergency declared by the Governor under s. 323.10, 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 a public health emergency declared by the Governor, 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).

2. TEMPORARY CREDENTIALS FOR FORMER HEALTH CARE PROVIDERS

Authorize the Department of Safety and Professional Services (DSPS) to grant temporary credentials to certain former health care providers during an emergency period, as follows.

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 an emergency period.

Define "emergency period" to mean a period covered by a public health emergency declared by the Governor under s. 323.10, including any extension, plus 90 days.

Issuance and Duration of Temporary Credentials. Authorize DSPS, during an emergency period, 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, during an emergency period, 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.

Specify that a temporary credential granted under this section expires at the conclusion of the emergency period during which the credential was granted.

3. TEMPORARY CREDENTIALS FOR HEALTH CARE PROVIDERS FROM OTHER STATES

Authorize the Department of Safety and Professional Services (DSPS) to grant temporary credentials to certain health care providers from other states during an emergency period, as follows.

Definitions. For these purposes, 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 an emergency period.

Define "emergency period" to mean a period covered by a public health emergency declared by the Governor under s. 323.10, including any extension, plus 90 days.

Issuance and Duration of Temporary Credentials. Authorize DSPS, during an emergency period, 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. 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 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, during an emergency period, a health care provider granted a temporary credential under this paragraph may provide services for which the health care has been licensed or certified.

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.

Specify that a temporary credential granted under these provisions expires at the conclusion of the emergency period during which the credential was granted.

Authority to Waive Credential Fees. Provide that, during an emergency period, 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.

4. PRESCRIPTION ORDER EXTENSIONS DURING PUBLIC HEALTH EMERGENCIES

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.

5. PROJECT POSITIONS

	Funding	Positions
PR	\$1,913,200	21.0

Provide \$308,200 in 2019-20 and \$1,605,000 in 2020-21 to fund 21.0 project positions, beginning in 2019-20 and terminating on June 30, 2021, for the Department's Division of Legal Services and Compliance (DLSC) and the Division of Professional Credential Processing (DPCP), as described below.

DLSC Positions. Provide 8.4 project positions, terminating on June 30, 2021, to investigate: (a) complaints against credential holders received by DSPS or any examining board, affiliated credentialing board, or board in the Department; (b) whether persons have practiced without a credential required under state statute; and (c) the criminal records and records of professional discipline of applicants for credentials.

Require DSPS to transfer the following incumbent limited term employees (LTEs) to project positions created under this provision: (a) 2.0 consumer protection investigator positions; (b) 1.9 legal associate positions; (c) 1.0 office associate position; and (d) 3.5 office operations associate positions.

Provide \$123,000 in 2019-20 and \$640,400 in 2020-21, in the Department's general program operations appropriation to fund the positions authorized under this provision.

DPCP Positions- Professional Regulation. Provide 10.5 project positions, terminating on June 30, 2021, for the purposes of reviewing applications for credentials received by DSPS and credentialing boards and for assisting applicants for credentials.

Require DPS to transfer the following incumbent LTEs to project positions created under this provision: (a) 1.0 attorney position; (b) 2.0 legal associate positions; (c) 4.0 license and permit program associate positions; and (d) 3.5 office operations associate positions.

Provide \$155,400 in 2019-20 and \$809,400 in 2020-21, in the Department's general program

operations appropriation for the medical examining board; interstate medical licensure compact; prescription drug monitoring program, to fund the positions authorized under this provision.

DPCP Positions- Skilled Trades. Provide 2.1 project positions, terminating on June 30, 2021, to review applications for credentials received by DSPS and to assist applicants for credentials for the skilled trades.

Require DSPS to transfer the following incumbent LTEs to project positions created under this provision: (a) 2.0 license and permit program associate positions; and (b) 0.1 legal associate position.

Provide \$29,800 in 2019-20 and \$155,200 in 2020-21, in the Department's safety and buildings general program operations appropriation, to fund the positions authorized under this provision.

SHARED REVENUE AND TAX RELIEF

1. COUNTY AND MUNICIPAL AID -- PUBLIC HEALTH EMERGENCY SUPPLEMENT

GPR	\$7,440,800
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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 GPR \$7,440,800 Page 28 governments established in the local government pooled-investment fund.

2. COUNTY DEBT ISSUANCE

Include the issuance of debt to replace revenue lost due to a disaster or public health emergency declared by the Governor, or by the county board itself, as an allowable use of debt to fund the operating expenses of the general fund of the county or to fund the operating expenses of any special revenue fund of the county that is supported by property taxes. In issuing this debt, require that the county board adopt a resolution that does the following: (a) states that the debt is being issued to replace revenue lost due to a disaster or public health emergency declared by the Governor or county board; and (b) specifies the amount of revenue lost or expected to be lost due to the disaster or emergency. Specify that the county could not issue such debt in an amount that exceeds the amount determined by DOA, and the debt may not be for a term that exceeds 10 years.

Require the county board to send a certified copy of the resolution to the Department of Administration. Following the receipt of the resolution, require DOA to determine the appropriate amount of debt that the county may issue, and notify the county of its determination as soon as practicable. Require DOA to promulgate any rules it believes are necessary to administer such county debt issuances.

3. PAYMENT OF PROPERTY TAXES IN INSTALLMENTS

For calendar year 2020, waive the current law requirement that a taxing jurisdiction's ordinance allowing for the payment of property taxes in multiple installments must be adopted by August 15, of the preceding year. Rather, permit taxing districts to adopt such ordinances at any time during calendar year 2020. Specify that this provision would not apply to City of Milwaukee. Further, for property taxes payable in calendar year 2020, waive the requirement that the installments paid by April 30 must equal at least 50% of the total tax obligation for that year.

4. INTEREST AND PENALTIES ON 2020 PROPERTY TAXES

Allow the governing body of a taxation district to waive interest or penalties that would otherwise be charged after March 31, 2020 on delinquent real property taxes, personal property taxes, special charges, special assessments, and special taxes due in calendar year 2020. Specify that this provision would apply to any installment due the taxing jurisdiction or county after March 31, 2020, and would also to apply to interest on the outstanding balance of partial payment by taxpayers of taxes, charges, or assessments due.

TOURISM

1. INCREASE COOPERATIVE MARKETING AND GRANTS

GPR	\$5,000,000
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Provide an additional \$5,000,000 in 2020-21 in the Department of Tourism's general marketing appropriation. Tourism marketing funds primarily support advertising contracts with private firms to advertise Wisconsin tourism destinations to in-state and out-of-state visitors. Marketing funding also supports grant programs, market research, publications, and other costs. Combined with current funding, the proposal would provide \$18,129,500 for marketing in 2020-21, consisting of \$7,571,000 GPR, \$8,967,100 tribal gaming PR, and \$1,591,400 transportation fund SEG.

The administration indicates funding would support: (a) a new regional destination marketing grant program, intended to coordinate advertising efforts within regions of Wisconsin; and (b) a temporary match to local organization expenditures within the co-op advertising program, intended to offset decreased room tax revenues at the local level. Under the co-op advertising program,

Tourism leverages its buying power to offer smaller tourism organizations a lower rate and wider audience for their advertising than they would otherwise be able to purchase on their own.

UTILITY REGULATION

1. BROADBAND EXPANSION GRANTS

GPR	\$20,000,000
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Create a biennial appropriation and provide \$20,000,000 GPR in 2020-21 for broadband expansion grants. Combined with current funding, at least \$45.1 million would be available under the proposal for broadband expansion grants in the 2020-21 award cycle.

The broadband expansion grant program provides grants for projects that increase high-speed internet access and capacity in underserved areas of the state. The program has awarded \$44.2 million in grants since its inception, including \$24 million in 2019-20. Under current law, funding for broadband expansion grants during the 2019-21 biennium is estimated to be at least \$49.1 million, consisting of \$44 million in transfers from the Department of Administration's federal e-rate aid appropriation and \$5.1 million in transfers of unexpended amounts appropriated for other universal service fund programs. Federal e-rate aid generally supports funding to schools, libraries, and other educational entities to provide affordable access to telecommunications services.

2. SERVICE REFUSAL BY COOPERATIVES AND PROPANE RETAILERS DURING A STATE OF EMERGENCY

Authorize the Governor, during an emergency declared under s. 323.10 of the statutes, to issue an order to suspend, restrict, or impose conditions on the ability of: (a) cooperatives that provide heat, light, power, natural gas, or water to disconnect or refuse to reconnect service; and (b) propane retailers to refuse to provide propane to customers. Specify that no order issued by the Governor under this provision may override a cooperative or propane retailer refusing service for safety reasons. This provision would only apply if the cooperative or propane retailer was in a part of the state subject to the emergency declaration. Require cooperatives and propane retailers subject to orders under this provision to report any expense associated with the order to the Governor to be used as a claim against the state, and require that those claims be referred to the Claims Board.

Cooperatives are established under Chapter 185 of the statutes, and are generally collective entities that organize provision of services amongst the group of member-owners. In the case of heat, light, power, natural gas, and water services, cooperatives typically operate in less urban areas where service providers may not operate, in order to reduce the cost associated with accessing such services. Propane retailers are defined as those who are licensed by the Department of Safety and Professional Services to sell propane to customers under s. 101.16(3g) of the statutes.

3. TERMINATION OF ELECTRIC SERVICE BY MUNICIPAL ELECTRIC UTILITIES DURING A STATE OF EMERGENCY

Authorize the Governor, during an emergency declared under s. 323.10 of the statutes, to issue an order that prohibits discontinuance of a municipal electric utility's service to a rental property. The provision would only apply if the property was in a part of the state subject to an emergency declaration.

Current law establishes a procedure that allows a municipal utility to disconnect service in the event a customer's bill is more than 14 days past due. For instances in which rental tenants are billed directly for services, the utility may notify the property owner of a delinquency within 14 days of the tenant's bill becoming past due. A rental property owner receiving such notice may, after 14 days, request that the municipal utility terminate electric service if those charges remain unpaid.

WISCONSIN ECONOMIC DEVELOPMENT CORPORATION

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

GPR	\$25,000,000
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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 substitute 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.

2. ASSISTANCE TO SMALL BUSINESSES ADVERSELY AFFECTED BY A PUBLIC HEALTH EMERGENCY

GPR	\$125,000,000
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Create a continuing appropriation and provide \$125,000,000 GPR in 2019-20 for WEDC to provide grants and loans to small businesses adversely affected by a public health emergency, as well as for administrative costs and technical assistance associated with awarding grants and loans (including any necessary increase in staffing). Small businesses would have to use the grant or loan to support payroll, cash flow, inventory, rent, and other business expenses in connection with the recovery from a public health emergency.

This appropriation would be repealed effective July 1, 2021, and any remaining funds in that appropriation would lapse to the general fund on that date.

3. FORGIVABLE LOANS DURING A PERIOD OF PUBLIC HEALTH EMERGENCY

Specify that the prohibition under current law preventing WEDC from originating loans that are forgivable, in whole or in part, upon the loan recipient's achievement of one or more conditions or goals would not apply during any period covered by a public health emergency declared by the Governor, including any extensions, and during the 180 days following that period.

WISCONSIN HOUSING AND ECONOMIC DEVELOPMENT AUTHORITY

1. CREATE FORECLOSURE PREVENTION AND DOWN PAYMENT ASSISTANCE FUND

GPR	\$8,000,000
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Create the foreclosure prevention and down payment assistance fund administered by the Wisconsin Housing and Economic Development Authority (WHEDA) to: (a) provide financial support to homeowners with WHEDA-backed mortgages to prevent foreclosures; and (b) fund new down payment assistance loans or purchase existing down payment assistance loans held by the Authority. Create a continuing appropriation and provide \$8,000,000 in 2019-20 to be used as start-up funding for the foreclosure prevention and down payment assistance fund. Additionally, allow WHEDA to subordinate a down payment assistance loan supported by the fund to a mortgage when the mortgage is refinanced with another lender. The holder of a subordinated loan may only make a claim against the property once the primary loan has been satisfied, meaning a WHEDA down payment assistance loan would be given lower priority for repayment in the event of default of a refinanced mortgage.

WORKFORCE DEVELOPMENT

1. UNEMPLOYMENT INSURANCE WAITING WEEK REPEAL

Repeal the one-week waiting period requirement for unemployment insurance (UI) benefits with respect to benefit years that begin on or after March 15, 2020. Under this provision, a claimant for UI benefits would start receiving benefit payments beginning with the individual's first week of eligibility.

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 CARES Act provides 100% federal funding of the first week of regular UI benefits for states with no waiting week through December 31, 2020, plus administrative expenses incurred to implement this provision. Under the Act, states may enter into an agreement with U.S. Department of Labor (USDOL) for this funding if the state law, including a waiver of state law, provides that compensation is paid to individuals for their first week of regular unemployment without a waiting week. An agreement implementing this and other UI-related provisions of the CARES Act was signed by the Department of Workforce Development (DWD) Secretary and USDOL on March 28, 2020. The Families First Coronavirus Response Act also requires states to commit to "ease eligibility requirements and access" to UI benefits, including waiving the waiting week, to be eligible for additional federal UI program administrative funding.

2. NON-CHARGING EMPLOYER UNEMPLOYMENT INSURANCE ACCOUNTS

Require that the first week of regular UI benefits for a claimant's benefit year, and all benefits under work-share programs, be charged to the state general fund if not otherwise paid by the federal government under the CARES Act or any other federal enactment. Provide GPR payments retroactively beginning with the week of March 15, 2020, and ending with the week of June 27, 2021, or the last week of the public health emergency declared on March 12, 2020, by Executive Order 72, including any extension under s. 323.10, whichever is later.

Further, provide an additional \$600 benefit for the first week of a claimant's benefit year payable from the general fund, unless such an amount is paid by the federal government for those weeks under the CARES Act or any other federal enactment. Specify that payments begin with the week of March 15, 2020, and end with the week of July 26, 2020.

Specify that no UI benefits be charged to the general fund under this provision for benefits already paid by the federal government under the CARES Act for reimbursable employers.

Create a new sum-sufficient GPR appropriation in the Department of Workforce Development to pay for benefit claims under this provision. Although the CARES Act provides full federal funding to states for some of the benefits listed, it is not yet known whether or for how much the general fund would be liable for benefits under this provision.

3. WORK-SHARE PLAN REQUIREMENTS

Temporarily suspend, during a statewide public health emergency declared under s. 323.10 of the statutes, certain requirements of voluntary work-share plans submitted by employers. Specify that the suspension also applies during periods when the federal government is paying full benefits under a work-share program.

Specify that, during the suspension period: (a) work-share plans must cover at least two positions that are filled on the effective date of the work-share program, rather than at least the

greater of 20 positions or 10% of employees in a work unit under current law, and (b) the maximum reduction in working hours under a work-share program may be either 60% of the normal hours per week of the employees included under a work-share plan, or any other maximum provided by federal law, whichever is greater, rather than the 50% reduction provided under current law.

The provision would continue all other current work-share program implementation and reporting requirements during public health emergencies or periods of full federal funding, including a minimum 10% reduction in working hours of covered employees and the equitable apportionment of work-hour reductions among employees in the program. The provision would also specify that an employer's work-share program would be governed by the law that was in effect when the plan was or modification was last approved by the Department.

Work-share programs, which are also called "short-term compensation programs" under federal law, are designed to provide a prorated unemployment benefit for employees of employers who voluntarily make an agreement with the state to reduce work hours instead of laying off workers. For states that currently have a federally approved work-share program, like Wisconsin, the CARES Act would provide 100% federally funded UI benefits through December 31, 2020. Under current law, Wisconsin's work-share program is funded entirely through the employer's UI account.

4. EMPLOYEE RECORDS DURING PUBLIC HEALTH EMERGENCY

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.

The statutes provide an employee or former employee has a right, with some exceptions, to inspect an employer's personnel documents that are used or have been used to determine the employee's qualifications for employment, promotion, transfer, additional compensation, termination or other disciplinary action, as well as view the employer's medical records of the employee. An employee may make such a request up to two times each calendar year. The provision would suspend, only during a public health emergency, the application of the two requirements described that employers must otherwise follow in accommodating an inspection request.

5. WORKER'S COMPENSATION LIABILITY DURING A PUBLIC HEALTH EMERGENCY

Provide that, for the purposes of worker's compensation liability, any injury to a critical worker that is found to be caused during any declared public health emergency (PHE), including any extension of the PHE, is presumed to be caused by the individual's employment. Specify that this provision would be in effect for any PHE, including any extension, during the period beginning on March 12, 2020, and ending on June 30, 2021, or on the date the 2021-23 biennial budget bill is

enacted, whichever is later. Define "critical worker" to mean an employee whose position is determined by the Secretary of the Department of Health Services to be critical during a declared PHE.

Specify that worker's compensation rates or worker's compensation rating plans may not take into account any injury to a critical worker that is found to be caused during any declared PHE during the period specified in this provision.

Provide that certain benefits entitlements and conditions under current law for exposure to non-disabling toxic or hazardous materials would not apply to an employee injury whose claim is presumed to be caused during a declared PHE during the period specified in this provision.