State of Wisconsin
2025 - 2026 LEGISLATURE

LRBb0714/1
ALL:all

ASSEMBLY AMENDMENT 8,

TO ASSEMBLY SUBSTITUTE AMENDMENT 2,

TO ASSEMBLY BILL 50

July 2, 2025 - Offered by Representatives JOHNSON, ANDERSON, ANDRACA, ARNEY, BARE, BILLINGS, BROWN, CLANCY, CRUZ, DESANTO, DESMIDT, DOYLE, EMERSON, FITZGERALD, GOODWIN, HAYWOOD, HONG, HYSELL, J. JACOBSON, JOERS, KIRSCH, MADISON, MAYADEV, MCCARVILLE, MCGUIRE, MIRESSE, MOORE OMOKUNDE, NEUBAUER, PALMERI, PHELPS, PRADO, RIVERA-WAGNER, ROE, SHEEHAN, SINICKI, SNODGRASS, SPAUDE, STROUD, STUBBS, SUBECK, TAYLOR, TENORIO, UDELL and VINING.

At the locations indicated, amend the substitute amendment as follows:

1. At the appropriate places, insert all of the following:

"**SECTION 9148. Nonstatutory provisions; Veterans Affairs.**

(1m) 2027-29 BIENNIAL BUDGET CALCULATION. Notwithstanding s. 16.42 (1) (e), in submitting information under s. 16.42 for purposes of the 2027-29 biennial budget bill, the department of veterans affairs shall submit information concerning the appropriation under s. 20.485 (2) (u) as though the total amount appropriated under s. 20.485 (2) (u) for the 2026-27 fiscal year was $2,374,400 less than the total amount that was actually appropriated under s. 20.485 (2) (u) for the 2026-27 fiscal year.

SECTION 9248. Fiscal changes; Veterans Affairs.

(1) VETERANS BENEFIT MANAGEMENT SYSTEM. In the schedule under s. 20.005 (3) for the appropriation to the department of veterans affairs under s. 20.485 (2) (u), the dollar amount for fiscal year 2025-26 is increased by $1,887,200 and the dollar amount for fiscal year 2026-27 is increased by $3,132,400 for the purchase and ongoing maintenance of a new cloud-based grant administration system for veterans benefit programs.".

2. At the appropriate places, insert all of the following:

"**SECTION 1.** 15.105 (35) of the statutes is created to read:

15.105 **(35)** OFFICE OF VIOLENCE PREVENTION. There is created in the department of administration an office of violence prevention.

SECTION 2. 16.02 of the statutes is created to read:

16.02 Office of violence prevention. (1) PURPOSE. The office of violence prevention shall coordinate and expand violence prevention activities in this state.

(2) DUTIES. The office of violence prevention shall do all of the following:

(a) Establish a violence prevention focus across state government.

(b) Collaborate with other state agencies that are interested or active in the reduction of interpersonal violence, including child abuse, elder abuse, violence against youth, domestic violence, gun violence, intimate partner violence, suicide, sexual assault, and gender-based violence.

(c) Support the development and implementation of comprehensive, community-based violence prevention initiatives within local units of government across the state, including collaborating with law enforcement agencies.

(d) Develop sources of funding beyond state revenues to maintain the office and expand its activities.

(e) Create a directory of existing violence prevention services and activities in each county.

(f) Support and provide technical assistance to local organizations that provide violence prevention services, including in seeking out and applying for grant funding in support of their initiatives and provide technical assistance and support to the organizations to maximize the organizations' likelihood of success with their applications.

(g) Develop public education campaigns to promote safer communities.

(3) GRANTS. (a) From the appropriation under s. 20.505 (1) (bs), the office of violence prevention shall award grants to support effective violence reduction initiatives in communities across the state, including supporting efforts to reduce gun violence, group violence, suicides, domestic violence, intimate partner violence, and gender-based violence.

(b) The grants under this subsection shall be used to support, expand, and replicate evidence-based violence reduction initiatives, including hospital-based violence intervention programs, evidence-based street outreach programs, and focused deterrence strategies, that seek to interrupt the cycles of violence, victimization, and retaliation in order to reduce the incidence of firearm violence.

(c) Of the grants the department awards under this section, the department shall award up to $3,000,000 in grants each fiscal year to federally recognized American Indian tribes or bands in this state and organizations affiliated with tribes relating to missing and murdered indigenous women.

(d) Of the grants the department awards under this section, the department shall award up to $500,000 in suicide prevention grants each fiscal year to organizations or coalitions of organizations, which may include a city, village, town, county, or federally recognized American Indian tribe or band in this state, for any of the following purposes:

1. To train staff at a firearm retailer or firearm range on how to recognize a person who may be considering suicide.

2. To provide suicide prevention materials for distribution at a firearm retailer or firearm range.

3. To provide voluntary, temporary firearm storage.

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

				2025-26	**2026-27**
20.505 Administration, department of					
(1) SUPERVISION AND MANAGEMENT					
(bp) Office of violence prevention; general program operations	GPR	A		597,200	694,100
(bs) Office of violence prevention; violence reduction initiative	GPR	A		3,500,000	8,500,000

SECTION 4. 20.505 (1) (bp) of the statutes is created to read:

20.505 **(1)** (bp) *Office of violence prevention; general program operations.* The amounts in the schedule for the general program operations of the office of violence prevention.

SECTION 5. 20.505 (1) (bs) of the statutes is created to read:

20.505 **(1)** (bs) *Office of violence prevention; violence reduction initiative grants.* The amounts in the schedule for violence reduction initiative grants awarded under s. 16.02 (3).

SECTION 9101. Nonstatutory provisions; Administration.

(1) POSITION AUTHORIZATION; OFFICE OF VIOLENCE PREVENTION. The authorized FTE positions for the department of administration are increased by 7. GPR positions to staff the office of violence prevention.

(2) TASK FORCE ON MISSING AND MURDERED AFRICAN AMERICAN WOMEN AND GIRLS.

(a) *Definition.* In this subsection, "nongovernmental organization" means a nonprofit, nongovernmental organization that provides legal, social, or other community services.

(b) *Membership.* There is created a task force on missing and murdered African American women and girls. The task force shall consist of the following members, who are knowledgeable in crime victims rights or violence protection, and who shall be appointed by and serve at the pleasure of the governor unless otherwise specified:

1. Two members of the senate, one appointed by the majority leader and one appointed by the minority leader.

2. Two members of the assembly, one appointed by the speaker of the assembly and one appointed by the minority leader.

3. Two representatives from among the following:

a. The Wisconsin Chiefs of Police Association.

b. The Badger State Sheriffs' Association.

c. The division of criminal investigation within the department of justice.

4. One or more representatives from among the following:

a. The Wisconsin District Attorneys Association.

b. A U.S. Attorney's office in this state.

c. A judge or attorney working in juvenile court.

5. A county coroner or representative from a statewide coroner's association or a representative of the department of health services.

6. Three or more representatives from among the following:

a. A statewide or local organization that provides legal services to African American women and girls.

b. A statewide or local organization that provides advocacy or counseling for African American women and girls who have been victims of violence.

c. A statewide or local organization that provides nonlegal services to African American women and girls.

d. The Wisconsin Coalition Against Sexual Assault.

e. End Domestic Abuse Wisconsin.

f. An African American woman who is a survivor of gender violence.

(c) *Operation.*

1. The task force shall elect a chair and vice-chair from among the members of the task force and may elect other officers as necessary. The task force shall convene within 30 days after it is established and shall meet at least quarterly

thereafter, or upon the call of its chair, and may hold meetings throughout the state. The task force shall meet sufficiently to accomplish the duties identified in par. (d).

2. The department of administration shall provide administrative support services to the task force. The task force may call upon any state agency or officer to assist the task force, and those agencies or officers shall cooperate with the task force to the fullest extent possible.

3. The department of administration shall reimburse members of the task force for their actual and necessary expenses incurred in carrying out their functions.

(d) *Duties.*

1. The task force shall examine all of the following topics:

a. The systemic causes behind violence that African American women and girls experience, including patterns and underlying factors that explain why disproportionately high levels of violence occur against African American women and girls, including underlying historical, generational, social, economic, institutional, and cultural factors that may contribute to the violence.

b. Appropriate methods for tracking and collecting data on violence against African American women and girls, including data on missing and murdered African American women and girls.

c. Policies and institutions such as policing, child welfare, coroner practices, and other governmental practices that impact violence against African American women and girls and the investigation and prosecution of crimes of gender violence against African American people.

d. Measures necessary to address and reduce violence against African American women and girls.

e. Measures to help victims, victims' families, and victims' communities prevent and heal from violence that occurs against African American women and girls.

2. The task force shall, by December 31, 2025, and December 31, 2026, submit to the governor a report that includes all of the following:

a. Proposed institutional policies and practices that are effective in reducing gender violence and increasing the safety of African American women and girls.

b. Recommendations to eliminate violence against African American women and girls.

c. Recommendations to help victims and communities heal from gender violence and violence against African American women and girls.

3. In accomplishing the tasks in subds. 1. and 2., the task force shall seek out and enlist the cooperation and assistance of nongovernmental organizations, community and advocacy organizations working with the African American community, and academic researchers and experts, specifically those specializing in violence against African American women and girls, representing diverse communities disproportionately affected by violence against women and girls, or focusing on issues related to gender violence and violence against African American women and girls.".

3. At the appropriate places, insert all of the following:

"**SECTION 9219. Fiscal changes; Health Services.**

(1) HOME-DELIVERED MEALS. In the schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (1) (dh), the dollar amount for fiscal year 2025-26 is increased by $10,475,600 and the dollar amount for fiscal year 2026-27 is increased by $11,248,800 to increase the funding available for home-delivered meals under s. 46.80 (5) (a).".

4. At the appropriate places, insert all of the following:

"**SECTION 9219. Fiscal changes; Health Services.**

(1) HOME AND COMMUNITY BASED SERVICES. In the schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (4) (bd), the dollar amount for fiscal year 2025-26 is increased by $2,596,300 and the dollar amount for fiscal year 2026-27 is increased by $2,608,100 to provide ongoing funding for all of the following:

(a) Aging and disability resource centers information technology projects focused on client-tracking and a searchable public-facing provider directory, as well as a centralized, statewide toll-free phone number and reception service to connect people with their local aging and disability resource center.

(b) The No Wrong Door - Supporting Kids Together Wisconsin initiative, through which parents with children who are disabled can access services and referrals from a single toll-free phone line and website.

(c) The resident and assisted living facility assessment tool, which allows for data collection and reporting relating to resident acuity and other factors.".

5. At the appropriate places, insert all of the following:

"**SECTION 9219. Fiscal changes; Health Services.**

(1) SUPPLEMENTAL SECURITY INCOME STATE BENEFIT INCREASE. In the schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (4) (ed), the dollar amount for fiscal year 2025-26 is increased by $714,000 and the dollar amount for fiscal year 2026-27 is increased by $14,933,500 to increase monthly state supplements to the federal supplemental security income case benefit from $83.78 to $100 per month for the standard state supplement, and from $179.77 per month to $214.57 for "exceptional expense" state supplements.".

6. At the appropriate places, insert all of the following:

"**SECTION 6.** 20.005 (3) (schedule) of the statutes: at the appropriate place, insert the following amounts for the purposes indicated:

				2025-26	**2026-27**
20.437 Children and families, department of					
(2) ECONOMIC SUPPORT					
(c) Child care quality improvement program	GPR	A		221,049,600	220,991,100

SECTION 7. 20.437 (2) (c) of the statutes is created to read:

20.437 **(2)** (c) *Child care quality improvement program.* The amounts in the schedule for the program under s. 49.133.

SECTION 8. 49.133 of the statutes is created to read:

49.133 Child care quality improvement program. (1) The department may establish a program under which it may, from the appropriation under s. 20.437 (2) (c) and the allocation under s. 49.175 (1) (qm), make monthly payments

and monthly per-child payments to child care providers certified under s. 48.651, child care centers licensed under s. 48.65, and child care programs established or contracted for by a school board under s. 120.13 (14). The department may investigate and recover from payment recipients under this section amounts overpaid or obtained through fraud.

(2) If the department establishes the program under sub. (1), the department shall promulgate rules to implement the program, including establishing eligibility requirements and payment amounts and setting requirements for how recipients may use the payments.

SECTION 9. 49.155 (1g) (i) of the statutes is repealed.

SECTION 10. 49.155 (6) (e) 2., 3. and 5. of the statutes are repealed.

SECTION 11. 49.175 (1) (qm) of the statutes is amended to read:

49.175 **(1)** (qm) *Quality care for quality kids.* For the child care quality improvement activities specified in ss. 49.133, 49.155 (1g), and 49.257, ~~$16,683,700~~ $49,446,300 in each fiscal year ~~2022-23. In fiscal year 2023-24, for such activities, $28,518,700. In fiscal year 2024-25, for such activities, $46,018,700~~.

SECTION 9106. Nonstatutory provisions; Children and Families.

(1) CHILD CARE QUALITY IMPROVEMENT PROGRAM. Using the procedure under s. 227.24, the department of children and families may promulgate the rules authorized under s. 49.133 (2) as emergency rules. Notwithstanding s. 227.24 (1) (c) and (2), emergency rules promulgated under this subsection remain in effect until July 1, 2027, or the date on which permanent rules take effect, whichever is sooner. Notwithstanding s. 227.24 (1) (a), (2) (b), and (3), the department of children and families is not required to provide evidence that promulgating a rule

under this subsection as an emergency rule is necessary for the preservation of the public peace, health, safety, or welfare and is not required to provide a finding of emergency for a rule promulgated under this paragraph.".

7. At the appropriate places, insert all of the following:

"**SECTION 12.** 601.41 (14) of the statutes is created to read:

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

8. At the appropriate places, insert all of the following:

"**SECTION 13.** 632.868 of the statutes is created to read:

632.868 Insulin safety net programs. (1) DEFINITIONS. In this section:

(a) "Manufacturer" means a person engaged in the manufacturing of insulin that is self-administered on an outpatient basis.

(b) "Navigator" has the meaning given in s. 628.90 (3).

(c) "Patient assistance program" means a program established by a manufacturer under sub. (3) (a).

(d) "Pharmacy" means an entity licensed under s. 450.06 or 450.065.

(e) "Urgent need of insulin" means having less than a 7-day supply of insulin readily available for use and needing insulin in order to avoid the likelihood of suffering a significant health consequence.

(f) "Urgent need safety net program" means a program established by a manufacturer under sub. (2) (a).

(2) URGENT NEED SAFETY NET PROGRAM. (a) *Establishment of program*. No later than July 1, 2026, each manufacturer shall establish an urgent need safety net program to make insulin available in accordance with this subsection to individuals who meet the eligibility requirements under par. (b).

(b) *Eligible individual.* An individual is eligible to receive insulin under an urgent need safety net program if all of the following conditions are met:

1. The individual is in urgent need of insulin.

2. The individual is a resident of this state.

3. The individual is not receiving public assistance under ch. 49.

4. The individual is not enrolled in prescription drug coverage through an individual or group health plan that limits the total cost sharing amount, including copayments, deductibles, and coinsurance, that an enrollee is required to pay for a 30-day supply of insulin to no more than $75, regardless of the type or amount of insulin prescribed.

5. The individual has not received insulin under an urgent need safety net program within the previous 12 months, except as allowed under par. (d).

(c) *Provision of insulin under an urgent need safety net program*. 1. In order to receive insulin under an urgent need safety net program, an individual who meets the eligibility requirements under par. (b) shall provide a pharmacy with all of the following:

a. A completed application, on a form prescribed by the commissioner that

includes an attestation by the individual, or the individual's parent or legal guardian if the individual is under the age of 18, that the individual meets all of the eligibility requirements under par. (b).

b. A valid insulin prescription.

c. A valid Wisconsin driver's license or state identification card. If the individual is under the age of 18, the individual's parent or legal guardian shall meet this requirement.

2. Upon receipt of the information described in subd. 1. a. to c., the pharmacist shall dispense a 30-day supply of the prescribed insulin to the individual. The pharmacy shall also provide the individual with the information sheet described in sub. (8) (b) 2. and the list of navigators described in sub. (8) (c). The pharmacy may collect a copayment, not to exceed $35, from the individual to cover the pharmacy's costs of processing and dispensing the insulin. The pharmacy shall notify the health care practitioner who issued the prescription no later than 72 hours after the insulin is dispensed.

3. A pharmacy that dispenses insulin under subd. 2. may submit to the manufacturer, or the manufacturer's vendor, a claim for payment that is in accordance with the national council for prescription drug programs' standards for electronic claims processing, except that no claim may be submitted if the manufacturer agrees to send the pharmacy a replacement of the same insulin in the amount dispensed. If the pharmacy submits an electronic claim, the manufacturer or vendor shall reimburse the pharmacy in an amount that covers the pharmacy's acquisition cost.

4. A pharmacy that dispenses insulin under subd. 2. shall retain a copy of the application form described in subd. 1. a.

(d) *Eligibility of certain individuals*. An individual who has applied for public assistance under ch. 49 but for whom a determination of eligibility has not been made or whose coverage has not become effective or an individual who has an appeal pending under sub. (3) (c) 4. may access insulin under this subsection if the individual is in urgent need of insulin. To access a 30-day supply of insulin, the individual shall attest to the pharmacy that the individual is described in this paragraph and comply with par. (c) 1.

(3) PATIENT ASSISTANCE PROGRAM. (a) *Establishment of program*. No later than July 1, 2026, each manufacturer shall establish a patient assistance program to make insulin available in accordance with this subsection to individuals who meet the eligibility requirements under par. (b). Under the patient assistance program, the manufacturer shall do all of the following:

1. Provide the commissioner with information regarding the patient assistance program, including contact information for individuals to call for assistance in accessing the patient assistance program.

2. Provide a hotline for individuals to call or access between 8 a.m. and 10 p.m. on weekdays and between 10 a.m. and 6 p.m. on Saturdays.

3. List the eligibility requirements under par. (b) on the manufacturer's website.

4. Maintain the privacy of all information received from an individual applying for or participating in the patient assistance program and not sell, share,

or disseminate the information unless required under this section or authorized, in writing, by the individual.

(b) *Eligible individual*. An individual shall be eligible to receive insulin under a patient assistance program if all of the following conditions are met:

1. The individual is a resident of this state.

2. The individual, or the individual's parent or legal guardian if the individual is under the age of 18, has a valid Wisconsin driver's license or state identification card.

3. The individual has a valid insulin prescription.

4. The family income of the individual does not exceed 400 percent of the poverty line as defined and revised annually under 42 USC 9902 (2) for a family the size of the individual's family.

5. The individual is not receiving public assistance under ch. 49.

6. The individual is not eligible to receive health care through a federally funded program or receive prescription drug benefits through the U.S. department of veterans affairs, except that this subdivision does not apply to an individual who is enrolled in a policy under Part D of Medicare under 42 USC 1395w-101 et seq. if the individual has spent at least $1,000 on prescription drugs in the current calendar year.

7. The individual is not enrolled in prescription drug coverage through an individual or group health plan that limits the total cost sharing amount, including copayments, deductibles, and coinsurance, that an enrollee is required to pay for a

30-day supply of insulin to no more than $75, regardless of the type or amount of insulin needed.

(c) *Application for patient assistance program*. 1. An individual may apply to participate in a patient assistance program by filing an application with the manufacturer that established the patient assistance program, the individual's health care practitioner if the practitioner participates in the patient assistance program, or a navigator included on the list under sub. (8) (c). A health care practitioner or navigator shall immediately submit the application to the manufacturer. Upon receipt of an application, the manufacturer shall determine the individual's eligibility under par. (b) and, except as provided in subd. 2., notify the individual of the determination no later than 10 days after receipt of the application.

2. If necessary to determine the individual's eligibility under par. (b), the manufacturer may request additional information from an individual who has filed an application under subd. 1. no later than 5 days after receipt of the application. Upon receipt of the additional information, the manufacturer shall determine the individual's eligibility under par. (b) and notify the individual of the determination no later than 3 days after receipt of the requested information.

3. Except as provided in subd. 5., if the manufacturer determines under subd. 1. or 2. that the individual is eligible for the patient assistance program, the manufacturer shall provide the individual with a statement of eligibility. The statement of eligibility shall be valid for 12 months and may be renewed upon a

determination by the manufacturer that the individual continues to meet the eligibility requirements under par. (b).

4. If the manufacturer determines under subd. 1. or 2. that the individual is not eligible for the patient assistance program, the manufacturer shall provide the reason for the determination in the notification under subd. 1. or 2. The individual may appeal the determination by filing an appeal with the commissioner that shall include all of the information provided to the manufacturer under subds. 1. and 2. The commissioner shall establish procedures for deciding appeals under this subdivision. The commissioner shall issue a decision no later than 10 days after the appeal is filed, and the commissioner's decision shall be final. If the commissioner determines that the individual meets the eligibility requirements under par. (b), the manufacturer shall provide the individual with the statement of eligibility described in subd. 3.

5. In the case of an individual who has prescription drug coverage through an individual or group health plan, if the manufacturer determines under subd. 1. or 2. that the individual is eligible for the patient assistance program but also determines that the individual's insulin needs are better addressed through the use of the manufacturer's copayment assistance program rather than the patient assistance program, the manufacturer shall inform the individual of the determination and provide the individual with the necessary coupons to submit to a pharmacy. The individual may not be required to pay more than the copayment amount specified in par. (d) 2.

(d) *Provision of insulin under a patient assistance program*. 1. Upon receipt

from an individual of the eligibility statement described in par. (c) 3. and a valid insulin prescription, a pharmacy shall submit an order containing the name of the insulin and daily dosage amount to the manufacturer. The pharmacy shall include with the order the pharmacy's name, shipping address, office telephone number, fax number, email address, and contact name, as well as any days or times when deliveries are not accepted by the pharmacy.

2. Upon receipt of an order meeting the requirements under subd. 1., the manufacturer shall send the pharmacy a 90-day supply of insulin, or lesser amount if requested in the order, at no charge to the individual or pharmacy. The pharmacy shall dispense the insulin to the individual associated with the order. The insulin shall be dispensed at no charge to the individual, except that the pharmacy may collect a copayment from the individual to cover the pharmacy's costs for processing and dispensing in an amount not to exceed $50 for each 90-day supply of insulin. The pharmacy may not seek reimbursement from the manufacturer or a 3rd-party payer.

3. The pharmacy may submit a reorder to the manufacturer if the individual's eligibility statement described in par. (c) 3. has not expired. The reorder shall be treated as an order for purposes of subd. 2.

4. Notwithstanding subds. 2. and 3., a manufacturer may send the insulin directly to the individual if the manufacturer provides a mail-order service option, in which case the pharmacy may not collect a copayment from the individual.

(4) EXCEPTIONS. (a) This section does not apply to a manufacturer that shows

to the commissioner's satisfaction that the manufacturer's annual gross revenue from insulin sales in this state does not exceed $2,000,000.

(b) A manufacturer may not be required to make an insulin product available under sub. (2) or (3) if the wholesale acquisition cost of the insulin product does not exceed $8, as adjusted annually based on the U.S. consumer price index for all urban consumers, U.S. city average, per milliliter or the applicable national council for prescription drug programs' plan billing unit.

(5) CONFIDENTIALITY. All medical information solicited or obtained by any person under this section shall be subject to the applicable provisions of state law relating to confidentiality of medical information, including s. 610.70.

(6) REIMBURSEMENT PROHIBITION. No person, including a manufacturer, pharmacy, pharmacist, or 3rd-party administrator, as part of participating in an urgent need safety net program or patient assistance program may request or seek, or cause another person to request or seek, any reimbursement or other compensation for which payment may be made in whole or in part under a federal health care program, as defined in 42 USC 1320a-7b (f).

(7) REPORTS. (a) Annually, no later than March 1, each manufacturer shall report to the commissioner all of the following information for the previous calendar year:

1. The number of individuals who received insulin under the manufacturer's urgent need safety net program.

2. The number of individuals who sought assistance under the

manufacturer's patient assistance program and the number of individuals who were determined to be ineligible under sub. (3) (c) 4.

3. The wholesale acquisition cost of the insulin provided by the manufacturer through the urgent need safety net program and patient assistance program.

(b) Annually, no later than April 1, the commissioner shall submit to the governor and the chief clerk of each house of the legislature, for distribution to the legislature under s. 13.172 (2), a report on the urgent need safety net programs and patient assistance programs that includes all of the following:

1. The information provided to the commissioner under par. (a).

2. The penalties assessed under sub. (9) during the previous calendar year, including the name of the manufacturer and amount of the penalty.

(8) ADDITIONAL RESPONSIBILITIES OF COMMISSIONER. (a) *Application form*. The commissioner shall make the application form described in sub. (2) (c) 1. a. available on the office's website and shall make the form available to pharmacies and health care providers who prescribe or dispense insulin, hospital emergency departments, urgent care clinics, and community health clinics.

(b) *Public outreach*. 1. The commissioner shall conduct public outreach to create awareness of the urgent need safety net programs and patient assistance programs.

2. The commissioner shall develop and make available on the office's website an information sheet that contains all of the following information:

a. A description of how to access insulin through an urgent need safety net program.

b. A description of how to access insulin through a patient assistance program.

c. Information on how to contact a navigator for assistance in accessing insulin through an urgent need safety net program or patient assistance program.

d. Information on how to contact the commissioner if a manufacturer determines that an individual is not eligible for a patient assistance program.

e. A notification that an individual may contact the commissioner for more information or assistance in accessing ongoing affordable insulin options.

(c) *Navigators*. The commissioner shall develop a training program to provide navigators with information and the resources necessary to assist individuals in accessing appropriate long-term insulin options. The commissioner shall compile a list of navigators that have completed the training program and are available to assist individuals in accessing affordable insulin coverage options. The list shall be made available on the office's website and to pharmacies and health care practitioners who dispense and prescribe insulin.

(d) *Satisfaction surveys*. 1. The commissioner shall develop and conduct a satisfaction survey of individuals who have accessed insulin through urgent need safety net programs and patient assistance programs. The survey shall ask whether the individual is still in need of a long-term solution for affordable insulin and shall include questions about the individual's satisfaction with all of the following, if applicable:

a. Accessibility to urgent-need insulin.

b. Adequacy of the information sheet and list of navigators received from the pharmacy.

c. Helpfulness of a navigator.

d. Ease of access in applying for a patient assistance program and receiving insulin from the pharmacy under the patient assistance program.

2. The commissioner shall develop and conduct a satisfaction survey of pharmacies that have dispensed insulin through urgent need safety net programs and patient assistance programs. The survey shall include questions about the pharmacy's satisfaction with all of the following, if applicable:

a. Timeliness of reimbursement from manufacturers for insulin dispensed by the pharmacy under urgent need safety net programs.

b. Ease in submitting insulin orders to manufacturers.

c. Timeliness of receiving insulin orders from manufacturers.

3. The commissioner may contract with a nonprofit entity to develop and conduct the surveys under subds. 1. and 2. and to evaluate the survey results.

4. No later than July 1, 2028, the commissioner shall submit to the governor and the chief clerk of each house of the legislature, for distribution to the legislature under s. 13.172 (2), a report on the results of the surveys under subds. 1. and 2.

(9) PENALTY. A manufacturer that violates this section may be required to forfeit not more than $200,000 per month of violation, with the maximum forfeiture increasing to $400,000 per month if the manufacturer continues to be in violation after 6 months and increasing to $600,000 per month if the manufacturer continues to be in violation after one year.".

9. At the appropriate places, insert all of the following:

"**SECTION 14.** 609.83 of the statutes is amended to read:

609.83 Coverage of drugs and devices. Limited service health organizations, preferred provider plans, and defined network plans are subject to ss. 632.853, 632.861, and 632.895 (6) (b), (16t), and (16v).

SECTION 15. 632.895 (6) (title) of the statutes is amended to read:

632.895 **(6)** (title) EQUIPMENT AND SUPPLIES FOR TREATMENT OF DIABETES; INSULIN.

SECTION 16. 632.895 (6) of the statutes is renumbered 632.895 (6) (a) and amended to read:

632.895 **(6)** (a) Every disability insurance policy ~~which~~ that provides coverage of expenses incurred for treatment of diabetes shall provide coverage for expenses incurred by the installation and use of an insulin infusion pump, coverage for all other equipment and supplies, including insulin or any other prescription medication, used in the treatment of diabetes, and coverage of diabetic self-management education programs. ~~Coverage~~ Except as provided in par. (b), coverage required under this subsection shall be subject to the same exclusions, limitations, deductibles, and coinsurance provisions of the policy as other covered expenses, except that insulin infusion pump coverage may be limited to the purchase of one pump per year and the insurer may require the insured to use a pump for 30 days before purchase.

SECTION 17. 632.895 (6) (b) of the statutes is created to read:

632.895 **(6)** (b) 1. In this paragraph:

a. "Cost sharing" means the total of any deductible, copayment, or coinsurance amounts imposed on a person covered under a disability insurance policy or self-insured health plan.

b. "Self-insured health plan" has the meaning given in s. 632.85 (1) (c).

2. Every disability insurance policy and self-insured health plan that covers insulin and imposes cost sharing on prescription drugs may not impose cost sharing on insulin in an amount that exceeds $35 for a one-month supply of insulin.

3. Nothing in this paragraph prohibits a disability insurance policy or self-insured health plan from imposing cost sharing on insulin in an amount less than the amount specified under subd. 2. Nothing in this paragraph requires a disability insurance policy or self-insured health plan to impose any cost sharing on insulin.

SECTION 9423. Effective dates; Insurance.

(1) COST-SHARING CAP ON INSULIN. The treatment of ss. 609.83 and 632.895 (6) (title), the renumbering and amendment of s. 632.895 (6), and the creation of s. 632.895 (6) (b) take effect on the first day of the 4th month beginning after publication.".

10. At the appropriate places, insert all of the following:

"**SECTION 18.** 40.51 (8) of the statutes is amended to read:

40.51 **(8)** Every health care coverage plan offered by the state under sub. (6) shall comply with ss. 631.89, 631.90, 631.93 (2), 631.95, 632.72 (2), 632.722, 632.729, 632.746 (1) to (8) and (10), 632.747, 632.748, 632.798, 632.83, 632.835, 632.85, 632.853, 632.855, 632.861, 632.862, 632.867, 632.87 (3) to (6), 632.885, 632.89, 632.895 (5m) and (8) to (17), and 632.896.

SECTION 19. 40.51 (8m) of the statutes is amended to read:

40.51 **(8m)** Every health care coverage plan offered by the group insurance board under sub. (7) shall comply with ss. 631.95, 632.722, 632.729, 632.746 (1) to (8) and (10), 632.747, 632.748, 632.798, 632.83, 632.835, 632.85, 632.853, 632.855, 632.861, 632.862, 632.867, 632.885, 632.89, and 632.895 (11) to (17).

SECTION 20. 66.0137 (4) of the statutes is amended to read:

66.0137 **(4)** SELF-INSURED HEALTH PLANS. If a city, including a 1st class city, or a village provides health care benefits under its home rule power, or if a town provides health care benefits, to its officers and employees on a self-insured basis, the self-insured plan shall comply with ss. 49.493 (3) (d), 631.89, 631.90, 631.93 (2), 632.722, 632.729, 632.746 (10) (a) 2. and (b) 2., 632.747 (3), 632.798, 632.85, 632.853, 632.855, 632.861, 632.862, 632.867, 632.87 (4) to (6), 632.885, 632.89, 632.895 (9) to (17), 632.896, and 767.513 (4).

SECTION 21. 120.13 (2) (g) of the statutes is amended to read:

120.13 **(2)** (g) Every self-insured plan under par. (b) shall comply with ss. 49.493 (3) (d), 631.89, 631.90, 631.93 (2), 632.722, 632.729, 632.746 (10) (a) 2. and (b) 2., 632.747 (3), 632.798, 632.85, 632.853, 632.855, 632.861, 632.862, 632.867, 632.87 (4) to (6), 632.885, 632.89, 632.895 (9) to (17), 632.896, and 767.513 (4).

SECTION 22. 185.983 (1) (intro.) of the statutes is amended to read:

185.983 **(1)** (intro.) Every voluntary nonprofit health care plan operated by a cooperative association organized under s. 185.981 shall be exempt from chs. 600 to 646, with the exception of ss. 601.04, 601.13, 601.31, 601.41, 601.42, 601.43, 601.44, 601.45, 611.26, 611.67, 619.04, 623.11, 623.12, 628.34 (10), 631.17, 631.89, 631.93, 631.95, 632.72 (2), 632.722, 632.729, 632.745 to 632.749, 632.775, 632.79, 632.795,

632.798, 632.85, 632.853, 632.855, 632.861, 632.862, 632.867, 632.87 (2) to (6), 632.885, 632.89, 632.895 (5) and (8) to (17), 632.896, and 632.897 (10) and chs. 609, 620, 630, 635, 645, and 646, but the sponsoring association shall:

SECTION 23. 609.83 of the statutes is amended to read:

609.83 Coverage of drugs and devices; application of payments. Limited service health organizations, preferred provider plans, and defined network plans are subject to ss. 632.853, 632.861, 632.862, and 632.895 (16t) and (16v).

SECTION 24. 632.862 of the statutes is created to read:

632.862 Application of prescription drug payments. (1) DEFINITIONS. In this section:

(a) "Brand name" has the meaning given in s. 450.12 (1) (a).

(b) "Brand name drug" means any of the following:

1. A prescription drug that contains a brand name and that has no generic equivalent.

2. A prescription drug that contains a brand name and has a generic equivalent but for which the enrollee has received prior authorization from the insurer offering the disability insurance policy or self-insured health plan or authorization from a physician to obtain the prescription drug under the disability insurance policy or self-insured health plan.

(c) "Disability insurance policy" has the meaning given in s. 632.895 (1) (a).

(d) "Prescription drug" has the meaning given in s. 450.01 (20).

(e) "Self-insured health plan" means a self-insured health plan of the state or a county, city, village, town, or school district.

(2) APPLICATION OF DISCOUNTS. A disability insurance policy that offers a prescription drug benefit or a self-insured health plan shall apply to any calculation of an out-of-pocket maximum amount and to any deductible of the disability insurance policy or self-insured health plan for an enrollee the amount that any discount provided by the manufacturer of a brand name drug reduces the cost sharing amount charged to the enrollee for that brand name drug.

SECTION 9323. Initial applicability; Insurance.

(1) APPLICATION OF MANUFACTURER DISCOUNTS.

(a) For policies and plans containing provisions inconsistent with the treatment of ss. 40.51 (8) and (8m), 66.0137 (4), 120.13 (2) (g), 185.983 (1) (intro.), 609.83, and 632.862, the treatment of ss. 40.51 (8) and (8m), 66.0137 (4), 120.13 (2) (g), 185.983 (1) (intro.), 609.83, and 632.862 first applies to policy or plan years beginning on January 1 of the year following the year in which this paragraph takes effect, except as provided in par. (b).

(b) For policies or plans that are affected by a collective bargaining agreement containing provisions inconsistent with the treatment of ss. 40.51 (8) and (8m), 66.0137 (4), 120.13 (2) (g), 185.983 (1) (intro.), 609.83, and 632.862, the treatment of ss. 40.51 (8) and (8m), 66.0137 (4), 120.13 (2) (g), 185.983 (1) (intro.), 609.83, and 632.862 first applies to policy or plan years beginning on the effective date of this paragraph or on the day on which the collective bargaining agreement is newly established, extended, modified, or renewed, whichever is later.

SECTION 9423. Effective dates; Insurance.

(1) APPLICATION OF MANUFACTURER DISCOUNTS. The treatment of ss. 40.51 (8) and (8m), 66.0137 (4), 120.13 (2) (g), 185.983 (1) (intro.), 609.83, and 632.862 and SECTION 9323 (1) take effect on the first day of the 4th month beginning after publication.".

11. At the appropriate places, insert all of the following:

"**SECTION 25.** 20.005 (3) (schedule) of the statutes: at the appropriate place, insert the following amounts for the purposes indicated:

				2025-26	**2026-27**
20.115	**Agriculture, trade and consumer protection, department of**				
(4)	AGRICULTURAL ASSISTANCE				
(aq)	Food security and Wisconsin products grants	GPR	C	30,000,000	-0-

SECTION 26. 20.115 (4) (aq) of the statutes is created to read:

20.115 **(4)** (aq) *Food security and Wisconsin products grants.* As a continuing appropriation, the amounts in the schedule for food security and Wisconsin products grants under s. 93.62.

SECTION 27. 93.62 of the statutes is created to read:

93.62 Food security and Wisconsin products grant program. The department may award grants from the appropriation under s. 20.115 (4) (aq) to nonprofit food banks, nonprofit food pantries, and other nonprofit organizations

that provide food assistance for the purpose of purchasing food products that are made or grown in this state.".

12. At the appropriate places, insert all of the following:

"**SECTION 28.** 609.712 of the statutes is created to read:

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

SECTION 29. 609.847 of the statutes is created to read:

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

SECTION 30. 625.12 (1) (a) of the statutes is amended to read:

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

SECTION 31. 625.12 (1) (e) of the statutes is amended to read:

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

SECTION 32. 625.12 (2) of the statutes is amended to read:

625.12 **(2)** CLASSIFICATION. Except as provided in ~~s.~~ ss. 632.728 and 632.729, risks may be classified in any reasonable way for the establishment of rates and minimum premiums, except that no classifications may be based on race, color, creed or national origin, and classifications in automobile insurance may not be based on physical condition or developmental disability as defined in s. 51.01 (5).

Subject to ss. 632.365, 632.728, and 632.729, rates thus produced may be modified for individual risks in accordance with rating plans or schedules that establish reasonable standards for measuring probable variations in hazards, expenses, or both. Rates may also be modified for individual risks under s. 625.13 (2).

SECTION 33. 625.15 (1) of the statutes is amended to read:

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

SECTION 34. 628.34 (3) (a) of the statutes is amended to read:

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

SECTION 35. 632.728 of the statutes is created to read:

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

(a) "Cost sharing" includes deductibles, coinsurance, copayments, or similar charges.

(b) "Health benefit plan" has the meaning given in s. 632.745 (11).

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

(2) GUARANTEED ISSUE. (a) Every individual health benefit plan shall accept every individual in this state who, and every group health benefit plan shall accept every employer in this state that, applies for coverage, regardless of the sexual orientation, the gender identity, or any preexisting condition of any individual or employee who will be covered by the plan. A health benefit plan may restrict enrollment in coverage described in this paragraph to open or special enrollment periods.

(b) The commissioner shall establish a statewide open enrollment period that is no shorter than 30 days, during which every individual health benefit plan shall allow individuals, including individuals who do not have coverage, to enroll in coverage.

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

1. Health status.

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

3. Claims experience.

4. Receipt of health care.

5. Medical history.

6. Genetic information.

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

8. Disability.

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

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

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

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

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

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

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

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

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

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

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

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

(8) MEDICAL LOSS RATIO. (a) In this subsection, "medical loss ratio" means

the proportion, expressed as a percentage, of premium revenues spent by a health benefit plan on clinical services and quality improvement.

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

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

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

SECTION 36. 632.746 (1) (a) of the statutes is renumbered 632.746 (1) and amended to read:

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

SECTION 37. 632.746 (1) (b) of the statutes is repealed.

SECTION 38. 632.746 (2) (a) of the statutes is amended to read:

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

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

SECTION 39. 632.746 (2) (c), (d) and (e) of the statutes are repealed.

SECTION 40. 632.746 (3) (a) of the statutes is repealed.

SECTION 41. 632.746 (3) (d) 1. of the statutes is renumbered 632.746 (3) (d).

SECTION 42. 632.746 (3) (d) 2. and 3. of the statutes are repealed.

SECTION 43. 632.746 (5) of the statutes is repealed.

SECTION 44. 632.746 (8) (a) (intro.) of the statutes is amended to read:

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

SECTION 45. 632.748 (2) of the statutes is amended to read:

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

SECTION 46. 632.76 (2) (a) and (ac) 1. and 2. of the statutes are amended to read:

632.76 **(2)** (a) No claim for loss incurred or disability commencing after 2

years from the date of issue of the policy may be reduced or denied on the ground that a disease or physical condition existed prior to the effective date of coverage, unless the condition was excluded from coverage by name or specific description by a provision effective on the date of loss. This paragraph does not apply to a group health benefit plan, as defined in s. 632.745 (9), which is subject to s. 632.746, a disability insurance policy, as defined in s. 632.895 (1) (a), or a self-insured health plan, as defined in s. 632.85 (1) (c).

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

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

SECTION 47. 632.795 (4) (a) of the statutes is amended to read:

632.795 **(4)** (a) An insurer subject to sub. (2) shall provide coverage under the same policy form and for the same premium as it originally offered in the most

recent enrollment period, subject only to the medical underwriting used in that enrollment period. Unless otherwise prescribed by rule, the insurer may apply deductibles, ~~preexisting condition limitations,~~ waiting periods, or other limits only to the extent that they would have been applicable had coverage been extended at the time of the most recent enrollment period and with credit for the satisfaction or partial satisfaction of similar provisions under the liquidated insurer's policy or plan. The insurer may exclude coverage of claims that are payable by a solvent insurer under insolvency coverage required by the commissioner or by the insurance regulator of another jurisdiction. Coverage shall be effective on the date that the liquidated insurer's coverage terminates.

SECTION 48. 632.895 (8) (d) of the statutes is amended to read:

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

SECTION 49. 632.895 (13m) of the statutes is created to read:

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

(b) Every disability insurance policy, except any disability insurance policy

that is described in s. 632.745 (11) (b) 1. to 12., and every self-insured health plan shall provide coverage for all of the following preventive services:

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

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

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

4. Human papillomavirus testing for women who have attained the age of 30 years but have not attained the age of 66 years.

5. Colorectal cancer screening in accordance with sub. (16m).

6. Annual tomography for lung cancer screening for adults who have attained the age of 55 years but have not attained the age of 80 years and who have health histories demonstrating a risk for lung cancer.

7. Skin cancer screening for individuals who have attained the age of 10 years but have not attained the age of 22 years.

8. Counseling for skin cancer prevention for adults who have attained the age of 18 years but have not attained the age of 25 years.

9. Abdominal aortic aneurysm screening for men who have attained the age of 65 years but have not attained the age of 75 years and who have ever smoked.

10. Hypertension screening for adults and blood pressure testing for adults, for children under the age of 3 years who are at high risk for hypertension, and for children 3 years of age or older.

11. Lipid disorder screening for minors 2 years of age or older, adults 20 years of age or older at high risk for lipid disorders, and all men 35 years of age or older.

12. Aspirin therapy for cardiovascular health for adults who have attained the age of 55 years but have not attained the age of 80 years and for men who have attained the age of 45 years but have not attained the age of 55 years.

13. Behavioral counseling for cardiovascular health for adults who are overweight or obese and who have risk factors for cardiovascular disease.

14. Type II diabetes screening for adults with elevated blood pressure.

15. Depression screening for minors 11 years of age or older and for adults when follow-up supports are available.

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

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

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

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

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

21. Anemia screening for individuals 6 months of age or older and iron

supplements for individuals at high risk for anemia who have attained the age of 6 months but have not attained the age of 12 months.

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

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

24. Gonorrhea prophylaxis treatment for newborns.

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

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

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

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

29. Blood pressure measurements for minors 3 years of age or older and a blood pressure risk assessment at birth.

30. Risk assessment and referral for oral health issues for minors who have attained the age of 6 months but have not attained the age of 7 years.

31. Blood screening for newborns and minors who have not attained the age of 2 months.

32. Screening for critical congenital health defects for newborns.

33. Lead screenings in accordance with sub. (10).

34. Metabolic and hemoglobin screening and screening for phenylketonuria, sickle cell anemia, and congenital hypothyroidism for minors including newborns.

35. Tuberculin skin test based on risk assessment for minors one month of age or older.

36. Tobacco counseling and cessation interventions for individuals who are 5 years of age or older.

37. Vision and hearing screening and assessment for minors including newborns.

38. Sexually transmitted infection and human immunodeficiency virus counseling for sexually active minors.

39. Risk assessment for sexually transmitted infection for minors who are 10 years of age or older and screening for sexually transmitted infection for minors who are 16 years of age or older.

40. Alcohol misuse screening and counseling for minors 11 years of age or older.

41. Autism screening for minors who have attained the age of 18 months but have not attained the age of 25 months.

42. Developmental screening and surveillance for minors including newborns.

43. Psychosocial and behavioral assessment for minors including newborns.

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

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

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

47. Well-woman visits for women who have attained the age of 18 years but

have not attained the age of 65 years and well-woman visits for recommended preventive services, preconception care, and prenatal care.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(c) Subject to par. (d), no disability insurance policy, except any disability insurance policy that is described in s. 632.745 (11) (b) 1. to 12., and no self-insured health plan may subject the coverage of any of the preventive services under par. (b) to any deductibles, copayments, or coinsurance under the policy or plan.

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

2. If the primary reason for an office visit is not to obtain a preventive service specified under par. (b), the disability insurance policy or self-insured health plan may apply deductibles to and impose copayments or coinsurance on the office visit.

3. Except as otherwise provided in this subdivision, if a preventive service specified under par. (b) is provided by a health care provider that is outside the disability insurance policy's or self-insured health plan's network of providers, the policy or plan may apply deductibles to and impose copayments or coinsurance on

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

4. If more than one well-woman visit described under par. (b) 47. is necessary to provide all necessary preventive services as determined by a qualified health care provider and in accordance with applicable recommendations for preventive services, the disability insurance policy or self-insured health plan may not apply a deductible to or impose a copayment or coinsurance on any such well-woman visit.

SECTION 50. 632.895 (14) (a) 1. i. and j. of the statutes are amended to read:

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

j. Varicella and herpes zoster.

SECTION 51. 632.895 (14) (a) 1. k. to o. of the statutes are created to read:

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

L. Meningococcal meningitis.

m. Pneumococcal pneumonia.

n. Influenza.

o. Rotavirus.

SECTION 52. 632.895 (14) (b) of the statutes is amended to read:

632.895 **(14)** (b) Except as provided in par. (d), every disability insurance policy, and every self-insured health plan of the state or a county, city, town, village,

or school district, ~~that provides coverage for a dependent of the insured~~ shall provide coverage of appropriate and necessary immunizations~~, from birth to the age of 6 years,~~ for an insured or plan participant, including a dependent ~~who is a child~~ of the insured or plan participant.

SECTION 53. 632.895 (14) (c) of the statutes is amended to read:

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

SECTION 54. 632.895 (14) (d) 3. of the statutes is amended to read:

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

SECTION 55. 632.895 (14m) of the statutes is created to read:

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

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

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

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

a. Ambulatory patient services.

b. Emergency services.

c. Hospitalization.

d. Maternity and newborn care.

e. Mental health and substance use disorder services, including behavioral health treatment.

f. Prescription drugs.

g. Rehabilitative and habilitative services and devices.

h. Laboratory services.

i. Preventive and wellness services and chronic disease management.

j. Pediatric services, including oral and vision care.

2. Conduct a survey of employer-sponsored coverage to determine benefits typically covered by employers and ensure that the scope of essential health benefits for which coverage is required under this subsection is equal to the scope of benefits covered under a typical disability insurance policy offered by an employer to its employees.

3. Ensure that essential health benefits reflect a balance among the categories described in subd. 1. such that benefits are not unduly weighted toward one category.

4. Ensure that essential health benefit coverage is provided with no or limited cost-sharing requirements.

5. Require that disability insurance policies and self-insured health plans do not make coverage decisions, determine reimbursement rates, establish incentive programs, or design benefits in ways that discriminate against individuals because of their age, disability, or expected length of life.

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

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

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

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

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

(e) If an essential health benefit is also subject to mandated coverage elsewhere under this section and the coverage requirements are not identical, the disability insurance policy or self-insured health plan shall provide coverage under whichever subsection provides the insured or plan participant with more comprehensive coverage of the medical condition, item, or service.

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

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

SECTION 56. 632.895 (16m) (b) of the statutes is amended to read:

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

SECTION 57. 632.895 (17) (b) 2. of the statutes is amended to read:

632.895 **(17)** (b) 2. Outpatient consultations, examinations, procedures, and medical services that are necessary to prescribe, administer, maintain, or remove a contraceptive, ~~if covered for any other drug benefits under the policy or plan~~

sterilization procedures, and patient education and counseling for all females with reproductive capacity.

SECTION 58. 632.895 (17) (c) of the statutes is amended to read:

632.895 **(17)** (c) Coverage under par. (b) may be subject only to the exclusions~~,~~ and limitations~~, or cost-sharing provisions~~ that apply generally to the coverage of outpatient health care services, preventive treatments and services, or prescription drugs and devices that is provided under the policy or self-insured health plan. A disability insurance policy or self-insured health plan may not apply a deductible or impose a copayment or coinsurance to at least one of each type of contraceptive method approved by the federal food and drug administration for which coverage is required under this subsection. The disability insurance policy or self-insured health plan may apply reasonable medical management to a method of contraception to limit coverage under this subsection that is provided without being subject to a deductible, copayment, or coinsurance to prescription drugs without a brand name. The disability insurance policy or self-insured health plan may apply a deductible or impose a copayment or coinsurance for coverage of a contraceptive that is prescribed for a medical need if the services for the medical need would otherwise be subject to a deductible, copayment, or coinsurance.

SECTION 59. 632.897 (11) (a) of the statutes is amended to read:

632.897 **(11)** (a) Notwithstanding subs. (2) to (10), the commissioner may promulgate rules establishing standards requiring insurers to provide continuation of coverage for any individual covered at any time under a group policy who is a terminated insured or an eligible individual under any federal program that

provides for a federal premium subsidy for individuals covered under continuation of coverage under a group policy, including rules governing election or extension of election periods, notice, rates, premiums, premium payment, ~~application of preexisting condition exclusions,~~ election of alternative coverage, and status as an eligible individual, as defined in s. 149.10 (2t), 2011 stats.

SECTION 9323. Initial applicability; Insurance.

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

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

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

collective bargaining agreement is entered into, extended, modified, or renewed, whichever is later.

SECTION 9423. Effective dates; Insurance.

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

13. At the appropriate places, insert all of the following:

"**SECTION 60.** 20.145 (1) (g) 5. of the statutes is created to read:

20.145 **(1)** (g) 5. All moneys received from the regulation of pharmacy benefit managers, pharmacy benefit management brokers, pharmacy benefit management consultants, pharmacy services administration organizations, and pharmaceutical representatives.".

14. At the appropriate places, insert all of the following:

"**SECTION 61.** 231.03 (6) (L) of the statutes is created to read:

231.03 **(6)** (L) Finance working capital needs of any participating health institution, participating educational institution, participating nonprofit institution, or participating research institution in an amount not to exceed that approved by the authority. Bonds issued for purposes of this paragraph are not exempt from taxation under s. 71.05 (1) (c) 14., 71.26 (1m) (o), or 71.45 (1t) (n).

SECTION 62. 231.03 (13) of the statutes is amended to read:

231.03 **(13)** Make loans to any participating health institution, participating educational institution, participating nonprofit institution, or participating research institution for the cost of a project or to finance working capital under sub. (6) (L) in accordance with an agreement between the authority and the participating health institution, participating educational institution, participating nonprofit institution, or participating research institution. The authority may secure the loan by a mortgage or other security arrangement on the health facility, educational facility, nonprofit facility, or research facility granted by the participating health institution, participating educational institution, participating nonprofit institution, or participating research institution to the authority. The loan may not exceed, as applicable, the total cost of the project as determined by the participating health institution, participating educational institution, participating nonprofit institution, or participating research institution and approved by the authority or the amount of working capital approved by the authority under sub. (6) (L).".

15. At the appropriate places, insert all of the following:

"**SECTION 63.** 13.48 (26m) of the statutes is created to read:

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

SECTION 64. 20.005 (3) (schedule) of the statutes: at the appropriate place, insert the following amounts for the purposes indicated:

			2025-26	**2026-27**
20.320 Environmental improvement program				
(2) SAFE DRINKING WATER LOAN PROGRAM OPERATIONS				
(a) Lead service line replacement	GPR	C	200,000,000	-0-

SECTION 65. 20.320 (2) (a) of the statutes is created to read:

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

SECTION 66. 281.61 (8) (b) of the statutes is created to read:

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

16. At the appropriate places, insert all of the following:

"**SECTION 9248. Fiscal changes; Veterans Affairs.**

(1) VETERANS OUTREACH AND RECOVERY PROGRAM. In the schedule under s. 20.005 (3) for the appropriation to the department of veterans affairs under s. 20.485 (2) (qs), the dollar amount for fiscal year 2025-26 is increased by $512,900 to increase the authorized FTE positions to the department of veterans affairs by 7.0 SEG positions to increase services under the veterans outreach and recovery program. In the schedule under s. 20.005 (3) for the appropriation to the department of veterans affairs under s. 20.485 (2) (qs), the dollar amount for fiscal

year 2026-27 is increased by $602,800 to provide funding for the positions authorized under this subsection to increase services under the veterans outreach and recovery program.".

17. At the appropriate places, insert all of the following:

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

			2025-26	**2026-27**
20.435 Health, department of				
(4) MEDICAID SERVICES				
(bu) Payment processing program for farmers	GPR	B	735,000	-0-

SECTION 2. 20.435 (4) (bu) of the statutes is created to read:

20.435 **(4)** (bu) *Payment processing program for farmers.* Biennially, the amounts in the schedule to provide electronic benefit transfer and credit and debit card processing equipment and services to farmers' markets and farmers who sell directly to consumers under s. 49.79 (7s).

SECTION 3. 49.79 (7s) of the statutes is created to read:

49.79 **(7s)** PAYMENT PROCESSING PROGRAM. The department shall administer a payment processing program to provide to farmers' markets and farmers who sell directly to consumers electronic benefit transfer and credit and debit card processing equipment and services, including electronic benefit transfer for the food stamp program. To participate in the payment processing program, the vendor that is under contract to process the electronic benefit transfer and credit and debit card

transactions shall also process any local purchasing incentives, even if those local purchasing incentives are funded by a local 3rd-party entity.".

18. At the appropriate places, insert all of the following:

"**SECTION 67.** 20.485 (2) (vm) (title) of the statutes is repealed and recreated to read:

20.485 **(2)** (vm) (title) *Veterans assistance grants.*

SECTION 68. 45.40 (title) of the statutes is repealed and recreated to read:

45.40 (title) **Veterans assistance grants.**

SECTION 69. 45.40 (1g) (intro.) and (a) of the statutes are consolidated, renumbered 45.40 (1g) and amended to read:

45.40 **(1g)** DEFINITIONS. In this section~~: (a) "Health~~, "health care provider" ~~means an advanced practice nurse prescriber who is certified under s. 441.16 (2), an audiologist who is licensed under subch. II of ch. 459 or who holds a compact privilege under subch. III of ch. 459, a dentist who is licensed under subch. I of ch. 447 or who holds a compact privilege under subch. II of ch. 447, an optometrist who is licensed under ch. 449, a physician who is licensed under s. 448.02, or a podiatrist who is licensed under s. 448.63~~ has the meaning given in s. 146.81 (1) and includes an ambulatory surgery center.

SECTION 70. 45.40 (1g) (b) of the statutes is repealed.

SECTION 71. 45.40 (1m) (a) of the statutes is amended to read:

45.40 **(1m)** (a) The department may provide subsistence payments to a veteran on a month-to-month basis or for a 3-month period. The department may pay subsistence aid for a 3-month period if the veteran will be incapacitated for

more than 3 months and if earned or unearned income or aid from sources other than those listed in the application will not be available in the 3-month period. The department may provide subsistence payments only to a veteran who has suffered a loss of income ~~due to illness, injury, or natural disaster~~. The department may grant subsistence aid under this subsection to a veteran whose loss of income is the result of abuse of alcohol or other drugs only if the veteran is participating in an alcohol and other drug abuse treatment program that is approved by the department. No payment may be made under this subsection if the veteran has other assets or income available to meet basic subsistence needs or if the veteran is eligible to receive aid from other sources to meet those needs. When determining the assets available to the veteran, the department may not include the first $50,000 of cash surrender value of any life insurance.

SECTION 72. 45.40 (1m) (b) of the statutes is amended to read:

45.40 **(1m)** (b) The maximum amount that any veteran may receive under this subsection per occurrence during a consecutive 12-month period may not exceed ~~$3,000~~ $5,000.

SECTION 73. 45.40 (2) (a) of the statutes is amended to read:

45.40 **(2)** (a) The department may provide health care aid to a veteran for dental care, including dentures; vision care, including eyeglass frames and lenses; ~~and~~ hearing care, including hearing aids; and any other medical device prescribed by a health care provider.

SECTION 74. 45.40 (2m) (a) of the statutes is amended to read:

45.40 **(2m)** (a) The unremarried spouse and dependent children of a veteran

~~who died on active duty, or in the line of duty while on active or inactive duty for training purposes, in the U.S. armed forces or forces incorporated in the U.S. armed forces~~ are eligible to receive payments under subs. (1m) and (2) if the household income of those persons does not exceed the income limitations established under sub. (3m).

SECTION 75. 45.40 (3) of the statutes is amended to read:

45.40 **(3)** LIMITATIONS. The total cumulative amount that any veteran may receive under this section may not exceed ~~$7,500~~ $10,000.".

19. At the appropriate places, insert all of the following:

"**SECTION 76.** 36.27 (2) (b) 5. of the statutes is created to read:

36.27 **(2)** (b) 5. A person who is a resident of and living in this state at the time of registering at an institution and who is a veteran described under s. 45.01 (12) (fm) is entitled to the exemption under par. (a).

SECTION 77. 36.27 (3p) (a) 1r. g. of the statutes is created to read:

36.27 **(3p)** (a) 1r. g. The person meets the criteria described under s. 45.01 (12) (fm).

SECTION 78. 38.24 (8) (a) 1r. g. of the statutes is created to read:

38.24 **(8)** (a) 1r. g. The person meets the criteria described under s. 45.01 (12) (fm).

SECTION 79. 45.01 (12) (fm) of the statutes is created to read:

45.01 **(12)** (fm) A person who resides in this state, if any of the following applies:

1. The person was naturalized pursuant to section 2 (1) of the federal Hmong Veterans' Naturalization Act of 2000, P.L. 106-207.

2. The person is a U.S. citizen or a lawful permanent resident of the United States and the secretary has determined that the person served honorably with a special guerrilla unit or irregular forces operating from a base in Laos in support of the armed forces of the United States at any time during the period beginning February 28, 1961, and ending September 18, 1978.

SECTION 80. 45.01 (12) (k) of the statutes is repealed.

SECTION 81. 45.44 (3) (c) (intro.) of the statutes is amended to read:

45.44 **(3)** (c) (intro.) A veteran, as defined in s. 45.01 (12) (a) to ~~(f)~~ (fm), or one of the following:

SECTION 82. 45.51 (2) (a) 1. of the statutes is amended to read:

45.51 **(2)** (a) 1. A veteran, other than a veteran described under s. 45.01 (12) (fm).

SECTION 83. 234.622 (4) (b) of the statutes is amended to read:

234.622 **(4)** (b) A veteran, as defined in s. 45.01 (12) (a) to ~~(f)~~ (fm), who has been accepted into the program.

SECTION 84. 234.625 (4) (b) 9. of the statutes is amended to read:

234.625 **(4)** (b) 9. If the participant is a veteran, as defined in s. 45.01 (12) (a) to ~~(f)~~ (fm), who is not 65 years of age or older, at a time before any of the events under subds. 1. to 7. occurs, as determined under policies and procedures established by the authority.".

20. At the appropriate places, insert all of the following:

"**SECTION 85.** 231.02 (2) of the statutes is amended to read:

231.02 **(2)** The authority shall appoint an executive director and associate executive director who shall not be members of the authority and who shall serve at the pleasure of the authority. They shall receive ~~such~~ compensation ~~as~~ in an amount determined by the authority ~~fixes, except that the compensation of the executive director shall not exceed the maximum of the salary range established under s. 20.923 (1) for positions assigned to executive salary group 6 and the compensation of each other employee of the authority shall not exceed the maximum of the salary range established under s. 20.923 (1) for positions assigned to executive salary group 3~~. The executive director or associate executive director or other person designated by resolution of the authority shall keep a record of the proceedings of the authority and shall be custodian of all books, documents, and papers filed with the authority, the minute book or journal of the authority, and its official seal. The executive director or associate executive director or other person may cause copies to be made of all minutes and other records and documents of the authority and may give certificates under the official seal of the authority to the effect that such copies are true copies, and all persons dealing with the authority may rely upon such certificates.".

21. At the appropriate places, insert all of the following:

"**SECTION 86.** 49.226 of the statutes is created to read:

49.226 Child support debt reduction. (1) The department shall establish a program to provide noncustodial child support debt reduction. A noncustodial

parent qualifies to receive up to $1,500 in debt reduction under this section if all of the following apply:

(a) The noncustodial parent completes an eligible employment program, as defined by the department in rules promulgated under sub. (3).

(b) The custodial parent agrees to reducing child support debt owed up to the amount of the benefit paid.

(2) A noncustodial parent may not receive debt reduction under sub. (1) more than once in any 12-month period.

(3) The department shall promulgate rules to implement this section, including rules to determine how debt reduction provided under sub. (1) is apportioned among multiple child support orders.

SECTION 9106. Nonstatutory provisions; Children and Families.

(1) CHILD SUPPORT DEBT REDUCTION; EMERGENCY RULE MAKING. The department of children and families may promulgate emergency rules under s. 227.24 to implement s. 49.226. Notwithstanding s. 227.24 (1) (c) and (2), emergency rules promulgated under this subsection remain in effect until July 1, 2027, or the date on which permanent rules take effect, whichever is sooner. Notwithstanding s. 227.24 (1) (a) and (3), the department is not required to provide evidence that promulgating a rule under this subsection as an emergency rule is necessary for the preservation of the public peace, health, safety, or welfare and is not required to provide a finding of emergency for a rule promulgated under this subsection.

SECTION 9406. Effective dates; Children and Families.

(1) CHILD SUPPORT DEBT REDUCTION. The treatment of s. 49.226 takes effect on the first day of the 7th month beginning after publication.".

22. At the appropriate places, insert all of the following:

"**SECTION 87.** 49.155 (1m) (c) 1d. a. of the statutes is amended to read:

49.155 **(1m)** (c) 1d. a. ~~Notwithstanding sub. (5) (b), if~~ If the individual is already receiving a child care subsidy under this section and the gross income of the individual's family exceeds 200 percent of the poverty line for a family the size of the individual's family, the ~~individual's copayment amount under sub. (5) increases by $1 for every $3 by which the individual's family's gross income exceeds 200 percent of the poverty line for a family the size of the individual's family. Beginning in fiscal year 2024-25, to the extent that the individual's family's gross income exceeds 200 percent of the poverty line for a family the size of the individual's family, the individual's copayment amount under sub. (5) increases by $1 for every $5~~ individual may still receive a child care subsidy under this section unless the condition in subd. 1d. b. is met.

SECTION 88. 49.155 (1m) (c) 1d. b. of the statutes is amended to read:

49.155 **(1m)** (c) 1d. b. ~~Notwithstanding subd. 1d. a., if~~ If the gross income of an individual's family exceeds 85 percent of the state median income for a family the size of the individual's family, the individual is not eligible to receive a child care subsidy under this section.".

23. At the appropriate places, insert all of the following:

"**SECTION 9206. Fiscal changes; Children and Families.**

(1) WISCONSIN SHARES SUBSIDIES. In the schedule under s. 20.005 (3) for the

appropriation to the department of children and families under s. 20.437 (2) (md), the dollar amount for fiscal year 2025-26 is increased by $32,917,000 for paying child care subsidies under s. 49.155. In the schedule under s. 20.005 (3) for the appropriation to the department of children and families under s. 20.437 (2) (md), the dollar amount for fiscal year 2026-27 is increased by $32,917,000 for paying child care subsidies under s. 49.155.".

24. At the appropriate places, insert all of the following:

"**SECTION 89.** 20.437 (1) (dd) of the statutes is amended to read:

20.437 **(1)** (dd) *State out-of-home care, adoption services, and subsidized guardianships.* The amounts in the schedule for foster care, institutional child care, and subsidized adoptions under ss. 48.48 (12) and 48.52, for the cost of care for children under s. 49.19 (10) (d), for the cost of placements of children 18 years of age or over in residential care centers for children and youth under voluntary agreements under s. 48.366 (3) or under orders that terminate as provided in s. 48.355 (4) (b) 4., 48.357 (6) (a) 4., or 48.365 (5) (b) 4., for the cost of the foster care monitoring system, for the cost of reimbursing counties for subsidized guardianship payments under s. 48.623 (3) (a), for the cost of specialized services to children with high acuity needs in congregate care facilities under s. 48.48 (8x), for the cost of services to children with special needs who are under the guardianship of the department to prepare those children for adoption, and for the cost of postadoption services to children with special needs.

SECTION 90. 20.437 (1) (pd) of the statutes is amended to read:

20.437 **(1)** (pd) *Federal aid; state out-of-home care, adoption services, and subsidized guardianships.* All federal moneys received for meeting the costs of

providing foster care, institutional child care, and subsidized adoptions under ss. 48.48 (12) and 48.52, the cost of care for children under s. 49.19 (10) (d), the cost of placements of children 18 years of age or over in residential care centers for children and youth under voluntary agreements under s. 48.366 (3) or under orders that terminate as provided in s. 48.355 (4) (b) 4., 48.357 (6) (a) 4., or 48.365 (5) (b) 4., the cost of reimbursing counties and Indian tribes for subsidized guardianship payments under s. 48.623 (3) (a), the cost of specialized services to children with high acuity needs in congregate care facilities under s. 48.48 (8x), the cost of services to children with special needs who are under the guardianship of the department to prepare those children for adoption, and the cost of postadoption services to children with special needs. Disbursements for foster care under s. 49.32 (2) and for the purposes described under s. 48.627 may be made from this appropriation.

SECTION 91. 48.48 (8x) of the statutes is created to read:

48.48 **(8x)** To pay for specialized services to children with high acuity needs in congregate care facilities as defined under s. 48.685 (1) (ao), from the appropriations under s. 20.437 (1) (dd) and (pd).

SECTION 9206. Fiscal changes; Children and Families.

(1) SPECIALIZED CONGREGATE CARE PAYMENTS. In the schedule under s. 20.005 (3) for the appropriation to the department of children and families under s. 20.437 (1) (dd), the dollar amount for fiscal year 2025-26 is increased by $2,657,500 to maintain the contract with the Chileda Institute for 8 beds and to provide 5 percent inflationary increases for contracted services for calendar year 2026. In the schedule under s. 20.005 (3) for the appropriation to the department of children and

families under s. 20.437 (1) (dd), the dollar amount for fiscal year 2026-27 is increased by $2,710,700 to maintain the contract with the Chileda Institute for 8 beds and to provide 2 percent inflationary increases for contracted services for calendar year 2027.".

25. At the appropriate places, insert all of the following:

"**SECTION 92.** 20.437 (1) (cx) of the statutes is amended to read:

20.437 **(1)** (cx) *Child welfare services; aids.* The amounts in the schedule for providing services to children and families under s. 48.48 (17) in a county having a population of 750,000 or more, for the cost of subsidized guardianship payments under s. 48.623 ~~(1)~~ (1r) or (6), and, to the extent that a demonstration project authorized under 42 USC 1320a-9 reduces the cost of providing out-of-home care for children in that county, for services for children and families under s. 48.563 (4) in counties having a population of less than 750,000.

SECTION 93. 20.437 (1) (mx) of the statutes is amended to read:

20.437 **(1)** (mx) *Federal aid; Milwaukee child welfare services aids.* All federal moneys received for providing services to children and families under s. 48.48 (17), to carry out the purposes for which received and for the cost of subsidized guardianship payments under s. 48.623 ~~(1)~~ (1r) or (6).

SECTION 94. 48.38 (2) (f) of the statutes is amended to read:

48.38 **(2)** (f) The child's care would be paid for under s. 49.19 but for s. 49.19 (20), except that this paragraph does not apply to a child whose care is being paid for under s. 48.623 ~~(1)~~ (1r).

SECTION 95. 48.38 (4) (j) (intro.) of the statutes is amended to read:

48.38 **(4)** (j) (intro.) If the child is placed in the home of a relative or other

person described in s. 48.623 ~~(1)~~ (1r) (b) 1. who will be receiving subsidized guardianship payments, a description of all of the following:

SECTION 96. 48.38 (4) (j) 3. of the statutes is amended to read:

48.38 **(4)** (j) 3. The reasons why a permanent placement with a fit and willing relative or other person described in s. 48.623 ~~(1)~~ (1r) (b) 1. through a subsidized guardianship arrangement is in the best interests of the child. In the case of an Indian child, the best interests of the Indian child shall be determined in accordance with s. 48.01 (2).

SECTION 97. 48.38 (4) (j) 4. of the statutes is amended to read:

48.38 **(4)** (j) 4. The ways in which the child and the relative or other person described in s. 48.623 ~~(1)~~ (1r) (b) 1. meet the eligibility requirements specified in s. 48.623 ~~(1)~~ (1r) for the receipt of subsidized guardianship payments.

SECTION 98. 48.38 (4) (j) 5. of the statutes is amended to read:

48.38 **(4)** (j) 5. The efforts the agency has made to discuss adoption of the child by the relative or other person described in s. 48.623 ~~(1)~~ (1r) (b) 1. as a more permanent alternative to guardianship and, if that relative or other person has chosen not to pursue adoption, documentation of the reasons for not pursuing adoption.

SECTION 99. 48.48 (8r) of the statutes is amended to read:

48.48 **(8r)** To reimburse county departments, the county department under s. 46.215, and Indian tribes, from the appropriations under s. 20.437 (1) (dd), (kL), and (pd), for subsidized guardianship payments made under s. 48.623 ~~(1)~~ (1r) or (6), including guardianships of children ordered by tribal courts.

SECTION 100. 48.57 (3m) (a) 1m. of the statutes is created to read:

48.57 **(3m)** (a) 1m. "County department" means a county department under s. 46.215, 46.22, or 46.23.

SECTION 101. 48.57 (3m) (am) 2. of the statutes is renumbered 48.57 (3m) (am) 2. (intro.) and amended to read:

48.57 **(3m)** (am) 2. (intro.) The county department or department determines that the child meets one or more of the following conditions:

a. The child meets one or more of the criteria specified in s. 48.13, 938.12, or 938.13~~, that the~~.

b. The child would be at risk of meeting one or more of ~~those~~ the criteria specified in s. 48.13 or 938.13 if the child were to remain in his or her home ~~or, if~~.

c. If the child is 18 years of age or over, that the child would meet or be at risk of meeting one or more of ~~those~~ the criteria ~~as~~ specified ~~in this subdivision~~ in s. 48.13 or 938.13 if the child were under 18 years of age.

SECTION 102. 48.57 (3m) (am) 4m. of the statutes is amended to read:

48.57 **(3m)** (am) 4m. Subject to sub. (3p) (fm) 1. and 2., the kinship care provider states that he or she does not have any arrests or convictions that could adversely affect the child or the kinship care provider's ability to care for the child and that no adult resident, as defined in sub. (3p) (a) 1., and no employee or prospective employee of the kinship care provider who would have regular contact with the child has any arrests or convictions that could adversely affect the child or the kinship care provider's ability to care for the child.

SECTION 103. 48.57 (3m) (ap) 1. of the statutes is amended to read:

48.57 **(3m)** (ap) 1. Subject to subds. 2. and 3., the county department or, in a county having a population of 750,000 or more, the department or the county

department may make payments under par. (am) to a kinship care provider who is providing care and maintenance for a child who is placed in the home of the kinship care provider under a court order for no more than 60 days after the date on which the county department or department received under par. (am) 1. the completed application of the kinship care provider for a license to operate a foster home or, if the application is approved or denied or the kinship care provider is otherwise determined to be ineligible for licensure within those 60 days, until the date on which the application is approved or denied or the kinship care provider is otherwise determined to be ineligible for licensure.

SECTION 104. 48.57 (3m) (ap) 3. of the statutes is amended to read:

48.57 **(3m)** (ap) 3. Notwithstanding that an application of a kinship care provider specified in subd. 1. is denied or the kinship care provider is otherwise determined to be ineligible for licensure, the county department or, in a county having a population of 750,000 or more, the department or the county department may make payments under par. (am) to the kinship care provider for as long as the conditions specified in par. (am) 1. to 6. continue to apply if the county department or department submits to the court information relating to the background investigation specified in par. (am) 4., an assessment of the safety of the kinship care provider's home and the ability of the kinship care provider to care for the child, and a recommendation that the child remain in the home of the kinship care provider and the court, after considering that information, assessment, and recommendation, orders the child to remain in the kinship care provider's home. If the court does not order the child to remain in the kinship care provider's home, the court shall order the county department or department to request a change in

placement under s. 48.357 (1) (am) or 938.357 (1) (am). Any person specified in s. 48.357 (2m) (a) or 938.357 (2m) (a) may also request a change in placement.

SECTION 105. 48.57 (3m) (b) 1. of the statutes is amended to read:

48.57 **(3m)** (b) 1. The county department or, in a county having a population of 750,000 or more, the department or a county department if the county department is making the payments shall refer to the attorney responsible for support enforcement under s. 59.53 (6) (a) the name of the parent or parents of a child for whom a payment is made under par. (am). This subdivision does not apply to a child 18 years of age or over for whom a payment is made under par. (am).

SECTION 106. 48.57 (3m) (c) of the statutes is amended to read:

48.57 **(3m)** (c) The county department or, in a county having a population of 750,000 or more, the department or a county department if the county department is making the payments shall require the parent or parents of a child for whom a payment is made under par. (am) to initiate or continue health care insurance coverage for the child.

SECTION 107. 48.57 (3m) (cm) of the statutes is amended to read:

48.57 **(3m)** (cm) A kinship care provider who receives a payment under par. (am) for providing care and maintenance for a child is not eligible to receive a payment under sub. (3n) or s. 48.62 (4) or 48.623 ~~(1)~~ (1r) or (6) for that child.

SECTION 108. 48.57 (3m) (d) of the statutes is amended to read:

48.57 **(3m)** (d) A county department or, in a county having a population of 750,000 or more, the department or a county department if the county department is making the payments shall review a placement of a child for which the county department or department makes payments under par. (am) not less than every 12

months after the county department or department begins making those payments to determine whether the conditions specified in par. (am) continue to exist. If those conditions do not continue to exist, the county department or department shall discontinue making those payments.

SECTION 109. 48.57 (3m) (g) 2. (intro.) of the statutes is amended to read:

48.57 **(3m)** (g) 2. (intro.) If a recipient requests a hearing within 10 days after the date of notice that his or her payments under par. (am) are being discontinued, those payments may not be discontinued until a decision is rendered after the hearing but payments made pending the hearing decision may be recovered by the department if the contested action or failure to act is upheld. The department shall promptly notify the county department of the county in which the recipient resides or, if the recipient resides in a county having a population of 750,000 or more, the subunit of the department administering of the kinship care program in that county or the county department that the recipient has requested a hearing. Payments under par. (am) shall be discontinued if any of the following applies:

SECTION 110. 48.57 (3m) (h) of the statutes is amended to read:

48.57 **(3m)** (h) A county department or, in a county having a population of 750,000 or more, the department or a county department may recover an overpayment made under par. (am) from a kinship care provider who continues to receive payments under par. (am) by reducing the amount of the kinship care provider's monthly payment. The department may by rule specify other methods for recovering overpayments made under par. (am). A county department that recovers an overpayment under this paragraph due to the efforts of its officers and

employees may retain a portion of the amount recovered, as provided by the department by rule.

SECTION 111. 48.57 (3n) (a) 1m. of the statutes is created to read:

48.57 **(3n)** (a) 1m. "County department" means a county department under s. 46.215, 46.22, or 46.23.

SECTION 112. 48.57 (3n) (am) 4. of the statutes is amended to read:

48.57 **(3n)** (am) 4. The county department or department conducts a background investigation under sub. (3p) of the long-term kinship care provider, the employees and prospective employees of the long-term kinship care provider who have or would have regular contact with the child for whom the payments would be made and any other adult resident, as defined in sub. (3p) (a) 1., of the long-term kinship care provider's home to determine if the long-term kinship care provider, employee, prospective employee or adult resident has any arrests or convictions that are likely to adversely affect the child or the long-term kinship care provider's ability to care for the child.

SECTION 113. 48.57 (3n) (am) 4m. of the statutes is amended to read:

48.57 **(3n)** (am) 4m. Subject to sub. (3p) (fm) 1m. and 2m., the long-term kinship care provider states that he or she does not have any arrests or convictions that could adversely affect the child or the long-term kinship care provider's ability to care for the child and that, to the best of the long-term kinship care provider's knowledge, no adult resident, as defined in sub. (3p) (a) 1., and no employee or prospective employee of the long-term kinship care provider who would have regular contact with the child has any arrests or convictions that could adversely affect the child or the long-term kinship care provider's ability to care for the child.

SECTION 114. 48.57 (3n) (ap) 1. of the statutes is amended to read:

48.57 **(3n)** (ap) 1. Subject to subds. 2. and 3., the county department or, in a county having a population of 750,000 or more, the department or the county department may make payments under par. (am) to a long-term kinship care provider who is providing care and maintenance for a child who is placed in the home of the long-term kinship care provider for no more than 60 days after the date on which the county department or department received under par. (am) 1. the completed application of the long-term kinship care provider for a license to operate a foster home or, if the application is approved or denied or the long-term kinship care provider is otherwise determined to be ineligible for licensure within those 60 days, until the date on which the application is approved or denied or the long-term kinship care provider is otherwise determined to be ineligible for licensure.

SECTION 115. 48.57 (3n) (ap) 3. of the statutes is amended to read:

48.57 **(3n)** (ap) 3. Notwithstanding that an application of a long-term kinship care provider specified in subd. 1. is denied or the long-term kinship care provider is otherwise determined to be ineligible for licensure, the county department or, in a county having a population of 750,000 or more, the department or the county department may make payments under par. (am) to the long-term kinship care provider until an event specified in par. (am) 6. a. to f. occurs if the county department or department submits to the court information relating to the background investigation specified in par. (am) 4., an assessment of the safety of the long-term kinship care provider's home and the ability of the long-term kinship care provider to care for the child, and a recommendation that the child remain in the home of the long-term kinship care provider and the court, after considering

that information, assessment, and recommendation, orders the child to remain in the long-term kinship care provider's home. If the court does not order the child to remain in the kinship care provider's home, the court shall order the county department or department to request a change in placement under s. 48.357 (1) (am) or 938.357 (1) (am) or to request a termination of the guardianship order under s. 48.977 (7). Any person specified in s. 48.357 (2m) (a) or 938.357 (2m) (a) may also request a change in placement and any person who is authorized to file a petition for the appointment of a guardian for the child may also request a termination of the guardianship order.

SECTION 116. 48.57 (3n) (b) 1. of the statutes is amended to read:

48.57 **(3n)** (b) 1. The county department or, in a county having a population of 750,000 or more, the department or a county department if the county department is making the payments shall refer to the attorney responsible for support enforcement under s. 59.53 (6) (a) the name of the parent or parents of a child for whom a payment is made under par. (am). This subdivision does not apply to a child 18 years of age or over for whom a payment is made under par. (am).

SECTION 117. 48.57 (3n) (c) of the statutes is amended to read:

48.57 **(3n)** (c) The county department or, in a county having a population of 750,000 or more, the department or a county department if the county department is making the payments shall require the parent or parents of a child for whom a payment is made under par. (am) to initiate or continue health care insurance coverage for the child.

SECTION 118. 48.57 (3n) (cm) of the statutes is amended to read:

48.57 **(3n)** (cm) A long-term kinship care provider who receives a payment

under par. (am) for providing care and maintenance for a child is not eligible to receive a payment under sub. (3m) or s. 48.62 (4) or 48.623 ~~(1)~~ (1r) or (6) for that child.

SECTION 119. 48.57 (3n) (d) of the statutes is amended to read:

48.57 **(3n)** (d) The county department or, in a county having a population of 750,000 or more, the department or a county department if the county department is making the payments shall, at least once every 12 months after the county department or department begins making payments under this subsection, determine whether any of the events specified in par. (am) 6. a. to f. have occurred. If any such events have occurred, the county department or department shall discontinue making those payments.

SECTION 120. 48.57 (3n) (g) 2. (intro.) of the statutes is amended to read:

48.57 **(3n)** (g) 2. (intro.) If a recipient requests a hearing within 10 days after the date of notice that his or her payments under par. (am) are being discontinued, those payments may not be discontinued until a decision is rendered after the hearing but payments made pending the hearing decision may be recovered by the department if the contested action or failure to act is upheld. The department shall promptly notify the county department of the county in which the recipient resides or, if the recipient resides in a county having a population of 750,000 or more, the subunit of the department administering of the long-term kinship care program in that county or the county department that the recipient has requested a hearing. Payments under par. (am) shall be discontinued if any of the following applies:

SECTION 121. 48.57 (3n) (h) of the statutes is amended to read:

48.57 **(3n)** (h) A county department or, in a county having a population of

750,000 or more, the department or a county department may recover an overpayment made under par. (am) from a long-term kinship care provider who continues to receive payments under par. (am) by reducing the amount of the long-term kinship care provider's monthly payment. The department may by rule specify other methods for recovering overpayments made under par. (am). A county department that recovers an overpayment under this paragraph due to the efforts of its officers and employees may retain a portion of the amount recovered, as provided by the department by rule.

SECTION 122. 48.57 (3p) (a) of the statutes is renumbered 48.57 (3p) (a) (intro.) and amended to read:

48.57 **(3p)** (a) (intro.) In this subsection~~, "adult~~:

1. "Adult resident" means a person 18 years of age or over who lives at the home of a person who has applied for or is receiving payments under sub. (3m) or (3n) with the intent of making that home his or her home or who lives for more than 30 days cumulative in any 6-month period at the home of a person who has applied for or is receiving payments under sub. (3m) or (3n).

SECTION 123. 48.57 (3p) (a) 2. of the statutes is created to read:

48.57 **(3p)** (a) 2. "County department" means a county department under s. 46.215, 46.22, 46.23.

SECTION 124. 48.57 (3p) (b) 1. of the statutes is amended to read:

48.57 **(3p)** (b) 1. After receipt of an application for payments under sub. (3m) or (3n), the county department or, in a county having a population of 750,000 or more, the department or the county department, with the assistance of the department of justice, shall conduct a background investigation of the applicant.

SECTION 125. 48.57 (3p) (b) 2. of the statutes is amended to read:

48.57 **(3p)** (b) 2. The county department or, in a county having a population of 750,000 or more, the department or the county department, with the assistance of the department of justice, may conduct a background investigation of any person who is receiving payments under sub. (3m) at the time of review under sub. (3m) (d) or at any other time that the county department or department considers to be appropriate.

SECTION 126. 48.57 (3p) (b) 3. of the statutes is amended to read:

48.57 **(3p)** (b) 3. The county department or, in a county having a population of 750,000 or more, the department or the county department, with the assistance of the department of justice, may conduct a background investigation of any person who is receiving payments under sub. (3n) at any time that the county department or department considers to be appropriate.

SECTION 127. 48.57 (3p) (c) 1. of the statutes is amended to read:

48.57 **(3p)** (c) 1. After receipt of an application for payments under sub. (3m) or (3n), the county department or, in a county having a population of 750,000 or more, the department or the county department, with the assistance of the department of justice, shall, in addition to the investigation under par. (b) 1., conduct a background investigation of all employees and prospective employees of the applicant who have or would have regular contact with the child for whom those payments are being made and of each adult resident.

SECTION 128. 48.57 (3p) (c) 2. of the statutes is amended to read:

48.57 **(3p)** (c) 2. The county department or, in a county having a population of 750,000 or more, the department or the county department, with the assistance of

the department of justice, may conduct a background investigation of any of the employees or prospective employees of any person who is receiving payments under sub. (3m) who have or would have regular contact with the child for whom those payments are being made and of each adult resident at the time of review under sub. (3m) (d) or at any other time that the county department or department considers to be appropriate.

SECTION 129. 48.57 (3p) (c) 2m. of the statutes is amended to read:

48.57 **(3p)** (c) 2m. The county department or, in a county having a population of 750,000 or more, the department or the county department, with the assistance of the department of justice, may conduct a background investigation of any of the employees or prospective employees of any person who is receiving payments under sub. (3n) who have or would have regular contact with the child for whom payments are being made and of each adult resident at any time that the county department or department considers to be appropriate.

SECTION 130. 48.57 (3p) (c) 3. of the statutes is amended to read:

48.57 **(3p)** (c) 3. Before a person who is receiving payments under sub. (3m) or (3n) may employ any person in a position in which that person would have regular contact with the child for whom those payments are being made or permit any person to be an adult resident, the county department or, in a county having a population of 750,000 or more, the department or the county department, with the assistance of the department of justice, shall conduct a background investigation of the prospective employee or prospective adult resident unless that person has already been investigated under subd. 1., 2. or 2m.

SECTION 131. 48.57 (3p) (d) of the statutes is amended to read:

48.57 **(3p)** (d) If the person being investigated under par. (b) or (c) is a nonresident, or at any time within the 5 years preceding the date of the application has been a nonresident, or if the county department or, in a county having a population of 750,000 or more, the department or the county department determines that the person's employment, licensing or state court records provide a reasonable basis for further investigation, the county department or department shall require the person to be fingerprinted on 2 fingerprint cards, each bearing a complete set of the person's fingerprints, or by other technologies approved by law enforcement agencies. The department of justice may provide for the submission of the fingerprint cards or fingerprints by other technologies to the federal bureau of investigation for the purposes of verifying the identity of the person fingerprinted and obtaining records of his or her criminal arrest and conviction.

SECTION 132. 48.57 (3p) (e) (intro.) of the statutes is amended to read:

48.57 **(3p)** (e) (intro.) Upon request, a person being investigated under par. (b) or (c) shall provide the county department or, in a county having a population of 750,000 or more, the department or the county department with all of the following information:

SECTION 133. 48.57 (3p) (fm) 1. of the statutes is amended to read:

48.57 **(3p)** (fm) 1. The county department or, in a county having a population of 750,000 or more, the department or the county department may provisionally approve the making of payments under sub. (3m) based on the applicant's statement under sub. (3m) (am) 4m. The county department or department may not finally approve the making of payments under sub. (3m) unless the county department or department receives information from the department of justice

indicating that the conviction record of the applicant under the law of this state is satisfactory according to the criteria specified in par. (g) 1. to 3. or payment is approved under par. (h) 4. The county department or department may make payments under sub. (3m) conditioned on the receipt of information from the federal bureau of investigation indicating that the person's conviction record under the law of any other state or under federal law is satisfactory according to the criteria specified in par. (g) 1. to 3.

SECTION 134. 48.57 (3p) (fm) 1m. of the statutes is amended to read:

48.57 **(3p)** (fm) 1m. The county department or, in a county having a population of 750,000 or more, the department or the county department may not enter into the agreement under sub. (3n) (am) 6. unless the county department or department receives information from the department of justice relating to the conviction record of the applicant under the law of this state and that record indicates either that the applicant has not been arrested or convicted or that the applicant has been arrested or convicted but the director of the county department or, in a county having a population of 750,000 or more, the director of the county department or the person designated by the secretary to review conviction records under this subdivision determines that the conviction record is satisfactory because it does not include any arrest or conviction that the director or person designated by the secretary determines is likely to adversely affect the child or the applicant's ability to care for the child. The county department or, in a county having a population of 750,000 or more, the department or the county department may make payments under sub. (3n) conditioned on the receipt of information from the federal bureau of investigation indicating that the person's conviction record under the law

of any other state or under federal law is satisfactory because the conviction record does not include any arrest or conviction that the director of the county department or, in a county having a population of 750,000 or more, the director of the county department or the person designated by the secretary to review conviction records under this subdivision determines is likely to adversely affect the child or the applicant's ability to care for the child.

SECTION 135. 48.57 (3p) (fm) 2. of the statutes is amended to read:

48.57 **(3p)** (fm) 2. A person receiving payments under sub. (3m) may provisionally employ a person in a position in which that person would have regular contact with the child for whom those payments are being made or provisionally permit a person to be an adult resident if the person receiving those payments states to the county department or, in a county having a population of 750,000 or more, the department or the county department that the employee or adult resident does not have any arrests or convictions that could adversely affect the child or the ability of the person receiving payments to care for the child. A person receiving payments under sub. (3m) may not finally employ a person in a position in which that person would have regular contact with the child for whom those payments are being made or finally permit a person to be an adult resident until the county department or, in a county having a population of 750,000 or more, the department or the county department receives information from the department of justice indicating that the person's conviction record under the law of this state is satisfactory according to the criteria specified in par. (g) 1. to 3. and the county department or, in a county having a population of 750,000 or more, the department or the county department so advises the person receiving payments under sub. (3m)

or until a decision is made under par. (h) 4. to permit a person who is receiving payments under sub. (3m) to employ a person in a position in which that person would have regular contact with the child for whom payments are being made or to permit a person to be an adult resident and the county department or, in a county having a population of 750,000 or more, the department or the county department so advises the person receiving payments under sub. (3m). A person receiving payments under sub. (3m) may finally employ a person in a position in which that person would have regular contact with the child for whom those payments are being made or finally permit a person to be an adult resident conditioned on the receipt of information from the county department or, in a county having a population of 750,000 or more, the department or the county department that the federal bureau of investigation indicates that the person's conviction record under the law of any other state or under federal law is satisfactory according to the criteria specified in par. (g) 1. to 3.

SECTION 136. 48.57 (3p) (fm) 2m. of the statutes is amended to read:

48.57 **(3p)** (fm) 2m. A person receiving payments under sub. (3n) may provisionally employ a person in a position in which that person would have regular contact with the child for whom those payments are being made or provisionally permit a person to be an adult resident if the person receiving those payments states to the county department or, in a county having a population of 750,000 or more, the department or the county department that, to the best of his or her knowledge, the employee or adult resident does not have any arrests or convictions that could adversely affect the child or the ability of the person receiving payments to care for the child. A person receiving payment under sub. (3n) may not finally

employ a person in a position in which that person would have regular contact with the child for whom those payments are being made or finally permit a person to be an adult resident until the county department or, in a county having a population of 750,000 or more, the department or the county department receives information from the department of justice relating to the person's conviction record under the law of this state and that record indicates either that the person has not been arrested or convicted or that the person has been arrested or convicted but the director of the county department or, in a county having a population of 750,000 or more, the director of the county department or the person designated by the secretary to review conviction records under this subdivision determines that the conviction record is satisfactory because it does not include any arrest or conviction that is likely to adversely affect the child or the ability of the person receiving payments to care for the child and the county department or department so advises the person receiving payments under sub. (3n). A person receiving payments under sub. (3n) may finally employ a person in a position in which that person would have regular contact with the child for whom those payments are being made or finally permit a person to be an adult resident conditioned on the receipt of information from the county department or, in a county having a population of 750,000 or more, the department or the county department that the federal bureau of investigation indicates that the person's conviction record under the law of any other state or under federal law is satisfactory because the conviction record does not include any arrest or conviction that the director of the county department or, in a county having a population of 750,000 or more, the director of the county department or the person designated by the secretary to review conviction records under this

subdivision determines is likely to adversely affect the child or the ability of the person receiving payments to care for the child.

SECTION 137. 48.57 (3p) (g) (intro.) of the statutes is amended to read:

48.57 **(3p)** (g) (intro.) Except as provided in par. (h), the county department or, in a county having a population of 750,000 or more, the department or the county department may not make payments to a person applying for payments under sub. (3m) and a person receiving payments under sub. (3m) may not employ a person in a position in which that person would have regular contact with the child for whom those payments are being made or permit a person to be an adult resident if any of the following applies:

SECTION 138. 48.57 (3p) (h) 2. of the statutes is amended to read:

48.57 **(3p)** (h) 2. The request for review shall be filed with the director of the county department or, in a county having a population of 750,000 or more, with the director of the county department or the person designated by the secretary to receive requests for review filed under this subdivision. If the governing body of an Indian tribe has entered into an agreement under sub. (3t) to administer the program under this subsection and sub. (3m), the request for review shall be filed with the person designated by that governing body to receive requests for review filed under this subdivision.

SECTION 139. 48.57 (3p) (h) 3. (intro.) of the statutes is amended to read:

48.57 **(3p)** (h) 3. (intro.) The director of the county department, the person designated by the governing body of an Indian tribe or, in a county having a population of 750,000 or more, the director of the county department or the person designated by the secretary shall review the denial of payments or the prohibition

on employment or being an adult resident to determine if the conviction record on which the denial or prohibition is based includes any arrests, convictions, or penalties that are likely to adversely affect the child or the ability of the kinship care provider to care for the child. In reviewing the denial or prohibition, the director of the county department, the person designated by the governing body of the Indian tribe or the person designated by the secretary shall consider all of the following factors:

SECTION 140. 48.57 (3p) (h) 4. of the statutes is amended to read:

48.57 **(3p)** (h) 4. If the director of the county department, the person designated by the governing body of the Indian tribe or, in a county having a population of 750,000 or more, the director of the county department or the person designated by the secretary determines that the conviction record on which the denial of payments or the prohibition on employment or being an adult resident is based does not include any arrests, convictions, or penalties that are likely to adversely affect the child or the ability of the kinship care provider to care for the child, the director of the county department, the person designated by the governing body of the Indian tribe, or the person designated by the secretary may approve the making of payments under sub. (3m) or may permit a person receiving payments under sub. (3m) to employ a person in a position in which that person would have regular contact with the child for whom payments are being made or permit a person to be an adult resident.

SECTION 141. 48.57 (3p) (hm) of the statutes is amended to read:

48.57 **(3p)** (hm) A county department or, in a county having a population of 750,000 or more, the department or the county department may not make

payments to a person under sub. (3n) and a person receiving payments under sub. (3n) may not employ a person in a position in which that person would have regular contact with the child for whom payments are being made or permit a person to be an adult resident if the director of the county department or, in a county having a population of 750,000 or more, the director of the county department or the person designated by the secretary to review conviction records under this paragraph determines that the person has any arrest or conviction that is likely to adversely affect the child or the person's ability to care for the child. A person who is aggrieved by a decision under this paragraph may obtain a hearing on that decision under sub. (3n) (g) as provided in sub. (3n) (f).

SECTION 142. 48.57 (3p) (i) of the statutes is amended to read:

48.57 **(3p)** (i) A county department and, in a county having a population of 750,000 or more, the department or a county department shall keep confidential all information received under this subsection from the department of justice or the federal bureau of investigation. Such information is not subject to inspection or copying under s. 19.35.

SECTION 143. 48.57 (3p) (j) of the statutes is amended to read:

48.57 **(3p)** (j) A county department or, in a county having a population of 750,000 or more, the department or a county department may charge a fee for conducting a background investigation under this subsection. The fee may not exceed the reasonable cost of conducting the investigation.

SECTION 144. 48.623 (1) of the statutes is renumbered 48.623 (1r), and 48.623 (1r) (c), as renumbered, is amended to read:

48.623 **(1r)** (c) An order under s. 48.345, 48.357, 48.363, 48.365, 938.34,

938.345, 938.357, 938.363, or 938.365 or a tribal court order under a substantially similar tribal law placing the child, or continuing the placement of the child, outside of the child's home has been terminated, or any proceeding specified in s. 48.977 (2) (a) in which the child has been adjudged to be in need of protection or services ~~specified in s. 48.977 (2) (a)~~ or delinquent has been dismissed, as provided in s. 48.977 (3r) (a).

SECTION 145. 48.623 (1g) of the statutes is created to read:

48.623 **(1g)** In this section, "county department" means a county department under s. 46.215, 46.22, or 46.23.

SECTION 146. 48.623 (1m) (intro.) of the statutes is amended to read:

48.623 **(1m)** DURATION OF ELIGIBILITY. (intro.) Subsidized guardianship payments under sub. ~~(1)~~ (1r) or (6) may be continued after the child attains 18 years of age if any of the following applies:

SECTION 147. 48.623 (2) (intro.) of the statutes is amended to read:

48.623 **(2)** SUBSIDIZED GUARDIANSHIP AGREEMENT. (intro.) Before a county department, an Indian tribe, or the department may approve the provision of subsidized guardianship payments under sub. ~~(1)~~ (1r) to a proposed guardian, the county department, Indian tribe, or department shall negotiate and enter into a written, binding subsidized guardianship agreement with the proposed guardian and provide the proposed guardian with a copy of the agreement. A subsidized guardianship agreement or an amended subsidized guardianship agreement may also name a prospective successor guardian of the child to assume the duty and authority of guardianship on the death or incapacity of the guardian. A successor guardian is eligible for monthly subsidized guardianship payments under this

section only if the successor guardian is named as a prospective successor guardian of the child in a subsidized guardianship agreement or amended subsidized guardianship agreement that was entered into before the death or incapacity of the guardian, the conditions specified in sub. (6) (bm) are met, and the court appoints the successor guardian to assume the duty and authority of guardianship as provided in s. 48.977 (5m). A subsidized guardianship agreement shall specify all of the following:

SECTION 148. 48.623 (2) (e) of the statutes is amended to read:

48.623 **(2)** (e) That, in determining eligibility for adoption assistance under s. 48.975 and 42 USC 673 for the care of the child, the placement of the child in the home of the guardian and any payments made under sub. ~~(1)~~ (1r) shall be considered never to have been made.

SECTION 149. 48.623 (3) (a) of the statutes is amended to read:

48.623 **(3)** (a) Except as provided in this paragraph, the county department shall provide the monthly payments under sub. ~~(1)~~ (1r) or (6). An Indian tribe that has entered into an agreement with the department under sub. (8) shall provide the monthly payments under sub. ~~(1)~~ (1r) or (6) for guardianships of children ordered by the tribal court, or a county department may provide the monthly payments under sub. ~~(1)~~ (1r) or (6) for guardianships of children ordered by the tribal court if the county department has entered into an agreement with the governing body of an Indian tribe to provide those payments. The county department or Indian tribe shall provide those payments from moneys received under s. 48.48 (8r). ~~The department shall reimburse county departments and Indian tribes for the cost of subsidized guardianship payments, including payments made by county~~

~~departments for guardianships of children ordered by tribal courts, from the appropriations under s. 20.437 (1) (dd), (kL), and (pd).~~ In a county having a population of 750,000 or more or in the circumstances specified in s. 48.43 (7) (a) or 48.485 (1), the department shall provide the monthly payments under sub. ~~(1)~~ (1r) or (6)~~. The department shall provide those payments~~ from the appropriations under s. 20.437 (1) (cx) and (mx) or the county department shall provide those payments from moneys received under s. 48.48 (8r). The department shall reimburse county departments and Indian tribes for the cost of subsidized guardianship payments, including payments made by county departments for guardianships of children ordered by tribal courts, from the appropriations under s. 20.437 (1) (dd), (kL), and (pd).

SECTION 150. 48.623 (3) (b) of the statutes is amended to read:

48.623 **(3)** (b) The county department or, as provided in par. (a), an Indian tribe or the department shall determine the initial amount of a monthly payment under sub. ~~(1)~~ (1r) or (6) for the care of a child based on the circumstances of the guardian and the needs of the child. That amount may not exceed the amount received under s. 48.62 (4) or a substantially similar tribal law by the guardian of the child for the month immediately preceding the month in which the guardianship order was granted. A guardian or an interim caretaker who receives a monthly payment under sub. ~~(1)~~ (1r) or (6) for the care of a child is not eligible to receive a payment under s. 48.57 (3m) or (3n) or 48.62 (4) for the care of that child.

SECTION 151. 48.623 (3) (c) 2. of the statutes is amended to read:

48.623 **(3)** (c) 2. Annually, a county department, Indian tribe, or the department shall review an agreement that has been amended under subd. 1. to

determine whether the substantial change in circumstances that was the basis for amending the agreement continues to exist. If that substantial change in circumstances continues to exist, the agreement, as amended, shall remain in effect. If that substantial change in circumstances no longer exists, the county department, Indian tribe, or department shall offer to decrease the amount of the monthly subsidized guardianship payments provided under sub. ~~(1)~~ (1r) based on criteria established by the department under sub. (7) (c). If the decreased amount of those payments is agreed to by the person receiving those payments, the county department, Indian tribe, or department shall amend the agreement in writing to specify the decreased amount of those payments. If the decreased amount of those payments is not agreed to by the person receiving those payments, that person may appeal the decision of the county department, Indian tribe, or department regarding the decrease under sub. (5).

SECTION 152. 48.623 (3) (d) of the statutes is amended to read:

48.623 **(3)** (d) The department, an Indian tribe, or a county department may recover an overpayment made under sub. ~~(1)~~ (1r) or (6) from a guardian or interim caretaker who continues to receive those payments by reducing the amount of the person's monthly payment. The department may by rule specify other methods for recovering those overpayments. A county department or Indian tribe that recovers an overpayment under this paragraph due to the efforts of its officers and employees may retain a portion of the amount recovered, as provided by the department by rule.

SECTION 153. 48.623 (4) of the statutes is amended to read:

48.623 **(4)** ANNUAL REVIEW. A county department, an Indian tribe, or the

department shall review a placement of a child for which the county department, Indian tribe, or department makes payments under sub. ~~(1)~~ (1r) not less than every 12 months after the county department, Indian tribe, or department begins making those payments to determine whether the child and the guardian remain eligible for those payments. If the child or the guardian is no longer eligible for those payments, the county department, Indian tribe, or department shall discontinue making those payments.

SECTION 154. 48.623 (5) (a) of the statutes is amended to read:

48.623 **(5)** (a) Any person whose application for payments under sub. ~~(1)~~ (1r) is not acted on promptly or is denied on the grounds that a condition specified in sub. ~~(1)~~ (1r) has not been met and any person whose payments under sub. ~~(1)~~ (1r) are decreased under sub. (3) (c) 2. or discontinued under sub. (4) may petition the department under par. (b) for a review of that action or failure to act. Review is unavailable if the action or failure to act arose more than 45 days before submission of the petition for review.

SECTION 155. 48.623 (5) (b) 2. of the statutes is amended to read:

48.623 **(5)** (b) 2. If a recipient requests a hearing within 10 days after the date of notice that his or her payments under sub. ~~(1)~~ (1r) are being decreased or discontinued, those payments may not be decreased or discontinued until a decision is rendered after the hearing but payments made pending the hearing decision may be recovered by the department if the contested action or failure to act is upheld. The department shall promptly notify the county department, Indian tribe, or subunit of the department whose action is the subject of the hearing that the recipient has requested a hearing. Payments under sub. ~~(1)~~ (1r) shall be decreased

or discontinued if the recipient is contesting a state law or a change in state law and not the determination of the payment made on the recipient's behalf.

SECTION 156. 48.623 (5) (b) 3. of the statutes is amended to read:

48.623 **(5)** (b) 3. The recipient shall be promptly informed in writing if his or her payments under sub. ~~(1)~~ (1r) are to be decreased or discontinued pending the hearing decision.

SECTION 157. 48.623 (6) (am) (intro.) of the statutes is amended to read:

48.623 **(6)** (am) (intro.) On the death, incapacity, resignation, or removal of a guardian receiving payments under sub. ~~(1)~~ (1r), the county department, Indian tribe, or department providing those payments shall provide monthly subsidized guardianship payments in the amount specified in sub. (3) (b) for a period of up to 12 months to an interim caretaker if all of the following conditions are met:

SECTION 158. 48.623 (6) (bm) (intro.) of the statutes is amended to read:

48.623 **(6)** (bm) (intro.) On the death or incapacity of a guardian receiving payments under sub. ~~(1)~~ (1r), the county department, an Indian tribe, or the department providing those payments shall provide monthly subsidized guardianship payments in the amount specified in sub. (3) (b) to a person named as a prospective successor guardian of the child in a subsidized guardianship agreement or amended subsidized guardianship agreement that was entered into before the death or incapacity of the guardian if all of the following conditions are met and the court appoints the person as successor guardian to assume the duty and authority of guardianship as provided in s. 48.977 (5m):

SECTION 159. 48.623 (6) (bm) 6. of the statutes is amended to read:

48.623 **(6)** (bm) 6. Any order under s. 48.345, 48.357, 48.363, 48.365, 938.34, 938.345, 938.357, 938.363, or 938.365 or a tribal court order under a substantially similar tribal law placing the child, or continuing the placement of the child, outside of the child's home has been terminated, or any proceeding specified in s. 48.977 (2) (a) in which the child has been adjudged to be in need of protection or services ~~specified in s. 48.977 (2) (a)~~ or delinquent has been dismissed, as provided in s. 48.977 (3r) (b).

SECTION 160. 48.623 (7) (a) of the statutes is amended to read:

48.623 **(7)** (a) A rule defining the substantial change in circumstances under which a person receiving monthly subsidized guardianship payments under sub. ~~(1)~~ (1r) may request that an agreement made under sub. (2) be amended to increase the amount of those payments.

SECTION 161. 48.623 (7) (c) of the statutes is amended to read:

48.623 **(7)** (c) Rules establishing the criteria for determining the amount of the decrease in monthly subsidized guardianship payments that the department shall offer under sub. (3) (c) 2. if a substantial change in circumstances no longer exists. The criteria shall provide that the amount of the decrease offered by the department under sub. (3) (c) 2. may not result in a monthly subsidized guardianship payment that is less than the initial monthly subsidized guardianship payment provided for the child under sub. ~~(1)~~ (1r).

SECTION 162. 48.623 (7) (dm) of the statutes is amended to read:

48.623 **(7)** (dm) Rules establishing the conditions that must be met in order for a person specified in sub. ~~(1)~~ (1r) (b) 1. c. to be eligible for monthly subsidized guardianship payments under sub. ~~(1)~~ (1r).

SECTION 163. 48.623 (8) (b) of the statutes is amended to read:

48.623 **(8)** (b) A county department may provide the monthly payments under sub. ~~(1)~~ (1r) or (6) for guardianships of children ordered by the tribal court if the county department has entered into an agreement with the governing body of an Indian tribe to provide those payments.

SECTION 164. 48.977 (title) of the statutes is amended to read:

48.977 (title) **Appointment of guardians for certain children or juveniles in need of protection or services or juveniles adjudged delinquent.**

SECTION 165. 48.977 (2) (a) of the statutes is amended to read:

48.977 **(2)** (a) That the child has been adjudged to be in need of protection or services under s. 48.13 (1), (2), (3), (3m), (4), (4m), (5), (8), (9), (10), (10m), (11), or (11m) or 938.13 ~~(4)~~ and been placed, or continued in a placement, outside of his or her home pursuant to one or more court orders under s. 48.345, 48.357, 48.363, 48.365, 938.345, 938.357, 938.363, or 938.365 or that the child has been so adjudged and placement of the child in the home of a guardian under this section has been recommended under s. 48.33 (1) or 938.33 (1), or that the child has been adjudged to be delinquent under s. 938.12 and has been placed, or continued in a placement, outside his or her home pursuant to one or more court orders under s. 938.34, 938.357, 938.363, or 938.365 or that the child has been so adjudged and placement of the child in the home of a guardian under this section has been recommended under s. 938.33 (1).

SECTION 166. 48.977 (3r) (a) of the statutes is amended to read:

48.977 **(3r)** (a) *Guardian.* Subsidized guardianship payments under s. 48.623

~~(1)~~ (1r) may not be made to a guardian of a child unless a subsidized guardianship agreement under s. 48.623 (2) is entered into before the guardianship order is granted and the court either terminates any order specified in sub. (2) (a) or dismisses any proceeding in which the child has been adjudicated in need of protection or services or has been adjudged delinquent as specified in sub. (2) (a). If a child's permanency plan calls for placement of the child in the home of a guardian and the provision of monthly subsidized guardianship payments to the guardian, the petitioner under sub. (4) (a) shall include in the petition under sub. (4) (b) a statement of the determinations made under s. 48.623 ~~(1)~~ (1r) and a request for the court to include in the court's findings under sub. (4) (d) a finding confirming those determinations. If the court confirms those determinations, appoints a guardian for the child under sub. (2), and either terminates any order specified in sub. (2) (a) or dismisses any proceeding in which the child is adjudicated to be in need of protection or services or is adjudged delinquent as specified in sub. (2) (a), the county department or, as provided in s. 48.623 (3) (a), an Indian tribe or the department shall provide monthly subsidized guardianship payments to the guardian under s. 48.623 ~~(1)~~ (1r).

SECTION 167. 48.977 (3r) (b) of the statutes is amended to read:

48.977 **(3r)** (b) *Successor guardian.* Subsidized guardianship payments under s. 48.623 (6) (bm) may not be made to a successor guardian of a child unless the court makes a finding confirming that the successor guardian is named as a prospective successor guardian of the child in a subsidized guardianship agreement or amended subsidized guardianship agreement under s. 48.623 (2) that was entered into before the death or incapacity of the guardian and that the conditions

specified in s. 48.623 (6) (bm) have been met, appoints the successor guardian to assume the duty and authority of guardianship as provided in sub. (5m), and either terminates any order specified in sub. (2) (a) or dismisses any proceeding in which the child has been adjudicated in need of protection or services or adjudged delinquent as specified in sub. (2) (a). If the court makes that finding and appointment and either terminates such an order or dismisses such a proceeding, the county department or, as provided in s. 48.623 (3) (a), an Indian tribe or the department shall provide monthly subsidized guardianship payments to the successor guardian under s. 48.623 (6) (bm).

SECTION 168. 48.977 (4) (a) 8. of the statutes is amended to read:

48.977 **(4)** (a) 8. The person representing the interests of the public under s. 48.09, or, if the child has been placed pursuant to an order under ch. 938 or the child's placement with the guardian is recommended under ch. 938, the person representing the interests of the public under s. 938.09.

SECTION 169. 48.977 (4) (b) 3. of the statutes is amended to read:

48.977 **(4)** (b) 3. The date on which the child was adjudged in need of protection or services under s. 48.13 (1), (2), (3), (3m), (4), (4m), (5), (8), (9), (10), (10m), (11), or (11m) or 938.13 ~~(4)~~ and the dates on which the child has been placed, or continued in a placement, outside of his or her home pursuant to one or more court orders under s. 48.345, 48.357, 48.363, 48.365, 938.345, 938.357, 938.363, or 938.365 or, if the child has been so adjudged, but not so placed, the date of the report under s. 48.33 (1) or 938.33 (1) in which placement of the child in the home of the person is recommended, or, if the child has been adjudged delinquent under s. 938.12, the date on which the child was adjudged delinquent, and the dates on

which the child has been placed, or continued in a placement, outside his or her home pursuant to one or more court orders under s. 938.34, 938.357, 938.363, or 938.365 or, if the child has been so adjudged but not so placed, the date of the report under s. 938.33 (1).

SECTION 170. 48.977 (4) (c) 1. h. of the statutes is amended to read:

48.977 **(4)** (c) 1. h. The person representing the interests of the public under s. 48.09, or, if the child has been placed pursuant to an order under ch. 938, the person representing the interests of the public under s. 938.09.

SECTION 171. 48.977 (4) (i) of the statutes is amended to read:

48.977 **(4)** (i) *Effect of disposition on permanency review process.* After a disposition under par. (h), the child's permanency plan shall continue to be reviewed under ~~s.~~ ss. 48.38 (5) and 938.38 (5), if applicable.

SECTION 172. 938.355 (2) (b) 6. of the statutes is renumbered 938.355 (2) (b) 6. a. and amended to read:

938.355 **(2)** (b) 6. a. If the juvenile is placed outside the home, a finding that continued placement of the juvenile in his or her home would be contrary to the welfare of the juvenile ~~or, if~~.

b. If the juvenile has been adjudicated delinquent and is placed outside the home under s. 938.34 (3) (a), (c), (cm), or (d) or (4d), in addition to the finding under subd. 6. a., a finding that the juvenile's current residence will not safeguard the welfare of the juvenile or the community due to the serious nature of the act for which the juvenile was adjudicated delinquent.

c. The court order under subd. 6. a. or b. shall also contain a finding as to whether the county department or the agency primarily responsible for providing

services under a court order has made reasonable efforts to prevent the removal of the juvenile from the home, while assuring that the juvenile's health and safety are the paramount concerns, unless the court finds that any of the circumstances under sub. (2d) (b) 1. to 4. applies, and, if a permanency plan has previously been prepared for the juvenile, a finding as to whether the county department or agency has made reasonable efforts to achieve the permanency goal of the juvenile's permanency plan, including, if appropriate, through an out-of-state placement.

d. The court shall make the findings specified in this subdivision on a case-by-case basis based on circumstances specific to the juvenile and shall document or reference the specific information on which those findings are based in the court order. A court order that merely references this subdivision without documenting or referencing that specific information in the court order or an amended court order that retroactively corrects an earlier court order that does not comply with this subdivision is not sufficient to comply with this subdivision.

SECTION 173. 938.38 (2) (f) of the statutes is amended to read:

938.38 **(2)** (f) The juvenile's care would be paid for under s. 49.19 but for s. 49.19 (20), except that this paragraph does not apply to a juvenile whose care is being paid for under s. 48.623 ~~(1)~~ (1r).

SECTION 174. 938.38 (4) (j) (intro.) of the statutes is amended to read:

938.38 **(4)** (j) (intro.) If the juvenile is placed in the home of a relative or other person described in s. 48.623 ~~(1)~~ (1r) (b) 1. who will be receiving subsidized guardianship payments, a description of all of the following:

SECTION 175. 938.38 (4) (j) 3. of the statutes is amended to read:

938.38 **(4)** (j) 3. The reasons why a permanent placement with a fit and

willing relative or other person described in s. 48.623 ~~(1)~~ (1r) (b) 1. through a subsidized guardianship arrangement is in the best interests of the juvenile. In the case of an Indian juvenile, the best interests of the Indian juvenile shall be determined in accordance with s. 938.01 (3).

SECTION 176. 938.38 (4) (j) 4. of the statutes is amended to read:

938.38 **(4)** (j) 4. The ways in which the juvenile and the relative or other person described in s. 48.623 ~~(1)~~ (1r) (b) 1. meet the eligibility requirements specified in s. 48.623 ~~(1)~~ (1r) for the receipt of subsidized guardianship payments.

SECTION 177. 938.38 (4) (j) 5. of the statutes is amended to read:

938.38 **(4)** (j) 5. The efforts the agency has made to discuss adoption of the juvenile by the relative or other person described in s. 48.623 ~~(1)~~ (1r) (b) 1. as a more permanent alternative to guardianship and, if that relative or other person has chosen not to pursue adoption, documentation of the reasons for not pursuing adoption.

SECTION 178. DCF 55.02 (5g) (b) 2. of the administrative code is repealed.

SECTION 9406. Effective dates; Children and Families.

(1) EXPANDING ELIGIBILITY FOR SUBSIDIZED GUARDIANSHIPS AND KINSHIP CARE PAYMENTS. Notwithstanding s. 227.265, the repeal of s. DCF 55.02 (5g) (b) 2., Wis. Adm. Code, takes effect on the day after publication.".

26. At the appropriate places, insert all of the following:

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

				2025-26	2026-27
20.437 Children and families, department of					
(1) CHILDREN AND FAMILY SERVICES					
(bd)	Tribal family services grants	GPR	A	3,729,900	3,729,900
(bn)	Tribal placements	GPR	A	98,900	173,500

SECTION 179. 20.437 (1) (bd) of the statutes is created to read:

20.437 **(1)** (bd) *Tribal family services grants.* The amounts in the schedule for tribal family services grants under s. 48.487.

SECTION 180. 20.437 (1) (bn) of the statutes is created to read:

20.437 **(1)** (bn) *Tribal placements.* The amounts in the schedule to be used for unexpected or unusually high-cost out-of-home care placements of Indian children by tribal courts, including placements of Indian juveniles who have been adjudicated delinquent.

SECTION 181. 48.48 (8p) of the statutes is amended to read:

48.48 **(8p)** To reimburse tribes and county departments, from the ~~appropriation~~ appropriations under s. 20.437 (1) (bn) and (kz), for unexpected or unusually high-cost out-of-home care placements of Indian children by tribal courts, other than placements to which s. 938.485 (4) applies. In this subsection, "unusually high-cost out-of-home care placements" means the amount by which the cost to a tribe or to a county department of out-of-home care placements of Indian children by tribal courts, other than placements to which s. 938.485 (4) applies, exceeds $50,000 in a fiscal year.

SECTION 182. 48.487 (1m) of the statutes is amended to read:

48.487 **(1m)** TRIBAL FAMILY SERVICES GRANTS. From the ~~appropriation account~~ appropriations under s. 20.437 (1) (bd) and (js), the department may distribute tribal family services grants to the elected governing bodies of the Indian tribes in this state. An elected governing body that receives a grant under this subsection may expend the grant moneys received for any of the purposes specified in subs. (2), (3) (b), (4m) (b), (5) (b), (6), and (7) as determined by that body.".

27. At the appropriate places, insert all of the following:

"**SECTION 183.** 231.01 (5w) of the statutes is amended to read:

231.01 **(5w)** "Participating educational institution" means an entity authorized by state law to provide or operate an educational facility, or an affiliate of that entity, that is located in this state, headquartered in this state, or serves a population in this state, and that undertakes the financing and construction or acquisition of a project or undertakes the refunding or refinancing of obligations or of a mortgage or of advances as provided in this chapter.

SECTION 184. 231.01 (6) of the statutes is amended to read:

231.01 **(6)** "Participating health institution" means an entity authorized by state law to provide or operate a health facility, or an affiliate of that entity, that is located in this state, headquartered in this state, or serves a population in this state, and that undertakes the financing and construction or acquisition of a project or undertakes the refunding or refinancing of obligations or of a mortgage or of advances as provided in this chapter.

SECTION 185. 231.01 (6m) (intro.) of the statutes is amended to read:

231.01 **(6m)** (intro.) "Participating nonprofit institution" means a nonprofit entity, or an affiliate of a nonprofit entity, that is located in this state,

headquartered in this state, or serves a population in this state, and that undertakes the financing and construction or acquisition of a project or undertakes the refunding or refinancing of obligations or of a mortgage or of advances as provided in this chapter and is not any of the following:

SECTION 186. 231.01 (6t) of the statutes is amended to read:

231.01 **(6t)** "Participating research institution" means an entity organized under the laws of this state that provides or operates a research facility, or an affiliate of that entity, that is located in this state, headquartered in this state, or serves a population in this state, and that undertakes the financing and construction or acquisition of a project or undertakes the refunding or refinancing of obligations or of a mortgage or of advances as provided in this chapter.".

28. At the appropriate places, insert all of the following:

"**SECTION 187.** 49.155 (1m) (a) (intro.) of the statutes is amended to read:

49.155 **(1m)** (a) (intro.) Subject to sub. (2), the individual is a parent of a child who meets the requirement under s. 49.145 (2) (c) and who is under the age of 13 or, if the child is disabled, is under the age of 19; or is ~~a relative~~ an individual who, under s. 48.57 (3m) or (3n) or 48.62, is providing care and maintenance for a child who meets the requirement under s. 49.145 (2) (c) and who is under the age of 13 or, if the child is disabled, is under the age of 19; and child care services for that child are needed in order for the individual to participate in an approved activity. An individual who is eligible to receive a child care subsidy under this subsection shall remain eligible for that subsidy for a period of 3 months after the individual permanently ceases participation in the approved activity or until the department or the county department or agency redetermines the individual's eligibility,

whichever is earlier. In this paragraph, "approved activity" means any of the following:

SECTION 188. 49.155 (1m) (c) 1h. of the statutes is amended to read:

49.155 **(1m)** (c) 1h. If the individual ~~is a relative of the child,~~ is providing care for the child under a court order, and is receiving payments under s. 48.57 (3m) or (3n) on behalf of the child, the child's biological or adoptive family has a gross income that is at or below 200 percent of the poverty line. In calculating the gross income of the child's biological or adoptive family, the department or county department or agency determining eligibility shall include court-ordered child or family support payments received by the individual, if those support payments exceed $1,250 per month, and income described under s. 49.145 (3) (b) 1. and 3.

SECTION 189. 49.155 (1m) (cm) 3. of the statutes is amended to read:

49.155 **(1m)** (cm) 3. ~~A relative of the child~~ An individual who is providing care for the child under a court order and receiving payments under s. 48.57 (3m) or (3n) on behalf of the child.

SECTION 190. 49.46 (1) (a) 16. of the statutes is amended to read:

49.46 **(1)** (a) 16. Any child who is living with ~~a relative~~ an individual who is eligible to receive payments under s. 48.57 (3m) or (3n) with respect to that child, if the department determines that no other insurance is available to the child.".

29. At the appropriate places, insert all of the following:

"**SECTION 191.** 48.57 (3m) (am) (intro.) of the statutes, as affected by 2023 Wisconsin Act 119, is amended to read:

48.57 **(3m)** (am) (intro.) From the appropriations under s. 20.437 (2) (dz), (md), (me), and (s), the department shall reimburse counties having populations of

less than 750,000 for payments made under this subsection and shall make payments under this subsection in a county having a population of 750,000 or more. Subject to par. (ap), and if all of the following conditions are met, beginning on January 1, 2026, a county department and, in a county having a population of 750,000 or more, the department shall make monthly payments ~~per month~~ to a kinship care provider who is providing care and maintenance for a child in the amount of ~~$375 beginning on January 1, 2024, to a kinship care provider who is providing care and maintenance for a child if all of the following conditions are met~~ $463 for a child under 5 years of age; $507 for a child 5 to 11 years of age; $575 for a child 12 to 14 years of age; and $601 for a child 15 years of age or over:

SECTION 192. 48.57 (3m) (an) of the statutes is created to read:

48.57 **(3m)** (an) In addition to the monthly payments for kinship care under par. (am), the department or the county department may make payments for exceptional circumstances to enable siblings or a minor parent and minor children to reside together and for initial clothing allowances to a kinship care provider who is providing care and maintenance for a child residing in the home of the kinship care provider who is receiving a monthly rate under par. (am), commensurate with the needs of the child, according to the rules promulgated by the department under par. (i) 3.

SECTION 193. 48.57 (3m) (ar) and (at) of the statutes are created to read:

48.57 **(3m)** (ar) In addition to the monthly payments for kinship care under par. (ap), the department or, with the department's approval, the county department may make emergency payments for kinship care to kinship care providers who are providing care and maintenance for children residing in the

home of kinship care providers under a court order if any of the following conditions are met:

1. The governor has declared a state of emergency pursuant to s. 323.10, or the federal government has declared a major disaster under 42 USC 68, that covers the locality of the home of the kinship care provider.

2. This state has received federal funding to be used for child welfare purposes due to an emergency or disaster declared for the locality of the home of the kinship care provider.

3. The department has determined that conditions in this state or in the locality of the home of the kinship care provider have resulted in a temporary increase in the costs borne by kinship care providers. Those conditions may include any of the following:

a. A pandemic or other public health threat.

b. A natural disaster.

c. Unplanned school closures of 5 consecutive days or more.

(at) The department shall determine the amount of emergency payments under par. (ar) based on available funding.

SECTION 194. 48.57 (3m) (i) 3. of the statutes is created to read:

48.57 **(3m)** (i) 3. Rules governing the provision of payments for exceptional circumstances to enable siblings or a minor parent and minor children to reside together and for initial clothing allowances for a child residing in the home of a kinship care provider who is receiving a monthly rate under par. (am).

SECTION 195. 48.57 (3m) (j) of the statutes is created to read:

48.57 **(3m)** (j) The department may promulgate rules governing the provision of emergency payments under par. (ar).

SECTION 196. 48.57 (3n) (am) (intro.) of the statutes, as affected by 2023 Wisconsin Act 119, is amended to read:

48.57 **(3n)** (am) (intro.) From the appropriations under s. 20.437 (2) (dz), (md), (me), and (s), the department shall reimburse counties having populations of less than 750,000 for payments made under this subsection and shall make payments under this subsection in a county having a population of 750,000 or more. Subject to par. (ap), and if all of the following conditions are met, beginning on January 1, 2026, a county department and, in a county having a population of 750,000 or more, the department shall make monthly payments to a long-term kinship care provider who is providing care and maintenance for ~~each~~ a child ~~per month~~ in the amount of ~~$375 beginning on January 1, 2024, to a long-term kinship care provider who is providing care and maintenance for that child if all of the following conditions are met~~ $463 for a child under 5 years of age; $507 for a child 5 to 11 years of age; $557 for a child 12 to 14 years of age; and $601 for a child 15 years of age or over:

SECTION 197. 48.57 (3n) (an) of the statutes is created to read:

48.57 **(3n)** (an) In addition to the monthly payments for long-term kinship care under par. (am), the department or the county department may make payments for exceptional circumstances to enable siblings or a minor parent and minor children to reside together and for initial clothing allowances to a long-term kinship care provider who is providing care and maintenance for a child residing in the home of the long-term kinship care provider who is receiving a monthly rate

under par. (am), commensurate with the needs of the child, according to the rules promulgated by the department under par. (i) 2.

SECTION 198. 48.57 (3n) (i) of the statutes is renumbered 48.57 (3n) (i) (intro.) and amended to read:

48.57 **(3n)** (i) (intro.) The department shall promulgate rules to implement this subsection. Those rules shall include ~~rules~~ all of the following:

1. Rules governing the provision of long-term kinship care payments for the care and maintenance of a child after the child attains 18 years of age.

SECTION 199. 48.57 (3n) (i) 2. of the statutes is created to read:

48.57 **(3n)** (i) 2. Rules governing the provision of payments for exceptional circumstances to enable siblings or a minor parent and minor children to reside together and for initial clothing allowances for children residing in a home of a long-term kinship care provider who is receiving a monthly rate under par. (am).

SECTION 200. 48.62 (4) (a) of the statutes is amended to read:

48.62 **(4)** (a) Monthly payments in foster care shall be provided according to the rates specified in this subsection. Beginning on January 1, ~~2024, the rates for care and maintenance provided for a child of any age by a foster home that is certified to provide level one care, as defined in the rules promulgated under sub. (8) (a), are $375 and~~ 2026, for care and maintenance provided by a foster home that is certified to provide ~~care at a~~ any level of care ~~that is higher than level one care~~, the rates are all of the following:

1. ~~$441~~ $463 for a child under 5 years of age.

2. ~~$483~~ $507 for a child 5 to 11 years of age.

3. ~~$548~~ $575 for a child 12 to 14 years of age.

4. ~~$572~~ $601 for a child 15 years of age or over.

SECTION 201. 48.62 (5) of the statutes is created to read:

48.62 **(5)** (a) In addition to the grants for basic maintenance and supplemental payments for foster care under sub. (4), the department or, with the department's approval, the county department or licensed child welfare agency may make emergency payments for foster care to foster homes that are receiving payments under sub. (4) if any of the following conditions are met:

1. The governor has declared a state of emergency pursuant to s. 323.10, or the federal government has declared a major disaster under 42 USC 68, that covers the locality of the foster home.

2. This state has received federal funding to be used for child welfare purposes due to an emergency or disaster declared for the locality of the foster home.

3. The department has determined that conditions in this state or in the locality of the foster home have resulted in a temporary increase in the costs borne by foster homes. Those conditions may include any of the following:

a. A pandemic or other public health threat.

b. A natural disaster.

c. Unplanned school closures of 5 consecutive days or more.

(b) The department shall determine the amount of emergency payments under par. (a) based on available funding.

SECTION 202. 48.62 (8m) of the statutes is created to read:

48.62 **(8m)** The department may promulgate rules governing the provision of emergency payments to foster homes under sub. (5).

SECTION 203. DCF 56.23 (1) (c) of the administrative code is repealed.

SECTION 204. DCF 58.08 (9) (c) and (d) of the administrative code are created to read:

DCF 58.08 **(9)** (c) *Exceptional payments.* A kinship care agency may issue to a relative caregiver who is receiving kinship care payments or long-term kinship care payments an exceptional payment to enable siblings or a minor parent and minor children to reside together, subject to a maximum payment amount determined by the department.

(d) *Initial clothing allowance.* A kinship care agency may pay an initial clothing allowance to a relative caregiver when the relative caregiver is initially approved by the kinship care agency. The amount of the initial clothing allowance shall be the actual cost of the clothing not to exceed a maximum determined by the department.

SECTION 9206. Fiscal changes; Children and Families.

(1) FOSTER AND KINSHIP CARE RATES.

(a) In the schedule under s. 20.005 (3) for the appropriation to the department of children and families under s. 20.437 (2) (md), the dollar amount for fiscal year 2025-26 is increased by $6,933,800 to provide increased monthly payments for foster care and kinship care. In the schedule under s. 20.005 (3) for the appropriation to the department of children and families under s. 20.437 (2) (md), the dollar amount for fiscal year 2026-27 is increased by $14,000,800 to provide increased monthly payments for foster care and kinship care.

(b) In the schedule under s. 20.005 (3) for the appropriation to the department of children and families under s. 20.437 (1) (b), the dollar amount for fiscal year 2025-26 is increased by $1,331,200 to provide increased monthly payments for

foster care and kinship care. In the schedule under s. 20.005 (3) for the appropriation to the department of children and families under s. 20.437 (1) (b), the dollar amount for fiscal year 2026-27 is increased by $2,661,500 to provide increased monthly payments for foster care and kinship care.

SECTION 9406. Effective dates; Children and Families.

(1) FOSTER CARE AND KINSHIP CARE RATES. The treatment of ss. 48.57 (3m) (am) (intro.) and (3n) (am) (intro.) and 48.62 (4) (a) takes effect on January 1, 2026, or on the day after publication, whichever is later.".

30. At the appropriate places, insert all of the following:

"**SECTION 205.** 20.005 (3) (schedule) of the statutes: at the appropriate place, insert the following amounts for the purposes indicated:

			2025-26	**2026-27**
20.437 Children and families, department of				
(2) ECONOMIC SUPPORT				
(d) Child care partnership grant program	GPR	A	-0-	5,000,000

SECTION 206. 20.437 (2) (d) of the statutes is created to read:

20.437 **(2)** (d) *Child care partnership grant program.* The amounts in the schedule for the grants under s. 49.132.

SECTION 207. 49.132 of the statutes is created to read:

49.132 Child care partnership grant program. (1) In this section, "business" means a governmental entity, an organization or enterprise operated for profit, or a nonprofit corporation.

(2) The department may establish a grant program to award funding to businesses that provide or wish to provide child care services for their employees. A grant awarded under this program may be used to reserve child care placements for local business employees, pay child care tuition, and other costs related to child care.

(3) A business awarded a grant under this section shall provide matching funds equal to 10 percent or more of the amount awarded if the business has 50 or fewer employees and 15 percent or more of the amount awarded if the business has more than 50 employees.

(4) The department may promulgate rules to administer this section, including to determine eligibility for a grant.

SECTION 9106. Nonstatutory provisions; Children and Families.

(1) CHILD CARE PARTNERSHIP GRANT PROGRAM; EMERGENCY RULE MAKING. The department of children and families may promulgate emergency rules under s. 227.24 to implement s. 49.132. Notwithstanding s. 227.24 (1) (c) and (2), emergency rules promulgated under this subsection remain in effect until July 1, 2027, or the date on which permanent rules take effect, whichever is sooner. Notwithstanding s. 227.24 (1) (a), (2) (b), and (3), the department is not required to provide evidence that promulgating a rule under this subsection as an emergency rule is necessary for the preservation of the public peace, health, safety, or welfare and is not required to provide a finding of emergency for a rule promulgated under this subsection.

SECTION 9206. Fiscal changes; Children and Families.

(1) CHILD CARE PARTNERSHIP GRANT PROGRAM. In the schedule under s. 20.005 (3) for the appropriation to the department of children and families under s.

20.437 (1) (a), the dollar amount for fiscal year 2025-26 is increased by $162,400 to support the program under s. 49.132. In the schedule under s. 20.005 (3) for the appropriation to the department of children and families under s. 20.437 (1) (a), the dollar amount for fiscal year 2026-27 is increased by $351,500 to support the program under s. 49.132.".

31. At the appropriate places, insert all of the following:

"**SECTION 208.** 20.437 (2) (r) of the statutes is amended to read:

20.437 **(2)** (r) *Support receipt and disbursement program; payments.* From the support collections trust fund, except as provided in par. (qm), all moneys received under s. 49.854, except for moneys received under s. 49.854 (11) (b), all moneys received under ss. 767.57 and 767.75 for child or family support, maintenance, spousal support, health care expenses, or birth expenses, all other moneys received under judgments or orders in actions affecting the family, as defined in s. 767.001 (1), and all moneys received under s. 49.855 (4) from the department of revenue or the department of administration that were withheld by the department of revenue or the internal revenue service for delinquent child support, family support, or maintenance or outstanding court-ordered amounts for past support, medical expenses, or birth expenses, for disbursement to the persons for whom the payments are awarded, and, if assigned under s. 48.57 (3m) (b) 2. or (3n) (b) 2., ~~48.645 (3),~~ 49.145 (2) (s), 49.19 (4) (h) 1. b., or 49.775 (2) (bm), for transfer to the appropriation account under par. (k). Estimated disbursements under this paragraph shall not be included in the schedule under s. 20.005.

SECTION 209. 46.10 (1) of the statutes is amended to read:

46.10 **(1)** Liability and the collection and enforcement of such liability for the

care, maintenance, services, and supplies specified in this section is governed exclusively by this section, except in cases of child support ordered by a court under s. 48.355 ~~(2) (b) 4. or~~ (4g) (a)~~, 48.357 (5m) (a),~~ or 48.363 (2) or ch. 767 or s. 48.355 (2) (b) 4., 2023 stats., or s. 48.357 (5m) (a), 2023 stats.

SECTION 210. 46.10 (14) (e) 1. of the statutes is amended to read:

46.10 **(14)** (e) 1. An order issued under s. 48.355 ~~(2) (b) 4. or~~ (4g) (a)~~, 48.357 (5m) (a),~~ or 48.363 (2) or s. 48.355 (2) (b) 4., 2023 stats., or s. 48.357 (5m) (a), 2023 stats., for support determined under this subsection constitutes an assignment of all commissions, earnings, salaries, wages, pension benefits, income continuation insurance benefits under s. 40.62, duty disability benefits under s. 40.65, benefits under ch. 102 or 108, and other money due or to be due in the future to the county department under s. 46.22 or 46.23 in the county where the order was entered or to the department, depending upon the placement of the child as specified by rules promulgated under subd. 5. The assignment shall be for an amount sufficient to ensure payment under the order.

SECTION 211. 48.33 (4) (b) of the statutes is repealed.

SECTION 212. 48.33 (4m) of the statutes is repealed.

SECTION 213. 48.335 (3r) of the statutes is repealed.

SECTION 214. 48.355 (2) (b) 4. of the statutes is repealed.

SECTION 215. 48.357 (5m) of the statutes is repealed.

SECTION 216. 48.36 (4) of the statutes is created to read:

48.36 **(4)** (a) The county department or the department may, based on criteria established by the department by rule, refer to the attorney responsible for support

enforcement under s. 59.53 (6) (a) the name of the parent or parents of a child for whom an out-of-home care placement has been ordered under s. 48.355 or 48.357.

(b) The department shall promulgate rules establishing criteria for when it is appropriate for a child support referral to be made under par. (a).

SECTION 217. 48.363 (2) of the statutes is amended to read:

48.363 **(2)** If the court revises a dispositional order entered prior to July 1, 2026, with respect to the amount of child support to be paid by a parent for the care and maintenance of the parent's minor child who has been placed by a court order under this chapter in a residential, nonmedical facility, the court shall determine the liability of the parent in the manner provided in s. 49.345 (14).

SECTION 218. 48.645 (3) of the statutes is repealed.

SECTION 219. 49.345 (1) of the statutes is amended to read:

49.345 **(1)** Liability and the collection and enforcement of such liability for the care, maintenance, services, and supplies specified in this section are governed exclusively by this section, except in cases of child support ordered by a court under s. 48.355 ~~(2) (b) 4. or~~ (4g) (a)~~, 48.357 (5m) (a)~~, 48.363 (2), 938.183 (4), 938.355 ~~(2) (b) 4.~~ (4g) (a), ~~938.357 (5m) (a),~~ or 938.363 (2) or ch. 767 or s. 48.355 (2) (b) 4., 2023 stats., s. 48.357 (5m) (a), 2023 stats., s. 938.355 (2) (b) 4., 2023 stats., or s. 938.357 (5m) (a), 2023 stats.

SECTION 220. 49.345 (14) (e) 1. of the statutes is amended to read:

49.345 **(14)** (e) 1. An order issued under s. 48.355 ~~(2) (b) 4. or~~ (4g) (a)~~, 48.357 (5m) (a)~~, 48.363 (2), 938.183 (4), 938.355 ~~(2) (b) 4.~~ (4g) (a), ~~938.357 (5m) (a),~~ or 938.363 (2) or s. 48.355 (2) (b) 4., 2023 stats., s. 48.357 (5m) (a), 2023 stats., s. 938.355 (2) (b) 4., 2023 stats., or s. 938.357 (5m) (a), 2023 stats., for support

determined under this subsection constitutes an assignment of all commissions, earnings, salaries, wages, pension benefits, income continuation insurance benefits under s. 40.62, duty disability benefits under s. 40.65, benefits under ch. 102 or 108, and other money due or to be due in the future to the county department under s. 46.215, 46.22, or 46.23 in the county where the order was entered or to the department, depending upon the placement of the child as specified by rules promulgated under subd. 5. The assignment shall be for an amount sufficient to ensure payment under the order.

SECTION 221. 301.12 (1) of the statutes is amended to read:

301.12 **(1)** Liability and the collection and enforcement of such liability for the care, maintenance, services, and supplies specified in this section is governed exclusively by this section, except in cases of child support ordered by a court under s. 938.183 (4), 938.355 ~~(2) (b) 4. or~~ (4g) (a), ~~938.357 (5m) (a),~~ or 938.363 (2) or ch. 767 or s. 938.355 (2) (b) 4., 2023 stats., or s. 938.357 (5m) (a), 2023 stats.

SECTION 222. 301.12 (14) (e) 1. of the statutes is amended to read:

301.12 **(14)** (e) 1. An order issued under s. 938.183 (4), 938.355 ~~(2) (b) 4. or~~ (4g) (a), ~~938.357 (5m) (a),~~ or 938.363 (2) or s. 938.355 (2) (b) 4., 2023 stats., or s. 938.357 (5m) (a), 2023 stats., for support determined under this subsection constitutes an assignment of all commissions, earnings, salaries, wages, pension benefits, income continuation insurance benefits under s. 40.62, duty disability benefits under s. 40.65, benefits under ch. 102 or 108, and other money due or to be due in the future to the county department under s. 46.215, 46.22, or 46.23 in the county where the order was entered or to the department, depending upon the placement of the child

as specified by rules promulgated under subd. 5. The assignment shall be for an amount sufficient to ensure payment under the order.

SECTION 223. 767.001 (1) (m) of the statutes is amended to read:

767.001 **(1)** (m) To enforce or revise an order for support entered under s. 48.355 ~~(2) (b) 4. or~~ (4g) (a), ~~48.357 (5m) (a),~~ 48.363 (2), 938.183 (4), 938.355 ~~(2) (b) 4. or~~ (4g) (a), ~~938.357 (5m) (a),~~ or 938.363 (2) or s. 48.355 (2) (b) 4., 2023 stats., s. 48.357 (5m) (a), 2023 stats., s. 938.355 (2) (b) 4., 2023 stats., or s. 938.357 (5m) (a), 2023 stats.

SECTION 224. 767.511 (1m) (hm) of the statutes is amended to read:

767.511 **(1m)** (hm) The best interests of the child, including, with respect to a child placed with an out-of-home care provider under ch. 48 or 938, the impact on the child of expenditures by the family for improvement of any conditions in the home that would facilitate the reunification of the child with the child's family, if appropriate, and the importance of a placement that is the least restrictive of the rights of the child and the parents and the most appropriate for meeting the needs of the child and the family.

SECTION 225. 767.521 (intro.) of the statutes is amended to read:

767.521 Action by state for child support. (intro.) The state or its delegate under s. 49.22 (7) shall bring an action for support of a minor child under s. 767.001 (1) (f) or for paternity determination and child support under s. 767.80 if the child's right to support is assigned to the state under s. 48.57 (3m) (b) 2. or (3n) (b) 2., ~~48.645 (3),~~ 49.145 (2) (s), 49.19 (4) (h) 1. b., or 49.775 (2) (bm) and all of the following apply:

SECTION 226. 767.55 (3) (a) 2. of the statutes is amended to read:

767.55 **(3)** (a) 2. The child's right to support is assigned to the state under s. 48.57 (3m) (b) 2. or (3n) (b) 2., ~~48.645 (3),~~ or 49.19 (4) (h) 1. b.

SECTION 227. 767.57 (1m) (c) of the statutes is amended to read:

767.57 **(1m)** (c) The party entitled to the support or maintenance money or a minor child of the party has applied for or is receiving aid under s. 48.645 or public assistance under ch. 49 and there is an assignment to the state under s. ~~48.645 (3) or~~ 49.19 (4) (h) 1. b. of the party's right to the support or maintenance money.

SECTION 228. 767.57 (2) of the statutes is amended to read:

767.57 **(2)** PROCEDURE IF RECIPIENT ON PUBLIC ASSISTANCE. If a party entitled to maintenance or support, or both, is receiving public assistance under ch. 49, the party may assign the party's right to support or maintenance to the county department under s. 46.215, 46.22, or 46.23 granting the assistance. The assignment shall be approved by order of the court granting the maintenance or support. The assignment may not be terminated if there is a delinquency in the amount to be paid to the assignee of maintenance and support previously ordered without the written consent of the assignee or upon notice to the assignee and a hearing. When an assignment of maintenance or support, or both, has been approved by the order, the assignee shall be deemed a real party in interest within s. 803.01 solely for the purpose of securing payment of unpaid maintenance or support ordered to be paid, by participating in proceedings to secure the payment of unpaid amounts. Notwithstanding assignment under this subsection, and without further order of the court, the department or its designee, upon receiving notice that a party or a minor child of the parties is receiving aid under s. 48.645 or public assistance under ch. 49 or that a kinship care provider or long-term kinship care

provider of the minor child is receiving kinship care payments or long-term kinship care payments for the minor child, shall forward all support assigned under s. 48.57 (3m) (b) 2. or (3n) (b) 2., ~~48.645 (3),~~ 49.19 (4) (h) 1., or 49.45 (19) to the assignee under s. 48.57 (3m) (b) 2. or (3n) (b) 2., ~~48.645 (3),~~ 49.19 (4) (h) 1., or 49.45 (19).

SECTION 229. 767.57 (4) of the statutes is amended to read:

767.57 **(4)** PROCEDURE FOR CERTAIN CHILD RECIPIENTS. If an order or judgment providing for the support of one or more children not receiving aid under s. 48.57 (3m) or (3n), 48.645, or 49.19 includes support for a minor who is the beneficiary of aid under s. 48.57 (3m) or (3n), 48.645, or 49.19, any support payment made under the order or judgment is assigned to the state under s. 48.57 (3m) (b) 2. or (3n) (b) 2., ~~48.645 (3),~~ or 49.19 (4) (h) 1. b. in the amount that is the proportionate share of the minor receiving aid under s. 48.57 (3m) or (3n), 48.645, or 49.19, except as otherwise ordered by the court on the motion of a party.

SECTION 230. 767.59 (1) of the statutes is amended to read:

767.59 **(1)** DEFINITION. In this section, "support or maintenance order" means a judgment or order providing for child support under this chapter or s. 48.355 ~~(2) (b) 4. or~~ (4g) (a), ~~48.357 (5m) (a),~~ 48.363 (2), 938.183 (4), 938.355 ~~(2) (b) 4. or~~ (4g) (a), ~~938.357 (5m) (a),~~ 938.363 (2), or 948.22 (7), or s. 48.355 (2) (b) 4., 2023 stats., s. 48.357 (5m) (a), 2023 stats., s. 938.355 (2) (b) 4., 2023 stats., or s. 938.357 (5m) (a), 2023 stats., for maintenance payments under s. 767.56, for family support payments under s. 767.531, 2019 stats., or for the appointment of trustees or receivers under s. 767.57 (5).

SECTION 231. 767.59 (1c) (a) (intro.) of the statutes is amended to read:

767.59 **(1c)** (a) (intro.) On the petition, motion, or order to show cause of either

of the parties, the department, a county department under s. 46.215, 46.22, or 46.23, or a county child support agency under s. 59.53 (5) if an assignment has been made under s. 48.57 (3m) (b) 2. or (3n) (b) 2., ~~48.645 (3),~~ 49.19 (4) (h), or 49.45 (19) or if either party or their minor children receive aid under s. 48.57 (3m) or (3n) or 48.645 or ch. 49, a court may, except as provided in par. (b), do any of the following:

SECTION 232. 767.59 (2) (c) of the statutes is amended to read:

767.59 **(2)** (c) If the court revises a judgment or order providing for child support that was entered under s. 48.355 ~~(2) (b) 4. or~~ (4g) (a), ~~48.357 (5m) (a),~~ 48.363 (2), 938.183 (4), 938.355 ~~(2) (b) 4. or~~ (4g) (a), ~~938.357 (5m) (a),~~ or 938.363 (2) or s. 48.355 (2) (b) 4., 2023 stats., s. 48.357 (5m) (a), 2023 stats., s. 938.355 (2) (b) 4., 2023 stats., or s. 938.357 (5m) (a), 2023 stats., the court shall determine child support in the manner provided in s. 49.345 (14) or 301.12 (14), whichever is applicable.

SECTION 233. 767.77 (1) of the statutes is amended to read:

767.77 **(1)** DEFINITION. In this section, "payment obligation" means an obligation to pay support under s. 48.355 ~~(2) (b) 4. or~~ (4g) (a)~~, 48.357 (5m) (a)~~, 48.363 (2), 938.183 (4), 938.355 ~~(2) (b) 4. or~~ (4g) (a), ~~938.357 (5m) (a),~~ or 938.363 (2) or s. 48.355 (2) (b) 4., 2023 stats., s. 48.357 (5m) (a), 2023 stats., s. 938.355 (2) (b) 4., 2023 stats., or s. 938.357 (5m) (a), 2023 stats., support or maintenance under s. 767.501, child support or maintenance under s. 767.225, child support under s. 767.511, maintenance under s. 767.56, family support under s. 767.225, 2019 stats., or s. 767.531, 2019 stats., attorney fees under s. 767.241, child support or a child's health care expenses under s. 767.85, paternity obligations under s. 767.804 (3), 767.805 (4), 767.863 (3), or 767.89, support arrearages under s. 767.71, or child or spousal support under s. 948.22 (7).

SECTION 234. 767.78 (1) of the statutes is amended to read:

767.78 **(1)** DEFINITION. In this section, "financial obligation" means an obligation for payment incurred under s. 48.355 (2) (b) 4., 2023 stats., s. 48.357 (5m) (a), 2023 stats., s. 767.531, 2019 stats., s. 938.355 (2) (b) 4., 2023 stats., or s. 938.357 (5m) (a), 2023 stats., or s. 48.355 ~~(2) (b) 4. or~~ (4g) (a)~~, 48.357 (5m) (a)~~, 48.363 (2), 767.225, 767.241, 767.511, 767.56, 767.61, 767.71, 767.804 (3), 767.805 (4), 767.85, 767.863 (3), 767.89, 938.183 (4), 938.355 ~~(2) (b) 4. or~~ (4g) (a), ~~938.357 (5m) (a),~~ or 938.363 (2).

SECTION 235. 767.87 (6) (a) of the statutes is amended to read:

767.87 **(6)** (a) Whenever the state brings the action to determine paternity pursuant to an assignment under s. 48.57 (3m) (b) 2. or (3n) (b) 2., ~~48.645 (3),~~ 49.19 (4) (h) 1., or 49.45 (19), or receipt of benefits under s. 49.148, 49.155, 49.157, or 49.159, the natural mother of the child may not be compelled to testify about the paternity of the child if it has been determined that the mother has good cause for refusing to cooperate in establishing paternity as provided in 42 USC 602 (a) (26) (B) and the federal regulations promulgated pursuant to this statute, as of July 1, 1981, and pursuant to any rules promulgated by the department which define good cause in accordance with the federal regulations, as authorized by 42 USC 602 (a) (26) (B) in effect on July 1, 1981.

SECTION 236. 780.01 (5) of the statutes is amended to read:

780.01 **(5)** For all arrearages owed by the owner in child support ordered under s. 48.355 ~~(2) (b) 4. or~~ (4g) (a)~~, 48.357 (5m) (a)~~, 48.363 (2), 938.183 (4), 938.355 ~~(2) (b) 4. or~~ (4g) (a), ~~938.357 (5m) (a),~~ 938.363 (2), or 948.22 (7) or ch. 767 or 769 or s.

48.355 (2) (b) 4., 2023 stats., s. 48.357 (5m) (a), 2023 stats., s. 938.355 (2) (b) 4., 2023 stats., or s. 938.357 (5m) (a), 2023 stats., or in family support ordered under ch. 767.

SECTION 237. 893.415 (2) of the statutes is amended to read:

893.415 **(2)** An action to collect child or family support owed under a judgment or order entered under ch. 767, or to collect child support owed under a judgment or order entered under s. 48.355 ~~(2) (b) 4. or~~ (4g) (a)~~, 48.357 (5m) (a)~~, 48.363 (2), 938.183 (4), 938.355 ~~(2) (b) 4. or~~ (4g) (a), ~~938.357 (5m) (a),~~ 938.363 (2), or 948.22 (7) or s. 48.355 (2) (b) 4., 2023 stats., s. 48.357 (5m) (a), 2023 stats., s. 938.355 (2) (b) 4., 2023 stats., or s. 938.357 (5m) (a), 2023 stats., shall be commenced within 20 years after the youngest child for whom the support was ordered under the judgment or order reaches the age of 18 or, if the child is enrolled full-time in high school or its equivalent, reaches the age of 19.

SECTION 238. 938.33 (3) (intro.) and (a) of the statutes are consolidated, renumbered 938.33 (3) and amended to read:

938.33 **(3)** CORRECTIONAL PLACEMENT REPORTS. A report recommending placement of a juvenile in a juvenile correctional facility or a secured residential care center for children and youth shall be in writing, except that the report may be presented orally at the dispositional hearing if the juvenile and the juvenile's counsel consent. A report that is presented orally shall be transcribed and made a part of the court record. In addition to the information specified under sub. (1) (a) to (d), the report shall include ~~all of the following: (a) A~~ a description of any less restrictive alternatives that are available and that have been considered, and why they have been determined to be inappropriate. If the court has found that any of the conditions specified in s. 938.34 (4m) (b) 1., 2., or 3. applies, the report shall

indicate that a less restrictive alternative than placement in a juvenile correctional facility or a secured residential care center for children and youth is not appropriate.

SECTION 239. 938.33 (3) (b) of the statutes is repealed.

SECTION 240. 938.33 (4) (b) of the statutes is repealed.

SECTION 241. 938.33 (4m) of the statutes is repealed.

SECTION 242. 938.335 (3r) of the statutes is repealed.

SECTION 243. 938.355 (2) (b) 4. of the statutes is repealed.

SECTION 244. 938.357 (5m) (a) of the statutes is repealed.

SECTION 245. 938.357 (5m) (b) of the statutes is renumbered 938.357 (5m).

SECTION 246. 938.36 (4) of the statutes is created to read:

938.36 **(4)** CHILD SUPPORT REFERRAL. (a) The county department or the department may refer to the attorney responsible for support enforcement under s. 59.53 (6) (a) the name of the parent or parents of a juvenile for whom an out-of-home placement has been ordered under s. 938.355 or 938.357 based on criteria established by the department by rule.

(b) The department shall promulgate rules establishing criteria for when it is appropriate for a child support referral to be made under par. (a).

SECTION 247. 938.363 (2) of the statutes is amended to read:

938.363 **(2)** REVISION OF SUPPORT. If the court revises the amount of child support to be paid by a parent under ~~the~~ a dispositional order entered before July 1, 2026, for the care and maintenance of the parent's juvenile who has been placed by a court order under this chapter in a residential, nonmedical facility, the court shall determine the liability of the parent under s. 301.12 (14).

SECTION 9106. Nonstatutory provisions; Children and Families.

(1) FOSTER CARE AID-RELATED CHILD SUPPORT ARREARS. Any balance of court-ordered child support obligations assigned to this state under s. 48.645 (3), 2023 stats., is set to $0 and is unenforceable and uncollectable. Any warrant or lien issued prior to July 1, 2026, is vacated if it is based on the alleged failure to pay such a balance or the failure to appear to a court hearing set for the purpose of enforcing the obligation assigned to the state.

SECTION 9206. Fiscal changes; Children and Families.

(1) CHILD SUPPORT - OUT-OF-HOME CARE.

(a) In the schedule under s. 20.005 (3) for the appropriation to the department of children and families under s. 20.437 (1) (b), the dollar amount for fiscal year 2026-27 is increased by $1,205,000 to support child welfare agencies for the revenue lost from repealing the statutory requirement to collect child support from families whose children have entered certain out-ofhome care placements.

(b) In the schedule under s. 20.005 (3) for the appropriation to the department of children and families under s. 20.437 (2) (md), the dollar amount for fiscal year 2026-27 is increased by $665,000 to support child welfare agencies for the revenue lost from repealing the statutory requirement to collect child support from families whose children have entered certain out-ofhome care placements.

SECTION 9406. Effective dates; Children and Families.

(1) CHILD SUPPORT ASSIGNMENT AND REFERRALS. The treatment of ss. 20.437 (2) (r), 46.10 (1) and (14) (e) 1., 48.33 (4) (b) and (4m), 48.335 (3r), 48.355 (2) (b) 4., 48.357 (5m), 48.36 (4) (a), 48.363 (2), 48.645 (3), 49.345 (1) and (14) (e) 1., 301.12 (1) and (14) (e) 1., 767.001 (1) (m), 767.511 (1m) (hm), 767.521 (intro.), 767.55 (3) (a) 2.,

767.57 (1m) (c), (2), and (4), 767.59 (1), (1c) (a) (intro.), and (2) (c), 767.77 (1), 767.78 (1), 767.87 (6) (a), 780.01 (5), 893.415 (2), 938.33 (3) (intro.), (a), and (b), (4) (b), and (4m), 938.335 (3r), 938.355 (2) (b) 4., 938.357 (5m) (a) and (b), 938.36 (4) (a), and 938.363 (2) and SECTION 9106 (1) of this act take effect on July 1, 2026.".

32. At the appropriate places, insert all of the following:

"**SECTION 248.** 20.005 (3) (schedule) of the statutes: at the appropriate place, insert the following amounts for the purposes indicated:

			2025-26	**2026-27**
20.437 Children and families, department of				
(2) ECONOMIC SUPPORT				
(bp) Child care access program	GPR	A	10,000,000	-0-

SECTION 249. 20.437 (2) (bp) of the statutes is created to read:

20.437 **(2)** (bp) *Child care access program.* The amounts in the schedule for the program under s. 49.1335.

SECTION 250. 49.1335 of the statutes is created to read:

49.1335 Child care access program. (1) In this section, "family child care center" has the meaning given in s. 49.136 (1) (j).

(2) From the appropriation under s. 20.437 (2) (bp), the department shall enter into contracts with all of the following organizations, at the following amounts, to increase access to high-quality child care in this state:

(a) Wonderschool, Inc., or a successor organization, at $4,500,000, to do any of the following:

1. Increase the child care workforce in this state by launching an online

software platform that is linked to the department's website to connect child care providers with child care workers and a pool of substitute child care workers.

2. Build child care capacity in this state.

(b) Wisconsin Early Childhood Association, Inc., at $5,500,000, to provide any of the following for child care providers or prospective child care providers:

1. Assistance with licensing under s. 48.65 and certification under s. 48.651, prioritizing locations with a high need for child care services and child care providers that serve infants and toddlers.

2. Coaching services and other support services, including for substitute child care workers.

3. Tax education assistance for family child care centers.".

33. At the appropriate places, insert all of the following:

"**SECTION 251.** 48.563 (2) of the statutes is amended to read:

48.563 **(2)** COUNTY ALLOCATION. For children and family services under s. 48.569 (1) (d), the department shall distribute not more than ~~$101,154,200~~ $104,969,500 in fiscal year ~~2021-22~~ 2025-26 and ~~$101,162,800~~ $110,869,200 in fiscal year ~~2022-23. In fiscal year 2023-24, the department shall distribute $101,551,400. In fiscal year 2024-25, the department shall distribute $101,939,600~~ 2026-27.

SECTION 9206. Fiscal changes; Children and Families.

(1) CHILDREN AND FAMILY AIDS. In the schedule under s. 20.005 (3) for the appropriation to the department of children and families under s. 20.437 (1) (b), the dollar amount for fiscal year 2025-26 is increased by $2,548,500 to support child welfare services under the children and family aids program. In the schedule under

s. 20.005 (3) for the appropriation to the department of children and families under s. 20.437 (1) (b), the dollar amount for fiscal year 2026-27 is increased by $6,167,400 to support child welfare services under the children and family aids program.".

34. At the appropriate places, insert all of the following:

"**SECTION 9206. Fiscal changes; Children and Families.**

(1) CHILD SUPPORT INFORMATION TECHNOLOGY MODERNIZATION PROJECT. In the schedule under s. 20.005 (3) for the appropriation to the department of children and families under s. 20.437 (2) (a), the dollar amount for fiscal year 2025-26 is increased by $5,971,100 to continue a child support information technology modernization project. In the schedule under s. 20.005 (3) for the appropriation to the department of children and families under s. 20.437 (2) (a), the dollar amount for fiscal year 2026-27 is increased by $9,373,400 to continue a child support information technology modernization project.

(2) CHILD SUPPORT INFORMATION TECHNOLOGY MODERNIZATION PROJECT. In the schedule under s. 20.005 (3) for the appropriation to the department of children and families under s. 20.437 (2) (n), the dollar amount for fiscal year 2025-26 is increased by $11,590,900 to continue a child support information technology modernization project. In the schedule under s. 20.005 (3) for the appropriation to the department of children and families under s. 20.437 (2) (n), the dollar amount for fiscal year 2026-27 is increased by $18,195,500 to continue a child support information technology modernization project.".

35. At the appropriate places, insert all of the following:

"**SECTION 9216. Fiscal changes; Financial Institutions.**

(1) ABLE ACCOUNTS; PR POSITIONS. In the schedule under s. 20.005 (3) for the appropriation to the department of financial institutions under s. 20.144 (1) (g), the dollar amount for fiscal year 2025-26 is increased by $137,400 to increase the authorized FTE positions for the ABLE program under s. 224.55 by 1.1 PR positions. In the schedule under s. 20.005 (3) for the appropriation to the department of financial institutions under s. 20.144 (1) (g), the dollar amount for fiscal year 2026-27 is increased by $138,100 to provide funding for the positions authorized under this subsection.

(2) ABLE ACCOUNTS; SEG POSITION. In the schedule under s. 20.005 (3) for the appropriation to the department of financial institutions under s. 20.144 (3) (th), the dollar amount for fiscal year 2025-26 is decreased by $12,900, and the dollar amount for fiscal year 2025-26 is decreased by $17,100, to decrease the authorized FTE positions for the college savings program under s. 224.50 by 0.1 SEG position.

(3) ABLE ACCOUNTS; MARKETING MATERIALS. In the schedule under s. 20.005 (3) for the appropriation to the department of financial institutions under s. 20.144 (1) (g), the dollar amount for fiscal year 2026-27 is increased by $45,000 for marketing materials for the ABLE program under s. 224.55.".

36. At the appropriate places, insert all of the following:

"**SECTION 252.** 115.28 (63) (intro.) of the statutes is amended to read:

115.28 **(63)** MENTAL HEALTH TRAINING PROGRAM. (intro.) Establish a mental health training support program under which the department provides training ~~on all of the following evidence-based strategies related to addressing mental health issues in schools~~ to school district staff ~~and~~, instructional staff of charter schools

under s. 118.40 (2r) or (2x), and individuals employed by an out-of-school-time program on evidence-based strategies related to addressing mental health needs and suicide prevention in schools, including all of the following:

SECTION 9234. Fiscal changes; Public Instruction.

(1) MENTAL HEALTH TRAINING PROGRAM. In the schedule under s. 20.005 (3) for the appropriation to the department of public instruction under s. 20.255 (1) (ep), the dollar amount for fiscal year 2025-26 is increased by $380,000 and the dollar amount for fiscal year 2026-27 is increased by $380,000.".

37. At the appropriate places, insert all of the following:

"**SECTION 253.** 39.465 (1) (f) of the statutes is created to read:

39.465 **(1)** (f) "Student" means an individual enrolled in the school or an individual who is a dental general practice resident at the school.

SECTION 254. 39.465 (2) of the statutes is amended to read:

39.465 **(2)** SCHOLARSHIPS. In consultation with the department of health services, the board shall establish a program for awarding to no more than 15 students at the school an annual scholarship, including a stipend, equal to $30,000 for each year of a student's enrollment or dental general practice residency but not exceeding 4 years. The board shall pay the scholarships from the appropriation account under s. 20.235 (1) (dg). From the appropriation account under s. 20.235 (1) (dg), the board shall also provide the school $350,000 annually for the development and operation of programs to support the recruitment and training of students in rural dentistry.".

38. At the appropriate places, insert all of the following:

"**SECTION 9201. Fiscal changes; Administration.**

(1) RISK MANAGEMENT. In the schedule under s. 20.005 (3) for the appropriation to the department of administration under s. 20.505 (2) (ki), the dollar amount for fiscal year 2025-26 is increased by $5,519,400 to provide for actual and estimated increases in the cost of excess property and liability insurance premiums. In the schedule under s. 20.005 (3) for the appropriation to the department of administration under s. 20.505 (2) (ki), the dollar amount for fiscal year 2026-27 is increased by $8,068,500 to provide for actual and estimated increases in the cost of excess property and liability insurance premiums.".

39. At the appropriate places, insert all of the following:

"**SECTION 9101. Nonstatutory provisions; Administration.**

(1) POSITION AUTHORIZATIONS; AIRCRAFT PILOTS AND MECHANIC. The authorized FTE positions for the department of administration are increased by 3.0 PR positions, to be funded from the appropriation under s. 20.505 (1) (kb), for the employment of 2 aircraft pilots and one mechanic.

SECTION 9201. Fiscal changes; Administration.

(1) REPLACEMENT OF STATE-OWNED AIRCRAFT. In the schedule under s. 20.005 (3) for the appropriation to the department of administration under s. 20.505 (1) (kb), the dollar amount for fiscal year 2025-26 is increased by $7,823,400 to purchase and replace a state-owned aircraft, to maintain the aircraft and hangar, and to employ 2 pilots and one mechanic, as authorized under SECTION 9101 (1) of this act. In the schedule under s. 20.005 (3) for the appropriation to the department of administration under s. 20.505 (1) (kb), the dollar amount for fiscal year 2026-27

is increased by $397,700 to maintain the new aircraft and the hangar and to employ 2 pilots and one mechanic, as authorized under SECTION 9101 (1) of this act.".

40. At the appropriate places, insert all of the following:

"**SECTION 9201. Fiscal changes; Administration.**

(1) TRIBAL YOUTH WELLNESS CENTER. In the schedule under s. 20.005 (3) for the appropriation to the department of administration under s. 20.505 (1) (kp), the dollar amount for fiscal year 2025-26 is increased by $1,500,000 to build a youth substance abuse and mental health treatment center led by the Great Lakes inter-tribal council. In the schedule under s. 20.005 (3) for the appropriation to the department of administration under s. 20.505 (1) (kp), the dollar amount for fiscal year 2026-27 is increased by $1,500,000 to build a youth substance abuse and mental health treatment center led by the Great Lakes inter-tribal council.".

41. At the appropriate places, insert all of the following:

"**SECTION 255.** 20.437 (1) (bc) of the statutes is amended to read:

20.437 **(1)** (bc) ~~*Grants for children's community*~~ *Youth support programs.* The amounts in the schedule for grants for ~~children's community~~ youth support programs under s. 48.481. Notwithstanding ss. 20.001 (3) (a) and 20.002 (1), the department may transfer funds between fiscal years under this paragraph. All moneys under this appropriation account that are distributed under s. 48.481 but are not encumbered by December 31 of each year lapse to the general fund on the next January 1 unless carried forward to the next calendar year by the joint committee on finance.

SECTION 256. 48.481 (title) of the statutes is amended to read:

48.481 (title) ~~**Grants for children's community**~~ **Youth support programs.**

SECTION 257. 48.481 (2) of the statutes is renumbered 48.481 (2) (b) and amended to read:

48.481 **(2)** (b) ~~The~~ From the appropriation under s. 20.437 (1) (bc), the department shall distribute ~~at least $231,700 in each fiscal year~~ funds for the purpose of assisting any of the following individuals ~~who attain~~, if the individual is under the age of 23, to make the transition from out-of-home care to a successful adulthood:

1. An individual who attained the age of 18 while residing in ~~a foster home, group home, or residential care center for children and youth, in the home of a relative other than a parent, or in a supervised independent living arrangement to make the transition from out-of-home care to a successful adulthood~~ out-of-home care.

(c) Public or private agencies or organizations are eligible for funding under this subsection. No county department or Indian tribe may use funds provided under this subsection to replace funds previously used by the county department or Indian tribe for this purpose.

SECTION 258. 48.481 (2) (a) of the statutes is created to read:

48.481 **(2)** (a) In this subsection, "out-of-home care" means the placement and care of a child by the department, a county department, or a tribal child welfare agency in a foster home, group home, or residential care center for children and youth, in the home of a relative other than a parent, in the home of like-kin, in the

home of a person who is not a relative or like-kin, or in a supervised independent living arrangement.

SECTION 259. 48.481 (2) (b) 2. of the statutes is created to read:

48.481 **(2)** (b) 2. An individual who resided in out-of-home care for at least 6 months after his or her 16th birthday.

SECTION 260. 48.481 (2) (b) 3. of the statutes is created to read:

48.481 **(2)** (b) 3. An individual who was placed under a guardianship under s. 48.977 on or after his or her 16th birthday.

SECTION 261. 48.481 (2) (b) 4. of the statutes is created to read:

48.481 **(2)** (b) 4. An individual who was adopted on or after his or her 16th birthday following time spent in out-of-home care.

SECTION 9206. Fiscal changes; Children and Families.

(1) INDEPENDENT LIVING SUPPORTS. In the schedule under s. 20.005 (3) for the appropriation to the department of children and families under s. 20.437 (1) (bc), the dollar amount for fiscal year 2025-26 is increased by $5,251,400 for maintaining and enhancing services for individuals aged 18 to 23 who were formerly in out-of-home care. In the schedule under s. 20.005 (3) for the appropriation to the department of children and families under s. 20.437 (1) (bc), the dollar amount for fiscal year 2026-27 is increased by $5,251,400 for maintaining and enhancing services for individuals aged 18 to 23 who were formerly in out-of-home care.".

42. At the appropriate places, insert all of the following:

"**SECTION 9202. Fiscal changes; Agriculture, Trade and Consumer Protection.**

(1) FARMER MENTAL HEALTH ASSISTANCE PROGRAMMING. In the schedule under s. 20.005 (3) for the appropriation to the department of agriculture, trade and consumer protection under s. 20.115 (3) (c), the dollar amount for fiscal year 2025-26 is increased by $200,000 and the dollar amount for fiscal year 2026-27 is increased by $200,000 for farmer mental health assistance programming.".

43. At the appropriate places, insert all of the following:

"**SECTION 262.** 49.175 (1) (p) of the statutes is amended to read:

49.175 **(1)** (p) *Direct child care services.* For direct child care services under s. 49.155 or 49.257, $376,700,400 in fiscal year 2021-22 and $383,900,400 in fiscal year 2022-23. In fiscal year 2023-24, for such direct child care services, $368,834,800. In fiscal year 2024-25, for such direct child care services, $428,779,700. In fiscal year 2025-26, for such direct child care services, $438,582,000. In fiscal year 2026-27, for such direct child care services, $459,111,600.

SECTION 9206. Fiscal changes; Children and Families.

(1) DIRECT CHILD CARE SERVICES. In the schedule under s. 20.005 (3) for the appropriation to the department of children and families under s. 20.437 (1) (md), the dollar amount for fiscal year 2025-26 is increased by $9,802,300 to support the Wisconsin Shares child care subsidy program. In the schedule under s. 20.005 (3) for the appropriation to the department of children and families under s. 20.437 (1) (md), the dollar amount for fiscal year 2026-27 is increased by $30,331,900 to support the Wisconsin Shares child care subsidy program.".

44. At the appropriate places, insert all of the following:

"**SECTION 263.** 15.07 (3) (bm) 7. of the statutes is created to read:

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

SECTION 264. 15.735 of the statutes is created to read:

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

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

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

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

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

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

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

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

SECTION 265. 20.145 (1) (g) 5. of the statutes is created to read:

20.145 **(1)** (g) 5. All moneys received from the regulation of pharmacy benefit managers, pharmacy benefit management brokers, pharmacy benefit management consultants, pharmacy services administration organizations, and pharmaceutical representatives.

SECTION 266. 601.575 of the statutes is created to read:

601.575 Prescription drug importation program. (1) IMPORTATION PROGRAM REQUIREMENTS. The commissioner, in consultation with persons interested in the sale and pricing of prescription drugs and appropriate officials and agencies of the federal government, shall design and implement a prescription drug importation program for the benefit of residents of this state, that generates savings for residents, and that satisfies all of the following:

(a) The commissioner shall designate a state agency to become a licensed wholesale distributor or to contract with a licensed wholesale distributor and shall seek federal certification and approval to import prescription drugs.

(b) The program shall comply with relevant requirements of 21 USC 384, including safety and cost savings requirements.

(c) The program shall import prescription drugs from Canadian suppliers regulated under any appropriate Canadian or provincial laws.

(d) The program shall have a process to sample the purity, chemical composition, and potency of imported prescription drugs.

(e) The program shall import only those prescription drugs for which importation creates substantial savings for residents of this state and only those prescription drugs that are not brand-name drugs and that have fewer than 4 competitor prescription drugs in the United States.

(f) The commissioner shall ensure that prescription drugs imported under the program are not distributed, dispensed, or sold outside of this state.

(g) The program shall ensure all of the following:

1. Participation by any pharmacy or health care provider in the program is voluntary.

2. Any pharmacy or health care provider participating in the program has the appropriate license or other credential in this state.

3. Any pharmacy or health care provider participating in the program charges a consumer or health plan the actual acquisition cost of the imported prescription drug that is dispensed.

(h) The program shall ensure that a payment by a health plan or health insurance policy for a prescription drug imported under the program reimburses no more than the actual acquisition cost of the imported prescription drug that is dispensed.

(i) The program shall ensure that any health plan or health insurance policy participating in the program does all of the following:

1. Maintains a formulary and claims payment system with current information on prescription drugs imported under the program.

2. Bases cost-sharing amounts for participants or insureds under the plan or policy on no more than the actual acquisition cost of the prescription drug imported under the program that is dispensed to the participant or insured.

3. Demonstrates to the commissioner or a state agency designated by the commissioner how premiums under the plan or policy are affected by savings on prescription drugs imported under the program.

(j) Any wholesale distributor importing prescription drugs under the program shall limit its profit margin to the amount established by the commissioner or a state agency designated by the commissioner.

(k) The program may not import any generic prescription drug that would violate federal patent laws on branded products in the United States.

(L) The program shall comply with tracking and tracing requirements of 21 USC 360eee and 360eee-1, to the extent practical and feasible, before the prescription drug to be imported comes into the possession of this state's wholesale distributor and fully after the prescription drug to be imported is in the possession of this state's wholesale distributor.

(m) The program shall establish a fee or other mechanism to finance the program that does not jeopardize significant savings to residents of this state.

(n) The program shall have an audit function that ensures all of the following:

1. The commissioner has a sound methodology to determine the most cost-effective prescription drugs to include in the program.

2. The commissioner has a process in place to select Canadian suppliers that are high quality, high performing, and in full compliance with Canadian laws.

3. Prescription drugs imported under the program are pure, unadulterated, potent, and safe.

4. The program is complying with the requirements of this subsection.

5. The program is adequately financed to support administrative functions of the program while generating significant cost savings to residents of this state.

6. The program does not put residents of this state at a higher risk than if the program did not exist.

7. The program provides and is projected to continue to provide substantial cost savings to residents of this state.

(2) ANTICOMPETITIVE BEHAVIOR. The commissioner, in consultation with the attorney general, shall identify the potential for and monitor anticompetitive behavior in industries affected by a prescription drug importation program.

(3) APPROVAL OF PROGRAM DESIGN; CERTIFICATION. No later than the first day of the 7th month beginning after the effective date of this subsection .... [LRB inserts date], the commissioner shall submit to the joint committee on finance a report that includes the design of the prescription drug importation program in accordance with this section. The commissioner may not submit the proposed program to the federal department of health and human services unless the joint committee on finance approves the proposed program. Within 14 days of the date of

approval by the joint committee on finance of the proposed program, the commissioner shall submit to the federal department of health and human services a request for certification of the approved program.

(4) IMPLEMENTATION OF CERTIFIED PROGRAM. After the federal department of health and human services certifies the prescription drug importation program submitted under sub. (3), the commissioner shall begin implementation of the program, and the program shall be fully operational by 180 days after the date of certification by the federal department of health and human services. The commissioner shall do all of the following to implement the program to the extent the action is in accordance with other state laws and the certification by the federal department of health and human services:

(a) Become a licensed wholesale distributor, designate another state agency to become a licensed wholesale distributor, or contract with a licensed wholesale distributor.

(b) Contract with one or more Canadian suppliers that meet the criteria in sub. (1) (c) and (n).

(c) Create an outreach and marketing plan to communicate with and provide information to health plans and health insurance policies, employers, pharmacies, health care providers, and residents of this state on participating in the program.

(d) Develop and implement a registration process for health plans and health insurance policies, pharmacies, and health care providers interested in participating in the program.

(e) Create a publicly accessible source for listing prices of prescription drugs imported under the program.

(f) Create, publicize, and implement a method of communication to promptly answer questions from and address the needs of persons affected by the implementation of the program before the program is fully operational.

(g) Establish the audit functions under sub. (1) (n) with a timeline to complete each audit function every 2 years.

(h) Conduct any other activities determined by the commissioner to be important to successful implementation of the program.

(5) REPORT. By January 1 and July 1 of each year, the commissioner shall submit to the joint committee on finance a report including all of the following:

(a) A list of prescription drugs included in the prescription drug importation program under this section.

(b) The number of pharmacies, health care providers, and health plans and health insurance policies participating in the prescription drug importation program under this section.

(c) The estimated amount of savings to residents of this state, health plans and health insurance policies, and employers resulting from the implementation of the prescription drug importation program under this section reported from the date of the previous report under this subsection and from the date the program was fully operational.

(d) Findings of any audit functions under sub. (1) (n) completed since the date of the previous report under this subsection.

(6) RULEMAKING. The commissioner may promulgate any rules necessary to implement this section.

SECTION 267. Subchapter VI (title) of chapter 601 [precedes 601.78] of the statutes is created to read:

CHAPTER 601

SUBCHAPTER VI

PRESCRIPTION DRUG

AFFORDABILITY REVIEW BOARD

SECTION 268. 601.78 of the statutes is created to read:

601.78 Definitions. In this subchapter:

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

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

(3) "Board" means the prescription drug affordability review board established under s. 15.735 (1).

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

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

(6) "Generic drug" means any of the following:

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

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

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

(7) "Immediate family member" means a spouse, grandparent, parent, sibling, child, stepchild, or grandchild or the spouse of a grandparent, parent, sibling, child, stepchild, or grandchild.

(8) "Manufacturer" means an entity that does all of the following:

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

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

(9) "Pharmacy benefit manager" has the meaning given in s. 632.865 (1) (c).

(10) "Prescription drug product" means a brand name drug, a generic drug, a biologic, or a biosimilar.

SECTION 269. 601.785 of the statutes is created to read:

601.785 Prescription drug affordability review board. (1) MISSION. The purpose of the board is to protect state residents, the state, local governments, health plans, health care providers, pharmacies licensed in this state, and other

stakeholders of the health care system in this state from the high costs of prescription drug products.

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

1. Meet in open session at least 4 times per year to review prescription drug product pricing information in the manner described in subd. 2., except that the chairperson may cancel or postpone a meeting if there is no business to transact.

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

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

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

c. Accessing other available pricing information.

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

1. Promulgate rules for the administration of this subchapter.

2. Enter into a contract with an independent 3rd party for any service necessary to carry out the powers and duties of the board. Unless written permission is granted by the board, any person with whom the board contracts may not release, publish, or otherwise use any information to which the person has access under the contract.

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

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

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

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

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

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

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

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

(b) A conflict of interest under this subsection shall be disclosed by the board when hiring board staff, by the appointing authority when appointing members to

the board, and by the board when a member of the board is recused from any decision relating to a review of a prescription drug product.

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

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

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

SECTION 270. 601.79 of the statutes is created to read:

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

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

(b) A brand name drug or biologic that, as adjusted annually to reflect adjustments to the U.S. consumer price index for all urban consumers, U.S. city

average, as determined by the U.S. department of labor, has a wholesale acquisition cost that has increased by at least $3,000 during a 12-month period.

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

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

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

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

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

(2) AFFORDABILITY REVIEW. (a) After identifying prescription drug products

under sub. (1), the board shall determine whether to conduct an affordability review for each identified prescription drug product by seeking stakeholder input about the prescription drug product and considering the average patient cost share of the prescription drug product.

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

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

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

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

(b) The average monetary price concession, discount, or rebate the manufacturer provides, or is expected to provide, to health plans in this state as reported by manufacturers and health plans, expressed as a percentage of the wholesale acquisition cost for the prescription drug product under review.

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

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

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

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

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

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

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

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

(k) Any information a manufacturer chooses to provide.

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

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

1. The cost of administering the drug.

2. The cost of delivering the drug to consumers.

3. Other relevant administrative costs related to the drug.

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

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

2. Notwithstanding subd. 1., while state-sponsored and state-regulated health plans and health programs shall limit drug reimbursements and drug

payment to no more than the upper payment limit established under this subsection, a plan subject to the Employee Retirement Income Security Act of 1974 or Part D of Medicare under 42 USC 1395w-101 et seq. may choose to reimburse more than the upper payment limit. A provider who dispenses and administers a prescription drug product in this state to an individual in this state may not bill a payor more than the upper payment limit to the patient regardless of whether a plan subject to the Employee Retirement Income Security Act of 1974 or Part D of Medicare under 42 USC 1395w-101 et seq. chooses to reimburse the provider above the upper payment limit.

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

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

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

SECTION 9123. Nonstatutory provisions; Insurance.

(1) STAGGERED TERMS FOR PRESCRIPTION DRUG AFFORDABILITY REVIEW BOARD. Notwithstanding the length of terms specified for the members of the prescription

drug affordability review board under s. 15.735 (1) (b) to (e), 2 of the initial members shall be appointed for terms expiring on May 1, 2027; 2 of the initial members shall be appointed for terms expiring on May 1, 2028; 2 of the initial members shall be appointed for terms expiring on May 1, 2029; and 2 of the initial members shall be appointed for terms expiring on May 1, 2030.

(2) PRESCRIPTION DRUG IMPORTATION PROGRAM. The commissioner of insurance shall submit the first report required under s. 601.575 (5) by the next January 1 or July 1, whichever is earliest, that is at least 180 days after the date the prescription drug importation program is fully operational under s. 601.575 (4). The commissioner of insurance shall include in the first 3 reports submitted under s. 601.575 (5) information on the implementation of the audit functions under s. 601.575 (1) (n).

(3) PRESCRIPTION DRUG PURCHASING ENTITY. During the 2025-27 fiscal biennium, the office of the commissioner of insurance shall conduct a study on the viability of creating or implementing a state prescription drug purchasing entity.

SECTION 9223. Fiscal changes; Insurance.

(1) OFFICE OF PRESCRIPTION DRUG AFFORDABILITY. In the schedule under s. 20.005 (3) for the appropriation to the office of the commissioner of insurance under s. 20.145 (1) (g), the dollar amount for fiscal year 2025-26 is increased by $1,957,300 to provide $500,000 in onetime implementation costs for establishing an office of prescription drug affordability in the office of the commissioner of insurance and $1,457,300 to authorize 16.0 PR positions within the office of prescription drug affordability, including 5.0 insurance examiners, 4.0 policy initiatives advisors, 2.0 attorneys, 1.0 insurance program manager, 2.0 insurance administrators, and 2.0

operations program associates. In the schedule under s. 20.005 (3) for the appropriation to the office of the commissioner of insurance under s. 20.145 (1) (g), the dollar amount for fiscal year 2026-27 is increased by $1,871,100 to fund the positions authorized under this subsection.

SECTION 9423. Effective dates; Insurance.

(1) PRESCRIPTION DRUG AFFORDABILITY REVIEW BOARD. The treatment of ss. 15.07 (3) (bm) 7., 15.735, 601.78, 601.785, and 601.79 and subch. VI (title) of ch. 601 and SECTION 9123 (1) of this act take effect on the first day of the 7th month beginning after publication.".

45. At the appropriate places, insert all of the following:

"**SECTION 9248. Fiscal changes; Veterans Affairs.**

(1) FUND SOURCE TRANSFER FOR CLAIMS OFFICER POSITIONS; DECREASE. In the schedule under s. 20.005 (3) for the appropriation to the department of veterans affairs under s. 20.485 (1) (a), the dollar amount for fiscal year 2025-26 is decreased by $254,800 to decrease the authorized FTE positions for the department by 2.0 PR veterans claims officer positions. In the schedule under s. 20.005 (3) for the appropriation to the department of veterans affairs under s. 20.485 (1) (a), the dollar amount for fiscal year 2026-27 is decreased by $254,800 due to the position reduction under this subsection.

(2) FUND SOURCE TRANSFER FOR CLAIMS OFFICER POSITIONS; INCREASE. In the schedule under s. 20.005 (3) for the appropriation to the department of veterans affairs under s. 20.485 (2) (u), the dollar amount for fiscal year 2025-26 is increased by $254,800 to to increase the authorized FTE positions for the department by 2.0 SEG veterans claims officer positions.. In the schedule under s. 20.005 (3) for the

appropriation to the department of veterans affairs under s. 20.485 (2) (u), the dollar amount for fiscal year 2026-27 is increased by $254,800 to provide funding for the positions authorized under this subsection.".

46. At the appropriate places, insert all of the following:

"**SECTION 9202. Fiscal changes; Agriculture, Trade and Consumer Protection.**

(1) TRIBAL FOOD SECURITY PROGRAM. In the schedule under s. 20.005 (3) for the appropriation to the department of agriculture, trade and consumer protection under s. 20.115 (4) (k), the dollar amount for fiscal year 2025-26 is increased by $2,000,000 and the dollar amount for fiscal year 2026-27 is increased by $2,000,000 for the tribal elder community food box program under s. 93.485.".

47. At the appropriate places, insert all of the following:

"**SECTION 271.** 49.175 (1) (a) of the statutes is amended to read:

49.175 **(1)** (a) *Wisconsin Works benefits.* For Wisconsin Works benefits, ~~$37,000,000~~ $26,806,500 in fiscal year ~~2021-22~~ 2025-26 and ~~$34,000,000~~ $26,987,700 in fiscal year ~~2022-23. In fiscal year 2023-24, for such benefits, $28,000,000. In fiscal year 2024-25, for such benefits, $29,000,000~~ 2026-27.

SECTION 272. 49.175 (1) (b) of the statutes is amended to read:

49.175 **(1)** (b) *Wisconsin Works agency contracts; job access loans.* For contracts with Wisconsin Works agencies under s. 49.143 and for job access loans under s. 49.147 (6), ~~$54,009,700~~ $58,892,400 in fiscal year ~~2021-22~~ 2025-26 and ~~$57,071,200~~ $59,071,200 in ~~each~~ fiscal year ~~thereafter~~ 2026-27.

SECTION 273. 49.175 (1) (f) of the statutes is amended to read:

49.175 **(1)** (f) *Homeless case management services grants.* For grants to shelter facilities under s. 16.3085, ~~$500,000~~ $1,000,000 in each fiscal year. All moneys allocated under this paragraph shall be credited to the appropriation account under s. 20.505 (7) (kg).

SECTION 274. 49.175 (1) (g) of the statutes is amended to read:

49.175 **(1)** (g) *State administration of public assistance programs and overpayment collections.* For state administration of public assistance programs and the collection of public assistance overpayments, ~~$17,231,100~~ $25,258,600 in fiscal year ~~2021-22~~ 2025-26 and ~~$17,482,300~~ $25,707,800 in fiscal year ~~2022-23. In fiscal year 2023-24, for such purposes, $19,015,300. In fiscal year 2024-25, for such purposes, $19,424,300~~ 2026-27.

SECTION 275. 49.175 (1) (i) of the statutes is amended to read:

49.175 **(1)** (i) *Emergency assistance.* For emergency assistance under s. 49.138 and for transfer to the department of administration for low-income energy or weatherization assistance programs, ~~$6,000,000~~ $10,414,400 in ~~each~~ fiscal year 2025-26 and $10,141,300 in fiscal year 2026-27.

SECTION 276. 49.175 (1) (j) of the statutes is amended to read:

49.175 **(1)** (j) *Grants for providing civil legal services.* For the grants under s. 49.1635 ~~(5)~~ to Wisconsin Trust Account Foundation, Inc., for distribution to programs that provide civil legal services to low-income families, ~~$500,000~~ $4,500,000 in each fiscal year.

SECTION 277. 49.175 (1) (k) of the statutes is amended to read:

49.175 **(1)** (k) *Transform Milwaukee and Transitional Jobs programs.* For

contract costs under the Transform Milwaukee Jobs program and the Transitional Jobs program under s. 49.163, ~~$9,500,000~~ $12,475,000 in each fiscal year.

SECTION 278. 49.175 (1) (Lm) of the statutes is amended to read:

49.175 **(1)** (Lm) *Jobs for America's Graduates.* For grants to the Jobs for America's Graduates-Wisconsin to fund programs that improve social, academic, and employment skills of youth who are eligible to receive temporary assistance for needy families under 42 USC 601 et seq., in each fiscal year, ~~$1,000,000~~ $2,000,000.

SECTION 279. 49.175 (1) (Lp) of the statutes is repealed.

SECTION 280. 49.175 (1) (ms) of the statutes is created to read:

49.175 **(1)** (ms) *Child support debt reduction.* For the child support debt reduction program for noncustodial parents under s. 49.226, $3,472,000 in fiscal year 2025-26 and $6,944,000 in fiscal year 2026-27.

SECTION 281. 49.175 (1) (q) of the statutes is amended to read:

49.175 **(1)** (q) *Child care state administration and licensing activities.* For state administration of child care programs under s. 49.155 and for child care licensing activities, ~~$42,117,800~~ $52,983,800 in fiscal year ~~2021-22~~ 2025-26 and ~~$41,803,100~~ $53,723,400 in fiscal year ~~2022-23. In fiscal year 2023-24, for such programs and activities, $45,796,000. In fiscal year 2024-25, for such programs and activities, $45,570,300~~ 2026-27.

SECTION 282. 49.175 (1) (qm) of the statutes is amended to read:

49.175 **(1)** (qm) *Quality care for quality kids.* For the child care quality improvement activities specified in ss. 49.133, 49.155 (1g) and 49.257, ~~$16,683,700~~ $49,446,300 in each fiscal year ~~2022-23. In fiscal year 2023-24, for such activities, $28,518,700. In fiscal year 2024-25, for such activities, $46,018,700~~.

SECTION 283. 49.175 (1) (r) of the statutes is amended to read:

49.175 **(1)** (r) *Children of recipients of supplemental security income.* For payments made under s. 49.775 for the support of the dependent children of recipients of supplemental security income, ~~$18,564,700~~ $19,262,100 in each fiscal year ~~2021-22 and $18,145,000 in fiscal year 2022-23. In fiscal year 2023-24, for such payments, $9,699,900. In fiscal year 2024-25, for such payments, $10,990,400~~.

SECTION 284. 49.175 (1) (s) of the statutes is amended to read:

49.175 **(1)** (s) *Kinship care and long-term kinship care assistance.* For kinship care and long-term kinship care payments under s. 48.57 (3m) (am) and (3n) (am), for assessments to determine eligibility for those payments, and for agreements under s. 48.57 (3t) with the governing bodies of Indian tribes for the administration of the kinship care and long-term kinship care programs within the boundaries of the reservations of those tribes, ~~$28,727,100~~ $45,686,700 in fiscal year ~~2021-22~~ 2025-26 and ~~$31,441,800~~ $53,125,600 in fiscal year ~~2022-23. In fiscal year 2023-24, for such payments, $31,719,200. In fiscal year 2024-25, for such payments, $35,661,000~~ 2026-27.

SECTION 285. 49.175 (1) (z) of the statutes is amended to read:

49.175 **(1)** (z) *Grants to the Boys and Girls Clubs of America.* For grants to the Wisconsin Chapter of the Boys and Girls Clubs of America to fund programs that improve social, academic, and employment skills of youth who are eligible to receive temporary assistance for needy families under 42 USC 601 et seq., focusing on study habits, intensive tutoring in math and English, and exposure to career options and role models, ~~$2,807,000~~ $9,507,000 in each fiscal year. Grants provided under this paragraph may not be used by the grant recipient to replace funding for

programs that are being funded, when the grant proceeds are received, with moneys other than those from the appropriations specified in sub. (1) (intro.). The total amount of the grants includes funds for the BE GREAT: Graduate program in the amount of matching funds that the program provides, up to $1,532,000 in each fiscal year, to be used only for activities for which federal Temporary Assistance for Needy Families block grant moneys may be used.

SECTION 286. 49.175 (1) (zh) of the statutes is amended to read:

49.175 **(1)** (zh) *Earned income tax credit supplement.* For the transfer of moneys from the appropriation account under s. 20.437 (2) (md) to the appropriation account under s. 20.835 (2) (kf) for the earned income tax credit, ~~$63,600,000~~ $100,907,800 in fiscal year ~~2021-22~~ 2025-26 and ~~$66,600,000~~ $101,558,500 in fiscal year ~~2022-23. In fiscal year 2023-24, for such purposes, $61,725,000. In fiscal year 2024-25, for such purposes, $65,002,000~~ 2026-27.

SECTION 9206. Fiscal changes; Children and Families.

(1) PUBLIC ASSISTANCE AND LOCAL ASSISTANCE ALLOCATIONS. In the schedule under s. 20.005 (3) for the appropriation to the department of children and families under s. 20.437 (1) (md), the dollar amount for fiscal year 2025-26 is increased by $100,525,700 to increase allocations under s. 49.175 (1). In the schedule under s. 20.005 (3) for the appropriation to the department of children and families under s. 20.437 (1) (md), the dollar amount for fiscal year 2026-27 is increased by $133,892,600 to increase allocations under s. 49.175 (1).".

48. At the appropriate places, insert all of the following:

"**SECTION 9206. Fiscal changes; Children and Families.**

(1) STATE OUT-OF-HOME CARE AND ADOPTIONS. In the schedule under s. 20.005

(3) for the appropriation to the department of children and families under s. 20.437 (1) (dd), the dollar amount for fiscal year 2025-26 is decreased by $3,508,600 to reflect reestimates of adoption assistance, subsidized guardianship, and state foster care payments, and changes in federal claiming rates in the 2025-27 biennium. In the schedule under s. 20.005 (3) for the appropriation to the department of children and families under s. 20.437 (1) (dd), the dollar amount for fiscal year 2026-27 is decreased by $3,112,900 to reflect reestimates of adoption assistance, subsidized guardianship, and state foster care payments, and changes in federal claiming rates in the 2025-27 biennium.

(2) STATE OUT-OF-HOME CARE AND ADOPTIONS. In the schedule under s. 20.005 (3) for the appropriation to the department of children and families under s. 20.437 (1) (pd), the dollar amount for fiscal year 2025-26 is decreased by $2,759,800 to reflect reestimates of adoption assistance, subsidized guardianship, and state foster care payments, and changes in the federal claiming rates in the 2025-27 biennium. In the schedule under s. 20.005 (3) for the appropriation to the department of children and families under s. 20.437 (1) (pd), the dollar amount for fiscal year 2026-27 is decreased by $2,963,800 to reflect reestimates of adoption assistance, subsidized guardianship, and state foster care payments, and changes in the federal claiming rates in the 2025-27 biennium.".

49. At the appropriate places, insert all of the following:

"**SECTION 9206. Fiscal changes; Children and Families.**

(1) OFFICE OF LEGAL COUNSEL; GPR FUNDING. In the schedule under s. 20.005 (3) for the appropriation to the department of children and families under s. 20.437 (1) (a), the dollar amount for fiscal year 2025-26 is increased by $191,900 to increase

authorized FTE positions by 1.42 positions for the Office of Legal Counsel. In the schedule under s. 20.005 (3) for the appropriation to the department of children and families under s. 20.437 (1) (a), the dollar amount for fiscal year 2026-27 is increased by $255,900 to increase authorized FTE positions by 1.42 positions for the Office of Legal Counsel.

(2) OFFICE OF LEGAL COUNSEL; FEDERAL FUNDING. In the schedule under s. 20.005 (3) for the appropriation to the department of children and families under s. 20.437 (1) (md), the dollar amount for fiscal year 2025-26 is increased by $78,400 to increase authorized FTE positions by 0.58 positions for the Office of Legal Counsel. In the schedule under s. 20.005 (3) for the appropriation to the department of children and families under s. 20.437 (1) (md), the dollar amount for fiscal year 2026-27 is increased by $104,500 to increase authorized FTE positions by 0.58 positions for the Office of Legal Counsel.".

50. At the appropriate places, insert all of the following:

"**SECTION 9206. Fiscal changes; Children and Families.**

(1) DIRECT CHILD CARE SERVICES; WISCONSIN SHARES SERVICES REESTIMATE. In the schedule under s. 20.005 (3) for the appropriation to the department of children and families under s. 20.437 (1) (md), the dollar amount for fiscal year 2025-26 is decreased by $25,291,400 to reflect estimates of the cost of subsidies under current law. In the schedule under s. 20.005 (3) for the appropriation to the department of children and families under s. 20.437 (1) (md), the dollar amount for fiscal year 2026-27 is decreased by $25,290,600 to reflect estimates of the cost of subsidies under current law.".

51. At the appropriate places, insert all of the following:

"**SECTION 9206. Fiscal changes; Children and Families.**

(1) CHILD CARE FEE REVENUE ADJUSTMENT; FEDERAL REVENUE. In the schedule under s. 20.005 (3) for the appropriation to the department of children and families under s. 20.437 (1) (md), the dollar amount for fiscal year 2025-26 is increased by $70,300 to reflect a reestimate of child care fee revenue and replacing child care fee revenue with federal revenue. In the schedule under s. 20.005 (3) for the appropriation to the department of children and families under s. 20.437 (1) (md), the dollar amount for fiscal year 2026-27 is increased by $114,400 to reflect a reestimate of child care fee revenue and replacing child care fee revenue with federal revenue.

(2) CHILD CARE FEE REVENUE ADJUSTMENT; PROGRAM REVENUE. In the schedule under s. 20.005 (3) for the appropriation to the department of children and families under s. 20.437 (1) (jb), the dollar amount for fiscal year 2025-26 is decreased by $70,300 to reflect a reestimate of child care fee revenue and replacing child care fee revenue with federal revenue. In the schedule under s. 20.005 (3) for the appropriation to the department of children and families under s. 20.437 (1) (jb), the dollar amount for fiscal year 2026-27 is decreased by $114,400 to reflect a reestimate of child care fee revenue and replacing child care fee revenue with federal revenue.".

52. At the appropriate places, insert all of the following:

"**SECTION 9208. Fiscal changes; Corrections.**

(1) VICTIM SERVICES. In the schedule under s. 20.005 (3) for the appropriation to the department of corrections under s. 20.410 (1) (a), the dollar amount for fiscal year 2025-26 is increased by $481,700 to increase the authorized FTE positions for

the department of corrections by 5.0 GPR positions for the office of victim services and programs. In the schedule under s. 20.005 (3) for the appropriation to the department of corrections under s. 20.410 (1) (a), the dollar amount for fiscal year 2026-27 is increased by $404,300 to provide funding for the positions authorized under this subsection.".

53. At the appropriate places, insert all of the following:

"**SECTION 9208. Fiscal changes; Corrections.**

(1) AMERICANS WITH DISABILITIES ACT COMPLIANCE TEAM. In the schedule under s. 20.005 (3) for the appropriation to the department of corrections under s. 20.410 (1) (a), the dollar amount for fiscal year 2025-26 is increased by $605,000 to increase the authorized FTE positions in the department by 1.0 GPR attorney position and 5.0 GPR program and policy-advanced positions for the purpose of the Americans with Disabilities Act compliance team and buying 5 vehicles for transportation for the team. In the schedule under s. 20.005 (3) for the appropriation to the department of corrections under s. 20.410 (1) (a), the dollar amount for fiscal year 2026-27 is increased by $582,800 to provide funding for the positions authorized under this subsection.".

54. At the appropriate places, insert all of the following:

"**SECTION 287.** 49.46 (1) (a) 1m. of the statutes is amended to read:

49.46 **(1)** (a) 1m. Any pregnant woman whose income does not exceed the standard of need under s. 49.19 (11) and whose pregnancy is medically verified. Eligibility continues to the last day of the month in which the 60th day or, if

approved by the federal government, the ~~90th~~ 365th day after the last day of the pregnancy falls.

SECTION 288. 49.46 (1) (j) of the statutes is amended to read:

49.46 **(1)** (j) An individual determined to be eligible for benefits under par. (a) 9. remains eligible for benefits under par. (a) 9. for the balance of the pregnancy and to the last day of the month in which the 60th day or, if approved by the federal government, the ~~90th~~ 365th day after the last day of the pregnancy falls without regard to any change in the individual's family income.

SECTION 289. 49.47 (4) (ag) 2. of the statutes is amended to read:

49.47 **(4)** (ag) 2. Pregnant and the woman's pregnancy is medically verified. Eligibility continues to the last day of the month in which the 60th day or, if approved by the federal government, the ~~90th~~ 365th day after the last day of the pregnancy falls.

SECTION 290. 49.471 (6) (b) of the statutes is amended to read:

49.471 **(6)** (b) A pregnant woman who is determined to be eligible for benefits under sub. (4) remains eligible for benefits under sub. (4) for the balance of the pregnancy and to the last day of the month in which the 60th day or, if approved by the federal government, the ~~90th~~ 365th day after the last day of the pregnancy falls without regard to any change in the woman's family income.

SECTION 291. 49.471 (7) (b) 1. of the statutes is amended to read:

49.471 **(7)** (b) 1. A pregnant woman whose family income exceeds 300 percent of the poverty line may become eligible for coverage under this section if the difference between the pregnant woman's family income and the applicable income

limit under sub. (4) (a) is obligated or expended for any member of the pregnant woman's family for medical care or any other type of remedial care recognized under state law or for personal health insurance premiums or for both. Eligibility obtained under this subdivision continues without regard to any change in family income for the balance of the pregnancy and to the last day of the month in which the 60th day or, if approved by the federal government, the ~~90th~~ 365th day after the last day of the woman's pregnancy falls. Eligibility obtained by a pregnant woman under this subdivision extends to all pregnant women in the pregnant woman's family.".

55. At the appropriate places, insert all of the following:

"**SECTION 292.** 49.45 (25c) of the statutes is created to read:

49.45 **(25c)** CHILDREN'S BEHAVIORAL HEALTH SPECIALTY MANAGED CARE. The department may request a waiver from the federal department of health and human services to administer a children's behavioral health specialty managed care program under the Medical Assistance program. If the waiver is granted, the department may administer the children's behavioral health specialty managed care program under this subsection.".

56. At the appropriate places, insert all of the following:

"**SECTION 9219. Fiscal changes; Health Services.**

(1) PEER-RUN RESPITE CENTERS.

(a) In the schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (5) (bc), the dollar amount for fiscal year 2025-26 is increased by $1,350,000 to fund grants for peer-run respite centers under s. 46.48

(31).. In the schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (5) (bc), the dollar amount for fiscal year 2026-27 is increased by $1,350,000 to fund grants for peer-run respite centers under s. 46.48 (31).

(b) In the schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (2) (gk), the dollar amount for fiscal year 2025-26 is decreased by $450,000 to reduce funding for grants for peer-run respite centers under s. 46.48 (31).. In the schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (2) (gk), the dollar amount for fiscal year 2026-27 is decreased by $450,000 to reduce funding for grants for peer-run respite centers under s. 46.48 (31).".

57. At the appropriate places, insert all of the following:

"**SECTION 293.** 46.482 (1) (a) of the statutes is renumbered 46.482 (1) (bm).

SECTION 294. 46.482 (1) (am) of the statutes is created to read:

46.482 **(1)** (am) "Certified peer specialist" means an individual described under s. 49.45 (30j) (a) 1m. who has met the certification requirements established by the department.

SECTION 295. 46.482 (1) (b) of the statutes is renumbered 46.482 (1) (c) and amended to read:

46.482 **(1)** (c) "Peer recovery coach" means an individual described under s. 49.45 (30j) (a) ~~2.~~ 3. who has completed the training requirements specified under s. 49.45 (30j) (b) 4.

SECTION 296. 46.482 (2) (a) of the statutes is amended to read:

46.482 **(2)** (a) Use peer recovery coaches and certified peer specialists to encourage individuals to seek treatment for a substance use disorder following an overdose.

SECTION 297. 46.482 (2) (f) of the statutes is amended to read:

46.482 **(2)** (f) Collect and evaluate data on the outcomes of patients receiving peer recovery coach or certified peer specialist services and coordination and continuation of care services under this section.

SECTION 298. 49.45 (30j) (title) of the statutes is amended to read:

49.45 **(30j)** (title) REIMBURSEMENT FOR PEER RECOVERY COACH AND CERTIFIED PEER SPECIALIST SERVICES.

SECTION 299. 49.45 (30j) (a) 1. and 2. of the statutes are renumbered 49.45 (30j) (a) 2m. and 3.

SECTION 300. 49.45 (30j) (a) 1m. of the statutes is created to read:

49.45 **(30j)** (a) 1m. "Certified peer specialist" means an individual who has experience in the mental health and substance use services system, who is trained to provide support to others, and who has received peer specialist or parent peer specialist certification under the rules established by the department.

SECTION 301. 49.45 (30j) (bm) of the statutes is created to read:

49.45 **(30j)** (bm) The department shall reimburse under the Medical Assistance program under this subchapter any service provided by a certified peer specialist if the service satisfies all of the following conditions:

1. The recipient of the service provided by a certified peer specialist is in treatment for or recovery from a mental illness or a substance use disorder.

2. The certified peer specialist provides the service under the supervision of a competent mental health professional.

3. The certified peer specialist provides the service in coordination with the Medical Assistance recipient's individual treatment plan and in accordance with the recipient's individual treatment goals.

4. The certified peer specialist providing the service has completed training requirements, as established by the department by rule, after consulting with members of the recovery community.

SECTION 302. 49.45 (30j) (c) of the statutes is amended to read:

49.45 **(30j)** (c) The department shall certify under Medical Assistance peer recovery coaches and certified peer specialists to provide services in accordance with this subsection.

SECTION 303. 49.46 (2) (b) 14p. of the statutes is amended to read:

49.46 **(2)** (b) 14p. Subject to s. 49.45 (30j), services provided by a peer recovery coach or a certified peer specialist.

SECTION 9119. Nonstatutory provisions; Health Services.

(1) RULES REGARDING TRAINING OF CERTIFIED PEER SPECIALISTS. The department of health services may promulgate the rules required under s. 49.45 (30j) (bm) 4. as emergency rules under s. 227.24. Notwithstanding s. 227.24 (1) (a) and (3), the department of health services is not required to provide evidence that promulgating a rule under this subsection as an emergency rule is necessary for the preservation of the public peace, health, safety, or welfare and is not required to provide a finding of emergency for a rule promulgated under this subsection.

Notwithstanding s. 227.24 (1) (c) and (2), emergency rules promulgated under this subsection remain in effect until January 1, 2027, or the date the permanent rules take effect, whichever is sooner.

SECTION 9219. Fiscal changes; Health Services.

(1) CERTIFIED PEER SPECIALIST SERVICES. In the schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (4) (b), the dollar amount for fiscal year 2026-27 is increased by $1,277,400 to provide coverage of certified peer specialist services under the Medical Assistance program.".

58. At the appropriate places, insert all of the following:

"**SECTION 304.** 20.435 (2) (km) of the statutes is amended to read:

20.435 **(2)** (km) *Indian mental health placement.* ~~All moneys transferred from the appropriation account under s. 20.505 (8) (hm) 25.~~ The amounts in the schedule to reimburse an Indian tribe or band in this state or a county department for placements by a tribal court of a member of the Indian tribe or band that are unexpected or that result in cumulative costs of placements to the tribe or county department exceeding $50,000 annually. All moneys transferred from the appropriation account under s. 20.505 (8) (hm) 25. shall be credited to this appropriation account. Notwithstanding s. 20.001 (3) (a), the unencumbered balance on June 30 of each year shall revert to the appropriation account under s. 20.505 (8) (hm).

SECTION 305. 20.505 (8) (hm) 25. of the statutes is amended to read:

20.505 **(8)** (hm) 25. The amount transferred to s. 20.435 (2) (km) shall be ~~$250,000 or the amount remaining in this appropriation after all other transfers~~

~~under subds. 1c. to 24. are made, whichever is less~~ the amount in the schedule under s. 20.435 (2) (km).".

59. At the appropriate places, insert all of the following:

"**SECTION 306.** 632.869 of the statutes is created to read:

632.869 Reimbursement to federal drug pricing program participants. (1) In this section:

(a) "Covered entity" means an entity described in 42 USC 256b (a) (4) (A), (D), (E), (J), or (N) that participates in the federal drug pricing program under 42 USC 256b, a pharmacy of the entity, or a pharmacy contracted with the entity to dispense drugs purchased through the federal drug pricing program under 42 USC 256b.

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

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

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

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

(3) The commissioner may promulgate rules to implement this section and to

establish minimum reimbursement rates for covered entities and any other entity described under 42 USC 256b (a) (4).".

60. At the appropriate places, insert all of the following:

"**SECTION 307.** 601.31 (1) (nw) of the statutes is created to read:

601.31 **(1)** (nw) For issuing or renewing a license as a pharmacy services administrative organization under s. 632.864, an amount to be set by the commissioner by rule.

SECTION 308. 632.864 of the statutes is created to read:

632.864 Pharmacy services administrative organizations. **(1)** DEFINITIONS. In this section:

(a) "Administrative service" means any of the following:

1. Assisting with claims.

2. Assisting with audits.

3. Providing centralized payment.

4. Performing certification in a specialized care program.

5. Providing compliance support.

6. Setting flat fees for generic drugs.

7. Assisting with store layout.

8. Managing inventory.

9. Providing marketing support.

10. Providing management and analysis of payment and drug dispensing data.

11. Providing resources for retail cash cards.

(b) "Independent pharmacy" means a pharmacy operating in this state that is licensed under s. 450.06 or 450.065 and is under common ownership with no more than 2 other pharmacies.

(c) "Pharmacy benefit manager" has the meaning given in s. 632.865 (1) (c).

(d) "Pharmacy services administrative organization" means an entity operating in this state that does all of the following:

1. Contracts with an independent pharmacy to conduct business with a 3rd-party payer on the independent pharmacy's behalf.

2. Provides at least one administrative service to an independent pharmacy and negotiates and enters into a contract with a 3rd-party payer or pharmacy benefit manager on behalf of the independent pharmacy.

(e) "Third-party payer" means an entity, including a plan sponsor, health maintenance organization, or insurer, operating in this state that pays or insures health, medical, or prescription drug expenses on behalf of beneficiaries.

(2) LICENSURE. (a) Beginning on the first day of the 12th month beginning after the effective date of this paragraph .... [LRB inserts date], no person may operate as a pharmacy services administrative organization without being licensed by the commissioner as a pharmacy services administrative organization under this subsection. In order to obtain a license under this paragraph, the person shall apply to the commissioner in the form and manner prescribed by the commissioner. The application for licensure under this paragraph shall include all of the following:

1. The name, address, telephone number, and federal employer identification number of the applicant.

2. The name, business address, and telephone number of a contact person for the applicant.

3. The fee under s. 601.31 (1) (nw).

4. Evidence of financial responsibility of at least $1,000,000.

5. Any other information required by the commissioner.

(b) The term of a license issued under par. (a) shall be 2 years from the date of issuance.

(c) A license issued under par. (a) may be renewed. Renewal applications shall be submitted to the commissioner on a form provided by the commissioner and shall include all the items described in par. (a) 1. to 5. A renewal application under this paragraph may not be submitted more than 90 days prior to the end of the term of the license being renewed.

(3) DISCLOSURE TO THE COMMISSIONER. (a) A pharmacy services administrative organization licensed under sub. (2) shall disclose to the commissioner the extent of any ownership or control of the pharmacy services administrative organization by an entity that does any of the following:

1. Provides pharmacy services.

2. Provides prescription drug or device services.

3. Manufactures, sells, or distributes prescription drugs, biologicals, or medical devices.

(b) A pharmacy services administrative organization licensed under sub. (2) shall notify the commissioner in writing within 5 days of any material change in its ownership or control relating to an entity described in par. (a).

(4) RULES. The commissioner may promulgate rules to implement this section.".

61. At the appropriate places, insert all of the following:

"**SECTION 309.** 46.48 (33) of the statutes is created to read:

46.48 **(33)** DIAPER BANK GRANTS. The department may distribute not more than $500,000 in each fiscal year as grants to diaper banks to provide diapers to families in need.

SECTION 9219. Fiscal changes; Health Services.

(1) DIAPER BANK GRANTS. In the schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (1) (b), the dollar amount for fiscal year 2025-26 is increased by $500,000 and the dollar amount for fiscal year 2026-27 is increased by $500,000 to provide grants to diaper banks under s. 46.48 (33).".

62. At the appropriate places, insert all of the following:

"**SECTION 310.** 601.31 (1) (nv) of the statutes is created to read:

601.31 **(1)** (nv) For issuing or renewing a license as a pharmaceutical representative under s. 632.863, an amount to be set by the commissioner by rule.

SECTION 311. 632.863 of the statutes is created to read:

632.863 Pharmaceutical representatives. (1) DEFINITIONS. In this section:

(a) "Health care professional" means a physician or other health care practitioner who is licensed to provide health care services or to prescribe pharmaceutical or biologic products.

(b) "Pharmaceutical" means a medication that may legally be dispensed only with a valid prescription from a health care professional.

(c) "Pharmaceutical representative" means an individual who markets or promotes pharmaceuticals to health care professionals on behalf of a pharmaceutical manufacturer for compensation.

(2) LICENSURE. Beginning on the first day of the 12th month beginning after the effective date of this subsection .... [LRB inserts date], no individual may act as a pharmaceutical representative in this state without being licensed by the commissioner as a pharmaceutical representative under this subsection. In order to obtain a license under this subsection, the individual shall apply to the commissioner in the form and manner prescribed by the commissioner and shall pay the fee under s. 601.31 (1) (nv). The term of a license issued under this subsection is one year, and the license is renewable.

(3) DISPLAY OF LICENSE. A pharmaceutical representative licensed under sub. (2) shall display the pharmaceutical representative's license during each visit with a health care professional.

(4) ENFORCEMENT. (a) Any individual who violates this section or any rules promulgated under this section shall be fined not less than $1,000 nor more than $3,000 for each offense. Each day of continued violation constitutes a separate offense.

(b) The commissioner may suspend or revoke the license of a pharmaceutical representative who violates this section or any rules promulgated under this section. A suspended or revoked license under this paragraph may not be

reinstated until the pharmaceutical representative remedies all violations related to the suspension or revocation and pays all assessed penalties and fees.

(5) RULES. The commissioner shall promulgate rules to implement this section, including rules that require pharmaceutical representatives to complete continuing educational coursework as a condition of licensure.".

63. At the appropriate places, insert all of the following:

"**SECTION 312.** 601.31 (1) (mv) of the statutes is created to read:

601.31 **(1)** (mv) For initial issuance or renewal of a license as a pharmacy benefit management broker or consultant under s. 628.495, amounts set by the commissioner by rule.

SECTION 313. 628.495 of the statutes is created to read:

628.495 Pharmacy benefit management broker and consultant licenses. (1) DEFINITION. In this section, "pharmacy benefit manager" has the meaning given in s. 632.865 (1) (c).

(2) LICENSE REQUIRED. Beginning on the first day of the 12th month beginning after the effective date of this subsection .... [LRB inserts date], no individual may act as a pharmacy benefit management broker or consultant and no individual may act to procure the services of a pharmacy benefit manager on behalf of a client without being licensed by the commissioner under this section.

(3) RULES. The commissioner may promulgate rules to establish criteria and procedures for initial licensure and renewal of licensure and to implement licensure under this section.".

64. At the appropriate places, insert all of the following:

"**SECTION 314.** 632.865 (2m) of the statutes is created to read:

632.865 **(2m)** FIDUCIARY DUTY AND DISCLOSURES TO HEALTH BENEFIT PLAN SPONSORS. (a) A pharmacy benefit manager owes a fiduciary duty to the health benefit plan sponsor to act according to the health benefit plan sponsor's instructions and in the best interests of the health benefit plan sponsor.

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

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

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

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

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

65. At the appropriate places, insert all of the following:

"**SECTION 315.** 609.74 of the statutes is created to read:

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

SECTION 316. 632.895 (15m) of the statutes is created to read:

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

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

2. "Infertility" means a disease, condition, or status characterized by any of the following:

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

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

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

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

4. "Standard fertility preservation service" means a procedure that is consistent with established medical practices or professional guidelines published by the American Society for Reproductive Medicine, or its successor organization, or the American Society of Clinical Oncology, or its successor organization, for a person who has a medical condition or is expected to undergo medication therapy, surgery, radiation, chemotherapy, or other medical treatment that is recognized by medical professionals to cause a risk of impairment to fertility.

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

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

a. Impose any exclusion, limitation, or other restriction on coverage required under par. (b) based on a covered individual's participation in fertility services provided by or to a 3rd party.

b. Impose any exclusion, limitation, or other restriction on coverage of

medications that are required to be covered under par. (b) that are different from those imposed on any other prescription medications covered under the policy or plan.

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

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

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

(e) This subsection does not apply to a disability insurance policy that is described under s. 632.745 (11) (b) 1. to 12.

SECTION 9323. Initial applicability; Insurance.

(1) COVERAGE OF INFERTILITY SERVICES.

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

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

(c) For policies and plans that are affected by a collective bargaining agreement containing provisions inconsistent with these sections, the treatment of ss. 609.74 and 632.895 (15m) first applies to policy or plan years beginning on the effective date of this paragraph or on the day on which the collective bargaining agreement is entered into, extended, modified, or renewed, whichever is later.

SECTION 9423. Effective dates; Insurance.

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

66. At the appropriate places, insert all of the following:

"**SECTION 9219. Fiscal changes; Health Services.**

(1) MYWISCONSIN ID - IT SECURITY. In the schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (1) (a), the dollar

amount for fiscal year 2025-26 is increased by $1,432,400 to develop the MyWisconsin identification account management system. In the schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (1) (a), the dollar amount for fiscal year 2026-27 is increased by $477,500 to develop the MyWisconsin identification account management system.".

67. At the appropriate places, insert all of the following:

"**SECTION 317.** 632.895 (17) (b) 1m. of the statutes is created to read:

632.895 **(17)** (b) 1m. Oral contraceptives that are lawfully furnished over the counter without a prescription.

SECTION 9323. Initial applicability; Insurance.

(1) COVERAGE OF OVER-THE-COUNTER ORAL CONTRACEPTIVES.

(a) For policies and plans containing provisions inconsistent with s. 632.895 (17) (b) 1m., the treatment of s. 632.895 (17) (b) 1m. first applies to policy or plan years beginning on January 1 of the year following the year in which this paragraph takes effect, except as provided in par. (b).

(b) For policies and plans that are affected by a collective bargaining agreement containing provisions inconsistent with s. 632.895 (17) (b) 1m., the treatment of s. 632.895 (17) (b) 1m. first applies to policy or plan years beginning on the effective date of this paragraph or on the day on which the collective bargaining agreement is newly established, extended, modified, or renewed, whichever is later.

SECTION 9423. Effective dates; Insurance.

(1) COVERAGE OF OVER-THE-COUNTER ORAL CONTRACEPTIVES. The treatment of s. 632.895 (17) (b) 1m. and SECTION 9323 (1) of this act take effect on the first day of the 4th month beginning after publication.".

68. At the appropriate places, insert all of the following:

"**SECTION 318.** 46.74 of the statutes is created to read:

46.74 Grants for mobile dental clinics. The department shall award grants to community health centers, as defined in s. 250.15 (1) (a), to procure and operate mobile dental clinics.

SECTION 9219. Fiscal changes; Health Services.

(1) MOBILE DENTAL CLINIC GRANTS. In the schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (4) (b), the dollar amount for fiscal year 2026-27 is increased by $1,898,700 to fund grants to 3 community health centers to enable them to each procure and operate a mobile dental clinic, and to reflect an increase in dental services utilization under the Medical Assistance program under subch. IV of ch. 49 resulting from the mobile dental clinics.".

69. At the appropriate places, insert all of the following:

"**SECTION 319.** 40.51 (8m) of the statutes is amended to read:

40.51 **(8m)** Every health care coverage plan offered by the group insurance board under sub. (7) shall comply with ss. 631.95, 632.722, 632.729, 632.746 (1) to (8) and (10), 632.747, 632.748, 632.798, 632.83, 632.835, 632.85, 632.853, 632.855, 632.861, 632.867, 632.87 (4e), 632.885, 632.89, and 632.895 (11) to (17).

SECTION 320. 609.718 of the statutes is created to read:

609.718 Dental therapist coverage. Limited service health organizations, preferred provider plans, and defined network plans are subject to s. 632.87 (4e).

SECTION 321. 632.87 (1) of the statutes is amended to read:

632.87 **(1)** No insurer may refuse to provide or pay for benefits for health care services provided by a licensed health care professional on the ground that the services were not rendered by a physician as defined in s. 990.01 (28), unless the contract clearly excludes services by such practitioners, but no contract or plan may exclude services in violation of sub. (2), (2m), (3), (4), (4e), (4m), (5), or (6).

SECTION 322. 632.87 (4) of the statutes is amended to read:

632.87 **(4)** No policy, plan or contract may exclude coverage for diagnosis and treatment of a condition or complaint by a licensed dentist ~~or dental therapist~~ within the scope of the dentist's ~~or dental therapist's~~ license, if the policy, plan or contract covers diagnosis and treatment of the condition or complaint by another health care provider, as defined in s. 146.81 (1) (a) to (p).

SECTION 323. 632.87 (4e) of the statutes is created to read:

632.87 **(4e)** In this subsection, "dental therapist" means an individual licensed under s. 447.04 (1m).

(b) No policy, plan, or contract may exclude coverage for dental services, treatments, or procedures provided by a dental therapist within the scope of the dental therapist's license if the policy, plan, or contract covers the dental services, treatments, or procedures when provided by another health care provider, as defined in s. 146.81 (1) (a) to (hp).

SECTION 9323. Initial applicability; Insurance.

(1) DENTAL THERAPIST COVERAGE.

(a) For policies and plans containing provisions inconsistent with ss. 40.51 (8m), 609.718, and 632.87 (1), (4), and (4e), the treatment of ss. 40.51 (8m), 609.718, and 632.87 (1), (4), and (4e) first applies to policy or plan years beginning on

January 1 of the year following the year in which this paragraph takes effect, except as provided in par. (b).

(b) For policies and plans that are affected by a collective bargaining agreement containing provisions inconsistent with ss. 40.51 (8m), 609.718, and 632.87 (1), (4), and (4e), the treatment of ss. 40.51 (8m), 609.718, and 632.87 (1), (4), and (4e) first applies to policy or plan years beginning on the effective date of this paragraph or on the day on which the collective bargaining agreement is entered into, extended, modified, or renewed, whichever is later.

SECTION 9423. Effective dates; Insurance.

(1) DENTAL THERAPIST COVERAGE. The treatment of ss. 40.51 (8m), 609.718, and 632.87 (1), (4), and (4e) and SECTION 9323 (1) of this act take effect on the first day of the 4th month beginning after publication.".

70. At the appropriate places, insert all of the following:

"**SECTION 9219. Fiscal changes; Health Services.**

(1) ALZHEIMER'S DISEASE TRAINING AND INFORMATION GRANTS. In the schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (1) (bg), the dollar amount for fiscal year 2025-26 is increased by $50,000 and the dollar amount for fiscal year 2026-27 is increased by $50,000 to increase funding for the Alzheimer's disease training and information grants.".

71. At the appropriate places, insert all of the following:

"**SECTION 324.** 40.51 (8) of the statutes is amended to read:

40.51 **(8)** Every health care coverage plan offered by the state under sub. (6)

shall comply with ss. 631.89, 631.90, 631.93 (2), 631.95, 632.72 (2), 632.722, 632.729, 632.746 (1) to (8) and (10), 632.747, 632.748, 632.798, 632.83, 632.835, 632.85, 632.853, 632.855, 632.861, 632.867, 632.87 (3) to ~~(6)~~ (7), 632.885, 632.89, 632.895 (5m) and (8) to (17), and 632.896.

SECTION 325. 40.51 (8m) of the statutes is amended to read:

40.51 **(8m)** Every health care coverage plan offered by the group insurance board under sub. (7) shall comply with ss. 631.95, 632.722, 632.729, 632.746 (1) to (8) and (10), 632.747, 632.748, 632.798, 632.83, 632.835, 632.85, 632.853, 632.855, 632.861, 632.867, 632.87 (7), 632.885, 632.89, and 632.895 (11) to (17).

SECTION 326. 66.0137 (4) of the statutes is amended to read:

66.0137 **(4)** SELF-INSURED HEALTH PLANS. If a city, including a 1st class city, or a village provides health care benefits under its home rule power, or if a town provides health care benefits, to its officers and employees on a self-insured basis, the self-insured plan shall comply with ss. 49.493 (3) (d), 631.89, 631.90, 631.93 (2), 632.722, 632.729, 632.746 (10) (a) 2. and (b) 2., 632.747 (3), 632.798, 632.85, 632.853, 632.855, 632.861, 632.867, 632.87 (4) to ~~(6)~~ (7), 632.885, 632.89, 632.895 (9) to (17), 632.896, and 767.513 (4).

SECTION 327. 120.13 (2) (g) of the statutes is amended to read:

120.13 **(2)** (g) Every self-insured plan under par. (b) shall comply with ss. 49.493 (3) (d), 631.89, 631.90, 631.93 (2), 632.722, 632.729, 632.746 (10) (a) 2. and (b) 2., 632.747 (3), 632.798, 632.85, 632.853, 632.855, 632.861, 632.867, 632.87 (4) to ~~(6)~~ (7), 632.885, 632.89, 632.895 (9) to (17), 632.896, and 767.513 (4).

SECTION 328. 185.983 (1) (intro.) of the statutes is amended to read:

185.983 **(1)** (intro.) Every voluntary nonprofit health care plan operated by a

cooperative association organized under s. 185.981 shall be exempt from chs. 600 to 646, with the exception of ss. 601.04, 601.13, 601.31, 601.41, 601.42, 601.43, 601.44, 601.45, 611.26, 611.67, 619.04, 623.11, 623.12, 628.34 (10), 631.17, 631.89, 631.93, 631.95, 632.72 (2), 632.722, 632.729, 632.745 to 632.749, 632.775, 632.79, 632.795, 632.798, 632.85, 632.853, 632.855, 632.861, 632.867, 632.87 (2) to ~~(6)~~ (7), 632.885, 632.89, 632.895 (5) and (8) to (17), 632.896, and 632.897 (10) and chs. 609, 620, 630, 635, 645, and 646, but the sponsoring association shall:

SECTION 329. 609.713 of the statutes is created to read:

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

SECTION 330. 632.87 (7) of the statutes is created to read:

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

1. "Health care provider" has the meaning given in s. 146.81 (1) (a) to (hp).

2. "Qualified treatment trainee" has the meaning given in s. DHS 35.03 (17m), Wis. Adm. Code.

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

SECTION 9323. Initial applicability; Insurance.

(1) QUALIFIED TREATMENT TRAINEE COVERAGE.

(a) For policies and plans containing provisions inconsistent with these

sections, the treatment of ss. 40.51 (8) and (8m), 66.0137 (4), 120.13 (2) (g), 185.983 (1) (intro.), 609.713, and 632.87 (7) first applies to policy or plan years beginning on January 1 of the year following the year in which this paragraph takes effect, except as provided in par. (b).

(b) For policies and plans that are affected by a collective bargaining agreement containing provisions inconsistent with these sections, the treatment of ss. 40.51 (8) and (8m), 66.0137 (4), 120.13 (2) (g), 185.983 (1) (intro.), 609.713, and 632.87 (7) first applies to policy or plan years beginning on the effective date of this paragraph or on the day on which the collective bargaining agreement is entered into, extended, modified, or renewed, whichever is later.

SECTION 9423. Effective dates; Insurance.

(1) QUALIFIED TREATMENT TRAINEE COVERAGE. The treatment of ss. 40.51 (8) and (8m), 66.0137 (4), 120.13 (2) (g), 185.983 (1) (intro.), 609.713, and 632.87 (7) and SECTION 9323 (1) of this act take effect on the first day of the 4th month beginning after publication.".

72. At the appropriate places, insert all of the following:

"**SECTION 331.** 40.51 (8) of the statutes is amended to read:

40.51 **(8)** Every health care coverage plan offered by the state under sub. (6) shall comply with ss. 631.89, 631.90, 631.93 (2), 631.95, 632.72 (2), 632.722, 632.729, 632.746 (1) to (8) and (10), 632.747, 632.748, 632.798, 632.83, 632.835, 632.85, 632.853, 632.855, 632.861, 632.867, 632.87 (3) to (6) and (8), 632.885, 632.89, 632.895 (5m) and (8) to (17), and 632.896.

SECTION 332. 40.51 (8m) of the statutes is amended to read:

40.51 **(8m)** Every health care coverage plan offered by the group insurance board under sub. (7) shall comply with ss. 631.95, 632.722, 632.729, 632.746 (1) to (8) and (10), 632.747, 632.748, 632.798, 632.83, 632.835, 632.85, 632.853, 632.855, 632.861, 632.867, 632.87 (8), 632.885, 632.89, and 632.895 (11) to (17).

SECTION 333. 66.0137 (4) of the statutes is amended to read:

66.0137 **(4)** SELF-INSURED HEALTH PLANS. If a city, including a 1st class city, or a village provides health care benefits under its home rule power, or if a town provides health care benefits, to its officers and employees on a self-insured basis, the self-insured plan shall comply with ss. 49.493 (3) (d), 631.89, 631.90, 631.93 (2), 632.722, 632.729, 632.746 (10) (a) 2. and (b) 2., 632.747 (3), 632.798, 632.85, 632.853, 632.855, 632.861, 632.867, 632.87 (4) to (6) and (8), 632.885, 632.89, 632.895 (9) to (17), 632.896, and 767.513 (4).

SECTION 334. 120.13 (2) (g) of the statutes is amended to read:

120.13 **(2)** (g) Every self-insured plan under par. (b) shall comply with ss. 49.493 (3) (d), 631.89, 631.90, 631.93 (2), 632.722, 632.729, 632.746 (10) (a) 2. and (b) 2., 632.747 (3), 632.798, 632.85, 632.853, 632.855, 632.861, 632.867, 632.87 (4) to (6) and (8), 632.885, 632.89, 632.895 (9) to (17), 632.896, and 767.513 (4).

SECTION 335. 185.983 (1) (intro.) of the statutes is amended to read:

185.983 **(1)** (intro.) Every voluntary nonprofit health care plan operated by a cooperative association organized under s. 185.981 shall be exempt from chs. 600 to 646, with the exception of ss. 601.04, 601.13, 601.31, 601.41, 601.42, 601.43, 601.44, 601.45, 611.26, 611.67, 619.04, 623.11, 623.12, 628.34 (10), 631.17, 631.89, 631.93, 631.95, 632.72 (2), 632.722, 632.729, 632.745 to 632.749, 632.775, 632.79, 632.795, 632.798, 632.85, 632.853, 632.855, 632.861, 632.867, 632.87 (2) to (6) and (8),

632.885, 632.89, 632.895 (5) and (8) to (17), 632.896, and 632.897 (10) and chs. 609, 620, 630, 635, 645, and 646, but the sponsoring association shall:

SECTION 336. 609.714 of the statutes is created to read:

609.714 Substance abuse counselor coverage. Limited service health organizations, preferred provider plans, and defined network plans are subject to s. 632.87 (8).

SECTION 337. 632.87 (8) of the statutes is created to read:

632.87 **(8)** (a) In this subsection:

1. "Health care provider" has the meaning given in s. 146.81 (1) (a) to (hp).

2. "Substance abuse counselor" means a substance abuse counselor certified under s. 440.88.

(b) No policy, plan, or contract may exclude coverage for alcoholism or other drug abuse treatment or services provided by a substance abuse counselor within the scope of the substance abuse counselor's education and training if the policy, plan, or contract covers the alcoholism or other drug abuse treatment or services when provided by another health care provider.

SECTION 9323. Initial applicability; Insurance.

(1) SUBSTANCE ABUSE COUNSELOR COVERAGE.

(a) For policies and plans containing provisions inconsistent with the treatment of ss. 40.51 (8) and (8m), 66.0137 (4), 120.13 (2) (g), 185.983 (1) (intro.), 609.714, and 632.87 (8), the treatment of ss. 40.51 (8) and (8m), 66.0137 (4), 120.13 (2) (g), 185.983 (1) (intro.), 609.714, and 632.87 (8) first applies to policy or plan

years beginning on January 1 of the year following the year in which this paragraph takes effect, except as provided in par. (b).

(b) For policies and plans that are affected by a collective bargaining agreement containing provisions inconsistent with the treatment of ss. 40.51 (8) and (8m), 66.0137 (4), 120.13 (2) (g), 185.983 (1) (intro.), 609.714, and 632.87 (8), the treatment of ss. 40.51 (8) and (8m), 66.0137 (4), 120.13 (2) (g), 185.983 (1) (intro.), 609.714, and 632.87 (8) first applies to policy or plan years beginning on the effective date of this paragraph or on the day on which the collective bargaining agreement is newly established, extended, modified, or renewed, whichever is later.

SECTION 9423. Effective dates; Insurance.

(1) SUBSTANCE ABUSE COUNSELOR COVERAGE. The treatment of ss. 40.51 (8) and (8m), 66.0137 (4), 120.13 (2) (g), 185.983 (1) (intro.), 609.714, and 632.87 (8) and SECTION 9323 (1) of this act take effect on the first day of the 4th month beginning after publication.".

73. At the appropriate places, insert all of the following:

"**SECTION 338.** 40.51 (8) of the statutes is amended to read:

40.51 **(8)** Every health care coverage plan offered by the state under sub. (6) shall comply with ss. 631.89, 631.90, 631.93 (2), 631.95, 632.72 (2), 632.722, 632.729, 632.746 (1) to (8) and (10), 632.747, 632.748, 632.798, 632.83, 632.835, 632.85, 632.851, 632.853, 632.855, 632.861, 632.867, 632.87 (3) to (6), 632.885, 632.89, 632.895 (5m) and (8) to (17), and 632.896.

SECTION 339. 40.51 (8m) of the statutes is amended to read:

40.51 **(8m)** Every health care coverage plan offered by the group insurance

board under sub. (7) shall comply with ss. 631.95, 632.722, 632.729, 632.746 (1) to (8) and (10), 632.747, 632.748, 632.798, 632.83, 632.835, 632.85, 632.851, 632.853, 632.855, 632.861, 632.867, 632.885, 632.89, and 632.895 (11) to (17).

SECTION 340. 66.0137 (4) of the statutes is amended to read:

66.0137 **(4)** SELF-INSURED HEALTH PLANS. If a city, including a 1st class city, or a village provides health care benefits under its home rule power, or if a town provides health care benefits, to its officers and employees on a self-insured basis, the self-insured plan shall comply with ss. 49.493 (3) (d), 631.89, 631.90, 631.93 (2), 632.722, 632.729, 632.746 (10) (a) 2. and (b) 2., 632.747 (3), 632.798, 632.85, 632.851, 632.853, 632.855, 632.861, 632.867, 632.87 (4) to (6), 632.885, 632.89, 632.895 (9) to (17), 632.896, and 767.513 (4).

SECTION 341. 120.13 (2) (g) of the statutes is amended to read:

120.13 **(2)** (g) Every self-insured plan under par. (b) shall comply with ss. 49.493 (3) (d), 631.89, 631.90, 631.93 (2), 632.722, 632.729, 632.746 (10) (a) 2. and (b) 2., 632.747 (3), 632.798, 632.85, 632.851, 632.853, 632.855, 632.861, 632.867, 632.87 (4) to (6), 632.885, 632.89, 632.895 (9) to (17), 632.896, and 767.513 (4).

SECTION 342. 185.983 (1) (intro.) of the statutes is amended to read:

185.983 **(1)** (intro.) Every voluntary nonprofit health care plan operated by a cooperative association organized under s. 185.981 shall be exempt from chs. 600 to 646, with the exception of ss. 601.04, 601.13, 601.31, 601.41, 601.42, 601.43, 601.44, 601.45, 611.26, 611.67, 619.04, 623.11, 623.12, 628.34 (10), 631.17, 631.89, 631.93, 631.95, 632.72 (2), 632.722, 632.729, 632.745 to 632.749, 632.775, 632.79, 632.795, 632.798, 632.85, 632.851, 632.853, 632.855, 632.861, 632.867, 632.87 (2) to (6),

632.885, 632.89, 632.895 (5) and (8) to (17), 632.896, and 632.897 (10) and chs. 609, 620, 630, 635, 645, and 646, but the sponsoring association shall:

SECTION 343. 609.825 of the statutes is created to read:

609.825 Coverage of emergency ambulance services. (1) In this section:

(a) "Ambulance service provider" has the meaning given in s. 256.01 (3).

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

(2) A defined network plan, preferred provider plan, or self-insured governmental plan that provides coverage of emergency medical services shall cover emergency ambulance services provided by an ambulance service provider that is not a participating provider at a rate that is not lower than the greatest rate that is any of the following:

(a) A rate that is set or approved by a local governmental entity in the jurisdiction in which the emergency ambulance services originated.

(b) A rate that is 400 percent of the current published rate for the provided emergency ambulance services established by the federal centers for medicare and medicaid services under title XVIII of the federal Social Security Act, 42 USC 1395 et seq., in the same geographic area or a rate that is equivalent to the rate billed by the ambulance service provider for emergency ambulance services provided, whichever is less.

(c) The contracted rate at which the defined network plan, preferred provider plan, or self-insured governmental plan would reimburse a participating ambulance service provider for the same emergency ambulance services.

(3) No defined network plan, preferred provider plan, or self-insured governmental plan may impose a cost-sharing amount on an enrollee for emergency ambulance services provided by an ambulance service provider that is not a participating provider at a rate that is greater than the requirements that would apply if the emergency ambulance services were provided by a participating ambulance service provider.

(4) No ambulance service provider that receives reimbursement under this section may bill an enrollee for any additional amount for emergency ambulance services except for any copayment, coinsurance, deductible, or other cost-sharing responsibilities required to be paid by the enrollee.

(5) For purposes of this section, "emergency ambulance services" does not include air ambulance services.

SECTION 344. 632.851 of the statutes is created to read:

632.851 Reimbursement of emergency ambulance services. (1) In this section:

(a) "Ambulance service provider" has the meaning given in s. 256.01 (3).

(b) "Clean claim" means a claim that has no defect of impropriety, including a lack of required substantiating documentation or any particular circumstance that requires special treatment that prevents timely payment from being made on the claim.

(c) "Emergency medical responder" has the meaning given in s. 256.01 (4p).

(d) "Emergency medical services practitioner" has the meaning given in s. 256.01 (5).

(e) "Firefighter" has the meaning given in s. 36.27 (3m) (a) 1m.

(f) "Health care provider" has the meaning given in s. 146.81 (1) (a) to (hp).

(g) "Law enforcement officer" has the meaning given in s. 165.85 (2) (c).

(h) "Self-insured health plan" has the meaning given in s. 632.85 (1) (c).

(2) (a) A disability insurance policy or self-insured health plan shall, within 30 days after receipt of a clean claim for covered emergency ambulance services, promptly remit payment for the covered emergency ambulance services directly to the ambulance service provider. No disability insurance policy or self-insured health plan may send a payment for covered emergency ambulance services to an enrollee.

(b) A disability insurance policy or self-insured health plan shall respond to a claim for covered emergency ambulance services that is not a clean claim by sending a written notice, within 30 days after receipt of the claim, acknowledging the date of receipt of the claim and informing the ambulance service provider of one of the following:

1. That the disability insurance policy or self-insured health plan is declining to pay all or part of the claim, including the specific reason or reasons for the denial.

2. That additional information is necessary to determine if all or part of the claim is payable and the specific additional information that is required.

(3) A disability insurance policy or self-insured health plan shall remit

payment for the transportation of any patient by ambulance as a medically necessary emergency ambulance service if the transportation was requested by an emergency medical services practitioner, an emergency medical responder, a firefighter, a law enforcement officer, or a health care provider.

SECTION 9323. Initial applicability; Insurance.

(1) COVERAGE OF EMERGENCY AMBULANCE SERVICES.

(a) For policies and plans containing provisions inconsistent with ss. 609.825 and 632.851, the treatment of ss. 609.825 and 632.851 first applies to policy or plan years beginning on the effective date of this paragraph, except as provided in par. (b).

(b) For policies and plans that are affected by a collective bargaining agreement containing provisions inconsistent with ss. 609.825 and 632.851, the treatment of ss. 609.825 and 632.851 first applies to policy or plan years beginning on the effective date of this paragraph or on the day on which the collective bargaining agreement is entered into, extended, modified, or renewed, whichever is later.

SECTION 9423. Effective dates; Insurance.

(1) COVERAGE OF EMERGENCY AMBULANCE SERVICES. The treatment of ss. 40.51 (8) and (8m), 66.0137 (4), 120.13 (2) (g), 185.983 (1) (intro.), 609.825, and 632.851 and SECTION 9323 (1) of this act take effect on the first day of the 4th month beginning after publication.".

74. At the appropriate places, insert all of the following:

"**SECTION 345.** 601.45 (1) of the statutes is amended to read:

601.45 **(1)** COSTS TO BE PAID BY EXAMINEES. The reasonable costs of

examinations and audits under ss. 601.43, 601.44, 601.455, and 601.83 (5) (f) shall be paid by examinees except as provided in sub. (4), either on the basis of a system of billing for actual salaries and expenses of examiners and other apportionable expenses, including office overhead, or by a system of regular annual billings to cover the costs relating to a group of companies, or a combination of such systems, as the commissioner may by rule prescribe. Additional funding, if any, shall be governed by s. 601.32. The commissioner shall schedule annual hearings under s. 601.41 (5) to review current problems in the area of examinations.

SECTION 346. 601.455 of the statutes is created to read:

601.455 Fair claims processing, health insurance transparency, and claim denial rate audits. (1) DEFINITIONS. In this section:

(a) "Claim denial" means the refusal by an insurer to provide payment under a disability insurance policy for a service, treatment, or medication recommended by a health care provider. "Claim denial" includes the prospective refusal to pay for a service, treatment, or medication when a disability insurance policy requires advance approval before a prescribed medical service, treatment, or medication is provided.

(b) "Disability insurance policy" has the meaning given in s. 632.895 (1) (a).

(c) "Health care provider" has the meaning given in s. 146.81 (1) (a) to (p).

(2) CLAIMS PROCESSING. (a) Insurers shall process each claim for a disability insurance policy within a time frame that is reasonable and prevents an undue delay in an insured's care, taking into account the medical urgency of the claim.

(b) If an insurer determines additional information is needed to process a claim for a disability insurance policy, the insurer shall request the information

from the insured within 5 business days of making the determination and shall provide at least 15 days for the insured to respond.

(c) All claim denials shall include all of the following:

1. A specific and detailed explanation of the reason for the denial that cites the exact medical or policy basis for the denial.

2. A copy of or a publicly accessible link to any policy, coverage rules, clinical guidelines, or medical evidence relied upon in making the denial decision, with specific citation to the provision justifying the denial.

3. Additional documentation, medical rationale, or criteria that must be met or provided for approval of the claim, including alternative options available under the policy.

(d) If an insurer uses artificial intelligence or algorithmic decision-making in processing a claim for a disability insurance policy, the insurer must notify the insured in writing of that fact. The notice shall include all of the following:

1. A disclosure that artificial intelligence or algorithmic decision-making was used at any stage in reviewing the claim, even if a human later reviewed the outcome.

2. A detailed explanation of how the artificial intelligence or algorithmic decision-making reached its decision, including any factors the artificial intelligence or algorithmic decision-making weighed.

3. A contact point for requesting a human review of the claim if the claim was denied.

(3) INDEPENDENT REVIEW OF DENIALS. In addition to an insured's right to an

independent review under s. 632.835, as applicable, insureds have the right to request a review by the office of the public intervenor of any claim denial.

(4) PROHIBITED PRACTICES. An insurer may not do any of the following with respect to a disability insurance policy:

(a) Use vague or misleading policy terms to justify a claim denial.

(b) Fail to provide a specific and comprehensible reason for a claim denial.

(c) Cancel coverage under the policy after a claim is submitted due to alleged misstatements on the policy application.

(d) Deny a claim based on hidden or ambiguous exclusions in a disability insurance policy.

(e) Stall review of a claim to avoid timely payment.

(f) Reject a claim without reviewing all relevant medical records or consulting qualified experts.

(g) Fail to properly review or respond to an insured's appeal in a timely manner.

(h) Allow non-physician personnel to determine whether care is medically necessary.

(i) Apply different medical necessity criteria based on financial interests rather than patient needs.

(j) Disregard a treating health care provider's medical assessment without a valid clinical reason.

(k) Mandate prior approval for routine or urgent procedures in a manner that causes harmful delays.

(L) For a disability insurance policy that provides coverage of emergency

medical services, refuse to cover emergency medical services provided by out-of-network providers.

(m) List a health care provider as in-network on a provider directory and then deny a claim by stating the health care provider is out-of-network.

(n) Deny coverage based on age, gender, disability, or a chronic condition rather than medical necessity.

(o) Apply stricter standards in reviewing claims related to mental health conditions than claims related to physical health conditions.

(p) Perform a blanket denial of claims for high-cost conditions without an individualized review of each claim.

(r) Reclassify a claim to a lower-cost treatment to reduce insurer payout.

(s) Require an insured to fail a cheaper treatment before approving coverage for necessary care.

(t) Manipulate cost-sharing rules to shift higher costs to insureds.

(5) TRANSPARENCY AND REPORTING. (a) Beginning on January 1, 2027, an insurer shall annually publish a report detailing the insurer's claim denial rates, reasons for claim denials, and the outcome of any appeal of a claim denial for the previous year for all disability insurance policies under which the insurer provides coverage.

(b) The commissioner shall maintain a public database of insurers' claim denial rates and the outcomes of independent reviews under s. 632.835.

(c) Beginning on January 1, 2027, an insurer that uses artificial intelligence or algorithmic decision-making in claims processing shall annually publish a report

detailing all of the following for the previous year for all disability insurance policies under which the insurer provides coverage:

1. The percentage of claims submitted to the insurer that were reviewed by artificial intelligence or algorithmic decision-making.

2. The claim denial rate of claims reviewed by artificial intelligence or algorithmic decision-making compared to the claim denial rate of claims reviewed by humans.

3. The steps the insurer takes to ensure fairness and accuracy in decisions made by artificial intelligence or algorithmic decision-making.

(6) CLAIM DENIAL RATE AUDITS. (a) The commissioner may conduct an audit of an insurer if the insurer's claim denials are of such frequency as to indicate a general business practice. This paragraph is supplemental to and does not limit any other powers or duties of the commissioner.

(b) The commissioner may collect any relevant information from an insurer that is necessary to conduct an audit under par. (a).

(c) The commissioner may contract with a 3rd party to conduct an audit under par. (a).

(d) The commissioner may, based on the findings of an audit under par. (a), order the insurer who is the subject of the audit to comply with a corrective action plan approved by the commissioner. The commissioner shall specify in any corrective action plan under this paragraph the deadline by which an insurer must be in compliance with the corrective action plan.

(e) An insurer who is the subject of an audit under par. (a) shall provide a written response to any adverse findings of the audit.

(f) If an insurer fails to comply with a corrective action plan under par. (d) by the deadline specified by the commissioner, the commissioner may order the insurer to pay a forfeiture pursuant to s. 601.64 (3).

(7) FORFEITURES. A violation of this section that results in a harmful delay in an insured's care or an adverse health outcome for an insured shall be subject to a civil forfeiture of $10,000 per occurrence, in addition to any other penalties provided in s. 601.64 (3) or other law.".

75. At the appropriate places, insert all of the following:

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

(1) FUNDING FOR HEALTH INSURANCE NAVIGATORS.

(a) In this subsection:

1. "Commissioner" means the commissioner of insurance.

2. "Navigator" means an individual navigator licensed under s. 628.92 (1) or a navigator entity licensed under s. 628.92 (2).

(b) From the appropriation under s. 20.145 (1) (g), the commissioner shall award $500,000 in fiscal year 2025-26 and shall award $500,000 in fiscal year 2026-27 to a navigator to prioritize services for the direct care workforce population.".

76. At the appropriate places, insert all of the following:

"**SECTION 347.** 15.01 (6) of the statutes is amended to read:

15.01 **(6)** "Division," "bureau," "section," and "unit" means the subunits of a department or an independent agency, whether specifically created by law or created by the head of the department or the independent agency for the more economic and efficient administration and operation of the programs assigned to

the department or independent agency. The office of credit unions in the department of financial institutions, the office of the inspector general in the department of children and families, the office of the public intervenor in the office of the commissioner of insurance, the office of the inspector general in the department of health services, and the office of children's mental health in the department of health services have the meaning of "division" under this subsection. The office of the long-term care ombudsman under the board on aging and long-term care and the office of educational accountability and the office of literacy in the department of public instruction have the meaning of "bureau" under this subsection.

SECTION 348. 15.732 of the statutes is created to read:

15.732 Same; attached office. (1) OFFICE OF THE PUBLIC INTERVENOR. There is created an office of the public intervenor which is attached to the office of the commissioner of insurance.

SECTION 349. 20.145 (1) (g) 1. of the statutes is amended to read:

20.145 **(1)** (g) 1. All moneys received under ss. 601.25 (2), 601.31, 601.32, 601.42 (7), 601.45, and 601.47 and by the commissioner for expenses related to insurance company restructurings, except for restructurings specified in par. (h).

SECTION 350. 601.25 of the statutes is created to read:

601.25 Office of the public intervenor. (1) The office of the public intervenor shall assist individuals with insurance claims, policies, appeals, and other legal actions to pursue insurance coverage for medical procedures, prescription medications, and other health care services.

(2) The office of the public intervenor may levy an assessment on each insurer

that is authorized to engage in the business of insurance in this state. The assessment levied under this subsection shall be based on the insurer's premium volume for disability insurance policies, as defined in s. 632.895 (1) (a), written in this state.

(3) The commissioner may provide by rule for the governance, duties, and administration of the office of the public intervenor.".

77. At the appropriate places, insert all of the following:

"**SECTION 351.** 20.005 (3) (schedule) of the statutes: at the appropriate place, insert the following amounts for the purposes indicated:

				2025-26	**2026-27**
20.165	**Safety and professional services, department of**				
(1)	PROFESSIONAL REGULATION AND ADMINISTRATIVE SERVICES				
(e)	Statewide clinician wellness program	GPR	A	800,000	800,000

SECTION 352. 20.165 (1) (e) of the statutes is created to read:

20.165 **(1)** (e) *Statewide clinician wellness program*. The amounts in the schedule for the statewide clinician wellness program under s. 440.03 (18).

SECTION 353. 440.03 (18) of the statutes is created to read:

440.03 **(18)** The department may provide a statewide clinician wellness program to provide support to healthcare workers in this state in maintaining their physical and mental health and ensuring long-term vitality and effectiveness for

their patients and their profession. The department shall ensure that the program is coordinated with the procedure under sub. (1c).".

78. At the appropriate places, insert all of the following:

"**SECTION 354.** 609.823 of the statutes is created to read:

609.823 Coverage without prior authorization for inpatient mental health services. Limited service health organizations, preferred provider plans, and defined network plans are subject to s. 632.891.

SECTION 355. 632.891 of the statutes is created to read:

632.891 Coverage without prior authorization for inpatient mental health services. A disability insurance policy, as defined in s. 632.895 (1) (a), or self-insured health plan, as defined in s. 632.745 (24), that covers inpatient mental health services may not require prior authorization for the provision or coverage of those services.

SECTION 9323. Initial applicability; Insurance.

(1) INPATIENT MENTAL HEALTH PRIOR AUTHORIZATION.

(a) For policies and plans containing provisions inconsistent with ss. 609.823 and 632.891, the treatment of ss. 609.823 and 632.891 first applies to policy or plan years beginning on January 1 of the year following the year in which this paragraph takes effect, except as provided in par. (b).

(b) For policies and plans that are affected by a collective bargaining agreement containing provisions inconsistent with ss. 609.823 and 632.891, the treatment of ss. 609.823 and 632.891 first applies to policy or plan years beginning on the effective date of this subsection or on the day on which the collective

bargaining agreement is newly established, extended, modified, or renewed, whichever is later.

SECTION 9423. Effective dates; Insurance.

(1) INPATIENT MENTAL HEALTH PRIOR AUTHORIZATION. The treatment of ss. 609.823 and 632.891 and SECTION 9323 (1) of this act takes effect on the first day of the 4th month beginning after publication.".

79. At the appropriate places, insert all of the following:

"**SECTION 9219. Fiscal changes; Health Services.**

(1) BEHAVIORAL HEALTH LICENSURE AND OVERSIGHT STAFF.

(a) In the schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (6) (jm), the dollar amount for fiscal year 2025-26 is increased by $145,000 to increase the authorized FTE positions in the department of health services by 1.89 PR positions to support the certification, licensure, and oversight of behavioral health, and alcohol and other drug abuse treatment programs.. In the schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (6) (jm), the dollar amount for fiscal year 2026-27 is increased by $193,400 for the positions authorized under this paragraph.

(b) In the schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (6) (m), the dollar amount for fiscal year 2025-26 is increased by $85,200 to increase the authorized FTE positions in the department of health services by 1.11 FED positions to support the certification, licensure, and oversight of behavioral health, and alcohol and other drug abuse treatment programs.. In the schedule under s. 20.005 (3) for the appropriation to the

department of health services under s. 20.435 (6) (m), the dollar amount for fiscal year 2026-27 is increased by $113,600 for the positions authorized under this paragraph.

(c) The positions authorized under pars. (a) and (b) shall be 2.0 surveyor positions and 1.0 license permit program associate position to provide administrative support to facilitate processing of the increased survey capacity.".

80. At the appropriate places, insert all of the following:

"**SECTION 9219. Fiscal changes; Health Services.**

(1) QUALITY ASSURANCE SERVICES.

(a) In the schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (6) (jm), the dollar amount for fiscal year 2025-26 is increased by $481,700 to increase the authorized FTE positions for the department by 8.0 PR positions to address a backlog of surveys conducted by the bureau of assisted living. In the schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (6) (jm), the dollar amount for fiscal year 2026-27 is increased by $642,200 to provide funding for the positions authorized under this paragraph.

(b) In the schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (6) (n), the dollar amount for fiscal year 2025-26 is increased by $160,500 to increase the authorized FTE positions for the department by 3.0 FED positions to address a backlog of surveys conducted by the bureau of assisted living. In the schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (6) (n), the dollar amount for

fiscal year 2026-27 is increased by $214,100 to provide funding for the positions authorized under this paragraph.".

81. At the appropriate places, insert all of the following:

"**SECTION 9219. Fiscal changes; Health Services.**

(1) CARDIAC ARREST REGISTRY TO ENHANCE SURVIVAL. In the schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (1) (a), the dollar amount for fiscal year 2025-26 is increased by $25,000 to fund automatic data uploading privileges in the Cardiac Arrest Registry to Enhance Survival (CARES) digital registry of out-of-hospital cardiac arrests. In the schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (1) (a), the dollar amount for fiscal year 2026-27 is increased by $25,000 to fund automatic data uploading privileges in the Cardiac Arrest Registry to Enhance Survival (CARES) digital registry of out-of-hospital cardiac arrests.".

82. At the appropriate places, insert all of the following:

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

(1) SENIOR CARE REESTIMATE. For fiscal year 2025-26, to reflect a reestimate of benefit costs under the senior care program, the GPR funding for senior care shall be decreased by $4,402,700; the FED funding for senior care shall be increased by $1,357,800; and the PR funding for senior care shall be decreased by $32,679,200. For fiscal year 2026-27, to reflect a reestimate of benefit costs under the senior care program, the GPR funding for senior care shall be decreased by

$1,646,400; the FED funding for senior care shall be increased by $1,288,400; and the PR funding for senior care shall be decreased by $29,613,000.".

83. At the appropriate places, insert all of the following:

"**SECTION 356.** 46.995 (4) of the statutes is created to read:

46.995 **(4)** The department shall ensure that any child who is eligible and who applies for the disabled children's long-term support program that is operating under a waiver of federal law receives services under the disabled children's long-term support program that is operating under a waiver of federal law.".

84. At the appropriate places, insert all of the following:

"**SECTION 9219. Fiscal changes; Health Services.**

(1) COMMUNITY AIDS BASIC COUNTY ALLOCATIONS. In the schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (7) (b), the dollar amount for fiscal year 2025-26 is increased by $1,698,200 to increase basic county allocations under the community aids program.. In the schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (7) (b), the dollar amount for fiscal year 2026-27 is increased by $5,162,600 to increase basic county allocations under the community aids program.".

85. At the appropriate places, insert all of the following:

"**SECTION 357.** 20.435 (4) (bm) of the statutes is amended to read:

20.435 **(4)** (bm) *Medical Assistance, food stamps, and Badger Care administration; contract costs, insurer reports, and resource centers.* Biennially, the amounts in the schedule to provide a portion of the state share of administrative

contract costs for the Medical Assistance program under subch. IV of ch. 49 and the Badger Care health care program under s. 49.665 and to provide the state share of administrative costs for the food stamp program under s. 49.79, other than payments under s. 49.78 (8), to develop and implement a registry of recipient immunizations, to reimburse 3rd parties for their costs under s. 49.475, for costs associated with outreach activities, for state administration of state supplemental grants to supplemental security income recipients under s. 49.77, for grants under ss. 46.73 and 46.74, and for services of resource centers under s. 46.283. No state positions may be funded in the department of health services from this appropriation, except positions for the performance of duties under a contract in effect before January 1, 1987, related to the administration of the Medical Assistance program between the subunit of the department primarily responsible for administering the Medical Assistance program and another subunit of the department. Total administrative funding authorized for the program under s. 49.665 may not exceed 10 percent of the amounts budgeted under pars. (p) and (x).

SECTION 358. 20.435 (4) (pa) of the statutes is amended to read:

20.435 **(4)** (pa) *Federal aid; Medical Assistance and food stamp contracts administration.* All federal moneys received for the federal share of the cost of contracting for payment and services administration and reporting, other than moneys received under pars. (nn) and (np), to reimburse 3rd parties for their costs under s. 49.475, for administrative contract costs for the food stamp program under s. 49.79, for grants under ss. 46.73 and 46.74, and for services of resource centers under s. 46.283.

SECTION 359. 46.73 of the statutes is created to read:

46.73 Community dental health coordinators. From the appropriations under s. 20.435 (4) (bm) and (pa), the department shall award grants to support community dental health coordinators in rural regions of the state.

SECTION 360. 46.74 of the statutes is created to read:

46.74 Grants for mobile dental clinics. The department shall award grants to community health centers, as defined in s. 250.15 (1) (a), to procure and operate mobile dental clinics.".

86. At the appropriate places, insert all of the following:

"**SECTION 361.** 49.45 (30) (a) of the statutes is repealed.

SECTION 362. 49.45 (30) (b) of the statutes is renumbered 49.45 (30) and amended to read:

49.45 **(30)** SERVICES PROVIDED BY COMMUNITY SUPPORT PROGRAMS. The department shall reimburse a ~~provider of~~ county that provides services under s. 49.46 (2) (b) 6. L. ~~only~~ for the amount of the allowable charges for those services under the Medical Assistance program that is provided by the federal government and for the amount of the allowable charges for those services under the Medical Assistance program that is not provided by the federal government.

SECTION 363. 49.45 (52) (a) 1. of the statutes is amended to read:

49.45 **(52)** (a) 1. If the department provides the notice under par. (c) selecting the payment procedure in this paragraph, the department may, from the appropriation account under s. 20.435 (7) (b), make Medical Assistance payment adjustments to county departments under s. 46.215, 46.22, 46.23, 51.42, or 51.437

or to local health departments, as defined in s. 250.01 (4), as appropriate, for covered services under s. 49.46 (2) (a) 2. and 4. d. and f. and (b) 6. b., c., f., fm., g., j., k., ~~L.,~~ Lm., and m., 9., 12., 12m., 13., 15., and 16., except for services specified under s. 49.46 (2) (b) 6. b. and c. provided to children participating in the early intervention program under s. 51.44. Payment adjustments under this paragraph shall include the state share of the payments. The total of any payment adjustments under this paragraph and Medical Assistance payments made from appropriation accounts under s. 20.435 (4) (b), (gm), (o), and (w), may not exceed applicable limitations on payments under 42 USC 1396a (a) (30) (A).

SECTION 364. 49.45 (52) (b) 1. of the statutes is amended to read:

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

SECTION 9219. Fiscal changes; Health Services.

(1) COMMUNITY SUPPORT PROGRAM; STATE PAYMENT OF NONFEDERAL SHARE. In the schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (4) (a), the dollar amount for fiscal year 2025-26 is increased by $19,616,200 for Medical Assistance services provided under the community support program. In the schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (4) (a), the dollar

amount for fiscal year 2026-27 is increased by $21,467,000 for Medical Assistance services provided under the community support program.".

87. At the appropriate places, insert all of the following:

"**SECTION 365.** 46.48 (27) of the statutes is created to read:

46.48 **(27)** COMMUNITY-BASED WITHDRAWAL MANAGEMENT CENTERS. From the appropriation under s. 20.435 (5) (bc), the department shall distribute not more than $500,000 in each fiscal year for grants to community-based withdrawal centers, including those certified as an adult residential integrated behavioral health stabilization service, residential intoxication monitoring service, or residential withdrawal management service, as those terms are defined under s. 49.45 (30p) (a) 1., 4., and 5.

SECTION 366. 49.45 (30p) of the statutes is created to read:

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

1. "Adult residential integrated behavioral health stabilization service" means a residential behavioral health treatment service, delivered under the oversight of a medical director, that provides withdrawal management and intoxication monitoring, as well as integrated behavioral health stabilization services, and includes nursing care on site for medical monitoring available on a 24-hour basis. "Adult residential integrated behavioral health stabilization service" may include the provision of services including screening, assessment, intake, evaluation and diagnosis, medical care, observation and monitoring, physical examination, determination of medical stability, medication management, nursing

services, case management, drug testing, counseling, individual therapy, group therapy, family therapy, psychoeducation, peer support services, recovery coaching, recovery support services, and crisis intervention services, to ameliorate acute behavioral health symptoms and stabilize functioning.

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

3. "Detoxification and stabilization services" means adult residential integrated behavioral health stabilization service, residential withdrawal management service, or residential intoxication monitoring service.

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

5. "Residential withdrawal management service" means a residential substance use treatment service that provides withdrawal management and intoxication monitoring, and includes medically managed 24-hour on-site nursing care, under the supervision of a physician. "Residential withdrawal management

service" may include the provision of services, including screening, assessment, intake, evaluation and diagnosis, medical care, observation and monitoring, physical examination, medication management, nursing services, case management, drug testing, counseling, individual therapy, group therapy, family therapy, psychoeducation, peer support services, recovery coaching, and recovery support services, to ameliorate symptoms of acute intoxication and withdrawal and to stabilize functioning. "Residential withdrawal management service" may also include community-based withdrawal management and intoxication monitoring services.

(b) Subject to par. (c), the department shall provide reimbursement for detoxification and stabilization services under the Medical Assistance program under s. 49.46 (2) (b) 14r. The department shall certify providers under the Medical Assistance program to provide detoxification and stabilization services in accordance with this subsection.

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

SECTION 367. 49.46 (2) (b) 14r. of the statutes is created to read:

49.46 **(2)** (b) 14r. Detoxification and stabilization services as specified under s. 49.45 (30p)."

88. At the appropriate places, insert all of the following:

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

(1) COMPLEX PATIENT PILOT PROGRAM.

(a) In this subsection:

1. "Department" means the department of health services.

2. "Partnership group" means one or more hospitals in partnership with one or more post-acute facilities.

(b) The department shall use a competitive grant selection process to select partnership groups to be designated as participating sites for a complex patient pilot program under this subsection and, from the appropriation under s. 20.435 (7) (d), award grants to the groups selected.

(c) The department shall solicit feedback regarding the complex patient pilot program from representatives of healthcare system organizations, long-term care provider organizations, long-term care operator organizations, patient advocate groups, insurers, and any other organization determined to be relevant by the secretary of health services.

(d) The department shall require that each partnership group that applies to the department to be designated as a site for the complex patient pilot program shall address all of the following issues in its application:

1. The number of complex patient care beds that will be set aside in a post-acute facility or through implementation of an innovative model of patient care in a

post-acute facility to which participating hospitals agree, such as dedicated staffing for dementia or a behavioral health unit.

2. Defined goals and measurable outcomes of the partnership group during the pilot program and after the pilot program.

3. The types of complex patients for whom care will be provided, which may include patients needing total care for multiple conditions or comorbidities such as cardiac and respiratory diseases, obesity, mental health, substance use, or dementia.

4. An operating budget for the proposed site that details how fiscal responsibility will be shared among members of the partnership group and includes all of the following:

a. Estimated patient revenues from other sources, including the Medical Assistance program under subch. IV of ch. 49, and estimated total costs.

b. A margin to account for reserved beds.

5. The partnership group's expertise to successfully implement the proposal, which may include a discussion of the following issues:

a. Documented experience of the partners working together to serve complex patients.

b. The implementation timeline and the plan for post-acute facilities to accept admissions and transfer patients within 72 hours of a request submitted by a hospital.

c. The plan for an interdisciplinary team that will staff the unit in the post-acute facility, including the availability of staff with appropriate expertise that

includes physicians, nurses, advance practice health professionals, pharmacists, physical therapists, occupational therapists, and social workers.

d. Ability to electronically exchange health information.

e. Resources to conduct patient intake and discharge planning from the post-acute facility, including case managers and social workers.

f. Ability to conduct monthly case management reviews with the interdisciplinary team for every complex care patient that cover care plan progress and any readmissions to an acute care hospital.

g. Ability to conduct monthly quality assurance reviews.

h. Ability of the treatment model to be replicated by other healthcare systems.

i. Plans to document decreases in lengths of stay for complex patients in hospitals and avoided hospital days.

j. Documentation of stable finances among partnership group members to support the proposal, including matching funds that could be dedicated to the pilot program under this subsection. No applicant may be required to provide matching funds or a contribution, but the department may take into consideration the availability of matching funds or a contribution in evaluating an application.

k. Description of anticipated impediments to successful implementation and how the partnership group intends to overcome the anticipated impediments.

(e) In implementing this subsection, the department shall do all of the following:

1. Develop a methodology to evaluate the complex patient pilot program and contract with an independent organization to complete the evaluation. The

department may pay the fee of the organization selected from the appropriation under s. 20.435 (7) (d).

2. Give additional weight to partnership groups that would ensure geographic diversity.

(f) Upon completion of the evaluation required under par. (e) 1., the independent organization contracted by the department to complete the evaluation shall provide the evaluation to the department.

SECTION 9219. Fiscal changes; Health Services.

(1) COMPLEX PATIENT PILOT PROGRAM. In the schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (7) (d), the dollar amount for fiscal year 2025-26 is increased by $15,000,000 to fund, on a one-time basis, a complex patient pilot program to help facilitate the transfer of complex patients from acute care settings, such as hospitals, to post-acute care facilities, in the 2025-27 biennium.".

89. At the appropriate places, insert all of the following:

"**SECTION 368.** 20.435 (5) (bw) of the statutes is amended to read:

20.435 **(5)** (bw) ~~*Child psychiatry and addiction medicine consultation programs*~~ *Mental health consultation program.* Biennially, the amounts in the schedule for operating the ~~child psychiatry consultation program under s. 51.442 and the addiction medicine consultation program under s. 51.448~~ mental health consultation program under s. 51.443.

SECTION 369. 20.435 (5) (bx) of the statutes is created to read:

20.435 **(5)** (bx) *Addiction medicine consultation program.* Biennially, the

amounts in the schedule for operating the addiction medicine consultation program under s. 51.448.

SECTION 370. 20.435 (5) (ct) of the statutes is repealed.

SECTION 371. 51.441 of the statutes is repealed.

SECTION 372. 51.442 of the statutes is repealed.

SECTION 373. 51.443 of the statutes is created to read:

51.443 Mental health consultation program. (1) In this section:

(a) "Participating clinicians" includes physicians, nurse practitioners, physician assistants, and medically appropriate members of the care teams of physicians, nurse practitioners, and physician assistants.

(b) "Program" means the mental health consultation program under this section.

(2) During fiscal year 2025-26, the department shall contract with the organization that provided consultation services through the child psychiatry consultation program under s. 51.442, 2023 stats., as of January 1, 2025, to administer the mental health consultation program described under this section. Beginning in fiscal year 2026-27, the department shall contract with the organization that provided consultation services through the child psychiatry consultation program under s. 51.442, 2023 stats., as of January 1, 2025, or another organization to administer the mental health consultation program under this section.

(3) The contracting organization under sub. (2) shall administer a mental health consultation program that incorporates a comprehensive set of mental

health consultation services, which may include perinatal, child, adult, geriatric, pain, veteran, and general mental health consultation services, and may contract with any other entity to perform any operations and satisfy any requirements under this section for the program.

(4) As a condition of providing services through the program, the contracting organization under sub. (2) shall do all of the following:

(a) Ensure that all mental health care providers who are providing services through the program have the applicable credential from this state; if a psychiatric professional, that the provider is eligible for certification or is certified by the American Board of Psychiatry and Neurology for adult psychiatry, child and adolescent psychiatry, or both; and if a psychologist, that the provider is registered in a professional organization, including the American Psychological Association, National Register of Health Service Psychologists, Association for Psychological Science, or the National Alliance of Professional Psychology Providers.

(b) Maintain the infrastructure necessary to provide the program's services statewide.

(c) Operate the program on weekdays during normal business hours of 8 a.m. to 5 p.m.

(d) Provide consultation services under the program as promptly as is practicable.

(e) Have the capability to provide consultation services by, at a minimum, telephone and email. Consultation through the program may be provided by

teleconference, video conference, voice over Internet protocol, email, pager, in-person conference, or any other telecommunication or electronic means.

(f) Provide all of the following services through the program:

1. Support for participating clinicians to assist in the management of mental health concerns.

2. Triage-level assessments to determine the most appropriate response to each request, including appropriate referrals to any community providers and health systems.

3. When medically appropriate, diagnostics and therapeutic feedback.

4. Recruitment of other clinicians into the program as participating clinicians when possible.

(g) Report to the department any information requested by the department.

(h) Conduct annual surveys of participating clinicians who use the program to assess the quality of care provided, self-perceived levels of confidence in providing mental health services, and satisfaction with the consultations and other services provided through the program. Immediately after participating clinicians begin using the program and again 6 to 12 months later, the contracting organization under sub. (2) may conduct assessments of participating clinicians to assess the barriers to and benefits of participation in the program to make future improvements and to determine the participating clinicians' treatment abilities, confidence, and awareness of relevant resources before and after beginning to use the program.

(5) Services provided under sub. (4) (b) to (h) are eligible for funding from the

department. The contracting organization under sub. (2) also may provide any of the following services under the program that are eligible for funding from the department:

(a) Second opinion diagnostic and medication management evaluations and community resource referrals conducted by either a psychiatrist or allied health professionals.

(b) In-person or web-based educational seminars and refresher courses on a medically appropriate topic within mental or behavioral health care provided to any participating clinician who uses the program.

(c) Data evaluation and assessment of the program.

SECTION 9219. Fiscal changes; Health Services.

(1) COMPREHENSIVE MENTAL HEALTH CONSULTATION PROGRAM. In the schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (5) (bw), the dollar amount for fiscal year 2025-26 is increased by $2,000,000 and the dollar amount for fiscal year 2026-27 is increased by $2,000,000 to support a comprehensive mental health consultation program under s. 51.443.".

90. At the appropriate places, insert all of the following:

"**SECTION 9219. Fiscal changes; Health Services.**

(1) CONTRACTED COMMUNITY SERVICES. In the schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (2) (bj), the dollar amount for fiscal year 2025-26 is increased by $3,742,500 to fund contracts for community-based mental health services for the treatment and monitoring for

forensic and sexually violent persons programs. In the schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (2) (bj), the dollar amount for fiscal year 2026-27 is increased by $6,305,000 to fund contracts for community-based mental health services for the treatment and monitoring for forensic and sexually violent persons programs.".

91. At the appropriate places, insert all of the following:

"**SECTION 9219. Fiscal changes; Health Services.**

(1) COVERAGE OF CONTINUOUS GLUCOSE MONITORING DEVICES.

(a) In the schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (4) (b), the dollar amount for fiscal year 2026-27 is increased by $4,647,100 to support the cost of providing coverage for continuous glucose monitoring devices and insulin pumps for diabetic care as a pharmacy benefit.

(b) In the schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (4) (j), the dollar amount for fiscal year 2026-27 is increased by $9,600,000 to support the cost of providing coverage for continuous glucose monitoring devices and insulin pumps for diabetic care as a pharmacy benefit.".

92. At the appropriate places, insert all of the following:

"**SECTION 374.** 49.45 (30t) of the statutes is created to read:

49.45 **(30t)** DOULA SERVICES. (a) In this subsection:

1. "Certified doula" means an individual who has received certification from a doula certifying organization recognized by the department.

2. "Doula services" means childbirth education and support services, including emotional and physical support provided during pregnancy, labor, birth, and the postpartum period.

(b) The department shall request from the secretary of the federal department of health and human services any required waiver or any required amendment to the state plan for Medical Assistance to allow reimbursement for doula services provided by a certified doula. If the waiver or state plan amendment is granted, the department shall reimburse a certified doula under s. 49.46 (2) (b) 12p. for the allowable charges for doula services provided to Medical Assistance recipients.

SECTION 375. 49.46 (2) (b) 12p. of the statutes is created to read:

49.46 **(2)** (b) 12p. Doula services provided by a certified doula, as specified under s. 49.45 (30t).

SECTION 9219. Fiscal changes; Health Services.

(1) COVERAGE OF DOULA SERVICES. In the schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (4) (b), the dollar amount for fiscal year 2025-26 is increased by $215,400 and the dollar amount for fiscal year 2026-27 is increased by $428,500 to provide reimbursement of doula services under the Medical Assistance program under subch. IV of ch. 49.".

93. At the appropriate places, insert all of the following:

"**SECTION 1.** 49.46 (2) (b) 1. j. of the statutes is created to read:

49.46 **(2)** (b) 1. j. Nonsurgical treatment of temporomandibular joint disorder.

SECTION 2. DHS 107.07 (4) (k) 2. of the administrative code is repealed.".

94. At the appropriate places, insert all of the following:

"**SECTION 9206. Fiscal changes; Children and Families.**

(1) ELIMINATION OF BIRTH COST RECOVERY.

(a) In the schedule under s. 20.005 (3) for the appropriation to the department of children and families under s. 20.437 (2) (a), the dollar amount for fiscal year 2025-26 is increased by $650,000 to to support a policy change that would end the practice of recovering birth costs. In the schedule under s. 20.005 (3) for the appropriation to the department of children and families under s. 20.437 (2) (a), the dollar amount for fiscal year 2026-27 is increased by $650,000 to to support a policy change that would end the practice of recovering birth costs.

(b) In the schedule under s. 20.005 (3) for the appropriation to the department of children and families under s. 20.437 (2) (md), the dollar amount for fiscal year 2025-26 is increased by $1,261,800 to to support a policy change that would end the practice of recovering birth costs. In the schedule under s. 20.005 (3) for the appropriation to the department of children and families under s. 20.437 (2) (md), the dollar amount for fiscal year 2026-27 is increased by $1,261,800 to to support a policy change that would end the practice of recovering birth costs.".

95. At the appropriate places, insert all of the following:

"**SECTION 376.** 49.45 (24k) (c) of the statutes is repealed.".

96. At the appropriate places, insert all of the following:

"**SECTION 9219. Fiscal changes; Health Services.**

(1) DISEASE INTERVENTION SPECIALISTS.

(a) In the schedule under s. 20.005 (3) for the appropriation to the department

of health services under s. 20.435 (1) (a), the dollar amount for fiscal year 2025-26 is increased by $352,900 to increase the authorized FTE positions for the department by 5.0 GPR positions to provide specialization and investigative support to local and tribal health departments to intervene in active infections and interrupt disease transmission. In the schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (1) (a), the dollar amount for fiscal year 2026-27 is increased by $453,900 to provide funding for the positions authorized under this paragraph.

(b) In the schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (1) (kx), the dollar amount for fiscal year 2025-26 is decreased by $70,600 and the dollar amount for fiscal year 2026-27 is decreased by $90,700, to decrease the authorized FTE positions for the department by 1.0 PR position providing specialization and investigative support to local and tribal health departments to intervene in active infections and interrupt disease transmission.".

97. At the appropriate places, insert all of the following:

"**SECTION 9219. Fiscal changes; Health Services.**

(1) EMERGENCY FOOD ASSISTANCE. In the schedule under s. 20.005 (3) for the appropriation to the department of health under s. 20.435 (1) (dn), the dollar amount for fiscal year 2025-26 is increased by $188,000 to increase funding to administer the emergency food assistance program. In the schedule under s. 20.005 (3) for the appropriation to the department of health under s. 20.435 (1) (dn), the dollar amount for fiscal year 2026-27 is increased by $188,000 to increase funding to administer the emergency food assistance program.".

98. At the appropriate places, insert all of the following:

"**SECTION 9219. Fiscal changes; Health Services.**

(1) IMMUNIZATION REGISTRY STAFF. In the schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (1) (cf), the dollar amount for fiscal year 2025-26 is increased by $152,600 and the dollar amount for fiscal year 2026-27 is increased by $196,800 to increase the authorized FTE positions for the department of health services by 2.0 GPR positions to assist with and improve the department's Wisconsin Immunization Registry.".

99. At the appropriate places, insert all of the following:

"**SECTION 377.** 256.12 (4) (a) of the statutes is amended to read:

256.12 **(4)** (a) From the appropriation account under s. 20.435 (1) (r), the department shall annually distribute funds for ambulance service vehicles or vehicle equipment, emergency medical services supplies or equipment, nondurable or disposable medical supplies or equipment, medications, or emergency medical training for personnel to an emergency medical responder department or ambulance service provider that is a public agency, a volunteer fire department or a nonprofit corporation, under a funding formula consisting of ~~an identical~~ a base amount for each ~~emergency medical responder department or ambulance~~ service provider based on provider type, plus a supplemental amount based on the population or other relevant factors of the emergency medical responder department's primary service area or the population or other relevant factors of the ambulance service provider's primary service or contract area, as established under s. 256.15 (5), as applicable.

SECTION 378. 256.12 (4) (c) of the statutes is amended to read:

256.12 **(4)** (c) Funds distributed under par. (a) or (b) shall supplement

existing, budgeted moneys of or provided to an ambulance service provider and may not be used to replace, decrease or release for alternative purposes the existing, budgeted moneys of or provided to the ambulance service provider. A grant recipient under this subsection cannot expend more than 15 percent of a grant awarded during an annual grant cycle on nondurable or disposable medical supplies ~~or equipment~~ and medications. In order to ensure compliance with this paragraph, the department shall require, as a condition of relicensure, a financial report of expenditures under this subsection from ~~an ambulance service provider and may require a financial report of expenditures under this subsection from an emergency medical responder department or an owner or operator of an ambulance service or a public agency, volunteer fire department or a nonprofit corporation with which an ambulance service provider has contracted to provide ambulance services~~ grant recipients.

SECTION 379. 256.12 (5) (a) of the statutes is amended to read:

256.12 **(5)** (a) From the appropriation account under s. 20.435 (1) (r), the department shall annually distribute funds to emergency medical responder departments or ambulance service providers that are public agencies, volunteer fire departments, or nonprofit corporations to purchase the training required for licensure and renewal of licensure as an emergency medical technician under s. 256.15 (6) or for certification and renewal of certification as an emergency medical responder under s. 256.15 (8), and to pay for administration of the examination required for licensure or renewal of licensure as an emergency medical ~~technician~~ services practitioner under s. 256.15 (6) (a) 3. and (b) 1. or certification or renewal of certification as an emergency medical responder under s. 256.15 (8).

SECTION 380. 256.12 (5) (am) of the statutes is amended to read:

256.12 **(5)** (am) If an emergency medical responder department or ambulance service provider does not use funds received under par. (a) within a calendar year, the emergency medical responder department or ambulance service provider may escrow those funds in the year in which the funds are distributed to the emergency medical responder department or ambulance service provider, except funds distributed for nondurable or disposable medical supplies ~~or equipment~~ or medications. In a subsequent year, an emergency medical responder department or ambulance service provider may use escrowed funds to purchase the training required for certification or renewal of certification as an emergency medical responder or licensure or renewal of licensure as an emergency medical services practitioner at any level or to pay for administration of the examination required for certification or renewal of certification as an emergency medical responder or for licensure or renewal of licensure as an emergency medical services practitioner at any level.

SECTION 9319. Initial applicability; Health Services.

(1) SUPPORT AND IMPROVEMENT OF EMERGENCY MEDICAL SERVICES. The treatment of s. 256.12 (4) (a) and (c) of this act first applies to funds distributed under s. 256.12 (4) (a) on the effective date of this subsection.

(2) EMERGENCY MEDICAL SERVICES TRAINING AND EXAMINATION AID. The treatment of s. 256.12 (5) (a) and (am) first applies to funds distributed under s. 256.12 (5) (a) on the effective date of this subsection.”.

100. At the appropriate places, insert all of the following:

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

(1) WISCONSIN CHRONIC DISEASE PROGRAM. In the schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (4) (e), the dollar amount for fiscal year 2025-26 is decreased by $326,700 to reflect lower estimates needed to fully fund the chronic disease program. In the schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (4) (e), the dollar amount for fiscal year 2026-27 is decreased by $268,500 to reflect lower estimates needed to fully fund the chronic disease program.

(2) WISCONSIN CHRONIC DISEASE PROGRAM; DRUG MANUFACTURER REBATES. In the schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (4) (je), the dollar amount for fiscal year 2025-26 is decreased by $33,000 to reflect lower estimates needed to fully fund the chronic disease program. In the schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (4) (je), the dollar amount for fiscal year 2026-27 is decreased by $19,900 to reflect lower estimates needed to fully fund the chronic disease program.".

101. At the appropriate places, insert all of the following:

"**SECTION 381.** 20.005 (3) (schedule) of the statutes: at the appropriate place, insert the following amounts for the purposes indicated:

			2025-26	2026-27
20.435 Health services, department of				
(1) PUBLIC HEALTH SERVICES PLANNING, REGULATION, AND DELIVERY				
(ck) Emergency medical services grants	GPR	A	25,000,000	25,000,000

SECTION 382. 20.435 (1) (ck) of the statutes is created to read:

20.435 **(1)** (ck) *Emergency medical services grants.* The amounts in the schedule for grants to municipalities to improve or expand emergency medical services under s. 256.42.

SECTION 383. 256.42 of the statutes is created to read:

256.42 Emergency medical services grants. (1) In this section, "municipality" means a city, village, or town.

(2) From the appropriation under s. 20.435 (1) (ck), the department shall award grants each fiscal year to municipalities to improve or expand emergency medical services. From the moneys appropriated each fiscal year, the department shall do all of the following:

(a) Award 25 percent to municipalities to support the development of 24-7 paid service models in accordance with criteria developed by the department.

(b) Award the remaining amount using a formula consisting of a base amount, determined by the department, for each municipality, plus a supplemental amount based on the population of the municipality.".

102. At the appropriate places, insert all of the following:

"**SECTION 9219. Fiscal changes; Health Services.**

(1) ENTERAL NUTRITION RATE INCREASE. In the schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (4) (b), the dollar amount for fiscal year 2025-26 is increased by $773,600 and the dollar amount for fiscal year 2026-27 is increased by $1,537,700 to increase reimbursement rates for medically-necessary enteral nutrition products under the Medical Assistance program under subch. IV of ch. 49.".

103. At the appropriate places, insert all of the following:

"**SECTION 384.** 20.435 (2) (g) of the statutes is amended to read:

20.435 **(2)** (g) *Alternative services of institutes and centers.* All moneys received as payments for services under ss. 46.043 and 51.06 (1r) and (5) for provision of alternative services by mental health institutes under s. 46.043 and by centers for the developmentally disabled under s. 51.06 (1r).

SECTION 385. 20.435 (2) (gL) of the statutes is repealed.

SECTION 386. 46.275 (5) (e) of the statutes is repealed.

SECTION 387. 51.06 (5) of the statutes is amended to read:

51.06 **(5)** SURCHARGE FOR EXTENDED INTENSIVE TREATMENT. The department may impose on a county a progressive surcharge for services under sub. (1m) (d) that an individual receives after the maximum discharge date for the individual that was agreed upon under sub. (3) (b) 2. The surcharge is 10 percent of the amount paid for the individual's services under s. 49.45 during any part of the first 6-month period following the maximum discharge date, and increases by 10 percent of the amount paid for the individual's services under s. 49.45 during any part of

each 6-month period thereafter. Any revenues received under this subsection shall be credited to the appropriation account under s. 20.435 (2) ~~(gL)~~ (g).

SECTION 9219. Fiscal changes; Health Services.

(1) EXTENDED INTENSIVE TREATMENT SURCHARGE BALANCE TRANSFER. The unencumbered balance in the appropriation account under s. 20.435 (2) (gL), 2023 stats., is transferred to the appropriation account under s. 20.435 (2) (g).".

104. At the appropriate places, insert all of the following:

"**SECTION 9219. Fiscal changes; Health Services.**

(1) FACILITY ELECTRONIC HEALTH RECORDS. In the schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (2) (a), the dollar amount for fiscal year 2025-26 is increased by $961,100 for projected increased costs to maintain the electronic health records systems used for patients and residents at the department of health services' care and treatment facilities. In the schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (2) (a), the dollar amount for fiscal year 2026-27 is increased by $1,003,200 for projected increased costs to maintain the electronic health records systems used for patients and residents at the department of health services' care and treatment facilities.

(2) FACILITY ELECTRONIC HEALTH RECORDS; FEDERAL REVENUE. In the schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (2) (kx), the dollar amount for fiscal year 2025-26 is increased by $481,900 for projected increased costs to maintain the electronic health records systems used for patients and residents at the department of health services' care and treatment facilities. In the schedule under s. 20.005 (3) for the

appropriation to the department of health services under s. 20.435 (2) (kx), the dollar amount for fiscal year 2026-27 is increased by $506,900 for projected increased costs to maintain the electronic health records systems used for patients and residents at the department of health services' care and treatment facilities.".

105. At the appropriate places, insert all of the following:

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

(1) FEDERAL APPROPRIATIONS; FUNDING ADJUSTMENTS. For each fiscal year of the 2025-27 biennium, $89,061,700 shall be distributed to the FED appropriations identified by the legislative fiscal bureau's "2025-27 Wisconsin State Budget," *Summary of Governor's Budget Recommendations*, pages 335 to 336, item 7, as provided by the table on page 336 of that summary.".

106. At the appropriate places, insert all of the following:

"**SECTION 1.** 46.48 (16) of the statutes is created to read:

46.48 **(16)** ASSISTIVE TECHNOLOGY. The department may distribute not more than $250,000 in each fiscal year for grants to provide assistive technology services.

SECTION 9219. Fiscal changes; Health Services.

(1) WISCONSIN ASSISTIVE TECHNOLOGY PROGRAM. In the schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (1) (b), the dollar amount for fiscal year 2025-26 is increased by $250,000 to award grants to provide assistive technology services under s. 46.48 (16). In the schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (1) (b), the dollar amount for fiscal year 2026-27 is

increased by $250,000 to award grants to provide assistive technology services under s. 46.48 (16).".

107. At the appropriate places, insert all of the following:

"**SECTION 9219. Fiscal changes; Health Services.**

(1) FEDERALLY QUALIFIED HEALTH CENTERS. In the schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (1) (cr), the dollar amount for fiscal year 2025-26 is increased by $5,000,000 to increase grants to federally qualified health centers. In the schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (1) (cr), the dollar amount for fiscal year 2026-27 is increased by $5,000,000 to increase grants to federally qualified health centers.".

108. At the appropriate places, insert all of the following:

"**SECTION 9219. Fiscal changes; Health Services.**

(1) FOODSHARE EMPLOYMENT AND TRAINING. In the schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (4) (bm), the dollar amount for fiscal year 2025-26 is decreased by $9,794,100 and the dollar amount for fiscal year 2026-27 is decreased by $389,100 to fund costs associated with participation in the FoodShare employment and training program under the federal able-bodied adult without dependents policy.".

109. At the appropriate places, insert all of the following:

SECTION 9219. Fiscal changes; Health Services.

(1) CARE AND TREATMENT FACILITIES. In the schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (1) (a), the

dollar amount for fiscal year 2025-26 is increased by $1,009,500 to reflect fuel and utility costs at care and treatment facilities. In the schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (1) (a), the dollar amount for fiscal year 2026-27 is increased by $1,361,100 to reflect fuel and utility costs at care and treatment facilities.".

110. At the appropriate places, insert all of the following:

"**SECTION 9219. Fiscal changes; Health Services.**

(1) WINDOWS PLUS LEAD EXPOSURE PROGRAM. In the schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (1) (ef), the dollar amount for fiscal year 2025-26 is increased by $100,169,400 and the dollar amount for fiscal year 2026-27 is increased by $219,100 for the Windows Plus lead exposure program costs and increasing the authorized FTE positions for the department of health services by 2.0 GPR positions, beginning in fiscal year 2025-26.".

111. At the appropriate places, insert all of the following:

"**SECTION 388.** 20.435 (2) (gk) of the statutes is amended to read:

20.435 **(2)** (gk) *Institutional operations and charges.* The amounts in the schedule for care, other than under s. 51.06 (1r), provided by the centers for the developmentally disabled, to reimburse the cost of providing the services and to remit any credit balances to county departments that occur on and after July 1, 1978, in accordance with s. 51.437 (4rm) (c); for care, other than under s. 46.043, provided by the mental health institutes, to reimburse the cost of providing the services and to remit any credit balances to county departments that occur on

and after January 1, 1979, in accordance with s. 51.42 (3) (as) 2.; for care of juveniles placed at the Mendota juvenile treatment center for whom counties are financially responsible under s. 938.357 (3) (d), to reimburse the cost of providing that care; for maintenance of state-owned housing at centers for the developmentally disabled and mental health institutes; for repair or replacement of property damaged at the mental health institutes or at centers for the developmentally disabled; for reimbursing the total cost of using, producing, and providing services, products, and care; and to transfer to the appropriation account under sub. (5) (kp) for funding centers. All moneys received as payments from medical assistance on and after August 1, 1978; as payments from all other sources including other payments under s. 46.10 and payments under s. 51.437 (4rm) (c) received on and after July 1, 1978; as medical assistance payments, other payments under s. 46.10, and payments under s. 51.42 (3) (as) 2. received on and after January 1, 1979; as payments from counties for the care of juveniles placed at the Mendota juvenile treatment center; as payments for the rental of state-owned housing and other institutional facilities at centers for the developmentally disabled and mental health institutes; for the sale of electricity, steam, or chilled water; as payments in restitution of property damaged at the mental health institutes or at centers for the developmentally disabled; for the sale of surplus property, including vehicles, at the mental health institutes or at centers for the developmentally disabled; and for other services, products, and care shall be credited to this appropriation, except that any payment under s. 46.10 received for the care or treatment of patients admitted under s. 51.10, 51.15, or 51.20 for which the state is liable under s. 51.05 (3), of forensic patients committed under ch. 971 or

975, admitted under ch. 975, or transferred under s. 51.35 (3), or of patients transferred from a state prison under s. 51.37 (5), to the Mendota Mental Health Institute or the Winnebago Mental Health Institute shall be treated as general purpose revenue — earned, as defined under s. 20.001 (4); and except that moneys received under s. 51.06 (6) may be expended only as provided in s. 13.101 (17). All moneys transferred under 2025 Wisconsin Act .... (this act), section 9219 (1), shall be credited to this appropriation account.

SECTION 9219. Fiscal changes; Health Services.

(1) WINNEBAGO MENTAL HEALTH INSTITUTE. There is transferred from the general fund to the appropriation account under s. 20.435 (2) (gk) $18,599,500 in fiscal year 2025-26 and $15,251,000 in fiscal year 2026-27 to support the operations of Winnebago Mental Health Institute.".

112. At the appropriate places, insert all of the following:

"**SECTION 9219. Fiscal changes; Health Services.**

(1) SUPPORT FOR MENDOTA JUVENILE TREATMENT CENTER COSTS. In the schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (2) (bm), the dollar amount for fiscal year 2025-26 is increased by $11,583,400 to support supplies and services costs for the Mendota Juvenile Treatment Center. In the schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (2) (bm), the dollar amount for fiscal year 2026-27 is increased by $11,583,400 to support supplies and services costs for the Mendota Juvenile Treatment Center.".

113. At the appropriate places, insert all of the following:

"**SECTION 9219. Fiscal changes; Health Services.**

(1) GEROPSYCHIATRIC TREATMENT EXPANSION. In the schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (2) (bm), the dollar amount for fiscal year 2025-26 is increased by $524,000 to increase FTE positions to 6.0 positions for staffing the geropsychiatric unit at the Mendota Mental Health Institute. In the schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (2) (bm), the dollar amount for fiscal year 2026-27 is increased by $678,700 to fund the 6.0 FTE positions staffing the geropsychiatric unit at the Mendota Mental Health Institute.".

114. At the appropriate places, insert all of the following:

"**SECTION 9219. Fiscal changes; Health Services.**

(1) WIC ADJUNCT ELIGIBILITY MODULE; GPR. In the schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (1) (em), the dollar amount for fiscal year 2026-27 is increased by $618,100 to incorporate a supplemental nutrition program for women, infants, and children module into the CARES and ACCESS systems.

(2) WIC ADJUNCT ELIGIBILITY MODULE; FED. In the schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (1) (na), the dollar amount for fiscal year 2026-27 is increased by $618,100 to incorporate a supplemental nutrition program for women, infants, and children module into the CARES and ACCESS systems.".

115. At the appropriate places, insert all of the following:

"**SECTION 9219. Fiscal changes; Health Services.**

(1) DENTAL CLINICS SERVING LOW-INCOME PATIENTS. In the schedule under s. 20.005 (3) for the appropriation to the department of health under s. 20.435 (1) (dk), the dollar amount for fiscal year 2025-26 is increased by $1,800,000 to increase funding for grants provided to dental clinics that serve low-income patients. In the schedule under s. 20.005 (3) for the appropriation to the department of health under s. 20.435 (1) (dk), the dollar amount for fiscal year 2026-27 is increased by $1,800,000 to increase funding for grants provided to dental clinics that serve low-income patients."

116. At the appropriate places, insert all of the following:

"**SECTION 1.** 250.15 (2) (d) of the statutes is amended to read:

250.15 **(2)** (d) ~~Two million two hundred fifty thousand dollars to~~ To free and charitable clinics, $2,500,000."

117. At the appropriate places, insert all of the following:

"**SECTION 1.** 250.15 (1) (b) 7. of the statutes is created to read:

250.15 **(1)** (b) 7. The organizations are not health center look-alikes.

SECTION 2. 250.15 (1) (c) of the statutes is created to read:

250.15 **(1)** (c) "Health center look-alike" means a health care entity that is designated by the federal health resources and services administration as a federally qualified health center look-alike.

SECTION 3. 250.15 (2) (e) of the statutes is created to read:

250.15 **(2)** (e) To health center look-alikes, $200,000. A grant awarded to a health center look-alike under this paragraph may not exceed $100,000.".

118. At the appropriate places, insert all of the following:

"**SECTION 9219. Fiscal changes; Health Services.**

(1) GUARDIANSHIP GRANTS. In the schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (1) (cg), the dollar amount for fiscal year 2025-26 is adjusted to $200,000. In the schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (1) (cg), the dollar amount for fiscal year 2026-27 is adjusted to $200,000.".

119. At the appropriate places, insert all of the following:

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

(1) HEALTH CARE PROVIDER INNOVATION GRANTS. From the appropriation under s. 20.435 (4) (bm), the department of health services shall award $7,500,000 in fiscal year 2025-26 as grants to health care providers and long-term care providers to implement best practices and innovative solutions to increase worker recruitment and retention.

SECTION 9219. Fiscal changes; Health Services.

(1) HEALTH CARE PROVIDER INNOVATION GRANTS. In the schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (4) (bm), the dollar amount for fiscal year 2025-26 is increased by $7,500,000 for grants under SECTION 9119 (1) of this act.".

120. At the appropriate places, insert all of the following:

"**SECTION 389.** 20.435 (1) (fi) of the statutes is repealed.

SECTION 390. 20.435 (1) (fk) of the statutes is amended to read:

20.435 **(1)** (fk) *Grants to establish ~~advanced practice clinician~~ health care provider training programs.* Biennially, the amounts in the schedule for grants to

hospitals, health systems, clinics, and educational entities that form health care education and training consortia under s. 146.615.

SECTION 391. 146.615 (title) of the statutes is amended to read:

146.615 (title) ~~**Advanced practice clinician**~~ **Health care provider training grants.**

SECTION 392. 146.615 (1) (ag) and (ar) of the statutes are created to read:

146.615 **(1)** (ag) "Allied health professional" means any individual who is a health care provider other than a physician, dentist, pharmacist, chiropractor, or podiatrist and who provides diagnostic, technical, therapeutic, or direct patient care and support services to a patient.

(ar) "Behavioral health provider" means any individual who is licensed as a psychologist or is certified as a social worker or licensed as a clinical social worker, a marriage and family therapist, or a professional counselor.

SECTION 393. 146.615 (2) of the statutes is amended to read:

146.615 **(2)** Beginning in fiscal year ~~2018-19~~ 2025-26, from the appropriation under s. 20.435 (1) (fk), subject to sub. (3), the department shall distribute grants to hospitals, health systems, and clinics that provide new training opportunities for advanced practice clinicians. The department shall distribute the grants under this ~~section~~ subsection to hospitals, health systems, and clinics that apply, in the form and manner determined by the department, to receive grants~~ and that satisfy the criteria under sub. (3)~~.

SECTION 394. 146.615 (2g) and (2r) of the statutes are created to read:

146.615 **(2g)** Beginning in fiscal year 2025-26, from the appropriation under s. 20.435 (1) (fk), subject to sub. (3), the department shall distribute grants to

hospitals, health systems, clinics, and educational entities that form health care education and training consortia for allied health professionals. The department shall distribute the grants under this subsection to hospitals, health systems, clinics, and educational entities that apply, in the form and manner determined by the department, to receive a grant.

(2r) Beginning in fiscal year 2025-26, from the appropriation under s. 20.435 (1) (fk), subject to sub. (3), the department shall distribute grants to hospitals, health systems, clinics, and educational entities that form health care education and training consortia for behavioral health providers. The department shall distribute the grants under this subsection to hospitals, health systems, clinics, and educational entities that apply, in the form and manner determined by the department, to receive a grant.

SECTION 395. 146.615 (3) (a) of the statutes is repealed.

SECTION 396. 146.615 (3) (b) of the statutes is amended to read:

146.615 **(3)** (b) ~~If the department distributes a grant to a hospital or clinic that has not previously received a grant under this section, the hospital or clinic receiving the grant may use the grant to create the education and infrastructure for training advanced practice clinicians or for activities authorized under par. (c).~~ In distributing grants under this section, the department shall give preference to ~~advanced practice clinician clinical~~ training programs that include rural hospitals and rural clinics as clinical training locations.

SECTION 397. 146.615 (3) (bm) of the statutes is created to read:

146.615 **(3)** (bm) Acceptable uses of grant moneys received under this section include reasonable expenses incurred by a trainee to fully succeed in training and

eventual placement, expenses related to planning and implementing a training program, and up to $5,000 in equipment expenses.

SECTION 398. 146.615 (3) (c) and (d) of the statutes are repealed.

SECTION 399. 146.616 of the statutes is repealed.

SECTION 9219. Fiscal changes; Health Services.

(1) HEALTH CARE PROVIDER TRAINING GRANTS. In the schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (1) (fk), the dollar amount for fiscal year 2025-26 is adjusted to $3,500,000. In the schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (1) (cg), the dollar amount for fiscal year 2026-27 is adjusted to $3,500,000.".

121. At the appropriate places, insert all of the following:

"**SECTION 1.** 49.45 (25d) of the statutes is created to read:

49.45 **(25d)** HEALTH-RELATED SOCIAL NEEDS. The department shall request a waiver from the federal department of health and human services to provide reimbursement for services for health-related social needs under the Medical Assistance program. If the waiver is granted, the department shall provide reimbursement for services for health-related social needs under this subsection.".

122. At the appropriate places, insert all of the following:

"**SECTION 400.** Subchapter IX of chapter 150 [precedes 150.99] of the statutes is created to read:

CHAPTER 150

SUBCHAPTER IX

HEALTH CARE ENTITY OVERSIGHT AND TRANSPARENCY

SECTION 401. 150.99 of the statutes is created to read:

150.99 Definitions. In this subchapter:

(1) "Acquisition" means the direct or indirect purchase, including lease, transfer, exchange, option, receipt of a conveyance, or creation of a joint venture, or any other manner of purchase, such as by a health care system, private equity group, hedge fund, publicly traded company, real estate investment trust, management services organization, insurance carrier, or any subsidiaries thereof, of a material amount of the assets or operations of a health care entity.

(2) "Affiliate" means any of the following:

(a) A person, entity, or organization that directly, indirectly, or through one or more intermediaries controls, is controlled by, or is under common control or ownership of another person, entity, or organization.

(b) A person whose business is operated under a lease, management, or operating agreement by another entity, or a person substantially all of whose property is operated under a management or operating agreement with that other entity.

(c) An entity that operates the business or substantially all the property of another entity under a lease, management, or operating agreement.

(d) Any out-of-state operations and corporate affiliates of an affiliate as defined in pars. (a) to (c), including significant equity investors, health care real estate investment trusts, or management services organizations.

(3) "Arrangement" includes any agreement, association, partnership, joint

venture, management services agreement, professional services agreement, health care staffing company agreement, or other arrangement that results in a change of governance or control of a health care entity or a department, subdivision, or subsidiary of a health care entity.

(4) "Change of control" means an arrangement in which any person, corporation, partnership, or any entity acquires direct or indirect control over the operations of a health care entity in whole or in substantial part.

(5) "Control," "controlling," "controlled by," and "under common control with" means the direct or indirect power through ownership, contractual agreement, or otherwise to do any of the following:

(a) Vote 10 percent or more of any class of voting shares or interests of a health care entity.

(b) Direct the actions or policies of the specified entity.

(6) "Health care facility" means an institution that provides health care services or a health care setting, including hospitals and other inpatient facilities, health systems consisting of one or more health care entities that are jointly owned or managed, ambulatory surgical or treatment centers, skilled nursing facilities, residential treatment centers, diagnostic, laboratory, and imaging centers, freestanding emergency facilities, outpatient clinics, and rehabilitation and other therapeutic health settings.

(7) "Health care provider" means any person, corporation, partnership, governmental unit, state institution, medical practice, or other entity that performs or provides health care services to persons in the state.

(8) "Health care services" means services and payments for the care,

prevention, diagnosis, treatment, cure, or relief of a medical, dental, or behavioral health condition, illness, injury, or disease, including any of the following:

(a) Inpatient, outpatient, habilitative, rehabilitative, dental, palliative, therapeutic, supportive, home health, or behavioral services provided by a health care entity.

(b) Pharmacy, retail, and specialty, including any drug, device, or medical supply.

(c) Performance of functions to refer, arrange, or coordinate care.

(d) Equipment used such as durable medical equipment, diagnostic, surgical devices, or infusion.

(e) Technology associated with the provision of services or equipment in pars. (a) to (d) above, such as telehealth, electronic health records, software, claims processing, or utilization systems.

(9) "Health care staffing company" means a person, firm, corporation, partnership, or other business entity engaged in the business of providing or procuring, for temporary employment or contracting by a health care facility, any health care personnel, but does not include an individual who independently provides the individual's own services on a temporary basis to health care facilities as an employee or contractor.

(10) "Licensee" means an individual who is licensed in the state as a physician, a doctor of osteopathy, or a physician assistant or a nurse practitioner who is authorized to diagnose and treat in the applicable clinical setting.

(11) "Management services organization" means any organization or entity that contracts with a health care provider or provider organization to perform

management or administrative services relating to, supporting, or facilitating the provision of health care services.

(12) "Medical practice" means a corporate entity or partnership organized for the purpose of practicing medicine and permitted to practice medicine in the state, including partnerships, professional corporations, limited liability companies, and limited liability partnerships.

(13) "Noncompetition agreement" means a written agreement between a licensee and another person under which the licensee agrees that the licensee, either alone or as an employee, associate, or affiliate of a third person, will not compete with the other person in providing products, processes, or services that are similar to the other person's products, processes, or services for a period of time or within a specified geographic area after termination of employment or termination of a contract under which the licensee supplied goods to or performed services for the other person.

(14) "Nondisclosure agreement" means a written agreement under the terms of which a licensee must refrain from disclosing partially, fully, directly, or indirectly to any person, other than another party to the written agreement or to a person specified in the agreement as a 3rd-party beneficiary of the agreement, any of the following:

(a) A policy or practice that a party to the agreement required the licensee to use in patient care, other than individually identifiable health information that the licensee may not disclose under the Health Insurance Portability and Accountability Act of 1996, P.L. 104-191, in effect on the effective date of this paragraph .... [LRB inserts date].

(b) A policy, practice, or other information about or associated with the licensee's employment, conditions of employment, or rate or amount of pay or other compensation.

(c) Any other information the licensee possesses or to which the licensee has access by reason of the licensee's employment by, or provision of services for or on behalf of, a party to the agreement, other than information that is subject to protection under applicable law as a trade secret of, or as otherwise proprietary to, another party to the agreement or to a person specified in the agreement as a third-party beneficiary of the agreement.

(15) "Nondisparagement agreement" means a written agreement under which a licensee must refrain from making to a 3rd party a statement about another party to the agreement or about another person specified in the agreement as a 3rd-party beneficiary of the agreement, the effect of which causes or threatens to cause harm to the other party's or person's reputation, business relations, or other economic interests.

(16) "Ownership or investment interest" means any of the following:

(a) Direct or indirect possession of equity in the capital, stock, or profits totaling more than 5 percent of an entity.

(b) Interest held by an investor or group of investors who engages in the raising or returning of capital and who invests, develops, or disposes of specified assets.

(c) Interest held by a pool of funds by investors, including a pool of funds managed or controlled by private limited partnerships, if those investors or the

management of that pool or private limited partnership employ investment strategies of any kind to earn a return on that pool of funds.

(17) "Private equity fund" means a publicly traded or nonpublicly traded company that collects capital investments from individuals or entities and purchases a direct or indirect ownership share or controlling interest of a health care entity.

(18) "Provider organization" means any corporation, partnership, business trust, association, or organized group of persons that is in the business of health care delivery or management, whether incorporated or not, that represents one or more health care providers in contracting with insurance carriers for the payments of health care services. "Provider organization" includes physician organizations, physician-hospital organizations, independent practice associations, provider networks, accountable care organizations, management services organizations, and any other organization that contracts with insurance carriers for payment for health care services.

(19) "Significant equity investor" means any of the following:

(a) Any private equity fund with a direct or indirect ownership or investment interest in a health care entity.

(b) Any investor, group of investors, or other entity with a direct or indirect possession of equity in the capital, stock, or profits totaling more than 10 percent of a health care provider or provider organization.

(c) Any private equity fund, investor, group of investors, or other entity with a direct or indirect controlling interest in a health care entity or that operates the

business or substantially all of the property of a health care entity under a lease, management, or operating agreement.

SECTION 402. 150.992 of the statutes is created to read:

150.992 Material change transactions. (1) NOTICE. (a) Any health care entity shall, before consummating any material change transaction, submit written notice to the department not fewer than 180 days before the date of the proposed material change transaction. The department shall promulgate rules to define, for purposes of this subchapter, what entities are considered health care entities and what constitutes a material change transaction.

(b) Written notice shall include and contain the information the department determines is required. The health care entity may include any additional information supporting the written notice of the material change transaction. Notice is complete when the department determines that all required information has been received.

(c) All information provided by the submitter as part of the notice shall be treated as public record unless the submitter designates documents or information as confidential when submitting the notice and the department concurs with the designation in accordance with a process specified by the department by rule. Information that is otherwise publicly available, or that has not been confidentially maintained by the source, shall be considered public. The department shall maintain the confidentiality of all confidential information obtained in relation to a material change transaction, except that the department may share confidential information with other appropriate state agencies and departments to carry out their respective authorities under this section and may disclose any information to

an expert or consultant under contract with the department, provided that the expert or consultant is bound by the same confidentiality requirements as the department. The confidential information and documents may not be treated as public records and are not subject to inspection or copying under s. 19.35.

(d) The department shall post on its publicly available website information about the material change transaction no less than 30 days before the anticipated implementation of the material change transaction or, if the department is notified less than 30 days before the anticipated implementation, as soon as is practicable. The department shall include in the information posted on its website under this paragraph at least all of the following information regarding the material change transaction:

1. A summary of the proposed transaction, including the identity of the parties to the transaction.

2. A description of the groups or individuals likely to be affected by the transaction.

3. Information about services currently provided by the health care entity, commitments by the health care entity to continue such services, and any services that will be reduced or eliminated.

4. Details about any public hearings and how to submit comments.

5. Any other information from the notice and other materials submitted by the health care entity that the attorney general or the department determines would be in the public interest, except for materials designated confidential under par. (c).

(e) For purposes of calculating time periods under this section, notice shall be

considered received on the first business day after the department determines that notice is complete.

(2) PRELIMINARY REVIEW. (a) Within 30 days after receiving notice as described in sub. (1), the department shall do one of the following:

1. Approve the material change transaction and notify the health care entity in writing that a comprehensive review is not required for the material change transaction.

2. Approve the material change transaction subject to conditions set by the department and notify the health care entity in writing of the conditions under which the transaction may be completed.

3. Notify the health care entity in writing that the transaction is subject to a comprehensive review. The department may request additional information necessary to perform a comprehensive review under sub. (3).

(b) Nothing in this section limits or infringes upon the existing authority of any state agency or the attorney general to review any transactions.

(3) COMPREHENSIVE REVIEW PROCESS. (a) For purposes of this subsection, "market power" means possessing 30 percent or more market share in any line of service in the relevant geographic area or meeting other criteria that the department may define by rule.

(b) A comprehensive review is required when any of the following apply to the material change transaction:

1. The transaction will result in the transfer of assets valued above $20 million.

2. The transaction occurs in a highly consolidated market for any line of services offered by any party to the material change transaction.

3. The transaction will cause a significant change in market share such that any resulting health care entity possesses market power upon completion.

4. The transaction will otherwise reduce competition, including effects of vertical or cross-market transactions among different product or geographic markets.

5. Either party to the material change transaction possesses market power prior to the transaction.

6. The department, at its sole discretion, determines that the material change transaction is likely to have a material impact on the cost of, quality of, equity of, or access to health care services in any region in the state.

(c) No later than 90 days after determining a material change transaction is subject to a comprehensive review, the department shall conduct the review and shall conduct one or more public hearings or public meetings, one of which shall be in the county in which the health care entity is located, to hear comments from interested parties.

(d) Not more than 90 days after determining that the material change transaction is subject to a comprehensive review under this subsection, the department shall produce a cost and market impact review report containing the findings and conclusions of the cost and market impact review, provided that the health care entity has complied with the requests for information or documents pursuant to this subsection within 21 days of the request or by a later date set by mutual agreement of the health care entity and the department. The cost and

market impact review report shall be posted publicly and may not disclose confidential information.

(e) The cost and market impact review may examine factors relating to the proposed material change transaction, transacting parties, and their relative market position, including any of the following:

1. The market share of each transacting party and the likely effects of the material change transaction on competition.

2. Any previous material change transaction involving any transacting party, including acquisitions or mergers of similar health care providers, whether or not in the same state.

3. The prices charged by each transacting party for services, including their relative prices compared to others' prices for the same services in the same geographic area.

4. The quality of the services provided by any health care provider party to the material change transaction, including patient experience.

5. The cost and cost trends of any health care entity party in comparison to total health care expenditures statewide.

6. The availability and accessibility of services similar to those provided, or proposed to be provided, through any health care provider or provider organization party within its primary service areas and dispersed service areas.

7. The impact of the material change transaction on competing options for the delivery of health care services within the primary service areas and dispersed service areas of the transacting parties.

8. The role of the transacting parties in serving at-risk, underserved, and government-payer patient populations.

9. The role of the transacting parties in providing low-margin or negative-margin services within its primary service areas and dispersed service areas.

10. Consumer concerns, including complaints or other allegations that any provider or provider organization party has engaged in any unfair method of competition or any unfair or deceptive act or practice.

11. The parties' compliance with prior conditions and legal requirements related to competitive conduct, including compliance with s. 150.994, reporting requirements regarding health care entity ownership and control under s. 150.996, or restrictions on anticompetitive contracting provisions.

12. The impact of the material change transaction on the clinical workforce, including wages, staffing levels, supply, patient access, and continuity of patient-care relationships.

13. The impact of a real estate sale or lease agreement on the financial condition of any health care entity party and its ability to maintain patient care operations.

14. In the case of a proposed closure or discontinuance of a health care facility or any essential health services, the impact of the closure on health care access, outcomes, costs, and equity for those in the health care facility's service area and the health care facility's plan for ensuring equitable access, quality, affordability, and availability of essential health services within the service area.

15. Any other factors that the department determines, by rules promulgated by the department, to be in the public interest.

(f) The department may request additional information or documents from the transacting parties necessary to conduct a cost and market impact review. Failure to respond or insufficient responses to requests for information by transacting parties may result in the extension of the deadline for the department to complete the cost and market impact review, the imposition of conditions for approval, or the disapproval of the material change transaction.

(g) The department shall keep confidential all nonpublic information and documents obtained under this subsection and may not disclose the confidential information or documents to any person without the consent of the party that produced the confidential information or documents, except that the department may disclose any information to an expert or consultant under contract with the department to review the proposed transaction, provided that the expert or consultant is bound by the same confidentiality requirements as the department. The confidential information and documents and work product of the department may not be treated as public records and shall be exempt from inspection or copying under s. 19.35.

(h) The department may, in its sole discretion:

1. Contract with, consult, and receive advice from any state agency on those terms and conditions that the department determines are appropriate with regard to reviewing a proposed material change transaction.

2. Contract with experts or consultants to assist in reviewing a proposed material change transaction.

(i) The department shall be entitled to charge costs to or receive reimbursement from the transacting parties for all actual, reasonable, direct costs

incurred in reviewing, evaluating, and making the determination referred to in this subsection, including administrative costs and costs of contracted experts or consultants in par. (h).

(4) APPROVAL AUTHORITY. (a) The department may at its discretion approve, conditionally approve, or disapprove of any material change transaction for which the department receives notice under sub. (1). Any conditions imposed under this subsection shall specify a time period for compliance, an expiration date, or that the condition applies indefinitely.

(b) The department shall inform the health care entity of the determination within 30 days of notice under sub. (2), or in the case of comprehensive review, within 60 days of the completion of the cost and market impact review. No proposed material change transaction may be completed before the department has informed the health care entity of the determination.

(c) In making the determination under this subsection, the department may consider any factors that the department determines to be relevant, including any of the following:

1. The likely impact, as described in the cost and market impact review report, where applicable, of the material change transaction on any of the following:

a. Health care costs, prices, and affordability.

b. The availability or accessibility of health care services to the affected community.

c. Health care provider cost trends and containment of total state health care spending.

d. Access to services in medically underserved areas.

e. Rectifying historical and contemporary factors contributing to a lack of health equities or access to services.

f. The functioning and competitiveness of the markets for health care and health insurance.

g. The potential effects of the material change transaction on health outcomes, quality, access, equity, or workforce for residents of this state.

h. The potential loss of or change in access to essential services.

2. Whether the material change transaction is contrary to or violates any applicable law, including state antitrust laws, laws restricting the corporate practice of medicine, or consumer protection laws.

3. Whether the benefits of the transaction are likely to outweigh any anticompetitive effect from the transaction.

4. Whether the transaction is in the public interest.

(d) This subsection does not limit or alter any existing authority of the attorney general or any state agency to enforce any other law, including state or federal antitrust law, or to review nonprofit transactions.

(5) POST-TRANSACTION OVERSIGHT. (a) *Enforcement by the attorney general.* 1. The attorney general may subpoena any records necessary to enforce any provisions of this section or to investigate suspected violations of any provisions of this section or any conditions imposed by conditional approval pursuant to sub. (4).

2. The attorney general may enforce any requirement of this section and any conditions imposed by a conditional approval pursuant to sub. (4) to the fullest extent provided by law, including damages. In addition to any legal remedies the attorney general may have, the attorney general shall be entitled to specific

performance, injunctive relief, and other equitable remedies a court deems appropriate for any violations or imminent violation of any requirement of this section or breach of any of the conditions and shall be entitled to recover its attorney fees and costs incurred in remedying each violation.

3. In addition to the remedies set forth in subd. 2., any person who violates this section or of any conditions imposed pursuant to a conditional approval under sub. (4) is subject to a forfeiture of $10,000 per day, which the attorney general may seek to recover by action on behalf of the state. The attorney general may also rescind or deny approval for any other past, pending, or future material change transactions involving the health care entity or an affiliate.

4. Nothing in this paragraph shall narrow, abrogate, or otherwise alter the authority of the attorney general to prosecute violations of antitrust or consumer protection requirements.

(b) *Enforcement by the department.* 1. The department may audit the books, documents, records, and data of any entity that is subject to a conditional approval under sub. (4) to monitor compliance with the conditions.

2. Any entity that violates any provision of this section, any rules adopted pursuant thereto, or any condition imposed pursuant to a conditional approval under sub. (4) shall be subject to a forfeiture of $10,000 per day for any violation of this section.

3. The department may refer any entity to the attorney general to review for enforcement of any noncompliance with this section and any conditions imposed by conditional approval pursuant to sub. (4).

(c) *Monitoring.* In order to effectively monitor ongoing compliance with the

terms and conditions of any material change transaction subject to prior notice, approval, or conditional approval under sub. (4), the department may, in its sole discretion, conduct a review or audit and may contract with experts and consultants to assist in this regard.

(d) *Reporting.* One year, 2 years, and 5 years following the completion of the material change transaction approved or conditionally approved by the department after a comprehensive review under sub. (3), and upon future intervals determined at the discretion of the department, the health care entity or any person, corporation, partnership, or other entity that acquired direct or indirect control over the health care entity shall submit reports to the department that do all of the following:

1. Demonstrate compliance with conditions placed on the material change transaction, if any.

2. Analyze cost trends and cost growth trends of the transacting parties.

3. Analyze any changes or effects of the material change transaction on patient access, availability of services, workforce, quality, or equity.

(e) *Costs.* The department shall be entitled to charge costs to the transacting parties for all actual, reasonable, and direct costs incurred in monitoring ongoing compliance with the terms and conditions of the sale or transfer of assets, including contractor and administrative costs.

(6) RULES. The department may promulgate rules to implement this section.

SECTION 403. 150.994 of the statutes is created to read:

150.994 Corporate practice of medicine. The corporate practice of

medicine is prohibited. The department shall promulgate rules to define what conduct constitutes the corporate practice of medicine for purposes of this section.

SECTION 404. 150.996 of the statutes is created to read:

150.996 Transparency in ownership and control of health care entities. (1) REPORTING OF OWNERSHIP AND CONTROL. Each health care entity shall report to the department on an annual basis and upon the consummation of a material change transaction involving the entity as set forth in s. 150.992, in a form and manner required by the department, all of the following information, as applicable:

(a) Legal name of entity.

(b) Business address of entity.

(c) Locations of operations.

(d) Business identification numbers of the entity, as applicable, including all of the following:

1. Taxpayer identification number.

2. National provider identifier.

3. Employer identification number.

4. Centers for Medicare and Medicaid Services certification number.

5. National Association of Insurance Commissioners identification number.

6. A personal identification number associated with a license issued by the commissioner of insurance.

7. Pharmacy benefit manager identification number associated with a license or registration of the pharmacy benefit manager in this state.

(e) Name and contact information of a representative of the entity.

(f) The name, business address, and business identification numbers listed in par. (d) for each person or entity that, with respect to the relevant health care entity, has an ownership or investment interest, has a controlling interest, is a management services organization, or is a significant equity investor.

(g) A current organizational chart showing the business structure of the health care entity, including all of the following:

1. Any entity listed in par. (f).

2. Affiliates, including entities that control or are under common control as the health care entity.

3. Subsidiaries.

(h) For a health care entity that is a provider organization or a health care facility, all of the following information:

1. a. The affiliated health care providers identified by name, license type, specialty, national provider identifier, and other applicable identification number listed in par. (d).

b. The address of the principal practice location.

c. Whether the health care provider is employed or contracted by the entity.

2. The name and address of affiliated health care facilities by license number, license type, and capacity in each major service area.

(i) The names, national provider identifier, if applicable, and compensation of all of the following:

a. The members of the governing board, board of directors, or similar governance body for the health care entity.

b. Any entity that is owned or controlled by, affiliated with, or under common control as the health care entity.

c. Any entity listed in par. (f).

(j) Comprehensive financial reports of the health care entity and any ownership or control entities, including audited financial statements, cost reports, annual costs, annual receipts, realized capital gains and losses, accumulated surplus, and accumulated reserves.

(2) EXCEPTIONS. All of the following health care entities are exempt from the reporting requirements under sub. (1):

(a) A health care entity that is an independent provider organization, without any ownership or control entities, consisting of 2 or fewer physicians, provided that if that health care entity experiences a material change transaction under s. 150.992, the health care entity is subject to reporting under sub. (1) upon the consummation of the transaction.

(b) A health care provider or provider organization that is owned or controlled by another health care entity, if the health care provider or provider organization is shown in the organizational chart submitted under sub. (1) (g) and the owning or controlling health care entity reports all the information required under sub. (1) on behalf of the controlled or owned entity. Health care facilities are not subject to this exception.

(3) RULES. (a) The department shall promulgate any rules necessary to implement this section, specify the format and content of reports, and impose penalties for noncompliance. The department may require additional reporting of data or information that it determines is necessary to better protect the public's

interest in monitoring the financial conditions, organizational structure, business practices, and market share of each registered health care entity.

(b) The department may assess administrative fees on health care entities in an amount to help defray the costs in overseeing and implementing this section.

(4) OWNERSHIP INFORMATION. (a) Information provided under this section shall be public information and may not be considered confidential, proprietary, or a trade secret, except that any individual health care provider's taxpayer identification that is also their social security number shall be confidential.

(b) Not later than December 31, 2028, and annually thereafter, the department shall post on its publicly available website a report with respect to the previous one-year period, including all of the following information:

1. The number of health care entities reporting for the year, disaggregated by the business structure of each specified entity.

2. The names, addresses, and business structure of any entities with an ownership or controlling interest in each health care entity.

3. Any change in ownership or control for each health care entity.

4. Any change in the tax identification number of a health care entity.

5. As applicable, the name, address, tax identification number, and business structure of other affiliates under common control, subsidiaries, and management services entities for the health care entity, including the business type and the tax identification number of each.

6. An analysis of trends in horizontal and vertical consolidation, disaggregated by business structure and provider type.

(c) The department may share information reported under this section with

the attorney general, other state agencies, and other state officials to reduce or avoid duplication in reporting requirements or to facilitate oversight or enforcement under state law. Any tax identification numbers that are individual social security numbers may be shared with the attorney general, other state agencies, or other state officials that agree to maintain the confidentiality of such information. The department may, in consultation with the relevant state agencies, merge similar reporting requirements where appropriate.

(5) ENFORCEMENT. (a) *Audit and inspection authority.* The department is authorized to audit and inspect the records of any health care entity that has failed to submit complete information pursuant to this section or if the department has reason to question the accuracy or completeness of the information submitted pursuant this section.

(b) *Random audits.* The department shall conduct annual audits of a random sample of health care entities to verify compliance with, accuracy, and completeness of the reported information pursuant to this section.

(c) *Penalty for failure to report.* If a health care entity fails to provide a complete report under sub. (1), or submits a report containing false information, the entity shall be subject to all of the following civil penalties, as appropriate:

1. Health care entities consisting of independent health care providers or provider organizations without any 3rd-party ownership or control entities, with 10 or fewer physicians or less than $10 million in annual revenue, a forfeiture of up to $50,000 for each report not provided or containing false information.

2. For all other health care entities, a forfeiture of up to $500,000 for each report not provided or containing false information.

SECTION 9419. Effective dates; Health Services.

(1) HEALTHCARE OWNERSHIP AND TRANSPARENCY. The creation of subch. IX of ch. 150, ss. 150.99, 150.992, 150.994, and 150.996 takes effect on January 1, 2027.".

123. At the appropriate places, insert all of the following:

"**SECTION 405.** 49.79 (7w) (a) 1. of the statutes is amended to read:

49.79 **(7w)** (a) 1. "Eligible retailer" ~~includes any supermarket, grocery store, wholesaler, small-scale store, corner store, convenience store, neighborhood store, bodega, farmers' market, direct-marketing farmer, nonprofit cooperative food-purchasing venture, or community-supported agriculture program~~ means a retailer authorized to participate in the ~~food stamp program~~ federal supplemental nutrition assistance program.

SECTION 406. 49.79 (7w) (b) of the statutes is amended to read:

49.79 **(7w)** (b) The department shall, through a competitive selection process, contract with one or more ~~nonprofit~~ 3rd-party organizations to administer a healthy food incentive program statewide. The healthy food incentive program shall provide to any food stamp program ~~recipient~~ assistance group that uses benefits at an eligible retailer participating in the healthy food incentive program under this subsection a monetary amount up to the amount of food stamp program benefits used at the eligible retailer for the purpose of purchasing fruits and vegetables from the eligible retailer. In administering the program, a ~~nonprofit~~ 3rd-party organization shall prioritize including in the healthy food incentive program eligible retailers that source fruits and vegetables primarily from growers in this state and shall establish a timeline for expiration of matching monetary amounts provided for the purchase of fruits and vegetables under the healthy food incentive

program such that a matching monetary amount expires no later than one year after it is provided. The department may establish a maximum amount of benefits that may be matched per day for a food stamp program ~~recipient~~ assistance group. Any ~~nonprofit~~ 3rd-party organization administering the healthy food incentive program shall ensure that matching amounts provided under the program that are unused and expire remain with the ~~nonprofit~~ 3rd-party organization and, upon expiration, are available for use to provide matching amounts to other food stamp ~~recipients~~ assistance groups under the program.

SECTION 407. 49.79 (7w) (c) of the statutes is amended to read:

49.79 **(7w)** (c) The department may allocate no more than 25 percent of the funding available for the healthy food incentive program under this subsection to program development, promotion of and outreach for the program, training, data collection, evaluation, administration, and reporting and shall allocate the remainder of the funding available to the eligible retailers participating in the healthy food incentive program under this subsection. The department shall seek, or require any 3rd-party organization chosen under par. (b) to seek, any available federal matching moneys from the Gus Schumacher Nutrition Incentive Program to fund the healthy food incentive program under this subsection.

SECTION 408. 49.79 (7w) (cd) of the statutes is created to read:

49.79 **(7w)** (cd) A 3rd-party organization chosen under par. (b) may retain for administrative purposes an amount not to exceed 33 percent of the total contracted amount or the applicable cap found in federal law or guidance, whichever is lower.

SECTION 9219. Fiscal changes; Health Services.

(1) HEALTHY FOOD INCENTIVE PLAN. In the schedule under s. 20.005 (3) for the

appropriation to the department of health services under s. 20.435 (4) (bt), the dollar amount for fiscal year 2025-26 is increased by $488,600. In the schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (4) (bt), the dollar amount for fiscal year 2026-27 is increased by $488,600.".

124. At the appropriate places, insert all of the following:

"**SECTION 409.** 252.12 (2) (a) 8. (intro.) of the statutes is amended to read:

252.12 **(2)** (a) 8. 'Mike Johnson life care and early intervention services grants.' (intro.) The department shall award not more than ~~$4,000,000~~ $4,500,000 in each fiscal year in grants to applying AIDS service organizations for the provision of needs assessments; assistance in procuring financial, medical, legal, social and pastoral services; counseling and therapy; homecare services and supplies; advocacy; and case management services. These services shall include early intervention services. The department shall also award not more than $74,000 in each year from the appropriation account under s. 20.435 (5) (md) for the services under this subdivision. The state share of payment for case management services that are provided under s. 49.45 (25) (be) to recipients of medical assistance shall be paid from the appropriation account under s. 20.435 (1) (am). All of the following apply to grants awarded under this subdivision:

SECTION 9219. Fiscal changes; Health Services.

(1) MIKE JOHNSON LIFE CARE AND EARLY INTERVENTION SERVICES GRANT. In the schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (1) (am), the dollar amount for fiscal year 2025-26 is increased by $500,000 and the dollar amount for fiscal year 2026-27 is increased by

$500,000 to support an increase to the annual maximum funding for the HIV/AIDS-related services under the Mike Johnson life care and early intervention services grant.".

125. At the appropriate places, insert all of the following:

"**SECTION 9219. Fiscal changes; Health Services.**

(1) SUPPLEMENT TO FEDERAL RYAN WHITE HIV/AIDS PROGRAM. In the schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (1) (am), the dollar amount for fiscal year 2025-26 is increased by $1,750,000 and the dollar amount for fiscal year 2026-27 is increased by $1,750,000 to supplement federal Ryan White funding for HIV/AIDS prevention and treatment services.".

126. At the appropriate places, insert all of the following:

SECTION 9219. Fiscal changes; Health Services.

(1) HOSPITAL SERVICES FUNDING. In the schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (1) (bd), the dollar amount for fiscal year 2025-26 is increased by $15,000,000 to fund hospital service grants to support hospital services in western Wisconsin.".

127. At the appropriate places, insert all of the following:

"**SECTION 9219. Fiscal changes; Health Services.**

(1) INCOME MAINTENANCE; FUNDING FOR CONSORTIA AND TRIBAL AGENCIES. In the schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (4) (bn), the dollar amount for fiscal year 2025-26 is increased by $384,000 and the dollar amount for fiscal year 2026-27 is increased by

$706,600 to increase base contracts for income maintenance consortia and tribal income maintenance agencies by 2 percent in fiscal year 2025-26 and by an additional 2 percent in 2026-27.".

128. At the appropriate places, insert all of the following:

"**SECTION 9219. Fiscal changes; Health Services.**

(1) INDEPENDENT LIVING CENTERS. In the schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (1) (cx), the dollar amount for fiscal year 2025-26 is increased by $101,800 and the dollar amount for fiscal year 2026-27 is increased by $100,800 to increase funding for grants to independent living centers.".

129. At the appropriate places, insert all of the following:

"**SECTION 9219. Fiscal changes; Health Services.**

(1) DEPARTMENTWIDE. In the schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (1) (a), the dollar amount for fiscal year 2025-26 is increased by $1,097,000 to maintain the department's internal IT network and provide a 5 percent increase in funding to support maintenance costs at residential facilities. In the schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (1) (a), the dollar amount for fiscal year 2026-27 is increased by $1,097,000 to maintain the department's internal IT network and provide a 5 percent increase in funding to support maintenance costs at residential facilities.".

130. At the appropriate places, insert all of the following:

"**SECTION 9219. Fiscal changes; Health Services.**

(1) INTERPRETER SERVICES FOR STAFF. In the schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (1) (a), the dollar amount for fiscal year 2025-26 is increased by $89,500 and the dollar amount for fiscal year 2026-27 is increased by $89,500 to fund interpreter services for staff in the department's bureau of aging and disability resources who require American Sign Language interpretation services.".

131. At the appropriate places, insert all of the following:

"**SECTION 410.** 20.940 of the statutes is repealed.

SECTION 411. 49.45 (2t) of the statutes is repealed.

SECTION 412. 49.45 (23) (g) of the statutes is repealed.

SECTION 413. 49.45 (23b) of the statutes is repealed.

SECTION 414. 49.45 (41) (d) of the statutes is amended to read:

49.45 **(41)** (d) The department shall, in accordance with all procedures set forth under s. 20.940, 2023 stats., request a waiver under 42 USC 1315 or submit a Medical Assistance state plan amendment to the federal department of health and human services to obtain any necessary federal approval required to provide reimbursement to crisis urgent care and observation facilities certified under s. 51.036 for crisis intervention services under this subsection. If the department determines submission of a state plan amendment is appropriate, the department shall, notwithstanding whether the expected fiscal effect of the amendment is $7,500,000 or more, submit the amendment to the joint committee on finance for review in accordance with the procedures under sub. (2t), 2023 stats. If federal approval is granted or no federal approval is required, the department shall provide reimbursement under s. 49.46 (2) (b) 15. If federal approval is necessary but is not

granted, the department may not provide reimbursement for crisis intervention services provided by crisis urgent care and observation facilities.

SECTION 415. 256.23 (5) of the statutes is amended to read:

256.23 **(5)** ~~In accordance with s. 20.940, the~~ The department shall submit to the federal department of health and human services a request for any state plan amendment, waiver or other approval that is required to implement this section and s. 49.45 (3) (em). If federal approval is required, the department may not implement the collection of the fee under sub. (2) until it receives approval from the federal government to obtain federal matching funds.

SECTION 416. 601.83 (1) (a) of the statutes is amended to read:

601.83 **(1)** (a) The commissioner shall administer a state-based reinsurance program known as the healthcare stability plan in accordance with the specific terms and conditions approved by the federal department of health and human services dated July 29, 2018. Before December 31, 2023, the commissioner may not request from the federal department of health and human services a modification, suspension, withdrawal, or termination of the waiver under 42 USC 18052 under which the healthcare stability plan under this subchapter operates unless legislation has been enacted specifically directing the modification, suspension, withdrawal, or termination. Before December 31, 2023, the commissioner may request renewal, without substantive change, of the waiver under 42 USC 18052 under which the health care stability plan operates ~~in accordance with s. 20.940 (4)~~ unless legislation has been enacted that is contrary to such a renewal request. ~~The commissioner shall comply with applicable timing in and requirements of s. 20.940.~~

SECTION 417. 2017 Wisconsin Act 370, section 44 (2) and (3) are repealed.

SECTION 9119. Nonstatutory provisions; Health Services.

(1) CHILDLESS ADULTS DEMONSTRATION PROJECT REFORM WAIVER. The department of health services may submit a request to the federal department of health and human services to modify or withdraw any waiver request submitted under s. 49.45 (23) (g), 2023 stats.".

132. At the appropriate places, insert all of the following:

"**SECTION 418.** 46.536 (1) of the statutes is renumbered 46.536 (1) (intro.) and amended to read:

46.536 **(1)** (intro.) From the appropriation under s. 20.435 (5) (cf), the department shall award all of the following grants ~~in the~~:

(a) A total amount of $250,000 in each fiscal biennium to counties or regions comprised of multiple counties to establish or enhance crisis programs to serve individuals having crises in rural areas or counties, municipalities, or regions comprised of multiple counties or municipalities to establish and enhance law enforcement and behavioral health services emergency response collaboration programs. Grant recipients under this ~~section~~ paragraph shall match at least 25 percent of the grant amount awarded for the purpose that the grant is received. The department may not award any single grant in an amount greater than $100,000.

SECTION 419. 46.536 (1) (b) of the statutes is created to read:

46.536 **(1)** (b) A total amount of $2,000,000 in each fiscal biennium to counties, regions comprised of multiple counties, or municipalities to establish and

enhance law enforcement and behavioral health services emergency response collaboration programs. Grant recipients under this paragraph shall match at least 25 percent of the grant amount awarded for the purpose that the grant is received.

SECTION 9219. Fiscal changes; Health Services.

(1) LAW ENFORCEMENT AND BEHAVIORAL HEALTH COLLABORATION GRANTS. In the schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (5) (cf), the dollar amount for fiscal year 2025-26 is increased by $1,000,000 to to provide law enforcement and behavioral health collaboration grants under s. 46.536 (1) (b). In the schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (5) (cf), the dollar amount for fiscal year 2026-27 is increased by $1,000,000 to to provide law enforcement and behavioral health collaboration grants under s. 46.536 (1) (b).".

133. At the appropriate places, insert all of the following:

"**SECTION 420.** 20.435 (1) (ef) of the statutes is amended to read:

20.435 **(1)** (ef) *Lead-poisoning or lead-exposure services.* ~~The~~ As a continuing appropriation, the amounts in the schedule for the purposes of providing grants under s. 254.151.

SECTION 9219. Fiscal changes; Health Services.

(1) LEAD POISONING PREVENTION AND RESPONSE. In the schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (1) (ef), the dollar amount for fiscal year 2025-26 is increased by $2,089,000 and the dollar amount for fiscal year 2026-27 is increased by $4,178,000 to increase funding for lead poisoning and exposure prevention and services grants to local and tribal health departments.".

134. At the appropriate places, insert all of the following:

"**SECTION 9219. Fiscal changes; Health Services.**

(1) LIMITED-TERM EMPLOYEES.

(a) In the schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (5) (a), the dollar amount for fiscal year 2025-26 is increased by $2,815,800 to increase LTE salary and fringe benefits. In the schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (5) (a), the dollar amount for fiscal year 2026-27 is increased by $2,886,800 to increase LTE salary and fringe benefits.

(b) In the schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (5) (kx), the dollar amount for fiscal year 2025-26 is increased by $1,080,900 to increase LTE salary and fringe benefits. In the schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (5) (kx), the dollar amount for fiscal year 2026-27 is increased by $1,110,200 to increase LTE salary and fringe benefits.".

135. At the appropriate places, insert all of the following:

"**SECTION 9219. Fiscal changes; Health Services.**

(1) MARQUETTE DENTAL SCHOOL SERVICES. In the schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (1) (de), the dollar amount for fiscal year 2025-26 is increased by $430,000 and the dollar amount for fiscal year 2026-27 is increased by $430,000 to increase funding DHS provides to the Marquette University School of Dentistry to provide dental services to underserved populations.".

136. At the appropriate places, insert all of the following:

"**SECTION 9219. Fiscal changes; Health Services.**

(1) MATERNAL AND CHILD HEALTH; GRANTS FOR REFERRAL SERVICES. In the schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (1) (b), the dollar amount for fiscal year 2025-26 is increased by $1,480,000 and the dollar amount for fiscal year 2026-27 is increased by $1,480,000 to fund grants to local and tribal health departments to support referrals to, and maintenance of, maternal and child health resources.".

137. At the appropriate places, insert all of the following:

"**SECTION 9219. Fiscal changes; Health Services.**

(1) MATERNAL AND CHILD HEALTH; WELL BADGER RESOURCE CENTER WEBSITE REDESIGN. In the schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (1) (b), the dollar amount for fiscal year 2025-26 is increased by $90,000 and the dollar amount for fiscal year 2026-27 is increased by $90,000 to fund a redesign of the Well Badger Resource Center website to improve accessibility and accuracy of the information on the website.".

138. At the appropriate places, insert all of the following:

"**SECTION 421.** 46.48 (34) of the statutes is created to read:

46.48 **(34)** MATERNAL AND CHILD HEALTH. The department may distribute not more than $800,000 in each fiscal year as grants to local and community-based organizations whose mission is to improve maternal and child health in this state.

SECTION 9219. Fiscal changes; Health Services.

(1) MATERNAL AND CHILD HEALTH; GRANTS TO MAINTAIN CERTAIN PROGRAMS.

In the schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (1) (b), the dollar amount for fiscal year 2025-26 is increased by $800,000 and the dollar amount for fiscal year 2026-27 is increased by $800,000 to fund grants under s. 46.48 (34).".

139. At the appropriate places, insert all of the following:

"**SECTION 9219. Fiscal changes; Health Services.**

(1) MEDICAID AND FOODSHARE CONTRACTS. In the schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (4) (b), the dollar amount for fiscal year 2025-26 is increased by $28,576,200 and the dollar amount for fiscal year 2026-27 is increased by $28,096,600 to increase funding for contractual services and information technology systems costs for the administration of the Medical Assistance program and the FoodShare program.".

140. At the appropriate places, insert all of the following:

"**SECTION 422.** 20.455 (1) (hn) of the statutes is created to read:

20.455 **(1)** (hn) *Payments to relators.* All moneys received by the department that are owed to a relator, to provide payments owed to a relator.

SECTION 423. 20.9315 of the statutes is created to read:

20.9315 False claims; actions by or on behalf of state. (1) In this section:

(a) 1. "Claim" means any request or demand, whether under a contract or otherwise, for money or property, whether the state has title to the money or property, that is any of the following:

a. Presented to an officer, employee, agent, or other representative of the state.

b. Made to a contractor, grantee, or other person if the money or property is to be spent or used on the state's behalf or to advance a state program or interest and if the state provides any portion of the money or property that is requested or demanded or will reimburse directly or indirectly the contractor, grantee, or other person for any portion of the money or property that is requested or demanded.

2. "Claim" includes a request or demand for services from a state agency or as part of a state program.

3. "Claim" does not include requests or demands for money or property that the state has paid to an individual as compensation for state employment or as an income subsidy with no restriction on that individual's use of the money or property.

(b) "Knowingly" means, with respect to information, having actual knowledge of the information, acting in deliberate ignorance of the truth or falsity of the information, or acting in reckless disregard of the truth or falsity of the information. "Knowingly" does not mean specifically intending to defraud.

(c) "Material" means having a natural tendency to influence, or be capable of influencing, the payment or receipt of money or property or the receipt of services.

(d) "Medical assistance" has the meaning given under s. 49.43 (8).

(e) "Obligation" has the meaning given in 31 USC 3729 (b) (3).

(f) "Original source" has the meaning given in 31 USC 3730 (e) (4) (B).

(g) "Proceeds" includes damages, civil penalties, surcharges, payments for

costs of compliance, and any other economic benefit realized by this state as a result of an action or settlement of a claim.

(2) Except as provided in sub. (3), any person who does any of the following is liable to this state for 3 times the amount of the damages that were sustained by the state or would have been sustained by the state,whichever is greater, because of the actions of the person and shall forfeit, for each violation, an amount within the range specified under 31 USC 3729 (a):

(a) Knowingly presents or causes to be presented a false or fraudulent claim to a state agency, including a false or fraudulent claim for medical assistance.

(b) Knowingly makes, uses, or causes to be made or used a false record or statement material to a false or fraudulent claim to a state agency, including a false or fraudulent claim for medical assistance.

(c) Knowingly makes, uses, or causes to be made or used a false record or statement material to an obligation to pay or transmit money or property to the Medical Assistance program, or knowingly conceals or knowingly and improperly avoids or decreases an obligation to pay or transmit money or property to the Medical Assistance program.

(d) Knowingly makes, uses, or causes to be made or used a false record or statement material to an obligation to pay or transmit money or property to a state agency or knowingly conceals or knowingly and improperly avoids or decreases an obligation to pay or transmit money or property to a state agency.

(e) Conspires to commit a violation under par. (a), (b), (c), or (d).

(3) The court may assess against a person who violates sub. (2) not less than

2 nor more than 3 times the amount of the damages sustained by the state because of the acts of the person, and shall not assess any forfeiture, if the court finds all of the following:

(a) The person who commits the acts furnished the attorney general with all information known to the person about the acts within 30 days after the date on which the person obtained the information.

(b) The person fully cooperated with any investigation by this state of the acts.

(c) At the time that the person furnished the attorney general with information concerning the acts, no criminal prosecution or civil or administrative enforcement action had been commenced with respect to any such act, and the person did not have actual knowledge of the existence of any investigation into any such act.

(5) (a) Except as provided in subs. (10) and (12), any person may bring a civil action as a qui tam plaintiff against a person who commits an act in violation of sub. (2) for the person and the state in the name of the state.

(b) The plaintiff under par. (a) shall serve upon the attorney general a copy of the complaint and documents disclosing substantially all material evidence and information that the plaintiff possesses. The plaintiff shall file a copy of the complaint with the court for inspection in camera. Except as provided in par. (c), the complaint shall remain under seal for a period of 60 days from the date of filing and shall not be served upon the defendant until the court so orders. Within 60 days from the date of service upon the attorney general of the complaint, evidence,

and information under this paragraph, the attorney general may intervene in the action.

(bm) Any complaint filed by the state in intervention, whether filed separately or as an amendment to the qui tam plaintiff's complaint, shall relate back to the filing date of the qui tam plaintiff's complaint to the extent that the state's claim arises out of the conduct, transactions, or occurrences set forth, or attempted to be set forth, in the qui tam plaintiff's complaint.

(c) The attorney general may, for good cause shown, move the court for one or more extensions of the period during which a complaint in an action under this subsection remains under seal.

(d) Before the expiration of the period during which the complaint remains under seal, the attorney general shall do one of the following:

1. Proceed with the action or an alternate remedy under sub. (10), in which case the action or proceeding under sub. (10) shall be prosecuted by the state.

2. Notify the court that he or she declines to proceed with the action, in which case the person bringing the action may proceed with the action.

(e) If a person brings a valid action under this subsection, no person other than the state may intervene or bring a related action based upon the same facts underlying the original action while the original action is pending.

(f) In any action brought under this subsection or other proceeding under sub. (10), the plaintiff is required to prove all essential elements of the cause of action or complaint, including damages, by a preponderance of the evidence.

(6) If the state proceeds with an action under sub. (5) or an alternate remedy

under sub. (10), the state has primary responsibility for prosecuting the action under sub. (5) or proceeding under sub. (10). The state is not bound by any act of the person bringing the action, but that person has the right to continue as a party to the action.

(7) (b) With the approval of the governor, the attorney general may compromise and settle an action under sub. (5) or an administrative proceeding under sub. (10) to which the state is a party, notwithstanding objection of the person bringing the action, if the court determines, after affording to the person bringing the action the right to a hearing at which the person is afforded the opportunity to present evidence in opposition to the proposed settlement, that the proposed settlement is fair, adequate, and reasonable considering the relevant circumstances pertaining to the violation.

(c) Upon a showing by the state that unrestricted participation in the prosecution of an action under sub. (5) or an alternate proceeding under sub. (10) to which the state is a party by the person bringing the action would interfere with or unduly delay the prosecution of the action or proceeding, or would result in consideration of repetitious or irrelevant evidence or evidence presented for purposes of harassment, the court may limit the person's participation in the prosecution, such as:

1. Limiting the number of witnesses that the person may call.

2. Limiting the length of the testimony of the witnesses.

3. Limiting the cross-examination of witnesses by the person.

4. Otherwise limiting the participation by the person in the prosecution of the action or proceeding.

(d) Upon a showing by a defendant that unrestricted participation in the prosecution of an action under sub. (5) or alternate proceeding under sub. (10) to which the state is a party by the person bringing the action would result in harassment or would cause the defendant undue burden or unnecessary expense, the court may limit the person's participation in the prosecution.

(8) Except as provided in sub. (7), if the state elects not to participate in an action filed under sub. (5), the person bringing the action may prosecute the action. If the attorney general so requests, the attorney general shall, at the state's expense, be served with copies of all pleadings and deposition transcripts in the action. If the person bringing the action initiates prosecution of the action, the court, without limiting the status and rights of that person, may permit the state to intervene at a later date upon a showing by the state of good cause for the proposed intervention.

(9) Whether or not the state participates in an action under sub. (5), upon a showing in camera by the attorney general that discovery by the person bringing the action would interfere with the state's ongoing investigation or prosecution of a criminal or civil matter arising out of the same facts as the facts upon which the action is based, the court may stay such discovery in whole or in part for a period of not more than 60 days. The court may extend the period of any such stay upon a further showing in camera by the attorney general that the state has pursued the criminal or civil investigation of the matter with reasonable diligence and the

proposed discovery in the action brought under sub. (5) will interfere with the ongoing criminal or civil investigation or prosecution.

(10) The attorney general may pursue a claim relating to an alleged violation of sub. (2) through an alternate remedy available to the state or any state agency, including an administrative proceeding to assess a civil forfeiture. If the attorney general elects any such alternate remedy, the attorney general shall serve timely notice of his or her election upon the person bringing the action under sub. (5), and that person has the same rights in the alternate venue as the person would have had if the action had continued under sub. (5). Any finding of fact or conclusion of law made by a court or by a state agency in the alternate venue that has become final is conclusive upon all parties named in an action under sub. (5). For purposes of this subsection, a finding or conclusion is final if it has been finally determined on appeal, if all time for filing an appeal or petition for review with respect to the finding or conclusion has expired, or if the finding or conclusion is not subject to judicial review.

(11) (a) Except as provided in pars. (b) and (e), if the state proceeds with an action brought by a person under sub. (5) or the state pursues an alternate remedy relating to the same acts under sub. (10), the person who brings the action shall receive at least 15 percent but not more than 25 percent of the proceeds of the action or settlement of the claim, depending upon the extent to which the person contributed to the prosecution of the action or claim.

(b) Except as provided in par. (e), if an action or claim is one that the court or other adjudicator finds to be based primarily upon disclosures of specific

information not provided by the person who brings the action or claim under sub. (5) relating to allegations or transactions specifically disclosed in a criminal, civil, or administrative hearing; legislative or administrative report, hearing, audit, or investigation; or report made by the news media, the court or other adjudicator may award an amount to the person as it considers appropriate, but not more than 10 percent of the proceeds of the action or settlement of the claim, depending upon the significance of the information and the role of the person bringing the action in advancing the prosecution of the action or claim.

(c) Except as provided in par. (e), in addition to any amount received under par. (a) or (b), a person bringing an action under sub. (5) shall be awarded his or her reasonable expenses necessarily incurred in bringing the action together with the person's costs and reasonable actual attorney fees. The court or other adjudicator shall assess any award under this paragraph against the defendant.

(d) Except as provided in par. (e), if the state does not proceed with an action under sub. (5) or an alternate proceeding under sub. (10), the person bringing the action shall receive an amount that the court decides is reasonable for collection of the civil penalty and damages. The amount shall be not less than 25 percent and not more than 30 percent of the proceeds of the action and shall be paid from the proceeds. In addition, the person shall be paid his or her expenses, costs, and fees under par. (c).

(e) Whether or not the state proceeds with an action under sub. (5) or an alternate proceeding under sub. (10), if the court or other adjudicator finds that an action under sub. (5) was brought by a person who planned or initiated the violation

upon which the action or proceeding is based, then the court may, to the extent that the court considers appropriate, reduce the share of the proceeds of the action that the person would otherwise receive under par. (a), (b), or (d), taking into account the role of that person in advancing the prosecution of the action or claim and any other relevant circumstance pertaining to the violation, except that if the person bringing the action is convicted of criminal conduct arising from his or her role in a violation of sub. (2), the court or other adjudicator shall dismiss the person as a party and the person shall not receive any share of the proceeds of the action or claim or any expenses, costs, or fees under par. (c).

(12) Except if the action is brought by the attorney general or the person bringing the action is an original source of the information, the court shall dismiss an action or claim under this section, unless opposed by the state, if substantially the same allegations or transactions as alleged in the action or claim were publicly disclosed in any of the following ways:

(a) In a federal criminal, civil, or administrative hearing in which the state or its agent is a party.

(b) In a congressional, government accountability office, or other federal report, hearing, audit, or investigation.

(c) From the news media.

(13) The state is not liable for any expenses incurred by a private person in bringing an action under sub. (5).

(14) Any employee, contractor, or agent who is discharged, demoted, suspended, threatened, harassed, or in any other manner discriminated against in

the terms and conditions of employment because of lawful actions taken by the employee, contractor, or agent or by others in furtherance of an action or claim filed under this section or on behalf of the employee, contractor, or agent, including investigation for, initiation of, testimony for, or assistance in an action or claim filed or to be filed under sub. (5), is entitled to all necessary relief to make the employee, contractor, or agent whole. Such relief shall in each case include reinstatement with the same seniority status that the employee, contractor, or agent would have had but for the discrimination, 2 times the amount of back pay, interest on the back pay at the legal rate, and compensation for any special damages sustained as a result of the discrimination, including costs and reasonable attorney fees. An employee, contractor, or agent may bring an action to obtain the relief to which the employee, contractor, or agent is entitled under this subsection within 3 years after the date the retaliation occurred.

(15) A civil action may be brought under sub. (5) based upon acts occurring prior to the effective date of this subsection .... [LRB inserts date], if the action is brought within the period specified in s. 893.9815.

(16) A judgment of guilty entered against a defendant in a criminal action in which the defendant is charged with fraud or making false statements estops the defendant from denying the essential elements of the offense in any action under sub. (5) that involves the same elements as in the criminal action.

(17) The remedies provided for under this section are in addition to any other remedies provided for under any other law or available under the common law.

(18) This section shall be liberally construed and applied to promote the

public interest and to effect the congressional intent in enacting 31 USC 3729 to 3733, as reflected in the federal False Claims Act and the legislative history of the act.

SECTION 424. 49.485 of the statutes is renumbered 20.9315 (19) and amended to read:

20.9315 **(19)** ~~Whoever knowingly presents or causes to be presented to any officer, employee, or agent of this state a false claim for medical assistance shall forfeit not less than $5,000 nor more than $10,000, plus 3 times the amount of the damages that were sustained by the state or would have been sustained by the state, whichever is greater, as a result of the false claim.~~ The attorney general may bring an action on behalf of the state to recover any forfeiture incurred under this section.

SECTION 425. 165.25 (11m) of the statutes is created to read:

165.25 **(11m)** FALSE CLAIMS. Diligently investigate possible violations of s. 20.9315 and, if the department determines that a person has committed an act that is punishable under s. 20.9315, may bring a civil action against that person.

SECTION 426. 801.02 (1) of the statutes is amended to read:

801.02 **(1)** ~~A~~ Except as provided in s. 20.9315 (5) (b), a civil action in which a personal judgment is sought is commenced as to any defendant when a summons and a complaint naming the person as defendant are filed with the court, provided service of an authenticated copy of the summons and of the complaint is made upon the defendant under this chapter within 90 days after filing.

SECTION 427. 803.09 (1) of the statutes is amended to read:

803.09 **(1)** ~~Upon~~ Except as provided in s. 20.9315, upon timely motion anyone shall be permitted to intervene in an action when the movant claims an interest relating to the property or transaction which is the subject of the action and the movant is so situated that the disposition of the action may as a practical matter impair or impede the movant's ability to protect that interest, unless the movant's interest is adequately represented by existing parties.

SECTION 428. 803.09 (2) of the statutes is amended to read:

803.09 **(2)** ~~Upon~~ Except as provided in s. 20.9315, upon timely motion anyone may be permitted to intervene in an action when a movant's claim or defense and the main action have a question of law or fact in common. When a party to an action relies for ground of claim or defense upon any statute or executive order or rule administered by a federal or state governmental officer or agency or upon any regulation, order, rule, requirement or agreement issued or made pursuant to the statute or executive order, the officer or agency upon timely motion may be permitted to intervene in the action. In exercising its discretion the court shall consider whether the intervention will unduly delay or prejudice the adjudication of the rights of the original parties.

SECTION 429. 804.01 (2) (intro.) of the statutes is amended to read:

804.01 **(2)** SCOPE OF DISCOVERY. (intro.) ~~Unless~~ Except as provided in s. 20.9315 (9), and unless otherwise limited by order of the court in accordance with the provisions of this chapter, the scope of discovery is as follows:

SECTION 430. 805.04 (1) of the statutes is amended to read:

805.04 **(1)** BY PLAINTIFF; BY STIPULATION. ~~An~~ Except as provided in sub. (2p),

an action may be dismissed by the plaintiff without order of court by serving and filing a notice of dismissal at any time before service by an adverse party of responsive pleading or motion or by the filing of a stipulation of dismissal signed by all parties who have appeared in the action. Unless otherwise stated in the notice of dismissal or stipulation, the dismissal is not on the merits, except that a notice of dismissal operates as an adjudication on the merits when filed by a plaintiff who has once dismissed in any court an action based on or including the same claim.

SECTION 431. 805.04 (2p) of the statutes is created to read:

805.04 **(2p)** FALSE CLAIMS. An action filed under s. 20.9315 may be dismissed only by order of the court. In determining whether to dismiss the action filed under s. 20.9315, the court shall take into account the best interests of the parties and the purposes of s. 20.9315.

SECTION 432. 893.9815 of the statutes is created to read:

893.9815 False claims. An action or claim under s. 20.9315 shall be commenced within 10 years after the cause of the action or claim accrues or be barred.".

141. At the appropriate places, insert all of the following:

"**SECTION 9219. Fiscal changes; Health Services.**

(1) SAND RIDGE FORENSIC TREATMENT EXPANSION. In the schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (2) (bm), the dollar amount for fiscal year 2025-26 is adjusted to $197,689,900. In the schedule under s. 20.005 (3) for the appropriation to the

department of health services under s. 20.435 (2) (bm), the dollar amount for fiscal year 2026-27 is adjusted to $203,747,600.".

142. At the appropriate places, insert all of the following:

"**SECTION 9219. Fiscal changes; Health Services.**

(1) MEDICATION-ASSISTED TREATMENT RATE INCREASE. In the schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (4) (b), the dollar amount for fiscal year 2025-26 is adjusted to $3,686,074,500. In the schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (4) (b), the dollar amount for fiscal year 2026-27 is adjusted to $4,038,122,900.".

143. At the appropriate places, insert all of the following:

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

(1) MENTAL HEALTH INSTITUTES POSITION FUNDING. On July 1, 2025, the funding source for 87.93 FTE PR positions in the department of health services changes from the appropriation under s. 20.435 (2) (gk) to the general purpose revenue appropriation under s. 20.435 (2) (bm), and the incumbent employees holding the positions on that date retain their positions.

SECTION 9219. Fiscal changes; Health Services.

(1) MENTAL HEALTH INSTITUTES POSITION FUNDING, PR. In the schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (2) (gk), the dollar amount for fiscal year 2025-26 is decreased by $12,305,200 and the dollar amount for fiscal year 2026-27 is decreased by $12,305,200 to eliminate funding for 87.93 FTE PR positions.

(2) MENTAL HEALTH INSTITUTES POSITION FUNDING, GPR. In the schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (2) (bm), the dollar amount for fiscal year 2025-26 is increased by $12,305,200 and the dollar amount for fiscal year 2026-27 is increased by $12,305,200 to provide funding for 87.93 FTE GPR positions.".

144. At the appropriate places, insert all of the following:

"**SECTION 9219. Fiscal changes; Health Services.**

(1) RESIDENT FOOD AND VARIABLE NONFOOD SUPPLIES AND SERVICES.

(a) In the schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (2) (bm), the dollar amount for fiscal year 2025-26 is adjusted to $197,689,900. In the schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (2) (bm), the dollar amount for fiscal year 2026-27 is adjusted to $203,747,600.

(b) In the schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (2) (gk), the dollar amount for fiscal year 2025-26 is adjusted to $297,331,100. In the schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (2) (gk), the dollar amount for fiscal year 2026-27 is adjusted to $307,567,400.".

145. At the appropriate places, insert all of the following:

"**SECTION 433.** 71.03 (9) of the statutes is created to read:

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

1. "Are you, your spouse, your dependent children, or any eligible adult child dependent not covered under a health insurance policy, health plan, or other health care coverage? 'Eligible adult child dependent' means a child who is under the age of 26 who is a full-time student or a child who is under the age of 27 who is called to active duty in the national guard or armed forces reserve while enrolled as a full-time student."

2. "If you responded 'yes' to question 1, do you want to have evaluated your eligibility for Medical Assistance under subch. IV of ch. 49 of the Wisconsin Statutes or your eligibility for subsidized health insurance coverage?"

(b) For each person who responded "yes" to the question under par. (a) 2., the department shall provide that person's contact information and other relevant information from that person's individual income tax return to the department of health services to perform an evaluation of that person's eligibility under the Medical Assistance program under subch. IV of ch. 49 or an evaluation of that person's eligibility for subsidized health insurance coverage through an exchange, as defined under 45 CFR 155.20. The information provided to the department of health services may not be used to determine that the individual is ineligible to enroll in the Medical Assistance program under subch. IV of ch. 49.

SECTION 434. 71.78 (4) (w) of the statutes is created to read:

71.78 **(4)** (w) The secretary of health services and employees of the department of health services for the purpose of performing an evaluation under s. 71.03 (9) (b).

SECTION 9319. Initial applicability; Health Services.

(1) DETERMINATION OF MEDICAL ASSISTANCE ELIGIBILITY BY INDICATING INTEREST ON AN INDIVIDUAL INCOME TAX RETURN. The treatment of ss. 71.03 (9) and 71.78 (4) (w) first applies to taxable years beginning after December 31, 2025.".

146. At the appropriate places, insert all of the following:

"**SECTION 435.** 253.13 (6) of the statutes is created to read:

253.13 **(6)** FEDERAL RECOMMENDATIONS; EVALUATION PROCEDURE. (a) *Initial evaluation.* 1. Subject to subd. 2., for any disorder that is added to the federal recommended uniform screening panel approved by the federal department of health and human services after January 1, 2025, and that is not included in the list of disorders under s. DHS 115.04, Wis. Adm. Code, the department shall do all of the following within 18 months after the addition of the disorder:

a. Conduct an initial evaluation to determine whether the disorder should be included in the testing required under this section.

b. If the department determines that the disorder should be included in the testing required under this section, commence rule making to add the disorder to the list under s. DHS 115.04, Wis. Adm. Code.

2. This paragraph does not apply to any disorder included in the federal recommended uniform screening panel that will be added to the list of disorders under s. DHS 115.04, Wis. Adm. Code, pending promulgation of a rule for which the department has commenced rule-making procedures as of the effective date of this subdivision .... [LRB inserts date].

(b) *Annual review.* 1. Subject to subd. 2., the department shall do all of the following on an annual basis for any disorder the department determines in an

initial evaluation under par. (a) or a reevaluation under par. (c) should not be included in the testing required under this section and for any disorder that was the subject of rule making under par. (a) 2. or 2025 Wisconsin Act .... (this act), section 9119 (2), that did not result in the promulgation of a rule:

a. Review the medical literature published on the disorder since the initial evaluation or the commencement of rule making under par. (a) 2. or 2025 Wisconsin Act .... (this act), section 9119 (2), to determine whether new information has been identified that would merit a reevaluation of whether testing for the disorder should be included in the testing required under this section.

b. Determine whether the department has the capacity and resources needed to include testing for the disorder in the testing required under this section.

2. This paragraph does not apply to any disorder that is removed from the federal recommended uniform screening panel.

(c) *Reevaluation.* If the department finds in an annual review under par. (b) that new information has been identified that would merit a reevaluation of whether testing for a disorder should be included in the testing required under this section or that the department has the capacity and resources needed to include testing for the disorder in the testing required under this section, the department shall do all of the following within 18 months of completing the annual review:

1. Conduct a reevaluation to determine whether testing for the disorder should be included in the testing required under this section.

2. If the department determines in the reevaluation that testing for a disorder

should be included in the testing required under this section, commence rule making to add the disorder to the list under s. DHS 115.04, Wis. Adm. Code.

(d) *Emergency rule making.* The department may use the procedure under s. 227.24 to promulgate a rule under this subsection or 2025 Wisconsin Act .... (this act), section 9119 (1) (b). Notwithstanding s. 227.24 (1) (a) and (3), the department is not required to provide evidence that promulgating a rule under this paragraph as an emergency rule is necessary for the preservation of the public peace, health, safety, or welfare and is not required to provide a finding of emergency for a rule promulgated under this paragraph. Notwithstanding s. 227.24 (1) (c) and (2), if the department submits in proposed form a permanent rule to the legislative council staff under s. 227.15 (1) within 15 months of the date the statement of scope of the emergency rule promulgated under this paragraph is published in the register under s. 227.135 (3), the emergency rule remains in effect until the date on which the permanent rule takes effect or the date on which the statement of scope expires under s. 227.135 (5), whichever occurs first.

(e) *Implementation.* The department shall ensure that testing for any disorder added by rule to the list under s. DHS 115.04, Wis. Adm. Code, in accordance with this subsection begins within 6 months after the date of publication, as defined in s. 227.22 (1), of the rule.

SECTION 9119. Nonstatutory provisions; Health Services.

(1) NEWBORN SCREENING PROGRAM; CONDITIONS APPROVED AS OF JANUARY 1, 2025. For any disorder included in the federal recommended uniform screening panel approved by the federal department of health and human services as of

January 1, 2025, that is not included in the list of disorders under s. DHS 115.04, Wis. Adm. Code, on the effective date of this subsection, the department of health services shall do all of the following within 18 months of the effective date of this subsection:

(a) Evaluate whether the disorder should be included in the testing required under s. 253.13 (1).

(b) If, in its evaluation, the department of health services determines that the disorder should be included in the testing required under s. 253.13 (1), commence rule making to add the disorder to the list under s. DHS 115.04, Wis. Adm. Code.

(2) NEWBORN SCREENING PROGRAM; PENDING RULE PROMULGATION. Subsection (1) does not apply to any disorder included in the federal recommended uniform screening panel that will be added to the list of disorders under s. DHS 115.04, Wis. Adm. Code, pending promulgation of a rule for which the department of health services has commenced the rule-making procedure as of the effective date of this subsection.

(3) NEWBORN SCREENING PROGRAM; TESTING START DATE. The department of health services shall ensure that testing for any disorder added by rule to the list under s. DHS 115.04, Wis. Adm. Code, in accordance with sub. (1) begins within 6 months after the date of publication, as defined in s. 227.22 (1), of the rule.".

147. At the appropriate places, insert all of the following:

"**SECTION 436.** 150.31 (1) (intro.) of the statutes is amended to read:

150.31 **(1)** (intro.) In order to enable the state to budget accurately for medical assistance and to allocate fiscal resources most appropriately, the maximum

number of licensed nursing home beds statewide is ~~51,795~~ 25,415 and the maximum number of beds statewide in facilities primarily serving the developmentally disabled is 3,704. The department may adjust these limits on licensed beds as provided in subs. (2) to (6). The department shall also biennially recommend changes to this limit based on the following criteria:

SECTION 437. 150.31 (8) of the statutes is amended to read:

150.31 **(8)** ~~The~~ Subject to sub. (9), the department may allocate or distribute nursing home beds in a manner, developed by rule, that is consistent with the criteria specified in sub. (1) (a) to (f) and s. 150.39.

SECTION 438. 150.31 (9) of the statutes is created to read:

150.31 **(9)** The department shall allocate 125 nursing home beds to persons that apply for the beds and agree to do all of the following:

(a) Prioritize admissions of patients with complex needs.

(b) Prioritize admissions of patients who have been unable to find appropriate placement at another facility.

SECTION 9219. Fiscal changes; Health Services.

(1) NURSING HOME BED ACCESS; POSITION AUTHORIZATION. In the schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (4) (b), the dollar amount for fiscal year 2025-26 is increased by $60,000 and the dollar amount for fiscal year 2026-27 is increased by $1,584,200 to increase the authorized FTE positions for the department by .50 GPR and .50 FED positions, beginning in fiscal year 2025-26, and to increase the authorized FTE positions for the department by 1.0 GPR position, beginning in 2026-27, to implement a modified nursing home bed licensing process.”.

148. At the appropriate places, insert all of the following:

"**SECTION 439.** 46.48 (21) of the statutes is created to read:

46.48 **(21)** TRAUMA RESILIENCE GRANT. The department may distribute not more than $250,000 in fiscal year 2025-26 and not more than $250,000 in fiscal year 2026-27 as a grant to an organization in the city of Milwaukee to support the needs of individuals impacted by trauma and to develop the capacity of organizations to treat and prevent trauma.

SECTION 440. 46.48 (21) of the statutes, as created by 2025 Wisconsin Act .... (this act), is repealed.

SECTION 9419. Effective dates; Health Services.

(1) TRAUMA RESILIENCE GRANT. The repeal of s. 46.48 (21) takes effect on July 1, 2027.".

149. At the appropriate places, insert all of the following:

"**SECTION 9219. Fiscal changes; Health Services.**

(1) OBSTETRICS RATE INCREASE. In the schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (4) (b), the dollar amount for fiscal year 2025-26 is increased by $2,132,400 and the dollar amount for fiscal year 2026-27 is increased by $2,438,800 to increase reimbursement rates under the Medical Assistance program under subch. IV of ch. 49 for obstetric care, including antepartum, birthing, and postpartum services.".

150. At the appropriate places, insert all of the following:

"**SECTION 9219. Fiscal changes; Health Services.**

(1) OFFICE FOR THE DEAF AND HARD OF HEARING SERVICE FUND. In the

schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (1) (b), the dollar amount for fiscal year 2025-26 is increased by $100,000 and the dollar amount for fiscal year 2026-27 is increased by $100,000 to increase funding for the service fund within the department of health services' Office for the Deaf and Hard of Hearing.".

151. At the appropriate places, insert all of the following:

"**SECTION 9219. Fiscal changes; Health Services.**

(1) OFFICE OF GRANTS MANAGEMENT.

(a) In the schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (1) (a), the dollar amount for fiscal year 2026-27 is increased by $600,000 for 10.0 GPR positions to support the office of budget management.

(b) In the schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (1) (n), the dollar amount for fiscal year 2026-27 is decreased by $654,100 to eliminate 10.0 FED positions in the office of budget management.".

152. At the appropriate places, insert all of the following:

"**SECTION 9219. Fiscal changes; Health Services.**

(1) OPRI POSITIONS, PR. In the schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (1) (hg), the dollar amount for fiscal year 2025-26 is increased by $106,200 and the dollar amount for fiscal year 2026-27 is increased by $139,800 to increase the authorized

FTE positions for the department by 1.2 PR civil engineer-advanced or architect-advanced positions within the office of plan review and inspection.

(2) OPRI POSITIONS, PR-F. In the schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (1) (n), the dollar amount for fiscal year 2025-26 is increased by $70,900 and the dollar amount for fiscal year 2026-27 is increased by $93,300 to increase the authorized FTE positions for the department by 0.8 PR-F civil engineer-advanced or architect-advanced position within the office of plan review and inspection.".

153. At the appropriate places, insert all of the following:

"**SECTION 441.** 46.48 (24) of the statutes is created to read:

46.48 **(24)** PEDIATRIC HEALTH PSYCHOLOGY RESIDENCY AND FELLOWSHIP TRAINING PROGRAMS. The department may distribute not more than $600,000 in each fiscal year as grants to support pediatric health psychology residency and fellowship training programs.

SECTION 9219. Fiscal changes; Health Services.

(1) PEDIATRIC HEALTH PSYCHOLOGY RESIDENCY AND FELLOWSHIP TRAINING. In the schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (1) (b), the dollar amount for fiscal year 2025-26 is increased by $600,000 and the dollar amount for fiscal year 2026-27 is increased by $600,000 to support grants for pediatric health psychology residency and fellowship training programs.".

154. At the appropriate places, insert all of the following:

"**SECTION 442.** 49.45 (24L) of the statutes is created to read:

49.45 **(24L)** STATEWIDE DENTAL CONTRACT. The department shall submit any necessary request to the federal department of health and human services for a state plan amendment or waiver of federal Medicaid law to implement a statewide contract for dental benefits through a single vendor under the Medical Assistance program. If the federal government disapproves the amendment or waiver request, the department is not required to implement this subsection.".

155. At the appropriate places, insert all of the following:

"**SECTION 9219. Fiscal changes; Health Services.**

(1) PEER RECOVERY CENTER GRANTS. In the schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (1) (b), the dollar amount for fiscal year 2025-26 is increased by $310,000 and the dollar amount for fiscal year 2026-27 is increased by $310,000 for making grants to regional peer recover centers for individuals experiencing mental health or substance abuse issues.".

156. At the appropriate places, insert all of the following:

"**SECTION 9219. Fiscal changes; Health Services.**

(1) STATE SUPPLEMENTAL SECURITY INCOME AND CARETAKER SUPPLEMENT REESTIMATE. In the schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (4) (ed), the dollar amount for fiscal year 2025-26 is decreased by $5,228,300 to reflect estimates of the cost of funding supplemental security income state supplements payments in the 2025-27 biennium. In the schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (4) (ed), the dollar amount for fiscal

year 2026-27 is decreased by $5,228,300 to reflect estimates of the cost of funding supplemental security income state supplements payments in the 2025-27 biennium.".

157. At the appropriate places, insert all of the following:

"**SECTION 1.** 50.36 (3s) of the statutes is created to read:

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

158. At the appropriate places, insert all of the following:

"**SECTION 9219. Fiscal changes; Health Services.**

(1) SENIOR FARMERS MARKET NUTRITION PROGRAM. In the schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (1) (dh), the dollar amount for fiscal year 2025-26 is increased by $250,000 and the dollar amount for fiscal year 2026-27 is increased by $250,000 for the senior farmers market nutrition program.".

159. At the appropriate places, insert all of the following:

"**SECTION 443.** 49.45 (3h) of the statutes is created to read:

49.45 **(3h)** PAYMENTS TO RURAL HEALTH CLINICS. (a) For services provided by a rural health clinic on or after the effective date of this paragraph .... [LRB inserts date], and before July 1, 2026, to a recipient of the Medical Assistance program

under this subchapter, the department shall reimburse the rural health clinic under a payment methodology in effect on July 1, 2025, and in accordance with 42 USC 1396a (bb) (6).

(b) For services provided by a rural health clinic on or after July 1, 2026, to a recipient of the Medical Assistance program under this subchapter, the department shall reimburse the rural health clinic using a payment methodology based on the Medicaid prospective payment system under 42 USC 1396a (bb) (1) to (3). The department shall consult with rural health clinics in developing the payment methodology under this paragraph.

SECTION 444. 49.46 (2) (a) 3. of the statutes is amended to read:

49.46 **(2)** (a) 3. Rural health clinic services, as provided in s. 49.45 (3h).

SECTION 9219. Fiscal changes; Health Services.

(1) RURAL HEALTH CLINICS REIMBURSEMENTS. In the schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (4) (b), the dollar amount for fiscal year 2026-27 is increased by $8,172,700 to reflect the impact of converting reimbursement methodologies for rural health clinics. In the schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (4) (o), the dollar amount for fiscal year 2026-27 is increased by $15,745,100 to reflect the impact of converting reimbursement methodologies for rural health clinics.".

160. At the appropriate places, insert all of the following:

"**SECTION 9219. Fiscal changes; Health Services.**

(1) RESPITE CARE GRANT. In the schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (1) (br), the

dollar amount for fiscal year 2025-26 is increased by $200,000 to increase funding available for the respite care grant. In the schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (1) (br), the dollar amount for fiscal year 2026-27 is increased by $200,000 to increase funding available for the respite care grant.".

161. At the appropriate places, insert all of the following:

"**SECTION 445.** 49.79 (9) (f) of the statutes is repealed.".

162. At the appropriate places, insert all of the following:

"**SECTION 446.** 20.435 (4) (bq) of the statutes is repealed.

SECTION 447. 49.79 (9) (d) of the statutes is repealed.

SECTION 448. 49.791 of the statutes is repealed.

SECTION 449. 2017 Wisconsin Act 370, section 44 (5) is repealed.".

163. At the appropriate places, insert all of the following:

"**SECTION 450.** 49.79 (9) (a) 1g. of the statutes is amended to read:

49.79 **(9)** (a) 1g. Except as provided in subds. 2. and 3., ~~beginning October 1, 2019,~~ the department shall require, to the extent allowed by the federal government, ~~all~~ able-bodied adults without dependents in this state to participate in the employment and training program under this subsection, except for able-bodied adults without dependents who are employed, as determined by the department. The department may require ~~other~~ able individuals who are 18 to 60 years of age, or a subset of those individuals to the extent allowed by the federal government, who are not participants in a Wisconsin Works employment position to participate in the employment and training program under this subsection.".

164. At the appropriate places, insert all of the following:

"**SECTION 451.** 20.435 (5) (dg) of the statutes is created to read:

20.435 **(5)** (dg) *Grants for crisis stabilization facilities.* The amounts in the schedule for grants to facilities that provide crisis stabilization services under s. 51.03 (7).

SECTION 452. 51.03 (7) of the statutes is created to read:

51.03 **(7)** The department shall award grants to fund services at facilities that provide crisis stabilization services, as defined in s. 51.043 (1) (b), based on criteria established by the department.

SECTION 9219. Fiscal changes; Health Services.

(1) CRISIS STABILIZATION FACILITIES GRANTS. In the schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (5) (dg), the dollar amount for fiscal year 2025-26 is increased by $3,760,000 and the dollar amount for fiscal year 2026-27 is increased by $3,839,000 to make grants to crisis stabilization facilities under s. 51.03 (7).".

165. At the appropriate places, insert all of the following:

"**SECTION 453.** 49.45 (19) (a) of the statutes is amended to read:

49.45 **(19)** (a) As a condition of eligibility for medical assistance, a person shall, notwithstanding other provisions of the statutes except as provided in par. (cm), be deemed to have assigned to the state, by applying for or receiving medical assistance, any rights to medical support or other payment of medical expenses from any other person, including rights to unpaid amounts accrued at the time of

application for medical assistance as well as any rights to support accruing during the time for which medical assistance is paid.

SECTION 454. 49.45 (19) (c) of the statutes is repealed.

SECTION 455. 49.45 (19) (cm) of the statutes is created to read:

49.45 **(19)** (cm) Notwithstanding par. (a), birth expenses may not be recovered by the state under this subsection.".

166. At the appropriate places, insert all of the following:

"**SECTION 9219. Fiscal changes; Health Services.**

(1) REACH OUT AND READ. In the schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (1) (dx), the dollar amount for fiscal year 2025-26 is increased by $500,000 and the dollar amount for fiscal year 2026-27 is increased by $500,000 to make grants to support the nonprofit Reach Out and Read Wisconsin.".

167. At the appropriate places, insert all of the following:

"**SECTION 456.** 46.48 (35) of the statutes is created to read:

46.48 **(35)** PSYCHIATRIC RESIDENTIAL TREATMENT FACILITIES. The department may distribute not more than $1,790,000 in each fiscal year to support psychiatric residential treatment facilities under s. 51.044.

SECTION 457. 49.46 (2) (b) 14c. of the statutes is created to read:

49.46 **(2)** (b) 14c. Subject to par. (bv), services by a psychiatric residential treatment facility.

SECTION 458. 49.46 (2) (bv) of the statutes is created to read:

49.46 **(2)** (bv) The department shall submit to the federal department of

health and human services any request for a state plan amendment, waiver, or other federal approval necessary to provide reimbursement for services by a psychiatric residential treatment facility. If the federal department of health and human services approves the request or if no federal approval is necessary, the department shall provide reimbursement under par. (b) 14c. If the federal department of health and human services disapproves the request, the department may not provide reimbursement for services under par. (b) 14c.

SECTION 459. 51.044 of the statutes is created to read:

51.044 Psychiatric residential treatment facilities. (1) DEFINITION. In this section, "psychiatric residential treatment facility" is a nonhospital facility that provides inpatient comprehensive mental health treatment services to individuals under the age of 21 who, due to mental illness, substance use, or severe emotional disturbance, need treatment that can most effectively be provided in a residential treatment facility.

(2) CERTIFICATION REQUIRED; EXEMPTION. (a) No person may operate a psychiatric residential treatment facility without a certification from the department. The department may limit the number of certifications it grants to operate a psychiatric residential treatment facility.

(b) A psychiatric residential treatment facility that has a certification from the department under this section is not subject to facility regulation under ch. 48.

(3) RULES. The department may promulgate rules to implement this section.

SECTION 9119. Nonstatutory provisions; Health Services.

(1) EMERGENCY RULES ON PSYCHIATRIC RESIDENTIAL TREATMENT FACILITIES.

The department of health services may promulgate emergency rules under s. 227.24 implementing certification of psychiatric residential treatment facilities under s. 51.044, including development of a new provider type and a reimbursement model for psychiatric residential treatment facilities under the Medical Assistance program under subch. IV of ch. 49. Notwithstanding s. 227.24 (1) (a) and (3), the department of health services is not required to provide evidence that promulgating a rule under this subsection as an emergency rule is necessary for the preservation of the public peace, health, safety, or welfare and is not required to provide a finding of emergency for a rule promulgated under this subsection. Notwithstanding s. 227.24 (1) (c) and (2), emergency rules promulgated under this subsection remain in effect until July 1, 2027, or the date on which permanent rules take effect, whichever is sooner.

SECTION 9219. Fiscal changes; Health Services.

(1) PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY GRANTS. In the schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (1) (b), the dollar amount for fiscal year 2026-27 is increased by $1,790,000 to distribute moneys to psychiatric residential treatment facilities under s. 46.48 (35).".

168. At the appropriate places, insert all of the following:

"**SECTION 460.** 49.45 (62) of the statutes is created to read:

49.45 **(62)** PRERELEASE COVERAGE OF INCARCERATED INDIVIDUALS. (a) The department may submit to the secretary of the federal department of health and human services a request for a waiver of federal Medicaid law to conduct a

demonstration project to provide incarcerated individuals prerelease health care coverage for certain services under the Medical Assistance program for up to 90 days preceding the incarcerated individual's release if the individual is otherwise eligible for coverage under the Medical Assistance program.

(b) If a waiver submitted by the department under par. (a) is approved by the federal department of health and human services, the department may provide reimbursement under the Medical Assistance program for both the federal and nonfederal share of services, including case management services, provided to incarcerated individuals under the approved waiver.".

169. At the appropriate places, insert all of the following:

"**SECTION 9219. Fiscal changes; Health Services.**

(1) POSTPARTUM HOME VISITING INCENTIVE; GENERAL PROGRAM REVENUE. In the schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (4) (a), the dollar amount for fiscal year 2025-26 is increased by $341,700 for the creation of a program to incentivize hospitals to conduct postpartum home visits within 14 days of patient discharge, if so requested by a patient who participates in the Medical Assistance program under subch. IV of ch. 49.

(2) POSTPARTUM HOME VISITING INCENTIVE; FEDERAL REVENUE. In the schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (4) (md), the dollar amount for fiscal year 2025-26 is increased by $658,300 for the creation of a program to incentivize hospitals to conduct postpartum home visits within 14 days of patient discharge, if so requested

by a patient who participates in the Medical Assistance program under subch. IV of ch. 49.".

170. At the appropriate places, insert all of the following:

"**SECTION 461.** 255.35 (3) (a) of the statutes is amended to read:

255.35 **(3)** (a) The department shall implement a statewide poison control system, which shall provide poison control services that are available statewide, on a 24-hour per day and 365-day per year basis and shall provide poison information and education to health care professionals and the public. From the appropriation account under s. 20.435 (1) (ds), the department shall, if the requirement under par. (b) is met, distribute total funding of not more than ~~$425,000~~ $482,500 in each fiscal year to supplement the operation of the system and to provide for the statewide collection and reporting of poison control data. The department may, but need not, distribute all of the funds in each fiscal year to a single poison control center.

SECTION 9219. Fiscal changes; Health Services.

(1) POISON CONTROL. In the schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (1) (ds), the dollar amount for fiscal year 2025-26 is increased by $100,000 to support the statewide poison control program.. In the schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (1) (ds), the dollar amount for fiscal year 2026-27 is increased by $100,000 to support the statewide poison control program.".

171. At the appropriate places, insert all of the following:

"**SECTION 9219. Fiscal changes; Health Services.**

(1) MEDICAL ASSISTANCE PERSONAL CARE RATE INCREASE; GPR. In the schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (4) (b), the dollar amount for fiscal year 2025-26 is increased by $5,000,000 to increase medical assistance personal care reimbursement rates.. In the schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (4) (b), the dollar amount for fiscal year 2026-27 is increased by $10,000,000 to increase medical assistance personal care reimbursement rates..

(2) MEDICAL ASSISTANCE PERSONAL CARE RATE INCREASE; FED. In the schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (4) (o), the dollar amount for fiscal year 2025-26 is increased by $9,543,300 to increase medical assistance personal care reimbursement rates. In the schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (4) (o), the dollar amount for fiscal year 2026-27 is increased by $19,265,400 to increase medical assistance personal care reimbursement rates.".

172. At the appropriate places, insert all of the following:

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

(1) STATEWIDE BIOMONITORING STUDIES. The department of health services shall conduct biomonitoring studies across the state to assess perfluoroalkyl and polyfluoroalkyl substance exposure levels and better understand the factors that affect perfluoroalkyl and polyfluoroalkyl substance exposure levels in different communities. The department may, as part of these studies, survey volunteer

participants, test blood samples for the presence and levels of perfluoroalkyl and polyfluoroalkyl substances, and analyze the results.

SECTION 9219. Fiscal changes; Health Services.

(1) STATEWIDE BIOMONITORING STUDIES. In the schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (1) (a), the dollar amount for fiscal year 2025-26 is increased by $710,900 and the dollar amount for fiscal year 2026-27 is increased by $734,500 to fund biomonitoring studies and to increase the agency's authorized FTE positions by 1.0 GPR outreach position in the bureau of environmental and occupational health.".

173. At the appropriate places, insert all of the following:

"**SECTION 462.** 20.005 (3) (schedule) of the statutes: at the appropriate place, insert the following amounts for the purposes indicated:

				2025-26	**2026-27**
20.435	**Health services, department of**				
(5)	MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES				
(ci)	Peer-run warmline grant	GPR	A	462,200	631,800

SECTION 463. 20.435 (5) (ci) of the statutes is created to read:

20.435 **(5)** (ci) *Peer-run warmline grants.* The amounts in the schedule for awarding grants for a peer-run warmline under s. 46.537.

SECTION 464. 46.537 of the statutes is created to read:

46.537 Peer-run warmline grants. From the appropriation under s. 20.435 (5) (ci), the department shall award grants to support a statewide, peer-run, 24-hour telephone service to help callers cope with nonemergency mental health or

substance use issues and provide referrals to other services, including crisis response services.".

174. At the appropriate places, insert all of the following:

"**SECTION 465.** 49.175 (1) (qm) of the statutes is amended to read:

49.175 **(1)** (qm) *Quality care for quality kids.* For the child care quality improvement activities specified in ss. 49.155 (1g) and 49.257, ~~$16,683,700~~ $46,529,700 in each fiscal year ~~2022-23. In fiscal year 2023-24, for such activities, $28,518,700. In fiscal year 2024-25, for such activities, $46,018,700~~.

SECTION 9206. Fiscal changes; Children and Families.

(1) EARLY MENTAL HEALTH CONSULTATION. In the schedule under s. 20.005 (3) for the appropriation to the department of children and families under s. 20.437 (1) (md), the dollar amount for fiscal year 2025-26 is increased by $511,000 to increase support for the early childhood health consultation program. In the schedule under s. 20.005 (3) for the appropriation to the department of children and families under s. 20.437 (1) (md), the dollar amount for fiscal year 2026-27 is increased by $511,000 to increase support for the early childhood health consultation program.".

175. At the appropriate places, insert all of the following:

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

(1) FALLS PREVENTION FUNDING. From the appropriation under s. 20.435 (1) (b), the department of health services shall award a grant of $450,000 in each of fiscal years 2025-26 and 2026-27 to an organization committed to reducing falls among older adults in this state for the purpose of statewide falls prevention awareness and initiatives.".

176. At the appropriate places, insert all of the following:

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

(1) OFFICE OF CAREGIVER QUALITY POSITIONS.

(a) The authorized FTE positions for the department of health services are increased by 0.8 FED and 1.2 PR positions in the Office of Caregiver Quality in the Division of Quality Assurance to assist with caregiver background checks and investigations into allegations of misconduct in long-term care facilities for the purpose of converting the project positions that are terminated under par. (b) into permanent positions.

(b) The authorized FTE project positions for the department of health services are decreased by 0.8 FED and 1.2 PR positions in the Office of Caregiver Quality in the Division of Quality Assurance. These positions were authorized by 2023 Wisconsin Act 19 to assist with caregiver background checks and investigations into allegations of misconduct in long-term care facilities.".

177. At the appropriate places, insert all of the following:

"**SECTION 466.** 49.45 (39) (b) 1. of the statutes is amended to read:

49.45 **(39)** (b) 1. 'Payment for school medical services.' If a school district or a cooperative educational service agency elects to provide school medical services and meets all requirements under par. (c), the department shall reimburse the school district or the cooperative educational service agency for ~~60~~ 100 percent of the federal share of allowable charges for the school medical services that it provides and, as specified in subd. 2., for allowable administrative costs. If the Wisconsin Center for the Blind and Visually Impaired or the Wisconsin Educational Services

Program for the Deaf and Hard of Hearing elects to provide school medical services and meets all requirements under par. (c), the department shall reimburse the department of public instruction for ~~60~~ 100 percent of the federal share of allowable charges for the school medical services that the Wisconsin Center for the Blind and Visually Impaired or the Wisconsin Educational Services Program for the Deaf and Hard of Hearing provides and, as specified in subd. 2., for allowable administrative costs. A school district, cooperative educational service agency, the Wisconsin Center for the Blind and Visually Impaired, or the Wisconsin Educational Services Program for the Deaf and Hard of Hearing may submit, and the department shall allow, claims for common carrier transportation costs as a school medical service unless the department receives notice from the federal health care financing administration that, under a change in federal policy, the claims are not allowed. If the department receives the notice, a school district, cooperative educational service agency, the Wisconsin Center for the Blind and Visually Impaired, or the Wisconsin Educational Services Program for the Deaf and Hard of Hearing may submit, and the department shall allow, unreimbursed claims for common carrier transportation costs incurred before the date of the change in federal policy. The department shall promulgate rules establishing a methodology for making reimbursements under this paragraph. All other expenses for the school medical services provided by a school district or a cooperative educational service agency shall be paid for by the school district or the cooperative educational service agency with funds received from state or local taxes. The school district, the Wisconsin Center for the Blind and Visually Impaired, the Wisconsin Educational Services

Program for the Deaf and Hard of Hearing, or the cooperative educational service agency shall comply with all requirements of the federal department of health and human services for receiving federal financial participation.

SECTION 467. 49.45 (39) (b) 2. of the statutes is amended to read:

49.45 **(39)** (b) 2. 'Payment for school medical services administrative costs.' The department shall reimburse a school district or a cooperative educational service agency specified under subd. 1. and shall reimburse the department of public instruction on behalf of the Wisconsin Center for the Blind and Visually Impaired or the Wisconsin Educational Services Program for the Deaf and Hard of Hearing for ~~90~~ 100 percent of the federal share of allowable administrative costs, using time studies~~, beginning in fiscal year 1999-2000~~. A school district or a cooperative educational service agency may submit, and the department of health services shall allow, claims for administrative costs incurred during the period that is up to 24 months before the date of the claim, if allowable under federal law.

SECTION 9319. Initial applicability; Health Services.

(1) MEDICAID SCHOOL-BASED SERVICES. The treatment of s. 49.45 (39) (b) 1. and 2. first applies to claims for reimbursement submitted on July 1, 2026.".

178. At the appropriate places, insert all of the following:

"**SECTION 468.** 20.005 (3) (schedule) of the statutes: at the appropriate place, insert the following amounts for the purposes indicated:

				2025-26	2026-27
20.435 Health services, department of					
(5) CARE AND TREATMENT SERVICES					
(ch) Suicide and crisis lifeline grants	GPR	A		4,217,900	7,979,800

SECTION 469. 20.435 (5) (ch) of the statutes is created to read:

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

SECTION 470. 46.533 of the statutes is created to read:

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

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

179. At the appropriate places, insert all of the following:

"**SECTION 471.** 20.435 (5) (ck) of the statutes is amended to read:

20.435 **(5)** (ck) *Crisis urgent care and observation facilities.* ~~Biennially~~ As a continuing appropriation, the amounts in the schedule for grants to support crisis urgent care and observation facilities.

SECTION 9219. Fiscal changes; Health Services.

(1) CRISIS URGENT CARE AND OBSERVATION FACILITIES GRANTS. In the

schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (5) (ck), the dollar amount for fiscal year 2025-26 is increased by $20,000,000 to fund grants for crisis urgent care and observation facilities.".

180. At the appropriate places, insert all of the following:

"**SECTION 9219. Fiscal changes; Health Services.**

(1) AUTISM SERVICES RATE INCREASE. In the schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (4) (b), the dollar amount for fiscal year 2025-26 is increased by $1,418,900 and the dollar amount for fiscal year 2026-27 is increased by $2,820,500 to increase the reimbursement rate for adaptive behavior treatment by 14.7 percent under the Medical Assistance program under subch. IV of ch. 49.".

181. At the appropriate places, insert all of the following:

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

(1) ELECTROCARDIOGRAM SCREENING PILOT PROGRAM. The department of health services shall develop a pilot program to provide electrocardiogram screenings for participants in middle school and high school athletics programs in Milwaukee and Waukesha Counties. From the appropriation under s. 20.435 (1) (b), in fiscal year 2026-27, the department shall award $4,067,200 in grants to local health departments, as defined in s. 250.01 (4), to implement the pilot program under this subsection. Participation in the pilot program by participants in middle school and high school athletics programs shall be optional.

SECTION 9219. Fiscal changes; Health Services.

(1) ELECTROCARDIOGRAM SCREENING PILOT PROGRAM. In the schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (1) (b), the dollar amount for fiscal year 2026-27 is increased by $4,067,200 to award grants to local health departments to implement the pilot program under SECTION 9119 (1) of this act.".

182. At the appropriate places, insert all of the following:

"**SECTION 9219. Fiscal changes; Health Services.**

(1) COMMUNITY HEALTH CENTER GRANTS. In the schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (1) (fh), the dollar amount for fiscal year 2025-26 is increased by $750,000 to increase grant funding to community health centers under s. 250.15. In the schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (1) (fh), the dollar amount for fiscal year 2026-27 is increased by $750,000 to increase grant funding to community health centers under s. 250.15.".

183. At the appropriate places, insert all of the following:

"**SECTION 472.** 49.45 (3) (e) 11. of the statutes is amended to read:

49.45 **(3)** (e) 11. The department shall use a portion of the moneys collected under s. 50.38 (2) (a) to pay for services provided by eligible hospitals, as defined in s. 50.38 (1), other than critical access hospitals, under the Medical Assistance Program under this subchapter, including services reimbursed on a fee-for-service basis and services provided under a managed care system. ~~For state fiscal year 2008-09, total payments required under this subdivision, including both the federal and state share of Medical Assistance, shall equal the amount collected under s.~~

~~50.38 (2) (a) for fiscal year 2008-09 divided by 57.75 percent.~~ For each state fiscal year ~~after state fiscal year 2008-09~~, total payments required under this subdivision, including both the federal and state share of Medical Assistance, shall equal the amount collected under s. 50.38 (2) (a) for the fiscal year divided by ~~61.68~~ 62.39 percent.

SECTION 473. 49.45 (3) (e) 12. of the statutes is amended to read:

49.45 **(3)** (e) 12. The department shall use a portion of the moneys collected under s. 50.38 (2) (b) to pay for services provided by critical access hospitals under the Medical Assistance Program under this subchapter, including services reimbursed on a fee-for-service basis and services provided under a managed care system. For each state fiscal year, total payments required under this subdivision, including both the federal and state share of Medical Assistance, shall equal ~~the amount collected under s. 50.38 (2) (b) for the fiscal year divided by 61.68 percent~~ $49,392,400. The department may use funds in the appropriation under s. 20.435 (4) (b), as necessary, to fund the nonfederal share of payments under this subdivision.

SECTION 474. 50.38 (1) (d) and (e) of the statutes are created to read:

50.38 **(1)** (d) A rehabilitation hospital, as designated by the department.

(e) A long-term acute care hospital, as designated by the department.

SECTION 475. 50.38 (3) of the statutes is amended to read:

50.38 **(3)** The department shall establish the percentage that is applicable under sub. (2) (a) and (b) so that the total amount of assessments collected under sub. (2) (a) in a state fiscal year is equal to ~~$414,507,300~~ $1,341,839,500.".

184. At the appropriate places, insert all of the following:

"**SECTION 9219. Fiscal changes; Health Services.**

(1) COVERAGE OF COMMUNITY HEALTH WORKER SERVICES. In the schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (4) (b), the dollar amount for fiscal year 2026-27 is increased by $3,745,000 to fund coverage of community health worker services under the Medical Assistance program under subch. IV of ch. 49.".

185. At the appropriate places, insert all of the following:

"**SECTION 476.** 253.07 (1) (a) 3. of the statutes is created to read:

253.07 **(1)** (a) 3. Pregnancy termination.

SECTION 477. 253.07 (1) (b) 3. of the statutes is created to read:

253.07 **(1)** (b) 3. Pregnancy termination.

SECTION 478. 253.07 (5) (b) (intro.) of the statutes is renumbered 253.07 (5) (b) and amended to read:

253.07 **(5)** (b) ~~Subject to par. (c), a~~ A public entity that receives women's health funds under this section may provide some or all of the funds to other public or private entities ~~provided that the recipient of the funds does not do any of the following:~~.

SECTION 479. 253.07 (5) (b) 1. to 3. of the statutes are repealed.

SECTION 480. 253.07 (5) (c) of the statutes is repealed.

SECTION 9219. Fiscal changes; Health Services.

(1) WOMEN'S HEALTH BLOCK GRANT. In the schedule under s. 20.005 (3) for the appropriation to the department of health services under s. 20.435 (1) (f), the dollar

amount for fiscal year 2025-26 is increased by $193,600 and the dollar amount for fiscal year 2026-27 is increased by $193,600 for the women's health block grant.”.

(END)