



State of Wisconsin  
2023 - 2024 LEGISLATURE

LRBb0642/2  
ALL:all

**SENATE AMENDMENT 4,  
TO SENATE SUBSTITUTE AMENDMENT 2,  
TO SENATE BILL 70**

June 28, 2023 - Offered by Senators AGARD, CARPENTER, HESSELBEIN, L. JOHNSON,  
LARSON, PFAFF, ROYS, SMITH, SPREITZER, TAYLOR and WIRCH.

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

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

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

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

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

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

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

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

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

1 “(2) RESEARCH AND COMMUNITY SUPPORT

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

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

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

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

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

20 **13.** Page 147, line 12: increase the dollar amount for fiscal year 2023–24 by  
21 \$900,000 and increase the dollar amount for fiscal year 2024–25 by \$900,000 for the  
22 purpose of funding a low-value care analysis grant.

1           **14.** Page 147, line 12: increase the dollar amount for fiscal year 2023-24 by  
2           \$250,000 and increase the dollar amount for fiscal year 2024-25 by \$250,000 for the  
3           purpose of funding grants to an organization that supports and provides services to  
4           individuals with amyotrophic lateral sclerosis under s. 46.48 (36).

5           **15.** Page 147, line 12: increase the dollar amount for fiscal year 2023-24 by  
6           \$600,000 and increase the dollar amount for fiscal year 2024-25 by \$600,000 for the  
7           purpose of healthy aging grants under s. 46.854.

8           **16.** Page 147, line 12: increase the dollar amount for fiscal year 2023-24 by  
9           \$500,000 and increase the dollar amount for fiscal year 2024-25 by \$500,000 to  
10          create a suicide prevention grant program.

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

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

18          **19.** Page 147, line 12: increase the dollar amount for fiscal year 2023-24 by  
19          \$1,500,000 and increase the dollar amount for fiscal year 2024-25 by \$1,500,000 for  
20          the purpose of awarding grants to persons in this state for research into spinal cord  
21          injuries under s. 255.45.

22          **20.** Page 147, line 12: increase the dollar amount for fiscal year 2023-24 by  
23          \$720,000 and increase the dollar amount for fiscal year 2024-25 by \$720,000 for the  
24          purpose of reimbursing ambulance service providers for epinephrine auto-injectors

1 or draw-up epinephrine kits for each ambulance operating in the state under s.  
2 256.158.

3 **21.** Page 147, line 12: increase the dollar amount for fiscal year 2023-24 by  
4 \$833,000 and increase the dollar amount for fiscal year 2024-25 by \$850,600 to  
5 increase the authorized FTE positions for the department of health services by 1.0  
6 GPR position and to support programs within the department of health services  
7 office for the promotion of independent living.

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

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

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

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

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

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

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

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

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

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

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

11          **32.** Page 152, line 9: decrease the dollar amount for fiscal year 2023–24 by  
12          \$876,300 and decrease the dollar amount for fiscal year 2024–25 by \$876,300 for the  
13          purpose of adjusting funding for variable nonfood supplies and services at Wisconsin  
14          Resource Center.

15          **33.** Page 152, line 9: increase the dollar amount for fiscal year 2023–24 by  
16          \$5,201,000 and increase the dollar amount for fiscal year 2024–25 by \$5,501,200 for  
17          the purpose of funding electronic health records costs.

18          **34.** Page 152, line 9: increase the dollar amount for fiscal year 2023–24 by  
19          \$572,400 and increase the dollar amount for fiscal year 2024–25 by \$572,400 for the  
20          purpose of adjusting funding for food costs at Wisconsin Resource Center.

21          **35.** Page 152, line 9: increase the dollar amount for fiscal year 2023–24 by  
22          \$312,600 and increase the dollar amount for fiscal year 2024–25 by \$312,600 for the  
23          purpose of adjusting funding for food costs at Mendota Mental Health Institute.

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

4           **37.** Page 152, line 9: decrease the dollar amount for fiscal year 2023-24 by  
5           \$19,900 and decrease the dollar amount for fiscal year 2024-25 by \$19,900 for the  
6           purpose of adjusting funding for food costs at Sand Ridge Secure Treatment Center.

7           **38.** Page 152, line 9: increase the dollar amount for fiscal year 2023-24 by  
8           \$2,196,000 and increase the dollar amount for fiscal year 2024-25 by \$2,196,000 for  
9           the purpose of adjusting funding for variable nonfood supplies and services at  
10          Winnebago Mental Health Institute.

11          **39.** Page 152, line 9: increase the dollar amount for fiscal year 2023-24 by  
12          \$6,939,600 and increase the dollar amount for fiscal year 2024-25 by \$6,393,600 for  
13          the purpose of adjusting funding for variable nonfood supplies and services at  
14          Mendota Mental Health Institute.

15          **40.** Page 152, line 9: increase the dollar amount for fiscal year 2023-24 by  
16          \$259,600 and increase the dollar amount for fiscal year 2024-25 by \$259,600 for the  
17          purpose of adjusting supplemental funding for overtime pay expenditures at  
18          Wisconsin Resource Center.

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



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

5           **43.** Page 152, line 9: decrease the dollar amount for fiscal year 2023-24 by  
6           \$526,000 and decrease the dollar amount for fiscal year 2024-25 by \$526,000 for the  
7           purpose of adjusting supplemental funding for overtime pay expenditures at Sand  
8           Ridge Secure Treatment Center.

9           **44.** Page 152, line 9: increase the dollar amount for fiscal year 2023-24 by  
10          \$244,600 and increase the dollar amount for fiscal year 2024-25 by \$244,600 for the  
11          purpose of funding increased costs of supplies and services at Wisconsin Resource  
12          Center.

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

17          **46.** Page 152, line 9: increase the dollar amount for fiscal year 2023-24 by  
18          \$1,400 and increase the dollar amount for fiscal year 2024-25 by \$1,400 for the  
19          purpose of funding increased costs of supplies and services at Northern Wisconsin  
20          Center.

21          **47.** Page 152, line 9: increase the dollar amount for fiscal year 2023-24 by  
22          \$2,100 and increase the dollar amount for fiscal year 2024-25 by \$2,100 for the  
23          purpose of funding increased costs of supplies and services at Southern Wisconsin  
24          Center.

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

5           **49.** Page 152, line 9: increase the dollar amount for fiscal year 2023-24 by  
6           \$1,200,800 and increase the dollar amount for fiscal year 2024-25 by \$1,200,800 for  
7           the purpose of funding increased costs of supplies and services at Mendota Mental  
8           Health Institute.

9           **50.** Page 152, line 9: increase the dollar amount for fiscal year 2023-24 by  
10          \$220,100 and increase the dollar amount for fiscal year 2024-25 by \$220,100 for the  
11          purpose of funding increased costs of supplies and services at Sand Ridge Secure  
12          Treatment Center.

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

16          **52.** Page 152, line 9: decrease the dollar amount for fiscal year 2023-24 by  
17          \$6,116,600 and decrease the dollar amount for fiscal year 2024-25 by \$6,365,400 for  
18          the purpose of reducing the authorized FTE positions for the department of health  
19          services by 56.77 GPR positions in fiscal year 2023-24 and by 59.10 GPR positions  
20          in fiscal year 2024-25.

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

1           **54.** Page 153, line 9: increase the dollar amount for fiscal year 2023-24 by  
2           \$7,000 and increase the dollar amount for fiscal year 2024-25 by \$7,000 for the  
3           purpose of adjusting funding for food costs at Mendota Mental Health Institute.

4           **55.** Page 153, line 9: increase the dollar amount for fiscal year 2023-24 by  
5           \$14,500 and increase the dollar amount for fiscal year 2024-25 by \$14,500 for the  
6           purpose of adjusting funding for food costs at Central Wisconsin Center.

7           **56.** Page 153, line 9: increase the dollar amount for fiscal year 2023-24 by  
8           \$322,600 and increase the dollar amount for fiscal year 2024-25 by \$322,600 for the  
9           purpose of adjusting funding for variable nonfood supplies and services at Mendota  
10          Mental Health Institute.

11          **57.** Page 153, line 9: increase the dollar amount for fiscal year 2023-24 by  
12          \$26,832,200 and increase the dollar amount for fiscal year 2024-25 by \$26,832,200  
13          for the purpose of adjusting funding for variable nonfood supplies and services at  
14          Winnebago Mental Health Institute.

15          **58.** Page 153, line 9: increase the dollar amount for fiscal year 2023-24 by  
16          \$34,600 and increase the dollar amount for fiscal year 2024-25 by \$34,600 for the  
17          purpose of adjusting funding for food costs at Northern Wisconsin Center.

18          **59.** Page 153, line 9: increase the dollar amount for fiscal year 2023-24 by  
19          \$13,859,100 and increase the dollar amount for fiscal year 2024-25 by \$13,859,100  
20          for the purpose of adjusting funding for variable nonfood supplies and services at  
21          Central Wisconsin Center.

1           **60.** Page 153, line 9: increase the dollar amount for fiscal year 2023-24 by  
2           \$13,700 and increase the dollar amount for fiscal year 2024-25 by \$13,700 for the  
3           purpose of adjusting funding for food costs at Southern Wisconsin Center.

4           **61.** Page 153, line 9: increase the dollar amount for fiscal year 2023-24 by  
5           \$1,136,900 and increase the dollar amount for fiscal year 2024-25 by \$1,136,900 for  
6           the purpose of adjusting funding for variable nonfood supplies and services at  
7           Northern Wisconsin Center.

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

12          **63.** Page 153, line 9: increase the dollar amount for fiscal year 2023-24 by  
13          \$4,279,900 and increase the dollar amount for fiscal year 2024-25 by \$4,536,300 for  
14          the purpose of funding electronic health records costs.

15          **64.** Page 153, line 9: increase the dollar amount for fiscal year 2023-24 by  
16          \$453,400 and increase the dollar amount for fiscal year 2024-25 by \$453,400 for the  
17          purpose of adjusting funding for food costs at Winnebago Mental Health Institute.

18          **65.** Page 153, line 9: decrease the dollar amount for fiscal year 2023-24 by  
19          \$356,400 and decrease the dollar amount for fiscal year 2024-25 by \$356,400 for the  
20          purpose of adjusting supplemental funding for overtime pay expenditures at  
21          Southern Wisconsin Center.

22          **66.** Page 153, line 9: decrease the dollar amount for fiscal year 2023-24 by  
23          \$304,300 and decrease the dollar amount for fiscal year 2024-25 by \$304,300 for the

1 purpose of adjusting supplemental funding for overtime pay expenditures at Central  
2 Wisconsin Center.

3 **67.** Page 153, line 9: decrease the dollar amount for fiscal year 2023-24 by  
4 \$1,032,500 and decrease the dollar amount for fiscal year 2024-25 by \$1,032,500 for  
5 the purpose of adjusting supplemental funding for overtime pay expenditures at  
6 Winnebago Mental Health Institute.

7 **68.** Page 153, line 9: increase the dollar amount for fiscal year 2023-24 by  
8 \$323,500 and increase the dollar amount for fiscal year 2024-25 by \$323,500 for the  
9 purpose of adjusting supplemental funding for overtime pay expenditures at  
10 Mendota Mental Health Institute.

11 **69.** Page 153, line 9: decrease the dollar amount for fiscal year 2023-24 by  
12 \$21,800 and decrease the dollar amount for fiscal year 2024-25 by \$21,800 for the  
13 purpose of adjusting supplemental funding for overtime pay expenditures at  
14 Northern Wisconsin Center.

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

20 **71.** Page 153, line 9: increase the dollar amount for fiscal year 2023-24 by  
21 \$6,116,600 and increase the dollar amount for fiscal year 2024-25 by \$6,365,400 for  
22 the purpose of increasing the authorized FTE positions for the department of health  
23 services by 56.77 PR positions in fiscal year 2023-24 and by 59.10 PR positions in  
24 fiscal year 2024-25.

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

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

12          **74.** Page 154, line 4: decrease the dollar amount for fiscal year 2023-24 by  
13          \$841,240,100 and decrease the dollar amount for fiscal year 2024-25 by  
14          \$759,177,800 as a result of expanding eligibility for the Medical Assistance program.

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

20          **76.** Page 154, line 4: increase the dollar amount for fiscal year 2023-24 by  
21          \$309,300 and increase the dollar amount for fiscal year 2024-25 by \$315,300 for  
22          dwelling lead investigations conducted by local public health departments.

23          **77.** Page 154, line 4: increase the dollar amount for fiscal year 2023-24 by  
24          \$4,092,600 and increase the dollar amount for fiscal year 2024-25 by \$2,888,800 to

1 support the cost of a health information exchange incentive payment program for  
2 certain health care providers.

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

6 **79.** Page 154, line 4: increase the dollar amount for fiscal year 2024-25 by  
7 \$1,268,100 for the purpose of reimbursement of certified peer specialist services  
8 under the Medical Assistance program.

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

12 **81.** Page 154, line 4: increase the dollar amount for fiscal year 2024-25 by  
13 \$449,300 for the purpose of funding Medical Assistance coverage of doula services  
14 pursuant to s. 49.46 (2) (b) 12p.

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

19 **83.** Page 154, line 4: increase the dollar amount for fiscal year 2023-24 by  
20 \$8,309,500 and increase the dollar amount for fiscal year 2024-25 by \$8,309,500 for  
21 the purpose of supporting the room and board costs for residential substance use  
22 disorder treatment under s. 49.46 (2) (b) 8m.

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

4           **85.** Page 154, line 4: increase the dollar amount for fiscal year 2023-24 by  
5           \$1,220,300 and increase the dollar amount for fiscal year 2024-25 by \$2,499,000 for  
6           the purpose of funding reimbursement for schools when the school acts as the  
7           originating site for Medical Assistance services that are delivered by telehealth.

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

11          **87.** Page 154, line 4: increase the dollar amount for fiscal year 2023-24 by  
12          \$21,712,600 and increase the dollar amount for fiscal year 2024-25 by \$24,235,200  
13          for the purpose of assuming the full nonfederal share of community support program  
14          costs.

15          **88.** Page 154, line 4: increase the dollar amount for fiscal year 2023-24 by  
16          \$8,741,200 and increase the dollar amount for fiscal year 2024-25 by \$17,859,500 for  
17          the purpose of increasing base Medical Assistance reimbursement for hospital  
18          services beginning on January 1, 2024.

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



1           **90.** Page 154, line 4: increase the dollar amount for fiscal year 2023–24 by  
2           \$2,180,500 and increase the dollar amount for fiscal year 2024–25 by \$4,455,200 for  
3           the purpose of increasing Medical Assistance reimbursement rates for mental health  
4           and substance use disorder services and for child and adolescent day treatment by  
5           10 percent in aggregate.

6           **91.** Page 154, line 4: increase the dollar amount for fiscal year 2023–24 by  
7           \$4,165,500 and increase the dollar amount for fiscal year 2024–25 by \$8,510,700 for  
8           the purpose of increasing Medical Assistance reimbursement rates for emergency  
9           department patient evaluation to 56 percent of federal Medicare rates.

10          **92.** Page 154, line 4: increase the dollar amount for fiscal year 2023–24 by  
11          \$24,263,100 and increase the dollar amount for fiscal year 2024–25 by \$49,572,800  
12          for the purpose of increasing Medical Assistance reimbursement rates for patient  
13          evaluation and management to 80 percent of federal Medicare rates.

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

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

1           **95.** Page 154, line 4: increase the dollar amount for fiscal year 2023-24 by  
2           \$15,000,000 and increase the dollar amount for fiscal year 2024-25 by \$15,000,000  
3           for the purpose of increasing personal care reimbursement rates.

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

8           **97.** Page 154, line 11: increase the dollar amount for fiscal year 2023-24 by  
9           \$300,000 and increase the dollar amount for fiscal year 2024-25 by \$300,000 for the  
10          purpose of funding grants to support community dental health coordinators.

11          **98.** Page 154, line 11: increase the dollar amount for fiscal year 2023-24 by  
12          \$23,069,500 and increase the dollar amount for fiscal year 2024-25 by \$26,169,600  
13          to fund contracted services for the administration of the Medical Assistance program  
14          and the FoodShare program.

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

18          **100.** Page 154, line 12: increase the dollar amount for fiscal year 2023-24 by  
19          \$302,700 and increase the dollar amount for fiscal year 2024-25 by \$611,400 to  
20          increase base GPR funding for income maintenance consortia and tribal agencies by  
21          2 percent in fiscal year 2023-24 and by an additional 2 percent in fiscal year 2024-25.

1           **101.** Page 154, line 12: increase the dollar amount for fiscal year 2023-24 by  
2           \$375,000 and increase the dollar amount for fiscal year 2024-25 by \$375,000 for local  
3           fraud prevention and investigations programs.

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

7           **103.** Page 154, line 16: decrease the dollar amount for fiscal year 2023-24 by  
8           \$396,800 and decrease the dollar amount for fiscal year 2024-25 by \$152,800 for the  
9           purpose of reflecting reestimates of the cost of payments under the Wisconsin funeral  
10          and cemetery aids program.

11          **104.** Page 154, line 20: increase the dollar amount for fiscal year 2023-24 by  
12          \$6,605,100 and increase the dollar amount for fiscal year 2024-25 by \$5,477,800 for  
13          the purpose of reflecting a reestimate of SeniorCare benefit costs.

14          **105.** Page 154, line 25: increase the dollar amount for fiscal year 2024-25 by  
15          \$9,600,000 for the purpose of providing coverage for continuous glucose monitoring  
16          devices and insulin pumps for diabetic care as a pharmacy benefit.

17          **106.** Page 157, line 13: decrease the dollar amount for fiscal year 2023-24 by  
18          \$58,358,200 and decrease the dollar amount for fiscal year 2024-25 by \$54,069,800  
19          to reflect that the current nonschool entity share of the federal matching funds would  
20          no longer be deposited in the general fund.

21          **107.** Page 157, line 21: increase the dollar amount for fiscal year 2023-24 by  
22          \$298,691,500 and decrease the dollar amount for fiscal year 2024-25 by \$21,588,100  
23          for the purpose of providing the cost to continue Medical Assistance benefits.

1           **108.** Page 158, line 14: increase from base the dollar amount for fiscal year  
2           2023-24 by \$3,411,900 and increase from base the dollar amount for fiscal year  
3           2024-25 by \$5,432,300 for the purpose of reflecting a reestimate of forensic and civil  
4           mental health contract costs.

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

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

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

18          **112.** Page 158, line 14: increase the dollar amount for fiscal year 2024-25 by  
19          \$1,576,600 for the purpose of awarding grants to mental health and substance abuse  
20          providers to help support the employment of qualified treatment trainees.

21          **113.** Page 158, line 14: increase the dollar amount for fiscal year 2023-24 by  
22          \$30,000 and increase the dollar amount for fiscal year 2024-25 by \$30,000 to support  
23          the cost to maintain a substance use disorder treatment platform.



1 “(bx) Addiction medicine consultation  
2 program GPR B 500,000 500,000”.

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

4 “(cc) Youth crisis stabilization facili-  
5 ties; grants. GPR A 996,400 996,400”.

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

7 “(ck) Crisis urgent care and observation facil-  
8 ities GPR A 64,700 10,038,500”.

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

10 **125.** Page 160, line 9: decrease the dollar amount for fiscal year 2023-24 by  
11 \$996,400 and decrease the dollar amount for fiscal year 2024-25 by \$996,400 for the  
12 purpose of reducing program revenue funding for youth crisis stabilization grants.

13 **126.** Page 160, line 9: decrease the dollar amount for fiscal year 2023-24 by  
14 \$450,000 and decrease the dollar amount for fiscal year 2024-25 by \$450,000 for the  
15 purpose of reducing program revenue funding for peer-run respite center grants.

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

21 **128.** Page 161, line 6: increase the dollar amount for fiscal year 2023-24 by  
22 \$266,000 and increase the dollar amount for fiscal year 2024-25 by \$326,700 to  
23 increase the authorized FTE positions for the department of health services by 4.0

1 GPR positions, beginning in fiscal year 2023-24, to increase staffing in the division  
2 of the department responsible for caregiver quality.

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

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

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

17 **132.** Page 162, line 13: increase the dollar amount for fiscal year 2024-25 by  
18 \$15,153,600 to fund, for the 3-month period from April 1 to June 30, 2025,  
19 implementation of a minimum fee schedule for certain home and community based  
20 services, specifically, residential care and supportive home care services, the state  
21 provides through its long-term care waiver programs.

22 **133.** Page 162, line 13: increase the dollar amount for fiscal year 2024-25 by  
23 \$627,600 to fund the Wisconsin Personal Caregiver Workforce Careers Program to

1 continue enrolling an additional 5,000 caregivers into the professional certificate  
2 program.

3 **134.** Page 162, line 13: increase the dollar amount for fiscal year 2023-24 by  
4 \$250,000 and increase the dollar amount for fiscal year 2024-25 by \$250,000 for the  
5 purpose of increasing the maximum amount of funding the department of health  
6 services may provide under the Alzheimer's family and caregiver support program  
7 under s. 46.40 (8).

8 **135.** Page 162, line 13: increase the dollar amount for fiscal year 2023-24 by  
9 \$5,654,300 and increase the dollar amount for fiscal year 2024-25 by \$11,308,600 for  
10 the purpose of increasing balance allocations and funding expanded caregiver  
11 support services at aging and disability resource centers.

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

16 **137.** Page 162, line 14: increase the dollar amount for fiscal year 2024-25 by  
17 \$1,936,000 for the purpose of awarding grants to a statewide provider of behavioral  
18 health treatment services for individuals who are deaf, hard of hearing, or deaf-blind  
19 under s. 46.48 (3m).

20 **138.** Page 162, line 14: increase the dollar amount for fiscal year 2023-24 by  
21 \$260,000 and increase the dollar amount for fiscal year 2024-25 by \$260,000 for the  
22 purpose of awarding grants to regional peer recovery centers for individuals  
23 experiencing mental health and substance abuse issues under s. 46.48 (37).



1           **139.** Page 162, line 17: increase the dollar amount for fiscal year 2023-24 by  
2           \$3,086,500 and increase the dollar amount for fiscal year 2024-25 by \$6,173,100 for  
3           the purpose of providing services to additional children under s. 51.44 (5) (bm).

4           **140.** Page 162, line 18: delete that line and substitute:  
5           “(d)   Complex patient pilot program       GPR       B       15,000,000       -0-”.

6           **141.** Page 163, line 13: increase the dollar amount for fiscal year 2023-24 by  
7           \$556,400 and increase the dollar amount for fiscal year 2024-25 by \$638,000 for the  
8           purpose of translating the website and forms for the department of health services  
9           into multiple languages.

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

16          **143.** Page 218, line 3: increase the dollar amount for fiscal year 2024-25 by  
17          \$529,200 for the purpose of implementing the easy enrollment program for health  
18          care coverage under s. 71.03 (9).

19          **144.** Page 265, line 18: delete lines 18 to 21 and substitute:  
20          “**SECTION 108m.** 20.435 (5) (ck) of the statutes is created to read:  
21          20.435 (5) (ck) *Crisis urgent care and observation facilities.* The amounts in  
22          the schedule for grants to develop and support crisis urgent care and observation  
23          facilities under s. 51.036 and for administration of the grant program.”.

1           **145.** Page 265, line 22: delete lines 22 to 25 and substitute:

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

3           20.435 (7) (d) *Complex patient pilot program.* Biennially, the amounts in the  
4 schedule for the complex patient pilot program under 2023 Wisconsin Act .... (this  
5 act), section 9119 (4u).

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

8           **146.** Page 296, line 7: delete lines 7 to 11 and substitute:

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

10           46.40 (8) ALZHEIMER'S FAMILY AND CAREGIVER SUPPORT ALLOCATION. Subject to  
11 sub. (9), for services to persons with Alzheimer's disease and their caregivers under  
12 s. 46.87, the department shall distribute not more than \$2,808,900 \$3,308,900 in  
13 each fiscal year.”.

14           **147.** Page 318, line 5: delete lines 5 to 15.

15           **148.** Page 318, line 18: delete the material beginning with that line and  
16 ending with page 319, line 12.

17           **149.** Page 365, line 11: after that line insert:

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

19           250.15 (2) (d) To free and charitable clinics, ~~\$1,500,000~~ \$2,000,000.”.

20           **150.** Page 365, line 12: delete lines 12 to 14.

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

22           “**SECTION 2.** 20.145 (1) (km) of the statutes is repealed.”.

23           **152.** Page 374, line 11: after that line insert:

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

2           (2u) HEALTH CARE WORKFORCE PILOT PROJECT. The department of health services  
3 shall distribute \$621,000 in fiscal year 2024-25 to support a pilot project in Dane  
4 County relating to the impact of the COVID-19 pandemic on the health care  
5 workforce.”.

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

7           **“SECTION 3.** 46.48 (37) of the statutes is created to read:

8           46.48 (37) PEER RECOVERY CENTERS. The department may distribute not more  
9 than \$260,000 in each fiscal year to regional peer recovery centers for individuals  
10 experiencing mental health and substance abuse issues.”.

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

12           **“SECTION 4.** 49.45 (30e) (a) 2. of the statutes is repealed.

13           **SECTION 5.** 49.45 (30e) (b) 3. of the statutes is amended to read:

14           49.45 (30e) (b) 3. Requirements for certification of community-based  
15 psychosocial service programs. The department may certify county-based providers  
16 and providers that are not county-based providers.

17           **SECTION 6.** 49.45 (30e) (c) of the statutes is renumbered 49.45 (30e) (c) 1. and  
18 amended to read:

19           49.45 (30e) (c) 1. ~~A~~ For a county that elects to ~~make~~ provide the services under  
20 s. 49.46 (2) (b) 6. Lm. available ~~shall reimburse a provider of the services for the~~  
21 ~~amount of the allowable charges for those services under the medical assistance~~  
22 ~~program that is not provided by the federal government.~~ The, the department shall  
23 reimburse the ~~provider~~ county only for the amount of the allowable charges for those

1 services under the ~~medical assistance~~ Medical Assistance program that is provided  
2 by the federal government.

3 **SECTION 7.** 49.45 (30e) (c) 2. of the statutes is created to read:

4 49.45 (30e) (c) 2. The department shall reimburse a provider that is not a  
5 county-based provider for services under s. 49.46 (2) (b) 6. Lm. for both the federal  
6 and nonfederal share of a fee schedule that is determined by the department.

7 **SECTION 8.** 49.45 (30e) (d) of the statutes is amended to read:

8 49.45 (30e) (d) *Provision of services on regional basis.* Notwithstanding par.  
9 (c) 1. and subject to par. (e), in counties that elect to ~~deliver~~ provide the services under  
10 s. 49.46 (2) (b) 6. Lm. through the Medical Assistance program on a regional basis  
11 according to criteria established by the department, the department shall reimburse  
12 a provider of the services for the amount of the allowable charges for those services  
13 under the Medical Assistance program that is provided by the federal government  
14 and for the amount of the allowable charges that is not provided by the federal  
15 government.

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

17 (1) COMMUNITY-BASED PSYCHOSOCIAL SERVICES. The department of health  
18 services may promulgate rules, including amending rules promulgated under s.  
19 49.45 (30e) (b), update Medical Assistance program policies, and request any state  
20 plan amendment or waiver of federal Medicaid law from the federal government  
21 necessary to provide reimbursement to providers who are not county-based  
22 providers for psychosocial services provided to Medical Assistance recipients under  
23 s. 49.45 (30e).”.

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

1           “**SECTION 9.** 20.005 (3) (schedule) of the statutes: at the appropriate place,  
2           insert the following amounts for the purposes indicated:

**2023-24           2024-25**

3           **20.115   Agriculture, trade and consumer**  
4                           **protection, department of**

5           (7)    AGRICULTURAL RESOURCE MANAGEMENT

6           (ge)   Marijuana producers and proces-  
7                           sors; official logotype                           PR       C           -0-           -0-

8           **20.435   Health services, department of**

9           (5)    MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

10          (q)    Payments to counties                           SEG       C           -0-    44,400,000

11          **20.566   Revenue, department of**

12          (1)    COLLECTION OF TAXES

13          (bn)   Administration and enforcement  
14                           of marijuana tax and regulation   GPR       A       3,284,300   2,073,600

15          **20.835   Shared revenue and tax relief**

16          (2)    TAX RELIEF

17          (eq)   Marijuana tax refunds                           GPR       S           -0-       2,200,000

18               **SECTION 10.** 20.115 (7) (gc) of the statutes is amended to read:

19               20.115 (7) (gc) *Industrial hemp and marijuana*. All moneys received under s.  
20               94.55 for regulation of activities relating to industrial hemp under s. 94.55 and to  
21               marijuana under s. 94.56.

22               **SECTION 11.** 20.115 (7) (ge) of the statutes is created to read:

1           20.115 (7) (ge) *Marijuana producers and processors; official logotype.* All  
2 moneys received under s. 94.56 for regulation of activities relating to marijuana  
3 under s. 94.56, for conducting public awareness campaigns under s. 94.56, and for  
4 the creation of a logotype under s. 100.145.

5           **SECTION 12.** 20.435 (5) (q) of the statutes is created to read:

6           20.435 (5) (q) *Payments to counties.* From the community reinvestment fund,  
7 all moneys received under subch. IV of ch. 139 for grants to counties under s. 250.22.

8           **SECTION 13.** 20.566 (1) (bn) of the statutes is created to read:

9           20.566 (1) (bn) *Administration and enforcement of marijuana tax and*  
10 *regulation.* The amounts in the schedule for the purposes of administering the  
11 marijuana tax imposed under subch. IV of ch. 139 and for the costs incurred in  
12 enforcing the taxing and regulation of marijuana producers, marijuana processors,  
13 and marijuana retailers under subch. IV of ch. 139.

14           **SECTION 14.** 20.835 (2) (eq) of the statutes is created to read:

15           20.835 (2) (eq) *Marijuana tax refunds.* A sum sufficient to pay refunds under  
16 subch. IV of ch. 139.

17           **SECTION 15.** 25.316 of the statutes is created to read:

18           **25.316 Community reinvestment fund.** There is established a separate  
19 nonlapsible trust fund, designated the community reinvestment fund consisting of  
20 all moneys received under subch. IV of ch. 139, including interest and penalties.

21           **SECTION 16.** 49.148 (4) (a) of the statutes is amended to read:

22           49.148 (4) (a) A Wisconsin ~~works~~ Works agency shall require a participant in  
23 a community service job or transitional placement who, after August 22, 1996, was  
24 convicted in any state or federal court of a felony that had as an element possession,  
25 use or distribution of a controlled substance to submit to a test for use of a controlled

1 substance as a condition of continued eligibility. If the test results are positive, the  
2 Wisconsin works Works agency shall decrease the presanction benefit amount for  
3 that participant by not more than 15 percent for not fewer than 12 months, or for the  
4 remainder of the participant's period of participation in a community service job or  
5 transitional placement, if less than 12 months. If, at the end of 12 months, the  
6 individual is still a participant in a community service job or transitional placement  
7 and submits to another test for use of a controlled substance and if the results of the  
8 test are negative, the Wisconsin works Works agency shall discontinue the reduction  
9 under this paragraph. In this subsection, "controlled substance" does not include  
10 tetrahydrocannabinols in any form, including tetrahydrocannabinols contained in  
11 marijuana, obtained from marijuana, or chemically synthesized.

12 **SECTION 17.** 49.46 (1) (a) 1m. of the statutes is amended to read:

13 49.46 (1) (a) 1m. Any pregnant woman whose income does not exceed the  
14 standard of need under s. 49.19 (11) and whose pregnancy is medically verified.  
15 Eligibility continues to the last day of the month in which the 60th day or, if approved  
16 by the federal government, the 90th 365th day after the last day of the pregnancy  
17 falls.

18 **SECTION 18.** 49.46 (1) (j) of the statutes is amended to read:

19 49.46 (1) (j) An individual determined to be eligible for benefits under par. (a)  
20 9. remains eligible for benefits under par. (a) 9. for the balance of the pregnancy and  
21 to the last day of the month in which the 60th day or, if approved by the federal  
22 government, the 90th 365th day after the last day of the pregnancy falls without  
23 regard to any change in the individual's family income.

24 **SECTION 19.** 49.47 (4) (ag) 2. of the statutes is amended to read:

1           49.47 (4) (ag) 2. Pregnant and the woman's pregnancy is medically verified.  
2 Eligibility continues to the last day of the month in which the 60th day or, if approved  
3 by the federal government, the ~~90th~~ 365th day after the last day of the pregnancy  
4 falls.

5           **SECTION 20.** 49.471 (6) (b) of the statutes is amended to read:

6           49.471 (6) (b) A pregnant woman who is determined to be eligible for benefits  
7 under sub. (4) remains eligible for benefits under sub. (4) for the balance of the  
8 pregnancy and to the last day of the month in which the 60th day or, if approved by  
9 the federal government, the ~~90th~~ 365th day after the last day of the pregnancy falls  
10 without regard to any change in the woman's family income.

11           **SECTION 21.** 49.471 (7) (b) 1. of the statutes is amended to read:

12           49.471 (7) (b) 1. A pregnant woman whose family income exceeds 300 percent  
13 of the poverty line may become eligible for coverage under this section if the  
14 difference between the pregnant woman's family income and the applicable income  
15 limit under sub. (4) (a) is obligated or expended for any member of the pregnant  
16 woman's family for medical care or any other type of remedial care recognized under  
17 state law or for personal health insurance premiums or for both. Eligibility obtained  
18 under this subdivision continues without regard to any change in family income for  
19 the balance of the pregnancy and to the last day of the month in which the 60th day  
20 or, if approved by the federal government, the ~~90th~~ 365th day after the last day of the  
21 woman's pregnancy falls. Eligibility obtained by a pregnant woman under this  
22 subdivision extends to all pregnant women in the pregnant woman's family.

23           **SECTION 22.** 49.79 (1) (b) of the statutes is amended to read:

24           49.79 (1) (b) "Controlled substance" has the meaning given in 21 USC 802 (6),  
25 except that "controlled substance" does not include tetrahydrocannabinols in any



1 form, including tetrahydrocannabinols contained in marijuana, obtained from  
2 marijuana, or chemically synthesized.

3 **SECTION 23.** 59.54 (25) (title) of the statutes is amended to read:

4 59.54 (25) (title) ~~POSSESSION~~ REGULATION OF MARIJUANA.

5 **SECTION 24.** 59.54 (25) (a) (intro.) of the statutes is amended to read:

6 59.54 (25) (a) (intro.) The board may enact and enforce an ordinance ~~to prohibit~~  
7 ~~the possession of marijuana, as defined in s. 961.01 (14), subject to the exceptions in~~  
8 ~~s. 961.41 (3g) (intro.), and provide a forfeiture for a violation of the ordinance that~~  
9 ~~is consistent with s. 961.71 or 961.72; except that if a complaint is issued regarding~~  
10 ~~an allegation of possession of more than 25 grams of marijuana, or possession of any~~  
11 ~~amount of marijuana following a conviction in this state for possession of marijuana~~  
12 ~~alleging a violation of s. 961.72 (2) (b) 2. or (c) 3., the subject of the complaint may~~  
13 ~~not be prosecuted under this subsection for the same action that is the subject of the~~  
14 ~~complaint unless all of the following occur:~~

15 **SECTION 25.** 66.0107 (1) (bm) of the statutes is amended to read:

16 66.0107 (1) (bm) Enact and enforce an ordinance ~~to prohibit the possession of~~  
17 ~~marijuana, as defined in s. 961.01 (14), subject to the exceptions in s. 961.41 (3g)~~  
18 ~~(intro.), and provide a forfeiture for a violation of the ordinance that is consistent~~  
19 ~~with s. 961.71 or 961.72; except that if a complaint is issued regarding an allegation~~  
20 ~~of possession of more than 25 grams of marijuana, or possession of any amount of~~  
21 ~~marijuana following a conviction in this state for possession of marijuana alleging~~  
22 ~~a violation of s. 961.72 (2) (b) 2. or (c) 3., the subject of the complaint may not be~~  
23 ~~prosecuted under this paragraph for the same action that is the subject of the~~  
24 ~~complaint unless the charges are dismissed or the district attorney declines to~~  
25 ~~prosecute the case.~~

1           **SECTION 26.** 66.04185 of the statutes is created to read:

2           **66.04185 Cultivation of tetrahydrocannabinols.** No city, village, town, or  
3 county may prohibit cultivating tetrahydrocannabinols outdoors if the cultivation is  
4 by an individual who has no more than 6 marijuana plants at one time for his or her  
5 personal use.

6           **SECTION 27.** 73.17 of the statutes is created to read:

7           **73.17 Medical marijuana registry program. (1) DEFINITIONS.** In this  
8 section:

9           (a) “Debilitating medical condition or treatment” means any of the following:

10           1. Cancer; glaucoma; acquired immunodeficiency syndrome; a positive test for  
11 the presence of HIV, antigen or nonantigenic products of HIV, or an antibody to HIV;  
12 inflammatory bowel disease, including ulcerative colitis or Crohn’s disease; a  
13 hepatitis C virus infection; Alzheimer’s disease; amyotrophic lateral sclerosis; nail  
14 patella syndrome; Ehlers-Danlos Syndrome; post-traumatic stress disorder; or the  
15 treatment of these conditions.

16           2. A chronic or debilitating disease or medical condition or the treatment of  
17 such a disease or condition that causes cachexia, severe pain, severe nausea,  
18 seizures, including those characteristic of epilepsy, or severe and persistent muscle  
19 spasms, including those characteristic of multiple sclerosis.

20           (b) “Department” means the department of revenue.

21           (c) “Physician” means a person licensed under s. 448.04 (1) (a).

22           (d) “Qualifying patient” means a person who has been diagnosed by a physician  
23 as having or undergoing a debilitating medical condition or treatment but does not  
24 include a person under the age of 18 years.

1 (e) “Tax exemption certificate” means a certificate to claim the exemption under  
2 s. 77.54 (71).

3 (f) “Usable marijuana” has the meaning given in s. 139.97 (13).

4 (g) “Written certification” means means a statement made by a person’s  
5 physician if all of the following apply:

6 1. The statement indicates that, in the physician’s professional opinion, the  
7 person has or is undergoing a debilitating medical condition or treatment and the  
8 potential benefits of the person’s use of usable marijuana would likely outweigh the  
9 health risks for the person.

10 2. The statement indicates that the opinion described in subd. 1. was formed  
11 after a full assessment of the person’s medical history and current medical condition  
12 that was conducted no more than 6 months prior to making the statement and that  
13 was made in the course of a bona fide physician–patient relationship.

14 3. The statement is signed by the physician or is contained in the person’s  
15 medical records.

16 4. The statement contains an expiration date that is no more than 48 months  
17 after issuance and the statement has not expired.

18 **(2) APPLICATION.** An adult who is claiming to be a qualifying patient may apply  
19 for a registry identification card by submitting to the department a signed  
20 application form containing or accompanied by all of the following:

21 (a) His or her name, address, and date of birth.

22 (b) A written certification.

23 (c) The name, address, and telephone number of the person’s current physician,  
24 as listed in the written certification.

1           **(3) PROCESSING THE APPLICATION.** The department shall verify the information  
2 contained in or accompanying an application submitted under sub. (2) and shall  
3 approve or deny the application within 30 days after receiving it. The department  
4 may deny an application submitted under sub. (2) only if the required information  
5 has not been provided or if false information has been provided.

6           **(4) ISSUING A REGISTRY IDENTIFICATION CARD AND TAX EXEMPTION CERTIFICATE.** The  
7 department shall issue to the applicant a registry identification card and tax  
8 exemption certificate within 5 days after approving an application under sub. (3).  
9 Unless voided under sub. (5) (b) or revoked under rules issued by the department  
10 under sub. (7), a registry identification card and tax exemption certificate shall  
11 expire 4 years from the date of issuance. A tax exemption certificate shall contain  
12 the information determined by the department. A registry identification card shall  
13 contain all of the following:

14           (a) The name, address, and date of birth of the registrant.

15           (b) The date of issuance and expiration date of the registry identification card.

16           (c) A photograph of the registrant.

17           (d) Other information the department may require by rule.

18           **(5) ADDITIONAL INFORMATION TO BE PROVIDED BY REGISTRANT.** (a) A registrant  
19 shall notify the department of any change in the registrant's name and address. A  
20 registrant who is a qualifying patient shall notify the department of any change in  
21 his or her physician or of any significant improvement in his or her health as it  
22 relates to his or her debilitating medical condition or treatment.

23           (b) If a registrant fails to notify the department within 10 days after any change  
24 for which notification is required under par. (a), his or her registry identification card  
25 and tax exemption certificate is void.

1           **(6) RECORDS.** (a) The department shall maintain a list of all registrants.

2           (b) Notwithstanding s. 19.35 and except as provided in par. (c), the department  
3 may not disclose information from an application submitted or a registry  
4 identification card issued under this section.

5           (c) The department may disclose to state or local law enforcement agencies  
6 information from an application submitted by, or from a registry identification card  
7 issued to, a specific person under this section for the purpose of verifying that the  
8 person possesses a valid registry identification card.

9           **(7) RULES.** The department shall promulgate rules to implement this section.

10          **SECTION 28.** 77.54 (71) of the statutes is created to read:

11          77.54 **(71)** The sales price from the sale of and the storage, use, or other  
12 consumption of usable marijuana, as defined in s. 139.97 (13), purchased by an  
13 individual who holds a valid certificate issued under s. 73.17 (4).

14          **SECTION 29.** 94.55 (2t) of the statutes is repealed.

15          **SECTION 30.** 94.56 of the statutes is created to read:

16          **94.56 Marijuana producers and processors. (1) DEFINITIONS.** In this  
17 section:

18          (a) “Labor peace agreement” means an agreement between a person applying  
19 for a permit under this section and a labor organization, as defined in s. 5.02 (8m),  
20 that does all of the following:

21               1. Prohibits labor organizations and its members from engaging in picketing,  
22 work stoppages, boycotts, and any other economic interference with persons doing  
23 business in this state.

24               2. Prohibits the applicant from disrupting the efforts of the labor organization  
25 to communicate with and to organize and represent the applicant’s employees.

1           3. Provides the labor organization access at reasonable times to areas in which  
2 the applicant's employees work for the purpose of meeting with employees to discuss  
3 their right to representation, employment rights under state law, and terms and  
4 conditions of employment.

5           (b) "Marijuana" has the meaning given in s. 961.70 (2).

6           (c) "Marijuana processor" has the meaning given in s. 139.97 (6).

7           (d) "Marijuana producer" has the meaning given in s. 139.97 (7).

8           (e) "Usable marijuana" has the meaning given in s. 139.97 (13).

9           (f) "Permittee" means a marijuana producer or marijuana processor who is  
10 issued a permit under this section.

11           **(2) PERMIT REQUIRED.** (a) No person may operate in this state as a marijuana  
12 producer or marijuana processor without a permit from the department. A person  
13 who acts as a marijuana producer and a marijuana processor shall obtain a separate  
14 permit for each activity. A permit issued under this section is not transferable from  
15 one person to another or from one premises to another. A separate permit is required  
16 for each place in this state where the operations of a marijuana producer or  
17 marijuana processor occur. A person is not required to obtain a permit under this  
18 section if the person produces or processes only industrial hemp and holds a valid  
19 license under s. 94.55.

20           (b) This subsection applies to all officers, directors, agents, and stockholders  
21 holding 5 percent or more of the stock of any corporation applying for a permit under  
22 this section.

23           (c) Subject to ss. 111.321, 111.322, and 111.335, a permit under this section may  
24 not be granted to any person to whom any of the following applies:

1           1. The person has been convicted of a violent misdemeanor, as defined in s.  
2           941.29 (1g) (b), at least 3 times.

3           2. The person has been convicted of a violent felony, as defined in s. 941.29 (1g)  
4           (a), unless pardoned.

5           3. During the preceding 3 years, the person has been committed under s. 51.20  
6           for being drug dependent.

7           4. The person chronically and habitually uses alcohol beverages or other  
8           substances to the extent that his or her normal faculties are impaired. A person is  
9           presumed to chronically and habitually use alcohol beverages or other substances to  
10          the extent that his or her normal faculties are impaired if, within the preceding 3  
11          years, any of the following applies:

12          a. The person has been committed for involuntary treatment under s. 51.45  
13          (13).

14          b. The person has been convicted of a violation of s. 941.20 (1) (b).

15          c. In 2 or more cases arising out of separate incidents, a court has found the  
16          person to have committed a violation of s. 346.63 or a local ordinance in conformity  
17          with that section; a violation of a law of a federally recognized American Indian tribe  
18          or band in this state in conformity with s. 346.63; or a violation of the law of another  
19          jurisdiction, as defined in s. 340.01 (41m), that prohibits use of a motor vehicle while  
20          intoxicated, while under the influence of a controlled substance, a controlled  
21          substance analog, or a combination thereof, with an excess or specified range of  
22          alcohol concentration, or while under the influence of any drug to a degree that  
23          renders the person incapable of safely driving, as those or substantially similar  
24          terms are used in that jurisdiction's laws.

1           5. The person has income that comes principally from gambling or has been  
2 convicted of 2 or more gambling offenses.

3           6. The person has been convicted of crimes relating to prostitution.

4           7. The person has been convicted of crimes relating to loaning money or  
5 anything of value to persons holding licenses or permits pursuant to ch. 125.

6           8. The person is under the age of 21.

7           9. The person has not been a resident of this state continuously for at least 90  
8 days prior to the application date.

9           (cm) An applicant with 20 or more employees may not receive a permit under  
10 this section unless the applicant certifies to the department that the applicant has  
11 entered into a labor peace agreement and will abide by the terms of the agreement  
12 as a condition of maintaining a valid permit under this section. The applicant shall  
13 submit to the department a copy of the page of the labor peace agreement that  
14 contains the signatures of the labor organization representative and the applicant.

15           (cn) The department shall use a competitive scoring system to determine which  
16 applicants are eligible to receive a permit under this section. The department shall  
17 issue permits to the highest scoring applicants that it determines will best protect  
18 the environment; provide stable, family-supporting jobs to local residents; ensure  
19 worker and consumer safety; operate secure facilities; and uphold the laws of the  
20 jurisdictions in which they operate. The department may deny a permit to an  
21 applicant with a low score as determined under this paragraph. The department  
22 may request that the applicant provide any information or documentation that the  
23 department deems necessary for purposes of making a determination under this  
24 paragraph.



1 (d) 1. Before the department issues a new or renewed permit under this section,  
2 the department shall give notice of the permit application to the governing body of  
3 the municipality where the permit applicant intends to operate the premises of a  
4 marijuana producer or marijuana processor. No later than 30 days after the  
5 department submits the notice, the governing body of the municipality may file with  
6 the department a written objection to granting or renewing the permit. At the  
7 municipality's request, the department may extend the period for filing objections.

8 2. A written objection filed under subd. 1. shall provide all the facts on which  
9 the objection is based. In determining whether to grant or deny a permit for which  
10 an objection has been filed under this paragraph, the department shall give  
11 substantial weight to objections from a municipality based on chronic illegal activity  
12 associated with the premises for which the applicant seeks a permit or the premises  
13 of any other operation in this state for which the applicant holds or has held a valid  
14 permit or license, the conduct of the applicant's patrons inside or outside the  
15 premises of any other operation in this state for which the applicant holds or has held  
16 a valid permit or license, and local zoning ordinances. In this subdivision, "chronic  
17 illegal activity" means a pervasive pattern of activity that threatens the public  
18 health, safety, and welfare of the municipality, including any crime or ordinance  
19 violation, and that is documented in crime statistics, police reports, emergency  
20 medical response data, calls for service, field data, or similar law enforcement agency  
21 records.

22 (e) After denying a permit, the department shall immediately notify the  
23 applicant in writing of the denial and the reasons for the denial. After making a  
24 decision to grant or deny a permit for which a municipality has filed an objection

1 under par. (d), the department shall immediately notify the governing body of the  
2 municipality in writing of its decision and the reasons for the decision.

3 (f) 1. The department's denial of a permit under this section is subject to judicial  
4 review under ch. 227.

5 2. The department's decision to grant a permit under this section regardless of  
6 an objection filed under par. (d) is subject to judicial review under ch. 227.

7 (g) The department shall not issue a permit under this section to any person  
8 who does not hold a valid certificate under s. 73.03 (50).

9 **(3) FEES; TERM.** (a) Each person who applies for a permit under this section  
10 shall submit with the application a \$250 fee. A permit issued under this section is  
11 valid for one year and may be renewed, except that the department may revoke or  
12 suspend a permit prior to its expiration. A person is not entitled to a refund of the  
13 fees paid under this subsection if the person's permit is denied, revoked, or  
14 suspended.

15 (b) A permittee shall annually pay to the department a fee for as long as the  
16 person holds a valid permit under this section. The annual fee for a marijuana  
17 processor permittee is \$2,000. The annual fee for a marijuana producer permittee  
18 is one of the following, unless the department, by rule, establishes a higher amount:

19 1. If the permittee plants, grows, cultivates, or harvests not more than 1,800  
20 marijuana plants, \$1,800.

21 2. If the permittee plants, grows, cultivates, or harvests more than 1,800 but  
22 not more than 3,600 marijuana plants, \$2,900.

23 3. If the permittee plants, grows, cultivates, or harvests more than 3,600 but  
24 not more than 6,000 marijuana plants, \$3,600.

1           4. If the permittee plants, grows, cultivates, or harvests more than 6,000 but  
2 not more than 10,200 marijuana plants, \$5,100.

3           5. If the permittee plants, grows, cultivates, or harvests more than 10,200  
4 marijuana plants, \$7,100 plus \$800 for every 3,600 marijuana plants over 10,200.

5           **(4) SCHOOLS.** The department may not issue a permit under this section to  
6 operate any premises that are within 500 feet of the perimeter of the grounds of any  
7 elementary or secondary school, playground, recreation facility, child care facility,  
8 public park, public transit facility, or library.

9           **(5) EDUCATION AND AWARENESS CAMPAIGN.** The department shall develop and  
10 make available training programs for marijuana producers on how to safely and  
11 efficiently plant, grow, cultivate, harvest, and otherwise handle marijuana, and for  
12 marijuana processors on how to safely and efficiently produce and handle marijuana  
13 products and test marijuana for contaminants. The department shall conduct an  
14 awareness campaign to inform potential marijuana producers and marijuana  
15 processors of the availability and viability of marijuana as a crop or product in this  
16 state.

17           **(6) RULES.** The department shall promulgate rules necessary to administer and  
18 enforce this section, including rules relating to the inspection of the plants, facilities,  
19 and products of permittees; training requirements for employees of permittees; and  
20 the competitive scoring system for determining which applicants are eligible to  
21 receive a permit under this section.

22           **(7) PENALTIES.** (a) Unless another penalty is prescribed for the violation, any  
23 person who violates sub. (2), fails to pay the required fee under sub. (3), or violates  
24 any of the requirements established by the rules promulgated under sub. (6) shall

1 be fined not less than \$100 nor more than \$500 or imprisoned not more than 6 months  
2 or both.

3 (b) In addition to the penalties imposed under par. (a), the department shall  
4 revoke the permit of any person convicted of any violation described under par. (a)  
5 and not issue another permit to that person for a period of 2 years following the  
6 revocation. The department may suspend or revoke the permit of any permittee who  
7 violates s. 100.30, any provision of this section, or any rules promulgated under sub.  
8 (6). The department shall revoke the permit of any permittee who violates s. 100.30  
9 3 or more times within a 5-year period.

10 **SECTION 31.** 94.57 of the statutes is created to read:

11 **94.57 Testing laboratories.** The department shall register entities as  
12 tetrahydrocannabinols testing laboratories. The laboratories may possess or  
13 manufacture tetrahydrocannabinols or drug paraphernalia and shall perform the  
14 following services:

15 (1) Test marijuana produced for the medical use of tetrahydrocannabinols for  
16 potency and for mold, fungus, pesticides, and other contaminants.

17 (2) Collect information on research findings and conduct research related to  
18 the medical use of tetrahydrocannabinols, including research that identifies  
19 potentially unsafe levels of contaminants.

20 (3) Provide training on the following:

21 (a) The safe and efficient cultivation, harvesting, packaging, labeling, and  
22 distribution of marijuana for the medical use of tetrahydrocannabinols.

23 (b) Security and inventory accountability procedures.

24 (c) The most recent research on the use of tetrahydrocannabinols.

25 **SECTION 32.** 100.145 of the statutes is created to read:

1           **100.145 Recreational marijuana logotype.** The department shall design  
2 an official logotype appropriate for including on a label affixed to recreational  
3 marijuana under s. 139.973 (10) (a).

4           **SECTION 33.** 108.02 (18r) of the statutes is created to read:

5           108.02 (18r) MARIJUANA. “Marijuana” has the meaning given in s. 111.32 (11m).

6           **SECTION 34.** 108.04 (5m) of the statutes is created to read:

7           108.04 (5m) DISCHARGE FOR USE OF MARIJUANA. (a) Notwithstanding sub. (5),  
8 “misconduct,” for purposes of sub. (5), does not include the employee’s use of  
9 marijuana off the employer’s premises during nonworking hours or a violation of the  
10 employer’s policy concerning such use, unless termination of the employee because  
11 of that use is permitted under s. 111.35.

12           (b) Notwithstanding sub. (5g), “substantial fault,” for purposes of sub. (5g), does  
13 not include the employee’s use of marijuana off the employer’s premises during  
14 nonworking hours or a violation of the employer’s policy concerning such use, unless  
15 termination of the employee because of that use is permitted under s. 111.35.

16           **SECTION 35.** 111.32 (9m) of the statutes is created to read:

17           111.32 (9m) “Lawful product” includes marijuana.

18           **SECTION 36.** 111.32 (11m) of the statutes is created to read:

19           111.32 (11m) “Marijuana” means all parts of the plants of the genus Cannabis,  
20 whether growing or not; the seeds thereof; the resin extracted from any part of the  
21 plant; and every compound, manufacture, salt, derivative, mixture, or preparation  
22 of the plant, its seeds or resin, including tetrahydrocannabinols.

23           **SECTION 37.** 111.35 (2) (e) of the statutes is amended to read:

1           111.35 (2) (e) Conflicts with any federal or state statute, rule or regulation.  
2           This paragraph does not apply with respect to violations concerning marijuana or  
3           tetrahydrocannabinols under 21 USC 841 to 865.

4           **SECTION 38.** 114.09 (2) (bm) 1. (intro.) of the statutes is amended to read:

5           114.09 (2) (bm) 1. (intro.) Except as provided in subd. 1. a. or b., the court shall  
6           order the person violating sub. (1) (b) 1. or 1m. to submit to and comply with an  
7           assessment by an approved public treatment facility as defined in s. 51.45 (2) (c) for  
8           examination of the person's use of alcohol, tetrahydrocannabinols, controlled  
9           substances, or controlled substance analogs and development of an airman safety  
10          plan for the person. The court shall notify the person, the department, and the proper  
11          federal agency of the assessment order. The assessment order shall:

12          **SECTION 39.** 114.09 (2) (bm) 4. of the statutes is amended to read:

13          114.09 (2) (bm) 4. The assessment report shall order compliance with an  
14          airman safety plan. The report shall inform the person of the fee provisions under  
15          s. 46.03 (18) (f). The safety plan may include a component that makes the person  
16          aware of the effect of his or her offense on a victim and a victim's family. The safety  
17          plan may include treatment for the person's misuse, abuse, or dependence on alcohol,  
18          tetrahydrocannabinols, controlled substances, or controlled substance analogs. If  
19          the plan requires inpatient treatment, the treatment shall not exceed 30 days. An  
20          airman safety plan under this paragraph shall include a termination date consistent  
21          with the plan that shall not extend beyond one year. The county department under  
22          s. 51.42 shall assure notification of the department of transportation and the person  
23          of the person's compliance or noncompliance with assessment and treatment.

24          **SECTION 40.** 115.35 (1) of the statutes is renumbered 115.35 (1) (a) (intro.) and  
25          amended to read:



1           **139.97 Definitions.** In this subchapter:

2           (1) “Department” means the department of revenue.

3           (2) “Lot” means a definite quantity of marijuana or usable marijuana identified  
4 by a lot number, every portion or package of which is consistent with the factors that  
5 appear in the labeling.

6           (3) “Lot number” means a number that specifies the person who holds a valid  
7 permit under this subchapter and the harvesting or processing date for each lot.

8           (4) “Marijuana” has the meaning given in s. 961.70 (2).

9           (5) “Marijuana distributor” means a person in this state who purchases or  
10 receives usable marijuana from a marijuana processor and who sells or otherwise  
11 transfers the usable marijuana to a marijuana retailer for the purpose of resale to  
12 consumers.

13           (6) “Marijuana processor” means a person in this state who processes  
14 marijuana into usable marijuana, packages and labels usable marijuana for sale in  
15 retail outlets, and sells at wholesale or otherwise transfers usable marijuana to  
16 marijuana distributors.

17           (7) “Marijuana producer” means a person in this state who produces marijuana  
18 and sells it at wholesale or otherwise transfers it to marijuana processors.

19           (8) “Marijuana retailer” means a person in this state that sells usable  
20 marijuana at a retail outlet.

21           (9) “Microbusiness” means a marijuana producer that produces marijuana in  
22 one area that is less than 10,000 square feet and who also operates as any 2 of the  
23 following:

24           (a) A marijuana processor.

25           (b) A marijuana distributor.



1 (c) A marijuana retailer.

2 (10) "Permittee" means a marijuana producer, marijuana processor, marijuana  
3 distributor, marijuana retailer, or microbusiness that is issued a permit under s.  
4 139.972.

5 (11) "Retail outlet" means a location for the retail sale of usable marijuana.

6 (12) "Sales price" has the meaning given in s. 77.51 (15b).

7 (13) "Usable marijuana" means marijuana that has been processed for human  
8 consumption and includes dried marijuana flowers, marijuana-infused products,  
9 and marijuana edibles.

10 **139.971 Marijuana tax.** (1) (a) An excise tax is imposed on a marijuana  
11 producer at the rate of 15 percent of the sales price on each wholesale sale or transfer  
12 in this state of marijuana to a marijuana processor. This paragraph applies to a  
13 microbusiness that transfers marijuana to a processing operation within the  
14 microbusiness.

15 (b) An excise tax is imposed on a marijuana retailer at the rate of 10 percent  
16 of the sales price on each retail sale in this state of usable marijuana, except that the  
17 tax does not apply to sales of usable marijuana to an individual who holds a valid tax  
18 exemption certificate issued under s. 73.17 (4).

19 (2) Each person liable for the taxes imposed under sub. (1) shall pay the taxes  
20 to the department no later than the 15th day of the month following the month in  
21 which the person's tax liability is incurred and shall include with the payment a  
22 return on a form prescribed by the department.

23 (3) For purposes of this section, a marijuana producer may not sell marijuana  
24 directly to a marijuana distributor or marijuana retailer, and a marijuana retailer  
25 may purchase usable marijuana for resale only from a marijuana distributor. This

1 subsection does not apply to a microbusiness that transfers marijuana or usable  
2 marijuana to another operation with the microbusiness.

3 **139.972 Permits required. (1)** (a) No person may operate in this state as a  
4 marijuana producer, marijuana processor, marijuana distributor, marijuana  
5 retailer, or microbusiness without first filing an application for and obtaining the  
6 proper permit from the department to perform such operations. In addition, no  
7 person may operate in this state as a marijuana producer or marijuana processor  
8 without first filing an application for and obtaining the proper permit under s. 94.56.

9 (b) This section applies to all officers, directors, agents, and stockholders  
10 holding 5 percent or more of the stock of any corporation applying for a permit under  
11 this section.

12 (c) Subject to ss. 111.321, 111.322, and 111.335, a permit under this section may  
13 not be granted to any person to whom any of the following applies:

14 1. The person has been convicted of a violent misdemeanor, as defined in s.  
15 941.29 (1g) (b), at least 3 times.

16 2. The person has been convicted of a violent felony, as defined in s. 941.29 (1g)  
17 (a), unless pardoned.

18 3. During the preceding 3 years, the person has been committed under s. 51.20  
19 for being drug dependent.

20 4. The person chronically and habitually uses alcohol beverages or other  
21 substances to the extent that his or her normal faculties are impaired. A person is  
22 presumed to chronically and habitually use alcohol beverages or other substances to  
23 the extent that his or her normal faculties are impaired if, within the preceding 3  
24 years, any of the following applies:

1 a. The person has been committed for involuntary treatment under s. 51.45  
2 (13).

3 b. The person has been convicted of a violation of s. 941.20 (1) (b).

4 c. In 2 or more cases arising out of separate incidents, a court has found the  
5 person to have committed a violation of s. 346.63 or a local ordinance in conformity  
6 with that section; a violation of a law of a federally recognized American Indian tribe  
7 or band in this state in conformity with s. 346.63; or a violation of the law of another  
8 jurisdiction, as defined in s. 340.01 (41m), that prohibits use of a motor vehicle while  
9 intoxicated, while under the influence of a controlled substance, a controlled  
10 substance analog, or a combination thereof, with an excess or specified range of  
11 alcohol concentration, or while under the influence of any drug to a degree that  
12 renders the person incapable of safely driving, as those or substantially similar  
13 terms are used in that jurisdiction's laws.

14 5. The person has income that comes principally from gambling or has been  
15 convicted of 2 or more gambling offenses.

16 6. The person has been convicted of crimes relating to prostitution.

17 7. The person has been convicted of of crimes relating to loaning money or  
18 anything of value to persons holding licenses or permits pursuant to ch. 125.

19 8. The person is under the age of 21.

20 9. The person has not been a resident of this state continuously for at least 90  
21 days prior to the application date.

22 (cm) An applicant with 20 or more employees may not receive a permit under  
23 this section to operate as a marijuana distributor or marijuana retailer unless the  
24 applicant certifies to the department that the applicant has entered into a labor  
25 peace agreement, as defined in s. 94.56 (1) (a), and will abide by the terms of the

1 agreement as a condition of maintaining a valid permit under this section. The  
2 applicant shall submit to the department a copy of the page of the labor peace  
3 agreement that contains the signatures of the labor organization representative and  
4 the applicant.

5 (cn) The department shall use a competitive scoring system to determine which  
6 applicants are eligible to receive a permit under this section. The department shall  
7 issue permits to the highest scoring applicants that it determines will best protect  
8 the environment; provide stable, family-supporting jobs to local residents; ensure  
9 worker and consumer safety; operate secure facilities; and uphold the laws of the  
10 jurisdictions in which they operate. The department shall, using criteria established  
11 by rule, score an applicant for a permit to operate as a marijuana retailer on the  
12 applicant's ability to articulate a social equity plan related to the operation of a  
13 marijuana retail establishment. The department may deny a permit to an applicant  
14 with a low score as determined under this paragraph. The department may request  
15 that the applicant provide any information or documentation that the department  
16 deems necessary for purposes of making a determination under this paragraph.

17 (d) 1. Before the department issues a new or renewed permit under this section,  
18 the department shall give notice of the permit application to the governing body of  
19 the municipality where the permit applicant intends to operate the premises of a  
20 marijuana producer, marijuana processor, marijuana distributor, marijuana  
21 retailer, or microbusiness. No later than 30 days after the department submits the  
22 notice, the governing body of the municipality may file with the department a written  
23 objection to granting or renewing the permit. At the municipality's request, the  
24 department may extend the period for filing objections.

1           2. A written objection filed under subd. 1. shall provide all the facts on which  
2 the objection is based. In determining whether to grant or deny a permit for which  
3 an objection has been filed under this paragraph, the department shall give  
4 substantial weight to objections from a municipality based on chronic illegal activity  
5 associated with the premises for which the applicant seeks a permit or the premises  
6 of any other operation in this state for which the applicant holds or has held a valid  
7 permit or license, the conduct of the applicant's patrons inside or outside the  
8 premises of any other operation in this state for which the applicant holds or has held  
9 a valid permit or license, and local zoning ordinances. In this subdivision, "chronic  
10 illegal activity" means a pervasive pattern of activity that threatens the public  
11 health, safety, and welfare of the municipality, including any crime or ordinance  
12 violation, and that is documented in crime statistics, police reports, emergency  
13 medical response data, calls for service, field data, or similar law enforcement agency  
14 records.

15           (e) After denying a permit, the department shall immediately notify the  
16 applicant in writing of the denial and the reasons for the denial. After making a  
17 decision to grant or deny a permit for which a municipality has filed an objection  
18 under par. (d), the department shall immediately notify the governing body of the  
19 municipality in writing of its decision and the reasons for the decision.

20           (f) 1. The department's denial of a permit under this section is subject to judicial  
21 review under ch. 227.

22           2. The department's decision to grant a permit under this section regardless of  
23 an objection filed under par. (d) is subject to judicial review under ch. 227.

24           (g) The department shall not issue a permit under this section to any person  
25 who does not hold a valid certificate under s. 73.03 (50).

1           **(2)** Each person who applies for a permit under this section shall submit with  
2 the application a \$250 fee. Each person who is granted a permit under this section  
3 shall annually pay to the department a \$2,000 fee for as long as the person holds a  
4 valid permit under this section. A permit issued under this section is valid for one  
5 year and may be renewed, except that the department may revoke or suspend a  
6 permit prior to its expiration. A person is not entitled to a refund of the fees paid  
7 under this subsection if the person's permit is denied, revoked, or suspended.

8           **(3)** The department may not issue a permit under this section to operate any  
9 premises which are within 500 feet of the perimeter of the grounds of any elementary  
10 or secondary school, playground, recreation facility, child care facility, public park,  
11 public transit facility, or library.

12           **(4)** Under this section, a separate permit is required for and issued to each class  
13 of permittee, and the permit holder may perform only the operations authorized by  
14 the permit. A permit issued under this section is not transferable from one person  
15 to another or from one premises to another. A separate permit is required for each  
16 place in this state where the operations of a marijuana producer, marijuana  
17 processor, marijuana distributor, marijuana retailer, or microbusiness occur,  
18 including each retail outlet. No person who has been issued a permit to operate as  
19 a marijuana retailer, or who has any direct or indirect financial interest in the  
20 operation of a marijuana retailer, shall be issued a permit to operate as a marijuana  
21 producer, marijuana processor, or marijuana distributor. A person who has been  
22 issued a permit to operate as a microbusiness is not required to hold separate permits  
23 to operate as a marijuana processor, marijuana distributor, or marijuana retailer,  
24 but shall specify on the person's application for a microbusiness permit the activities  
25 that the person will be engaged in as a microbusiness.

1           **(5)** Each person issued a permit under this section shall post the permit in a  
2 conspicuous place on the premises to which the permit relates.

3           **139.973 Regulation. (1)** (a) No permittee may employ an individual who is  
4 under the age of 21 to work in the business to which the permit relates.

5           (b) Subject to ss. 111.321, 111.322, and 111.335, no permittee may employ an  
6 individual if any of the conditions under s. 139.972 (1) (c) 1. to 7. applies to the  
7 individual.

8           **(2)** A retail outlet shall sell no products or services other than usable marijuana  
9 or paraphernalia intended for the storage or use of usable marijuana.

10          **(3)** No marijuana retailer may allow a person who is under the age of 21 to enter  
11 or be on the premises of a retail outlet in violation of s. 961.71 (2m), unless that person  
12 is a qualifying patient, as defined in s. 73.17 (1) (d).

13          **(4)** The maximum amount of usable marijuana that a retail outlet may sell to  
14 an individual consumer in a single transaction may not exceed a permissible amount,  
15 as defined in s. 961.70 (3).

16          **(4m)** A marijuana retailer may not collect, retain, or distribute personal  
17 information regarding the retailer's customers except that which is necessary to  
18 complete a sale of usable marijuana.

19          **(5)** No marijuana retailer may display any signage in a window, on a door, or  
20 on the outside of the premises of a retail outlet that is visible to the general public  
21 from a public right-of-way, other than a single sign that is no larger than 1,600  
22 square inches identifying the retail outlet by the permittee's business or trade name.

23          **(6)** No marijuana retailer may display usable marijuana in a manner that is  
24 visible to the general public from a public right-of-way.

1           **(7)** No marijuana retailer or employee of a retail outlet may consume, or allow  
2 to be consumed, any usable marijuana on the premises of the retail outlet.

3           **(7m)** A marijuana retailer may operate a retail outlet only between the hours  
4 of 8 a.m. and 8 p.m.

5           **(8)** Except as provided under sub. (5), no marijuana producer, marijuana  
6 processor, marijuana distributor, marijuana retailer, or microbusiness may place or  
7 maintain, or cause to be placed or maintained, an advertisement of usable marijuana  
8 in any form or through any medium.

9           **(9)** (a) On a schedule determined by the department, every marijuana  
10 producer, marijuana processor, or microbusiness shall submit representative  
11 samples of the marijuana and usable marijuana produced or processed by the  
12 marijuana producer, marijuana processor, or microbusiness to a testing laboratory  
13 registered under s. 94.57 for testing marijuana and usable marijuana in order to  
14 certify that the marijuana and usable marijuana comply with standards prescribed  
15 by the department by rule, including testing for potency and for mold, fungus,  
16 pesticides, and other contaminants. The laboratory testing the sample shall destroy  
17 any part of the sample that remains after the testing.

18           (b) Marijuana producers, marijuana processors, and microbusinesses shall  
19 submit the results of the testing provided under par. (a) to the department in the  
20 manner prescribed by the department by rule.

21           (c) If a representative sample tested under par. (a) does not meet the standards  
22 prescribed by the department, the department shall take the necessary action to  
23 ensure that the entire lot from which the sample was taken is destroyed. The  
24 department shall promulgate rules to determine lots and lot numbers for purposes  
25 of this subsection and for the reporting of lots and lot numbers to the department.



1           **(10)** (a) A marijuana processor or a microbusiness that operates as a marijuana  
2 processor shall affix a label to all usable marijuana that the marijuana processor or  
3 microbusiness sells to marijuana distributors. The label may not be designed to  
4 appeal to persons under the age of 18. The label shall include all of the following:

5           1. The ingredients and the tetrahydrocannabinols concentration in the usable  
6 marijuana.

7           2. The producer's business or trade name.

8           3. The producer's permit number.

9           4. The harvest batch number of the marijuana.

10          5. The harvest date.

11          6. The strain name and product identity.

12          7. The net weight.

13          8. The activation time.

14          9. The name of laboratory performing any test, the test batch number, and the  
15 test analysis dates.

16          10. The logotype for recreational marijuana developed by the department of  
17 agriculture, trade and consumer protection under s. 100.145.

18          11. Warnings about the risks of marijuana use and pregnancy and risks of  
19 marijuana use by persons under the age of 18.

20           (b) No marijuana processor or microbusiness that operates as a marijuana  
21 processor may make usable marijuana using marijuana grown outside this state.  
22 The label on each package of usable marijuana may indicate that the usable  
23 marijuana is made in this state.

24           **(11)** (a) No permittee may sell marijuana or usable marijuana that contains  
25 more than 3 parts tetrahydrocannabinols to one part cannabidiol.

1 (b) No permittee may sell marijuana or usable marijuana that tests positive  
2 under sub. (9) (a) for mold, fungus, pesticides, or other contaminants if the  
3 contaminants, or level of contaminants, are identified by a testing laboratory to be  
4 potentially unsafe to the consumer.

5 (12) Immediately after beginning employment with a permittee, every  
6 employee of a permittee shall receive training, approved by the department, on the  
7 safe handling of marijuana and usable marijuana and on security and inventory  
8 accountability procedures.

9 (13) The department shall deposit all moneys received under this subchapter  
10 into the community reinvestment fund.

11 **139.974 Records and reports.** (1) Every permittee shall keep accurate and  
12 complete records of the production and sales of marijuana and usable marijuana in  
13 this state. The records shall be kept on the premises described in the permit and in  
14 such manner as to ensure permanency and accessibility for inspection at reasonable  
15 hours by the department's authorized personnel. The department shall prescribe  
16 reasonable and uniform methods of keeping records and making reports and shall  
17 provide the necessary forms to permittees.

18 (2) If the department determines that any permittee's records are not kept in  
19 the prescribed form or are in such condition that the department requires an unusual  
20 amount of time to determine from the records the amount of the tax due, the  
21 department shall give notice to the permittee that the permittee is required to revise  
22 the permittee's records and keep them in the prescribed form. If the permittee fails  
23 to comply within 30 days, the permittee shall pay the expenses reasonably  
24 attributable to a proper examination and tax determination at the rate of \$30 a day  
25 for each auditor used to make the examination and determination. The department

1 shall send a bill for such expenses, and the permittee shall pay the amount of such  
2 bill within 10 days.

3 (3) If any permittee fails to file a report when due, the permittee shall be  
4 required to pay a late filing fee of \$10. A report that is mailed is filed on time if it is  
5 mailed in a properly addressed envelope with postage prepaid, the envelope is  
6 officially postmarked, or marked or recorded electronically as provided under section  
7 7502 (f) (2) (c) of the Internal Revenue Code, on the date due, and the report is  
8 actually received by the department or at the destination that the department  
9 prescribes within 5 days of the due date. A report that is not mailed is timely if it  
10 is received on or before the due date by the department or at the destination that the  
11 department prescribes. For purposes of this subsection, "mailed" includes delivery  
12 by a delivery service designated under section 7502 (f) of the Internal Revenue Code.

13 (4) Sections 71.78 (1), (1m), and (4) to (9) and 71.83 (2) (a) 3. and 3m., relating  
14 to confidentiality of income, franchise, and gift tax returns, apply to any information  
15 obtained from any permittee under this subchapter on a tax return, report, schedule,  
16 exhibit, or other document or from an audit report relating to any of those documents,  
17 except that the department shall publish production and sales statistics.

18 **139.975 Administration and enforcement.** (1) The department shall  
19 administer and enforce this subchapter and promulgate rules necessary to  
20 administer and enforce this subchapter.

21 (2) The duly authorized employees of the department have all necessary police  
22 powers to prevent violations of this subchapter.

23 (3) Authorized personnel of the department of justice and the department of  
24 revenue, and any law enforcement officer, within their respective jurisdictions, may  
25 at all reasonable hours enter the premises of any permittee and examine the books

1 and records to determine whether the tax imposed by this subchapter has been fully  
2 paid and may enter and inspect any premises where marijuana or usable marijuana  
3 is produced, processed, made, sold, or stored to determine whether the permittee is  
4 complying with this subchapter.

5 (4) The department may suspend or revoke the permit of any permittee who  
6 violates s. 100.30, any provision of this subchapter, or any rules promulgated under  
7 sub. (1). The department shall revoke the permit of any permittee who violates s.  
8 100.30 3 or more times within a 5-year period.

9 (5) No suit shall be maintained in any court to restrain or delay the collection  
10 or payment of the tax levied in s. 139.971. The aggrieved taxpayer shall pay the tax  
11 when due and, if paid under protest, may at any time within 90 days from the date  
12 of payment sue the state to recover the tax paid. If it is finally determined that any  
13 part of the tax was wrongfully collected, the secretary of administration shall pay the  
14 amount wrongfully collected. A separate suit need not be filed for each separate  
15 payment made by any taxpayer, but a recovery may be had in one suit for as many  
16 payments as may have been made.

17 (6) (a) Any person may be compelled to testify in regard to any violation of this  
18 subchapter of which the person may have knowledge, even though such testimony  
19 may tend to incriminate the person, upon being granted immunity from prosecution  
20 in connection with the testimony, and upon the giving of such testimony, the person  
21 shall not be prosecuted because of the violation relative to which the person has  
22 testified.

23 (b) The immunity provided under par. (a) is subject to the restrictions under  
24 s. 972.085.

1           (7) The provisions on timely filing under s. 71.80 (18) apply to the tax imposed  
2 under this subchapter.

3           (8) Sections 71.74 (1), (2), (10), (11), and (14), 71.77, 71.91 (1) (a) and (c) and  
4 (2) to (7), 71.92, and 73.0301 as they apply to the taxes under ch. 71 apply to the taxes  
5 under this subchapter. Section 71.74 (13) as it applies to the collection of the taxes  
6 under ch. 71 applies to the collection of the taxes under this subchapter, except that  
7 the period during which notice of an additional assessment shall be given begins on  
8 the due date of the report under this subchapter.

9           (9) Any building or place of any kind where marijuana or usable marijuana is  
10 sold, possessed, stored, or manufactured without a lawful permit or in violation of  
11 s. 139.972 or 139.973 is declared a public nuisance and may be closed and abated as  
12 such.

13           (10) At the request of the secretary of revenue, the attorney general may  
14 represent this state or assist a district attorney in prosecuting any case arising under  
15 this subchapter.

16           **139.976 Theft of tax moneys.** All marijuana tax moneys received by a  
17 permittee for the sale of marijuana or usable marijuana on which the tax under this  
18 subchapter has become due and has not been paid are trust funds in the permittee's  
19 possession and are the property of this state. Any permittee who fraudulently  
20 withholds, appropriates, or otherwise uses marijuana tax moneys that are the  
21 property of this state is guilty of theft under s. 943.20 (1), whether or not the  
22 permittee has or claims to have an interest in those moneys.

23           **139.977 Seizure and confiscation. (1)** All marijuana and usable marijuana  
24 produced, processed, made, kept, stored, sold, distributed, or transported in violation  
25 of this subchapter, and all tangible personal property used in connection with the

1 marijuana or usable marijuana, is unlawful property and subject to seizure by the  
2 department or a law enforcement officer. Except as provided in sub. (2), all  
3 marijuana and usable marijuana seized under this subsection shall be destroyed.

4 (2) If marijuana or usable marijuana on which the tax has not been paid is  
5 seized as provided under sub. (1), it may be given to law enforcement officers to use  
6 in criminal investigations or sold to qualified buyers by the department, without  
7 notice. If the department finds that the marijuana or usable marijuana may  
8 deteriorate or become unfit for use in criminal investigations or for sale, or that those  
9 uses would otherwise be impractical, the department may order it destroyed.

10 (3) If marijuana or usable marijuana on which the tax has been paid is seized  
11 as provided under sub. (1), it shall be returned to the true owner if ownership can be  
12 ascertained and the owner or the owner's agent is not involved in the violation  
13 resulting in the seizure. If the ownership cannot be ascertained or if the owner or  
14 the owner's agent was guilty of the violation that resulted in the seizure of the  
15 marijuana or usable marijuana, it may be sold or otherwise disposed of as provided  
16 in sub. (2).

17 (4) If tangible personal property other than marijuana or usable marijuana is  
18 seized as provided under sub. (1), the department shall advertise the tangible  
19 personal property for sale by publication of a class 2 notice under ch. 985. If no person  
20 claiming a lien on, or ownership of, the property has notified the department of the  
21 person's claim within 10 days after last insertion of the notice, the department shall  
22 sell the property. If a sale is not practical the department may destroy the property.  
23 If a person claiming a lien on, or ownership of, the property notifies the department  
24 within the time prescribed in this subsection, the department may apply to the  
25 circuit court in the county where the property was seized for an order directing

1 disposition of the property or the proceeds from the sale of the property. If the court  
2 orders the property to be sold, all liens, if any, may be transferred from the property  
3 to the sale proceeds. Neither the property seized nor the proceeds from the sale shall  
4 be turned over to any claimant of lien or ownership unless the claimant first  
5 establishes that the property was not used in connection with any violation under  
6 this subchapter or that, if so used, it was done without the claimant's knowledge or  
7 consent and without the claimant's knowledge of facts that should have given the  
8 claimant reason to believe it would be put to such use. If no claim of lien or ownership  
9 is established as provided under this subsection the property may be ordered  
10 destroyed.

11 **139.978 Interest and penalties.** (1) Any person who makes or signs any  
12 false or fraudulent report under this subchapter or who attempts to evade the tax  
13 imposed by s. 139.971, or who aids in or abets the evasion or attempted evasion of  
14 that tax, may be fined not more than \$10,000 or imprisoned for not more than 9  
15 months or both.

16 (2) Any permittee who fails to keep the records required by s. 139.974 (1) and  
17 (2) shall be fined not less than \$100 nor more than \$500 or imprisoned not more than  
18 6 months or both.

19 (3) Any person who refuses to permit the examination or inspection authorized  
20 under s. 139.975 (3) may be fined not more than \$500 or imprisoned not more than  
21 6 months or both. The department shall immediately suspend or revoke the permit  
22 of any person who refuses to permit the examination or inspection authorized under  
23 s. 139.975 (3).

1           **(4)** Any person who violates any of the provisions of this subchapter for which  
2 no other penalty is prescribed shall be fined not less than \$100 nor more than \$1,000  
3 or imprisoned not less than 10 days nor more than 90 days or both.

4           **(5)** Any person who violates any of the rules promulgated in accordance with  
5 this subchapter shall be fined not less than \$100 nor more than \$500 or imprisoned  
6 not more than 6 months or both.

7           **(6)** In addition to the penalties imposed for violating the provisions of this  
8 subchapter or any of the department's rules, the department shall revoke the permit  
9 of any person convicted of such a violation and not issue another permit to that  
10 person for a period of 2 years following the revocation.

11           **(7)** Unpaid taxes bear interest at the rate of 12 percent per year from the due  
12 date of the return until paid or deposited with the department, and all refunded taxes  
13 bear interest at the rate of 3 percent per year from the due date of the return to the  
14 date on which the refund is certified on the refund rolls.

15           **(8)** All nondelinquent payments of additional amounts owed shall be applied  
16 in the following order: penalties, interest, tax principal.

17           **(9)** Delinquent marijuana taxes bear interest at the rate of 1.5 percent per  
18 month until paid. The taxes imposed by this subchapter shall become delinquent if  
19 not paid:

20           (a) In the case of a timely filed return, no return filed or a late return, on or  
21 before the due date of the return.

22           (b) In the case of a deficiency determination of taxes, within 2 months after the  
23 date of demand.

24           **(10)** If due to neglect an incorrect return is filed, the entire tax finally  
25 determined is subject to a penalty of 25 percent of the tax exclusive of interest or



1 other penalty. A person filing an incorrect return has the burden of proving that the  
2 error or errors were due to good cause and not due to neglect.

3 **139.979 Personal use.** An individual who possesses no more than 6  
4 marijuana plants that have reached the flowering stage at any one time is not subject  
5 to the tax imposed under s. 139.971. An individual who possesses more than 6  
6 marijuana plants that have reached the flowering stage at any one time shall apply  
7 for the appropriate permit under s. 139.972 and pay the appropriate tax imposed  
8 under s. 139.971.

9 **139.980 Agreement with tribes.** The department may enter into an  
10 agreement with a federally recognized American Indian tribe in this state for the  
11 administration and enforcement of this subchapter and to provide refunds of the tax  
12 imposed under s. 139.971 on marijuana sold on tribal land by or to enrolled members  
13 of the tribe residing on the tribal land.

14 **SECTION 42.** 157.06 (11) (hm) of the statutes is created to read:

15 157.06 (11) (hm) Unless otherwise required by federal law, a hospital,  
16 physician, procurement organization, or other person may not determine the  
17 ultimate recipient of an anatomical gift based solely upon a positive test for the use  
18 of marijuana by a potential recipient.

19 **SECTION 43.** 157.06 (11) (i) of the statutes is amended to read:

20 157.06 (11) (i) Except as provided under ~~par. pars.~~ (a) 2. and (hm), nothing in  
21 this section affects the allocation of organs for transplantation or therapy.

22 **SECTION 44.** 250.22 of the statutes is created to read:

23 **250.22 Payments to counties.** The department shall promulgate rules to  
24 establish grants to counties to support mental health and substance use disorder

1 services. The department shall fund all grants established under this section from  
2 the appropriation under s. 20.435 (5) (q).

3 **SECTION 45.** 289.33 (3) (d) of the statutes is amended to read:

4 289.33 (3) (d) "Local approval" includes any requirement for a permit, license,  
5 authorization, approval, variance or exception or any restriction, condition of  
6 approval or other restriction, regulation, requirement or prohibition imposed by a  
7 charter ordinance, general ordinance, zoning ordinance, resolution or regulation by  
8 a town, city, village, county or special purpose district, including without limitation  
9 because of enumeration any ordinance, resolution or regulation adopted under s.  
10 91.73, 2007 stats., s. 59.03 (2), 59.11 (5), 59.42 (1), 59.48, 59.51 (1) and (2), 59.52 (2),  
11 (5), (6), (7), (8), (9), (11), (12), (13), (15), (16), (17), (18), (19), (20), (21), (22), (23), (24),  
12 (25), (26) and (27), 59.53 (1), (2), (3), (4), (5), (7), (8), (9), (11), (12), (13), (14), (15), (19),  
13 (20) and (23), 59.535 (2), (3) and (4), 59.54 (1), (2), (3), (4), (4m), (5), (6), (7), (8), (10),  
14 (11), (12), (16), (17), (18), (19), (20), (21), (22), (23), (24), (25) (a), and (26), 59.55 (3),  
15 (4), (5) and (6), 59.56 (1), (2), (4), (5), (6), (7), (9), (10), (11), (12), (12m), (13) and (16),  
16 59.57 (1), 59.58 (1) and (5), 59.62, 59.69, 59.692, 59.693, 59.696, 59.697, 59.698, 59.70  
17 (1), (2), (3), (5), (7), (8), (9), (10), (11), (21), (22) and (23), 59.79 (1), (2), (3), (5), (7), (8),  
18 and (10), 59.792 (2) and (3), 59.80, 59.82, 60.10, 60.22, 60.23, 60.54, 60.77, 61.34,  
19 61.35, 61.351, 61.353, 61.354, 62.11, 62.23, 62.231, 62.233, 62.234, 66.0101, 66.0415,  
20 87.30, 196.58, 200.11 (8), 236.45, 281.43 or 349.16, subch. VIII of ch. 60, or subch. III  
21 of ch. 91.

22 **SECTION 46.** 349.02 (2) (b) 4. of the statutes is amended to read:

23 349.02 (2) (b) 4. Local ordinances enacted under s. 59.54 (25) (a) or (25m) or  
24 66.0107 (1) (bm).

1           **SECTION 47.** 961.01 (14) of the statutes is renumbered 961.70 (2) and amended  
2 to read:

3           **961.70 (2)** “Marijuana” means all parts of the plants of the genus Cannabis,  
4 whether growing or not; the seeds thereof; the resin extracted from any part of the  
5 plant; and every compound, manufacture, salt, derivative, mixture, or preparation  
6 of the plant, its seeds or resin, including if the tetrahydrocannabinols concentration  
7 of the plant part, seeds, resin, compound, manufacture, salt, derivative, mixture, or  
8 preparation is greater than 0.3 percent on a dry weight basis. “Marijuana” does  
9 include the mature stalks if mixed with other parts of the plant, but does not include  
10 fiber produced from the stalks, oil or cake made from the seeds of the plant, any other  
11 compound, manufacture, salt, derivative, mixture, or preparation of the mature  
12 stalks (except the resin extracted therefrom), fiber, oil, or cake or the sterilized seed  
13 of the plant which is incapable of germination. “Marijuana” does not include hemp,  
14 as defined in s. 94.55 (1).

15           **SECTION 48.** 961.11 (4g) of the statutes is repealed.

16           **SECTION 49.** 961.14 (4) (t) of the statutes is repealed.

17           **SECTION 50.** 961.32 (2m) of the statutes is repealed.

18           **SECTION 51.** 961.34 of the statutes is renumbered 961.75, and 961.75 (title), as  
19 renumbered, is amended to read:

20           **961.75** (title) ~~Controlled substances~~ Marijuana therapeutic research.

21           **SECTION 52.** 961.38 (1n) of the statutes is repealed.

22           **SECTION 53.** 961.41 (1) (h) of the statutes is repealed.

23           **SECTION 54.** 961.41 (1m) (h) of the statutes is repealed.

24           **SECTION 55.** 961.41 (1q) of the statutes is repealed.

25           **SECTION 56.** 961.41 (1r) of the statutes is amended to read:

1           **961.41 (1r) DETERMINING WEIGHT OF SUBSTANCE.** In determining amounts under  
2 s. 961.49 (2) (b), 1999 stats., and subs. (1) and (1m), an amount includes the weight  
3 of cocaine, cocaine base, fentanyl, a fentanyl analog, heroin, phencyclidine, lysergic  
4 acid diethylamide, psilocin, psilocybin, amphetamine, methamphetamine,  
5 tetrahydrocannabinols, synthetic cannabinoids, or substituted cathinones, or any  
6 controlled substance analog of any of these substances together with any compound,  
7 mixture, diluent, plant material or other substance mixed or combined with the  
8 controlled substance or controlled substance analog. ~~In addition, in determining~~  
9 ~~amounts under subs. (1) (h) and (1m) (h), the amount of tetrahydrocannabinols~~  
10 ~~means anything included under s. 961.14 (4) (t) and includes the weight of any~~  
11 ~~marijuana.~~

12           **SECTION 57.** 961.41 (1x) of the statutes is amended to read:

13           **961.41 (1x) CONSPIRACY.** Any person who conspires, as specified in s. 939.31,  
14 to commit a crime under sub. (1) (cm) to ~~(h)~~ (g) or (1m) (cm) to ~~(h)~~ (g) is subject to the  
15 applicable penalties under sub. (1) (cm) to ~~(h)~~ (g) or (1m) (cm) to ~~(h)~~ (g).

16           **SECTION 58.** 961.41 (3g) (c) of the statutes is amended to read:

17           **961.41 (3g) (c) Cocaine and cocaine base.** If a person possesses or attempts to  
18 possess cocaine or cocaine base, or a controlled substance analog of cocaine or cocaine  
19 base, the person shall be fined not more than \$5,000 and may be imprisoned for not  
20 more than one year in the county jail upon a first conviction and is guilty of a Class  
21 I felony for a 2nd or subsequent offense. For purposes of this paragraph, an offense  
22 is considered a 2nd or subsequent offense if, prior to the offender's conviction of the  
23 offense, the offender has at any time been convicted of any felony or misdemeanor  
24 under this chapter or under any statute of the United States or of any state relating

1 to controlled substances, controlled substance analogs, narcotic drugs, ~~marijuana~~,  
2 or depressant, stimulant, or hallucinogenic drugs.

3 **SECTION 59.** 961.41 (3g) (d) of the statutes is amended to read:

4 961.41 (3g) (d) *Certain hallucinogenic and stimulant drugs.* If a person  
5 possesses or attempts to possess lysergic acid diethylamide, phencyclidine,  
6 amphetamine, 3,4-methylenedioxymethamphetamine, methcathinone, cathinone,  
7 N-benzylpiperazine, a substance specified in s. 961.14 (4) (a) to (h), (m) to (q), (sm),  
8 (u) to (xb), or (7) (L), psilocin, or psilocybin, or a controlled substance analog of  
9 lysergic acid diethylamide, phencyclidine, amphetamine,  
10 3,4-methylenedioxymethamphetamine, methcathinone, cathinone,  
11 N-benzylpiperazine, a substance specified in s. 961.14 (4) (a) to (h), (m) to (q), (sm),  
12 (u) to (xb), or (7) (L), psilocin, or psilocybin, the person may be fined not more than  
13 \$5,000 or imprisoned for not more than one year in the county jail or both upon a first  
14 conviction and is guilty of a Class I felony for a 2nd or subsequent offense. For  
15 purposes of this paragraph, an offense is considered a 2nd or subsequent offense if,  
16 prior to the offender's conviction of the offense, the offender has at any time been  
17 convicted of any felony or misdemeanor under this chapter or under any statute of  
18 the United States or of any state relating to controlled substances, controlled  
19 substance analogs, narcotic drugs, ~~marijuana~~, or depressant, stimulant, or  
20 hallucinogenic drugs.

21 **SECTION 60.** 961.41 (3g) (e) of the statutes is repealed.

22 **SECTION 61.** 961.41 (3g) (em) of the statutes is amended to read:

23 961.41 (3g) (em) *Synthetic cannabinoids.* If a person possesses or attempts to  
24 possess a controlled substance specified in s. 961.14 (4) (tb), or a controlled substance  
25 analog of a controlled substance specified in s. 961.14 (4) (tb), the person may be fined

1 not more than \$1,000 or imprisoned for not more than 6 months or both upon a first  
2 conviction and is guilty of a Class I felony for a 2nd or subsequent offense. For  
3 purposes of this paragraph, an offense is considered a 2nd or subsequent offense if,  
4 prior to the offender's conviction of the offense, the offender has at any time been  
5 convicted of any felony or misdemeanor under this chapter or under any statute of  
6 the United States or of any state relating to controlled substances, controlled  
7 substance analogs, narcotic drugs, ~~marijuana~~, or depressant, stimulant, or  
8 hallucinogenic drugs.

9 **SECTION 62.** 961.47 (1) of the statutes is amended to read:

10 961.47 (1) Whenever any person who has not previously been convicted of any  
11 offense under this chapter, or of any offense under any statute of the United States  
12 or of any state or of any county ordinance relating to controlled substances or  
13 controlled substance analogs, narcotic drugs, ~~marijuana~~ or stimulant, depressant,  
14 or hallucinogenic drugs, pleads guilty to or is found guilty of possession or attempted  
15 possession of a controlled substance or controlled substance analog under s. 961.41  
16 (3g) (b), the court, without entering a judgment of guilt and with the consent of the  
17 accused, may defer further proceedings and place him or her on probation upon terms  
18 and conditions. Upon violation of a term or condition, the court may enter an  
19 adjudication of guilt and proceed as otherwise provided. Upon fulfillment of the  
20 terms and conditions, the court shall discharge the person and dismiss the  
21 proceedings against him or her. Discharge and dismissal under this section shall be  
22 without adjudication of guilt and is not a conviction for purposes of disqualifications  
23 or disabilities imposed by law upon conviction of a crime, including the additional  
24 penalties imposed for 2nd or subsequent convictions under s. 961.48. There may be  
25 only one discharge and dismissal under this section with respect to any person.

1           **SECTION 63.** 961.48 (3) of the statutes is amended to read:

2           961.48 (3) For purposes of this section, a felony offense under this chapter is  
3 considered a 2nd or subsequent offense if, prior to the offender's conviction of the  
4 offense, the offender has at any time been convicted of any felony or misdemeanor  
5 offense under this chapter or under any statute of the United States or of any state  
6 relating to controlled substances or controlled substance analogs, narcotic drugs,  
7 ~~marijuana~~ or depressant, stimulant, or hallucinogenic drugs.

8           **SECTION 64.** 961.48 (5) of the statutes is amended to read:

9           961.48 (5) This section does not apply if the person is presently charged with  
10 a felony under s. 961.41 (3g) (c), (d), ~~(e)~~, or (g).

11           **SECTION 65.** 961.49 (1m) (intro.) of the statutes is amended to read:

12           961.49 (1m) (intro.) If any person violates s. 961.41 (1) (cm), (d), (dm), (e), (f),  
13 or (g) ~~or (h)~~ by delivering or distributing, or violates s. 961.41 (1m) (cm), (d), (dm), (e),  
14 (f), or (g) ~~or (h)~~ by possessing with intent to deliver or distribute, cocaine, cocaine  
15 base, fentanyl, a fentanyl analog, heroin, phencyclidine, lysergic acid diethylamide,  
16 psilocin, psilocybin, amphetamine, methamphetamine, or methcathinone ~~or any~~  
17 ~~form of tetrahydrocannabinols~~ or a controlled substance analog of any of these  
18 substances and the delivery, distribution or possession takes place under any of the  
19 following circumstances, the maximum term of imprisonment prescribed by law for  
20 that crime may be increased by 5 years:

21           **SECTION 66.** 961.571 (1) (a) 7. of the statutes is repealed.

22           **SECTION 67.** 961.571 (1) (a) 11. (intro.) of the statutes is amended to read:

23           961.571 (1) (a) 11. (intro.) Objects used, designed for use or primarily intended  
24 for use in ingesting, inhaling, or otherwise introducing ~~marijuana~~, cocaine, hashish  
25 or hashish oil into the human body, such as:





1 (5) “Retail outlet” has the meaning given in s. 139.97 (11).

2 (6) “Tetrahydrocannabinols concentration” means the percent of  
3 tetrahydrocannabinol content per dry weight of any part of the plant Cannabis, or  
4 per volume or weight of marijuana product, or the combined percent of  
5 tetrahydrocannabinol and tetrahydrocannabinolic acid in any part of the plant  
6 Cannabis regardless of moisture content.

7 (7) “Underage person” means a person who has not attained the legal age.

8 (8) “Usable marijuana” has the meaning given in s. 139.97 (13).

9 **961.71 Underage persons prohibitions; penalties.** (1) (a) 1. No permittee  
10 may sell, distribute, or deliver marijuana to any underage person.

11 2. No permittee may directly or indirectly permit an underage person to violate  
12 sub. (2m).

13 (b) A permittee that violates par. (a) 1. or 2. may be subject to a forfeiture of not  
14 more than \$500 and to a suspension of the permittee’s permit for an amount of time  
15 not to exceed 30 days.

16 (c) In determining whether a permittee has violated par. (a) 2., all relevant  
17 circumstances surrounding the presence of the underage person may be considered.  
18 In determining whether a permittee has violated par. (a) 1., all relevant  
19 circumstances surrounding the selling, distributing, or delivering of marijuana may  
20 be considered. In addition, proof of all of the following facts by the permittee is a  
21 defense to any prosecution for a violation under par. (a):

22 1. That the underage person falsely represented that he or she had attained the  
23 legal age.

24 2. That the appearance of the underage person was such that an ordinary and  
25 prudent person would believe that the underage person had attained the legal age.

1           3. That the action was made in good faith and in reliance on the representation  
2 and appearance of the underage person in the belief that the underage person had  
3 attained the legal age.

4           4. That the underage person supported the representation under subd. 1. with  
5 documentation that he or she had attained the legal age.

6           **(2)** Any underage person who does any of the following is subject to a forfeiture  
7 of not less than \$250 nor more than \$500:

8           (a) Procures or attempts to procure marijuana from a permittee.

9           (b) Falsely represents his or her age for the purpose of receiving marijuana from  
10 a permittee.

11           (c) Knowingly possesses or consumes marijuana.

12           (d) Violates sub. (2m).

13           **(2m)** An underage person not accompanied by his or her parent, guardian, or  
14 spouse who has attained the legal age may not enter, knowingly attempt to enter, or  
15 be on the premises of a retail outlet.

16           **(3)** An individual who has attained the legal age and who knowingly does any  
17 of the following may be subject to a forfeiture that does not exceed \$1,000:

18           (a) Permits or fails to take action to prevent a violation of sub. (2) (c) on premises  
19 owned by the individual or under the individual's control.

20           (b) Encourages or contributes to a violation of sub. (2) (a).

21           **961.72 Restrictions; penalties. (1)** No person except a permittee may sell,  
22 or possess with the intent to sell, marijuana. No person may distribute or deliver,  
23 or possess with the intent to distribute or deliver, marijuana except a permittee. Any  
24 person who violates a prohibition under this subsection is guilty of the following:

25           (a) Except as provided in par. (b), a Class I felony.

1 (b) If the individual to whom the marijuana is, or is intended to be, sold,  
2 distributed, or delivered has not attained the legal age and the actual or intended  
3 seller, distributor, or deliverer is at least 3 years older than the individual to whom  
4 the marijuana is, or is intended to be, sold, distributed, or delivered, a Class H felony.

5 (2) (a) A person that is not a permittee who possesses an amount of marijuana  
6 that exceeds the permissible amount by not more than one ounce is subject to a civil  
7 forfeiture not to exceed \$1,000.

8 (b) A person who is not a permittee who possesses an amount of marijuana that  
9 exceeds the permissible amount by more than one ounce is one of the following:

10 1. Except as provided in subd. 2., subject to a fine not to exceed \$1,000 or  
11 imprisonment not to exceed 90 days, or both.

12 2. Guilty of a Class I felony if the person has taken action to hide how much  
13 marijuana the person possesses and has in place an extreme measure to avoid  
14 detection.

15 (c) A person who is not a permittee that possesses more than 6 marijuana plants  
16 that have reached the flowering stage at one time must apply for a permit under s.  
17 139.972 and is one of the following:

18 1. Except as provided in subds. 2. and 3., subject to a civil forfeiture that is not  
19 more than twice the permitting fee under s. 139.972.

20 2. Except as provided in subd. 3., subject to a fine not to exceed \$1,000 or  
21 imprisonment not to exceed 90 days, or both, if the number of marijuana plants that  
22 have reached the flowering stage is more than 12.

23 3. Guilty of a Class I felony if the number of marijuana plants that have reached  
24 the flowering stage is more than 12, if the individual has taken action to hide the

1 number of marijuana plants that have reached the flowering stage and if the person  
2 has in place an extreme measure to avoid detection.

3 (d) Whoever uses or displays marijuana in a public space is subject to a civil  
4 forfeiture of not more than \$100.

5 (3) Any person who sells or attempts to sell marijuana via mail, telephone, or  
6 Internet is subject to a fine not to exceed \$10,000 or imprisonment not to exceed 9  
7 months, or both.

8 **SECTION 71.** 967.055 (1m) (b) 5. of the statutes is repealed.

9 **SECTION 72.** 971.365 (1) (a) of the statutes is amended to read:

10 971.365 (1) (a) In any case under s. 961.41 (1) (em), 1999 stats., or s. 961.41 (1)  
11 (cm), (d), (dm), (e), (f), or (g) ~~or~~ (h) involving more than one violation, all violations  
12 may be prosecuted as a single crime if the violations were pursuant to a single intent  
13 and design.

14 **SECTION 73.** 971.365 (1) (b) of the statutes is amended to read:

15 971.365 (1) (b) In any case under s. 961.41 (1m) (em), 1999 stats., or s. 961.41  
16 (1m) (cm), (d), (dm), (e), (f), or (g) ~~or~~ (h) involving more than one violation, all  
17 violations may be prosecuted as a single crime if the violations were pursuant to a  
18 single intent and design.

19 **SECTION 74.** 971.365 (1) (c) of the statutes is amended to read:

20 971.365 (1) (c) In any case under s. 961.41 (3g) (a) 2., 1999 stats., or s. 961.41  
21 (3g) (dm), 1999 stats., or s. 961.41 (3g) (am), (c), (d), ~~(e)~~, or (g) involving more than  
22 one violation, all violations may be prosecuted as a single crime if the violations were  
23 pursuant to a single intent and design.

24 **SECTION 75.** 971.365 (2) of the statutes is amended to read:

1           971.365 (2) An acquittal or conviction under sub. (1) does not bar a subsequent  
2 prosecution for any acts in violation of s. 961.41 (1) (em), 1999 stats., s. 961.41 (1m)  
3 (em), 1999 stats., s. 961.41 (3g) (a) 2., 1999 stats., or s. 961.41 (3g) (dm), 1999 stats.,  
4 or s. 961.41 (1) (cm), (d), (dm), (e), (f), or (g), ~~or (h)~~, (1m) (cm), (d), (dm), (e), (f), or (g),  
5 ~~or (h)~~ or (3g) (am), (c), (d), ~~(e)~~, or (g) on which no evidence was received at the trial  
6 on the original charge.

7           **SECTION 76.** 973.016 of the statutes is created to read:

8           **973.016 Special disposition for marijuana-related crimes. (1)**

9           RESENTENCING PERSONS SERVING A SENTENCE OR PROBATION. (a) A person serving a  
10 sentence or on probation may request resentencing or dismissal as provided under  
11 par. (b) if all of the following apply:

12           1. The sentence or probation period was imposed for a violation of s. 961.41 (1)  
13 (h), 2021 stats., s. 961.41 (1m) (h), 2021 stats., or s. 961.41 (3g) (e), 2021 stats.

14           2. One of the following applies:

15           a. The person would not have been guilty of a crime had the violation occurred  
16 on or after the effective date of this subd. 2. a. .... [LRB inserts date].

17           b. The person would have been guilty of a lesser crime had the violation  
18 occurred on or after the effective date of this subd. 2. b. .... [LRB inserts date].

19           (b) 1. A person to whom par. (a) applies shall file a petition with the sentencing  
20 court to request resentencing, adjustment of probation, or dismissal.

21           2. If the court receiving a petition under subd. 1. determines that par. (a)  
22 applies, the court shall schedule a hearing to consider the petition. At the hearing,  
23 if the court determines that par. (a) 2. b. applies, the court shall resentence the person  
24 or adjust the probation and change the record to reflect the lesser crime, and, if the  
25 court determines that par. (a) 2. a. applies, the court shall dismiss the conviction and

1 expunge the record. Before resentencing, adjusting probation, or dismissing a  
2 conviction under this subdivision, the court shall determine that the action does not  
3 present an unreasonable risk of danger to public safety.

4 3. If the court resentences the person or adjusts probation, the person shall  
5 receive credit for time or probation served for the relevant offense.

6 **(2) REDESIGNATING OFFENSE FOR PERSONS WHO COMPLETED A SENTENCE OR**  
7 **PROBATION.** (a) A person who has completed his or her sentence or period of probation  
8 may request under par. (b) expungement of the conviction because the conviction is  
9 legally invalid or redesignation to a lesser crime if all of the following apply:

10 1. The sentence or probation period was imposed for a violation of s. 961.41 (1)  
11 (h), 2021 stats., s. 961.41 (1m) (h), 2021 stats., or s. 961.41 (3g) (e), 2021 stats.

12 2. One of the following applies:

13 a. The person would not have been guilty of a crime had the violation occurred  
14 on or after the effective date of this subd. 2. a. .... [LRB inserts date].

15 b. The person would have been guilty of a lesser crime had the violation  
16 occurred on or after the effective date of this subd. 2. b. .... [LRB inserts date].

17 (b) 1. A person to whom par. (a) applies shall file a petition with the sentencing  
18 court to request expungement or redesignation.

19 2. If the court receiving a petition under subd. 1. determines that par. (a)  
20 applies, the court shall schedule a hearing to consider the petition. At the hearing,  
21 if the court determines that par. (a) 2. b. applies, the court shall redesignate the crime  
22 to a lesser crime and change the record to reflect the lesser crime, and if the court  
23 determines that par. (a) 2. a. applies, the court shall expunge the conviction. Before  
24 redesignating or expunging under this subdivision, the court shall determine that  
25 the action does not present an unreasonable risk of danger to public safety.

1           **(3) EFFECT OF RESENTENCING, DISMISSAL, REDESIGNATION, OR EXPUNGEMENT.** If the  
2 court changes or expunges a record under this section, a conviction that was changed  
3 or expunged is not considered a conviction for any purpose under state or federal law,  
4 including for purposes of s. 941.29 or 18 USC 921.

5           **SECTION 9128. Nonstatutory provisions; Legislature.**

6           (1) **JOINT LEGISLATIVE COUNCIL STUDY.** The joint legislative council shall study  
7 the implementation of the marijuana tax and regulation provided under subch. IV  
8 of ch. 139 and identify uses for the revenues generated by the tax. The joint  
9 legislative council shall report its findings, conclusions, and recommendations to the  
10 joint committee on finance no later than 2 years after the effective date of this  
11 subsection.”.

12           **156.** Page 374, line 11: after that line insert:

13           “**SECTION 77.** 20.005 (3) (schedule) of the statutes: at the appropriate place,  
14 insert the following amounts for the purposes indicated:

	<b>2023-24</b>	<b>2024-25</b>
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15           **20.145 Insurance, office of the commissioner of**

16           (1) SUPERVISION OF THE INSURANCE INDUSTRY

(a) State operations	GPR	A	1,982,400	1,264,900
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18           **SECTION 78.** 20.145 (1) (a) of the statutes is created to read:

19           20.145 **(1)** (a) *State operations.* The amounts in the schedule for general  
20 program operations.

21           **SECTION 79.** 20.145 (1) (g) (intro.) of the statutes is amended to read:

22           20.145 **(1)** (g) *General program operations.* (intro.) The amounts in the  
23 schedule for general program operations, including organizational support services

1 and, oversight of care management organizations, development of a public option  
2 health insurance plan, and operation of a state-based exchange under s. 601.59, and  
3 for transferring to the appropriation account under s. 20.435 (4) (kv) the amount  
4 allocated by the commissioner of insurance. Notwithstanding s. 20.001 (3) (a), at the  
5 end of each fiscal year, the unencumbered balance in this appropriation account that  
6 exceeds 10 percent of that fiscal year's expenditure under this appropriation shall  
7 lapse to the general fund. All of the following shall be credited to this appropriation  
8 account:

9 **SECTION 80.** 20.145 (1) (g) 4. of the statutes is created to read:

10 20.145 (1) (g) 4. All moneys received under s. 601.59.

11 **SECTION 81.** 40.51 (8) of the statutes is amended to read:

12 40.51 (8) Every health care coverage plan offered by the state under sub. (6)  
13 shall comply with ss. 631.89, 631.90, 631.93 (2), 631.95, 632.72 (2), 632.728, 632.729,  
14 632.746 (1) to (8) and (10), 632.747, 632.748, 632.798, 632.83, 632.835, 632.85,  
15 632.853, 632.855, 632.861, 632.862, 632.867, 632.87 (3) to ~~(6)~~ (8), 632.871, 632.885,  
16 632.89, 632.895 (5m) and (8) to (17), and 632.896.

17 **SECTION 82.** 40.51 (8m) of the statutes is amended to read:

18 40.51 (8m) Every health care coverage plan offered by the group insurance  
19 board under sub. (7) shall comply with ss. 631.95, 632.728, 632.729, 632.746 (1) to  
20 (8) and (10), 632.747, 632.748, 632.798, 632.83, 632.835, 632.85, 632.853, 632.855,  
21 632.861, 632.862, 632.867, 632.87 (7) and (8), 632.871, 632.885, 632.89, and 632.895  
22 ~~(11)~~ (8) and (10) to (17).

23 **SECTION 83.** 66.0137 (4) of the statutes is amended to read:

24 66.0137 (4) SELF-INSURED HEALTH PLANS. If a city, including a 1st class city, or  
25 a village provides health care benefits under its home rule power, or if a town



1 provides health care benefits, to its officers and employees on a self-insured basis,  
2 the self-insured plan shall comply with ss. 49.493 (3) (d), 631.89, 631.90, 631.93 (2),  
3 632.728, 632.729, 632.746 (1) and (10) (a) 2. and (b) 2., 632.747 (3), 632.798, 632.85,  
4 632.853, 632.855, 632.861, 632.862, 632.867, 632.87 (4) to ~~(6)~~ (8), 632.871, 632.885,  
5 632.89, 632.895 ~~(9)~~ (8) to (17), 632.896, and 767.513 (4).

6 **SECTION 84.** 120.13 (2) (g) of the statutes is amended to read:

7 120.13 **(2)** (g) Every self-insured plan under par. (b) shall comply with ss.  
8 49.493 (3) (d), 631.89, 631.90, 631.93 (2), 632.728, 632.729, 632.746 (1) and (10) (a)  
9 2. and (b) 2., 632.747 (3), 632.798, 632.85, 632.853, 632.855, 632.861, 632.862,  
10 632.867, 632.87 (4) to ~~(6)~~ (8), 632.871, 632.885, 632.89, 632.895 ~~(9)~~ (8) to (17),  
11 632.896, and 767.513 (4).

12 **SECTION 85.** 185.983 (1) (intro.) of the statutes is amended to read:

13 185.983 **(1)** (intro.) Every voluntary nonprofit health care plan operated by a  
14 cooperative association organized under s. 185.981 shall be exempt from chs. 600 to  
15 646, with the exception of ss. 601.04, 601.13, 601.31, 601.41, 601.42, 601.43, 601.44,  
16 601.45, 611.26, 611.67, 619.04, 623.11, 623.12, 628.34 (10), 631.17, 631.89, 631.93,  
17 631.95, 632.72 (2), 632.728, 632.729, 632.745 to 632.749, 632.775, 632.79, 632.795,  
18 632.798, 632.85, 632.853, 632.855, 632.861, 632.862, 632.867, 632.87 (2) to ~~(6)~~ (8),  
19 632.871, 632.885, 632.89, 632.895 (5) and (8) to (17), 632.896, and 632.897 (10) and  
20 chs. 609, 620, 630, 635, 645, and 646, but the sponsoring association shall:

21 **SECTION 86.** 601.31 (1) (mv) of the statutes is created to read:

22 601.31 **(1)** (mv) For initial issuance or renewal of a license as a pharmacy  
23 benefit management broker or consultant under s. 628.495, amounts to be set by the  
24 commissioner by rule.

25 **SECTION 87.** 601.31 (1) (nv) of the statutes is created to read:

1           601.31 (1) (nv) For issuing or renewing a license as a pharmaceutical  
2 representative under s. 632.863, an amount to be set by the commissioner by rule.

3           **SECTION 88.** 601.31 (1) (nw) of the statutes is created to read:

4           601.31 (1) (nw) For issuing or renewing a license as a pharmacy services  
5 administrative organization under s. 632.864, an amount to be set by the  
6 commissioner by rule.

7           **SECTION 89.** 601.575 of the statutes is created to read:

8           **601.575 Prescription drug importation program.** (1) IMPORTATION  
9 PROGRAM REQUIREMENTS. The commissioner, in consultation with persons interested  
10 in the sale and pricing of prescription drugs and appropriate officials and agencies  
11 of the federal government, shall design and implement a prescription drug  
12 importation program for the benefit of residents of this state, that generates savings  
13 for residents, and that satisfies all of the following:

14           (a) The commissioner shall designate a state agency to become a licensed  
15 wholesale distributor or to contract with a licensed wholesale distributor and shall  
16 seek federal certification and approval to import prescription drugs.

17           (b) The program shall comply with relevant requirements of 21 USC 384,  
18 including safety and cost savings requirements.

19           (c) The program shall import prescription drugs from Canadian suppliers  
20 regulated under any appropriate Canadian or provincial laws.

21           (d) The program shall have a process to sample the purity, chemical  
22 composition, and potency of imported prescription drugs.

23           (e) The program shall import only those prescription drugs for which  
24 importation creates substantial savings for residents of this state and only those

1 prescription drugs that are not brand-name drugs and that have fewer than 4  
2 competitor prescription drugs in the United States.

3 (f) The commissioner shall ensure that prescription drugs imported under the  
4 program are not distributed, dispensed, or sold outside of this state.

5 (g) The program shall ensure all of the following:

6 1. Participation by any pharmacy or health care provider in the program is  
7 voluntary.

8 2. Any pharmacy or health care provider participating in the program has the  
9 appropriate license or other credential in this state.

10 3. Any pharmacy or health care provider participating in the program charges  
11 a consumer or health plan the actual acquisition cost of the imported prescription  
12 drug that is dispensed.

13 (h) The program shall ensure that a payment by a health plan or health  
14 insurance policy for a prescription drug imported under the program reimburses no  
15 more than the actual acquisition cost of the imported prescription drug that is  
16 dispensed.

17 (i) The program shall ensure that any health plan or health insurance policy  
18 participating in the program does all of the following:

19 1. Maintains a formulary and claims payment system with current information  
20 on prescription drugs imported under the program.

21 2. Bases cost-sharing amounts for participants or insureds under the plan or  
22 policy on no more than the actual acquisition cost of the prescription drug imported  
23 under the program that is dispensed to the participant or insured.

1           3. Demonstrates to the commissioner or a state agency designated by the  
2 commissioner how premiums under the plan or policy are affected by savings on  
3 prescription drugs imported under the program.

4           (j) Any wholesale distributor importing prescription drugs under the program  
5 shall limit its profit margin to the amount established by the commissioner or a state  
6 agency designated by the commissioner.

7           (k) The program may not import any generic prescription drug that would  
8 violate federal patent laws on branded products in the United States.

9           (L) The program shall comply with tracking and tracing requirements of 21  
10 USC 360eee and 360eee-1, to the extent practical and feasible, before the  
11 prescription drug to be imported comes into the possession of this state's wholesale  
12 distributor and fully after the prescription drug to be imported is in the possession  
13 of this state's wholesale distributor.

14           (m) The program shall establish a fee or other mechanism to finance the  
15 program that does not jeopardize significant savings to residents of this state.

16           (n) The program shall have an audit function that ensures all of the following:

17           1. The commissioner has a sound methodology to determine the most  
18 cost-effective prescription drugs to include in the program.

19           2. The commissioner has a process in place to select Canadian suppliers that  
20 are high quality, high performing, and in full compliance with Canadian laws.

21           3. Prescription drugs imported under the program are pure, unadulterated,  
22 potent, and safe.

23           4. The program is complying with the requirements of this subsection.

24           5. The program is adequately financed to support administrative functions of  
25 the program while generating significant cost savings to residents of this state.

1           6. The program does not put residents of this state at a higher risk than if the  
2 program did not exist.

3           7. The program provides and is projected to continue to provide substantial cost  
4 savings to residents of this state.

5           **(2) ANTICOMPETITIVE BEHAVIOR.** The commissioner, in consultation with the  
6 attorney general, shall identify the potential for and monitor anticompetitive  
7 behavior in industries affected by a prescription drug importation program.

8           **(3) APPROVAL OF PROGRAM DESIGN; CERTIFICATION.** No later than the first day of  
9 the 7th month beginning after the effective date of this subsection .... [LRB inserts  
10 date], the commissioner shall submit to the joint committee on finance a report that  
11 includes the design of the prescription drug importation program in accordance with  
12 this section. The commissioner may not submit the proposed program to the federal  
13 department of health and human services unless the joint committee on finance  
14 approves the proposed program. Within 14 days of the date of approval by the joint  
15 committee on finance of the proposed program, the commissioner shall submit to the  
16 federal department of health and human services a request for certification of the  
17 approved program.

18           **(4) IMPLEMENTATION OF CERTIFIED PROGRAM.** After the federal department of  
19 health and human services certifies the prescription drug importation program  
20 submitted under sub. (3), the commissioner shall begin implementation of the  
21 program, and the program shall be fully operational by 180 days after the date of  
22 certification by the federal department of health and human services. The  
23 commissioner shall do all of the following to implement the program to the extent the  
24 action is in accordance with other state laws and the certification by the federal  
25 department of health and human services:

1           (a) Become a licensed wholesale distributor, designate another state agency to  
2 become a licensed wholesale distributor, or contract with a licensed wholesale  
3 distributor.

4           (b) Contract with one or more Canadian suppliers that meet the criteria in sub.  
5 (1) (c) and (n).

6           (c) Create an outreach and marketing plan to communicate with and provide  
7 information to health plans and health insurance policies, employers, pharmacies,  
8 health care providers, and residents of this state on participating in the program.

9           (d) Develop and implement a registration process for health plans and health  
10 insurance policies, pharmacies, and health care providers interested in participating  
11 in the program.

12           (e) Create a publicly accessible source for listing prices of prescription drugs  
13 imported under the program.

14           (f) Create, publicize, and implement a method of communication to promptly  
15 answer questions from and address the needs of persons affected by the  
16 implementation of the program before the program is fully operational.

17           (g) Establish the audit functions under sub. (1) (n) with a timeline to complete  
18 each audit function every 2 years.

19           (h) Conduct any other activities determined by the commissioner to be  
20 important to successful implementation of the program.

21           **(5) REPORT.** By January 1 and July 1 of each year, the commissioner shall  
22 submit to the joint committee on finance a report including all of the following:

23           (a) A list of prescription drugs included in the prescription drug importation  
24 program under this section.

1 (b) The number of pharmacies, health care providers, and health plans and  
2 health insurance policies participating in the prescription drug importation program  
3 under this section.

4 (c) The estimated amount of savings to residents of this state, health plans and  
5 health insurance policies, and employers resulting from the implementation of the  
6 prescription drug importation program under this section reported from the date of  
7 the previous report under this subsection and from the date the program was fully  
8 operational.

9 (d) Findings of any audit functions under sub. (1) (n) completed since the date  
10 of the previous report under this subsection.

11 **(6) RULEMAKING.** The commissioner may promulgate any rules necessary to  
12 implement this section.

13 **SECTION 90.** 601.59 of the statutes is created to read:

14 **601.59 State-based exchange. (1) DEFINITIONS.** In this section:

15 (a) “Exchange” has the meaning given in 45 CFR 155.20.

16 (b) “State-based exchange on the federal platform” means an exchange that is  
17 described in and meets the requirements of 45 CFR 155.200 (f) and is approved by  
18 the federal secretary of health and human services under 45 CFR 155.106.

19 (c) “State-based exchange without the federal platform” means an exchange,  
20 other than one described in 45 CFR 155.200 (f), that performs all the functions  
21 described in 45 CFR 155.200 (a) and is approved by the federal secretary of health  
22 and human services under 45 CFR 155.106.

23 **(2) ESTABLISHMENT AND OPERATION OF STATE-BASED EXCHANGE.** The commissioner  
24 shall establish and operate an exchange that at first is a state-based exchange on  
25 the federal platform and then subsequently transitions to a state-based exchange

1 without the federal platform. The commissioner shall develop procedures to address  
2 the transition from the state-based exchange on the federal platform to the  
3 state-based exchange without the federal platform, including the circumstances  
4 that shall be met in order for the transition to occur.

5 **(3) AGREEMENT WITH FEDERAL GOVERNMENT.** The commissioner may enter into  
6 any agreement with the federal government necessary to facilitate the  
7 implementation of this section.

8 **(4) USER FEES.** The commissioner shall impose a user fee, as authorized under  
9 45 CFR 155.160 (b) (1), on each insurer that offers a health plan through the  
10 state-based exchange on the federal platform or the state-based exchange without  
11 the federal platform. The user fee shall be applied at one of the following rates on  
12 the total monthly premiums charged by an insurer for each policy under the plan for  
13 which enrollment is through the exchange:

14 (a) For any plan year for which the commissioner operates a state-based  
15 exchange on the federal platform, the rate is 0.5 percent.

16 (b) For the first 2 plan years for which the commissioner operates a state-based  
17 exchange without the federal platform, the rate is equal to the user fee rate the  
18 federal department of health and human services specifies under 45 CFR 156.50 (c)  
19 (1) for the federally facilitated exchanges for the applicable plan year.

20 (c) Beginning with the 3rd plan year for which the commissioner operates a  
21 state-based exchange without the federal platform and for each plan year thereafter,  
22 the rate shall be set by the commissioner by rule.

23 **(5) RULES.** The commissioner may promulgate rules necessary to implement  
24 this section.



1           **SECTION 91.** 601.83 (1) (h) of the statutes is renumbered 601.83 (1) (h) (intro.)  
2 and amended to read:

3           601.83 (1) (h) (intro.) ~~In 2019 and in each subsequent year~~ Unless the joint  
4 committee on finance under s. 13.10 increases the amount upon request by the  
5 commissioner, the commissioner may expend no more than \$200,000,000 the  
6 following amounts from all revenue sources for the healthcare stability plan under  
7 this section, ~~unless the joint committee on finance under s. 13.10 has increased this~~  
8 ~~amount upon request by the commissioner.:~~

9           (he) The commissioner shall ensure that sufficient funds are available for the  
10 healthcare stability plan under this section to operate as described in the approval  
11 of the federal department of health and human services dated July 29, 2018, and in  
12 any waiver extension approvals.

13           **SECTION 92.** 601.83 (1) (h) 1. and 3. of the statutes are created to read:

14           601.83 (1) (h) 1. In 2019, 2020, and 2021, \$200,000,000.

15           3. In 2025 and in each year thereafter, the maximum expenditure amount for  
16 the previous year, adjusted to reflect the percentage increase, if any, in the consumer  
17 price index for all urban consumers, U.S. city average, for the medical care group, as  
18 determined by the U.S. department of labor, for the 12-month period ending on  
19 December 31 of the year before the year in which the amount is determined. The  
20 commissioner shall determine the annual adjustment amount for a particular year  
21 in January of the previous year. The commissioner shall publish the new maximum  
22 expenditure amount under this subdivision each year in the Wisconsin  
23 Administrative Register.

24           **SECTION 93.** 601.83 (1) (hm) of the statutes is renumbered 601.83 (1) (h) 2. and  
25 amended to read:

1           601.83 (1) (h) 2. ~~Notwithstanding par. (h), in In 2022 and in each year~~  
2 ~~thereafter, the commissioner may expend from all revenue sources, 2023, and 2024,~~  
3 ~~\$230,000,000 or less for the healthcare stability plan under this section.~~

4           **SECTION 94.** 609.714 of the statutes is created to read:

5           **609.714 Substance abuse counselor coverage.** Limited service health  
6 organizations, preferred provider plans, and defined network plans are subject to s.  
7 632.87 (8).

8           **SECTION 95.** 609.719 of the statutes is created to read:

9           **609.719 Coverage for telehealth services.** Limited service health  
10 organizations, preferred provider plans, and defined network plans are subject to s.  
11 632.871.

12           **SECTION 96.** 609.83 of the statutes is amended to read:

13           **609.83 Coverage of drugs and devices; application of payments.**  
14 Limited service health organizations, preferred provider plans, and defined network  
15 plans are subject to ss. 632.853, 632.861, 632.862, and 632.895 (6) (b), (16t), and  
16 (16v).

17           **SECTION 97.** 628.495 of the statutes is created to read:

18           **628.495 Pharmacy benefit management broker and consultant**  
19 **licenses. (1) DEFINITION.** In this section, “pharmacy benefit manager” has the  
20 meaning given in s. 632.865 (1) (c).

21           **(2) LICENSE REQUIRED.** Beginning on the first day of the 12th month beginning  
22 after the effective date of this subsection ... [LRB inserts date], no individual may  
23 act as a pharmacy benefit management broker or consultant or any other individual  
24 who procures the services of a pharmacy benefit manager on behalf of a client  
25 without being licensed by the commissioner under this section.

1           **(3) RULES.** The commissioner may promulgate rules to establish criteria and  
2 procedures for initial licensure and renewal of licensure and to implement licensure  
3 under this section.

4           **SECTION 98.** 632.7495 (4) (b) of the statutes is amended to read:

5           632.7495 (4) (b) The coverage has a term of not more than ~~12~~ 3 months.

6           **SECTION 99.** 632.7495 (4) (c) of the statutes is amended to read:

7           632.7495 (4) (c) The coverage term aggregated with all consecutive periods of  
8 the insurer's coverage of the insured by individual health benefit plan coverage not  
9 required to be renewed under this subsection does not exceed ~~18~~ 6 months. For  
10 purposes of this paragraph, coverage periods are consecutive if there are no more  
11 than 63 days between the coverage periods.

12           **SECTION 100.** 632.7496 of the statutes is created to read:

13           **632.7496 Coverage requirements for short-term plans. (1) DEFINITION.**

14 In this section, "short-term, limited duration plan" means an individual health  
15 benefit plan described in s. 632.7495 (4).

16           **(2) GUARANTEED ISSUE.** An insurer that offers a short-term, limited duration  
17 plan shall accept every individual in this state who applies for coverage regardless  
18 of whether the individual has a preexisting condition.

19           **(3) PROHIBITING DISCRIMINATION BASED ON HEALTH STATUS.** (a) An insurer that  
20 offers a short-term, limited duration plan may not establish rules for the eligibility  
21 of any individual to enroll, or for the continued eligibility of any individual to remain  
22 enrolled, under a short-term, limited duration plan based on any of the following  
23 health status-related factors with respect to the individual or a dependent of the  
24 individual:

25           1. Health status.

- 1           2. Medical condition, including both physical and mental illnesses.
- 2           3. Claims experience.
- 3           4. Receipt of health care.
- 4           5. Medical history.
- 5           6. Genetic information.
- 6           7. Evidence of insurability, including conditions arising out of acts of domestic
- 7 violence.
- 8           8. Disability.

9           (b) An insurer that offers a short-term, limited duration plan may not require  
10 any individual, as a condition of enrollment or continued enrollment under the  
11 short-term, limited duration plan, to pay, on the basis of any health status-related  
12 factor described under par. (a) with respect to the individual or a dependent of the  
13 individual, a premium or contribution or a deductible, copayment, or coinsurance  
14 amount that is greater than the premium or contribution or deductible, copayment,  
15 or coinsurance amount respectively for a similarly situated individual enrolled  
16 under the short-term, limited duration plan.

17           **(4) PREMIUM RATE VARIATION.** An insurer that offers a short-term, limited  
18 duration plan may vary premium rates for a specific short-term, limited duration  
19 plan based only on the following considerations:

20           (a) Whether the short-term, limited duration plan covers an individual or a  
21 family.

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

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

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

2 (5) ANNUAL AND LIFETIME LIMITS. A short-term, limited duration plan may not  
3 establish any of the following:

4 (a) Lifetime limits on the dollar value of benefits for an enrollee or a dependent  
5 of an enrollee under the short-term, limited duration plan.

6 (b) Limits on the dollar value of benefits for an enrollee or a dependent of an  
7 enrollee under the short-term, limited duration plan for a term of coverage or for the  
8 aggregate duration of the short-term, limited duration plan.

9 **SECTION 101.** 632.76 (2) (ac) 3. (intro.) of the statutes is amended to read:

10 632.76 (2) (ac) 3. (intro.) Except as the commissioner provides by rule under  
11 s. 632.7495 (5), all of the following apply to an individual disability insurance policy  
12 that is a short-term policy, limited duration plan subject to s. 632.7495 (4) and (5):

13 **SECTION 102.** 632.76 (2) (ac) 3. b. of the statutes is amended to read:

14 632.76 (2) (ac) 3. b. The policy shall ~~reduce the length of time during which a~~  
15 ~~may not impose any~~ preexisting condition exclusion ~~may be imposed by the~~  
16 ~~aggregate of the insured's consecutive periods of coverage under the insurer's~~  
17 ~~individual disability insurance policies that are short-term policies subject to s.~~  
18 ~~632.7495 (4) and (5). For purposes of this subd. 3. b., coverage periods are consecutive~~  
19 ~~if there are no more than 63 days between the coverage periods.~~

20 **SECTION 103.** 632.862 of the statutes is created to read:

21 **632.862 Application of prescription drug payments. (1) DEFINITIONS.** In  
22 this section:

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

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

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

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

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

9           (d) “Prescription drug” has the meaning given in s. 450.01 (20).

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

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

18          **SECTION 104.** 632.863 of the statutes is created to read:

19          **632.863 Pharmaceutical representatives. (1) DEFINITIONS.** In this section:

20          (a) “Health care professional” means a physician or other health care  
21 practitioner who is licensed to provide health care services or to prescribe  
22 pharmaceutical or biologic products.

23          (b) “Pharmaceutical” means a medication that may legally be dispensed only  
24 with a valid prescription from a health care professional.

1 (c) "Pharmaceutical representative" means an individual who markets or  
2 promotes pharmaceuticals to health care professionals on behalf of a pharmaceutical  
3 manufacturer for compensation.

4 (2) LICENSURE. Beginning on the first day of the 12th month beginning after  
5 the effective date of this subsection .... [LRB inserts date], no individual may act as  
6 a pharmaceutical representative in this state without being licensed by the  
7 commissioner as a pharmaceutical representative under this section. In order to  
8 obtain a license, the individual shall apply to the commissioner in the form and  
9 manner prescribed by the commissioner. The term of a license issued under this  
10 subsection is one year and is renewable.

11 (3) DISPLAY OF LICENSE. A pharmaceutical representative licensed under sub.  
12 (2) shall display the pharmaceutical representative's license during each visit with  
13 a health care professional.

14 (4) ENFORCEMENT. (a) Any individual who violates this section shall be fined  
15 not less than \$1,000 nor more than \$3,000 for each offense. Each day of continued  
16 violation constitutes a separate offense.

17 (b) The commissioner may suspend or revoke the license of a pharmaceutical  
18 representative who violates this section. A suspended or revoked license may not be  
19 reinstated until the pharmaceutical representative remedies all violations related  
20 to the suspension or revocation and pays all assessed penalties and fees.

21 (5) RULES. The commissioner shall promulgate rules to implement this section,  
22 including rules that require pharmaceutical representatives to complete continuing  
23 educational coursework as a condition of licensure.

24 **SECTION 105.** 632.864 of the statutes is created to read:

1           **632.864 Pharmacy services administrative organizations. (1)**

2           DEFINITIONS. In this section:

3           (a) “Administrative service” means any of the following:

4           1. Assisting with claims.

5           2. Assisting with audits.

6           3. Providing centralized payment.

7           4. Performing certification in a specialized care program.

8           5. Providing compliance support.

9           6. Setting flat fees for generic drugs.

10          7. Assisting with store layout.

11          8. Managing inventory.

12          9. Providing marketing support.

13          10. Providing management and analysis of payment and drug dispensing data.

14          11. Providing resources for retail cash cards.

15          (b) “Independent pharmacy” means a pharmacy operating in this state that is  
16 licensed under s. 450.06 or 450.065 and is under common ownership with no more  
17 than 2 other pharmacies.

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

19          (d) “Pharmacy services administrative organization” means an entity  
20 operating in this state that does all of the following:

21           1. Contracts with an independent pharmacy to conduct business on the  
22 independent pharmacy’s behalf with a 3rd-party payer.

23           2. Provides at least one administrative service to an independent pharmacy  
24 and negotiates and enters into a contract with a 3rd-party payer or pharmacy benefit  
25 manager on behalf of the independent pharmacy.



1 (e) “Third-party payer” means an entity, including a plan sponsor, health  
2 maintenance organization, or insurer, operating in this state that pays or insures  
3 health, medical, or prescription drug expenses on behalf of beneficiaries.

4 **(2) LICENSURE.** (a) Beginning on the first day of the 12th month beginning after  
5 the effective date of this paragraph .... [LRB inserts date], no person may operate as  
6 a pharmacy services administrative organization in this state without being licensed  
7 by the commissioner as a pharmacy services administrative organization under this  
8 section. In order to obtain a license, the person shall apply to the commissioner in  
9 the form and manner prescribed by the commissioner. The application shall include  
10 all of the following:

11 1. The name, address, telephone number, and federal employer identification  
12 number of the applicant.

13 2. The name, business address, and telephone number of a contact person for  
14 the applicant.

15 3. The fee under s. 601.31 (1) (nw).

16 4. Evidence of financial responsibility of at least \$1,000,000.

17 5. Any other information required by the commissioner.

18 (b) The term of a license issued under par. (a) shall be 2 years from the date of  
19 issuance.

20 **(3) DISCLOSURE TO THE COMMISSIONER.** (a) A pharmacy services administrative  
21 organization licensed under sub. (2) shall disclose to the commissioner the extent of  
22 any ownership or control of the pharmacy services administrative organization by  
23 an entity that does any of the following:

24 1. Provides pharmacy services.

25 2. Provides prescription drug or device services.

1           3. Manufactures, sells, or distributes prescription drugs, biologicals, or medical  
2 devices.

3           (b) A pharmacy services administrative organization licensed under sub. (2)  
4 shall notify the commissioner in writing within 5 days of any material change in its  
5 ownership or control relating to an entity described in par. (a).

6           **(4) RULES.** The commissioner may promulgate rules to implement this section.

7           **SECTION 106.** 632.868 of the statutes is created to read:

8           **632.868 Insulin safety net programs. (1) DEFINITIONS.** In this section:

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

11           (b) “Navigator” has the meaning given in s. 628.90 (3).

12           (c) “Patient assistance program” means a program established by a  
13 manufacturer under sub. (3) (a).

14           (d) “Pharmacy” means an entity licensed under s. 450.06 or 450.065.

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

18           (f) “Urgent need safety net program” means a program established by a  
19 manufacturer under sub. (2) (a).

20           **(2) URGENT NEED SAFETY NET PROGRAM.** (a) *Establishment of program.* No later  
21 than July 1, 2024, each manufacturer shall establish an urgent need safety net  
22 program to make insulin available in accordance with this subsection to individuals  
23 who meet the eligibility requirements under par. (b).

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

- 1           1. The individual is in urgent need of insulin.
- 2           2. The individual is a resident of this state.
- 3           3. The individual is not receiving public assistance under ch. 49.
- 4           4. The individual is not enrolled in prescription drug coverage through an
- 5 individual or group health plan that limits the total cost sharing amount, including
- 6 copayments, deductibles, and coinsurance, that an enrollee is required to pay for a
- 7 30-day supply of insulin to no more than \$75, regardless of the type or amount of
- 8 insulin prescribed.
- 9           5. The individual has not received insulin under an urgent need safety net
- 10 program within the previous 12 months, except as allowed under par. (d).

11           (c) *Provision of insulin under an urgent need safety net program.* 1. In order

12 to receive insulin under an urgent need safety net program, an individual who meets

13 the eligibility requirements under par. (b) shall provide a pharmacy with all of the

14 following:

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

16 include an attestation by the individual, or the individual's parent or legal guardian

17 if the individual is under the age of 18, that the individual meets all of the eligibility

18 requirements under par. (b).

19           b. A valid insulin prescription.

20           c. A valid Wisconsin driver's license or state identification card. If the

21 individual is under the age of 18, the individual's parent or legal guardian shall meet

22 this requirement.

23           2. Upon receipt of the information described in subd. 1. a. to c., the pharmacist

24 shall dispense a 30-day supply of the prescribed insulin to the individual. The

25 pharmacy shall also provide the individual with the information sheet described in

1 sub. (8) (b) 2. and the list of navigators described in sub. (8) (c). The pharmacy may  
2 collect a copayment, not to exceed \$35, from the individual to cover the pharmacy's  
3 costs of processing and dispensing the insulin. The pharmacy shall notify the health  
4 care practitioner who issued the prescription no later than 72 hours after the insulin  
5 is dispensed.

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

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

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

23 **(3) PATIENT ASSISTANCE PROGRAM.** (a) *Establishment of program.* No later than  
24 July 1, 2024, each manufacturer shall establish a patient assistance program to  
25 make insulin available in accordance with this subsection to individuals who meet

1 the eligibility requirements under par. (b). Under the patient assistance program,  
2 the manufacturer shall do all of the following:

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

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

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

10 4. Maintain the privacy of all information received from an individual applying  
11 for or participating in the patient assistance program and not sell, share, or  
12 disseminate the information unless required under this section or authorized, in  
13 writing, by the individual.

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

16 1. The individual is a resident of this state.

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

20 3. The individual has a valid insulin prescription.

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

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

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

7           7. The individual is not enrolled in prescription drug coverage through an  
8 individual or group health plan that limits the total cost sharing amount, including  
9 copayments, deductibles, and coinsurance, that an enrollee is required to pay for a  
10 30-day supply of insulin to no more than \$75, regardless of the type or amount of  
11 insulin needed.

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

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

1 individual's eligibility under par. (b) and notify the individual of the determination  
2 no later than 3 days after receipt of the requested information.

3 3. Except as provided in subd. 5., if the manufacturer determines under subd.  
4 1. or 2. that the individual is eligible for the patient assistance program, the  
5 manufacturer shall provide the individual with a statement of eligibility. The  
6 statement of eligibility shall be valid for 12 months and may be renewed upon a  
7 determination by the manufacturer that the individual continues to meet the  
8 eligibility requirements under par. (b).

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

20 5. In the case of an individual who has prescription drug coverage through an  
21 individual or group health plan, if the manufacturer determines under subd. 1. or 2.  
22 that the individual is eligible for the patient assistance program but also determines  
23 that the individual's insulin needs are better addressed through the use of the  
24 manufacturer's copayment assistance program rather than the patient assistance  
25 program, the manufacturer shall inform the individual of the determination and

1 provide the individual with the necessary coupons to submit to a pharmacy. The  
2 individual may not be required to pay more than the copayment amount specified in  
3 par. (d) 2.

4 (d) *Provision of insulin under a patient assistance program.* 1. Upon receipt  
5 from an individual of the eligibility statement described in par. (c) 3. and a valid  
6 insulin prescription, a pharmacy shall submit an order containing the name of the  
7 insulin and daily dosage amount to the manufacturer. The pharmacy shall include  
8 with the order the pharmacy's name, shipping address, office telephone number, fax  
9 number, email address, and contact name, as well as any days or times when  
10 deliveries are not accepted by the pharmacy.

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

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

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



1           **(4) EXCEPTIONS.** (a) This section does not apply to a manufacturer that shows  
2 to the commissioner's satisfaction that the manufacturer's annual gross revenue  
3 from insulin sales in this state does not exceed \$2,000,000.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

18           a. Accessibility to urgent-need insulin.

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

21           c. Helpfulness of a navigator.

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

24           2. The commissioner shall develop and conduct a satisfaction survey of  
25 pharmacies that have dispensed insulin through urgent need safety net programs

1 and patient assistance programs. The survey shall include questions about the  
2 pharmacy's satisfaction with all of the following, if applicable:

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

5 b. Ease in submitting insulin orders to manufacturers.

6 c. Timeliness of receiving insulin orders from manufacturers.

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

9 4. No later than July 1, 2026, the commissioner shall submit to the governor  
10 and the chief clerk of each house of the legislature, for distribution to the legislature  
11 under s. 13.172 (2), a report on the results of the surveys under subds. 1. and 2.

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

17 **SECTION 107.** 632.87 (8) of the statutes is created to read:

18 632.87 **(8)** (a) In this subsection:

19 1. "Health care provider" has the meaning given in s. 146.81 (1) (a) to (hp).

20 2. "Substance abuse counselor" means a substance abuse counselor certified  
21 under s. 440.88.

22 (b) No policy, plan, or contract may exclude coverage for alcoholism or other  
23 drug abuse treatment or services provided by a substance abuse counselor within the  
24 scope of the substance abuse counselor's education and training if the policy, plan,

1 or contract covers the alcoholism or other drug abuse treatment or services when  
2 provided by another health care provider.

3 **SECTION 108.** 632.871 of the statutes is created to read:

4 **632.871 Telehealth services. (1) DEFINITIONS.** In this section:

5 (a) “Disability insurance policy” has the meaning given in s. 632.895 (1) (a).

6 (b) “Self-insured health plan” means a self-insured health plan of the state or  
7 a county, city, village, town, or school district.

8 (c) “Telehealth” means a practice of health care delivery, diagnosis,  
9 consultation, treatment, or transfer of medically relevant data by means of audio,  
10 video, or data communications that are used either during a patient visit or a  
11 consultation or are used to transfer medically relevant data about a patient.  
12 “Telehealth” does not include communications delivered solely by audio-only  
13 telephone, facsimile machine, or email unless specified otherwise by rule.

14 **(2) COVERAGE DENIAL PROHIBITED.** No disability insurance policy or self-insured  
15 health plan may deny coverage for a treatment or service provided through  
16 telehealth on the basis that the treatment or service is provided through telehealth  
17 if that treatment or service is covered by the disability insurance policy or  
18 self-insured health plan when provided in person. A disability insurance policy or  
19 self-insured health plan may limit coverage of treatments or services provided  
20 through telehealth to those treatments or services that are medically necessary.

21 **(3) CERTAIN LIMITATIONS ON TELEHEALTH PROHIBITED.** A disability insurance  
22 policy or self-insured health plan may not subject a treatment or service provided  
23 through telehealth for which coverage is required under sub. (2) to any of the  
24 following:

1 (a) Any greater deductible, copayment, or coinsurance amount than would be  
2 applicable if the treatment or service is provided in person.

3 (b) Any policy or calendar year or lifetime benefit limit or other maximum  
4 limitation that is not imposed on other treatments or services covered by the  
5 disability insurance policy or self-insured health plan that are not provided through  
6 telehealth.

7 (c) Prior authorization requirements that are not required for the same  
8 treatment or service when provided in person.

9 (d) Unique location requirements.

10 **(4) DISCLOSURE OF COVERAGE OF CERTAIN TELEHEALTH SERVICES.** A disability  
11 insurance policy or self-insured health plan that covers a telehealth treatment or  
12 service that has no equivalent in-person treatment or service, such as remote patient  
13 monitoring, shall specify in policy or plan materials the coverage of that telehealth  
14 treatment or service.

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

16 (1) PRESCRIPTION DRUG IMPORTATION PROGRAM. The commissioner of insurance  
17 shall submit the first report required under s. 601.575 (5) by the next January 1 or  
18 July 1, whichever is earliest, that is at least 180 days after the date the prescription  
19 drug importation program is fully operational under s. 601.575 (4). The  
20 commissioner of insurance shall include in the first 3 reports submitted under s.  
21 601.575 (5) information on the implementation of the audit functions under s.  
22 601.575 (1) (n).

23 (2) PUBLIC OPTION HEALTH INSURANCE PLAN. The office of the commissioner of  
24 insurance may expend from the appropriation under s. 20.145 (1) (a) in fiscal year

1 2023-24 not more than \$1,000,000 for the development of a public option health  
2 insurance plan.

3 (3) PRESCRIPTION DRUG PURCHASING ENTITY. During the 2023-2025 fiscal  
4 biennium, the office of the commissioner of insurance shall conduct a study on the  
5 viability of creating or implementing a state prescription drug purchasing entity.

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

7 (1) TELEHEALTH PARITY.

8 (a) For policies and plans containing provisions inconsistent with the  
9 treatment of s. 632.871, the treatment of s. 632.871 first applies to policy or plan  
10 years beginning on January 1 of the year following the year in which this paragraph  
11 takes effect, except as provided in par. (b).

12 (b) For policies and plans that are affected by a collective bargaining agreement  
13 containing provisions inconsistent with the treatment of s. 632.871, the treatment  
14 of s. 632.871 first applies to policy or plan years beginning on the effective date of this  
15 paragraph or on the day on which the collective bargaining agreement is newly  
16 established, extended, modified, or renewed, whichever is later.

17 (2) SUBSTANCE ABUSE COUNSELOR COVERAGE.

18 (a) For policies and plans containing provisions inconsistent with the  
19 treatment of s. 632.87 (8), the treatment of s. 632.87 (8) first applies to policy or plan  
20 years beginning on January 1 of the year following the year in which this paragraph  
21 takes effect, except as provided in par. (b).

22 (b) For policies and plans that are affected by a collective bargaining agreement  
23 containing provisions inconsistent with the treatment of s. 632.87 (8), the treatment  
24 of s. 632.87 (8) first applies to policy or plan years beginning on the effective date of

1 this paragraph or on the day on which the collective bargaining agreement is newly  
2 established, extended, modified, or renewed, whichever is later.

3 (3) APPLICATION OF MANUFACTURER DISCOUNTS.

4 (a) For policies and plans containing provisions inconsistent with the  
5 treatment of s. 632.862, the treatment of s. 632.862 first applies to policy or plan  
6 years beginning on January 1 of the year following the year in which this paragraph  
7 takes effect, except as provided in par. (b).

8 (b) For policies or plans that are affected by a collective bargaining agreement  
9 containing provisions inconsistent with the treatment of s. 632.862, the treatment  
10 of s. 632.862 first applies to policy or plan years beginning on the effective date of this  
11 paragraph or on the day on which the collective bargaining agreement is newly  
12 established, extended, modified, or renewed, whichever is later.

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

14 (1) SUBSTANCE ABUSE COUNSELOR COVERAGE. The treatment of s. 632.87 (8) and  
15 SECTION 9323 (2) of this act take effect on the first day of the 4th month beginning  
16 after publication.”

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

18 “SECTION 109. 20.005 (3) (schedule) of the statutes: at the appropriate place,  
19 insert the following amounts for the purposes indicated:

**2023-24      2024-25**

20 **20.435 Health services, department of**

21 (1) PUBLIC HEALTH SERVICES PLANNING, REGULATION  
22 AND DELIVERY







1           “**SECTION 1.** 252.12 (2) (a) 8. (intro.) of the statutes is amended to read:

2           252.12 (2) (a) 8. ‘Mike Johnson life care and early intervention services grants.’

3           (intro.) The department shall award not more than ~~\$4,000,000~~ \$5,000,000 in each  
4           fiscal year in grants to applying AIDS service organizations for the provision of needs  
5           assessments; assistance in procuring financial, medical, legal, social and pastoral  
6           services; counseling and therapy; homecare services and supplies; advocacy; and  
7           case management services. These services shall include early intervention services.  
8           The department shall also award not more than \$74,000 in each year from the  
9           appropriation account under s. 20.435 (5) (md) for the services under this  
10          subdivision. The state share of payment for case management services that are  
11          provided under s. 49.45 (25) (be) to recipients of medical assistance shall be paid from  
12          the appropriation account under s. 20.435 (1) (am). All of the following apply to  
13          grants awarded under this subdivision.”

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

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

16          (1) OFFICE OF CAREGIVER QUALITY POSITION INCREASE. The authorized FTE  
17          positions for the department of health services are increased by 2.8 FED positions,  
18          beginning in fiscal year 2023-24, to be funded from the appropriation under s. 20.435  
19          (6) (n) for the purpose of increasing staffing in the division of the department  
20          responsible for caregiver quality.”

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

22          “**SECTION 116.** 20.005 (3) (schedule) of the statutes: at the appropriate place,  
23          insert the following amounts for the purposes indicated:

<b>2023-24</b>	<b>2024-25</b>
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1     **20.435 Health services, department of**

2     (1) PUBLIC HEALTH SERVICES PLANNING, REGULATION,  
3             AND DELIVERY

4     (bc) Emergency medical services

5             grants	GPR	C	150,000,000	-0-
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6             **SECTION 117.** 20.435 (1) (bc) of the statutes is created to read:

7             20.435 (1) (bc) *Emergency medical services grants.* As a continuing  
8     appropriation, the amounts in the schedule for grants to providers of emergency  
9     medical services under s. 256.42.

10            **SECTION 118.** 256.42 of the statutes is created to read:

11            **256.42 Emergency medical services grants.** From the appropriation under  
12     s. 20.435 (1) (bc), the department may award grants to providers of emergency  
13     medical services for reasonable operating expenses related to emergency medical  
14     services, including expenses related to supplies, equipment, training, staffing, and  
15     vehicles.”.

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

17            “**SECTION 11906m.** 20.435 (4) (jw) of the statutes is amended to read:

18            20.435 (4) (jw) *BadgerCare Plus and hospital assessment.* ~~All moneys received~~  
19     ~~from payment of enrollment fees under the program under s. 49.45 (23), all moneys~~  
20     transferred under s. 50.38 (9), all moneys transferred from the appropriation account  
21     under par. (jz), and 10 percent of all moneys received from penalty assessments  
22     under s. 49.471 (9) (c), ~~for administration of the program under s. 49.45 (23), to~~  
23     provide a portion of the state share of administrative costs for the BadgerCare Plus

1 Medical Assistance program under s. 49.471, and for administration of the hospital  
2 assessment under s. 50.38.

3 **SECTION 301m.** 49.45 (2p) of the statutes is repealed.

4 **SECTION 305g.** 49.45 (23) of the statutes is repealed.

5 **SECTION 305r.** 49.45 (23b) of the statutes is repealed.

6 **SECTION 309m.** 49.471 (1) (cr) of the statutes is created to read:

7 49.471 (1) (cr) “Enhanced federal medical assistance percentage” means a  
8 federal medical assistance percentage described under 42 USC 1396d (y) or (z).

9 **SECTION 309n.** 49.471 (4) (a) 4. b. of the statutes is amended to read:

10 49.471 (4) (a) 4. b. The individual’s family income does not exceed ~~100~~ 133  
11 percent of the poverty line ~~before application of the 5 percent income disregard under~~  
12 ~~42 CFR 435.603 (d).~~

13 **SECTION 309o.** 49.471 (4) (a) 8. of the statutes is created to read:

14 49.471 (4) (a) 8. An individual who meets all of the following criteria:

15 a. The individual is an adult under the age of 65.

16 b. The adult has a family income that does not exceed 133 percent of the poverty  
17 line, except as provided in sub. (4g).

18 c. The adult is not otherwise eligible for the Medical Assistance program under  
19 this subchapter or the Medicare program under 42 USC 1395 et seq.

20 **SECTION 309p.** 49.471 (4g) of the statutes is created to read:

21 49.471 (4g) **MEDICAID EXPANSION; FEDERAL MEDICAL ASSISTANCE PERCENTAGE.** For  
22 services provided to individuals described under sub. (4) (a) 8., the department shall  
23 comply with all federal requirements to qualify for the highest available enhanced  
24 federal medical assistance percentage. The department shall submit any  
25 amendment to the state medical assistance plan, request for a waiver of federal

1 Medicaid law, or other approval request required by the federal government to  
2 provide services to the individuals described under sub. (4) (a) 8. and qualify for the  
3 highest available enhanced federal medical assistance percentage.

4 **SECTION 311m.** 49.686 (3) (d) of the statutes is amended to read:

5 49.686 (3) (d) Has applied for coverage under and has been denied eligibility  
6 for medical assistance within 12 months prior to application for reimbursement  
7 under sub. (2). This paragraph does not apply to an individual ~~who is eligible for~~  
8 ~~benefits under the demonstration project for childless adults under s. 49.45 (23) or~~  
9 ~~to an individual~~ who is eligible for benefits under BadgerCare Plus under s. 49.471  
10 (4) (a) 8. or (11).

11 **SECTION 472u.** 2017 Wisconsin Act 370, section 44 (2) and (3) are repealed.

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

13 (2h) CHILDLESS ADULTS DEMONSTRATION PROJECT. The department of health  
14 services shall submit any necessary request to the federal department of health and  
15 human services for a state plan amendment or waiver of federal Medicaid law or to  
16 modify or withdraw from any waiver of federal Medicaid law relating to the childless  
17 adults demonstration project under s. 49.45 (23), 2021 stats., to reflect the  
18 incorporation of recipients of Medical Assistance under the demonstration project  
19 into the BadgerCare Plus program under s. 49.471 and the termination of the  
20 demonstration project.

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

22 (2r) MEDICAID EXPANSION. The treatment of ss. 20.435 (4) (jw), 49.45 (2p), 49.45  
23 (23) and (23b), 49.471 (1) (cr), (4) (a) 4. b. and 8., and (4g), and 49.686 (3) (d), and 2017  
24 Wisconsin Act 370, section 44 (2) and (3), and SECTIONS 9119 (2h) of this act take effect  
25 on July 1, 2023.”.

1           **164.** Page 374, line 11: after that line insert:

2           “**SECTION 120.** 49.45 (3) (e) 11. of the statutes is amended to read:

3           49.45 (3) (e) 11. The department shall use a portion of the moneys collected  
4           under s. 50.38 (2) (a) to pay for services provided by eligible hospitals, as defined in  
5           s. 50.38 (1), other than critical access hospitals, under the Medical Assistance  
6           Program under this subchapter, including services reimbursed on a fee-for-service  
7           basis and services provided under a managed care system. For state fiscal year  
8           2008-09, total payments required under this subdivision, including both the federal  
9           and state share of Medical Assistance, shall equal the amount collected under s.  
10          50.38 (2) (a) for fiscal year 2008-09 divided by 57.75 percent. For each state fiscal  
11          year after state fiscal year 2008-09, total payments required under this subdivision,  
12          including both the federal and state share of Medical Assistance, shall equal the  
13          amount collected under s. 50.38 (2) (a) for the fiscal year divided by ~~61.68~~ 44.21  
14          percent.”.

15          **165.** Page 374, line 11: after that line insert:

16          “**SECTION 121.** 49.45 (3) (e) 12. of the statutes is amended to read:

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

1           **166.** Page 374, line 11: after that line insert:

2           “**SECTION 122.** 49.45 (6xm) of the statutes is created to read:

3           49.45 (**6xm**) PEDIATRIC INPATIENT SUPPLEMENT. (a) From the appropriations  
4           under s. 20.435 (4) (b), (o), and (w), the department shall, using a method determined  
5           by the department, distribute a total sum of \$2,000,000 in each state fiscal year to  
6           hospitals that meet all of the following criteria:

7           1. The hospital is an acute care hospital located in this state.

8           2. During the hospital’s fiscal year, the inpatient days in the hospital’s acute  
9           care pediatric units and intensive care pediatric units totaled more than 12,000 days,  
10          not including neonatal intensive care units. For purposes of this subdivision, the  
11          hospital’s fiscal year is the hospital’s fiscal year that ended in the 2nd calendar year  
12          preceding the beginning of the state fiscal year.

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

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

19          “**SECTION 123.** 49.45 (30p) of the statutes is created to read:

20          49.45 (**30p**) DETOXIFICATION AND STABILIZATION SERVICES. (a) In this subsection:

21          1. “Adult residential integrated behavioral health stabilization service” means  
22          a residential behavioral health treatment service, delivered under the oversight of  
23          a medical director, that provides withdrawal management and intoxication  
24          monitoring, as well as integrated behavioral health stabilization services, and



1 includes nursing care on site for medical monitoring available on a 24-hour basis.  
2 “Adult residential integrated behavioral health stabilization service” may include  
3 the provision of services including screening, assessment, intake, evaluation and  
4 diagnosis, medical care, observation and monitoring, physical examination,  
5 determination of medical stability, medication management, nursing services, case  
6 management, drug testing, counseling, individual therapy, group therapy, family  
7 therapy, psychoeducation, peer support services, recovery coaching, recovery  
8 support services, and crisis intervention services, to ameliorate acute behavioral  
9 health symptoms and stabilize functioning.

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

13 3. “Detoxification and stabilization services” means adult residential  
14 integrated behavioral health stabilization service, residential withdrawal  
15 management service, or residential intoxication monitoring service.

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

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

14           (b) Subject to par. (c), the department shall provide reimbursement for  
15 detoxification and stabilization services under the Medical Assistance program  
16 under s. 49.46 (2) (b) 14r. The department shall certify providers under the Medical  
17 Assistance program to provide detoxification and stabilization services in  
18 accordance with this subsection.

19           (c) The department shall submit to the federal department of health and  
20 human services any request for a state plan amendment, waiver, or other federal  
21 approval necessary to provide reimbursement for detoxification and stabilization  
22 services as described in this subsection. If the federal department approves the  
23 request or if no federal approval is necessary, the department shall provide the  
24 reimbursement under par. 49.46 (2) (b) 14r. If the federal department disapproves

1 the request, the department may not provide the reimbursement described in this  
2 subsection.

3 **SECTION 124.** 49.46 (2) (b) 14r. of the statutes is created to read:

4 49.46 (2) (b) 14r. Detoxification and stabilization services as specified under s.  
5 49.45 (30p).”.

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

7 “**SECTION 125.** 49.45 (7m) of the statutes is created to read:

8 49.45 (7m) PAY-FOR-PERFORMANCE; HEALTH INFORMATION EXCHANGE. The  
9 department shall develop and implement for non-hospital providers in the Medical  
10 Assistance program, including physicians, clinics, health departments, home health  
11 agencies, and post-acute care facilities, a payment system based on performance to  
12 incentivize participation in health information data sharing to facilitate better  
13 patient care, reduced costs, and easier access to patient information. The  
14 department shall establish performance metrics for the payment system under this  
15 subsection that satisfy all of the following:

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

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

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

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

23 **169.** Page 374, line 11: after that line insert:

1           “**SECTION 126.** 20.005 (3) (schedule) of the statutes: at the appropriate place,  
2 insert the following amounts for the purposes indicated:

**2023-24        2024-25**

3   **20.435 Health services, department of**

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

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

8       **SECTION 127.** 20.435 (1) (ex) of the statutes is created to read:

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

12       **SECTION 128.** 253.143 of the statutes is created to read:

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

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

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

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

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

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

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

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

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

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

1           **171.** Page 374, line 11: after that line insert:

2           “**SECTION 129.** 46.48 (36) of the statutes is created to read:

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

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

11           “**SECTION 130.** 49.79 (9) (f) of the statutes is repealed.”.

12           **173.** Page 374, line 11: after that line insert:

13           “**SECTION 131.** 20.005 (3) (schedule) of the statutes: at the appropriate place,  
14           insert the following amounts for the purposes indicated:

	<b>2023-24</b>	<b>2024-25</b>
15 <b>20.435 Health services, department of</b>		
16           (5)    MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES		
17           (ch)   Suicide and crisis lifeline grants   GPR    A       898,700    2,105,700		

18           **SECTION 132.** 20.435 (5) (ch) of the statutes is created to read:

19           20.435 **(5)** (ch) *Suicide and crisis lifeline grants.* The amounts in the schedule  
20           for grants under s. 46.533.

21           **SECTION 133.** 46.533 of the statutes is created to read:

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

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

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

9           “**SECTION 134.** 46.482 (1) (a) of the statutes is renumbered 46.482 (1) (bm).

10          **SECTION 135.** 46.482 (1) (am) of the statutes is created to read:

11          46.482 (1) (am) “Certified peer specialist” means an individual described under  
12 s. 49.45 (30j) (a) 1m. who has met the certification requirements established by the  
13 department.

14          **SECTION 136.** 46.482 (1) (b) of the statutes is renumbered 46.482 (1) (c) and  
15 amended to read:

16          46.482 (1) (c) “Peer recovery coach” means an individual described under s.  
17 49.45 (30j) (a) ~~2.~~ 3. who has completed the training requirements specified under  
18 s. 49.45 (30j) (b) 4.

19          **SECTION 137.** 46.482 (2) (a) of the statutes is amended to read:

20          46.482 (2) (a) Use peer recovery coaches and certified peer specialists to  
21 encourage individuals to seek treatment for a substance use disorder following an  
22 overdose.

23          **SECTION 138.** 46.482 (2) (f) of the statutes is amended to read:

1           46.482 (2) (f) Collect and evaluate data on the outcomes of patients receiving  
2 peer recovery coach or certified peer specialist services and coordination and  
3 continuation of care services under this section.

4           **SECTION 139.** 49.45 (30j) (title) of the statutes is amended to read:

5           49.45 (30j) (title) REIMBURSEMENT FOR PEER RECOVERY COACH AND CERTIFIED PEER  
6 SPECIALIST SERVICES.

7           **SECTION 140.** 49.45 (30j) (a) 1. and 2. of the statutes are renumbered 49.45 (30j)  
8 (a) 2m. and 3.

9           **SECTION 141.** 49.45 (30j) (a) 1m. of the statutes is created to read:

10          49.45 (30j) (a) 1m. “Certified peer specialist” means an individual who has  
11 experience in the mental health and substance use services system, who is trained  
12 to provide support to others, and who has received peer specialist or parent peer  
13 specialist certification under the rules established by the department.

14          **SECTION 142.** 49.45 (30j) (bm) of the statutes is created to read:

15          49.45 (30j) (bm) The department shall reimburse under the Medical Assistance  
16 program under this subchapter any service provided by a certified peer specialist if  
17 the service satisfies all of the following conditions:

18           1. The recipient of the service provided by a certified peer specialist is in  
19 treatment for or recovery from a mental illness or a substance use disorder.

20           2. The certified peer specialist provides the service under the supervision of a  
21 competent mental health professional.

22           3. The certified peer specialist provides the service in coordination with the  
23 Medical Assistance recipient’s individual treatment plan and in accordance with the  
24 recipient’s individual treatment goals.



1           4. The certified peer specialist providing the service has completed training  
2 requirements, as established by the department by rule, after consulting with  
3 members of the recovery community.

4           **SECTION 143.** 49.45 (30j) (c) of the statutes is amended to read:

5           49.45 **(30j)** (c) The department shall certify under Medical Assistance peer  
6 recovery coaches and certified peer specialists to provide services in accordance with  
7 this subsection.

8           **SECTION 144.** 49.46 (2) (b) 14p. of the statutes is amended to read:

9           49.46 **(2)** (b) 14p. Subject to s. 49.45 (30j), services provided by a peer recovery  
10 coach or a certified peer specialist.

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

12           (1) RULES REGARDING TRAINING OF CERTIFIED PEER SPECIALISTS. The department  
13 of health services may promulgate the rules required under s. 49.45 (30j) (bm) 4. as  
14 emergency rules under s. 227.24. Notwithstanding s. 227.24 (1) (a) and (3), the  
15 department of health services is not required to provide evidence that promulgating  
16 a rule under this subsection as an emergency rule is necessary for the preservation  
17 of the public peace, health, safety, or welfare and is not required to provide a finding  
18 of emergency for a rule promulgated under this subsection. Notwithstanding s.  
19 227.24 (1) (c) and (2), emergency rules promulgated under this subsection remain in  
20 effect until January 1, 2025, or the date the permanent rules take effect, whichever  
21 is sooner.”.

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

23           “**SECTION 145.** 20.435 (4) (bm) of the statutes is amended to read:

1           20.435 (4) (bm) *Medical Assistance, food stamps, and Badger Care*  
2 *administration; contract costs, insurer reports, and resource centers.* Biennially, the  
3 amounts in the schedule to provide a portion of the state share of administrative  
4 contract costs for the Medical Assistance program under subch. IV of ch. 49 and the  
5 Badger Care health care program under s. 49.665 and to provide the state share of  
6 administrative costs for the food stamp program under s. 49.79, other than payments  
7 under s. 49.78 (8), to develop and implement a registry of recipient immunizations,  
8 to reimburse 3rd parties for their costs under s. 49.475, for costs associated with  
9 outreach activities, for state administration of state supplemental grants to  
10 supplemental security income recipients under s. 49.77, for grants under s. 46.73,  
11 and for services of resource centers under s. 46.283. No state positions may be funded  
12 in the department of health services from this appropriation, except positions for the  
13 performance of duties under a contract in effect before January 1, 1987, related to  
14 the administration of the Medical Assistance program between the subunit of the  
15 department primarily responsible for administering the Medical Assistance  
16 program and another subunit of the department. Total administrative funding  
17 authorized for the program under s. 49.665 may not exceed 10 percent of the amounts  
18 budgeted under pars. (p) and (x).

19           **SECTION 146.** 20.435 (4) (pa) of the statutes is amended to read:

20           20.435 (4) (pa) *Federal aid; Medical Assistance and food stamp contracts*  
21 *administration.* All federal moneys received for the federal share of the cost of  
22 contracting for payment and services administration and reporting, other than  
23 moneys received under pars. (nn) and (np), to reimburse 3rd parties for their costs  
24 under s. 49.475, for administrative contract costs for the food stamp program under  
25 s. 49.79, for grants under s. 46.73, and for services of resource centers under s. 46.283.

1           **SECTION 147.** 46.73 of the statutes is created to read:

2           **46.73 Community dental health coordinators.** From the appropriations  
3 under s. 20.435 (4) (bm) and (pa), the department shall award grants to support  
4 community dental health coordinators.”

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

6           “**SECTION 148.** 20.940 of the statutes is repealed.

7           **SECTION 149.** 49.45 (2t) of the statutes is repealed.

8           **SECTION 150.** 256.23 (5) of the statutes is amended to read:

9           256.23 (5) ~~In accordance with s. 20.940, the~~ The department shall submit to  
10 the federal department of health and human services a request for any state plan  
11 amendment, waiver or other approval that is required to implement this section and  
12 s. 49.45 (3) (em). If federal approval is required, the department may not implement  
13 the collection of the fee under sub. (2) until it receives approval from the federal  
14 government to obtain federal matching funds.

15           **SECTION 151.** 601.83 (1) (a) of the statutes is amended to read:

16           601.83 (1) (a) The commissioner shall administer a state-based reinsurance  
17 program known as the healthcare stability plan in accordance with the specific terms  
18 and conditions approved by the federal department of health and human services  
19 dated July 29, 2018. Before December 31, 2023, the commissioner may not request  
20 from the federal department of health and human services a modification,  
21 suspension, withdrawal, or termination of the waiver under 42 USC 18052 under  
22 which the healthcare stability plan under this subchapter operates unless  
23 legislation has been enacted specifically directing the modification, suspension,  
24 withdrawal, or termination. Before December 31, 2023, the commissioner may

1 request renewal, without substantive change, of the waiver under 42 USC 18052  
2 under which the health care stability plan operates in accordance with s. 20.940 (4)  
3 unless legislation has been enacted that is contrary to such a renewal request. The  
4 commissioner shall comply with applicable timing in and requirements of s. 20.940.

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

6 (1v) CHILDLESS ADULTS DEMONSTRATION PROJECT REFORM WAIVER. The department  
7 of health services may submit a request to the federal department of health and  
8 human services to modify or withdraw the waiver granted under s. 49.45 (23) (g),  
9 2021 stats.”.

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

11 “**SECTION 152.** 46.854 of the statutes is created to read:

12 **46.854 Healthy aging grant program.** From the appropriation under s.  
13 20.435 (1) (b), the department shall award in each fiscal year a grant of \$600,000 to  
14 an entity that conducts programs in healthy aging.”.

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

16 “**SECTION 438e.** 254.11 (5m) of the statutes is repealed.

17 **SECTION 438m.** 254.11 (9) of the statutes is amended to read:

18 254.11 (9) “Lead poisoning or lead exposure” means a level of lead in the blood  
19 of ~~5~~ 3.5 or more micrograms per 100 milliliters of blood.

20 **SECTION 438s.** 254.166 (1) of the statutes is amended to read:

21 254.166 (1) The department ~~may~~ shall, after being notified that an occupant  
22 of a dwelling or premises who is under 6 years of age has blood lead poisoning or lead  
23 exposure, present official credentials to the owner or occupant of the dwelling or  
24 premises, or to a representative of the owner, and request admission to conduct a lead

1 investigation of the dwelling or premises. If the department is notified that an  
2 occupant of a dwelling or premises who is a child under 6 years of age has an elevated  
3 ~~blood lead level~~ blood lead poisoning or lead exposure, the department shall conduct  
4 a lead investigation of the dwelling or premises or ensure that a lead investigation  
5 of the dwelling or premises is conducted. The lead investigation shall be conducted  
6 during business hours, unless the owner or occupant of the dwelling or premises  
7 consents to an investigation during nonbusiness hours or unless the department  
8 determines that the dwelling or premises presents an imminent lead hazard. The  
9 department shall use reasonable efforts to provide prior notice of the lead  
10 investigation to the owner of the dwelling or premises. The department may remove  
11 samples or objects necessary for laboratory analysis to determine the presence of a  
12 lead hazard in the dwelling or premises. The department shall prepare and file  
13 written reports of all lead investigations conducted under this section and shall make  
14 the contents of these reports available for inspection by the public, except for medical  
15 information, which may be disclosed only to the extent that patient health care  
16 records may be disclosed under ss. 146.82 to 146.835. If the owner or occupant  
17 refuses admission, the department may seek a warrant to investigate the dwelling  
18 or premises. The warrant shall advise the owner or occupant of the scope of the lead  
19 investigation.”.

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

21 “**SECTION 153.** 20.435 (1) (b) of the statutes is amended to read:

22 20.435 (1) (b) *General aids and local assistance.* The amounts in the schedule  
23 for aids and local assistance relating to public health services, for grants for the  
24 suicide prevention program under s. 255.20 (4), and for grants for community

1 programs under s. 46.48. Notwithstanding ss. 20.001 (3) (a) and 20.002 (1), the  
2 department may transfer funds between fiscal years under this paragraph. Except  
3 as otherwise provided in this paragraph, all funds allocated but not encumbered by  
4 December 31 of each year lapse to the general fund on the next January 1 unless  
5 carried forward to the next calendar year by the joint committee on finance.

6 **SECTION 154.** 255.20 (4) of the statutes is created to read:

7 255.20 (4) (a) Implement a suicide prevention program that creates public  
8 awareness for issues relating to suicide prevention, builds community networks, and  
9 conducts training programs on suicide prevention for law enforcement personnel,  
10 health care providers, school employees, and other persons who have contact with  
11 persons at risk of suicide.

12 (b) As part of the suicide prevention program under this subsection, the  
13 department shall do all of the following:

- 14 1. Coordinate suicide prevention activities with other state agencies.
- 15 2. Provide educational activities to the general public relating to suicide  
16 prevention.
- 17 3. Provide training to persons who routinely interact with persons at risk of  
18 suicide, including training on recognizing persons at risk of suicide and referring  
19 those persons for appropriate treatment or support services.
- 20 4. Develop and carry out public awareness and media campaigns in each county  
21 targeting groups of persons who are at risk of suicide.
- 22 5. Enhance crisis services relating to suicide prevention.
- 23 6. Link persons trained in the assessment of and intervention in suicide with  
24 schools, public community centers, nursing homes, and other facilities serving  
25 persons most at risk of suicide.

1           7. Coordinate the establishment of local advisory groups in each county to  
2 support the efforts of the suicide prevention program under this subsection.

3           8. Work with groups advocating suicide prevention, community coalitions,  
4 managers of existing crisis hotlines that are nationally accredited or certified, and  
5 staff members of mental health agencies in this state to identify and address the  
6 barriers that interfere with providing services to groups of persons who are at risk  
7 of suicide.

8           9. Develop and maintain a website with links to appropriate resource  
9 documents, suicide hotlines that are nationally accredited or certified, credentialed  
10 professional personnel, state and local mental health agencies, and appropriate  
11 national organizations.

12           10. Review current research on data collection for factors related to suicide and  
13 develop recommendations for improved systems of surveillance for suicide and  
14 uniform collection of data related to suicide.

15           11. Develop and submit proposals for funding from federal government  
16 agencies and nongovernmental organizations.

17           12. Administer grant programs involving suicide prevention.

18           (c) 1. The department shall award grants to organizations or coalitions of  
19 organizations, which may include a city, village, town, county, or federally recognized  
20 American Indian tribe or band in this state for any of the following purposes:

21           a. To train staff at a firearm retailer or firearm range on how to recognize a  
22 person that may be considering suicide.

23           b. To provide suicide prevention materials for distribution at a firearm retailer  
24 or firearm range.

25           c. To provide voluntary, temporary firearm storage.

1           2. The department may not award a grant under subd. 1. unless the recipient  
2           contributes matching funds or in-kind services having a value equal to at least 20  
3           percent of the grant.

4           3. The department may not award a grant to a recipient under subd. 1. for an  
5           amount that exceeds \$5,000. The department may not award a grant under subd.  
6           1. having a duration of more than one year and may not automatically renew a grant  
7           awarded under subd. 1. This subdivision shall not be construed to prevent an  
8           organization or coalition of organizations from reapplying for a grant in consecutive  
9           years. In awarding grants under subd. 1., the department shall give preference to  
10          organizations or coalitions of organizations that have not previously received a grant  
11          under this paragraph.

12          (d) From the appropriation under s. 20.435 (1) (b), the department may  
13          distribute up to \$500,000 in grants each fiscal year for grants under this subsection,  
14          up to \$75,000 of which may be distributed each fiscal year for grants under par. (c).”.

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

16          “**SECTION 245m.** 46.48 (34) of the statutes is created to read:

17          46.48 (34) STIMULANT PREVENTION AND TREATMENT RESPONSE PROGRAMS. The  
18          department may distribute not more than \$1,644,000 in each fiscal year to support  
19          stimulant use prevention and treatment programs and services.”.

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

21          “**SECTION 155.** 20.005 (3) (schedule) of the statutes: at the appropriate place,  
22          insert the following amounts for the purposes indicated:



	<b>2023-24</b>	<b>2024-25</b>
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1     **20.435 Health services, department of**

2     (5)    **MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES**

3     (cm) Service dog training grants	GPR	A	125,000	125,000
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4           **SECTION 156.** 20.435 (5) (cm) of the statutes is created to read:

5           20.435 (5) (cm) *Service dog training grants*. The amounts in the schedule for  
6     awarding grants to organizations for service dog training under s. 46.250.

7           **SECTION 157.** 46.250 of the statutes is created to read:

8           **46.250 Service dog training grants. (1)** From the appropriation under s.  
9     20.435 (5) (cm), the department shall award grants to organizations that train  
10    service dogs for the purpose of assisting providers in attaining accreditation specific  
11    to post-traumatic stress disorder training from Assistance Dog International.

12          **(2)** The department shall promulgate rules to establish a process and criteria  
13    for organizations to apply for the grants under this section.”.

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

15          “**SECTION 158.** 49.79 (7s) of the statutes is created to read:

16          49.79 (7s) **PAYMENT PROCESSING PROGRAM.** From the appropriation under s.  
17    20.435 (4) (bu), the department shall administer a payment processing program to  
18    provide to farmers’ markets and farmers who sell directly to consumers electronic  
19    benefit transfer and credit and debit card processing equipment and services,  
20    including electronic benefit transfer for the food stamp program. To participate in  
21    the payment processing program, the vendor that is under contract to process the  
22    electronic benefit transfer and credit and debit card transactions shall also process

1 any local purchasing incentives, even if those local purchasing incentives are funded  
2 by a local 3rd-party entity.

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

4 (1) PAYMENT PROCESSING PROGRAM. In the schedule under s. 20.005 (3) for the  
5 appropriation to the department of health services under s. 20.435 (4) (bu), the dollar  
6 amount for fiscal year 2023-24 is increased by \$735,000 and the dollar amount for  
7 fiscal year 2024-25 is increased by \$735,000 for the program under s. 49.79 (7s).”.

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

9 “**SECTION 159.** 20.005 (3) (schedule) of the statutes: at the appropriate place,  
10 insert the following amounts for the purposes indicated:

	<b>2023-24</b>			<b>2024-25</b>
<b>20.435 Health services, department of</b>				
(4) MEDICAID SERVICES				
(bu) Healthy eating incentives	GPR	A	88,200	448,400

14 **SECTION 160.** 20.435 (4) (bu) of the statutes is created to read:

15 20.435 (4) (bu) *Healthy eating incentives.* The amounts in the schedule for the  
16 development and administration of the healthy eating incentives program under s.  
17 49.79 (7m) and to provide electronic benefit transfer and credit and debit card  
18 processing equipment and services to farmers’ markets and farmers who sell directly  
19 to consumers under s. 49.79 (7s).

20 **SECTION 161.** 49.79 (7m) of the statutes is created to read:

21 49.79 (7m) **HEALTHY EATING INCENTIVES.** (a) In this subsection, “fruit and  
22 vegetables” means any variety of fresh, canned, dried, or frozen whole or cut fruits  
23 or vegetables without added sugars, fats, oils, or salt.

1 (b) Subject to pars. (c) and (d), from the appropriation under s. 20.435 (4) (bu),  
2 the department shall establish and implement the statewide healthy eating  
3 incentives Double Up Food Bucks pilot program under the federal Gus Schumacher  
4 Nutrition Incentive Program to match benefit amounts spent by recipients under the  
5 food stamp program on fruits and vegetables from participating retailers with  
6 additional benefit amounts to be used for the purchase of fruits and vegetables.

7 (c) The department shall do all of the following, on a schedule determined by  
8 the department:

9 1. Submit to the U.S. department of agriculture a request for a waiver or any  
10 other federal approval necessary to allow the department to implement the program  
11 under this subsection.

12 2. Seek any available moneys, including federal moneys under the federal Gus  
13 Schumacher Nutrition Incentive Program, to fund implementation of the program  
14 under this subsection.

15 (d) If the U.S. department of agriculture disapproves the request under par. (c)  
16 1. or if the department is unable to obtain sufficient funding for the program, the  
17 department may not implement the program under this subsection.”.

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

19 “**SECTION 162.** 49.79 (9) (a) 1g. of the statutes is amended to read:

20 49.79 (9) (a) 1g. Except as provided in subds. 2. and 3., ~~beginning October 1,~~  
21 ~~2019~~, the department shall require, to the extent allowed by the federal government,  
22 ~~all~~ able-bodied adults without dependents in this state to participate in the  
23 employment and training program under this subsection, except for able-bodied  
24 adults without dependents who are employed, as determined by the department.

1 The department may require other able individuals who are 18 to 60 years of age, or  
2 a subset of those individuals to the extent allowed by the federal government, who  
3 are not participants in a Wisconsin Works employment position to participate in the  
4 employment and training program under this subsection.”.

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

6 “**SECTION 163.** 20.435 (4) (bq) of the statutes is repealed.

7 **SECTION 164.** 49.79 (9) (d) of the statutes is repealed.

8 **SECTION 165.** 49.791 of the statutes is repealed.

9 **SECTION 166.** 2017 Wisconsin Act 370, section 44 (5) is repealed.”.

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

11 “**SECTION 167.** 20.455 (1) (hn) of the statutes is created to read:

12 20.455 (1) (hn) *Payments to relators.* All moneys received by the department  
13 that are owed to a relator, to provide payments owed to a relator.

14 **SECTION 168.** 20.9315 of the statutes is created to read:

15 **20.9315 False claims; actions by or on behalf of state. (1)** In this section:

16 (a) 1. “Claim” means any request or demand, whether under a contract or  
17 otherwise, for money or property, whether the state has title to the money or property,  
18 that is any of the following:

19 a. Presented to an officer, employee, agent, or other representative of the state.

20 b. Made to a contractor, grantee, or other person if the money or property is to  
21 be spent or used on the state’s behalf or to advance a state program or interest and  
22 if the state provides any portion of the money or property that is requested or  
23 demanded or will reimburse directly or indirectly the contractor, grantee, or other  
24 person for any portion of the money or property that is requested or demanded.

1           2. “Claim” includes a request or demand for services from a state agency or as  
2 part of a state program.

3           3. “Claim” does not include requests or demands for money or property that the  
4 state has paid to an individual as compensation for state employment or as an income  
5 subsidy with no restriction on that individual’s use of the money or property.

6           (b) “Knowingly” means, with respect to information, having actual knowledge  
7 of the information, acting in deliberate ignorance of the truth or falsity of the  
8 information, or acting in reckless disregard of the truth or falsity of the information.  
9 “Knowingly” does not mean specifically intending to defraud.

10          (c) “Material” means having a natural tendency to influence, or be capable of  
11 influencing, the payment or receipt of money or property or the receipt of services.

12          (d) “Medical assistance” has the meaning given under s. 49.43 (8).

13          (e) “Obligation” has the meaning given in 31 USC 3729 (b) (3).

14          (f) “Original source” has the meaning given in 31 USC 3730 (e) (4) (B).

15          (g) “Proceeds” includes damages, civil penalties, surcharges, payments for  
16 costs of compliance, and any other economic benefit realized by this state as a result  
17 of an action or settlement of a claim.

18          **(2)** Except as provided in sub. (3), any person who does any of the following is  
19 liable to this state for 3 times the amount of the damages that were sustained by the  
20 state or would have been sustained by the state, whichever is greater, because of the  
21 actions of the person and shall forfeit, for each violation, an amount within the range  
22 specified under 31 USC 3729 (a):

23          (a) Knowingly presents or causes to be presented a false or fraudulent claim  
24 to a state agency, including a false or fraudulent claim for medical assistance.

1           (b) Knowingly makes, uses, or causes to be made or used a false record or  
2 statement material to a false or fraudulent claim to a state agency, including a false  
3 or fraudulent claim for medical assistance.

4           (c) Knowingly makes, uses, or causes to be made or used a false record or  
5 statement material to an obligation to pay or transmit money or property to the  
6 Medical Assistance program, or knowingly conceals or knowingly and improperly  
7 avoids or decreases an obligation to pay or transmit money or property to the Medical  
8 Assistance program.

9           (d) Knowingly makes, uses, or causes to be made or used a false record or  
10 statement material to an obligation to pay or transmit money or property to a state  
11 agency or knowingly conceals or knowingly and improperly avoids or decreases an  
12 obligation to pay or transmit money or property to a state agency.

13           (e) Conspires to commit a violation under par. (a), (b), (c), or (d).

14           **(3)** The court may assess against a person who violates sub. (2) not less than  
15 2 nor more than 3 times the amount of the damages sustained by the state because  
16 of the acts of the person, and shall not assess any forfeiture, if the court finds all of  
17 the following:

18           (a) The person who commits the acts furnished the attorney general with all  
19 information known to the person about the acts within 30 days after the date on  
20 which the person obtained the information.

21           (b) The person fully cooperated with any investigation by this state of the acts.

22           (c) At the time that the person furnished the attorney general with information  
23 concerning the acts, no criminal prosecution or civil or administrative enforcement  
24 action had been commenced with respect to any such act, and the person did not have  
25 actual knowledge of the existence of any investigation into any such act.

1           **(5)** (a) Except as provided in subs. (10) and (12), any person may bring a civil  
2 action as a qui tam plaintiff against a person who commits an act in violation of sub.  
3 (2) for the person and the state in the name of the state.

4           (b) The plaintiff under par. (a) shall serve upon the attorney general a copy of  
5 the complaint and documents disclosing substantially all material evidence and  
6 information that the plaintiff possesses. The plaintiff shall file a copy of the  
7 complaint with the court for inspection in camera. Except as provided in par. (c), the  
8 complaint shall remain under seal for a period of 60 days from the date of filing and  
9 shall not be served upon the defendant until the court so orders. Within 60 days from  
10 the date of service upon the attorney general of the complaint, evidence, and  
11 information under this paragraph, the attorney general may intervene in the action.

12           (bm) Any complaint filed by the state in intervention, whether filed separately  
13 or as an amendment to the qui tam plaintiff's complaint, shall relate back to the filing  
14 date of the qui tam plaintiff's complaint to the extent that the state's claim arises out  
15 of the conduct, transactions, or occurrences set forth, or attempted to be set forth, in  
16 the qui tam plaintiff's complaint.

17           (c) The attorney general may, for good cause shown, move the court for one or  
18 more extensions of the period during which a complaint in an action under this  
19 subsection remains under seal.

20           (d) Before the expiration of the period during which the complaint remains  
21 under seal, the attorney general shall do one of the following:

22           1. Proceed with the action or an alternate remedy under sub. (10), in which case  
23 the action or proceeding under sub. (10) shall be prosecuted by the state.

24           2. Notify the court that he or she declines to proceed with the action, in which  
25 case the person bringing the action may proceed with the action.

1 (e) If a person brings a valid action under this subsection, no person other than  
2 the state may intervene or bring a related action based upon the same facts  
3 underlying the original action while the original action is pending.

4 (f) In any action brought under this subsection or other proceeding under sub.  
5 (10), the plaintiff is required to prove all essential elements of the cause of action or  
6 complaint, including damages, by a preponderance of the evidence.

7 **(6)** If the state proceeds with an action under sub. (5) or an alternate remedy  
8 under sub. (10), the state has primary responsibility for prosecuting the action under  
9 sub. (5) or proceeding under sub. (10). The state is not bound by any act of the person  
10 bringing the action, but that person has the right to continue as a party to the action.

11 **(7)** (b) With the approval of the governor, the attorney general may compromise  
12 and settle an action under sub. (5) or an administrative proceeding under sub. (10)  
13 to which the state is a party, notwithstanding objection of the person bringing the  
14 action, if the court determines, after affording to the person bringing the action the  
15 right to a hearing at which the person is afforded the opportunity to present evidence  
16 in opposition to the proposed settlement, that the proposed settlement is fair,  
17 adequate, and reasonable considering the relevant circumstances pertaining to the  
18 violation.

19 (c) Upon a showing by the state that unrestricted participation in the  
20 prosecution of an action under sub. (5) or an alternate proceeding under sub. (10) to  
21 which the state is a party by the person bringing the action would interfere with or  
22 unduly delay the prosecution of the action or proceeding, or would result in  
23 consideration of repetitious or irrelevant evidence or evidence presented for  
24 purposes of harassment, the court may limit the person's participation in the  
25 prosecution, such as:



- 1           1. Limiting the number of witnesses that the person may call.
- 2           2. Limiting the length of the testimony of the witnesses.
- 3           3. Limiting the cross-examination of witnesses by the person.
- 4           4. Otherwise limiting the participation by the person in the prosecution of the
- 5           action or proceeding.

6           (d) Upon a showing by a defendant that unrestricted participation in the  
7           prosecution of an action under sub. (5) or alternate proceeding under sub. (10) to  
8           which the state is a party by the person bringing the action would result in  
9           harassment or would cause the defendant undue burden or unnecessary expense, the  
10          court may limit the person's participation in the prosecution.

11          **(8)** Except as provided in sub. (7), if the state elects not to participate in an  
12          action filed under sub. (5), the person bringing the action may prosecute the action.  
13          If the attorney general so requests, the attorney general shall, at the state's expense,  
14          be served with copies of all pleadings and deposition transcripts in the action. If the  
15          person bringing the action initiates prosecution of the action, the court, without  
16          limiting the status and rights of that person, may permit the state to intervene at a  
17          later date upon a showing by the state of good cause for the proposed intervention.

18          **(9)** Whether or not the state participates in an action under sub. (5), upon a  
19          showing in camera by the attorney general that discovery by the person bringing the  
20          action would interfere with the state's ongoing investigation or prosecution of a  
21          criminal or civil matter arising out of the same facts as the facts upon which the  
22          action is based, the court may stay such discovery in whole or in part for a period of  
23          not more than 60 days. The court may extend the period of any such stay upon a  
24          further showing in camera by the attorney general that the state has pursued the  
25          criminal or civil investigation of the matter with reasonable diligence and the

1 proposed discovery in the action brought under sub. (5) will interfere with the  
2 ongoing criminal or civil investigation or prosecution.

3 (10) The attorney general may pursue a claim relating to an alleged violation  
4 of sub. (2) through an alternate remedy available to the state or any state agency,  
5 including an administrative proceeding to assess a civil forfeiture. If the attorney  
6 general elects any such alternate remedy, the attorney general shall serve timely  
7 notice of his or her election upon the person bringing the action under sub. (5), and  
8 that person has the same rights in the alternate venue as the person would have had  
9 if the action had continued under sub. (5). Any finding of fact or conclusion of law  
10 made by a court or by a state agency in the alternate venue that has become final is  
11 conclusive upon all parties named in an action under sub. (5). For purposes of this  
12 subsection, a finding or conclusion is final if it has been finally determined on appeal,  
13 if all time for filing an appeal or petition for review with respect to the finding or  
14 conclusion has expired, or if the finding or conclusion is not subject to judicial review.

15 (11) (a) Except as provided in pars. (b) and (e), if the state proceeds with an  
16 action brought by a person under sub. (5) or the state pursues an alternate remedy  
17 relating to the same acts under sub. (10), the person who brings the action shall  
18 receive at least 15 percent but not more than 25 percent of the proceeds of the action  
19 or settlement of the claim, depending upon the extent to which the person  
20 contributed to the prosecution of the action or claim.

21 (b) Except as provided in par. (e), if an action or claim is one that the court or  
22 other adjudicator finds to be based primarily upon disclosures of specific information  
23 not provided by the person who brings the action or claim under sub. (5) relating to  
24 allegations or transactions specifically disclosed in a criminal, civil, or  
25 administrative hearing; legislative or administrative report, hearing, audit, or

1 investigation; or report made by the news media, the court or other adjudicator may  
2 award an amount to the person as it considers appropriate, but not more than 10  
3 percent of the proceeds of the action or settlement of the claim, depending upon the  
4 significance of the information and the role of the person bringing the action in  
5 advancing the prosecution of the action or claim.

6 (c) Except as provided in par. (e), in addition to any amount received under par.  
7 (a) or (b), a person bringing an action under sub. (5) shall be awarded his or her  
8 reasonable expenses necessarily incurred in bringing the action together with the  
9 person's costs and reasonable actual attorney fees. The court or other adjudicator  
10 shall assess any award under this paragraph against the defendant.

11 (d) Except as provided in par. (e), if the state does not proceed with an action  
12 under sub. (5) or an alternate proceeding under sub. (10), the person bringing the  
13 action shall receive an amount that the court decides is reasonable for collection of  
14 the civil penalty and damages. The amount shall be not less than 25 percent and not  
15 more than 30 percent of the proceeds of the action and shall be paid from the  
16 proceeds. In addition, the person shall be paid his or her expenses, costs, and fees  
17 under par. (c).

18 (e) Whether or not the state proceeds with an action under sub. (5) or an  
19 alternate proceeding under sub. (10), if the court or other adjudicator finds that an  
20 action under sub. (5) was brought by a person who planned or initiated the violation  
21 upon which the action or proceeding is based, then the court may, to the extent that  
22 the court considers appropriate, reduce the share of the proceeds of the action that  
23 the person would otherwise receive under par. (a), (b), or (d), taking into account the  
24 role of that person in advancing the prosecution of the action or claim and any other  
25 relevant circumstance pertaining to the violation, except that if the person bringing

1 the action is convicted of criminal conduct arising from his or her role in a violation  
2 of sub. (2), the court or other adjudicator shall dismiss the person as a party and the  
3 person shall not receive any share of the proceeds of the action or claim or any  
4 expenses, costs, or fees under par. (c).

5 (12) Except if the action is brought by the attorney general or the person  
6 bringing the action is an original source of the information, the court shall dismiss  
7 an action or claim under this section, unless opposed by the state, if substantially the  
8 same allegations or transactions as alleged in the action or claim were publicly  
9 disclosed in any of the following ways:

10 (a) In a federal criminal, civil, or administrative hearing in which the state or  
11 its agent is a party.

12 (b) In a congressional, government accountability office, or other federal report,  
13 hearing, audit, or investigation.

14 (c) From the news media.

15 (13) The state is not liable for any expenses incurred by a private person in  
16 bringing an action under sub. (5).

17 (14) Any employee, contractor, or agent who is discharged, demoted,  
18 suspended, threatened, harassed, or in any other manner discriminated against in  
19 the terms and conditions of employment because of lawful actions taken by the  
20 employee, contractor, or agent or by others in furtherance of an action or claim filed  
21 under this section or on behalf of the employee, contractor, or agent, including  
22 investigation for, initiation of, testimony for, or assistance in an action or claim filed  
23 or to be filed under sub. (5), is entitled to all necessary relief to make the employee,  
24 contractor, or agent whole. Such relief shall in each case include reinstatement with  
25 the same seniority status that the employee, contractor, or agent would have had but

1 for the discrimination, 2 times the amount of back pay, interest on the back pay at  
2 the legal rate, and compensation for any special damages sustained as a result of the  
3 discrimination, including costs and reasonable attorney fees. An employee,  
4 contractor, or agent may bring an action to obtain the relief to which the employee,  
5 contractor, or agent is entitled under this subsection within 3 years after the date the  
6 retaliation occurred.

7 **(15)** A civil action may be brought under sub. (5) based upon acts occurring  
8 prior to the effective date of this subsection .... [LRB inserts date], if the action is  
9 brought within the period specified in s. 893.9815.

10 **(16)** A judgment of guilty entered against a defendant in a criminal action in  
11 which the defendant is charged with fraud or making false statements estops the  
12 defendant from denying the essential elements of the offense in any action under sub.  
13 (5) that involves the same elements as in the criminal action.

14 **(17)** The remedies provided for under this section are in addition to any other  
15 remedies provided for under any other law or available under the common law.

16 **(18)** This section shall be liberally construed and applied to promote the public  
17 interest and to effect the congressional intent in enacting 31 USC 3729 to 3733, as  
18 reflected in the federal False Claims Act and the legislative history of the act.

19 **SECTION 169.** 49.485 of the statutes is renumbered 20.9315 (19) and amended  
20 to read:

21 ~~20.9315 (19) Whoever knowingly presents or causes to be presented to any~~  
22 ~~officer, employee, or agent of this state a false claim for medical assistance shall~~  
23 ~~forfeit not less than \$5,000 nor more than \$10,000, plus 3 times the amount of the~~  
24 ~~damages that were sustained by the state or would have been sustained by the state,~~

1 ~~whichever is greater, as a result of the false claim.~~ The attorney general may bring  
2 an action on behalf of the state to recover any forfeiture incurred under this section.

3 **SECTION 170.** 165.25 (11m) of the statutes is created to read:

4 165.25 (11m) FALSE CLAIMS. Diligently investigate possible violations of s.  
5 20.9315 and, if the department determines that a person has committed an act that  
6 is punishable under s. 20.9315, may bring a civil action against that person.

7 **SECTION 171.** 801.02 (1) of the statutes is amended to read:

8 801.02 (1) ~~A~~ Except as provided in s. 20.9315 (5) (b), a civil action in which a  
9 personal judgment is sought is commenced as to any defendant when a summons and  
10 a complaint naming the person as defendant are filed with the court, provided service  
11 of an authenticated copy of the summons and of the complaint is made upon the  
12 defendant under this chapter within 90 days after filing.

13 **SECTION 172.** 803.09 (1) of the statutes is amended to read:

14 803.09 (1) ~~Upon~~ Except as provided in s. 20.9315, upon timely motion anyone  
15 shall be permitted to intervene in an action when the movant claims an interest  
16 relating to the property or transaction which is the subject of the action and the  
17 movant is so situated that the disposition of the action may as a practical matter  
18 impair or impede the movant's ability to protect that interest, unless the movant's  
19 interest is adequately represented by existing parties.

20 **SECTION 173.** 803.09 (2) of the statutes is amended to read:

21 803.09 (2) ~~Upon~~ Except as provided in s. 20.9315, upon timely motion anyone  
22 may be permitted to intervene in an action when a movant's claim or defense and the  
23 main action have a question of law or fact in common. When a party to an action  
24 relies for ground of claim or defense upon any statute or executive order or rule  
25 administered by a federal or state governmental officer or agency or upon any

1 regulation, order, rule, requirement or agreement issued or made pursuant to the  
2 statute or executive order, the officer or agency upon timely motion may be permitted  
3 to intervene in the action. In exercising its discretion the court shall consider  
4 whether the intervention will unduly delay or prejudice the adjudication of the rights  
5 of the original parties.

6 **SECTION 174.** 804.01 (2) (intro.) of the statutes is amended to read:

7 804.01 (2) SCOPE OF DISCOVERY. (intro.) ~~Unless~~ Except as provided in s. 20.9315  
8 (9), and unless otherwise limited by order of the court in accordance with the  
9 provisions of this chapter, the scope of discovery is as follows:

10 **SECTION 175.** 805.04 (1) of the statutes is amended to read:

11 805.04 (1) BY PLAINTIFF; BY STIPULATION. ~~An~~ Except as provided in sub. (2p), an  
12 action may be dismissed by the plaintiff without order of court by serving and filing  
13 a notice of dismissal at any time before service by an adverse party of responsive  
14 pleading or motion or by the filing of a stipulation of dismissal signed by all parties  
15 who have appeared in the action. Unless otherwise stated in the notice of dismissal  
16 or stipulation, the dismissal is not on the merits, except that a notice of dismissal  
17 operates as an adjudication on the merits when filed by a plaintiff who has once  
18 dismissed in any court an action based on or including the same claim.

19 **SECTION 176.** 805.04 (2p) of the statutes is created to read:

20 805.04 (2p) FALSE CLAIMS. An action filed under s. 20.9315 may be dismissed  
21 only by order of the court. In determining whether to dismiss the action filed under  
22 s. 20.9315, the court shall take into account the best interests of the parties and the  
23 purposes of s. 20.9315.

24 **SECTION 177.** 893.9815 of the statutes is created to read:

1           **893.9815 False claims.** An action or claim under s. 20.9315 shall be  
2 commenced within 10 years after the cause of the action or claim accrues or be  
3 barred.”.

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

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

6           (4u) COMPLEX PATIENT PILOT PROGRAM.

7           (a) In this subsection, “department” means the department of health services.

8           (b) The department shall form an advisory group to assist with development  
9 and implementation of a complex patient pilot program. The secretary of health  
10 services, or his or her designee, shall be the chair of the advisory group. Members  
11 of the advisory group under this paragraph shall have clinical, financial, or  
12 administrative expertise in government programs, acute care, or post-acute care.

13           (c) The department shall use its request-for-proposal procedure to select  
14 partnership groups to be designated as participating sites for the complex patient  
15 pilot program under this subsection.

16           (d) The advisory group formed under this subsection shall develop a request  
17 for proposal for the complex patient pilot program that includes eligibility  
18 requirements. For purposes of the pilot program under this subsection, only  
19 partnerships of hospitals and post-acute facilities are eligible to submit proposals.  
20 An eligible partnership shall include at least one hospital and at least one post-acute  
21 facility, but may include more than one hospital or post-acute facility.

22           (e) Each partnership group that applies to the department to be designated as  
23 a site for the complex patient pilot program shall specifically address all of the  
24 following issues:



- 1           1. The number of beds that would be set aside in the post-acute facility.
- 2           2. The goals of the partnership during the pilot program and after the pilot
- 3 program.
- 4           3. The types of complex patients for whom care would be provided.
- 5           4. Expertise to successfully implement the proposal, including a discussion of
- 6 at least all of the following issues:
- 7           a. Experience of the partners working together.
- 8           b. Plan for staffing the unit.
- 9           c. Ability to electronically exchange health information.
- 10          d. Clinical expertise.
- 11          e. Hospital and post-acute facility survey history over the past 3 years.
- 12          f. Acute care partner readmissions history over the past 3 years.
- 13          g. Discharge planning and patient intake resources.
- 14          h. Stability of finances to support the proposal, including matching funds that
- 15 could be dedicated to the pilot program under this subsection. No applicant is
- 16 required to provide matching funds or a contribution, but the advisory group and the
- 17 department of health services may take into consideration the availability of
- 18 matching funds or a contribution in evaluating an application.
- 19          5. The per diem rate requested to adequately compensate the hospital or
- 20 hospitals and the post-acute facility or facilities.
- 21          6. A post-acute bed reserve rate.
- 22          7. Anticipated impediments to successful implementation and how the
- 23 applicant partnership group intends to overcome the anticipated impediments.
- 24          (f) The advisory group formed under this subsection shall do all of the following:

1           1. Determine and recommend to the department an amount of the funding  
2 budgeted for the complex patient pilot program under s. 20.435 (7) (d) to be reserved  
3 for reconciliation to ensure that participants in the pilot program are held harmless  
4 from unanticipated financial loss.

5           2. Develop a methodology to evaluate the complex patient pilot program,  
6 including a recommendation on whether the department should contract with an  
7 independent organization to evaluate the complex patient pilot program. The  
8 department may contract with an independent organization to complete the  
9 evaluation described under this subdivision and, if the department does so, the  
10 department may pay the fee of the organization selected from the appropriation  
11 under s. 20.435 (7) (d).

12           3. Make recommendations to the secretary of health services regarding which  
13 partnership groups should receive designation as a participating site for the complex  
14 patient pilot program.

15           (g) 1. No later than 90 days after the effective date of this subdivision, the  
16 advisory group shall complete development of the request for proposal for  
17 partnership groups to be designated as participating sites in the complex patient  
18 pilot program and provide its recommendations to the secretary of health services.

19           2. No later than 150 days after the effective date of this subdivision, the  
20 advisory group shall review all applications submitted in response to the request for  
21 proposal and select up to 4 partnership groups to recommend to the secretary of  
22 health services for designation as participating sites for the complex patient pilot  
23 program under this subsection.

24           3. Between 6 months and 18 months after the effective date of this subdivision,  
25 the partnership groups designated by the department as participating sites in the

1 complex patient pilot program shall implement the pilot program and meet quarterly  
2 with both the department and the advisory group or any independent organization  
3 hired by the department for the purpose of evaluating the pilot program to discuss  
4 experiences relating to the pilot program. From the appropriation under s. 20.435  
5 (7) (d), the department shall provide payments to partnership groups designated as  
6 participating sites for care provided during the course of the pilot program under this  
7 subsection.

8 4. No later than June 30, 2025, the advisory group or any independent  
9 organization hired by the department for the purpose of evaluating the complex  
10 patient pilot program shall complete and submit to the secretary of health services  
11 an evaluation of the complex patient pilot program under this subsection, including  
12 a written report and recommendations.

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

14 (1u) COMPLEX PATIENT PILOT PROGRAM. The repeal of s. 20.435 (7) (d) takes effect  
15 on July 1, 2025.”.

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

17 “**SECTION 178.** 49.45 (41) (a) of the statutes is renumbered 49.45 (41) (a) (intro.)  
18 and amended to read:

19 49.45 (41) (a) (intro.) In this subsection, “crisis intervention services” means  
20 crisis intervention services for the treatment of mental illness, intellectual disability,  
21 substance abuse, and dementia that are provided by ~~a~~ any of the following:

22 2. A crisis intervention program operated by, or under contract with, a county,  
23 if the county is certified as a medical assistance provider.

24 **SECTION 179.** 49.45 (41) (a) 1. of the statutes is created to read:

1           49.45 (41) (a) 1. A crisis urgent care and observation facility certified under s.  
2 51.036.

3           **SECTION 180.** 49.45 (41) (b) of the statutes is amended to read:

4           49.45 (41) (b) If a county elects to become certified as a provider of crisis  
5 intervention services under par. (a) 2., the county may provide crisis intervention  
6 services under this subsection in the county to medical assistance recipients through  
7 the medical assistance program. A county that elects to provide the services shall  
8 pay the amount of the allowable charges for the services under the medical  
9 assistance program that is not provided by the federal government. The department  
10 shall reimburse the county under this subsection only for the amount of the allowable  
11 charges for those services under the medical assistance program that is provided by  
12 the federal government.

13           **SECTION 181.** 49.45 (41) (c) (intro.) of the statutes is amended to read:

14           49.45 (41) (c) (intro.) Notwithstanding par. (b), if a county elects, pursuant to  
15 par. (a) 2., to deliver crisis intervention services under the Medical Assistance  
16 program on a regional basis according to criteria established by the department, all  
17 of the following apply:

18           **SECTION 182.** 49.45 (41) (d) of the statutes is created to read:

19           49.45 (41) (d) The department shall request any necessary federal approval  
20 required to provide reimbursement to crisis urgent care and observation facilities  
21 certified under s. 51.036 for crisis intervention services under this subsection. If  
22 federal approval is granted or no federal approval is required, the department shall  
23 provide reimbursement under s. 49.46 (2) (b) 15. If federal approval is necessary but  
24 is not granted, the department may not provide reimbursement for crisis  
25 intervention services provided by crisis urgent care and observation facilities.

1           **SECTION 183.** 51.036 of the statutes is created to read:

2           **51.036 Crisis urgent care and observation facilities. (1) DEFINITIONS.** In  
3 this section:

4           (a) “Crisis” means a situation caused by an individual’s apparent mental or  
5 substance use disorder that results in a high level of stress or anxiety for the  
6 individual, persons providing care for the individual, or the public and that is not  
7 resolved by the available coping methods of the individual or by the efforts of those  
8 providing ordinary care or support for the individual.

9           (b) “Crisis urgent care and observation facility” means a treatment facility that  
10 admits an individual to prevent, de-escalate, or treat the individual’s mental health  
11 or substance use disorder and includes the necessary structure and staff to support  
12 the individual’s needs relating to the mental health or substance use disorder.

13           **(2) CERTIFICATION REQUIRED; EXEMPTION.** (a) The department shall establish a  
14 certification process for crisis urgent care and observation facilities and may  
15 establish criteria by rule for the certification of crisis urgent care and observation  
16 facilities. The department may limit the number of certifications it grants to operate  
17 crisis urgent care and observation facilities. No person may operate a crisis urgent  
18 care and observation facility without a certification under this section. The  
19 department shall establish by rule a process for crisis urgent care and observation  
20 facilities to apply to the department for certification of the facility for the receipt of  
21 funds for services provided as a benefit to a recipient under the Medical Assistance  
22 program.

23           (b) A crisis urgent care and observation facility certified under this section is  
24 not subject to facility regulation under ch. 50, unless otherwise required due to the  
25 facility’s licensure or certification for other services or purposes. A crisis urgent care

1 and observation facility is not a hospital under s. 50.32 and nothing in this paragraph  
2 limits services a hospital may provide under s. 50.32.

3 (c) A crisis urgent care and observation facility certified under this section shall  
4 do all of the following:

5 1. Accept referrals for crisis services for both youths and adults, including  
6 involuntary patients under emergency detention, voluntary patients, walk-ins, and  
7 individuals brought by law enforcement, emergency medical responders, and other  
8 emergency medical services practitioners.

9 2. Abstain from having a requirement for medical clearance before admission  
10 assessment.

11 3. Provide assessments for physical health, substance use disorder, and mental  
12 health.

13 4. Provide screens for suicide and violence risk.

14 5. Provide medication management and therapeutic counseling.

15 6. Provide coordination of services for basic needs.

16 7. Have adequate staffing 24 hours a day, 7 days a week, with a  
17 multidisciplinary team including, as needed, psychiatrists or psychiatric nurse  
18 practitioners, nurses, licensed clinicians capable of completing assessments and  
19 providing necessary treatment, peers with lived experience, and other appropriate  
20 staff.

21 8. Allow for voluntary and involuntary treatment of individuals in crisis as a  
22 means to avoid unnecessary placement of those individuals in hospital inpatient  
23 beds and allow for an effective conversion to voluntary stabilization when warranted  
24 in the same setting.

1           **(3) ADMISSION.** (a) A crisis urgent care and observation facility certified under  
2 this section may accept individuals for voluntary stabilization, observation and  
3 treatment, including for assessments for mental health or substance use disorder,  
4 screening for suicide and violence risk, and medication management and therapeutic  
5 counseling.

6           (b) A crisis urgent care and observation facility certified under this section may  
7 accept individuals for emergency detention under s. 51.15 if the facility agrees to  
8 accept the individual. A county crisis assessment under s. 51.15 (2) (c) is required  
9 prior to acceptance of an individual for purposes of emergency detention at a crisis  
10 urgent care and observation facility certified under this section. Medical clearance  
11 is not required before admission, but the facility shall provide necessary medical  
12 services on site.

13           **(4) GRANTS.** From the appropriation under s. 20.435 (5) (ck), the department  
14 shall award grants to individuals and entities to develop and support crisis urgent  
15 care and observation facilities under this section.

16           **(5) RULES.** The department may promulgate rules to implement this section,  
17 including requirements for admitting and holding individuals for purposes of  
18 emergency detention. The department may promulgate the rules under this section  
19 as emergency rules under s. 227.24. Notwithstanding s. 227.24 (1) (c) and (2), a rule  
20 promulgated under this subsection may remain in effect for not more than 24  
21 months. Notwithstanding s. 227.24 (1) (a) and (3), the department is not required  
22 to provide evidence that promulgating a rule under this subsection as an emergency  
23 rule is necessary for the preservation of the public peace, health, safety, or welfare  
24 and is not required to provide a finding of emergency for a rule promulgated under  
25 this subsection.”.

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

2           “**SECTION 184.** 46.48 (35) of the statutes is created to read:

3           46.48 **(35)** PSYCHIATRIC RESIDENTIAL TREATMENT FACILITIES. The department may  
4           distribute not more than \$1,790,000 in each fiscal year to support psychiatric  
5           residential treatment facilities.

6           **SECTION 185.** 49.46 (2) (b) 14c. of the statutes is created to read:

7           49.46 **(2)** (b) 14c. Subject to par. (bv), services by a psychiatric residential  
8           treatment facility.

9           **SECTION 186.** 49.46 (2) (bv) of the statutes is created to read:

10           49.46 **(2)** (bv) The department shall submit to the federal department of health  
11           and human services any request for a state plan amendment, waiver, or other federal  
12           approval necessary to provide reimbursement for services by a psychiatric  
13           residential treatment facility. If the federal department of health and human  
14           services approves the request or if no federal approval is necessary, the department  
15           shall provide reimbursement under par. (b) 14c. If the federal department of health  
16           and human services disapproves the request, the department may not provide  
17           reimbursement for services under par. (b) 14c.

18           **SECTION 187.** 51.044 of the statutes is created to read:

19           **51.044 Psychiatric residential treatment facilities. (1) DEFINITION.** In  
20           this section, “psychiatric residential treatment facility” is a non-hospital facility  
21           that provides inpatient comprehensive mental health treatment services to  
22           individuals under the age of 21 who, due to mental illness, substance use, or severe  
23           emotional disturbance, need treatment that can most effectively be provided in a  
24           residential treatment facility.



1           **(2) CERTIFICATION REQUIRED; EXEMPTION.** (a) No person may operate a  
2 psychiatric residential treatment facility without a certification from the  
3 department. The department may limit the number of certifications it grants to  
4 operate a psychiatric residential treatment facility.

5           (b) A psychiatric residential treatment facility that has a certification from the  
6 department under this section is not subject to facility regulation under ch. 48.

7           **(3) RULES.** The department may promulgate rules to implement this section.

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

9           **(1) EMERGENCY RULES ON PSYCHIATRIC RESIDENTIAL TREATMENT FACILITIES.** The  
10 department of health services may promulgate emergency rules under s. 227.24  
11 implementing certification of psychiatric residential treatment facilities under s.  
12 51.044, including development of a new provider type and a reimbursement model  
13 for psychiatric residential treatment facilities under the Medical Assistance  
14 program under subch. IV of ch. 49. Notwithstanding s. 227.24 (1) (a) and (3), the  
15 department of health services is not required to provide evidence that promulgating  
16 a rule under this subsection as an emergency rule is necessary for the preservation  
17 of the public peace, health, safety, or welfare and is not required to provide a finding  
18 of emergency for a rule promulgated under this subsection. Notwithstanding s.  
19 227.24 (1) (c) and (2), emergency rules promulgated under this subsection remain in  
20 effect until July 1, 2025, or the date on which permanent rules take effect, whichever  
21 is sooner.”.

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

23           **“SECTION 188.** 20.435 (5) (bw) of the statutes is amended to read:

1           20.435 (5) (bw) ~~Child psychiatry and addiction medicine consultation~~  
2 ~~programs~~ Mental health consultation program. Biennially, the amounts in the  
3 schedule for operating the ~~child psychiatry consultation program under s. 51.442 and~~  
4 ~~the addiction medicine consultation program under s. 51.448~~ mental health  
5 consultation program under s. 51.443.

6           **SECTION 189.** 20.435 (5) (bx) of the statutes is created to read:

7           20.435 (5) (bx) *Addiction medicine consultation program*. Biennially, the  
8 amounts in the schedule for operating the addiction medicine consultation program  
9 under s. 51.448.

10          **SECTION 190.** 20.435 (5) (ct) of the statutes is repealed.

11          **SECTION 191.** 51.441 of the statutes is repealed.

12          **SECTION 192.** 51.442 of the statutes is repealed.

13          **SECTION 193.** 51.443 of the statutes is created to read:

14          **51.443 Mental health consultation program. (1)** In this section:

15           (a) “Participating clinicians” includes physicians, nurse practitioners,  
16 physician assistants, and medically appropriate members of the care teams of  
17 physicians, nurse practitioners, and physician assistants.

18           (b) “Program” means the mental health consultation program under this  
19 section.

20           **(2)** During the fiscal year 2023-24, the department shall contract with the  
21 organization that provided consultation services through the child psychiatry  
22 consultation program under s. 51.442, 2021 stats., as of January 1, 2023, to  
23 administer the mental health consultation program described under this section. In  
24 subsequent fiscal years, the department shall contract with the organization that  
25 provided consultation services through the child psychiatry consultation program

1 under s. 51.442, 2021 stats., as of January 1, 2023, or another organization to  
2 administer the mental health consultation program under this section.

3 (3) The contracting organization under sub. (2) shall administer a mental  
4 health consultation program that incorporates a comprehensive set of mental health  
5 consultation services, which may include perinatal, child, adult, geriatric, pain,  
6 veteran, and general mental health consultation services, and may contract with any  
7 other entity to perform any operations and satisfy any requirements under this  
8 section for the program.

9 (4) As a condition of providing services through the program, the contracting  
10 organization under sub. (2) shall do all of the following:

11 (a) Ensure that all mental health care providers who are providing services  
12 through the program have the applicable credential from this state; if a psychiatric  
13 professional, that the provider is eligible for certification or is certified by the  
14 American Board of Psychiatry and Neurology for adult psychiatry, child and  
15 adolescent psychiatry, or both; and if a psychologist, that the provider is registered  
16 in a professional organization, including the American Psychological Association,  
17 National Register of Health Service Psychologists, Association for Psychological  
18 Science, or the National Alliance of Professional Psychology Providers.

19 (b) Maintain the infrastructure necessary to provide the program's services  
20 statewide.

21 (c) Operate the program on weekdays during normal business hours of 8 a.m.  
22 to 5 p.m.

23 (d) Provide consultation services under the program as promptly as is  
24 practicable.

1 (e) Have the capability to provide consultation services by, at a minimum,  
2 telephone and email. Consultation through the program may be provided by  
3 teleconference, video conference, voice over Internet protocol, email, pager,  
4 in-person conference, or any other telecommunication or electronic means.

5 (f) Provide all of the following services through the program:

6 1. Support for participating clinicians to assist in the management of mental  
7 health concerns.

8 2. Triage-level assessments to determine the most appropriate response to  
9 each request, including appropriate referrals to any community providers and  
10 health systems.

11 3. When medically appropriate, diagnostics and therapeutic feedback.

12 4. Recruitment of other clinicians into the program as participating clinicians  
13 when possible.

14 (g) Report to the department any information requested by the department.

15 (h) Conduct annual surveys of participating clinicians who use the program to  
16 assess the quality of care provided, self-perceived levels of confidence in providing  
17 mental health services, and satisfaction with the consultations and other services  
18 provided through the program. Immediately after participating clinicians begin  
19 using the program and again 6 to 12 months later, the contracting organization  
20 under sub. (2) may conduct assessments of participating clinicians to assess the  
21 barriers to and benefits of participation in the program to make future improvements  
22 and to determine the participating clinicians' treatment abilities, confidence, and  
23 awareness of relevant resources before and after beginning to use the program.

24 (5) Services provided under sub. (4) (b) to (h) are eligible for funding from the  
25 department. The contracting organization under sub. (2) also may provide any of the

1 following services under the program that are eligible for funding from the  
2 department:

3 (a) Second opinion diagnostic and medication management evaluations and  
4 community resource referrals conducted by either a psychiatrist or allied health  
5 professionals.

6 (b) In-person or web-based educational seminars and refresher courses on a  
7 medically appropriate topic within mental or behavioral health care provided to any  
8 participating clinician who uses the program.

9 (c) Data evaluation and assessment of the program.”.

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

11 “**SECTION 194.** 46.48 (22) of the statutes is created to read:

12 46.48 (22) HEALTH CARE PROVIDER INNOVATION GRANTS. The department may  
13 distribute not more than \$14,550,000 in each fiscal year as grants to health care  
14 providers and long-term care providers to implement best practices and innovative  
15 solutions to increase worker recruitment and retention.”.

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

17 “**SECTION 195.** 20.435 (4) (jw) of the statutes is amended to read:

18 20.435 (4) (jw) *BadgerCare Plus and hospital assessment.* All moneys received  
19 from payment of enrollment fees under the program under s. 49.45 (23), all moneys  
20 transferred under s. 50.38 (9), all moneys transferred under s. 256.23 (6), all moneys  
21 transferred from the appropriation account under par. (jz), and 10 percent of all  
22 moneys received from penalty assessments under s. 49.471 (9) (c), ~~for administration~~  
23 ~~of the program under s. 49.45 (23)~~, to provide a portion of the state share of  
24 administrative costs for the BadgerCare Plus Medical Assistance program under s.

1 49.471, and for administration of the hospital assessment under s. 50.38, and for  
2 administration of the ambulance service provider fee under s. 256.23.

3 **SECTION 196.** 20.435 (4) (xm) of the statutes is created to read:

4 20.435 (4) (xm) *Ambulance service provider trust fund; ambulance payments.*

5 From the ambulance service provider trust fund, all moneys received from the  
6 assessment under s. 256.23, except amounts transferred to the appropriation under  
7 s. 20.435 (4) (jw) as specified in s. 256.23 (6), to make payments to eligible ambulance  
8 service providers as specified under s. 49.45 (3) (em).

9 **SECTION 197.** 49.45 (3) (em) of the statutes is amended to read:

10 49.45 (3) (em) The department shall expend moneys collected under s. 256.23  
11 (2), less amounts transferred under s. 256.23 (6), to supplement reimbursement for  
12 eligible ambulance service providers, as defined in s. 256.23 (1) (a), for services  
13 provided under the Medical Assistance program under this subchapter, including  
14 services reimbursed on a fee-for-service basis and provided under managed care, by  
15 eligible ambulance service providers. Health plans shall be indemnified and held  
16 harmless for any errors made by the department or its agents in calculation of any  
17 supplemental reimbursement made under this paragraph.

18 **SECTION 198.** 256.23 (6) of the statutes is created to read:

19 256.23 (6) In each fiscal year, the secretary of administration shall transfer  
20 from the ambulance service provider trust fund under s. 25.776 to the appropriation  
21 under s. 20.435 (4) (jw) an amount equal to the annual costs of administering the  
22 ambulance assessment as specified under this section and making supplemental  
23 reimbursements to ambulance service providers under s. 49.45 (3) (em).”.

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

1           “**SECTION 199.** 49.46 (2) (b) 24. of the statutes is created to read:

2           49.46 (2) (b) 24. Subject to par. (by), nonmedical services that contribute to the  
3 determinants of health.

4           **SECTION 200.** 49.46 (2) (by) of the statutes is created to read:

5           49.46 (2) (by) The department shall determine those services under par. (b) 24.  
6 that contribute to the determinants of health. The department shall seek any  
7 necessary state plan amendment or request any waiver of federal Medicaid law to  
8 implement this paragraph. The department is not required to provide the services  
9 under this paragraph as a benefit under the Medical Assistance program if the  
10 federal department of health and human services does not provide federal financial  
11 participation for the services under this paragraph.”.

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

13           “**SECTION 201.** 49.45 (39) (b) 1. of the statutes is amended to read:

14           49.45 (39) (b) 1. ‘Payment for school medical services.’ If a school district or a  
15 cooperative educational service agency elects to provide school medical services and  
16 meets all requirements under par. (c), the department shall reimburse the school  
17 district or the cooperative educational service agency for ~~60~~ 100 percent of the federal  
18 share of allowable charges for the school medical services that it provides and, as  
19 specified in subd. 2., for allowable administrative costs. If the Wisconsin Center for  
20 the Blind and Visually Impaired or the Wisconsin Educational Services Program for  
21 the Deaf and Hard of Hearing elects to provide school medical services and meets all  
22 requirements under par. (c), the department shall reimburse the department of  
23 public instruction for ~~60~~ 100 percent of the federal share of allowable charges for the  
24 school medical services that the Wisconsin Center for the Blind and Visually

1 Impaired or the Wisconsin Educational Services Program for the Deaf and Hard of  
2 Hearing provides and, as specified in subd. 2., for allowable administrative costs. A  
3 school district, cooperative educational service agency, the Wisconsin Center for the  
4 Blind and Visually Impaired, or the Wisconsin Educational Services Program for the  
5 Deaf and Hard of Hearing may submit, and the department shall allow, claims for  
6 common carrier transportation costs as a school medical service unless the  
7 department receives notice from the federal health care financing administration  
8 that, under a change in federal policy, the claims are not allowed. If the department  
9 receives the notice, a school district, cooperative educational service agency, the  
10 Wisconsin Center for the Blind and Visually Impaired, or the Wisconsin Educational  
11 Services Program for the Deaf and Hard of Hearing may submit, and the department  
12 shall allow, unreimbursed claims for common carrier transportation costs incurred  
13 before the date of the change in federal policy. The department shall promulgate  
14 rules establishing a methodology for making reimbursements under this paragraph.  
15 All other expenses for the school medical services provided by a school district or a  
16 cooperative educational service agency shall be paid for by the school district or the  
17 cooperative educational service agency with funds received from state or local taxes.  
18 The school district, the Wisconsin Center for the Blind and Visually Impaired, the  
19 Wisconsin Educational Services Program for the Deaf and Hard of Hearing, or the  
20 cooperative educational service agency shall comply with all requirements of the  
21 federal department of health and human services for receiving federal financial  
22 participation.

23 **SECTION 202.** 49.45 (39) (b) 2. of the statutes is amended to read:

24 49.45 (39) (b) 2. 'Payment for school medical services administrative costs.' The  
25 department shall reimburse a school district or a cooperative educational service



1 agency specified under subd. 1. and shall reimburse the department of public  
2 instruction on behalf of the Wisconsin Center for the Blind and Visually Impaired or  
3 the Wisconsin Educational Services Program for the Deaf and Hard of Hearing for  
4 ~~90~~ 100 percent of the federal share of allowable administrative costs, using time  
5 studies, ~~beginning in fiscal year 1999-2000~~. A school district or a cooperative  
6 educational service agency may submit, and the department of health services shall  
7 allow, claims for administrative costs incurred during the period that is up to 24  
8 months before the date of the claim, if allowable under federal law.”.

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

10 **“SECTION 203.** 49.45 (30t) of the statutes is created to read:

11 49.45 (30t) DOULA SERVICES. (a) In this subsection:

12 1. “Certified doula” means an individual who has received certification from a  
13 doula certifying organization recognized by the department.

14 2. “Doula services” means childbirth education and support services, including  
15 emotional and physical support provided during pregnancy, labor, birth, and the  
16 postpartum period.

17 (b) The department shall request from the secretary of the federal department  
18 of health and human services any required waiver or any required amendment to the  
19 state plan for Medical Assistance to allow reimbursement for doula services provided  
20 by a certified doula. If the waiver or state plan amendment is granted, the  
21 department shall reimburse a certified doula under s. 49.46 (2) (b) 12p. for the  
22 allowable charges for doula services provided to Medical Assistance recipients.

23 **SECTION 204.** 49.46 (2) (b) 12p. of the statutes is created to read:

1           49.46 (2) (b) 12p. Doula services provided by a certified doula, as specified  
2 under s. 49.45 (30t).”.

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

4           “**SECTION 205.** 46.995 (4) of the statutes is created to read:

5           46.995 (4) The department shall ensure that any child who is eligible and who  
6 applies for the disabled children’s long-term support program that is operating  
7 under a waiver of federal law receives services under the disabled children’s  
8 long-term support program that is operating under a waiver of federal law.”.

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

10          “**SECTION 206.** 51.44 (5) (bm) of the statutes is created to read:

11          51.44 (5) (bm) Ensure that any child with a level of lead in his or her blood that  
12 is 3.5 or more micrograms per 100 milliliters of blood, as confirmed by one venous  
13 blood test, is eligible for services under the program under this section.

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

15          (1u) EARLY INTERVENTION SERVICES. The department of health services may  
16 develop a methodology to allocate moneys under s. 20.435 (7) (bt) across county  
17 programs.”.

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

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

20          (1w) ELECTROCARDIOGRAM SCREENING PILOT PROGRAM. The department of health  
21 services shall develop a pilot program to provide electrocardiogram screenings for  
22 participants in middle school and high school athletics programs in Milwaukee and  
23 Waukesha Counties. From the appropriation under s. 20.435 (1) (b), in fiscal year  
24 2024-25, the department shall award \$4,172,000 in grants to local health

1 departments, as defined under s. 250.01 (4), to implement the pilot program under  
2 this subsection. Participation in the pilot program by participants in middle school  
3 and high school athletics programs shall be optional.”.

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

5 “SECTION 207. 253.19 of the statutes is created to read:

6 **253.19 Grants to free-standing pediatric teaching hospitals.** From the  
7 appropriation under s. 20.435 (1) (b), the department shall award grants to  
8 free-standing pediatric teaching hospitals to fund programming related to  
9 parenting, educational needs of and supports for chronically ill children, and case  
10 management for children with asthma. A free-standing pediatric teaching hospital  
11 is eligible for a grant under this section only if the percentage of Medical Assistance  
12 recipient inpatient days at the free-standing pediatric teaching hospital calculated  
13 under s. 49.45 (3m) (b) 1. a. is greater than 45 percent.”.

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

15 “SECTION 208. 15.197 (20) of the statutes is created to read:

16 15.197 (20) SPINAL CORD INJURY COUNCIL. (a) There is created in the department  
17 of health services a spinal cord injury council that, except as provided in par. (b),  
18 consists of the following members appointed by the department for 2-year terms:

19 1. One member representing the University of Wisconsin School of Medicine  
20 and Public Health.

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

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

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

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

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

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

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

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

9           **SECTION 209.** 255.45 of the statutes is created to read:

10           **255.45 Spinal cord injury research grants and symposia. (1)**

11           DEFINITIONS. In this section:

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

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

14           **(2) GRANT PROGRAM.** The department shall establish a program to award  
15 grants, from the appropriation under s. 20.435 (1) (b), to persons in this state for  
16 research into spinal cord injuries. The purpose of the grants is to support research  
17 into new and innovative treatments and rehabilitative efforts for the functional  
18 improvement of people with spinal cord injuries, and research topics may include  
19 pharmaceutical, medical device, brain stimulus, and rehabilitative approaches and  
20 techniques. Grant recipients shall agree to present their research findings at  
21 symposia held by the department under sub. (3).

22           **(3) SYMPOSIA.** The department may hold symposia every 2 years for recipients  
23 of grants under the grant program to present findings of research supported by the  
24 grants.

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

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

6           1. Develop criteria for the department to evaluate and award grants under the  
7           grant program.

8           2. Review and make recommendations to the department on applications  
9           submitted under the grant program.

10          3. Perform other duties specified by the department.

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

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

16          (1) SPINAL CORD INJURY COUNCIL; INITIAL APPOINTMENTS. Notwithstanding the  
17          length of terms specified for the members of the spinal cord injury council under s.  
18          15.197 (20) (a) (intro.), initial appointments to the council shall be made as follows:

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

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

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

2           “**SECTION 210.** 256.158 of the statutes is created to read:

3           **256.158 Epinephrine for ambulances. (1)** In this section:

4           (a) “Ambulance service provider” means an ambulance service provider that is  
5 a public agency, volunteer fire department, or nonprofit corporation.

6           (b) “Draw-up epinephrine” means epinephrine that is administered  
7 intramuscularly using a needle and syringe and drawn up from a vial or ampule.

8           (c) “Draw-up epinephrine kit” means a single-use vial or ampule of draw-up  
9 epinephrine and a syringe for administration to a patient.

10          (d) “Epinephrine auto-injector” means a device for the automatic injection of  
11 epinephrine into the human body.

12          **(2)** From the appropriation under s. 20.435 (1) (b), the department shall  
13 reimburse ambulance service providers for a set of 2 epinephrine auto-injectors or  
14 a set of 2 draw-up epinephrine kits for each ambulance operating in the state. On  
15 an ongoing basis, the department shall, upon request from an ambulance service  
16 provider, reimburse the ambulance service provider for a replacement set of 2  
17 epinephrine auto-injectors or a set of 2 draw-up epinephrine kits. The department  
18 shall allow the ambulance service provider to choose between epinephrine  
19 auto-injectors and draw-up epinephrine kits. The department may not reimburse  
20 an ambulance service provider for epinephrine unless each ambulance for which the  
21 ambulance service provider is reimbursed is staffed with an emergency medical  
22 services practitioner who is qualified to administer the provided epinephrine.”.

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

24          “**SECTION 211.** 20.145 (1) (g) 5. of the statutes is created to read:

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

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

6           “**SECTION 212.** 15.07 (3) (bm) 7. of the statutes is created to read:

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

9           **SECTION 213.** 15.735 of the statutes is created to read:

10           **15.735 Same; attached board.** (1) There is created a prescription drug  
11 affordability review board attached to the office of the commissioner of insurance  
12 under s. 15.03. The board shall consist of the following members:

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

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

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

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

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





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

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

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

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

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

10          (7) “Immediate family member” means a spouse, grandparent, parent, sibling,  
11          child, stepchild, or grandchild or the spouse of a grandparent, parent, sibling, child,  
12          stepchild, or grandchild.

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

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

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

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

20          (10) “Prescription drug product” means a brand name drug, a generic drug, a  
21          biologic, or a biosimilar.

22          **SECTION 216.** 601.785 of the statutes is created to read:

23          **601.785 Prescription drug affordability review board.** (1) MISSION. The  
24          purpose of the board is to protect state residents, the state, local governments, health  
25          plans, health care providers, pharmacies licensed in this state, and other

1 stakeholders of the health care system in this state from the high costs of prescription  
2 drug products.

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

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

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

9 a. Accessing and assessing information from other states by entering into  
10 memoranda of understanding with other states to which manufacturers report  
11 pricing information.

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

13 c. Accessing other available pricing information.

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

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

16 2. Enter into a contract with an independent 3rd party for any service  
17 necessary to carry out the powers and duties of the board. Unless written permission  
18 is granted by the board, any person with whom the board contracts may not release,  
19 publish, or otherwise use any information to which the person has access under the  
20 contract.

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

24 **(3) MEETING REQUIREMENTS.** (a) Pursuant to s. 19.84, the board shall provide  
25 public notice of each board meeting at least 2 weeks prior to the meeting and shall

1 make the materials for each meeting publicly available at least one week prior to the  
2 meeting.

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

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

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

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

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

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

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

24 (c) A conflict of interest under this subsection shall be disclosed no later than  
25 5 days after the conflict is identified, except that, if the conflict is identified within

1 5 days of an open meeting of the board, the conflict shall be disclosed prior to the  
2 meeting.

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

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

10 **SECTION 217.** 601.79 of the statutes is created to read:

11 **601.79 Drug cost affordability review. (1) IDENTIFICATION OF DRUGS.** The  
12 board shall identify prescription drug products that are any of the following:

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

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

21 (c) A biosimilar that has a launch wholesale acquisition cost that is not at least  
22 15 percent lower than the referenced brand biologic at the time the biosimilar is  
23 launched.

24 (d) A generic drug that has a wholesale acquisition cost, as adjusted annually  
25 to reflect adjustments to the U.S. consumer price index for all urban consumers, U.S.

1 city average, as determined by the U.S. department of labor, that meets all of the  
2 following conditions:

3 1. Is at least \$100 for a supply lasting a patient for a period of 30 consecutive  
4 days based on the recommended dosage approved for labeling by the federal food and  
5 drug administration, a supply lasting a patient for a period of fewer than 30 days  
6 based on the recommended dosage approved for labeling by the federal food and drug  
7 administration, or one unit of the drug if the labeling approved by the federal food  
8 and drug administration does not recommend a finite dosage.

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

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

15 **(2) AFFORDABILITY REVIEW.** (a) After identifying prescription drug products  
16 under sub. (1), the board shall determine whether to conduct an affordability review  
17 for each identified prescription drug product by seeking stakeholder input about the  
18 prescription drug product and considering the average patient cost share of the  
19 prescription drug product.

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

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

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

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

14 (b) The average monetary price concession, discount, or rebate the  
15 manufacturer provides, or is expected to provide, to health plans in this state as  
16 reported by manufacturers and health plans, expressed as a percent of the wholesale  
17 acquisition cost for the prescription drug product under review.

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

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

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

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

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

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

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

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

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

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

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

22 1. The cost of administering the drug.

23 2. The cost of delivering the drug to consumers.

24 3. Other relevant administrative costs related to the drug.

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

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

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

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

24 (6) NO PROHIBITION ON MARKETING. Nothing in this section may be construed to  
25 prevent a manufacturer from marketing a prescription drug product approved by the



1 federal food and drug administration while the prescription drug product is under  
2 review by the board.

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

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

9 (1u) STAGGERED TERMS FOR BOARD. Notwithstanding the length of terms  
10 specified for the members of the board under s. 15.735 (1) (b) to (e), 2 of the initial  
11 members shall be appointed for terms expiring on May 1, 2025; 2 of the initial  
12 members shall be appointed for terms expiring on May 1, 2026; 2 of the initial  
13 members shall be appointed for terms expiring on May 1, 2027; and 2 of the initial  
14 members shall be appointed for terms expiring on May 1, 2028.

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

16 (1v) PRESCRIPTION DRUG AFFORDABILITY REVIEW BOARD. The treatment of ss. 15.07  
17 (3) (bm) 7., 15.735, 601.78, 601.785, and 601.79 and subch. VI (title) of ch. 601 and  
18 SECTION 9123 (1u) of this act take effect on the first day of the 7th month beginning  
19 after publication.”

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

21 “SECTION 218. 632.895 (6) (title) of the statutes is amended to read:

22 632.895 (6) (title) EQUIPMENT AND SUPPLIES FOR TREATMENT OF DIABETES; INSULIN.

23 SECTION 219. 632.895 (6) of the statutes is renumbered 632.895 (6) (a) and  
24 amended to read:

1           632.895 (6) (a) Every disability insurance policy ~~which~~ that provides coverage  
2 of expenses incurred for treatment of diabetes shall provide coverage for expenses  
3 incurred by the installation and use of an insulin infusion pump, coverage for all  
4 other equipment and supplies, including insulin or any other prescription  
5 medication, used in the treatment of diabetes, and coverage of diabetic  
6 self-management education programs. Coverage Except as provided in par. (b),  
7 coverage required under this subsection shall be subject to the same exclusions,  
8 limitations, deductibles, and coinsurance provisions of the policy as other covered  
9 expenses, except that insulin infusion pump coverage may be limited to the purchase  
10 of one pump per year and the insurer may require the insured to use a pump for 30  
11 days before purchase.

12           **SECTION 220.** 632.895 (6) (b) of the statutes is created to read:

13           632.895 (6) (b) 1. In this paragraph:

14           a. “Cost sharing” means the total of any deductible, copayment, or coinsurance  
15 amounts imposed on a person covered under a policy or plan.

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

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

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

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

1 (1) COST-SHARING CAP ON INSULIN. The treatment of ss. 609.83 and 632.895 (6)  
2 (title), the renumbering and amendment of s. 632.895 (6), and the creation of s.  
3 632.895 (6) (b) take effect on the first day of the 4th month beginning after  
4 publication.”.

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

6 “SECTION 221. 601.41 (13) of the statutes is created to read:

7 601.41 (13) VALUE-BASED DIABETES MEDICATION PILOT PROJECT. The  
8 commissioner shall develop a pilot project to direct a pharmacy benefit manager, as  
9 defined in s. 632.865 (1) (c), and a pharmaceutical manufacturer to create a  
10 value-based, sole-source arrangement to reduce the costs of prescription medication  
11 used to treat diabetes. The commissioner may promulgate rules to implement this  
12 subsection.”.

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

14 “SECTION 222. 632.869 of the statutes is created to read:

15 **632.869 Reimbursement to federal drug pricing program participants.**

16 (1) In this section:

17 (a) “Covered entity” means an entity described in 42 USC 256b (a) (4) (A), (D),  
18 (E), (J), or (N) that participates in the federal drug pricing program under 42 USC  
19 256b, a pharmacy of the entity, or a pharmacy contracted with the entity to dispense  
20 drugs purchased through the federal drug pricing program under 42 USC 256b.

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

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

1 (a) Reimburse a covered entity for a drug that is subject to an agreement under  
2 42 USC 256b at a rate lower than that paid for the same drug to pharmacies that are  
3 not covered entities and have a similar prescription volume to that of the covered  
4 entity.

5 (b) Assess a covered entity any fee, charge back, or other adjustment on the  
6 basis of the covered entity's participation in the federal drug pricing program under  
7 42 USC 256b.

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

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

12 “**SECTION 223.** 632.865 (2m) of the statutes is created to read:

13 632.865 (2m) FIDUCIARY DUTY AND DISCLOSURES TO HEALTH BENEFIT PLAN  
14 SPONSORS. (a) A pharmacy benefit manager owes a fiduciary duty to the health  
15 benefit plan sponsor to act according to the health benefit plan sponsor's instructions  
16 and in the best interests of the health benefit plan sponsor.

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

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

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

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

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

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

11           “**SECTION 224.** 609.712 of the statutes is created to read:

12           **609.712 Essential health benefits; preventive services.** Defined network  
13 plans and preferred provider plans are subject to s. 632.895 (13m) and (14m).

14           **SECTION 225.** 609.847 of the statutes is created to read:

15           **609.847 Preexisting condition discrimination and certain benefit**  
16 **limits prohibited.** Limited service health organizations, preferred provider plans,  
17 and defined network plans are subject to s. 632.728.

18           **SECTION 226.** 625.12 (1) (a) of the statutes is amended to read:

19           625.12 (1) (a) Past and prospective loss and expense experience within and  
20 outside of this state, except as provided in s. 632.728.

21           **SECTION 227.** 625.12 (1) (e) of the statutes is amended to read:

22           625.12 (1) (e) Subject to ~~s. ss.~~ ss. 632.365 and 632.728, all other relevant factors,  
23 including the judgment of technical personnel.

24           **SECTION 228.** 625.12 (2) of the statutes is amended to read:

1           625.12 (2) CLASSIFICATION. Except as provided in s. ~~ss. 632.728 and~~ 632.729,  
2 risks may be classified in any reasonable way for the establishment of rates and  
3 minimum premiums, except that no classifications may be based on race, color, creed  
4 or national origin, and classifications in automobile insurance may not be based on  
5 physical condition or developmental disability as defined in s. 51.01 (5). Subject to  
6 ss. 632.365, 632.728, and 632.729, rates thus produced may be modified for  
7 individual risks in accordance with rating plans or schedules that establish  
8 reasonable standards for measuring probable variations in hazards, expenses, or  
9 both. Rates may also be modified for individual risks under s. 625.13 (2).

10           **SECTION 229.** 625.15 (1) of the statutes is amended to read:

11           625.15 (1) RATE MAKING. ~~An~~ Except as provided in s. 632.728, an insurer may  
12 itself establish rates and supplementary rate information for one or more market  
13 segments based on the factors in s. 625.12 and, if the rates are for motor vehicle  
14 liability insurance, subject to s. 632.365, or the insurer may use rates and  
15 supplementary rate information prepared by a rate service organization, with  
16 average expense factors determined by the rate service organization or with such  
17 modification for its own expense and loss experience as the credibility of that  
18 experience allows.

19           **SECTION 230.** 628.34 (3) (a) of the statutes is amended to read:

20           628.34 (3) (a) No insurer may unfairly discriminate among policyholders by  
21 charging different premiums or by offering different terms of coverage except on the  
22 basis of classifications related to the nature and the degree of the risk covered or the  
23 expenses involved, subject to ss. 632.365, 632.728, 632.729, 632.746 ~~and~~, 632.748,  
24 and 632.7496. Rates are not unfairly discriminatory if they are averaged broadly  
25 among persons insured under a group, blanket or franchise policy, and terms are not

1 unfairly discriminatory merely because they are more favorable than in a similar  
2 individual policy.

3 **SECTION 231.** 632.728 of the statutes is created to read:

4 **632.728 Coverage of persons with preexisting conditions; guaranteed**  
5 **issue; benefit limits. (1) DEFINITIONS.** In this section:

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

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

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

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

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

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

24 1. Health status.

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

- 1           3. Claims experience.
- 2           4. Receipt of health care.
- 3           5. Medical history.
- 4           6. Genetic information.
- 5           7. Evidence of insurability, including conditions arising out of acts of domestic
- 6 violence.
- 7           8. Disability.

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

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

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

- 22           (a) Whether the policy or plan covers an individual or a family.
- 23           (b) Rating area in the state, as established by the commissioner.



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

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

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

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

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

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

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

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

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

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

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

7 **SECTION 232.** 632.746 (1) (a) of the statutes is renumbered 632.746 (1) and  
8 amended to read:

9 632.746 (1) ~~Subject to subs. (2) and (3), an An insurer that offers a group health~~  
10 ~~benefit plan may, with respect to a participant or beneficiary under the plan, not~~  
11 ~~impose a preexisting condition exclusion only if the exclusion relates to a condition,~~  
12 ~~whether physical or mental, regardless of the cause of the condition, for which~~  
13 ~~medical advice, diagnosis, care or treatment was recommended or received within~~  
14 ~~the 6-month period ending on the participant's or beneficiary's enrollment date~~  
15 ~~under the plan on a participant or beneficiary under the plan.~~

16 **SECTION 233.** 632.746 (1) (b) of the statutes is repealed.

17 **SECTION 234.** 632.746 (2) (a) of the statutes is amended to read:

18 632.746 (2) (a) An insurer offering a group health benefit plan may not ~~treat~~  
19 ~~impose a preexisting condition exclusion based on genetic information as a~~  
20 ~~preexisting condition under sub. (1) without a diagnosis of a condition related to the~~  
21 ~~information.~~

22 **SECTION 235.** 632.746 (2) (c), (d) and (e) of the statutes are repealed.

23 **SECTION 236.** 632.746 (3) (a) of the statutes is repealed.

24 **SECTION 237.** 632.746 (3) (d) 1. of the statutes is renumbered 632.746 (3) (d).

25 **SECTION 238.** 632.746 (3) (d) 2. and 3. of the statutes are repealed.

1           **SECTION 239.** 632.746 (5) of the statutes is repealed.

2           **SECTION 240.** 632.746 (8) (a) (intro.) of the statutes is amended to read:

3           632.746 (8) (a) (intro.) A health maintenance organization that offers a group  
4 health benefit plan and that does not impose any preexisting condition exclusion  
5 under sub. (1) with respect to a particular coverage option may impose an affiliation  
6 period for that coverage option, but only if all of the following apply:

7           **SECTION 241.** 632.748 (2) of the statutes is amended to read:

8           632.748 (2) An insurer offering a group health benefit plan may not require any  
9 individual, as a condition of enrollment or continued enrollment under the plan, to  
10 pay, on the basis of any health status-related factor with respect to the individual  
11 or a dependent of the individual, a premium or contribution or a deductible,  
12 copayment, or coinsurance amount that is greater than the premium or contribution  
13 or deductible, copayment, or coinsurance amount respectively for a similarly  
14 situated individual enrolled under the plan.

15           **SECTION 242.** 632.76 (2) (a) and (ac) 1. and 2. of the statutes are amended to  
16 read:

17           632.76 (2) (a) No claim for loss incurred or disability commencing after 2 years  
18 from the date of issue of the policy may be reduced or denied on the ground that a  
19 disease or physical condition existed prior to the effective date of coverage, unless the  
20 condition was excluded from coverage by name or specific description by a provision  
21 effective on the date of loss. This paragraph does not apply to a group health benefit  
22 plan, as defined in s. 632.745 (9), which is subject to s. 632.746, a disability insurance  
23 policy, as defined in s. 632.895 (1) (a), or a self-insured health plan, as defined in s.  
24 632.85 (1) (c).

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

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

14           **SECTION 243.** 632.795 (4) (a) of the statutes is amended to read:

15           632.795 (4) (a) An insurer subject to sub. (2) shall provide coverage under the  
16 same policy form and for the same premium as it originally offered in the most recent  
17 enrollment period, subject only to the medical underwriting used in that enrollment  
18 period. Unless otherwise prescribed by rule, the insurer may apply deductibles,  
19 ~~preexisting condition limitations~~, waiting periods, or other limits only to the extent  
20 that they would have been applicable had coverage been extended at the time of the  
21 most recent enrollment period and with credit for the satisfaction or partial  
22 satisfaction of similar provisions under the liquidated insurer's policy or plan. The  
23 insurer may exclude coverage of claims that are payable by a solvent insurer under  
24 insolvency coverage required by the commissioner or by the insurance regulator of

1 another jurisdiction. Coverage shall be effective on the date that the liquidated  
2 insurer's coverage terminates.

3 **SECTION 244.** 632.895 (8) (d) of the statutes is amended to read:

4 632.895 (8) (d) Coverage is required under this subsection despite whether the  
5 woman shows any symptoms of breast cancer. Except as provided in pars. (b), (c), and  
6 (e), coverage under this subsection may only be subject to exclusions and limitations,  
7 including deductibles, copayments and restrictions on excessive charges, that are  
8 applied to other radiological examinations covered under the disability insurance  
9 policy. Coverage under this subsection may not be subject to any deductibles,  
10 copayments, or coinsurance.

11 **SECTION 245.** 632.895 (13m) of the statutes is created to read:

12 632.895 (13m) PREVENTIVE SERVICES. (a) In this section, "self-insured health  
13 plan" has the meaning given in s. 632.85 (1) (c).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

17          24. Gonorrhea prophylaxis treatment for newborns.

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

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

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

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

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

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

3           31. Blood screening for newborns and minors who have not attained the age of  
4 2 months.

5           32. Screening for critical congenital health defects for newborns.

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

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

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

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

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

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

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

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

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

23           42. Developmental screening and surveillance for minors including newborns.

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

13 **SECTION 246.** 632.895 (14) (a) 1. i. and j. of the statutes are amended to read:

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

15 j. Varicella and herpes zoster.

16 **SECTION 247.** 632.895 (14) (a) 1. k. to o. of the statutes are created to read:

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

18 L. Meningococcal meningitis.

19 m. Pneumococcal pneumonia.

20 n. Influenza.

21 o. Rotavirus.

22 **SECTION 248.** 632.895 (14) (b) of the statutes is amended to read:

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

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

4 **SECTION 249.** 632.895 (14) (c) of the statutes is amended to read:

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

10 **SECTION 250.** 632.895 (14) (d) 3. of the statutes is amended to read:

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

14 **SECTION 251.** 632.895 (14m) of the statutes is created to read:

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

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

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

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

25 a. Ambulatory patient services.

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

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

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

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

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

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

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

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

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

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

9 **SECTION 252.** 632.895 (16m) (b) of the statutes is amended to read:

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

15 **SECTION 253.** 632.895 (17) (b) 2. of the statutes is amended to read:

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

21 **SECTION 254.** 632.895 (17) (c) of the statutes is amended to read:

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

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

12 **SECTION 255.** 632.897 (11) (a) of the statutes is amended to read:

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

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

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



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

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

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

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

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

1           “**SECTION 256.** 609.20 (3) of the statutes is created to read:

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

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

10          “**SECTION 257.** 609.045 of the statutes is created to read:

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

12          In this section:

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

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

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

20           b. Serious impairment of bodily function.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

23 4. The plan does all of the following:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

9           6. The notice is worded in plain language.

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

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

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

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

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

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

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

10           1. Related to an emergency medical service.

11           2. Anesthesiology.

12           3. Pathology.

13           4. Radiology.

14           5. Neonatology.

15           6. An item or service provided by an assistant surgeon, hospitalist, or  
16 intensivist.

17           7. A diagnostic service, including a radiology or laboratory service.

18           8. An item or service provided by a specialty practitioner that the commissioner  
19 specifies by rule.

20           9. An item or service provided by a nonparticipating provider when there is no  
21 participating provider who can furnish the item or service at the participating  
22 facility.

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

4 **SECTION 258.** 609.24 (5) of the statutes is created to read:

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

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

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

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

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

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

20 "SECTION 259. 609.74 of the statutes is created to read:

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

23 **SECTION 260.** 632.895 (15m) of the statutes is created to read:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

14           (1u) COVERAGE OF INFERTILITY SERVICES.

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

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

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

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

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

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

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

9 “SECTION 261. 609.713 of the statutes is created to read:

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

13 **SECTION 262.** 632.87 (7) of the statutes is created to read:

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

15 1. “Health care provider” has the meaning given in s. 146.81 (1) (a) to (hp).

16 2. “Qualified treatment trainee” has the meaning given in s. DHS 35.03 (17m).

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

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

23 (1u) QUALIFIED TREATMENT TRAINEE COVERAGE.



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

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

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

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

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

15 “SECTION 263. 256.08 (4) (L) of the statutes is created to read:

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

18 **SECTION 264.** 256.08 (5) of the statutes is created to read:

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

23 **SECTION 265.** 256.15 (4) (g) of the statutes is created to read:

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

5           **SECTION 266.** 256.15 (8) (b) (intro.) of the statutes is amended to read:

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

9           **SECTION 267.** 256.15 (8) (bg) of the statutes is created to read:

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

21          **SECTION 268.** 256.15 (8) (br) of the statutes is created to read:

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

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

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

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

6           “**SECTION 269.** 46.48 (33) of the statutes is created to read:

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

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

11          “**SECTION 270.** 50.36 (3s) of the statutes is created to read:

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

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

19          “**SECTION 271.** 71.03 (9) of the statutes is created to read:

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

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

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

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

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

17 **SECTION 272.** 71.78 (4) (v) of the statutes is created to read:

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

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

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

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



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

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

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

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

7 “**SECTION 277.** 49.45 (25r) of the statutes is created to read:

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

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

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

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

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

3 **SECTION 278.** 49.46 (2) (b) 9m. of the statutes is created to read:

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

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

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

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

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

17 **“SECTION 279.** 49.45 (30) (a) of the statutes is repealed.

18 **SECTION 280.** 49.45(30) (b) of the statutes is renumbered 49.45 (30) and  
19 amended to read:

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

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

3 **SECTION 281.** 49.45 (52) (a) 1. of the statutes is amended to read:

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

17 **SECTION 282.** 49.45 (52) (b) 1. of the statutes is amended to read:

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

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



1           “**SECTION 283.** 146.63 (5) of the statutes is amended to read:

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

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

6           “**SECTION 284.** 20.435 (7) (b) of the statutes is amended to read:

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

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

5 **SECTION 285.** 46.41 of the statutes is created to read:

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

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

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

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

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

21 **“SECTION 286.** 51.445 of the statutes is repealed.”.

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

23 **“SECTION 287.** 20.435 (5) (by) of the statutes is repealed.”.

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

1           **“SECTION 288.** 20.435 (5) (cc) of the statutes is created to read:

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

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

5           **“SECTION 289.** 46.48 (3m) of the statutes is created to read:

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

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

12          **“SECTION 290.** 46.48 (31) of the statutes is amended to read:

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

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

18          **“SECTION 291.** 51.042 (3m) of the statutes is created to read:

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

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

23          **“SECTION 292.** 13.48 (26m) of the statutes is created to read:

1           13.48 **(26m)** LEAD SERVICE LINE REPLACEMENT. The legislature finds and  
 2 determines that the prevalence of lead service lines in connections to public water  
 3 systems poses a public health hazard and that processes for reducing lead entering  
 4 drinking water from such pipes requires additional treatment of wastewater. It is  
 5 therefore in the public interest, and it is the public policy of this state, to assist  
 6 private users of public water systems in replacing lead service lines.

7           **SECTION 293.** 20.005 (3) (schedule) of the statutes: at the appropriate place,  
 8 insert the following amounts for the purposes indicated:

	<b>2023-24</b>	<b>2024-25</b>
<b>20.320 Environmental improvement program</b>		

9  
 10       (2) SAFE DRINKING WATER LOAN PROGRAM OPERATIONS

11       (a) Lead service line replacement	GPR	C	200,000,000	-0-
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12           **SECTION 294.** 20.320 (2) (a) of the statutes is created to read:

13           20.320 **(2)** (a) *Lead service line replacement.* As a continuing appropriation, the  
 14 amounts in the schedule for lead service line replacement loans under s. 281.61 (8)  
 15 (b).

16           **SECTION 295.** 281.61 (8) (b) of the statutes is created to read:

17           281.61 **(8)** (b) The department of administration shall allocate the amount  
 18 appropriated under s. 20.320 (2) (a) to projects involving forgivable loans to private  
 19 users of public water systems to replace lead service lines.”.

20           **233.** Page 415, line 10: delete lines 10 to 16.

21           **234.** Page 416, line 6: after that line insert:

22           “(5mi) HEALTHY EATING INCENTIVES. The authorized FTE positions for the  
 23 department of health services are increased by 0.5 GPR positions and 0.5 FED

1 positions on the effective date of this subsection, to be funded from the appropriation  
2 under s. 20.435 (4) (bu), for the purpose of administering the program under s. 49.79  
3 (7m).”.

4 **235.** Page 416, line 6: after that line insert:

5 “(5n) CRISIS URGENT CARE AND OBSERVATION FACILITIES ADMINISTRATION. The  
6 authorized FTE positions for the department of health services are increased by 1.0  
7 GPR position on the effective date of this subsection, to be funded from the  
8 appropriation under s. 20.435 (5) (ck), for the purpose of administering the grant  
9 program under s. 51.036.”.

10

(END)