



State of Wisconsin
2021 - 2022 LEGISLATURE

LRB-0993/1
ALL:all

2021 BILL

1 **AN ACT** *to repeal* 49.45 (2p), 49.45 (23), 108.04 (2) (h) and 108.04 (12) (f); *to*
2 *renumber and amend* 450.11 (5) (br) 3.; *to amend* 20.435 (4) (jw), 40.22 (1),
3 40.22 (2m) (intro.), 40.22 (2r) (intro.), 40.22 (3) (intro.), 40.26 (1m) (a), 40.26
4 (1m) (b), 40.26 (5m), 40.51 (8), 40.51 (8m), 49.45 (23b) (title), 49.45 (23b) (b),
5 49.45 (23b) (c), 49.45 (23b) (e), 49.471 (4) (a) 4. b., 49.686 (3) (d), 66.0137 (4),
6 102.565 (6), 103.025 (title), 103.10 (1) (c), 103.10 (2) (c), 103.10 (5) (a), 103.10
7 (8), 103.10 (9) (a) and (b), 103.10 (9) (c) 4., 103.10 (9) (d), 103.10 (12) (d), 108.04
8 (3) (b), 108.062 (2) (d), 108.062 (20) (intro.), 108.062 (20) (c), 108.07 (5) (bm) 3.
9 b., 115.385 (6), 115.415 (1) (b), 120.13 (2) (g), 140.145 (10) (a), 140.145 (10) (b),
10 185.983 (1) (intro.), 323.19 (4) (b), 323.2912, 323.2913, 440.15, 450.01 (11m),
11 450.01 (21s), 450.02 (1), 450.11 (5) (br) 2. d., 609.205 (2) and (3) (intro.) and (a)
12 and 632.895 (16v) (a) (intro.); *to repeal and recreate* 115.437 (2) (b) and
13 632.895 (14g) (b); and *to create* 16.34, 20.115 (3) (b), 20.435 (1) (dw), 20.435 (4)
14 (bu), 20.505 (1) (bk), 20.505 (1) (ft), 20.835 (2) (an), 40.26 (7), 49.471 (1) (cr),

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1 49.471 (4) (a) 8., 49.471 (4g), 49.681, 73.03 (75), 93.485, 102.03 (7), 103.025 (1)
2 (bm), 103.025 (3), 103.10 (1) (dm), 103.10 (4m), 252.02 (8), 323.19 (3m), 323.19
3 (3p), 323.267, 440.08 (2) (a) 69g., 450.01 (13w), 450.01 (23) (p), 450.075, 450.11
4 (5) (br) 3. b., 609.719, 609.887, 632.871, 632.895 (14f) and 655.0025 of the
5 statutes; **relating to:** state government response to COVID-19 pandemic,
6 extending the time limit for emergency rule procedures, providing an
7 exemption from emergency rule procedures, granting rule-making authority,
8 and making an appropriation.

Analysis by the Legislative Reference Bureau**AGRICULTURE*****Food security initiative grant program***

This bill requires the Department of Agriculture, Trade and Consumer Protection to administer a food security initiative, under which it must provide grants to food banks, food pantries, and other nonprofit organizations fighting food insecurity to either adapt to challenges posed by the COVID-19 public health crisis or purchase Wisconsin food products.

EDUCATION***Per pupil aid; 2020-21 pupil enrollment***

Under current law, a school district's pupil enrollment is a factor in the per pupil aid calculation, which is a categorical aid paid to school districts. Per pupil aid is funded from a sum sufficient appropriation and is not considered for purposes of revenue limits.

The amount of per pupil aid paid to a school district is calculated using a three-year average of the number of pupils enrolled in the school district and a per pupil amount set by law. In the 2020-21 school year, the calculation for the amount of per pupil aid paid to a school district is \$742 times the average of the school district's pupil enrollment in the 2018-19, 2019-20, and 2020-21 school years.

Under the bill, for purposes of calculating per pupil aid in the 2020-21, 2021-22, and 2022-23 school years, a school district's pupil enrollment in the 2020-21 school year is the school district's pupil enrollment in the 2019-20 or 2020-21 school year, whichever is greater.

Pupil assessments and school and school district accountability report; 2020-21 school year exemption

Under the bill, requirements to administer various pupil assessments do not apply in the 2020-21 school year.

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Under current law, school boards, independent charter schools, private schools participating in the Milwaukee Parental Choice Program, Racine Parental Choice Program, or Wisconsin Parental Choice Program, and, under some circumstances, a private school participating in the Special Needs Scholarship Program are required to annually administer assessments adopted by the Department of Public Instruction to pupils in the fourth, eighth, ninth, tenth, and eleventh grades. These assessments are commonly referred to as the Wisconsin Student Assessment System, which includes the Wisconsin Forward Exam, ACT ASPIRE, the ACT with Writing, and Dynamic Learning Maps. The requirements to administer the WSAS did not apply in the 2019-20 school year. Under the bill, the requirements to administer the WSAS do not apply in the 2020-21 school year.

Current law also requires school boards, independent charter schools, and private schools participating in a parental choice program to annually administer a standardized reading test developed by DPI to third grade pupils. The requirements to administer the third grade standardized reading test did not apply in the 2019-20 school year. Under the bill, the requirements to administer the third grade standardized reading test do not apply in the 2020-21 school year.

Under current law, each school board and independent charter school must annually administer a reading readiness assessment selected by the school board or independent charter school to pupils in four-year-old kindergarten through second grade. The requirements to administer a reading readiness assessment applied in the 2019-20 school year. Under the bill, the requirements to administer a reading readiness assessment do not apply in the 2020-21 school year.

Under current law, school boards and independent charter schools are required to evaluate teachers and principals using an educator effectiveness evaluation system that considers pupil performance on statewide assessments. School boards and independent charter schools were prohibited from considering pupil performance on statewide assessments in evaluating teachers and principals in the 2019-20 school year. Under the bill, the prohibition against considering pupil performance on statewide assessments in evaluating teachers and principals also applies in 2020-21 school year.

School and school district accountability report

Under current law, DPI is required to publish a school and school district accountability report for the previous school year by November 30. To measure school performance and school district improvement for purposes of the report card, particularly measures related to pupil achievement in reading and math, DPI uses data derived from pupil performance on the WSAS.

Under current law, schools and school districts were not required to administer the WSAS in the 2019-20 school year and DPI is prohibited from publishing a school and school district accountability report in the 2020-21 school year. Under the bill, schools and school districts are not required to administer the WSAS in the 2020-21 school year and DPI is prohibited from publishing a school and school district accountability report in the 2021-22 school year.

BILL**EMPLOYMENT*****Hazard pay and paid medical leave***

The bill requires employers to provide hazard pay to certain health care workers during a public health emergency. The bill also requires employers to provide at least 15 days of paid medical leave for certain health care workers who contract a communicable disease. Under the bill, an employer may request a reimbursement from the Department of Administration for the paid medical leave and hazard pay. The hazard pay and paid medical leave requirements in the bill also apply until December 31, 2021, regardless of whether a public health emergency has been declared by the governor or whether the secretary of health services has issued an order.

Limited-term employees

Under the bill, the director of the Bureau of Merit Recruitment and Selection in the Division of Personnel Management in DOA may adjust the number of hours a state employee in a limited-term appointment may work during the period beginning on March 12, 2020, and ending on December 31, 2021. Under current law, a limited-term appointment may not exceed 1,040 hours per year.

Use of annual leave

Under the bill, a state employee may take annual leave during the period beginning on March 12, 2020, and ending on December 31, 2021, even if the employee has not completed the first six months of the employee's probationary period. Under current law, an employee may not take annual leave during the first six months of the employee's probationary period.

Unemployment Insurance; Benefit charging

Current law, as enacted in 2019 Wisconsin Act 185, requires the Department of Workforce Development, when processing claims for unemployment insurance benefits and evaluating work-share plans, to determine whether a claim or plan is related to the public health emergency declared by the governor under executive order 72. If a claim is so related, current law provides that the regular benefits for that claim for weeks occurring after March 12, 2020, and before December 31, 2020, not be charged as is normally provided. Instead, the benefits for those weeks are, subject to numerous exceptions, to be charged in one of two ways:

1. To the balancing account of the unemployment reserve fund, which is a pooled account financed by employers that pay contributions (taxes) and is used to pay benefits that are not chargeable to any employer's account.
2. To the unemployment interest and penalties appropriation account for reimbursable employers, which are employers that do not pay contributions but instead reimburse DWD for benefits directly.

The bill allows the secretary of administration to transfer moneys from any executive branch appropriation to the unemployment interest and penalties appropriation account for the purpose of paying the benefits described above attributable to reimbursable employers under Act 185. The transfers may not exceed the amount necessary to make those payments.

BILL***Unemployment Insurance; Work-share programs***

Current law allows an employer to create a work-share program within a work unit of the employer. Under a work-share program, the working hours of all of the full-time employees in the program are reduced in an equitable manner in lieu of a layoff of some of the employees and a continuation of full-time employment by the other employees. A claimant for unemployment insurance benefits who is included in a work-share program may receive UI benefits during his or her continued employment with the work-share employer in an amount equal to the claimant's benefit for total unemployment multiplied by the same percentage reduction in normal working hours that the claimant incurs under the program. Current law also provides for the temporary modification of certain requirements that apply to work-share plans with respect to work-share plans submitted on or after April 17, 2020, and before December 31, 2020. The bill extends the applicability of these modifications to January 1, 2022. The bill also adds an additional modification, which is made effective permanently, to allow work-share plans to remain in effect for 12 months in a five-year period, instead of six months.

Unemployment Insurance; Waiting period

Currently, a claimant must generally wait one week after becoming eligible to receive UI benefits before the claimant may receive benefits for a week of unemployment, but the application of the one-week waiting period is temporarily suspended for benefit years that began after March 12, 2020, and before February 7, 2021. The bill extends the end date for suspending the one-week waiting period to January 1, 2022.

Unemployment Insurance; Registration for work and work search waivers

Under current law, a claimant for UI benefits is generally required to register for work and to search for work each week in order to remain eligible, but DWD is required to waive these requirements under certain circumstances. Under current law, DWD has limited rule-making authority to modify the availability of waivers or establish additional waivers if necessary to comply with a requirement under federal law or if specifically allowed under federal law. The bill allows DWD to promulgate rules that remain in effect until January 1, 2022, that provide waivers of the registration for work or work search requirements under additional circumstances.

Unemployment Insurance; Receipt of Social Security Disability Insurance benefits

Under current law, in any week in any month that a claimant is receiving a benefit under the federal social security disability program, that claimant is ineligible for UI benefits. The bill repeals that prohibition and allows an otherwise eligible claimant to receive both federal social security disability benefits and unemployment insurance benefits for the same period.

Worker's compensation; Injury to critical workers

The bill provides that, for the purposes of worker's compensation, an injury caused to a critical worker by COVID-19 during the period beginning on the effective date of the bill and ending on December 31, 2021, is presumed to be caused by the

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individual's employment. The presumption requires a diagnosis or positive test for COVID-19 and may be rebutted by specific evidence that the injury was caused outside of employment. Under the bill, the secretary of health services determines which workers are considered critical workers during the specified period.

FINANCIAL INSTITUTIONS***Remote notarization of estate planning documents***

The bill allows a notary public, through the end of calendar year 2021, to perform notarizations involving estate planning documents for individuals not physically present before the notary public.

Current law generally requires a person to physically appear before a notary public in order for the notary public to perform a notarial act, but provisions in 2019 Wisconsin Act 125 allow a notary public, using technology, to notarize documents for persons not physically present with the notary public (remotely located individuals) if certain requirements are satisfied. This authority under Act 125 for a notary public to perform a notarial act for a remotely located individual does not extend to a transaction involving estate planning documents such as wills and trusts.

The bill allows a notary public, through the end of calendar year 2021, to perform for a remotely located individual a notarial act involving estate planning documents such as wills and trusts.

HEALTH AND HUMAN SERVICES***Prescription order extensions***

Current law allows a pharmacist to extend a prescription order under certain circumstances in the event that the prescription cannot otherwise be refilled, subject to certain criteria and limitations. However, current law also includes an alternative authorization for a pharmacist to extend a prescription during the public health emergency declared on March 12, 2020, by executive order 72, and for 30 days after the conclusion of that public health emergency. Under this alternative authorization, a pharmacist is exempt from having to contact the prescribing practitioner or his or her office, the pharmacist may extend the prescription by up to a 30-day supply, and certain other requirements also do not apply. The bill provides that this alternative authorization to extend a prescription order also applies beginning on the bill's effective date to the end of 2021.

Medical Assistance payment for hospitals for nursing facility care

The bill requires the Department of Health Services to provide reimbursement or a supplemental payment to hospitals under the Medical Assistance program for providing nursing-facility-level custodial care. To receive reimbursement or supplemental payment, the hospital must notify DHS that it is participating as a swing bed hospital under the Medical Assistance program and providing custodial care for which federal financial participation is approved to an individual who is eligible for discharge after receiving inpatient care in the hospital, who needs nursing-facility-level care, and for whom the hospital is unable to locate a nursing facility that accepts the individual for admission. If providing reimbursement instead of supplemental payment, DHS must pay the hospital the statewide average per-diem rate paid to nursing facilities. DHS must use the same standards and

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eligibility criteria as the federal Medicare program uses to determine reimbursement for swing beds or, for hospitals that are not critical access hospitals, the terms of a federal waiver issued during the federally declared national emergency related to the 2019 novel coronavirus. This requirement to reimburse hospitals for providing nursing facility care applies until June 30, 2021, or until the termination of any public health emergency declared by the secretary of the federal Department of Health and Human Services related to the 2019 novel coronavirus, whichever is earlier.

Reimbursement for outpatient services provided by hospitals

The bill requires DHS to provide reimbursement through the Medical Assistance program to a hospital for services provided on an outpatient basis that are usually reimbursed when provided at the hospital's inpatient facility but are provided at the hospital's outpatient facility due to the 2019 novel coronavirus pandemic. To receive reimbursement under the bill, the outpatient services must be approved for federal financial participation and must be provided in a facility that is operated by the hospital and is certified for outpatient services under the federal Medicare program, including under the terms of a federal waiver issued during the federally declared national emergency related to the 2019 novel coronavirus. DHS must seek any federal approval necessary to provide the reimbursement. The reimbursement requirement applies until the conclusion of a public health emergency declared by the secretary of the federal Department of Health and Human Services in response to the 2019 novel coronavirus or until June 30, 2021, whichever is earlier.

State coverage for treatment of uninsured health care workers

The bill requires DHS to provide state payment for the testing and treatment of health care workers who have been diagnosed with or are under investigation of having COVID-19 or any other communicable disease. State coverage is available only if the individual has no other form of coverage or funding for treatment available from insurance, a health care coverage program, or under any grant, contract, or other contractual arrangement. For purposes of the state coverage for uninsured health care workers, the treatment that must be covered is any treatment that is medically necessary and reasonably related to COVID-19 or any other communicable disease or complications from COVID-19 or other communicable disease.

Medicaid expansion

The bill accepts the Medicaid expansion by changing the family income eligibility level to up to 133 percent of the federal poverty line for parents and caretaker relatives under BadgerCare Plus and for childless adults currently covered under BadgerCare Plus Core and who are incorporated into BadgerCare Plus in the bill. BadgerCare Plus and BadgerCare Plus Core are programs under the state's Medical Assistance program, which provides health services to individuals who have limited financial resources. The federal Patient Protection and Affordable Care Act allows a state to receive an enhanced federal medical assistance percentage payment for providing benefits to certain individuals through a state's Medical Assistance program. The bill requires DHS to comply with all federal requirements

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and to request any amendment to the state Medical Assistance plan, waiver of Medicaid law, or other federal approval necessary to qualify for the highest available enhanced federal medical assistance percentage for childless adults under the BadgerCare Plus program. DHS must ensure that any increased funding resulting from the bill is used to improve access to and affordability of health care and to support health care quality for Wisconsin residents.

Under current law, certain parents and caretaker relatives with incomes of not more than 100 percent of the federal poverty line, before a 5 percent income disregard is applied, are eligible for BadgerCare Plus benefits. Under current law, childless adults who 1) are under age 65; 2) have family incomes that do not exceed 100 percent of the federal poverty line, before a 5 percent income disregard is applied; and 3) are not otherwise eligible for Medical Assistance, including BadgerCare Plus, are eligible for benefits under BadgerCare Plus Core. The bill eliminates the childless adults demonstration project known as BadgerCare Plus Core.

Orders prohibiting evictions and foreclosures

The bill allows DHS to issue an order prohibiting the commencement of actions for eviction or foreclosure for any period before January 1, 2022.

Funding for Department of Health Services for COVID-19

The bill provides funding to DHS for community testing, contact tracing, vaccinations, and public awareness related to COVID-19.

Child care financial assistance program

The bill appropriates \$25,000,000 to the Department of Children and Families to give financial assistance to providers of child care services that have lost income as a result of the 2019 novel coronavirus.

HOUSING***Rental assistance funding***

The federal Coronavirus Aid, Relief, and Economic Security (CARES) Act of 2020 provided federal funding for a rental assistance program administered by DOA. Under that program, Wisconsin residents suffering a loss of income due to the 2019 novel coronavirus, and who met income and certain other eligibility requirements, could apply for assistance in paying their rent. The bill appropriates \$25,000,000 of general purpose revenue for that program.

INSURANCE***Coverage limits on certain prescription drugs***

The bill prohibits insurers that offer health insurance, self-insured governmental health plans, and pharmacy benefit managers from requiring, before January 1, 2022, prior authorization for early refills of a prescription drug or otherwise restricting the period of time in which a prescription drug may be refilled and from imposing a limit on the quantity of prescription drugs that may be obtained if the quantity is no more than a 90-day supply. These prohibitions do not apply if the prescription drug is a controlled substance. The bill reinstates the prohibitions that were enacted in 2019 Wisconsin Act 185 but that expired with the termination of the state of emergency related to public health declared on March 12, 2020, by the governor.

BILL***Liability insurance for physicians and nurse anesthetists***

The bill specifies that, before January 1, 2022, a physician or nurse anesthetist for whom Wisconsin is not a principal place of practice but who is temporarily authorized to practice in Wisconsin may fulfill financial responsibility requirements by filing with the commissioner of insurance a certificate of insurance for a policy of health care liability insurance issued by an insurer authorized in a certain jurisdiction specified in the bill. Additionally, under those same circumstances, the physician or nurse anesthetist may elect to be covered by Wisconsin's health care liability laws.

Out-of-network costs related to health coverage

The bill prohibits, through December 31, 2021, a defined network plan, including a health maintenance organization, or preferred provider plan from requiring an enrollee of the plan to pay more for a service, treatment, or supply provided by an out-of-network provider than if the service, treatment, or supply is provided by an in-network provider. This prohibition applies to any service, treatment, or supply that is related to the diagnosis of or treatment for COVID-19 and that is provided by an out-of-network provider because a participating provider is unavailable due to the COVID-19 pandemic. For a service, treatment, or supply provided under those circumstances, the bill requires the plan to reimburse the out-of-network provider at 250 percent of the federal Medicare program rate. Also, under those circumstances, any health care provider or facility that provides a service, treatment, or supply to an enrollee of a plan but is not a participating provider of that plan shall accept as payment in full any payment by a plan that is at least 250 percent of the federal Medicare program rate and may not charge the enrollee an amount that exceeds the amount that the provider or facility is reimbursed by the plan. Similar prohibitions and requirements were created in 2019 Wisconsin Act 185, except that the reimbursement rate in Act 185 for an out-of-network provider was 225 percent of the federal Medicare program rate. The Act 185 prohibitions and requirements applied only during the state of emergency related to public health declared on March 12, 2020, and for 60 days following the termination of that state of emergency.

Coverage of COVID-19 related costs without cost sharing

The bill requires every health insurance policy and every self-insured governmental health plan that generally covers testing for and treatment of infectious disease to provide coverage of testing for, diagnosis and treatment of, and administration of any vaccination developed to prevent COVID-19 without imposing any copayment or coinsurance. This requirement applies through December 31, 2021. A health insurance policy is referred to in the bill as a disability insurance policy. Current law requires health insurance policies and self-insured governmental health plans to cover, until March 13, 2021, testing for COVID-19 without imposing any copayment or coinsurance.

Insurance coverage for health care workers

The bill requires every health insurance policy and every self-insured governmental health plan that generally covers testing for and treatment of

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infectious disease to provide coverage of testing for and treatment of COVID-19 or any other communicable disease for a frontline health care worker who has been diagnosed with or is under investigation of having COVID-19 or any other communicable disease without imposing any copayment or coinsurance. A health insurance policy is referred to in the bill as a disability insurance policy. For purposes of required insurance coverage, the treatment that must be covered is any treatment that is medically necessary and reasonably related to COVID-19 or any other communicable disease or complications from COVID-19 or other communicable disease.

Coverage parity for telehealth services

The bill prohibits a health insurance policy or a self-insured health plan of the state or a county, city, village, town, or school district from denying coverage for a treatment or service provided through telehealth if that treatment or service is covered under the policy or plan when provided in person by a health care provider. This prohibition applies through December 31, 2021. Health insurance policies are known as disability insurance policies in the bill. Telehealth is a practice of health care delivery, diagnosis, consultation, treatment, or transfer of medically relevant data by means of audio, video, or data communications that are used either during a patient visit or a consultation or are used to transfer medically relevant data about a patient.

SAFETY AND PROFESSIONAL SERVICES***Optional licensure of third-party logistics providers***

The bill creates an optional license for third-party logistics providers that are located in the state or are located outside the state but provide third-party logistics provider services in the state. A third-party logistics provider is defined under current law as a person that contracts with a prescription drug manufacturer to provide or coordinate warehousing, distribution, or other services on behalf of the manufacturer but that does not take title to the manufacturer's prescription drug or have general responsibility to direct the prescription drug's sale or disposition.

The bill requires an applicant for a third-party logistics provider license to submit certain information prior to licensure, including proof of a recent facility inspection, and a personal statement relating to a designated representative of the facility. The license created by the bill will no longer apply if the federal Food and Drug Administration establishes a licensing program for third-party logistics providers under federal law and the Pharmacy Examining Board determines that state licensure is not required for a resident third-party logistics provider to provide third-party logistics services in another state.

The bill also directs the Pharmacy Examining Board to promulgate rules that regulate third-party logistics providers and out-of-state third-party logistics providers consistent with federal law. The authority of the Pharmacy Examining Board to promulgate rules is restricted to only rules that are equivalent to requirements under federal law and only rules that do not mandate licensing under state law.

Finally, the bill requires the Pharmacy Examining Board to issue interim licenses for third-party logistics providers and out-of-state third-party logistics

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providers between the date of enactment until permanent or emergency rules take effect, whichever is sooner, if, in the opinion of the board, the applicant is currently in compliance with federal law relating to third-party logistics providers. An interim license to act as a third-party logistics provider or out-of-state third-party logistics provider expires 90 days after the date that emergency rules take effect or 90 days after the date that permanent rules take effect, whichever is sooner. No fee is required for an interim license to act as a third-party logistics provider or an out-of-state third-party logistics provider.

RETIREMENT AND GROUP INSURANCE***Wisconsin Retirement System annuities for critical workers***

Under current law, certain people who receive a retirement or disability annuity from the Wisconsin Retirement System and who are hired by an employer that participates in the WRS must suspend that annuity and may not receive a WRS annuity payment until the person is no longer in a WRS-covered position. This suspension applies to a person who 1) has reached his or her normal retirement date; 2) is appointed to a position with a WRS-participating employer, or provides employee services as a contractor to a WRS-participating employer; and 3) is expected to work at least two-thirds of what is considered full-time employment by the Department of Employee Trust Funds.

The bill creates an exception to this suspension if 1) the person is either hired or provides employee services as a contractor in a critical position during the period beginning on the effective date of the bill and ending on December 31, 2021; 2) at the time the person initially retires from covered employment with a participating employer, the person does not have an agreement with any participating employer to return to employment; and 3) the person elects to not become a participating employee at the time the person is rehired or enters into a contract after retirement. In other words, the bill allows a WRS annuitant who is either hired or provides employee services as a contractor in a critical position during the period beginning on the effective date of the bill and ending on December 31, 2021, to return to work with an employer who participates in the WRS and continue to receive his or her annuity.

STATE GOVERNMENT***Waiving in-person requirements***

Current law allows a state entity to waive any requirement that an individual appear in person during the public health emergency declared on March 12, 2020. The bill expands that provision so that a state entity may waive such in-person requirements through December 31, 2021, if enforcing the requirement would increase the public health risk.

Waiver of certain interest, penalties, and payments

Under the bill, each state agency and authority and each local governmental unit may waive any interest, penalty, or payment that accrues or becomes due beginning on the day the bill becomes law and ending on December 31, 2021, with respect to a debt any person owes to the agency, authority, or local unit of government.

BILL***COVID-19 testing and surge capacity***

The bill requires DOA to do all of the following related to COVID-19:

1. Facilitate COVID-19 testing and diagnosis throughout this state.
2. Operate alternate care facilities staffed by health care professionals for patients diagnosed with COVID-19.
3. Facilitate surge staffing resources for health care facilities throughout the state.

Grants to small businesses

The bill authorizes the Department of Revenue to provide grants to small businesses in the manner to be determined by DOR.

This proposal may contain a health insurance mandate requiring a social and financial impact report under s. 601.423, stats.

For further information see the state and local fiscal estimate, which will be printed as an appendix to this bill.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

1 **SECTION 1.** 16.34 of the statutes is created to read:

2 **16.34 Hazard pay during a public health emergency; paid medical**

3 **leave for frontline health care workers. (1) DEFINITION.** In this section,

4 “frontline health care worker” means an individual who is any of the following, who

5 is not exempt under 29 USC 213, and whose annual pay does not exceed \$99,999:

6 (a) A provider of direct care to patients in a hospital, nursing home, or
7 residence.

8 (b) An employee who works in a patient care area of a facility that provides
9 direct patient care.

10 (c) An individual who handles patient specimens within this state within the
11 scope of employment.

12 (d) An employee who works in an area where patient specimens are handled
13 at a facility that handles patient specimens within this state.

BILL**(2) HAZARD PAY GRANT PROGRAM FOR WORK DURING A PUBLIC HEALTH EMERGENCY.**

(a) From the appropriation under s. 20.505 (1) (ft), the department shall award grants to employers for the payment of hazard pay to frontline health care workers who work during a public health emergency declared by the governor under s. 323.10 or the secretary of health services under s. 252.02, as set forth in s. 103.025 (3).

(b) The department shall establish and administer a program to subsidize, as provided in s. 103.025 (3), the hazard pay costs for frontline health care workers. The department shall require, at a minimum, that the employer provide a sworn affidavit of compliance, and payroll records if requested by the department. The governor or his or her designee within the department may determine the period of applicability of this subsection.

(3) PAID MEDICAL LEAVE GRANT PROGRAM FOR FRONTLINE HEALTH CARE WORKERS.

(a) From the appropriation under s. 20.505 (1) (ft), the department shall award grants to employers for the provision of paid medical leave to frontline health care workers who contract a communicable disease, as set forth in s. 103.10 (4m).

(b) The department shall establish and administer a program to subsidize, as provided in s. 103.10 (4m), the paid medical leave costs for frontline health care workers. The department shall require, at a minimum, that the employer provide a sworn affidavit of compliance, and payroll records if requested by the department. The governor or his or her designee within the department may determine the period of applicability of this subsection.

(4) COVERAGE OF COVID-19 FOR HEALTH CARE WORKERS. (a) From the

appropriation under s. 20.505 (1) (ft), the department shall award grants to insurers for the provision of health insurance coverage to frontline health care workers as set forth in s. 632.895 (14f).

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1 (b) The department shall establish and administer a program to subsidize, as
 2 provided in s. 632.895 (14f), the costs of providing coverage for frontline health care
 3 workers at no additional cost to the covered individuals. The governor or his or her
 4 designee within the department may determine the period of applicability of this
 5 subsection.

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

					2019-20	2020-21
8	20.115	Agriculture, trade and consumer				
9		protection, department of				
10	(3)	AGRICULTURAL DEVELOPMENT SERVICES				
11	(b)	Food security initiative grants	GPR	A	-0-	10,000,000
12	20.435	Health services, department of				
13	(1)	PUBLIC HEALTH SERVICES PLANNING, REGULATION,				
14		AND DELIVERY				
15	(dw)	Coronavirus pandemic	GPR	A	-0-	63,000,000
16	20.505	Administration, department of				
17	(1)	SUPERVISION AND MANAGEMENT				
18	(bk)	COVID-19 testing and surge				
19		capacity	GPR	A	-0-	403,000,000
20	20.835	Shared revenue and tax relief				
21	(2)	TAX RELIEF				
22	(an)	Grants to small businesses	GPR	A	-0-	75,000,000

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1 **SECTION 3.** 20.115 (3) (b) of the statutes is created to read:

2 20.115 (3) (b) *Food security initiative grants.* The amounts in the schedule to
3 provide grants under s. 93.485.

4 **SECTION 4.** 20.435 (1) (dw) of the statutes is created to read:

5 20.435 (1) (dw) *Coronavirus pandemic.* The amounts in the schedule for
6 community testing, contact tracing, vaccinations, and public awareness related to
7 the infection caused by the SARS-CoV-2 coronavirus, known as COVID-19.

8 **SECTION 5.** 20.435 (4) (bu) of the statutes is created to read:

9 20.435 (4) (bu) *COVID-19 and other communicable disease aids for frontline*
10 *health care workers.* A sum sufficient not to exceed in each fiscal year the difference
11 between \$165,011,600 per fiscal year and the amount after payments have been
12 made under s. 16.34, for testing and treatment of frontline health care workers under
13 s. 49.681.

14 **SECTION 6.** 20.435 (4) (jw) of the statutes is amended to read:

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

23 **SECTION 7.** 20.505 (1) (bk) of the statutes is created to read:

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1 20.505 (1) (bk) *COVID-19 testing and surge capacity*. The amounts in the
2 schedule for the purposes specified in 2021 Wisconsin Act ... (this act), section 9101
3 (1).

4 **SECTION 8.** 20.505 (1) (ft) of the statutes is created to read:

5 20.505 (1) (ft) *Health care coverage and employee benefits relating to COVID-19*
6 *and other communicable diseases*. A sum sufficient not to exceed in each fiscal year
7 \$165,011,600 for payments under s. 16.34 (2), (3), and (4).

8 **SECTION 9.** 20.835 (2) (an) of the statutes is created to read:

9 20.835 (2) (an) *Grants to small businesses*. The amounts in the schedule to
10 provide grants to small businesses under s. 73.03 (75).

11 **SECTION 10.** 40.22 (1) of the statutes is amended to read:

12 40.22 (1) Except as otherwise provided in sub. (2) and s. 40.26 (6) and (7), each
13 employee currently in the service of, and receiving earnings from, a state agency or
14 other participating employer shall be included within the provisions of the Wisconsin
15 retirement system as a participating employee of that state agency or participating
16 employer.

17 **SECTION 11.** 40.22 (2m) (intro.) of the statutes is amended to read:

18 40.22 (2m) (intro.) Except as otherwise provided in s. 40.26 (6) and (7), an
19 employee who was a participating employee before July 1, 2011, who is not expected
20 to work at least one-third of what is considered full-time employment by the
21 department, as determined by rule, and who is not otherwise excluded under sub. (2)
22 from becoming a participating employee shall become a participating employee if he
23 or she is subsequently employed by the state agency or other participating employer
24 for either of the following periods:

25 **SECTION 12.** 40.22 (2r) (intro.) of the statutes is amended to read:

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1 40.22 **(2r)** (intro.) Except as otherwise provided in s. 40.26 (6) and (7), an
2 employee who was not a participating employee before July 1, 2011, who is not
3 expected to work at least two-thirds of what is considered full-time employment by
4 the department, as determined by rule, and who is not otherwise excluded under sub.
5 (2) from becoming a participating employee shall become a participating employee
6 if he or she is subsequently employed by the state agency or other participating
7 employer for either of the following periods:

8 **SECTION 13.** 40.22 (3) (intro.) of the statutes is amended to read:

9 40.22 **(3)** (intro.) Except as otherwise provided in s. 40.26 (6) and (7), a person
10 who qualifies as a participating employee shall be included within, and shall be
11 subject to, the Wisconsin retirement system effective on one of the following dates:

12 **SECTION 14.** 40.26 (1m) (a) of the statutes is amended to read:

13 40.26 **(1m)** (a) Except as otherwise provided in ~~sub.~~ subs. (6) and (7), if a
14 participant receiving a retirement annuity, or a disability annuitant who has
15 attained his or her normal retirement date, is employed in a position in covered
16 employment in which he or she is expected to work at least two-thirds of what is
17 considered full-time employment by the department, as determined under s. 40.22
18 (2r), the participant's annuity shall be suspended and no annuity payment shall be
19 payable until after the participant terminates covered employment.

20 **SECTION 15.** 40.26 (1m) (b) of the statutes is amended to read:

21 40.26 **(1m)** (b) Except as otherwise provided in ~~sub.~~ subs. (6) and (7), if a
22 participant receiving a retirement annuity, or a disability annuitant who has
23 attained his or her normal retirement date, enters into a contract to provide
24 employee services with a participating employer and he or she is expected to work
25 at least two-thirds of what is considered full-time employment by the department,

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1 as determined under s. 40.22 (2r), the participant's annuity shall be suspended and
2 no annuity payment shall be payable until after the participant no longer provides
3 employee services under the contract.

4 **SECTION 16.** 40.26 (5m) of the statutes is amended to read:

5 40.26 (5m) During the public health emergency declared on March 12, 2020,
6 by executive order 72, or during the period beginning on the effective date of this
7 subsection [LRB inserts date], and ending on December 31, 2021, sub. (5) does not
8 apply if at least 15 days have elapsed between the termination of employment with
9 a participating employer and becoming a participating employee if the position for
10 which the participant is hired is a critical position, as determined by the secretary
11 of health services under s. 323.19 (3).

12 **SECTION 17.** 40.26 (7) of the statutes is created to read:

13 40.26 (7) (intro.) During the period beginning on the effective date of this
14 subsection [LRB inserts date], and ending on December 31, 2021, a participant
15 who is hired during the period may elect to not suspend his or her retirement annuity
16 or disability annuity under sub. (1m) for the duration of the period if all of the
17 following conditions are met:

18 (a) At the time the participant terminates his or her employment with a
19 participating employer, the participant does not have an agreement with any
20 participating employer to return to employment or enter into a contract to provide
21 employee services for the employer.

22 (b) The participant is hired to a critical position, as determined under s. 323.19
23 (3m).

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

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1 40.51 (8) Every health care coverage plan offered by the state under sub. (6)
2 shall comply with ss. 631.89, 631.90, 631.93 (2), 631.95, 632.72 (2), 632.729, 632.746
3 (1) to (8) and (10), 632.747, 632.748, 632.798, 632.83, 632.835, 632.85, 632.853,
4 632.855, 632.867, 632.87 (3) to (6), 632.871, 632.885, 632.89, 632.895 (5m) and (8) to
5 (17), and 632.896.

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

7 40.51 (8m) Every health care coverage plan offered by the group insurance
8 board under sub. (7) shall comply with ss. 631.95, 632.729, 632.746 (1) to (8) and (10),
9 632.747, 632.748, 632.798, 632.83, 632.835, 632.85, 632.853, 632.855, 632.867,
10 632.871, 632.885, 632.89, and 632.895 (11) to (17).

11 **SECTION 20.** 49.45 (2p) of the statutes is repealed.

12 **SECTION 21.** 49.45 (23) of the statutes is repealed.

13 **SECTION 22.** 49.45 (23b) (title) of the statutes is amended to read:

14 49.45 (23b) (title) CHILDLESS ADULTS DEMONSTRATION PROJECT REFORM WAIVER
15 IMPLEMENTATION REQUIRED.

16 **SECTION 23.** 49.45 (23b) (b) of the statutes is amended to read:

17 49.45 (23b) (b) Beginning as soon as practicable after October 31, 2018, and
18 ending no sooner than December 31, 2023, the department shall do all of the
19 following with regard to the childless adults demonstration project under sub. ~~(23)~~
20 s. 49.471 (4) (a) 8.:

21 1. Require in each month persons, except exempt individuals, who are eligible
22 to receive Medical Assistance under sub. ~~(23)~~ s. 49.471 (4) (a) 8. and who are at least
23 19 years of age but have not attained the age of 50 to participate in, document, and
24 report 80 hours per calendar month of community engagement activities. The

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1 department, after finding good cause, may grant a temporary exemption from the
2 requirement under this subdivision upon request of a Medical Assistance recipient.

3 2. Require persons with incomes of at least 50 percent of the poverty line to pay
4 premiums in accordance with par. (c) as a condition of eligibility for Medical
5 Assistance under ~~sub. (23)~~ s. 49.471 (4) (a) 8.

6 3. Require as a condition of eligibility for Medical Assistance under ~~sub. (23)~~
7 s. 49.471 (4) (a) 8. completion of a health risk assessment.

8 4. Charge recipients of Medical Assistance under ~~sub. (23)~~ s. 49.471 (4) (a) 8.
9 an \$8 copayment for nonemergency use of the emergency department in accordance
10 with 42 USC 1396o-1 (e) (1) and 42 CFR 447.54.

11 5. Disenroll from Medical Assistance under ~~sub. (23)~~ s. 49.471 (4) (a) 8. for 6
12 months any individual who does not pay a required premium under subd. 2. and any
13 individual who is required under subd. 1. to participate in a community engagement
14 activity but who does not participate for 48 aggregate months in the community
15 engagement activity.

16 **SECTION 24.** 49.45 (23b) (c) of the statutes is amended to read:

17 49.45 **(23b)** (c) 1. Persons who are eligible for the demonstration project under
18 ~~sub. (23)~~ s. 49.471 (4) (a) 8. and who have monthly household income that exceeds
19 50 percent of the poverty line shall pay a monthly premium amount of \$8 per
20 household. A person who is eligible to receive an item or service furnished by an
21 Indian health care provider is exempt from the premium requirement under this
22 subdivision.

23 2. The department may disenroll under par. (b) 5. a person for nonpayment of
24 a required monthly premium only at annual eligibility redetermination after
25 providing notice and reasonable opportunity for the person to pay. If a person who

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1 is disenrolled for nonpayment of premiums pays all owed premiums or becomes
2 exempt from payment of premiums, he or she may reenroll in Medical Assistance
3 under ~~sub. (23)~~ s. 49.471 (4) (a) 8.

4 3. The department shall reduce the amount of the required household premium
5 by up to half for a recipient of Medical Assistance under ~~sub. (23)~~ s. 49.471 (4) (a) 8.
6 who does not engage in certain behaviors that increase health risks or who attests
7 to actively managing certain unhealthy behaviors.

8 **SECTION 25.** 49.45 (23b) (e) of the statutes is amended to read:

9 49.45 **(23b)** (e) Before December 31, 2023, the ~~demonstration~~ project
10 requirements under this subsection may not be withdrawn and the department may
11 not request from the federal government withdrawal, suspension, or termination of
12 the ~~demonstration~~ project requirements under this subsection unless legislation has
13 been enacted specifically allowing for the withdrawal, suspension, or termination.

14 **SECTION 26.** 49.471 (1) (cr) of the statutes is created to read:

15 49.471 **(1)** (cr) “Enhanced federal medical assistance percentage” means a
16 federal medical assistance percentage described under 42 USC 1396d (y) or (z).

17 **SECTION 27.** 49.471 (4) (a) 4. b. of the statutes is amended to read:

18 49.471 **(4)** (a) 4. b. The individual’s family income does not exceed ~~100~~ 133
19 percent of the poverty line ~~before application of the 5 percent income disregard under~~
20 ~~42 CFR 435.603 (d).~~

21 **SECTION 28.** 49.471 (4) (a) 8. of the statutes is created to read:

22 49.471 **(4)** (a) 8. An individual who meets all of the following criteria:

23 a. The individual is an adult under the age of 65.

24 b. The adult has a family income that does not exceed 133 percent of the poverty
25 line, except as provided in sub. (4g).

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1 c. The adult is not otherwise eligible for the Medical Assistance program under
2 this subchapter or the Medicare program under 42 USC 1395 et seq.

3 **SECTION 29.** 49.471 (4g) of the statutes is created to read:

4 49.471 (4g) MEDICAID EXPANSION; FEDERAL MEDICAL ASSISTANCE PERCENTAGE. For
5 services provided to individuals described under sub. (4) (a) 8., the department shall
6 comply with all federal requirements to qualify for the highest available enhanced
7 federal medical assistance percentage. The department shall submit any
8 amendment to the state medical assistance plan, request for a waiver of federal
9 Medicaid law, or other approval request required by the federal government to
10 provide services to the individuals described under sub. (4) (a) 8. and qualify for the
11 highest available enhanced federal medical assistance percentage. Sections 20.940
12 and 49.45 (2t) do not apply to a submission to the federal government under this
13 subsection.

14 **SECTION 30.** 49.681 of the statutes is created to read:

15 **49.681 COVID-19 and other communicable disease aids for frontline**
16 **health care workers. (1)** In this section:

17 (a) "COVID-19" means an infection caused by the SARS-CoV-2 coronavirus.

18 (b) "Frontline health care worker" has the meaning given in s. 16.34 (1).

19 **(2)** From the appropriation under s. 20.435 (4) (bu), subject to sub. (3), the
20 department shall pay, at a rate determined by the department under sub. (4), for
21 testing for and any treatment that is medically necessary and reasonably related to
22 COVID-19 or any other communicable disease or complications from COVID-19 or
23 other communicable disease for frontline health care workers who have been
24 diagnosed with or are a patient under investigation of having COVID-19 or any
25 other communicable disease.

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1 **(3)** No payment may be made under this section unless the recipient has no
2 other form of coverage available from the federal Medicare program, from private
3 health, accident, sickness, medical, and hospital insurance coverage, from any other
4 available state, federal, or other health care coverage program, or under any grant,
5 contract, or other contractual arrangement. If at any time federal or private
6 insurance aid, other health care coverage, or a grant, contract, or other contractual
7 arrangement becomes available during the treatment period, state aid under this
8 section shall be terminated.

9 **(4)** Payment for services provided under this section shall be at a rate
10 determined by the department that does not exceed the allowable charges under the
11 federal Medicare program. In no case shall state rates for individual service
12 elements exceed the federally defined allowable costs. The rate of charges for
13 services not covered by public and private insurance shall not exceed the reasonable
14 charges as established by Medicare fee determination procedures. A person that
15 provides to a patient a service for which payment is provided under this section shall
16 accept the amount paid under this section for the service as payment in full and may
17 not bill the patient for any amount by which the charge for the service exceeds the
18 amount paid for the service under this section.

19 **(5)** The department may promulgate rules to establish a process for individuals
20 to establish eligibility and apply for and receive benefits under this section.

21 **SECTION 31.** 49.686 (3) (d) of the statutes is amended to read:

22 49.686 **(3)** (d) Has applied for coverage under and has been denied eligibility
23 for medical assistance within 12 months prior to application for reimbursement
24 under sub. (2). This paragraph does not apply to an individual who is eligible for
25 benefits under ~~the demonstration project for childless adults under s. 49.45 (23)~~

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1 BadgerCare Plus under s. 49.471 (4) (a) 8. or to an individual who is eligible for
2 benefits under BadgerCare Plus under s. 49.471 (11).

3 **SECTION 32.** 66.0137 (4) of the statutes is amended to read:

4 66.0137 (4) SELF-INSURED HEALTH PLANS. If a city, including a 1st class city, or
5 a village provides health care benefits under its home rule power, or if a town
6 provides health care benefits, to its officers and employees on a self-insured basis,
7 the self-insured plan shall comply with ss. 49.493 (3) (d), 631.89, 631.90, 631.93 (2),
8 632.729, 632.746 (10) (a) 2. and (b) 2., 632.747 (3), 632.798, 632.85, 632.853, 632.855,
9 632.867, 632.87 (4) to (6), 632.871, 632.885, 632.89, 632.895 (9) to (17), 632.896, and
10 767.513 (4).

11 **SECTION 33.** 73.03 (75) of the statutes is created to read:

12 73.03 (75) To provide grants from the appropriation account under s. 20.835
13 (2) (an) to small businesses in this state in the manner prescribed by the department.

14 **SECTION 34.** 93.485 of the statutes is created to read:

15 **93.485 Food security initiative. (1)** The department shall award grants
16 from the appropriation under s. 20.115 (3) (b) to nonprofit food banks, nonprofit food
17 pantries, and other nonprofit organizations fighting food insecurity. The goals of this
18 grant program are to assist in finding innovative and creative solutions to food
19 supply and delivery challenges and to provide Wisconsin food products to hungry
20 state residents that are food insecure.

21 **(2)** The department shall make grants under this section for any of the
22 following purposes:

23 (a) Adapting to challenges posed by the COVID-19 public health crisis.

24 (b) Purchasing Wisconsin food products to provide to state residents.

25 **SECTION 35.** 102.03 (7) of the statutes is created to read:

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1 102.03 (7) (a) In this subsection, “critical worker” means an employee whose
2 position is determined to be critical under s. 323.19 (3p).

3 (b) For the purposes of benefits under this chapter, where an injury to a critical
4 worker is found to be caused by COVID-19, during the period beginning on the
5 effective date of this paragraph [LRB inserts date], and ending on December 31,
6 2021, the injury is presumed to be caused by the individual’s employment.

7 (c) An injury claimed under par. (b) must be accompanied by a specific diagnosis
8 of COVID-19 by a physician, or by a positive diagnostic test result for the disease.

9 (d) An injury claimed under par. (b) may be rebutted by specific evidence that
10 the injury was caused by exposure to COVID-19 outside of the individual’s work for
11 the employer.

12 **SECTION 36.** 102.565 (6) of the statutes is amended to read:

13 102.565 (6) This section does not apply to an employee whose claim of injury
14 is presumed to be caused by employment under s. 102.03 (6) or (7).

15 **SECTION 37.** 103.025 (title) of the statutes is amended to read:

16 **103.025 (title) Hours of labor; compensatory time; hazard pay.**

17 **SECTION 38.** 103.025 (1) (bm) of the statutes is created to read:

18 103.025 (1) (bm) “Frontline health care worker” has the meaning given in s.
19 16.34 (1).

20 **SECTION 39.** 103.025 (3) of the statutes is created to read:

21 103.025 (3) During a public health emergency declared by the governor under
22 s. 323.10 or pursuant to an emergency order issued by the secretary of health services
23 under s. 252.02, an employer shall pay frontline health care workers a hazard pay
24 premium of 1.5 times the employee’s hourly rate, or an additional \$15 per hour,

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1 whichever is more. An employer may apply for a grant under s. 16.34 (2) (a) to pay
2 the hazard pay premium.

3 **SECTION 40.** 103.10 (1) (c) of the statutes is amended to read:

4 103.10 (1) (c) Except as provided in ~~sub.~~ subs. (1m) (b) 3. and (4m) (a),
5 “employer” means a person engaging in any activity, enterprise or business in this
6 state employing at least 50 individuals on a permanent basis. “Employer” includes
7 the state and any office, department, independent agency, authority, institution,
8 association, society or other body in state government created or authorized to be
9 created by the constitution or any law, including the legislature and the courts.

10 **SECTION 41.** 103.10 (1) (dm) of the statutes is created to read:

11 103.10 (1) (dm) “Frontline health care worker” has the meaning given in s.
12 16.34 (1).

13 **SECTION 42.** 103.10 (2) (c) of the statutes is amended to read:

14 103.10 (2) (c) ~~This~~ Except as provided in sub. (4m), this section only applies to
15 an employee who has been employed by the same employer for more than 52
16 consecutive weeks and who worked for the employer for at least 1,000 hours during
17 the preceding 52-week period.

18 **SECTION 43.** 103.10 (4m) of the statutes is created to read:

19 103.10 (4m) PAID MEDICAL LEAVE FOR FRONTLINE HEALTH CARE WORKERS. (a) An
20 employer that employs at least one employee shall provide at least 15 days of paid
21 medical leave in addition to any leave provided under sub. (4) (a) to a frontline health
22 care worker who is employed by the employer and who contracts a communicable
23 disease. The employee does not need to meet the length of employment or
24 hours-worked standard set forth in sub. (2) (c).

25 (b) An employer may apply for a grant under s. 16.34 (3) (a).

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1 **SECTION 44.** 103.10 (5) (a) of the statutes is amended to read:

2 103.10 (5) (a) ~~This~~ Except as provided in sub. (4m), this section does not entitle
3 an employee to receive wages or salary while taking family leave or medical leave.

4 **SECTION 45.** 103.10 (8) of the statutes is amended to read:

5 103.10 (8) POSITION UPON RETURN FROM LEAVE. (a) Subject to par. (c), when an
6 employee returns from family leave ~~or~~, medical leave, or paid medical leave as a
7 frontline health care worker, his or her employer shall immediately place the
8 employee in an employment position as follows:

9 1. If the employment position which the employee held immediately before the
10 family leave ~~or~~, medical leave, or paid medical leave as a frontline health care worker
11 began is vacant when the employee returns, in that position.

12 2. If the employment position which the employee held immediately before the
13 family leave ~~or~~, medical leave, or paid medical leave as a frontline health care worker
14 began is not vacant when the employee returns, in an equivalent employment
15 position having equivalent compensation, benefits, working shift, hours of
16 employment and other terms and conditions of employment.

17 (b) No employer may, because an employee received family leave ~~or~~, medical
18 leave, or paid medical leave as a frontline health care worker, reduce or deny an
19 employment benefit which accrued to the employee before his or her leave began or,
20 consistent with sub. (9), accrued after his or her leave began.

21 (c) Notwithstanding par. (a), if an employee on a medical ~~or~~ leave, family leave,
22 or paid medical leave as a frontline health care worker wishes to return to work
23 before the end of the leave as scheduled, the employer shall place the employee in an
24 employment position of the type described in par. (a) 1. or 2. within a reasonable time
25 not exceeding the duration of the leave as scheduled.

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1 **SECTION 46.** 103.10 (9) (a) and (b) of the statutes are amended to read:

2 103.10 (9) (a) Except as provided in par. (b), nothing in this section entitles a
3 returning employee to a right, employment benefit or employment position to which
4 the employee would not have been entitled had he or she not taken family leave ~~or,~~
5 medical leave, or paid medical leave as a frontline health care worker or to the
6 accrual of any seniority or employment benefit during a period of family leave ~~or,~~
7 medical leave, or paid medical leave as a frontline health care worker.

8 (b) Subject to par. (c), during a period an employee takes family leave ~~or,~~
9 medical leave, or paid medical leave as a frontline health care worker, his or her
10 employer shall maintain group health insurance coverage under the conditions that
11 applied immediately before the ~~family leave or medical~~ leave began. If the employee
12 continues making any contribution required for participation in the group health
13 insurance plan, the employer shall continue making group health insurance
14 premium contributions as if the employee had not taken the ~~family leave or medical~~
15 leave.

16 **SECTION 47.** 103.10 (9) (c) 4. of the statutes is amended to read:

17 103.10 (9) (c) 4. If an employee ends his or her employment with an employer
18 during or within 30 days after a period of family leave ~~or,~~ medical leave, or paid
19 medical leave as a frontline health care worker, the employer may deduct from the
20 amount returned to the employee under subd. 3. any premium or similar expense
21 paid by the employer for the employee's group health insurance coverage while the
22 employee was on ~~family leave or medical~~ the leave.

23 **SECTION 48.** 103.10 (9) (d) of the statutes is amended to read:

24 103.10 (9) (d) If an employee ends his or her employment with an employer
25 during or at the end of a period of family leave ~~or,~~ medical leave, or paid medical leave

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1 as a frontline health care worker, the time period for conversion to individual
2 coverage under s. 632.897 (6) shall be calculated as beginning on the day that the
3 employee began the period of family leave ~~or~~ medical leave.

4 **SECTION 49.** 103.10 (12) (d) of the statutes is amended to read:

5 103.10 (12) (d) The department shall issue its decision and order within 30 days
6 after the hearing. If the department finds that an employer violated sub. (11) (a) or
7 (b), it may order the employer to take action to remedy the violation, including
8 providing requested family leave ~~or~~, medical leave, or paid medical leave as a
9 frontline health care worker, reinstating an employee, providing back pay accrued
10 not more than 2 years before the complaint was filed and paying reasonable actual
11 attorney fees to the complainant.

12 **SECTION 50.** 108.04 (2) (h) of the statutes is repealed.

13 **SECTION 51.** 108.04 (3) (b) of the statutes is amended to read:

14 108.04 (3) (b) Paragraph (a) does not apply with respect to benefit years that
15 begin after March 12, 2020, and before ~~February 7, 2021~~ January 2, 2022. The
16 department shall seek the maximum amount of federal reimbursement for benefits
17 that are, during the time period specified in this paragraph, payable for the first
18 week of a claimant's benefit year as a result of the application of this paragraph.

19 **SECTION 52.** 108.04 (12) (f) of the statutes is repealed.

20 **SECTION 53.** 108.062 (2) (d) of the statutes is amended to read:

21 108.062 (2) (d) Specify the period or periods when the plan will be in effect,
22 which may not exceed a total of ~~6~~ 12 months in any 5-year period within the same
23 work unit.

24 **SECTION 54.** 108.062 (20) (intro.) of the statutes is amended to read:

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1 108.062 **(20)** SUSPENSIONS OF CERTAIN PROVISIONS. (intro.) Notwithstanding sub.
2 (2), this subsection, and not sub. (2), applies to work-share plans submitted on or
3 after April 17, 2020, and before ~~December 31, 2020~~ January 2, 2022, subject to sub.
4 (19). During that period, prior to implementing a work-share program, an employer
5 shall submit a work-share plan for the approval of the department. In its submittal,
6 the employer shall certify that its plan is in compliance with all requirements under
7 this section. Each plan shall:

8 **SECTION 55.** 108.062 (20) (c) of the statutes is amended to read:

9 108.062 **(20)** (c) Specify the period or periods when the plan will be in effect,
10 which may not exceed a total of ~~6~~ 12 months in any 5-year period within the same
11 work unit.

12 **SECTION 56.** 108.07 (5) (bm) 3. b. of the statutes is amended to read:

13 108.07 **(5)** (bm) 3. b. For reimbursable employers, as defined in s. 108.155 (1)
14 (b), the benefits shall be paid in the manner provided under par. (am) 1. The
15 secretary of administration may transfer any amount from the unencumbered
16 balance of any appropriation of an executive branch agency to the appropriation
17 under s. 20.445 (1) (gd). The transfers made under this subsection may not exceed
18 the amount required to make the payments required under this subd. 3. b.

19 **SECTION 57.** 115.385 (6) of the statutes is amended to read:

20 115.385 **(6)** The department ~~shall~~ may not publish a school and school district
21 accountability report under this section in the 2020-21 and 2021-22 school year
22 years.

23 **SECTION 58.** 115.415 (1) (b) of the statutes is amended to read:

24 115.415 **(1)** (b) For the evaluation of teachers and principals in the 2019-20 and
25 2020-21 school year years, the school board and the operator of a charter school

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1 established under s. 118.40 (2r) may not consider pupil performance on statewide
2 assessments administered under s. 118.30 in the 2019-20 or 2020-21 school year and
3 may not include pupil performance on those assessments in the evaluation score
4 assigned to a teacher or principal under the educator effectiveness evaluation system
5 developed under this section.

6 **SECTION 59.** 115.437 (2) (b) of the statutes is repealed and recreated to read:

7 115.437 (2) (b) Notwithstanding sub. (1), for purposes of calculating aid paid
8 under par. (a) in the 2020-21, 2021-22, and 2022-23 school years, the number of
9 pupils enrolled in a school district in the 2020-21 school year is the greater of the
10 following:

11 1. The number of pupils enrolled, as defined in sub. (1), in the school district
12 in the 2019-20 school year.

13 2. The number of pupils enrolled, as defined in sub. (1), in the school district
14 in the 2020-21 school year.

15 **SECTION 60.** 120.13 (2) (g) of the statutes is amended to read:

16 120.13 (2) (g) Every self-insured plan under par. (b) shall comply with ss.
17 49.493 (3) (d), 631.89, 631.90, 631.93 (2), 632.729, 632.746 (10) (a) 2. and (b) 2.,
18 632.747 (3), 632.798, 632.85, 632.853, 632.855, 632.867, 632.87 (4) to (6), 632.871,
19 632.885, 632.89, 632.895 (9) to (17), 632.896, and 767.513 (4).

20 **SECTION 61.** 140.145 (10) (a) of the statutes is amended to read:

21 140.145 (10) (a) Any law governing the creation and execution of wills, codicils,
22 or testamentary trusts, except that this section applies to a transaction governed as
23 described in this paragraph from the effective date of this paragraph [LRB inserts
24 date], to December 31, 2021.

25 **SECTION 62.** 140.145 (10) (b) of the statutes is amended to read:

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1 140.145 (10) (b) Any law governing the creation and execution of living trusts
2 or trust amendments for personal use, not including a transaction, as defined in s.
3 137.11 (15), except that this section applies to a transaction governed as described
4 in this paragraph from the effective date of this paragraph ... [LRB inserts date], to
5 December 31, 2021.

6 **SECTION 63.** 185.983 (1) (intro.) of the statutes is amended to read:

7 185.983 (1) (intro.) Every voluntary nonprofit health care plan operated by a
8 cooperative association organized under s. 185.981 shall be exempt from chs. 600 to
9 646, with the exception of ss. 601.04, 601.13, 601.31, 601.41, 601.42, 601.43, 601.44,
10 601.45, 611.26, 611.67, 619.04, 623.11, 623.12, 628.34 (10), 631.17, 631.89, 631.93,
11 631.95, 632.72 (2), 632.729, 632.745 to 632.749, 632.775, 632.79, 632.795, 632.798,
12 632.85, 632.853, 632.855, 632.867, 632.87 (2) to (6), 632.871, 632.885, 632.89,
13 632.895 (5) and (8) to (17), 632.896, and 632.897 (10) and chs. 609, 620, 630, 635, 645,
14 and 646, but the sponsoring association shall:

15 **SECTION 64.** 252.02 (8) of the statutes is created to read:

16 252.02 (8) The department may issue an order prohibiting the commencement
17 of any action for eviction under chs. 704 and 799 or for foreclosure under ch. 846 for
18 any period before January 1, 2022. An order issued under this subsection may be
19 applicable statewide or may be geographically limited.

20 **SECTION 65.** 323.19 (3m) of the statutes is created to read:

21 323.19 (3m) Based on guidance provided by the secretary of health services,
22 during the period beginning on the effective date of this subsection ... [LRB inserts
23 date], and ending on December 31, 2021, the head of each state agency and each local
24 health department shall determine which public employee positions within the

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1 respective state agency or local government are critical for the purposes of s. 40.26
2 (7).

3 **SECTION 66.** 323.19 (3p) of the statutes is created to read:

4 323.19 **(3p)** The secretary of health services shall determine which workers are
5 critical workers for the purposes of s. 102.03 (7).

6 **SECTION 67.** 323.19 (4) (b) of the statutes is amended to read:

7 323.19 **(4)** (b) ~~During the public health emergency declared on March 12, 2020,~~
8 ~~by executive order 72~~ period beginning on the effective date of this paragraph
9 [LRB inserts date], and ending on December 31, 2021, the head or governing body
10 of a state entity may waive a statutory or other requirement imposed, administered,
11 or enforced by the state entity that an individual appear in person if the head or
12 governing body finds that ~~the waiver assists in the state's response to the public~~
13 ~~health emergency~~ or that enforcing the requirement may increase the public health
14 risk.

15 **SECTION 68.** 323.267 of the statutes is created to read:

16 **323.267 Waivers of certain interest, penalties, and payments. (1)** In this
17 section:

18 (a) "Agency" means any office, department, agency, institution of higher
19 education, association, society, or other body in state government created or
20 authorized to be created by the constitution or any law, including any authority
21 created in subch. II of ch. 114 or in ch. 231, 232, 233, 234, 237, 238, or 279, but not
22 including the legislature or the courts.

23 (b) "Debtor" means a person who owes a debt to an agency or a local
24 governmental unit.

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1 (c) "Effective period" means the period beginning on the effective date of this
2 paragraph [LRB inserts date], and ending on December 31, 2021.

3 (d) "Local governmental unit" means a political subdivision of this state, a
4 special purpose district in this state, an agency or corporation of a political
5 subdivision or special purpose district, or a combination or subunit of any of the
6 foregoing.

7 (2) Each agency and local governmental unit may waive any interest, penalty,
8 or payment of a debtor that accrues or becomes due during the effective period with
9 respect to a debt the debtor owes the agency or local governmental unit.

10 **SECTION 69.** 323.2912 of the statutes is amended to read:

11 **323.2912 Suspension of limited term appointment hours.**

12 Notwithstanding s. 230.26 (1), the director of the bureau of merit recruitment and
13 selection in the division of personnel management in the department of
14 administration may increase or suspend the number of hours for a limited term
15 appointment for the duration of the public health emergency declared period
16 beginning on March 12, 2020, ~~by executive order 72~~ and ending on December 31,
17 2021.

18 **SECTION 70.** 323.2913 of the statutes is amended to read:

19 **323.2913 Use of annual leave during probationary period by state**

20 **employee.** Notwithstanding s. 230.35 (1) (b), a state employee may take annual
21 leave within the first 6 months of the employee's probationary period upon initial
22 appointment during the public health emergency declared period beginning on
23 March 12, 2020, ~~by executive order 72~~ and ending on December 31, 2021. If an
24 employee who has taken annual leave under this section terminates his or her
25 employment before earning annual leave equivalent to the amount of annual leave

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1 the employee has taken, the appointing authority shall deduct the cost of the
2 unearned annual leave from the employee's final pay.

3 **SECTION 71.** 440.08 (2) (a) 69g. of the statutes is created to read:

4 440.08 (2) (a) 69g. Third-party logistics provider: July 1 of each
5 even-numbered year.

6 **SECTION 72.** 440.15 of the statutes is amended to read:

7 **440.15 No fingerprinting.** Except as provided under ss. 440.03 (13) (c),
8 441.51 (5) (a) 5., 448.980 (5) (b) 3., and 448.985 (3) (a) 4., 450.071 (3) (c) 9., and 450.075
9 (3) (c) 9., the department or a credentialing board may not require that an applicant
10 for a credential or a credential holder be fingerprinted or submit fingerprints in
11 connection with the department's or the credentialing board's credentialing.

12 **SECTION 73.** 450.01 (11m) of the statutes is amended to read:

13 450.01 (11m) "Facility" means a location where a wholesale distributor or
14 3rd-party logistics provider stores, distributes, handles, repackages, or offers ~~for~~
15 sale other services related to prescription drugs.

16 **SECTION 74.** 450.01 (13w) of the statutes is created to read:

17 450.01 (13w) "Out-of-state 3rd-party logistics provider" means a person
18 located outside this state that contracts with a prescription drug manufacturer to
19 provide or coordinate warehousing, distribution, or other services within this state
20 on behalf of the manufacturer but that does not take title to the manufacturer's
21 prescription drug or have general responsibility to direct the prescription drug's sale
22 or disposition.

23 **SECTION 75.** 450.01 (21s) of the statutes is amended to read:

24 450.01 (21s) "~~Third party~~ Third-party logistics provider" means a person that
25 contracts with a prescription drug manufacturer to provide or coordinate

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1 warehousing, distribution, or other services on behalf of the manufacturer but that
2 does not take title to the manufacturer's prescription drug or have general
3 responsibility to direct the prescription drug's sale or disposition.

4 **SECTION 76.** 450.01 (23) (p) of the statutes is created to read:

5 450.01 (23) (p) The services of a 3rd-party logistics provider or out-of-state
6 3rd-party logistics provider.

7 **SECTION 77.** 450.02 (1) of the statutes is amended to read:

8 450.02 (1) The department shall keep a record of the proceedings and a register
9 of the names and places of practice or business of pharmacies, manufacturers,
10 wholesale distributors, 3rd-party logistics providers, out-of-state 3rd-party
11 logistics providers, and other persons licensed under this chapter, and the books,
12 registers and records of the department shall be prima facie evidence of the matters
13 recorded.

14 **SECTION 78.** 450.075 of the statutes is created to read:

15 **450.075 Third-party logistics providers; licensure. (1) LICENSE ALLOWED.**

16 A person acting as a 3rd-party logistics provider or an out-of-state 3rd-party
17 logistics provider of any drug or device may apply to obtain a license from the board
18 under this section. Where operations are conducted at more than one facility, a
19 person acting as a 3rd-party logistics provider or out-of-state 3rd-party logistics
20 provider may apply to obtain a license from the board for each such facility.

21 **(2) APPLICATION.** An applicant for a license under this section shall submit a
22 form provided by the board showing all of the following and swear or affirm the
23 truthfulness of each item in the application:

24 (a) The name, business address, and telephone number of the applicant.

25 (b) All trade or business names used by the applicant.

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1 (c) Names, addresses, and telephone numbers of contact persons for all
2 facilities used by the applicant for the warehousing, distribution, or other services
3 on behalf of the manufacturer of prescription drugs.

4 (d) The type of ownership or operation for the applicant's business.

5 (e) If the applicant's 3rd-party logistics provider business is a partnership, the
6 name of each partner and the name of the partnership.

7 (f) If the applicant's 3rd-party logistics provider business is a corporation, the
8 name of each corporate officer and director, the name of the corporation, and the state
9 of incorporation.

10 (g) If the applicant's 3rd-party logistics provider business is a sole
11 proprietorship, the name of the sole proprietor and the name of the business entity.

12 (h) A list of all licenses and permits issued to the applicant by any other state
13 that authorizes the applicant to warehouse or distribute prescription drugs.

14 (i) The name, address, and telephone number of a designated representative.

15 (j) For the person identified as the designated representative in par. (i), a
16 personal information statement that contains all of the following:

17 1. The person's date and place of birth.

18 2. The person's place of residence for the 7-year period immediately preceding
19 the date of the application.

20 3. The person's occupations, positions of employment, and offices held during
21 the 7-year period immediately preceding the date of the application.

22 4. The name and addresses for each business, corporation, or other entity listed
23 in subd. 3.

24 5. A statement indicating whether the person has been, during the 7-year
25 period immediately preceding the date of the application, the subject of any

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1 proceeding for the revocation of any business or professional license and the
2 disposition of the proceeding.

3 6. A statement indicating whether the person has been, during the 7-year
4 period immediately preceding the date of the application, enjoined by a court, either
5 temporarily or permanently, from possessing, controlling, or distributing any
6 prescription drug, and a description of the circumstances surrounding the
7 injunction.

8 7. A description of any involvement by the person during the past 7 years with
9 any business, including investments other than the ownership of stock in a publicly
10 traded company or mutual fund, that manufactured, administered, prescribed,
11 distributed, or stored pharmaceutical products or drugs, and a list of any lawsuits
12 in which such a business was named as a party.

13 8. A description of any misdemeanor or felony criminal offense of which the
14 person was, as an adult, found guilty, whether adjudication of guilt was withheld or
15 the person pleaded guilty or no contest. If the person is appealing a criminal
16 conviction, the application shall include a copy of the notice of appeal, and the person
17 shall submit a copy of the final disposition of the appeal not more than 15 days after
18 a final disposition is reached.

19 9. A photograph of the person taken within the 12-month period immediately
20 preceding the date of the application.

21 (k) A statement that each facility used by the applicant for 3rd-party logistics
22 provider services has been inspected in the 3-year period immediately preceding the
23 date of the application by the board, a pharmacy examining board of another state,
24 the National Association of Boards of Pharmacy, or another accrediting body
25 recognized by the board, with the date of each such inspection.

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1 **(3) LICENSURE.** The board shall grant a license to an applicant to act as a
2 3rd-party logistics provider or an out-of-state 3rd-party logistics provider if all of
3 the following apply:

4 (a) The applicant pays the fee specified in s. 440.05 (1).

5 (b) The inspections conducted pursuant to sub. (2) (k) satisfy requirements
6 adopted by the board for 3rd-party logistics providers or out-of-state 3rd-party
7 logistics providers.

8 (c) All of the following apply to each person identified by the applicant as a
9 designated representative:

10 1. The person is at least 21 years old.

11 2. The person has been employed full time for at least 3 years in a pharmacy
12 or with a wholesale prescription drug distributor in a capacity related to the
13 dispensing of and distribution of, and record keeping related to, prescription drugs.

14 3. The person is employed by the applicant full time in a managerial position.

15 4. The person is physically present at the 3rd-party logistics provider's or
16 out-of-state 3rd-party logistics provider's facility during regular business hours
17 and is involved in and aware of the daily operation of the 3rd-party logistics provider
18 or the out-of-state 3rd-party logistics provider. This subdivision does not preclude
19 the person from taking authorized sick leave and vacation time or from being absent
20 from the facility for other authorized business or personal purposes.

21 5. The person is actively involved in and aware of the daily operation of the
22 3rd-party logistics provider or the out-of-state 3rd-party logistics provider.

23 6. The person is a designated representative for only one applicant at any given
24 time. This subdivision does not apply if more than one 3rd-party logistics provider
25 or out-of-state 3rd-party logistics provider is located at the facility and the

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1 3rd-party logistics providers or out-of-state 3rd-party logistics providers located at
2 the facility are members of an affiliated group.

3 7. The person has not been convicted of violating any federal, state, or local law
4 relating to distribution of a controlled substance.

5 8. The person has not been convicted of a felony.

6 9. The person submits to the department 2 fingerprint cards, each bearing a
7 complete set of the applicant's fingerprints. The department of justice shall provide
8 for the submission of the fingerprint cards to the federal bureau of investigation for
9 purposes of verifying the identity of the person and obtaining the person's criminal
10 arrest and conviction record.

11 (d) The applicant satisfies any other requirements established by the board by
12 rule.

13 **(4) RULES.** The board shall promulgate rules implementing this section. The
14 rules shall ensure compliance with the federal drug supply chain security act, 21
15 USC 360eee, et seq. The board may not promulgate rules that impose requirements
16 more strict than the federal drug supply chain security act, or any regulations passed
17 under the federal drug supply chain security act. The board may not promulgate
18 rules that require a license under this section.

19 **(5) ACCESS TO RECORDS.** Applications for licensure under this section are not
20 subject to inspection or copying under s. 19.35, and may not be disclosed to any
21 person except as necessary for compliance with and enforcement of the provisions of
22 this chapter.

23 **(6) APPLICABILITY.** This section does not apply if the board determines that the
24 federal food and drug administration has established a licensing program for
25 3rd-party logistics providers under 21 USC 360eee-3 and that licensing by this state

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1 of resident 3rd-party logistics providers is not required for a resident 3rd-party
2 logistics provider to provide 3rd-party logistics provider services in another state.

3 **SECTION 79.** 450.11 (5) (br) 2. d. of the statutes is amended to read:

4 450.11 (5) (br) 2. d. A pharmacist may not extend a prescription order under
5 subd. 1. for a particular patient if a prescription order was previously extended under
6 subd. 1. for that patient during the applicable period described in subd. 3.

7 **SECTION 80.** 450.11 (5) (br) 3. of the statutes is renumbered 450.11 (5) (br) 3.
8 (intro.) and amended to read:

9 450.11 (5) (br) 3. (intro.) This paragraph applies only during as follows:

10 a. During the public health emergency declared on March 12, 2020, by
11 executive order 72, and for 30 days after the conclusion of that public health
12 emergency. ~~During that time,~~

13 4. While this paragraph applies as specified in subd. 3., it supersedes par. (bm)
14 to the extent of any conflict.

15 **SECTION 81.** 450.11 (5) (br) 3. b. of the statutes is created to read:

16 450.11 (5) (br) 3. b. During the period beginning on the effective date of this
17 subd. 3. b. [LRB inserts date], and ending on December 31, 2021.

18 **SECTION 82.** 609.205 (2) and (3) (intro.) and (a) of the statutes are amended to
19 read:

20 609.205 (2) All of the following apply to a defined network plan or preferred
21 provider plan ~~during the state of emergency related to public health declared under~~
22 ~~s. 323.10 on March 12, 2020, by executive order 72, and for the 60 days following the~~
23 ~~date that the state of emergency terminates~~ before January 1, 2022:

24 (a) The plan may not require an enrollee to pay, including cost sharing, for a
25 service, treatment, or supply provided by a provider that is not a participating

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1 provider in the plan's network of providers more than the enrollee would pay if the
2 service, treatment, or supply is provided by a provider that is a participating
3 provider. This subsection applies to any service, treatment, or supply that is related
4 to diagnosis or treatment for COVID-19 and to any service, treatment, or supply that
5 is provided by a provider that is not a participating provider because a participating
6 provider is unavailable due to the ~~public health emergency~~ COVID-19 pandemic.

7 (b) The plan shall reimburse a provider that is not a participating provider for
8 a service, treatment, or supply provided under the circumstances described under
9 par. (a) at ~~225~~ 250 percent of the rate the federal Medicare program reimburses the
10 provider for the same or a similar service, treatment, or supply in the same
11 geographic area.

12 ~~(3) (intro.) During the state of emergency related to public health declared~~
13 ~~under s. 323.10 on March 12, 2020, by executive order 72, and for the 60 days~~
14 ~~following the date that the state of emergency terminates~~ Before January 1, 2022,
15 all of the following apply to any health care provider or health care facility that
16 provides a service, treatment, or supply to an enrollee of a defined network plan or
17 preferred provider plan but is not a participating provider of that plan:

18 (a) The health care provider or facility shall accept as payment in full any
19 payment by a defined network plan or preferred provider plan that is at least ~~225~~ 250
20 percent of the rate the federal Medicare program reimburses the provider for the
21 same or a similar service, treatment, or supply in the same geographic area.

22 **SECTION 83.** 609.719 of the statutes is created to read:

23 **609.719 Telehealth services.** Limited service health organizations,
24 preferred provider plans, and defined network plans are subject to s. 632.871.

25 **SECTION 84.** 609.887 of the statutes is created to read:

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1 **609.887 Coverage of COVID-19 for health care workers.** Defined
2 network plans, preferred provider plans, and limited service health organizations
3 are subject to s. 632.895 (14f).

4 **SECTION 85.** 632.871 of the statutes is created to read:

5 **632.871 Telehealth services. (1) DEFINITIONS.** In this section:

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

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

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
11 consultation or are used to transfer medically relevant data about a patient.

12 **(2) COVERAGE DENIAL PROHIBITED.** No disability insurance policy or self-insured
13 health plan may deny coverage before January 1, 2022, for a treatment or service
14 provided through telehealth if that treatment or service is covered by the policy or
15 plan when provided in person by a health care provider.

16 **(3) RULE MAKING.** The commissioner may promulgate any rules necessary to
17 implement this section.

18 **SECTION 86.** 632.895 (14f) of the statutes is created to read:

19 **632.895 (14f) COVERAGE OF COVID-19 FOR HEALTH CARE WORKERS.** (a) In this
20 subsection:

21 1. “COVID-19” means an infection caused by the SARS-CoV-2 coronavirus.

22 2. “Frontline health care worker” has the meaning given in s. 16.34 (1).

23 (b) Every disability insurance policy, and every self-insured health plan of the
24 state or of a county, city, town, village, or school district, that generally covers testing
25 and treatment for infectious diseases shall provide coverage of testing and any

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1 treatment that is medically necessary and reasonably related to COVID-19 or any
2 other communicable disease or complications of COVID-19 or other communicable
3 disease for frontline health care workers who have been diagnosed with or are a
4 patient under investigation for having COVID-19 or any other communicable
5 disease, without imposing any copayment or coinsurance on the individual covered
6 under the policy or plan. An insurer may apply for a grant from the department of
7 administration for a subsidy for the costs of this coverage, as set forth in s. 16.34 (4)
8 (b).

9 **SECTION 87.** 632.895 (14g) (b) of the statutes is repealed and recreated to read:

10 632.895 (14g) (b) Before January 1, 2022, every disability insurance policy, and
11 every self-insured health plan of the state or of a county, city, town, village, or school
12 district, that generally covers testing and treatment for infectious diseases shall
13 provide coverage of diagnosis of and testing and treatment for COVID-19, including
14 any prescription drugs, and administration of any vaccination developed to prevent
15 COVID-19 without imposing any copayment or coinsurance on the individual
16 covered under the policy or plan.

17 **SECTION 88.** 632.895 (16v) (a) (intro.) of the statutes is amended to read:

18 632.895 (16v) (a) (intro.) During the period covered by the state of emergency
19 related to public health declared by the governor on March 12, 2020, by executive
20 order 72 before January 1, 2022, an insurer offering a disability insurance policy that
21 covers prescription drugs, a self-insured health plan of the state or of a county, city,
22 town, village, or school district that covers prescription drugs, or a pharmacy benefit
23 manager acting on behalf of a policy or plan may not do any of the following in order
24 to maintain coverage of a prescription drug:

25 **SECTION 89.** 655.0025 of the statutes is created to read:

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1 **655.0025 Participation during public health emergency.** Before January
2 1, 2022, all of the following apply to a physician or nurse anesthetist for whom this
3 state is not a principal place of practice but who is authorized to practice in this state
4 on a temporary basis:

5 (1) The physician or nurse anesthetist may fulfill the requirements of s. 655.23
6 (3) (a) by filing with the commissioner a certificate of insurance for a policy of health
7 care liability insurance issued by an insurer that is authorized in a jurisdiction
8 accredited by the National Association of Insurance Commissioners.

9 (2) The physician or nurse anesthetist may elect, in the manner designated by
10 the commissioner by rule under s. 655.004, to be subject to this chapter.

11 **SECTION 9101. Nonstatutory provisions; Administration.**

12 (1) COVID-19 TESTING AND SURGE CAPACITY. The department of administration
13 shall do all of the following related to infection caused by the SARS-CoV-2
14 coronavirus, known as COVID-19:

15 (a) Facilitate COVID-19 testing and diagnosis throughout this state.

16 (b) Operate alternate care facilities staffed by health care professionals for
17 patients diagnosed with COVID-19.

18 (c) Facilitate surge staffing resources for health care facilities throughout the
19 state.

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

21 (1) PAYMENT FOR HOSPITALS FOR NURSING FACILITY CARE.

22 (a) In this subsection, “public health emergency period” means the period
23 ending on June 30, 2021, or the termination of any public health emergency declared
24 under 42 USC 247d by the secretary of the federal department of health and human
25 services in response to the 2019 novel coronavirus, whichever is earlier.

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1 (b) During the public health emergency period, subject to par. (c), the
2 department of health services shall provide, under the Medical Assistance program,
3 reimbursement at the statewide average per-diem rate paid to nursing facilities or
4 a supplemental payment to hospitals for providing nursing-facility-level care when
5 all of the following criteria apply:

6 1. The individual for whom the hospital provided nursing-facility-level care
7 is enrolled in the Medical Assistance program, has been admitted on an inpatient
8 basis to the hospital, is eligible for discharge after receiving care in the hospital,
9 requires nursing-facility-level care upon discharge, and due to the hospital being
10 unable to locate a nursing facility that accepts the individual for admission, is unable
11 to be transferred to a nursing facility.

12 2. The services provided to the individual described under subd. 1. are custodial
13 care for which federal financial participation is approved.

14 3. The hospital notifies the department of health services that it is
15 participating as a swing bed hospital under the Medical Assistance program.

16 (c) The department of health services shall use the same standards and criteria
17 for determining whether a hospital is eligible for reimbursement or a supplemental
18 payment under par. (a) as are used by the federal Medicare program under 42 USC
19 1395 et seq. for the payment for use of swing beds or, for any hospital that is not a
20 critical access hospital, under the terms of a federal waiver approved under section
21 1135 of the federal social security act. The department shall seek any approval from
22 the federal government necessary to implement the reimbursement under this
23 subsection.

24 (2) REIMBURSEMENT FOR OUTPATIENT SERVICES PROVIDED BY HOSPITALS.

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1 (a) Until the conclusion of a public health emergency declared under 42 USC
2 247d by the secretary of the federal department of health and human services in
3 response to the 2019 novel coronavirus or until June 30, 2021, whichever is earlier,
4 the department of health services shall provide reimbursement under the Medical
5 Assistance program to a hospital for any outpatient service if all of the following
6 criteria are satisfied:

7 1. The facility at which the outpatient service is performed is operated by the
8 hospital and certified under the Medicare program under 42 USC 1395 et seq.,
9 including under the terms of a federal waiver approved under section 1135 of the
10 federal social security act, for outpatient services.

11 2. The outpatient service is reimbursable when provided in the hospital's
12 inpatient facility but is not provided at the inpatient facility due to reasons
13 associated with the 2019 novel coronavirus pandemic.

14 3. The outpatient service is one for which federal financial participation is
15 approved.

16 (b) The department of health services may not include in a reimbursement
17 under par. (a) payments under s. 49.45 (3) (e) 11. or 12. or (59).

18 (c) The department of health services shall seek any approval from the federal
19 department of health and human services that is necessary to provide the
20 reimbursement in accordance with this subsection.

21 (3) CHILDLESS ADULTS DEMONSTRATION PROJECT. The department of health
22 services shall submit any necessary request to the federal department of health and
23 human services for a state plan amendment or waiver of federal Medicaid law or to
24 modify or withdraw from any waiver of federal Medicaid law relating to the childless
25 adults demonstration project under s. 49.45 (23), 2017 stats., to reflect the

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1 incorporation of recipients of Medical Assistance under the demonstration project
2 into the BadgerCare Plus program under s. 49.471 and the termination of the
3 demonstration project. Sections 20.940 and 49.45 (2t) do not apply to a submission
4 to the federal government under this subsection.

5 **SECTION 9134. Nonstatutory provisions; Public Instruction.**

6 (1) PUPIL ASSESSMENTS; EXEMPTION 2020-21 SCHOOL YEAR. Sections 115.7915 (5) (b)
7 and (6) (j), 118.016 (1) (b), 118.30 (1m), (1r), (1s), and (1t), 118.40 (2r) (d) 2. and (2x)
8 (d) 2., 118.60 (7) (b) 1., 119.23 (7) (b) 1., and 121.02 (1) (r) and (s) do not apply in the
9 2020-21 school year.

10 **SECTION 9138. Nonstatutory provisions; Safety and Professional**
11 **Services.**

12 (1) EMERGENCY RULES RELATED TO 3RD-PARTY LOGISTICS PROVIDERS. The pharmacy
13 examining board may promulgate emergency rules under s. 227.24 implementing s.
14 450.075. Notwithstanding s. 227.24 (1) (c) and (2), emergency rules promulgated
15 under this subsection remain in effect until June 30, 2023, or the date on which
16 permanent rules take effect, whichever is sooner. Notwithstanding s. 227.24 (1) (a)
17 and (3), the board is not required to provide evidence that promulgating a rule under
18 this subsection as an emergency rule is necessary for the preservation of the public
19 peace, health, safety, or welfare and is not required to provide a finding of emergency
20 for a rule promulgated under this subsection.

21 (2) INTERIM LICENSURE OF 3RD-PARTY LOGISTICS PROVIDERS.

22 (a) In this subsection, the definitions under s. 450.01 apply.

23 (b) The board shall grant an interim license to an applicant to act as a 3rd-party
24 logistics provider or an out-of-state 3rd-party logistics provider if, in the opinion of
25 the board, the applicant is currently in compliance with federal law relating to

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1 3rd-party logistics providers. The holder of an interim license under this subsection
2 shall apply for a license under s. 450.075 on or after the date that emergency rules
3 take effect under sub. (1), or the date on which permanent rules take effect,
4 whichever is sooner. An interim license granted under this subsection expires 90
5 days after the date that emergency rules take effect under sub. (1), or 90 days after
6 the date on which permanent rules take effect, whichever is sooner.
7 Notwithstanding s. 440.05, no fee is required for an interim license issued under this
8 subsection.

9 **SECTION 9150. Nonstatutory provisions; Workforce Development.**

10 (1) UNEMPLOYMENT INSURANCE; REGISTRATION FOR WORK AND WORK SEARCH
11 WAIVERS.

12 (a) Notwithstanding s. 108.04 (2) (b), (bb), or (bd) or 108.062 (10m), the
13 department of workforce development may promulgate rules for additional waivers
14 of the registration for work and work search requirements under s. 108.04 (2) (a) 2.
15 and 3. for the period beginning on the effective date of this paragraph and ending on
16 January 1, 2022. The department of workforce development may use the procedure
17 under s. 227.24 to promulgate a rule under this paragraph. Notwithstanding s.
18 227.24 (1) (a) and (3), the department is not required to provide a finding of
19 emergency for a rule promulgated under this paragraph. Notwithstanding s. 227.24
20 (1) (c) and (2), a rule promulgated under this paragraph remains in effect until
21 January 1, 2022.

22 (b) Notwithstanding s. 108.04 (2) (bm), a claimant may receive unemployment
23 insurance benefits for any week in which the claimant failed to comply with the
24 registration for work or work search requirements under s. 108.04 (2) (a) 2. or 3. or
25 failed to provide verification to the department of workforce development that the

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1 claimant complied with those requirements if the department has waived those
2 requirements under rules promulgated under par. (a).

3 **SECTION 9151. Nonstatutory provisions; Other.**

4 (1) HAZARD PAY AND PAID MEDICAL LEAVE. Regardless of whether there is a
5 declared state of emergency related to public health or whether the secretary of
6 health services has issued an order, the requirements in ss. 16.34 (2) and 103.025 (3)
7 apply until December 31, 2021.

8 **SECTION 9201. Fiscal changes; Administration.**

9 (1) RENTAL ASSISTANCE PROGRAM. In the schedule under s. 20.005 (3) for the
10 appropriation to the department of administration under s. 20.505 (7) (a), the dollar
11 amount for fiscal year 2020-21 is increased by \$25,000,000 to provide rental
12 assistance to Wisconsin residents in the same manner as that used for the
13 expenditure of federal rental assistance funds under the federal Coronavirus Aid,
14 Relief, and Economic Security Act, P.L. 116-136.

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

16 (1) CHILD CARE FINANCIAL ASSISTANCE PROGRAM. In the schedule under s. 20.005
17 (3) for the appropriation to the department of children and families under s. 20.437
18 (2) (bc), the dollar amount for fiscal year 2020-21 is increased by \$25,000,000 to
19 provide financial assistance to providers of child care services that have lost income
20 as a result of the 2019 novel coronavirus.

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

22 (1) MEDICAID EXPANSION. In the schedule under s. 20.005 (3) for the
23 appropriation to the department of health services under s. 20.435 (4) (b), the dollar
24 amount for fiscal year 2020-21 is decreased by \$165,011,600 to decrease funding for

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1 the purposes for which the appropriation is made, due to the expansion of eligibility
2 under the Medical Assistance program under s. 49.471 (4) (a) 4. and 8.

3 **SECTION 9350. Initial applicability; Workforce Development.**

4 (1) UNEMPLOYMENT INSURANCE; WORK-SHARE PLANS. The treatment of s. 108.062
5 (20) (c) first applies to work-share plans approved under s. 108.062 (3) or (3m) on the
6 effective date of this subsection.

7 (2) CONCURRENT RECEIPT OF UI AND SSDI BENEFITS. The treatment of ss. 108.04
8 (2) (h) and (12) (f) first applies to determinations issued under s. 108.09 on the
9 effective date of this subsection.

10 **SECTION 9400. Effective dates.** This act takes effect on the day after
11 publication, except as follows:

12 (1) HEALTH SERVICES; ELIMINATION OF DEMONSTRATION PROJECT. The treatment
13 of ss. 20.435 (4) (jw) and 49.45 (23) and (23b) (title), (b), (c), and (e) takes effect on the
14 first day of the 7th month beginning after publication.

15 (2) CHANGES TO UI PROGRAM. The treatment of ss. 108.04 (2) (h) and (12) (f) and
16 108.062 (2) (d) and (20) (intro.) and (c) takes effect on the first Sunday after
17 publication.

18 (END)