AN ACT to renumber 60.11 (2) (b) and 108.07 (5); to renumber and amend 49.688 (1) (c), 70.47 (3) (aL), 108.04 (3), 108.062 (4) and 108.062 (19); to amend 13.101 (4), 20.866 (2) (xm), 40.22 (1), 40.22 (2m) (intro.), 40.22 (2r) (intro.), 40.22 (3) (intro.), 40.26 (1m) (a), 40.26 (1m) (b), 40.26 (5) (intro.), 40.51 (8), 40.51 (8m), 66.0137 (4), 71.01 (6) (L) 3., 71.22 (4) (L) 3., 71.22 (4m) (L) 3., 71.26 (2) (b) 12. d., 71.34 (1g) (L) 3., 71.42 (2) (L) 3., 71.98 (3), 74.35 (5) (c), 74.37 (4) (b), 108.04 (13) (d) 3. b., 108.04 (13) (d) 4. b., 108.062 (1) (b), 108.062 (3), 108.062 (15), 108.14 (8n) (e), 108.141 (7) (a), 108.16 (6m) (a), 115.385 (1) (intro.), 115.415 (1) (b), 115.999 (1) (d) 1., 115.999 (2m) (b) 1. a., 118.38 (2) (am) (intro.), 118.38 (3), 118.60 (7) (an) 1., 119.23 (7) (an) 1., 119.33 (2) (b) 3. b., 119.33 (2) (b) 3. c., 119.33 (5) (b) 2., 119.9002 (2) (d) 2. a., 119.9002 (2) (d) 2. b., 119.9002 (2) (d) 3. a., 119.9002 (2) (d) 3. b., 119.9004 (3) (b) 2., 120.13 (2) (g), 146.40 (3), 185.983 (1) (intro.), 450.11 (5) (a), 609.83, 625.12 (2), 628.34 (3) (a) and 895.51 (title); and to create 13.101 (4d), 40.26 (5m), 40.26 (6), 49.688 (1) (c) 2., 49.688 (10m), 60.11
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(2) (b) 2., 70.47 (3) (aL) 2., 100.307, 102.03 (6), 102.565 (6), 103.13 (2m), 108.04
(2) (d), 108.04 (3) (b), 108.062 (2m), 108.062 (3r), 108.062 (4) (a) 2., 108.062 (19)
(a) and (b), 108.062 (20), 108.07 (5) (bm), 115.385 (6), 115.7915 (8m), 118.38 (4),
118.60 (12), 119.23 (12), 153.23, 323.19 (3), 323.19 (4), 323.265, 323.2911,
323.2912, 323.2913, 323.2915, 440.08 (5), 450.11 (5) (br), 609.205, 609.846,
609.885, 632.729, 632.895 (14g), 632.895 (16v), 895.4801, 895.51 (1) (bd),
895.51 (1) (bg), 895.51 (1) (dp), 895.51 (2r) and 895.51 (3r) of the statutes;
relating to: state government response to the COVID-19 pandemic.

Analysis by the Legislative Reference Bureau

1.

AGRICULTURE

Eligibility for local fair aids

This bill modifies the eligibility requirements for agricultural societies, boards, and associations to receive local fair aid provided by the Department of Agriculture, Trade and Consumer Protection. To remain eligible for local fair aid from DATCP, current law requires local agricultural societies, boards, and associations to operate a fair each year. The bill allows agricultural societies, boards, and associations to remain eligible for local fair aid if a local fair is not held during 2020 because of the public health emergency declared on March 12, 2020, by executive order 72.

Prohibiting retailers from accepting certain returns

This bill prohibits a retailer from accepting a return of food products, personal care products, cleaning products, and paper products during the public health emergency declared on March 12, 2020, by executive order 72, or during the 30 days immediately after the end of that public health emergency. The bill contains exceptions, allowing retailers to accept returns of food, personal care, cleaning, or paper products made within seven days of purchase and returns of adulterated or defective food, personal care, cleaning, or paper products. Under the bill, retailers may accept returns of other types of products.

2.

CAMPAIGN FINANCE

Communications relating to public health emergency

Currently, under Wisconsin’s campaign finance law, a person elected to a state or local government elective office who becomes a candidate for a national, state, or local government office may not use public funds to pay the cost of materials or distribution for 50 or more pieces of substantially identical material during the
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campaign season. This bill exempts from this prohibition communications during the public health emergency declared on March 12, 2020, by executive order 72, that relate to the public health emergency.

3.

CORRECTIONAL SYSTEM

Death of an inmate

Under current law, if an individual dies while he or she is in the legal custody of the Department of Corrections and confined to a correctional facility located in this state, an autopsy on the deceased individual must be performed. Under this bill, for the duration of the public health emergency relating to COVID-19, if an individual who has been diagnosed with COVID-19 dies, the coroner or medical examiner may perform limited examination of the deceased individual instead of a full autopsy, which may include an external examination of the body of the deceased individual, a review of the deceased individual’s medical records, or a review of the deceased individual’s radiographs.

4.

COURTS AND PROCEDURE

Liability exemption for persons who manufacture, distribute, or sell emergency medical supplies

This bill establishes a civil liability exemption for persons who manufacture, distribute, or sell emergency medical supplies to respond to the public health emergency during the public health emergency related to COVID-19 declared by the federal secretary of health and human services or the national emergency related to COVID-19 declared by the president. The bill defines “emergency medical supplies” to mean any medical equipment or supplies necessary to limit the spread of, or provide treatment for, a disease associated with the public health emergency related to the COVID-19 pandemic, including life support devices, personal protective equipment, cleaning supplies, and any other items determined to be necessary by the secretary of health services. Under the bill, any person engaged in the manufacturing, distribution, or sale of emergency medical supplies who donates or sells, for a price not to exceed a certain amount established in the bill, the emergency medical supplies to a charitable organization or governmental unit to respond to the public health emergency related to COVID-19 is immune from civil liability for the death of or injury to an individual caused by emergency medical supplies donated or sold.

The bill also provides that any charitable organization that distributes free of charge emergency medical supplies received from a manufacturer, distributor, or seller is immune from civil liability for a death or injury caused by the emergency medical supplies.

5.
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ECONOMIC DEVELOPMENT

Plan to provide support to major industries

This bill requires the Wisconsin Economic Development Corporation to submit a report to the legislature and the governor by June 30, 2020, that includes a plan for providing support to the major industries in Wisconsin that have been adversely affected by the COVID-19 public health emergency, including tourism, manufacturing, agriculture, construction, retail, and services.

6.

EDUCATION

Pupil examinations; public health emergency exception for the 2019-20 school year

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 examinations adopted by the state superintendent of public instruction to pupils in the fourth, eighth, ninth, tenth, and eleventh grades. These examinations are commonly referred to as the Wisconsin Student Assessment System, which include The Forward Exam, ACT ASPIRE, the ACT, and Dynamic Learning Maps. Under the bill, the requirements to administer the WSAS do not apply in the 2019–20 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 the Department of Public Instruction to third grade pupils. Under the bill, requirements to administer the third grade standardized reading test do not apply in the 2019–20 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. Under the bill, school boards and independent charter schools are prohibited from considering pupil performance on statewide assessments in evaluating teachers and principals in the 2019–20 school year.

School and school district accountability report for the 2019-20 school year

The bill prohibits DPI from publishing a school and school district accountability report in the 2020–21 school year.

Under current law, DPI is required to publish a school and school district accountability report each year by November 30. To measure school performance and school district improvement, particularly measures related to pupil achievement in reading and math, DPI uses data derived from pupil performance on statewide assessments administered in the prior school year. The bill also changes references to accountability reports published in a specific school year or years to the most recently published accountability report or reports to account for the fact that, under the bill, DPI will not publish an accountability report in the 2020–21 school year.
Waiver of laws and rules related to parental choice programs, the Special Needs Scholarship Program, and independent charter schools; schools closed by the Department of Health Services or a local health officer

Under the bill, during the public health emergency declared on March 12, 2020, by executive order 72, if the Department of Health Services or a local health officer closes schools for ten or more school days during a school year, DPI may waive state education statutes, or rules promulgated under those statutes, related to 1) a parental choice program or the SNSP, 2) private schools participating in a parental choice program or the SNSP, or 3) independent charter schools. Under the bill, DPI may also establish alternate deadlines for requirements in education laws or rules if the original deadline occurs between the date the schools are closed and 120 days after the day schools are reopened or the original deadline relates to another event that occurs during that same period.

Under current law, upon request from a school board and a public hearing, DPI may waive school district and school board requirements in a state education statute or rule. However, under current law, a school board may not request, and DPI may not grant, a waiver from state education statutes and rules related to certain topics, including the health or safety of pupils, confidentiality of pupil records, and pupil assessments.

Exceptions in parental choice programs and the Special Needs Scholarship Program; schools closed by the Department of Health Services or a local health officer

Current law allows DPI to bar a private school from participating in a parental choice program or the SNSP in the current school year if the private school fails to comply with specified program requirements. For certain program violations, current law allows DPI to bar a private school from participating in the following school year. Current law also allows DPI to withhold program payments if a participating private school fails to comply with program requirements.

Under the bill, during the public health emergency declared on March 12, 2020, by executive order 72, if a participating private school is closed by DHS or a local health officer for ten or more school days during a school year, DPI may not withhold program payments or bar the private school from participating in the parental choice program or the SNSP in the current or following school year if the private school demonstrates to DPI that the failure to comply with the program requirement was due to the school closure.

Under current law, a private school participating in a parental choice program must maintain a cash and investment balance that is at least equal to its reserve balance. Under the bill, during the public health emergency declared on March 12, 2020, by executive order 72, this requirement does not apply in a school year during which the private school is closed by DHS or a local health officer for ten or more school days.

Private schools; waiver for hours of instruction in the 2019-20 school year

Under the bill, in the 2019–20 school year, upon request from a private school, DPI may waive any requirement related to a private school providing hours of instruction.
Wisconsin Parental Choice Program; application deadlines for the 2020-21 school year

The bill extends two deadlines related to pupil applications to attend a private school in the Wisconsin Parental Choice Program in the 2020-21 school year. First, under the bill, a private school participating in the WPCP may accept WPCP applications for the 2020-21 school year from pupils until May 14, 2020, rather than April 16, 2020, under current law. Second, under the bill, private schools participating in the WPCP have until May 29, 2020, to submit information to DPI about the number of WPCP applications the private school received from pupils for the 2020-21 school year. Under current law, private schools participating in the WPCP are required to submit this information to DPI by May 1, 2020.

Full-time open enrollment program; application deadlines for the 2020-21 school year

Under current law, a pupil may attend a public school in a school district other than the pupil's resident school district under the full-time open enrollment program (OEP). Current law specifies specific dates by which various steps must occur in the OEP application process. For example, under current law, the last day to submit an application to attend a nonresident school district under the OEP in the 2020-21 school year is April 30, 2020.

This bill extends statutory deadlines related to applications to attend a nonresident school district under the OEP by approximately 30 days. For example, under the bill, the last day to submit an application to attend a nonresident school district under the OEP in the 2020-21 school year is May 29, 2020.

Reports on virtual instruction and other operations during the public health emergency

Under the bill, by November 1, 2020, each school board must submit a report to DPI that contains various information about school district operations during the public health emergency, including whether the virtual instruction was implemented in the school district, the number of staff who were laid off, the number of lunches provided, and the amount of certain expenditure reductions. The report must also include any challenges or barriers the school board faced in implementing virtual instruction and the school board's recommendations for best practices related to providing virtual instruction when schools are closed. Under the bill, DPI must compile and report the information it receives from school boards to the legislature by January 1, 2021. The bill defines the “public health emergency” as the period during the 2019-20 school year when schools were closed by DHS. Finally, by June 30, 2020, the bill requires DPI to post on its Internet site guidance on best practices for schools returning to in-person instruction.

7.

EMERGENCY MANAGEMENT

Transfer of employees between executive branch agencies

This bill authorizes the secretary of administration to transfer employees from any executive branch agency to another executive branch agency during the public health emergency declared on March 12, 2020, by executive order 72. Under the bill,
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the agency to which an employee is transferred shall pay all salary and fringe benefit costs of that employee.

Waiving in-person requirements

This bill allows a state entity to waive any requirement that an individual appear in person during the public health emergency declared on March 12, 2020, by executive order 72, if the waiver assists in the state’s response to the state of emergency or if the requirement may increase the public health risk.

8.

EMPLOYMENT

UNEMPLOYMENT INSURANCE

Unemployment insurance; waiting period

Currently, a claimant must wait one week after becoming eligible to receive unemployment insurance benefits before the claimant may receive benefits for a week of unemployment. The waiting period does not affect the maximum number of weeks of a claimant’s benefit eligibility.

This bill suspends the application of the one-week waiting period for benefit years that began after March 12, 2020, and before February 7, 2021. The bill requires the Department of Workforce Development to seek the maximum amount of federal reimbursement for benefits that are, during this time period, payable for the first week of a claimant’s benefit year as a result of the suspension.

Unemployment insurance; benefit charging

This bill requires DWD, when processing claims for UI 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, the bill 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 to the balancing account of the unemployment reserve fund (pooled account financed by all employers who pay contributions that is used to pay benefits that are not chargeable to any employer’s account) or, in the case of employers that do not pay contributions (taxes) but instead reimburse DWD for benefits directly (reimbursable employers), the benefits are to be paid in the manner specified under current law for certain other circumstances involving benefits chargeable to reimbursable employers.

The bill also requires the secretary of workforce development, to the extent permitted under federal law, to seek advances to the state’s unemployment reserve fund from the federal government, so as to allow Schedule D of the unemployment insurance contribution (tax) rates to remain in effect through the end of calendar year 2021. Schedule D includes the lowest unemployment insurance contribution rates specified under current law, and is in effect for any calendar year whenever, as of the preceding June 30, the state’s unemployment reserve fund has a cash balance of at least $1,200,000,000.
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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 UI 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.

This bill suspends all of the following for work-share plans submitted until December 31, 2020:

1. The requirement that a work-share plan be limited to a particular work unit of the employer. The bill instead, during the suspension period, allows a work-share plan to cover any employees of the employer.

2. The requirement that the reduction in working hours under a work-share program must be at least 10 percent but not more than 50 percent of the normal hours per week of the employees included under the plan. The bill instead, during the suspension period, increases the permissible reduction in working hours under a work-share program to be not more than 60 percent of the normal hours per week of the employees included under the plan or the highest permissible reduction allowed under federal law, whichever is greater.

3. The requirements that at least 10 percent of the employees in a work unit be included in a work-share plan and that the employer provide for initial coverage under the plan of at least 20 positions that are filled on the effective date of the work-share program. The bill instead, during the suspension period, requires only that the work-share plan cover at least two positions that are filled on the effective date of the work-share program.

4. The requirement that reduced working hours be apportioned equitably among employees in the work-share program.

The bill also provides that, during the period specified above, a work-share program becomes effective on the later of the Sunday of or after approval of the work-share plan, instead of the second Sunday after approval of the plan, unless a later Sunday is specified.

The bill, however, allows the secretary to waive the application of the changes described above if doing so is necessary to comply with federal requirements or for this state to qualify for full federal financial participation in the cost of administration of the work-share program and financing of work-share benefits.

The bill also requires DWD to allow employers to submit work-share plan applications using an online form and to provide assistance to employers with submitting applications and developing work-share plans.

The bill also specifies that a work-share program shall be governed by the law that was in effect when the plan was approved, until the program ends as provided under current law.
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WORKER'S COMPENSATION

Rebuttable presumption that injury caused to first responders during current public health emergency is caused by employment

This bill provides that, for the purposes of worker’s compensation, an injury caused to a first responder, during any public health emergency declared by the governor on March 12, 2020, by executive order 72 and ending 30 days after the termination of the order, is presumed to be caused by the 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.

OTHER EMPLOYMENT

Employee records during public health emergency

Under the bill, the requirements that an employer provide an employee’s personnel record within seven working days after receiving the request, that the inspection be at a location near the employee’s place of employment, and that the inspection be during normal working hours are suspended during the public health emergency declared on March 12, 2020, by executive order 72.

Suspension of certain time limits and in-person meetings for grievance process during public health emergency

Under the bill, a state employee does not waive his or her right to appeal an adverse employment decision if the employee does not timely file the complaint or appeal during the public health emergency declared on March 12, 2020, by executive order 72. Under current law, an employee waives such right if the employee does not timely file.

Under the bill, an appointing authority is not required to hold an in-person meeting with a state employee who has filed an employment grievance during the public health emergency declared on March 12, 2020, by executive order 72.

Use of annual leave during public health emergency

Under the bill, a state employee may take annual leave during the public health emergency declared on March 12, 2020, by executive order 72, even if the employee has not completed the first six months of the employee’s probationary period. If the employee terminates employment before earning any leave the employee used, the employer may deduct the amount of unearned leave from the employee’s final pay. Under current law, an employee may not take annual leave during the first six months of the employee’s probationary period.

Limited term employees during public health emergency

Under the bill, the director of the Bureau of Merit Recruitment and Selection in the Division of Personnel Management in the Department of Administration may adjust the number of hours a state employee in a limited term appointment may work during the public health emergency declared on March 12, 2020, by executive order 72. Under current law, a limited term appointment may not exceed 1,040 hours per year.
HEALTH AND HUMAN SERVICES

Enhanced federal medical assistance percentage

This bill allows DHS to suspend compliance with current premium and health risk assessment requirements for childless adults, delay implementation of the community engagement requirement for childless adults, and maintain continuous enrollment under the Medical Assistance program in compliance with federal law in order to satisfy criteria for an enhanced federal medical assistance percentage, or FMAP, under the Medical Assistance program during the period to which the enhanced federal medical assistance percentage applies. The FMAP is the percentage of Medicaid-related costs that the federal government provides a state after a state has paid for its share of the costs.

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.

This bill creates an alternative authorization for a pharmacist to extend a prescription during the period covered by a 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 the bill, during that period, the prescribing practitioner is exempt from having to contact the prescribing practitioner or his or her office, and certain other requirements also do not apply. However, the pharmacist may not extend a prescription if the prescribing practitioner has indicated that no extensions are permitted. The pharmacist may extend the prescription by up to a 30-day supply, except that if the drug is typically packaged in a form that requires a pharmacist to dispense the drug in a quantity greater than a 30-day supply, the pharmacist may extend the prescription order as necessary to dispense the drug in the smallest quantity in which it is typically packaged. The bill allows only one extension of a prescription by a pharmacist during a public health emergency period.

Hours of instructional program for nurse aides

This bill conforms state law for instructional programs for nurse aides to the federal law requirements for Medicare and Medicaid. Specifically, the bill prohibits DHS from requiring an instructional program to exceed the federally required minimum total training hours or minimum hours of supervised practical training, which is clinical experience, specified in the federal regulation. The current federal regulation requires no less than 75 hours of training with at least 16 of those hours being supervised practical training.

Collection and reporting of public health emergency data

This bill requires the entity that is under contract under current law to collect, analyze, and disseminate the health care information of hospitals and ambulatory surgery centers to prepare and publish a public health emergency dashboard during the state of emergency related to COVID-19 declared by the governor or a federally declared emergency, disaster, or public health emergency that involves Wisconsin. The public health emergency dashboard uses health care emergency preparedness
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Information collected by the state from acute care hospitals and must include information to assist emergency response planning activities. The entity and DHS must enter into a data use agreement and mutually agree to certain items specified in the bill.

**Health information exchange pay-for-performance system**

DHS shall develop for the Medical Assistance program a payment system based on performance to incentivize participation in the health information exchange as specified in the bill.

**Legislative oversight during COVID-19 public health emergency**

This bill makes inapplicable during the public health emergency declared by the federal secretary of health and human services in response to the 2019 novel coronavirus certain legislative oversight procedures for requests for waivers, amendments to a waiver, or other federal approval but only if the request is for something specifically authorized in the bill. The legislative oversight procedures that would be inapplicable are the procedures under which the Department of Health Services must submit such a request if it has been directed by legislation. Any extension or renewal of the items specified in the bill must comply with legislative oversight requirements in current law as the bill specifies that DHS may implement the items specified in the bill only on a temporary basis to address the 2019 novel coronavirus pandemic for which the public health emergency was declared by the federal secretary.

**Coverage of vaccinations under SeniorCare**

This bill requires the Department of Health Services to include coverage of vaccinations through the SeniorCare program. Under current law, DHS administers the SeniorCare program, which provides assistance to the elderly in the purchase of prescription drugs. The program is operated under a waiver of federal Medicaid laws, but DHS is required to implement the program regardless of whether the waiver is received from the federal Department of Health and Human Services. This bill incorporates coverage through the SeniorCare program of those vaccinations recommended for administration to adults by the federal Centers for Disease Control and Prevention’s Advisory Committee on Immunization Practices and approved by DHS. The bill requires DHS to provide payments to health care providers that administer the vaccinations and submit claims for payment in the manner required. Under the bill, DHS may provide payment for a vaccination only after deducting the amount of any payment for the vaccination available from other sources.

**Immunity from civil liability for health care providers during COVID-19 emergency**

This bill provides immunity from civil liability for health care professionals and providers and employees, agents, or contractors of those professionals or providers for death, injury, or damages caused by actions or omissions taken in providing services to address or in response to a 2019 novel coronavirus outbreak during an emergency or disaster declared relating to the 2019 novel coronavirus pandemic. To be immune from civil liability, the actions or omissions must not involve reckless or wanton conduct or intentional misconduct and must occur during a good faith
response to the emergency or be substantially consistent with either a direction, guidance, recommendation, or other statement made by a federal, state, or local official to address or in response to the emergency or disaster or any published guidance of DHS or the federal Department of Health and Human Services relied upon in good faith.

**Cremation permits and electronic signature of death certificates**

Under current law, a coroner or medical examiner must view the corpse of a deceased person before issuing a cremation permit, and the corpse may not be cremated within 48 hours after the death unless the death was caused by a contagious or infectious disease. Under this bill, for the duration of the public health emergency declared on March 12, 2020, by executive order 72, if a physician, coroner, or medical examiner has signed the death certificate of a deceased person and listed COVID-19 as the cause of death, a coroner or medical examiner must issue a cremation permit without viewing the corpse of a deceased person and a coroner or medical examiner must issue the permit within 48 hours after the time of death. The bill also requires that if the underlying cause of a death is determined to be COVID-19, the person required to sign the death certificate shall provide an electronic signature on the death certificate within 48 hours after the death occurs.

**Renewals of credentials for emergency medical services providers**

This bill prohibits DHS from requiring an ambulance service provider, emergency medical services practitioner, or emergency medical responder that holds a credential to renew the credential or to meet renewal requirements during the public health emergency declared on March 12, 2020, by executive order 72. Under the bill, a renewal that occurs after the emergency period is not considered a late renewal if the application to renew the credential is received before the next applicable renewal date, and DHS may, for that next applicable renewal date, provide an exemption from or reduction of continuing education or other conditions for renewal. Current law requires licenses for ambulance service providers and emergency medical services practitioners and certificates for emergency medical responders to be renewed every three years. Currently, emergency medical services practitioners must complete training, education, or examination requirements set by DHS to renew their licenses. Current law requires ambulance service providers must provide a financial report and a certification by each governmental unit in the service or contract area for license renewal. Currently, emergency medical responders must take a refresher course to renew their certificates.

**Child Care and Development Fund block grant funding**

Under this bill, federal Child Care and Development Fund block grant funds received by the state under the federal Coronavirus Aid, Relief, and Economic Security (CARES) Act of 2020 are credited to federal block grant appropriations and the purposes for the expenditure of those funds are subject to passive review by the Joint Committee on Finance.
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HOUSING

Deadline for applying for heating assistance

Under current law, a household may apply for heating assistance under DOA’s low-income energy assistance program after September 30 and before May 16 of any year. Under this bill, applications may be submitted at any time in calendar year 2020.

11.

INSURANCE

Payments for services by out-of-network providers

During the public health emergency declared by the governor or by the secretary of the federal Department of Health and Human Services in response to the COVID-19 pandemic, the bill prohibits 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 a provider that is participating in the plan’s network. This prohibition applies to any service, treatment, or supply that is related to diagnosis or treatment for COVID-19 and any service, treatment, or supply that is provided by a provider that is not a participating provider because a participating provider is unavailable due to the public health emergency. For a service, treatment, or supply provided under those circumstances, the bill requires the plan to reimburse the out-of-network provider at 225 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 225 percent of the federal Medicare program rate and may not charge the enrollee an amount that exceeds the amount the provider or facility is reimbursed by the plan.

Prohibiting coverage discrimination based on COVID-19 diagnosis

This bill prohibits insurers that offer an individual or group health benefit plan, pharmacy benefit managers, or self-insured governmental health plans from doing any of the following based on a current or past diagnosis or suspected diagnosis of COVID-19: establishing rules for the eligibility of any individual, employer, or group to enroll or remain enrolled in a plan or for the renewal of coverage under the plan; cancelling coverage during a contract term; setting rates for coverage; or refusing to grant a grace period for payment of a premium that would generally be granted.

Prohibiting certain prescription drugs coverage limits

The bill prohibits insurers that offer health insurance, self-insured governmental health plans, and pharmacy benefit managers from requiring 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.
Liability insurance for physicians and nurse anesthetists

This bill specifies that, during the public health emergency declared on March 12, 2020, by executive order 72, 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 and may elect to be covered by Wisconsin’s health care liability laws.

Coverage of COVID-19 testing without cost sharing

The bill requires every health insurance policy and every self-insured governmental health plan that generally covers testing for infectious disease to provide coverage of testing for COVID-19 without imposing any copayment or coinsurance before March 13, 2021. A health insurance policy is referred to in the bill as a disability insurance policy.

Transfer of moneys from sum sufficient appropriations

The Joint Committee on Finance may currently transfer moneys between sum certain and continuing appropriations if JCF finds that unnecessary duplication of functions can be eliminated, more efficient and effective methods for performing programs will result, or legislative intent will be more effectively carried out because of the transfer.

This bill authorizes JCF to transfer moneys from sum sufficient appropriations during the public health emergency declared on March 12, 2020, by executive order 72 and for 90 days after the end of the emergency. The total amount that may be transferred from all sum sufficient appropriations during the emergency may not exceed $75,000,000.

Audit of programs and expenditures under this act

Under this bill, beginning on July 1, 2020, and ending on June 30, 2021, the Legislative Audit Bureau must review programs affected by this act and expenditures authorized under this act and must report the results of its reviews at least quarterly to the legislature and to the Joint Legislative Audit Committee.

Board of review meeting

Under current law, a town, city, or village annually convenes a meeting of the board of review to hear objections to local assessments. The board must meet during the 45-day period beginning on the fourth Monday in April, but no sooner than seven days after the last day on which the property tax assessment roll is open for public examination. If the assessment roll is not complete in time for the board’s first meeting, the board meets, but adjourns until the roll is complete. Under the bill, regardless of whether the 2020 assessment roll is complete at the time of the 45-day
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period beginning on the 4th Monday of April, the board may publish a notice that the board has adjourned and will proceed as provided under current law.

Annual town meeting

Under current law, a town is required to hold an annual town meeting. The town meeting must be held on the third Tuesday of April, except that the town may set another date within ten days after the third Tuesday of April. This bill allows a town board or, if the town board is unable to promptly meet, the town chair to postpone the town meeting so that it does not occur during the period beginning on the first day of the public health emergency declared by the governor by executive order 72 and ending 60 days after the termination of that order.

14. OCCUPATIONAL REGULATION

Health care provider credential renewals

This bill exempts certain health care provider credentials issued by credentialing boards in the Department of Safety and Professional Services from having to be renewed during the period covered by the public health emergency declared on March 12, 2020, by executive order 72, through the 60th day after the conclusion of that emergency (exemption period).

For the next applicable renewal period after the exemption period, the credential holder is not subject to any late renewal fee, and the applicable credentialing board may provide an exemption from or reduction of continuing education or other renewal requirements.

Temporary credentials for former health care providers

This bill authorizes former health care providers to obtain a temporary credential granted by DSPS and provide health care services for which they have been previously licensed or certified. Under the bill, DSPS may grant a temporary credential to a person who applies and was at any time during the previous five years, but is not currently, any of the following, if the person’s credential was never revoked, limited, suspended, or denied renewal: 1) a physician, physician assistant, or perfusionist; 2) a registered nurse, licensed practical nurse, or nurse-midwife; 3) a dentist; 4) a pharmacist; 5) a psychologist; 6) a social worker; 7) a marriage and family therapist; 8) a professional counselor; 9) a clinical substance abuse counselor; or 10) a practitioner holding a credential to practice a profession identified by DHS. A temporary credential granted under the bill expires 90 days after the conclusion of the public health emergency declared on March 12, 2020, by executive order 72.

Current law generally prohibits a person from engaging in certain health care–related practices without holding a required credential.

The bill also authorizes DSPS, during the public health emergency, to waive fees for applications for an initial credential and renewal of a credential for physicians, physician assistants, nurses, dentists, pharmacists, psychologists, and certain behavioral health providers.

Temporary credentials for health care providers from other states

This bill authorizes health care providers licensed in another state or territory to obtain a temporary credential granted by DSPS and provide health care services
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for which they are licensed or certified. Under the bill, DSPS may grant a temporary credential to a person who applies and holds a valid, unexpired credential granted by another state or territory that authorizes the person to act as any of the following: 1) a physician, physician assistant, or perfusionist; 2) a registered nurse, licensed practical nurse, or nurse-midwife; 3) a dentist; 4) a pharmacist; 5) a psychologist; 6) a social worker; 7) a marriage and family therapist; 8) a professional counselor; 9) a clinical substance abuse counselor; or 10) a practitioner holding a credential to practice a profession identified by DHS. A temporary credential granted under the bill expires 90 days after the conclusion of the public health emergency declared on March 12, 2020, by executive order 72.

Current law generally prohibits a person from engaging in certain health-care related practices without holding a required credential.

The bill also authorizes DSPS, during the public health emergency, to waive fees for applications for an initial credential and renewal of a credential for physicians, physician assistants, nurses, dentists, pharmacists, psychologists, and certain behavioral health providers.

15.

PUBLIC UTILITIES

Loans to municipal utilities for the purpose of maintaining liquidity

Under current law, the Board of Commissioners of Public Lands manages the common school fund, the normal school fund, the university fund, and the agricultural college fund (trust funds). Current law authorizes the BCPL to manage and invest moneys belonging to the trust funds in good faith and with the care an ordinary prudent person in a like position would exercise under similar circumstances.

On March 11, 2020, the governor issued emergency order 11 in connection with the COVID-19 public health emergency. EO 11 suspended certain rules of the Public Service Commission to ensure that customers of public utilities do not experience a loss of service during the public health emergency. EO 11 also required that deferred payment agreements be made available not only to residential customers but also commercial, farm, and industrial customers of public utilities.

This bill authorizes the BCPL to loan moneys belonging to the trust funds to municipal utilities to ensure that municipal utilities are able to maintain liquidity during the COVID-19 public health emergency. A municipal utility is a public utility that is a city, village, or town, or that is wholly owned or operated by a city, village, or town.

16.

RETIREMENT AND GROUP INSURANCE

WRS annuities for certain annuitants returning to work during public health emergency

This bill allows an annuitant who is hired during the public health emergency declared on March 12, 2020, by executive order 72, by a public employer as an employee or to provide employee services to elect to not suspend his or her annuity for the duration of the declared public health emergency if the position for which the
annuitant is hired is a critical position. Under current law, if a Wisconsin Retirement System annuitant, or a disability annuitant who has attained his or her normal retirement date, is appointed to a position with a WRS–participating employer, or provides employee services to a WRS–participating employer in which he or she is expected to work at least two-thirds of what is considered full-time employment by the Department of Employee Trust Funds, the annuity must be suspended and no annuity payment is payable until after the participant again terminates covered employment.

Also under current law, a WRS participant who has applied to receive a retirement annuity must wait at least 75 days between terminating covered employment with a WRS employer and returning to covered employment again as a participating employee. This bill reduces that period to 15 days for individuals who are hired to a critical position during the public health emergency declared on March 12, 2020, by executive order 72.

Employees returning from a leave of absence

Under the bill, for the purposes of group health insurance offered by the group insurance board, an employee who returns from a leave of absence and who has not resumed active duty for at least 30 consecutive calendar days on March 12, 2020, is deemed to have ended or interrupted the leave of absence on that date.

17.

STATE GOVERNMENT

Refunding certain general obligation debt

This bill increases the amount of state public debt that may be contracted to refund any unpaid indebtedness used to finance tax–supported or self-amortizing facilities from $6,785,000,000 to $7,510,000,000.

Suspension of deadlines and training requirements

This bill authorizes state agencies, authorities, local governments, the legislature, and the courts to suspend, during the public health emergency declared on March 12, 2020, by executive order 72, deadlines and training requirements that they administer or enforce. The bill excludes deadlines relating to the filing or payment of taxes and deadlines relating to an election.

18.

TAXATION

Internal Revenue Code updates; federal tax law changes, coronavirus

This bill makes a number of changes to conform Wisconsin’s tax law to federal tax law changes enacted in March 2020 in response to the coronavirus outbreak. The bill includes the following changes:

1. Exempts from otherwise applicable penalties certain taxable year 2020 distributions from a retirement account qualified under the Internal Revenue Code, and exempts from income taxation these distributions subject to a number of conditions.

2. Creates additional deductions, for taxable year 2020, for certain individual charitable contributions, and suspends the limitations on certain individual and
corporate charitable deductions. The suspension of limitations applies to contributions made in calendar year 2020 only, although certain amounts donated in 2020 may be carried forward to future years.

3. Clarifies that an individual’s health insurance plan is still treated as a high deductible plan even if it fails to provide a deductible for telehealth and other remote care services.

4. Conforms state law to federal law regarding the treatment of paycheck protection loans to businesses and employees under the small business administration’s loan guarantee program for the period of time from February 15, 2020, through June 30, 2020. A portion of the loans may be forgiven on a tax-free basis under certain conditions.

5. Provides an exclusion from income for certain student loan principal and interest payments made by an employer on behalf of an employee, subject to the same current law cap of $5,250 in payments for qualified educational expenses made on behalf of an employee by an employer. This provision applies to payments made from March 28, 2020, through December 31, 2020.

6. Corrects a drafting error in the federal Tax Cuts and Jobs Act of 2017 to provide a 15-year recovery period for qualified improvement property.

Authority to waive interest and penalties for general fund and transportation fund taxes

This bill authorizes the secretary of revenue to waive, for any person who fails to remit general fund taxes or transportation fund taxes and fees by their due date, the interest and penalties that accrue during the period covered by the COVID-19 public health emergency if the due date falls within that period and the secretary determines that the person’s failure is due to the effects of the COVID-19 pandemic.

Interest on late property tax payments

Under current law, a late installment payment of property taxes is subject to interest and penalties, with the interest accruing from February 1 of the year in which the taxes are due. Under this bill, for property taxes payable in 2020, after making a general or case-by-case finding of hardship, a municipality may provide that an installment payment due after April 1, 2020, that is received after its due date will not accrue interest or penalties if the total amount due is received on or before October 1, 2020. Interest and penalties will accrue from October 1, 2020, for any property taxes payable in 2020 that are delinquent after October 1, 2020.

Claims for recovery of unlawful taxes and excessive assessments

Current law allows a person to file a claim to recover the unlawful imposition of property taxes or a claim for the excessive assessment of property taxes. However, no person may file a claim for recovery of unlawful taxes or excessive assessment unless the person has paid his or her property taxes on time. The bill provides that this restriction does not apply to taxes due and payable in 2020 if paid by October 1, 2020, or by any installment date for which taxes are due after October 1, 2020.

Because this bill creates a new crime or revises a penalty for an existing crime, the Joint Review Committee on Criminal Penalties may be requested to prepare a report.
This proposal may contain a health insurance mandate requiring a social and financial impact report under s. 601.423, stats.

Because this bill relates to an exemption from state or local taxes, it may be referred to the Joint Survey Committee on Tax Exemptions for a report to be printed as an appendix to the bill.

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:

SECTION 1. 13.101 (4) of the statutes is amended to read:

13.101 (4) The committee may transfer between appropriations and programs if the committee finds that unnecessary duplication of functions can be eliminated, more efficient and effective methods for performing programs will result or legislative intent will be more effectively carried out because of such transfer, if legislative intent will not be changed as the result of such transfer and the purposes for which the transfer is requested have been authorized or directed by the legislature. The authority to transfer between appropriations includes the authority to transfer between 2 fiscal years of the same biennium, between 2 appropriations of the same agency and between an appropriation of one agency and an appropriation of a different agency. No transfer between appropriations or programs may be made to offset deficiencies arising from the lack of adequate expenditure controls by a department, board, institution, commission or agency. The Except as provided in sub. (4d), the authority to transfer between appropriations shall not include the authority to transfer from sum sufficient appropriations as defined under s. 20.001 (3) (d) to other types of appropriations.

SECTION 2. 13.101 (4d) of the statutes is created to read:
13.101 (4d) During the public health emergency declared on March 12, 2020,
by executive order 72, and for a period of 90 days after termination of the emergency,
the committee may transfer under sub. (4) an amount not to exceed $75,000,000 from
sum sufficient appropriations, as defined under s. 20.001 (3) (d), to be used for
expenditures related to the emergency.

SECTION 3. 20.866 (2) (xm) of the statutes is amended to read:

20.866 (2) (xm) Building commission; refunding tax-supported and
self-amortizing general obligation debt. From the capital improvement fund, a sum
sufficient to refund the whole or any part of any unpaid indebtedness used to finance
tax-supported or self-amortizing facilities. In addition to the amount that may be
contracted under par. (xe), the state may contract public debt in an amount not to exceed $6,785,000,000 $7,510,000,000 for this purpose. Such indebtedness shall be
construed to include any premium and interest payable with respect thereto. Debt
incurred by this paragraph shall be repaid under the appropriations providing for
the retirement of public debt incurred for tax-supported and self-amortizing
facilities in proportional amounts to the purposes for which the debt was refinanced.
No moneys may be expended under this paragraph unless the true interest costs to
the state can be reduced by the expenditure.

SECTION 4. 40.22 (1) of the statutes is amended to read:

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

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

SECTION 6. 40.22 (2r) (intro.) of the statutes is amended to read:

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

SECTION 7. 40.22 (3) (intro.) of the statutes is amended to read:

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

SECTION 8. 40.26 (1m) (a) of the statutes is amended to read:

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

SECTION 9. 40.26 (1m) (b) of the statutes is amended to read:

40.26 (1m) (b) If Except as otherwise provided in sub. (6), if a participant
receiving a retirement annuity, or a disability annuitant who has attained his or her
normal retirement date, enters into a contract to provide employee services with a
participating employer and he or she is expected to work at least two-thirds of what
is considered full-time employment by the department, as determined under s. 40.22
(2r), the participant’s annuity shall be suspended and no annuity payment shall be
payable until after the participant no longer provides employee services under the
contract.

SECTION 10. 40.26 (5) (intro.) of the statutes is amended to read:

40.26 (5) (intro.) If Except as otherwise provided in sub. (5m), if a participant
applies for an annuity or lump sum payment during the period in which less than 75
days have elapsed between the termination of employment with a participating
employer and becoming a participating employee with any participating employer,
all of the following shall apply:

SECTION 11. 40.26 (5m) of the statutes is created to read:

40.26 (5m) During the public health emergency declared on March 12, 2020,
by executive order 72, sub. (5) does not apply if at least 15 days have elapsed between
the termination of employment with a participating employer and becoming a
participating employee if the position for which the participant is hired is a critical
position, as determined by the secretary of health services under s. 323.19 (3).

SECTION 12. 40.26 (6) of the statutes is created to read:
40.26 (6) A participant who is hired during the public health emergency declared on March 12, 2020, by executive order 72, may elect to not suspend his or her retirement annuity or disability annuity under sub. (1m) for the duration of the state of emergency if all of the following conditions are met:

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

(b) The position for which the participant has been hired is a critical position, as determined under s. 323.19 (3).

SECTION 13. 40.51 (8) of the statutes is amended to read:

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

SECTION 14. 40.51 (8m) of the statutes is amended to read:

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

SECTION 15. 49.688 (1) (c) of the statutes is renumbered 49.688 (1) (c) (intro.) and amended to read:

49.688 (1) (c) (intro.) “Prescription drug” means any of the following:
1. A prescription drug, as defined in s. 450.01 (20), that is included in the drugs specified under s. 49.46 (2) (b) 6. h. and that is manufactured by a drug manufacturer that enters into a rebate agreement in force under sub. (6).

SECTION 16. 49.688 (1) (c) 2. of the statutes is created to read:

49.688 (1) (c) 2. A vaccination recommended for administration to adults by the federal centers for disease control and prevention’s advisory committee on immunization practices and approved for administration to adults by the department.

SECTION 17. 49.688 (10m) of the statutes is created to read:

49.688 (10m) (a) Notwithstanding subs. (6) and (7) (a), from the appropriation accounts under s. 20.435 (4) (bv), (j), and (pg), except as provided under sub. (7) (b), the department shall, under a schedule that is identical to that used by the department for payment of claims under the Medical Assistance program, provide to health care providers who administer vaccinations, including pharmacies and pharmacists, payments for vaccinations, as described under sub. (1) (c) 2., that are administered by health care providers to persons eligible under sub. (2) who have paid the deductible specified under sub. (3) (b) 1. or 2., or who, under sub. (3) (b) 1., are not required to pay a deductible. The reimbursement to a health care provider for each vaccination under this subsection shall be at the rate of payment made for the identical vaccination under s. 49.46 (2) (b), plus a dispensing fee that is equal to the dispensing fee permitted to be charged for vaccinations for which coverage is provided under s. 49.46 (2) (b). The department shall devise and distribute a claim form for use by health care providers under this subsection and may limit payment under this subsection to those vaccinations for which payment claims are submitted by health care providers directly to the department. The department may apply to
the program under this subsection the same utilization and cost control procedures
that apply under rules promulgated by the department to medical assistance under
subch. IV of ch. 49.

(b) The department may provide payment for a vaccination under this
subsection only after deducting the amount of any payment for the vaccination
available from other sources.

SECTION 18. 60.11 (2) (b) of the statutes is renumbered 60.11 (2) (b) 1.

SECTION 19. 60.11 (2) (b) 2. of the statutes is created to read:

60.11 (2) (b) 2. The town board or, if the town board is unable to promptly meet,
the town chair may postpone the annual town meeting to a date that is not during
the period beginning on the first day of the public health emergency declared on
March 12, 2020, by executive order 72, and ending 60 days after the termination of
that order.

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

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

SECTION 21. 70.47 (3) (aL) of the statutes is renumbered 70.47 (3) (aL) 1. and
amended to read:

70.47 (3) (aL) 1. If Except as provided in subd. 2., if the assessment roll is not
completed at the time of the first meeting, the board shall adjourn for the time
necessary to complete the roll, and shall post a written notice on the outer door of the
place of meeting stating the time to which the meeting is adjourned.

SECTION 22. 70.47 (3) (aL) 2. of the statutes is created to read:

70.47 (3) (aL) 2. Regardless of whether the 2020 assessment roll is completed
at the time of the 45-day period beginning on the 4th Monday of April, the board may
publish a class 1 notice under ch. 985 that the board has adjourned and will proceed
under sub. (2).

SECTION 23. 71.01 (6) (L) 3. of the statutes is amended to read:

71.01 (6) (L) 3. For purposes of this paragraph, “Internal Revenue Code” does
not include amendments to the federal Internal Revenue Code enacted after
December 31, 2017, except that “Internal Revenue Code” includes sections 1106,
2202, 2203, 2204, 2205, 2206, 2307, 3608, 3609, 3701, and 3702 of division A of P.L.
116–136.

SECTION 24. 71.22 (4) (L) 3. of the statutes is amended to read:

71.22 (4) (L) 3. For purposes of this paragraph, “Internal Revenue Code” does
not include amendments to the federal Internal Revenue Code enacted after
December 31, 2017, except that “Internal Revenue Code” includes sections 1106,
2202, 2203, 2204, 2205, 2206, 2307, 3608, 3609, 3701, and 3702 of division A of P.L.
116–136.

SECTION 25. 71.22 (4m) (L) 3. of the statutes is amended to read:

71.22 (4m) (L) 3. For purposes of this paragraph, “Internal Revenue Code” does
not include amendments to the federal Internal Revenue Code enacted after
December 31, 2017, except that “Internal Revenue Code” includes sections 1106,
2202, 2203, 2204, 2205, 2206, 2307, 3608, 3609, 3701, and 3702 of division A of P.L.
116–136.
SECTION 26. 71.26 (2) (b) 12. d. of the statutes is amended to read:


SECTION 27. 71.34 (1g) (L) 3. of the statutes is amended to read:

71.34 (1g) (L) 3. For purposes of this paragraph, “Internal Revenue Code” does not include amendments to the federal Internal Revenue Code enacted after December 31, 2017, except that “Internal Revenue Code” includes sections 1106, 2202, 2203, 2204, 2205, 2206, 2307, 3608, 3609, 3701, and 3702 of division A of P.L. 116-136.

SECTION 28. 71.42 (2) (L) 3. of the statutes is amended to read:

71.42 (2) (L) 3. For purposes of this paragraph, “Internal Revenue Code” does not include amendments to the federal Internal Revenue Code enacted after December 31, 2017, except that “Internal Revenue Code” includes sections 1106, 2202, 2203, 2204, 2205, 2206, 2307, 3608, 3609, 3701, and 3702 of division A of P.L. 116-136.

SECTION 29. 71.98 (3) of the statutes is amended to read:

71.98 (3) Depreciation, depletion, and amortization. For taxable years beginning after December 31, 2013, and for purposes of computing depreciation and amortization, the Internal Revenue Code means the federal Internal Revenue Code in effect for federal purposes on January 1, 2014, except that sections 13201 (f), 13203, 13204, and 13205 of P.L. 115-97 and section 2307 of division A of P.L. 116-136 apply at the same time as for federal purposes. For taxable years beginning after
December 31, 2013, and for purposes of computing depletion, the Internal Revenue Code means the federal Internal Revenue Code in effect for federal purposes for the year in which the property is placed in service.

**SECTION 30.** 74.35 (5) (c) of the statutes is amended to read:

74.35 (5) (c) No claim may be filed or maintained under this section unless the tax for which the claim is filed, or any authorized installment payment of the tax, is timely paid under s. 74.11, 74.12 or 74.87. **This paragraph does not apply to taxes due and payable in 2020 if paid by October 1, 2020, or by any installment date for which taxes are due after October 1, 2020.**

**SECTION 31.** 74.37 (4) (b) of the statutes is amended to read:

74.37 (4) (b) No claim or action for an excessive assessment may be brought or maintained under this section unless the tax for which the claim is filed, or any authorized installment of the tax, is timely paid under s. 74.11 or 74.12. **This paragraph does not apply to taxes due and payable in 2020 if paid by October 1, 2020, or by any installment date for which taxes are due after October 1, 2020.**

**SECTION 32.** 100.307 of the statutes is created to read:

**100.307 Returns during emergency; prohibition.** (1) **DEFINITIONS.** In this section:

(a) “Food product” has the meaning given in s. 93.01 (6).

(b) “Personal care product” has the meaning given in s. 299.50 (1) (b).

(2) **CERTAIN RETURNS PROHIBITED DURING EMERGENCY.** Except as provided in sub. (3), no person who sells food products, personal care products, cleaning products, or paper products at retail may accept a return of a food product, personal care product, cleaning product, or paper product during the public health emergency declared on
March 12, 2020, by executive order 72, or during the 30 days immediately after the public health emergency ends.

(3) EXCEPTIONS. A person who sells food products, personal care products, cleaning products, or paper products at retail may accept a return of a food product, personal care product, cleaning product, or paper product if any of the following applies:

(a) The product is returned no more than 7 days after purchase.

(b) The product is adulterated within the meaning of s. 97.02 or defective as a result of a production error or defect.

(4) OTHER RETURNS ALLOWED. A retailer may accept a return of a product that is not prohibited by sub. (2).

SECTION 33. 102.03 (6) of the statutes is created to read:

102.03 (6) (a) In this subsection, “first responder” means an employee of or volunteer for an employer that provides fire fighting, law enforcement, medical, or other emergency services, and who has regular, direct contact with, or is regularly in close proximity to, patients or other members of the public requiring emergency services, within the scope of the individual's work for the employer.

(b) For the purposes of benefits under this chapter, where an injury to a first responder is found to be caused by COVID-19 during the public health emergency declared by the governor under s. 323.10 on March 12, 2020, by executive order 72, and ending 30 days after the termination of the order, the injury is presumed to be caused by the individual’s employment.

(c) An injury claimed under par. (b) must be accompanied by a specific diagnosis by a physician or by a positive COVID-19 test.
(d) An injury claimed under par. (b) may be rebutted by specific evidence that
the injury was caused by exposure to COVID-19 outside of the first responder’s work
for the employer.

SECTION 34. 102.565 (6) of the statutes is created to read:

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

SECTION 35. 103.13 (2m) of the statutes is created to read:

103.13 (2m) EMPLOYEE RECORDS DURING AN EMERGENCY. Notwithstanding sub.
(2), during the public health emergency declared on March 12, 2020, by executive
order 72, an employer is not required to provide an employee’s personnel records
within 7 working days after an employee makes a request to inspect his or her
personnel records, and an employer is not required to provide the inspection at a
location reasonably near the employee’s place of employment during normal working
hours.

SECTION 36. 108.04 (2) (d) of the statutes is created to read:

108.04 (2) (d) If required under s. 108.07 (5) (bm), each claimant shall and each
employer shall under s. 108.09 (1) or when otherwise requested by the department,
indicate whether a claim for regular benefits is related to the public health
emergency declared on March 12, 2020, by executive order 72. The department may
specify the information required to be provided under this paragraph.

SECTION 37. 108.04 (3) of the statutes is renumbered 108.04 (3) (a) and
amended to read:

108.04 (3) (a) The Subject to par. (b), the first week of a claimant’s benefit year
for which the claimant has timely applied and is otherwise eligible for regular
benefits under this chapter is the claimant’s waiting period for that benefit year.
SECTION 38. 108.04 (3) (b) of the statutes is created to read:

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

SECTION 39. 108.04 (13) (d) 3. b. of the statutes is amended to read:

108.04 (13) (d) 3. b. If recovery of an overpayment is not permitted under s. 108.22 (8) (c), restore the proper amount to the employer's account and charge that amount to the fund's balancing account unless s. 108.07 (5) (am) 3. applies.

SECTION 40. 108.04 (13) (d) 4. b. of the statutes is amended to read:

108.04 (13) (d) 4. b. If recovery of an overpayment is not permitted under s. 108.22 (8) (c), restore the proper amount to the employer's account and charge that amount in accordance with s. 108.07 (5) (am).

SECTION 41. 108.062 (1) (b) of the statutes is amended to read:

108.062 (1) (b) “Work-share program” means a program approved by the department under which the hours of work of employees in a work unit are reduced in lieu of the layoffs of 2 or more employees in the work unit.

SECTION 42. 108.062 (2m) of the statutes is created to read:

108.062 (2m) APPLICATIONS; DEPARTMENT ASSISTANCE. The department shall allow employers to submit applications under this section using an online form. The department shall provide assistance to employers with submitting applications and developing work-share plans.

SECTION 43. 108.062 (3) of the statutes is amended to read:
108.062 (3) APPROVAL OF PLANS. The department shall approve a plan if the plan includes all of the elements specified in sub. (2) or (20), whichever is applicable. The approval is effective for the effective period of the plan unless modified under sub. (3m).

SECTION 43m. 108.062 (3r) of the statutes is created to read:

108.062 (3r) APPLICABILITY OF LAWS. A work-share program shall be governed by the law that was in effect when the plan or modification was last approved under sub. (3) or (3m), until the program ends as provided in sub. (4).

SECTION 44. 108.062 (4) of the statutes is renumbered 108.062 (4) (a) 1. and amended to read:

108.062 (4) (a) 1. -A. Except as provided in subd. 2., a work-share program becomes effective on the later of the Sunday of the 2nd week beginning after approval of a work-share plan under sub. (3) or any Sunday after that day specified in the plan.

(b) A work-share program ends on the earlier of the last Sunday that precedes the end of the 6-month period beginning on the effective date of the program or any Sunday before that day specified in the plan unless the program terminates on an earlier date under sub. (5), (14), or (15).

SECTION 45. 108.062 (4) (a) 2. of the statutes is created to read:

108.062 (4) (a) 2. With respect to a work-share plan approved during a period described under sub. (20), the work-share program becomes effective on the later of the Sunday of or after approval of a work-share plan under sub. (3) or any Sunday after that day specified in the plan.

SECTION 46. 108.062 (15) of the statutes is amended to read:
108.062 (15) **IN VOLUNTARY TERMINATION.** If in any week there are fewer than 20 employees who are included in a work-share program of any employer, the program terminates on the 2nd Sunday following the end of that week. **This subsection does not apply to a work-share program to which sub. (20) applies.**

**SECTION 47.** 108.062 (19) of the statutes is renumbered 108.062 (19) (intro.) and amended to read:

108.062 (19) **SECRETARY MAY WAIVE COMPLIANCE.** (intro.) The secretary may waive compliance with any requirement under this section do any of the following if the secretary determines that waiver of the requirement doing so is necessary to permit continued certification of this chapter for grants to this state under Title III of the federal Social Security Act, for maximum credit allowances to employers under the federal Unemployment Tax Act, or for this state to qualify for full federal financial participation in the cost of administration of this section and financing of benefits to employees participating in work-share programs under this section.

**SECTION 47m.** 108.062 (19) (a) and (b) of the statutes are created to read:

108.062 (19) (a) Waive compliance with any requirement under this section.

(b) Waive the application of sub. (20), in whole or in part, to the extent necessary for any of the purposes specified in this subsection or, to the extent necessary for any of those purposes, require the continued application of any requirement under sub. (2).

**SECTION 48.** 108.062 (20) of the statutes is created to read:

108.062 (20) **SUSPENSIONS OF CERTAIN PROVISIONS.** Notwithstanding sub. (2), this subsection, and not sub. (2), applies to work-share plans submitted on or after the effective date of this subsection .... [LRB inserts date], and before December 31, 2020, subject to sub. (19). During that period, prior to implementing a work-share
program, an employer shall submit a work-share plan for the approval of the department. In its submittal, the employer shall certify that its plan is in compliance with all requirements under this section. Each plan shall:

(a) Specify the affected positions, and the names of the employees filling those positions on the date of submittal. The plan need not be limited to a particular work unit.

(b) Provide for initial coverage under the plan of at least 2 positions that are filled on the effective date of the work-share program.

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

(d) Exclude participation by employees who are employed on a seasonal, temporary, or intermittent basis.

(e) Apply only to employees who have been engaged in employment with the employer for a period of at least 3 months on the effective date of the work-share program and who are regularly employed by the employer in that employment.

(f) Specify the normal average hours per week worked by each employee in the work unit and the percentage reduction in the average hours of work per week worked by that employee, exclusive of overtime hours, which shall be applied in a uniform manner and which shall be at least 10 percent of the normal hours per week of that employee but not more than whichever of the following is greater:

1. Sixty percent of the normal hours per week of that employee.

2. The maximum percent reduction of the normal hours per week of that employee that is permissible under federal law.
(g) Describe the manner in which requirements for maximum federal financial participation in the plan will be implemented, including a plan for giving notice, where feasible, to participating employees of changes in work schedules.

(h) Provide an estimate of the number of layoffs that would occur without implementation of the plan.

(i) Specify the effect on any fringe benefits provided by the employer to the employees who are included in the work-share program other than fringe benefits required by law.

(j) Include a statement affirming that the plan is in compliance with all employer obligations under applicable federal and state laws.

(k) Indicate whether the plan includes employer-sponsored training to enhance job skills and acknowledge that the employees may participate in training funded under the federal Workforce Innovation and Opportunity Act, 29 USC 3101 to 3361, or another federal law that enhances job skills without affecting availability for work, subject to department approval.

SECTION 49. 108.07 (5) of the statutes is renumbered 108.07 (5) (am).

SECTION 50. 108.07 (5) (bm) of the statutes is created to read:

108.07 (5) (bm) 1. The department shall, when processing initial claims for regular benefits, determine whether a claim or plan is related to the public health emergency declared on March 12, 2020, by executive order 72. If a claim is so related, the regular benefits for that claim shall, except as provided in subd. 2., be paid as provided in subd. 3.

2. a. Subdivision 1. applies only with respect to benefits payable for weeks beginning after March 12, 2020, and beginning before December 31, 2020.
b. Subdivision 1. does not apply if the employer fails to timely and adequately provide any information required by the department under s. 108.04 (2) (d).

c. Subdivision 1. does not apply with respect to any benefits paid or reimbursed by the federal government, or any portion thereof, including the portion of any benefits reimbursed by the federal government for reimbursable employers, as defined in s. 108.155 (1) (b).

d. In the case of a claim for regular benefits that is a combined wage claim, as defined in s. 108.04 (13) (g) 1. a., subd. 1. applies only with respect to this state’s share of benefits.

e. Subdivision 1. does not apply with respect to work-share benefits under s. 108.062 (6).

f. Subdivision 1. does not apply to benefits chargeable as provided in sub. (7).

3. Charges for benefits to which subd. 1. applies shall, notwithstanding any other provision of this chapter, be paid or reimbursed as follows:

a. For employers subject to the contribution requirements of ss. 108.17 and 108.18, the benefits shall be charged to the fund’s balancing account.

b. For reimbursable employers, as defined in s. 108.155 (1) (b), the benefits shall be paid in the manner provided under par. (am) 1.

SECTION 51. 108.14 (8n) (e) of the statutes is amended to read:

108.14 (8n) (e) The department shall charge this state’s share of any benefits paid under this subsection to the account of each employer by which the employee claiming benefits was employed in the applicable base period, in proportion to the total amount of wages he or she earned from each employer in the base period, except that if s. 108.04 (1) (f), (5), (7) (a), (c), (eg), (e), (L), (q), (s), or (t), (7m) or (8) (a) or (b), 108.07 (3), (3r), or (5) (h) (am) 2., or 108.133 (3) (f) would have applied to employment
by such an employer who is subject to the contribution requirements of ss. 108.17 and
108.18, the department shall charge the share of benefits based on employment with
that employer to the fund’s balancing account, or, if s. 108.04 (1) (f) or (5) or 108.07
(3) would have applied to an employer that is not subject to the contribution
requirements of ss. 108.17 and 108.18, the department shall charge the share of
benefits based on that employment in accordance with s. 108.07 (5) (a) and (b) (am)
1. and 2. The department shall also charge the fund’s balancing account with any
other state’s share of such benefits pending reimbursement by that state.

**SECTION 52.** 108.141 (7) (a) of the statutes is amended to read:

108.141 (7) (a) The department shall charge the state’s share of each week of
extended benefits to each employer’s account in proportion to the employer’s share
of the total wages of the employee receiving the benefits in the employee’s base
period, except that if the employer is subject to the contribution requirements of ss.
108.17 and 108.18 the department shall charge the share of extended benefits to
which s. 108.04 (1) (f), (5), (7) (a), (c), (cg), (e), (L), (q), (s), or (t), (7m) or (8) (a) or (b),
108.07 (3), (3r), or (5) (b) (am) 2., or 108.133 (3) (f) applies to the fund’s balancing
account.

**SECTION 53.** 108.16 (6m) (a) of the statutes is amended to read:

108.16 (6m) (a) The benefits thus chargeable under s. 108.04 (1) (f), (5), (5g),
(7) (h), (8) (a) or (b), (13) (c) or (d) or (16) (e), 108.07 (3), (3r), (5) (b) (am) 2. and (bm)
3. a., (5m), or and (6), 108.133 (3) (f), 108.14 (8n) (e), 108.141, 108.151, or 108.152 or
sub. (6) (e) or (7) (a) and (b).

**SECTION 54.** 115.385 (1) (intro.) of the statutes is amended to read:
115.385 (1) (intro.) **Annually** Except as provided in sub. (6), annually by November 30, the department shall publish a school and school district accountability report that includes all of the following components:

**SECTION 55.** 115.385 (6) of the statutes is created to read:

115.385 (6) The department shall not publish a school and school district accountability report under this section in the 2020-21 school year.

**SECTION 56.** 115.415 (1) (b) of the statutes is amended to read:

115.415 (1) (b) For the evaluation of teachers and principals in the 2014-15 2019-20 school year, the school board and the operator of a charter school established under s. 118.40 (2r) may not consider pupil performance on statewide assessments administered under s. 118.30 in the 2014-15 2019-20 school year and may not include pupil performance on those assessments in the evaluation score assigned to a teacher or principal under the educator effectiveness evaluation system developed under this section.

**SECTION 57.** 115.7915 (8m) of the statutes is created to read:

115.7915 (8m) **PUBLIC HEALTH EXCEPTION.** During the public health emergency declared on March 12, 2020, by executive order 72, if a private school participating in the program under this section is closed for at least 10 school days in a school year by a local health officer, as defined in s. 250.01 (5), or the department of health services, in the school year during which the school is closed and the following school year, the department may not withhold payment from the private school under sub. (8) (c) or bar the private school from participating in the program under sub. (8) (a) for failing to comply with a requirement under this section or a rule promulgated under this section if all of the following occur:
(a) The private school submits information to the department that explains how the school closure impacted the private school's ability to comply with the requirement and any action the private school took to mitigate the consequences of not complying with the requirement.

(b) The department determines that the private school's failure to comply with the requirement was caused by the closure.

SECTION 58. 115.999 (1) (d) 1. of the statutes is amended to read:

115.999 (1) (d) 1. The school district was assigned to the lowest performance category on the 2 most recent accountability reports published for the district under s. 115.385 (1) in the 2 most recent school years.

SECTION 59. 115.999 (2m) (b) 1. a. of the statutes is amended to read:

115.999 (2m) (b) 1. a. The unified school district was assigned to the lowest performance category on the 3 most recent accountability reports published for the district under s. 115.385 (1) in the 3 most recent school years.

SECTION 60. 118.38 (2) (am) (intro.) of the statutes is amended to read:

118.38 (2) (am) (intro.) In determining whether to grant the a waiver under sub. (1), the department shall consider all of the following factors and may consider additional factors:

SECTION 61. 118.38 (3) of the statutes is amended to read:

118.38 (3) A waiver granted under sub. (2) is effective for 4 years. The department shall renew the waiver for additional 4-year periods if the school board has evaluated the educational and financial effects of the waiver over the previous 4-year period, except that the department is not required to renew a waiver if the department determines that the school district is not making adequate progress toward improving pupil academic performance.
SECTION 62. 118.38 (4) of the statutes is created to read:

118.38 (4) (a) During the public health emergency declared on March 12, 2020, by executive order 72, if schools are closed for at least 10 school days in a school year by a local health officer, as defined in s. 250.01 (5), or the department of health services, the department may do all of the following:

1. Waive any requirement in chs. 115 to 121 or the administrative rules promulgated by the department under the authority of those chapters related to any of the following:
   a. A program under s. 115.7915, 118.60, or 119.23.
   b. A private school participating in a program under s. 115.7915, 118.60, or 119.23.
   c. A charter school under s. 118.40 (2r) or (2x), including any requirement related to an authorizer, governing board, or operator of a charter school under s. 118.40 (2r) or (2x).

2. Establish an alternate deadline for any requirement related to a program under s. 115.7915, 118.60, or 119.23 in chs. 115 to 121 and any requirement related to a program under s. 115.7915, 118.60, or 119.23 in the administrative rules promulgated by the department under the authority of chs. 115 to 121 if the original deadline is any of the following:
   a. A deadline that occurs during the period beginning on the first day schools are closed by the local health officer or department of health services and ending 120 days after the last day schools are closed by the local health officer or department of health services.
   b. A deadline for a requirement that impacts a date during the period beginning on the first day schools are closed by the local health officer or department of health services.
services and ending 120 days after the last day schools are closed by the local health officer or department of health services.

(b) 1. The department shall notify the legislative reference bureau of each waiver under par. (a) 1. and alternate deadline established under par. (a) 2. The legislative reference bureau shall publish a notice in the Wisconsin Administrative Register of the waiver or alternate deadline.

2. The department shall post each waiver under par. (a) 1. and alternate deadline established under par. (a) 2. on the department’s Internet site.

(c) A waiver under par. (a) 1. applies only to the school year in which schools are closed by the local health officer or the department of health services.

SECTION 63. 118.60 (7) (an) 1. of the statutes is amended to read:

118.60 (7) (an) 1. A private school participating in the program under this section shall maintain a cash and investment balance that is at least equal to its reserve balance. If a private school does not maintain a cash and investment balance that is at least equal to its reserve balance, the private school shall refund the reserve balance to the department. This subdivision does not apply to a school year that occurs during the public health emergency declared on March 12, 2020, by executive order 72.

3. If a private school ceases to participate in or is barred from the program under this section and s. 119.23 and the private school’s reserve balance is positive, the private school shall refund the reserve balance to the department.

SECTION 64. 118.60 (12) of the statutes is created to read:

118.60 (12) During the public health emergency declared on March 12, 2020, by executive order 72, if a private school participating in the program under this section is closed for at least 10 school days in a school year by a local health officer,
as defined in s. 250.01 (5), or the department of health services, in the school year
during which the school is closed and the following school year, the department may
not withhold payment from the private school under sub. (10) (d) or bar the private
school from participating in the program under sub. (10) (a), (am), or (ar) for failing
to comply with a requirement under this section or a rule promulgated under this
section if all of the following occur:

(a) The private school submits information to the department that explains
how the school closure impacted the private school's ability to comply with the
requirement and any action the private school took to mitigate the consequences of
not complying with the requirement.

(b) The department determines that the private school's failure to comply with
the requirement was caused by the closure.

SECTION 65. 119.23 (7) (an) 1. of the statutes is amended to read:

119.23 (7) (an) 1. A private school participating in the program under this
section shall maintain a cash and investment balance that is at least equal to its
reserve balance. If a private school does not maintain a cash and investment balance
that is at least equal to its reserve balance, the private school shall refund the reserve
balance to the department. This subdivision does not apply to a school year that
occurs during the public health emergency declared on March 12, 2020, by executive
order 72.

3. If a private school ceases to participate in or is barred from the program
under this section and s. 118.60 and the private school's reserve balance is positive,
the private school shall refund the reserve balance to the department.

SECTION 66. 119.23 (12) of the statutes is created to read:
119.23 (12) During the public health emergency declared on March 12, 2020, by executive order 72, if a private school participating in the program under this section is closed for at least 10 school days in a school year by a local health officer, as defined in s. 250.01 (5), or the department of health services, in the school year during which the school is closed and the following school year, the department may not withhold payment from the private school under sub. (10) (d) or bar the private school from participating in the program under sub. (10) (a), (am), or (ar) for failing to comply with a requirement under this section or a rule promulgated under this section if all of the following occur:

(a) The private school submits information to the department that explains how the school closure impacted the private school’s ability to comply with the requirement and any action the private school took to mitigate the consequences of not complying with the requirement.

(b) The department determines that the private school’s failure to comply with the requirement was caused by the closure.

SECTION 67. 119.33 (2) (b) 3. b. of the statutes is amended to read:

119.33 (2) (b) 3. b. A person who is operating a charter school. The superintendent of schools may proceed under this subd. 3. b. only if one of the following applies: the performance on the most recent examinations administered under s. 118.30 (1r) of pupils attending a school operated by the person exceeds the performance on the most recent examinations administered under s. 118.30 (1) of pupils attending the school being transferred to the person under this subdivision; or, in each of the 3 preceding consecutive accountability reports published under s. 115.385 (1), the performance category assigned to a school operated by the person on accountability reports published under s. 115.385 (1) for the school in each of the 3
preceding consecutive school years exceeds the performance category assigned to the
school being transferred to the person under this subdivision in each of the 3
preceding consecutive school years. If fewer than 3 accountability reports have been
published for a charter school described in this subd. 3. b., the superintendent of
schools shall determine an alternative method for comparing the school’s
performance.

SECTION 68. 119.33 (2) (b) 3. c. of the statutes is amended to read:
119.33 (2) (b) 3. c. The governing body of a nonsectarian private school
participating in a program under s. 118.60 or 119.23. The superintendent of schools
may proceed under this subd. 3. c. only if one of the following applies: the
performance on the most recent examinations administered under s. 118.30 (1s) or
(1t) of pupils attending a school operated by the governing body exceeds the
performance on the most recent examinations administered under s. 118.30 (1) of
pupils attending the school being transferred to the governing body under this
subdivision; or, in each of the 3 preceding consecutive accountability reports
published under s. 115.385 (1), the performance category assigned to a school
operated by the governing body on accountability reports published under s. 115.385
(1) for the school in each of the 3 preceding consecutive school years exceeds the
performance category assigned to the school being transferred to the governing body
under this subdivision in each of the 3 preceding consecutive school years. If fewer
than 3 accountability reports have been published for a private school described in
this subd. 3. c., the superintendent of schools shall determine an alternative method
for comparing the school’s performance.

SECTION 69. 119.33 (5) (b) 2. of the statutes is amended to read:
119.33 (5) (b) 2. The school district operating under this chapter has been assigned in the 3 most recent school years a performance category of “fails to meet expectations” on the 3 most recent accountability report reports published under s. 115.385 (1).

SECTION 70. 119.9002 (2) (d) 2. a. of the statutes is amended to read:

119.9002 (2) (d) 2. a. The performance, on the most recent examinations administered under s. 118.30 (1r), of pupils attending a school operated by the person exceeds the performance, on the most recent examinations administered under s. 118.30 (1), of pupils attending the school being transferred to the person under this subdivision.

SECTION 71. 119.9002 (2) (d) 2. b. of the statutes is amended to read:

119.9002 (2) (d) 2. b. The in each of the 3 preceding consecutive accountability reports published under s. 115.385 (1), the performance category assigned to a school operated by the person on accountability reports published under s. 115.385 (1) for the school in each of the 3 preceding consecutive school years exceeds the performance category assigned to the school being transferred to the person under this subdivision in each of the 3 preceding consecutive school years. If fewer than 3 accountability reports have been published for a school described in this subd. 2. b., the commissioner shall determine an alternative method for comparing the school’s performance.

SECTION 72. 119.9002 (2) (d) 3. a. of the statutes is amended to read:

119.9002 (2) (d) 3. a. The performance, on the most recent examinations administered under s. 118.30 (1s) or (1t), of pupils attending a school operated by the governing body exceeds the performance, on the most recent examinations
administered under s. 118.30 (1), of pupils attending the school being transferred to
the governing body under this subdivision.

SECTION 73. 119.9002 (2) (d) 3. b. of the statutes is amended to read:

119.9002 (2) (d) 3. b. The In each of the 3 preceding consecutive accountability
reports published under s. 115.385 (1), the performance category assigned to a school
operated by the governing body on accountability reports published under s. 115.385
(1) for the school in each of the 3 preceding consecutive school years exceeds the
performance category assigned to the school being transferred to the governing body
under this subdivision in each of the 3 preceding consecutive school years. If fewer
than 3 accountability reports have been published for a private school described in
this subd. 3. b., the commissioner shall determine an alternative method for
comparing the school’s performance.

SECTION 74. 119.9004 (3) (b) 2. of the statutes is amended to read:

119.9004 (3) (b) 2. The school district operating under this chapter has been
assigned in the 3 most recent school years a performance category of “fails to meet
expectations” on the 3 most recent accountability report reports published under s.
115.385 (1).

SECTION 75. 120.13 (2) (g) of the statutes is amended to read:

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

SECTION 76. 146.40 (3) of the statutes is amended to read:

146.40 (3) Except as provided in sub. (4d), the department shall approve
instructional programs for nurse aides that apply for, and satisfy standards for,
approval that are promulgated by rule by the department. The department may not require an instructional program to exceed the federally required minimum total training hours or minimum hours of supervised practical training under 42 CFR 483.152 (a). The department shall review the curriculum of each approved instructional program at least once every 24 months following the date of approval to determine whether the program continues to satisfy the standards for approval. Under this subsection, the department may, after providing notice, suspend or revoke the approval of an instructional program or impose a plan of correction on the program if the program fails to satisfy the standards for approval or operates under conditions that are other than those contained in the application approved by the department.

SECTION 77. 153.23 of the statutes is created to read:

153.23 Public health emergency dashboard. (1) “Public health emergency related to the 2019 novel coronavirus” means the period covered by any of the following:


(b) The public health emergency declared under 42 USC 247d by the secretary of the federal department of health and human services on January 31, 2020, in response to the 2019 novel coronavirus.

(c) The state of emergency related to public health declared under s. 323.10 on March 12, 2020, by executive order 72.

(2) During the public health emergency related to the 2019 novel coronavirus, the entity under contract under s. 153.05 (2m) (a) shall prepare and publish a public health emergency dashboard using health care emergency preparedness program
information collected by the state from acute care hospitals. A dashboard published
under this section shall include information to assist emergency response planning
activities. For purposes of this section, the entity and the department shall enter into
a data use agreement and mutually agree to the health care emergency preparedness
program information the department will provide to the entity, the information the
entity will include in the dashboard, any publication schedule, and any other terms
considered necessary by the entity or the department.

SECTION 78. 185.983 (1) (intro.) of the statutes is amended to read:

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

SECTION 79. 323.19 (3) of the statutes is created to read:

323.19 (3) Based on guidance provided by the secretary of health services, the
head of each state agency and each local health department shall determine which
public employee positions within the respective state agency or local government are
critical during the public health emergency declared on March 12, 2020, by executive
order 72, for the purposes of s. 40.26 (5m) and (6) (b).

SECTION 80. 323.19 (4) of the statutes is created to read:

323.19 (4) (a) In this subsection, “state entity” means any state agency,
institution of higher education, association, society, or other body in state
government created or authorized to be created by the constitution or any law that
is entitled to expend moneys appropriated by law, including the legislature, the
courts, and any authority.

(b) During the public health emergency declared on March 12, 2020, by
executive order 72, the head or governing body of a state entity may waive a
requirement imposed, administered, or enforced by the state entity that an
individual appear in person if the head or governing body finds that the waiver
assists in the state’s response to the public health emergency or that enforcing the
requirement may increase the public health risk.

SECTION 81. 323.265 of the statutes is created to read:

323.265 Suspension of certain deadlines and training requirements
during a public health emergency. (1) DEFINITIONS. In this section:

(a) “Agency” means any office, department, agency, institution of higher
education, association, society, or other body in state government created or
authorized to be created by the constitution or any law, including any authority
created in subch. II of ch. 114 or in ch. 231, 232, 233, 234, 237, 238, or 279, the
legislature, or the courts.

(b) “Deadline” means any date certain by which, or any other limitation as to
time within which, an action or event is required to occur.

(c) “Emergency period” means the period covered by the public health
emergency declared on March 12, 2020, by executive order 72, plus 30 days.

(d) “Local governmental unit” means a political subdivision of this state, a
special purpose district in this state, an agency or corporation of a political
subdivision or special purpose district, or a combination or subunit of any of the
foregoing.
(2) **Deadlines.** (a) Each agency or local governmental unit may toll for the duration of an emergency period any deadline falling within that period that the agency or local governmental unit administers or enforces. The agency or local governmental unit may not charge any interest or penalty that would otherwise apply with respect to the tolled deadline.

(b) Paragraph (a) does not apply to all of the following:

1. Any deadline with respect to the filing or payment of a tax for which the revenue is deposited or is expected to be deposited in the general fund, a tax or fee for which the revenue is deposited or is expected to be deposited in the transportation fund, or a property tax.

2. The date on which an election, as defined in s. 5.02 (4), is to be held, and any deadline relating to an election.

(3) **Training Requirements.** During an emergency period, each agency or local governmental unit may suspend any training requirement associated with any program the agency or local unit of government administers or enforces.

**Section 82.** 323.2911 of the statutes is created to read:

323.2911 **Public employee health insurance coverage.** Notwithstanding s. 40.02 (40), for the purpose of group health insurance coverage offered by the group insurance board under subch. IV of ch. 40, if an employee who was on a leave of absence returns from leave, even if the employee has not resumed active performance of duty for 30 consecutive calendar days on March 12, 2020, due to the public health emergency declared by executive order 72, the leave of absence is deemed ended or interrupted on that date.

**Section 83.** 323.2912 of the statutes is created to read:
323.2912 Suspension of limited term appointment hours. Notwithstanding s. 230.26 (1), the director of the bureau of merit recruitment and selection in the division of personnel management in the department of administration may increase or suspend the number of hours for a limited term appointment for the duration of the public health emergency declared on March 12, 2020, by executive order 72.

SECTION 84. 323.2913 of the statutes is created to read:

323.2913 Use of annual leave during probationary period by state employee. Notwithstanding s. 230.35 (1) (b), a state employee may take annual leave within the first 6 months of the employee's probationary period upon initial appointment during the public health emergency declared on March 12, 2020, by executive order 72. If an employee who has taken annual leave under this section terminates his or her employment before earning annual leave equivalent to the amount of annual leave the employee has taken, the appointing authority shall deduct the cost of the unearned annual leave from the employee's final pay.

SECTION 85. 323.2915 of the statutes is created to read:

323.2915 State civil service grievance procedures. (1) Notwithstanding s. 230.445 (2) and (3), an employee does not waive his or her right to appeal an adverse employment decision if the employee does not timely file the complaint or appeal during the public health emergency declared on March 12, 2020, by executive order 72. The tolling period under s. 230.445 (3) (a) 1. begins 14 days after the termination of such public health emergency.

(2) Notwithstanding s. 230.445 (3) (a) 2., an appointing authority or his or her designee is not required to meet with a complainant in person during the public
health emergency declared on March 12, 2020, by executive order 72, when conducting an investigation under s. 230.445 (3) (a) 2.

**SECTION 86.** 440.08 (5) of the statutes is created to read:

440.08 (5) Renewal suspension for public health emergency. (a) In this subsection, “health care provider credential” means any credential issued under ch. 441, 447, 448, 450, 455, 460, or 462.

(b) Notwithstanding subs. (1) to (3) and the applicable provisions in chs. 440 to 480, but subject to any professional discipline imposed on the credential, a health care provider credential is not subject to renewal, or any other conditions for renewal including continuing education, and remains valid during the period specified in par. (c).

(c) For purposes of par. (b), the period shall be the period beginning on March 12, 2020, and ending on the 60th day after the end of the period covered by the public health emergency declared on March 12, 2020, by executive order 72.

(d) A renewal that occurs subsequent to the period described in par. (c) is not subject to the late renewal fee under sub. (3) (a) if the application to renew the credential is received before the next applicable renewal date. Notwithstanding the applicable provisions in chs. 440 to 480, the applicable credentialing board may, for that next applicable renewal date, provide an exemption from or reduction of continuing education or other conditions for renewal.

**SECTION 87.** 450.11 (5) (a) of the statutes is amended to read:

450.11 (5) (a) Except as provided in pars. (bm) and (br), no prescription may be refilled unless the requirements of sub. (1) and, if applicable, sub. (1m) have been met and written, oral, or electronic authorization has been given by the prescribing practitioner. Unless the prescribing practitioner has specified in the prescription
order that dispensing a prescribed drug in an initial amount followed by periodic
refills as specified in the prescription order is medically necessary, a pharmacist may
exercise his or her professional judgment to dispense varying quantities of the
prescribed drug per fill up to the total number of dosage units authorized by the
prescribing practitioner in the prescription order including any refills, subject to par.
(b).

SECTION 88. 450.11 (5) (br) of the statutes is created to read:

450.11 (5) (br) 1. In the event a pharmacist receives a request for a prescription
to be refilled and the prescription cannot be refilled as provided in par. (a), the
pharmacist may, subject to subd. 2. a. to e., extend the existing prescription order and
dispense the drug to the patient, if the pharmacist has not received and is not aware
of written or oral instructions from the prescribing practitioner prohibiting further
dispensing pursuant to or extension of the prescription order.

2. a. A prescribing practitioner may indicate, by writing on the face of the
prescription order or, with respect to a prescription order transmitted electronically,
by designating in electronic format the phrase “No extensions,” or words of similar
meaning, that no extension of the prescription order may be made under subd. 1. If
such indication is made, the pharmacist may not extend the prescription order under
subd. 1.

b. A pharmacist acting under subd. 1. may not extend a prescription order to
dispense more than a 30-day supply of the prescribed drug, except that if the drug
is typically packaged in a form that requires a pharmacist to dispense the drug in a
quantity greater than a 30-day supply, the pharmacist may extend the prescription
order as necessary to dispense the drug in the smallest quantity in which it is
typically packaged.
c. A pharmacist may not extend a prescription order under subd. 1. for a drug that is a controlled substance.

d. A pharmacist may not extend a prescription order under subd. 1. for a particular patient if a prescription order was previously extended under subd. 1. for that patient during the period described in subd. 3.

e. A pharmacist shall, at the earliest reasonable time after acting under subd. 1., notify the prescribing practitioner or his or her office, but is not required to attempt to procure a new prescription order or refill authorization for the drug by contacting the prescribing practitioner or his or her office prior to acting under subd. 1. After acting under subd. 1., the pharmacist may notify the patient or other individual that any further refills will require the authorization of a prescribing practitioner.

3. This paragraph applies only 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. During that time, this paragraph supersedes par. (bm) to the extent of any conflict.

**SECTION 89.** 609.205 of the statutes is created to read:

**609.205 Public health emergency for COVID-19.** (1) In this section, “COVID-19” means an infection caused by the SARS-CoV-2 coronavirus.

(2) All of the following apply to a defined network plan or preferred provider plan during the state of emergency related to public health declared under s. 323.10 on March 12, 2020, by executive order 72, or during the public health emergency declared under 42 USC 247d by the secretary of the federal department of health and human services in response to the COVID-19 pandemic:
(a) The plan may not require an enrollee to pay, including cost sharing, for a service, treatment, or supply provided by a provider that is not a participating provider in the plan’s network of providers more than the enrollee would pay if the service, treatment, or supply is provided by a provider that is a participating provider. This subsection applies to any service, treatment, or supply that is related to diagnosis or treatment for COVID-19 and to any service, treatment, or supply that is provided by a provider that is not a participating provider because a participating provider is unavailable due to the public health emergency.

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

(3) During the state of emergency related to public health declared under s. 323.10 on March 12, 2020, by executive order 72, or during the public health emergency declared under 42 USC 247d by the secretary of the federal department of health and human services in response to the COVID-19 pandemic, all of the following apply to any health care provider or health care facility that provides a service, treatment, or supply to an enrollee of a defined network plan or preferred provider plan but is not a participating provider of that plan:

(a) The health care provider or facility shall accept as payment in full any payment by a defined network plan or preferred provider plan that is at least 225 percent of the rate the federal Medicare program reimburses the provider for the same or a similar service, treatment, or supply in the same geographic area.
(b) The health care provider or facility may not charge the enrollee for the
service, treatment, or supply an amount that exceeds the amount the provider or
facility is reimbursed by the defined network plan or preferred provider plan.

(4) The commissioner may promulgate any rules necessary to implement this
section.

SECTION 90. 609.83 of the statutes is amended to read:

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

SECTION 91. 609.846 of the statutes is created to read:

609.846 Discrimination based on COVID-19 prohibited. Limited service
health organizations, preferred provider plans, and defined network plans are
subject to s. 632.729.

SECTION 92. 609.885 of the statutes is created to read:

609.885 Coverage of COVID-19 testing. Defined network plans, preferred
provider plans, and limited service health organizations are subject to s. 632.895
(14g).

SECTION 93. 625.12 (2) of the statutes is amended to read:

625.12 (2) Classification. Risks Except as provided in s. 632.729, risks may
be classified in any reasonable way for the establishment of rates and minimum
premiums, except that no classifications may be based on race, color, creed or
national origin, and classifications in automobile insurance may not be based on
physical condition or developmental disability as defined in s. 51.01 (5). Subject to
ss. 632.365 and 632.729, rates thus produced may be modified for individual risks
in accordance with rating plans or schedules that establish reasonable standards for
measuring probable variations in hazards, expenses, or both. Rates may also be modified for individual risks under s. 625.13 (2).

**SECTION 94.** 628.34 (3) (a) of the statutes is amended to read:

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

**SECTION 95.** 632.729 of the statutes is created to read:

632.729 **Prohibiting discrimination based on COVID-19.** (1)

**DEFINITIONS.** In this section:

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

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

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

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

(2) **ISSUANCE OR RENEWAL.** (a) An insurer that offers an individual or group health benefit plan, a pharmacy benefit manager, or a self-insured health plan may not establish rules for the eligibility of any individual to enroll, for the continued eligibility of any individual to remain enrolled, or for the renewal of coverage under the plan based on a current or past diagnosis or suspected diagnosis of COVID-19.

(b) An insurer that offers a group health benefit plan, a pharmacy benefit manager, or a self-insured health plan may not establish rules for the eligibility of any employer or other group to enroll, for the continued eligibility of any employer
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or group to remain enrolled, or for the renewal of an employer’s or group’s coverage under the plan based on a current or past diagnosis or suspected diagnosis of COVID-19 of any employee or other member of the group.

(3) CANCELLATION. An insurer that offers an individual or group health benefit plan, a pharmacy benefit manager, or a self-insured health plan may not use as a basis for cancellation of coverage during a contract term a current or past diagnosis of COVID-19 or suspected diagnosis of COVID-19.

(4) RATES. An insurer that offers an individual or group health benefit plan, a pharmacy benefit manager, or a self-insured health plan may not use as a basis for setting rates for coverage a current or past diagnosis of COVID-19 or suspected diagnosis of COVID-19.

(5) PREMIUM GRACE PERIOD. An insurer that offers an individual or group health benefit plan, a pharmacy benefit manager, or a self-insured health plan may not refuse to grant to an individual, employer, or other group a grace period for the payment of a premium based on an individual’s, employee’s, or group member’s current or past diagnosis of COVID-19 or suspected diagnosis of COVID-19 if a grace period for payment of premium would generally be granted under the plan.

SECTION 96. 632.895 (14g) of the statutes is created to read:

632.895 (14g) COVERAGE OF COVID-19 TESTING. (a) In this subsection, “COVID-19” means an infection caused by the SARS-CoV-2 coronavirus.

(b) Before March 13, 2021, every disability insurance policy, and every self-insured health plan of the state or of a county, city, town, village, or school district, that generally covers testing for infectious diseases shall provide coverage of testing for COVID-19 without imposing any copayment or coinsurance on the individual covered under the policy or plan.
SECTION 97. 632.895 (16v) of the statutes is created to read:

632.895 (16v) PROHIBITING COVERAGE LIMITATIONS ON PRESCRIPTION DRUGS. (a) During the period covered by the state of emergency related to public health declared by the governor on March 12, 2020, by executive order 72, an insurer offering a disability insurance policy that covers prescription drugs, a self-insured health plan of the state or of a county, city, town, village, or school district that covers prescription drugs, or a pharmacy benefit manager acting on behalf of a policy or plan may not do any of the following in order to maintain coverage of a prescription drug:

1. Require prior authorization for early refills of a prescription drug or otherwise restrict the period of time in which a prescription drug may be refilled.

2. Impose a limit on the quantity of prescription drugs that may be obtained if the quantity is no more than a 90-day supply.

(b) This subsection does not apply to a prescription drug that is a controlled substance, as defined in s. 961.01 (4).

SECTION 98. 895.4801 of the statutes is created to read:

895.4801 Immunity for health care providers during COVID-19 emergency. (1) DEFINITIONS. In this section:

(a) “Health care professional” means an individual licensed, registered, or certified by the medical examining board under subch. II of ch. 448 or the board of nursing under ch. 441.

(b) “Health care provider” has the meaning given in s. 146.38 (1) (b) and includes an adult family home, as defined in s. 50.01 (1).

(2) IMMUNITY. Subject to sub. (3), any health care professional, health care provider, or employee, agent, or contractor of a health care professional or health care provider is immune from civil liability for the death of or injury to any individual or
any damages caused by actions or omissions taken in providing services to address
or in response to a 2019 novel coronavirus outbreak under circumstances that satisfy
all of the following:

(a) The action or omission is committed while the professional, provider,
employee, agent, or contractor is providing services during the state of emergency
declared under s. 323.10 on March 12, 2020, by executive order 72, relating to the
2019 novel coronavirus pandemic and for the 60 days following the date that the state
of emergency terminates.

(b) The actions or omissions occur during the person’s good faith response to
the emergency described under par. (a) or are substantially consistent with any of
the following:

1. Any direction, guidance, recommendation, or other statement made by a
federal, state, or local official to address or in response to the emergency or disaster
declared as described under par. (a).

2. Any guidance published by the department of health services, the federal
department of health and human services, or any divisions or agencies of the federal
department of health and human services relied upon in good faith.

(c) The actions or omissions do not involve reckless or wanton conduct or
intentional misconduct.

(3) Applicability. This section does not apply if s. 257.03, 257.04, 323.41, or
323.44 applies.

SECTION 99. 895.51 (title) of the statutes is amended to read:

895.51 (title) Civil liability exemption: food or emergency household
products; emergency medical supplies; donation, sale, or distribution.

SECTION 100. 895.51 (1) (bd) of the statutes is created to read:
895.51 (1) (bd) “Cost of production” means the cost of inputs, wages, operating
the manufacturing facility, and transporting the product.

SECTION 101. 895.51 (1) (bg) of the statutes is created to read:

895.51 (1) (bg) “Emergency medical supplies” means any medical equipment
or supplies necessary to limit the spread of, or provide treatment for, a disease
associated with the public health emergency related to the 2019 novel coronavirus
pandemic, including life support devices, personal protective equipment, cleaning
supplies, and any other items determined to be necessary by the secretary of health
services.

SECTION 102. 895.51 (1) (dp) of the statutes is created to read:

895.51 (1) (dp) “Public health emergency related to the 2019 novel coronavirus
pandemic” means the period covered by the public health emergency declared under
42 USC 247d by the secretary of the federal department of health and human
services on January 31, 2020, in response to the 2019 novel coronavirus or the
national emergency declared by the U.S. president under 50 USC 1621 on March 13,

SECTION 103. 895.51 (2r) of the statutes is created to read:

895.51 (2r) Any person engaged in the manufacturing, distribution, or sale of
emergency medical supplies, who donates or sells, at a price not to exceed the cost
of production, emergency medical supplies to a charitable organization or
governmental unit to respond to the public health emergency related to the 2019
novel coronavirus pandemic is immune from civil liability for the death of or injury
to an individual caused by the emergency medical supplies donated or sold by the
person.

SECTION 104. 895.51 (3r) of the statutes is created to read:
895.51 (3r) Any charitable organization that distributes free of charge emergency medical supplies received under sub. (2r) is immune from civil liability for the death of or injury to an individual caused by the emergency medical supplies distributed by the charitable organization.

SECTION 104. Nonstatutory provisions.

(1) ENHANCED FEDERAL MEDICAL ASSISTANCE PERCENTAGE. If the federal government provides an enhanced federal medical assistance percentage during an emergency period declared in response to the novel coronavirus pandemic, the department of health services may do any of the following during the period to which the enhanced federal medical assistance percentage applies in order to satisfy criteria to qualify for the enhanced federal medical assistance percentage:

(a) Suspend the requirement to comply with the premium requirements under s. 49.45 (23b) (b) 2. and (c).

(b) Suspend the requirement to comply with the health risk assessment requirement under s. 49.45 (23b) (b) 3.

(c) Delay implementation of the community engagement requirement under s. 49.45 (23b) (b) 1. until the date that is 30 days after either the day the federal government has approved the community engagement implementation plan or the last day of the calendar quarter in which the last day of the emergency period under 42 USC 1320b-5 (g) (1) that is declared due to the novel coronavirus pandemic occurs, whichever is later.

(d) Notwithstanding any requirement under subch. IV of ch. 49 to disenroll an individual to the contrary, maintain continuous enrollment in compliance with section 6008 (b) (3) of the federal Families First Coronavirus Response Act, P.L. 116-127.
(2) LIABILITY INSURANCE FOR PHYSICIANS AND NURSE ANESTHETISTS. During the public health emergency declared on March 12, 2020, by executive order 72, all of the following apply to a physician or nurse anesthetist for whom this state is not a principal place of practice but who is authorized to practice in this state on a temporary basis:

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

(b) The physician or nurse anesthetist may elect, in the manner designated by the commissioner of insurance by rule under s. 655.004, to be subject to ch. 655.

(3) VIRTUAL INSTRUCTION; REPORTS AND GUIDANCE.

(a) Definitions. In this subsection:

1. “Department” means the department of public instruction.

2. “Public health emergency” means the period during the 2019-20 school year when schools are closed by the department of health services under s. 252.02 (3).

3. “Virtual instruction” means instruction provided through means of the Internet if the pupils participating in and instructional staff providing the instruction are geographically remote from each other.

(b) School board reports. By November 1, 2020, each school board shall report to the department all of the following:

1. Whether or not virtual instruction was implemented in the school district during the public health emergency and, if implemented, in which grades it was implemented.
2. If virtual instruction was implemented in the school district during the public health emergency, the process for implementing the virtual instruction.

3. For each grade level, the average percentage of the 2019–20 school year curriculum provided to pupils, including curriculum provided in-person and virtually.

4. Whether anything was provided to pupils during the 2020 summer to help pupils learn content that pupils missed because of the public health emergency and, if so, what was provided to pupils.

5. Recommendations for best practices for transitioning to and providing virtual instruction when schools are closed.

6. Any challenges or barriers the school board faced related to implementing virtual instruction during the public health emergency.

7. By position type, the number of staff members who were laid off during the public health emergency.

8. The number of lunches the school board provided during the public health emergency.

9. The total amount by which the school board reduced expenditures during, or because of, the public health emergency in each of the following categories:

   a. Utilities.

   b. Transportation.

   c. Food service.

   d. Personnel. This category includes expenditure reductions that result from layoffs.

   e. Contract terminations.
(c) Report to the legislature. By January 1, 2021, the department shall compile and submit the information it received under par. (b) to the appropriate standing committees of the legislature in the manner provided under s. 13.172 (3).

(d) DPI guidance on returning to in-person instruction. By June 30, 2020, the department shall post on its Internet site guidance to schools on best practices related to transitioning from virtual instruction to in-person instruction.

(4) Temporary credentials for former health care providers during emergency.

(a) Definitions. In this subsection:

1. “Credential” means a license or certificate.

2. “Department” means the department of safety and professional services.

3. “Health care provider” means an individual who was at any time within the previous 5 years, but is not currently, any of the following, if the individual’s credential was never revoked, limited, suspended, or denied renewal:

   a. Licensed as a registered nurse, licensed practical nurse, or nurse-midwife under ch. 441.

   b. Licensed as a dentist under ch. 447.

   c. Licensed as a physician, physician assistant, or perfusionist under ch. 448 or certified as a respiratory care practitioner under ch. 448.

   d. Licensed as a pharmacist under ch. 450.

   e. Licensed as a psychologist under ch. 455.

   f. A clinical social worker, marriage and family therapist, or professional counselor licensed under ch. 457 or an independent social worker or social worker certified under ch. 457.

   g. A clinical substance abuse counselor certified under s. 440.88.
h. Any practitioner holding a credential to practice a profession that is identified by the department of health services during the period covered by the public health emergency declared on March 12, 2020, by executive order 72.

(b) Temporary emergency credentials.

1. The department may grant a temporary credential to a health care provider if all of the following apply:
   a. The health care provider submits an application to the department.
   b. The department determines that the health care provider satisfies the eligibility requirements for the credential and is fit to practice after conducting an investigation of the health care provider’s arrest or conviction record and record of professional discipline.

2. If the department denies a health care provider’s application for a temporary credential under this paragraph, the department shall notify the health care provider of the reason for denial.

3. Notwithstanding ss. 441.06 (4), 441.15 (2), 447.03 (1) and (2), 448.03 (1) (a), (b), and (c) and (1m), and 450.03 (1), a health care provider granted a temporary credential under this paragraph may provide services for which the health care provider has been licensed or certified.

4. A health care provider who provides services authorized by a temporary credential granted under this paragraph shall maintain malpractice insurance that satisfies the requirements of the profession for which the health care provider has been licensed or certified.

5. A temporary credential granted under this paragraph expires 90 days after the conclusion of the period covered by the public health emergency declared on March 12, 2020, by executive order 72.
(5) **Authority to waive fees.** Notwithstanding s. 440.05 and the applicable fee provisions in chs. 440 to 480, during the period covered by the public health emergency declared on March 12, 2020, by executive order 72, the department of safety and professional services may waive fees for applications for an initial credential and renewal of a credential for registered nurses, licensed practical nurses, nurse-midwives, dentists, physicians, physician assistants, perfusionists, respiratory care practitioners, pharmacists, psychologists, clinical social workers, independent social workers, social workers, marriage and family therapists, professional counselors, and clinical substance abuse counselors.

(6) **Temporary credentials for health care providers from other states during emergency.**

(a) **Definitions.** In this subsection:

1. “Credential” means a license or certificate.

2. “Department” means the department of safety and professional services.

3. “Health care provider” means an individual who holds a valid, unexpired license, certificate, or registration granted by another state or territory that authorizes or qualifies the individual to perform acts that are substantially the same as the acts that any of the following are licensed or certified to perform:

   a. A registered nurse, licensed practical nurse, or nurse-midwife licensed under ch. 441.

   b. A dentist licensed under ch. 447.

   c. A physician, physician assistant, or perfusionist licensed under ch. 448 or a respiratory care practitioner certified under ch. 448.

   d. A pharmacist licensed under ch. 450.

   e. A psychologist licensed under ch. 455.
f. A clinical social worker, marriage and family therapist, or professional
counselor licensed under ch. 457 or an independent social worker or social worker
certified under ch. 457.

g. A clinical substance abuse counselor certified under s. 440.88.

h. Any practitioner holding a credential to practice a profession that is
identified by the department of health services during the period covered by the
public health emergency declared on March 12, 2020, by executive order 72.

(b) Temporary emergency credentials.

1. The department may grant a temporary credential to a health care provider
if all of the following apply:

   a. The health care provider submits an application to the department.

   b. The department determines that the health care provider satisfies the
   eligibility requirements for the credential and is fit to practice after conducting an
   investigation of the health care provider’s arrest or conviction record and record of
   professional discipline.

2. The department may determine the appropriate scope of the review under
subd. 1. b. of the background of a health care provider who applies for a temporary
credential under this paragraph.

3. If the department denies a health care provider’s application for a temporary
credential under this paragraph, the department shall notify the health care
provider of the reason for the denial.

4. Notwithstanding ss. 441.06 (4), 441.15 (2), 447.03 (1) and (2), 448.03 (1) (a),
(b), and (c) and (1m), and 450.03 (1), a health care provider granted a temporary
credential under this paragraph may provide services for which the health care
provider is licensed or certified.
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5. A health care provider who provides services authorized by a temporary credential granted under this paragraph shall maintain malpractice insurance that satisfies the requirements of the profession for which the health care provider is licensed or certified.

6. A temporary credential granted under this paragraph expires 90 days after the conclusion of the period covered by the public health emergency declared on March 12, 2020, by executive order 72.

(7) Authority to waive fees. Notwithstanding s. 440.05 and the applicable fee provisions in chs. 440 to 480, during the period covered by the public health emergency declared on March 12, 2020, by executive order 72, the department may waive fees for applications for an initial credential and renewal of a credential for registered nurses, licensed practical nurses, nurse-midwives, dentists, physicians, physician assistants, perfusionists, respiratory care practitioners, pharmacists, psychologists, clinical social workers, independent social workers, social workers, marriage and family therapists, professional counselors, and clinical substance abuse counselors.

(8) Position transfers.

(a) In this subsection:

1. “Emergency period” means the period covered by the public health emergency declared on March 12, 2020, by executive order 72.

2. “State agency” means any office, commission, board, department, or independent agency in the executive branch of state government.

(b) During the emergency period, the secretary of administration may transfer any employee from one state agency to another state agency to provide services for the receiving state agency. The receiving state agency shall pay all salary and fringe
benefit costs of the employee during the time he or she is providing services for the receiving state agency. Any action by the secretary under this paragraph shall remain in effect until rescinded by the secretary or 90 days after the public health emergency is terminated, whichever is earliest.

(c) If an employee is transferred under par. (b), the receiving agency may not increase the employee's salary at the time of transfer or during the time he or she is providing services for the receiving agency and the transferring agency may not increase the employee's salary at the time the employee returns to the transferring agency.

(d) The secretary of administration shall submit a report to the joint committee on finance no later than June 1, 2020, and on the first day of each subsequent month during the emergency period, that provides information on all employee transfers under par. (b). The report shall specify the number of employees transferred, the title of each employee transferred, the title the employee assumed at the receiving agency, and the reasons for each employee transfer.

(9) LOANS TO MUNICIPAL UTILITIES.

(a) Definitions. In this subsection:

1. “Board” means the board of commissioners of public lands.


3. “Emergency period” means the period covered by the COVID-19 public health emergency, plus 60 days.

4. “Municipal utility” has the meaning given in s. 196.377 (2) (a) 3.

(b) Loans.
1. The board may loan moneys under its control or belonging to the trust funds to a municipal utility to ensure that the municipal utility is able to maintain liquidity during the emergency period. The loan shall be for the sum of money, for the time, and upon the conditions as may be agreed upon between the board and the borrower.

2. The legislature finds and determines that the loans authorized under this subsection serve a public purpose.

(10) LEGISLATIVE OVERSIGHT OF THE MEDICAL ASSISTANCE PROGRAM.

(a) Section 20.940 does not apply to a request for a waiver, amendment to a waiver, or other federal approval from the department of health services submitted to the federal department of health and human services during the public health emergency declared under 42 USC 247d by the secretary of the federal department of health and human services on January 31, 2020, in response to the 2019 novel coronavirus, only if the request is any of the following, relating to the Medical Assistance program:

1. Allowing providers to receive payments for services provided in alternative settings to recipients affected by 2019 novel coronavirus.

2. Waiving preadmission screening and annual resident review requirements when recipients are transferred.

3. Allowing hospitals who hold a state license but have not yet received accreditation from the Joint Commission to bill the Medical Assistance program during the 2019 novel coronavirus public health emergency.

4. Waiving payment of the application fee to temporarily enroll a provider for 90 days or until the termination of the 2019 novel coronavirus public health emergency, whichever is longer.
5. Waiving pre-enrollment criminal background checks for providers that are enrolled in the Medicare program to temporarily enroll the provider in the Medical Assistance program for 90 days or until the termination of the 2019 novel coronavirus public health emergency, whichever is longer.

6. Waiving site visit requirements to temporarily enroll a provider for 90 days or until the termination of 2019 novel coronavirus public health emergency, whichever is longer.

7. Ceasing revalidation of providers who are enrolled in the Medical Assistance program or otherwise directly impacted by the 2019 novel coronavirus public health emergency for 90 days or until termination of the public health emergency, whichever is longer.

8. Waiving the requirement that physicians and other health care professionals be licensed in the state in which they are providing services if they have equivalent licensing in another state or are enrolled in the federal Medicare program.

9. Waiving prior authorization requirements for access to covered state plan or waiver benefits.

10. Expanding the authority under Section 1905 (a) of the federal Social Security Act regarding nonemergency transportation to allow for reimbursement of any eligible individual under the Medical Assistance program, additional vendors, transportation for caregivers going to provide services to recipients, and meal delivery to Medical Assistance recipients.

11. Waiving public notice requirements that would otherwise be applicable to state plan and waiver changes.
12. Modifying the tribal consultation timelines specified in the Medical Assistance state plan to allow for consultation at the next future tribal health director meeting.

13. Modifying the requirement under 42 CFR 430.20 to submit the state plan amendment by March 31, 2020, to obtain an effective date during the first calendar quarter of 2020. The department of health services shall comply with s. 49.45 (2t) for any item included in the state plan amendment that is not specifically described in this subsection.

14. Simplifying program administration by allowing for temporary state plan flexibilities rather than requiring states to go through the state plan amendment submission and approval process.

15. Waiving timely filing requirements for billing under 42 USC 1395cc and 1396a (a) (54) and 42 CFR 424.44 to allow time for providers to implement changes.

16. Expanding hospital presumptive eligibility to include the population over age 65 and disabled.

17. Allowing flexibility for submission of electronic signatures on behalf of a Medical Assistance recipient by application assistors if a signature cannot be captured in person.

18. Waiving requirements for managed care organizations to complete initial and periodic recredentialing of network providers if the providers meet Medical Assistance provider enrollment requirements during the 2019 novel coronavirus public health emergency.

19. Requiring managed care organizations to extend preexisting authorizations through which a Medical Assistance recipient has received prior
authorization until the termination of the 2019 novel coronavirus public health emergency.

20. Waiving sanctions under Section 1877 (g) of the Social Security Act relating to limitations on physician referral.

21. Allowing flexibility in how a teaching physician is present with the patient and resident including real-time audio and video or access through a window.

22. Waiving certain equipment requirements in hospital equipment maintenance requirement guidance issued on December 20, 2013, to maintain the health and safety of the hospitals’ patients and providers.

23. Creating provisions allowing for additional flexibilities to allow for the use in nursing homes of physician extenders in place of medical directors and attending physicians and telehealth options.

24. Waiving notice of transfers within a nursing home due to medically necessary protection from the 2019 novel coronavirus.

25. Waiving requirements to document sufficient preparation and orientation to residents to ensure a safer and orderly intrafacility nursing home transfer.

26. Waiving requirements for a nursing home bedhold policy.

27. Waiving the requirements for nursing home in–service education under 42 CFR 483.35 (d) (7).

28. Waiving nurse staffing information and posting of that information for nursing homes.

29. Suspending the requirement that a pharmacist go monthly to the nursing home to do record review.
30. Waiving or lessening requirements for a paid feeding assistant program in nursing homes and setting guidelines for training to assist with the 2019 novel coronavirus pandemic.

31. Waiving the annual and quarterly screening of fire extinguishers and any other annual maintenance review for nursing homes.

32. Allowing all clinical hours required under 42 CFR 483.152 (a) (3) to be online simulation.

33. Waiving under 42 CFR 483.151 (b) (2) the loss of the Nurse Aide Training and Competency Evaluation Program.

34. Waiving the requirements under 42 CFR 483.160 for training of paid feeding assistants.

35. Allowing home health agencies to perform certifications, initial assessments, and determine homebound status remotely or by record review.

36. Waiving life safety codes for intermediate care facilities for individuals with intellectual disabilities under 42 CFR 483.70 and for hospitals, hospices, nursing homes, critical access hospitals and intermediate care facilities for individuals with intellectual disabilities relating to fire alarm system maintenance and testing, automatic sprinkler and standpipe system inspection, testing, and maintenance, and inspection and maintenance of portable fire extinguishers.

37. Relating to the home and community-based waiver programs of Family Care, IRIS, and Children’s Long-Term Supports, any of the following:

   a. Allowing all waiver services and administrative requirements that that can be provided with the same functional equivalency of face-to-face services to occur remotely.
b. Removing the requirement to complete a 6-month progress report to reauthorize prevocational service.

c. Removing the limitation that quotes from at least 3 providers must be obtained and submitted for home modifications.

d. Removing the limitation preventing supportive home care from being provided in adult family homes and residential care apartment complexes.

e. Removing the limitation preventing personal or nursing services for recipients in residential care apartment complexes.

f. Removing the limitation that participants cannot receive other waiver services on the same day as receiving respite care.

g. Allowing adult day service providers, prevocational providers, and supported employment providers to provide services in alternate settings.

h. Allowing up to 3 meals per day for home delivered meals for Family Care and IRIS program enrollees and adding home delivered meals as a benefit in the Children’s Long-Term Supports waiver.

i. Removing the limitation on using moneys to relocate individuals from an institution or family home to an independent living arrangement.

j. Allowing any individual with an intellectual or developmental disability to reside in a community-based residential facility with greater than 8 beds.

k. Modifying the scope of the child care benefit to allow for the provision of child care payments for children under the age of 12 in the program for direct care workers and medical workers who need access to child care during the emergency.

l. Allowing for all home and community-based waiver services to be provided in temporary settings.
m. Allowing home and community-based waiver services to be provided temporarily in an acute care hospital or in a short-term institutional stay.

n. Allowing payment for home and community-based waiver services provided in settings outside this state.

o. Allowing general retailers to provide assistive technology or communication aids.

p. Allowing providers certified or licensed in other states or enrolled in the Medicare program to perform the same or comparable services in this state.

q. Delaying provider licensing or certification reviews.

r. Allowing the department of health services to waive provider qualifications as necessary to increase the pool of available providers.

s. Allowing 4-year background checks to be delayed.

t. Expanding transportation providers to include individual and transportation network companies.

u. Allowing noncertified individuals to provide home delivered meals.

v. Allowing nursing students to provide allowable nursing services.

w. Allowing parents to be paid caregivers for their minor children in the Children’s Long-Term Supports program when providing a service that would otherwise have been performed and paid for by a provider.

x. Allowing for qualified individuals to provide training to unpaid caregivers.

y. Waiving choice of provider requirements.

z. Waiving the managed care network adequacy requirements under 42 CFR 438.68 and 438.207.

za. Waiving requirements to complete initial and required periodic credentialing of network providers.
zb. Adding a verbal and electronic method to signing required documents.

zc. Allowing the option to conduct evaluations, assessments, and person-centered service planning meetings virtually or remotely in lieu of face-to-face meetings.

zd. Allowing the lessening of prior approval or authorization requirements.

ze. Allowing for data entry of incidents into the incident reporting system outside of typical timeframes.

zf. Waiving the requirement to distribute member-centered plans to essential providers.

zg. Allowing the department of health services to draw federal financing match for payments, such as hardship or supplemental payments, to stabilize and retain providers who suffer extreme disruptions to their standard business model or revenue streams as a result of the 2019 novel coronavirus.

zh. Allowing the department of health services to waive participant liability for room and board when temporarily sheltered at noncertified facilities.

zi. Allowing payment for home and community-based waiver services that are not documented in the recipient’s plan.

zj. Allowing managed care enrollees to proceed almost immediately to a state fair hearing without having a managed care plan resolve the appeal first by permitting the department of health services to modify the timeline for managed care plans to resolve appeals to one day so the impacted appeals satisfy the exhaustion requirements and give enrollees more time to request a fair hearing.

zk. Waiving public notice requirements that would otherwise be applicable to waiver changes.
zl. Modifying the tribal consultation timelines to allow for consultation at the next future tribal health directors meeting.

zm. Waiving timelines for reports, required surveys, and notifications.

zn. Allowing the extension of the certification period of level-of-care screeners.

zo. Allowing the waiver of requirements related to home and community-based settings on a case by case basis in order to ensure the health, safety and welfare of affected beneficiaries under 42 CFR 441.301 (c) (4).

zp. Applying any provisions under this paragraph automatically to the concurrent 1915 (b) waiver.

zq. Allowing the waiver enrollment or eligibility changes based on a completed functional screen resulting in a change in level-of-care.

zr. Allowing for continued enrollment in the Children’s Long-Term Supports program past the ages of 18 and 21.

zs. Allowing the suspension of involuntary disenrollment.

(b) The department of health services may implement any of the items specified in par. (a) only on a temporary basis to address the 2019 novel coronavirus pandemic for which the public health emergency described in par. (a) is declared, and any extension or renewal of the items in par. (a) shall comply with s. 20.940 and, if applicable, s. 49.45 (2t).

(11) Audit of Programs and Expenditures. Beginning July 1, 2020, and ending June 30, 2021, the legislative audit bureau shall use risk-based criteria to review selected programs affected by this act and selected expenditures made with funds authorized by this act and report the results of its reviews at least quarterly to the chief clerk of each house of the legislature and to the joint legislative audit committee.
(13) Communications limitations under campaign finance law. Section 11.1205 (1) does not apply to communications made during, or within 30 days after termination of, the public health emergency declared on March 12, 2020, by executive order 72, if the communications relate to the public health emergency.

(14) Authority to waive interest and penalties for general fund and transportation fund taxes. For any person who fails to remit a covered tax or fee by the date required by law, the secretary of revenue may waive, on a case-by-case basis, any penalty or interest that accrues during the applicable period if the date required by law for the remittance is during the applicable period and the secretary determines that the person’s failure is due to the effects of the COVID-19 pandemic. For purposes of this subsection, “applicable period” means the period covered by the public health emergency declared on March 12, 2020, by executive order 72, and “covered tax or fee” means a tax that is deposited or expected to be deposited into the general fund or a tax or fee that is deposited or expected to be deposited into the transportation fund.

(15) Autopsies and cremation of bodies of persons who died of COVID-19.

(a) Definition. In this subsection, “COVID-19” means an infection caused by the SARS-CoV-2 coronavirus.

(b) Viewing of a corpse to be cremated following death from COVID-19. Notwithstanding s. 979.10 (1) (b), for the duration of the public health emergency declared on March 12, 2020, by executive order 72, if any physician, coroner, or medical examiner has signed the death certificate of a deceased person and listed COVID-19 as the underlying cause of death, a coroner or medical examiner shall issue a cremation permit to cremate the corpse of that deceased person without viewing the corpse.
(c) *Time for cremation of a person who has died of COVID-19.* Notwithstanding s. 979.10 (1) (a) (intro.), for the duration of the public health emergency declared on March 12, 2020, by executive order 72, if a physician, coroner, or medical examiner has signed the death certificate of a deceased person and listed COVID-19 as the underlying cause of death, a coroner or medical examiner shall issue, within 48 hours after the time of death, a cremation permit for the cremation of a corpse of a deceased person.

(d) *Examination of the body of an inmate who has died of COVID-19.* Notwithstanding s. 979.025, for the duration of the public health emergency declared on March 12, 2020, by executive order 72, if an individual who has been diagnosed with COVID-19 dies while he or she is in the legal custody of the department of corrections and confined to a correctional facility located in this state, the coroner or medical examiner may perform a limited examination of the deceased individual instead of a full autopsy, which may include an external examination of the body of the deceased individual, a review of the deceased individual’s medical records, or a review of the deceased individual’s radiographs.

(e) *Requiring electronic signature on death certificates with 48 hours if death is caused by COVID-19.* Notwithstanding s. 69.18 or any other requirements to the contrary, during the public health emergency declared on March 12, 2020, by executive order 72, if the underlying cause of a death is determined to be COVID-19, the person required to sign the death certificate shall provide an electronic signature on the death certificate within 48 hours after the death occurs.

(16) **Credential renewal during COVID-19 emergency.**

(a) *Definition.* In this subsection, “emergency period” means the period covered by the state of emergency related to public health declared by the governor on March
(b) Emergency medical services renewals. Notwithstanding s. 256.15 (6) (b) and (c), (8) (c) and (cm), and (10), during the emergency period, the department of health services may not require an ambulance service provider, emergency medical services practitioner, or emergency medical responder that holds a license, training permit, or certificate under s. 256.15 that has not been suspended or revoked to renew that license, training permit, or certificate or impose renewal requirements, such as continuing education, on an ambulance service provider, emergency medical services practitioner, or emergency medical responder that holds a license, training permit, or certificate under s. 256.15. A renewal that occurs after the emergency period is not considered a late renewal if the application to renew the credential is received before the next applicable renewal date. The department of health services may, for that next applicable renewal date, provide an exemption from or reduction of continuing education or other conditions for renewal.

(17) Child Care and Development Fund block grant funds. The federal Child Care and Development Fund block grant funds received under the federal Coronavirus Aid, Relief, and Economic Security Act, P.L. 116-136, shall be credited to the appropriations under s. 20.437 (1) (mc) and (md). No moneys credited under this subsection may be encumbered or expended except as provided under s. 16.54 (2) (a) 2.

(18) Eligibility for local fair aids. Notwithstanding s. 93.23 (1) (c), each agricultural society, board, or association that received aid under s. 93.23 in 1950 shall continue to remain eligible for aid if a fair operated by the society, board, or
association is not held during 2020 because of the public health emergency declared on March 12, 2020, by executive order 72.

(19) APPLICATIONS FOR HEATING ASSISTANCE. Households may apply for heating assistance under s. 16.27 (4) (a) at any time during calendar year 2020.

(20) PAY-FOR-PERFORMANCE; HEALTH INFORMATION EXCHANGE. The department of health services shall develop for the Medical Assistance program a payment system based on performance to incentivize participation in health information data sharing to facilitate better patient care, reduced costs, and easier access to patient information. The department shall establish performance metrics for the payment system under this subsection that satisfy all of the following:

(a) The metric shall include participation by providers in a health information exchange at a minimum level of patient record access.

(b) The payment under the payment system shall increase as the participation level in the health information exchange increases.

(c) The payment system shall begin in the 2021 rate year.

(d) For purposes of this payment system, the department shall seek any available federal moneys, including any moneys available for this purpose under the federal Coronavirus Aid, Relief, and Economic Security Act, P.L. 116-136, to assist small, rural providers with the costs of information technology setup to participate in the health information exchange.

(21) PUPIL ASSESSMENTS; PUBLIC HEALTH EMERGENCY EXCEPTION FOR THE 2019-20 SCHOOL YEAR. Sections 115.7915 (5) (b) and (6) (j), 118.30 (1m), (1r), (1s), and (1t), 118.40 (2r) (d) 2. and (2x) (d) 2., 118.60 (7) (b) 1., 119.23 (7) (b) 1., and 121.02 (1) (r) and (s) do not apply in the 2019-20 school year.
(22) **Direct Hours of Instruction; Waiver for Private Schools.** In the 2019–20 school year, the governing body of a private school may request the department to waive any requirement related to providing hours of instruction in chs. 115 to 121, including the requirements in ss. 118.165 (1) (c), 118.60 (2) (a) 8., and 119.23 (2) (a) 8., or in administrative rules promulgated by the department under the authority of those chapters.

(23) **Statewide Parental Choice Program; Applications for the 2020–21 School Year.**

(a) Notwithstanding s. 118.60 (3) (ar) 1., a private school that submitted a notice of intent to participate under s. 118.60 (2) (a) 3. a. by January 10, 2020, may accept applications for the 2020–21 school year until May 14, 2020, from pupils who reside in a school district, other than an eligible school district, as defined in s. 118.60 (1) (am), or a 1st class city school district.

(b) Notwithstanding s. 118.60 (3) (ar) 2., each private school that receives applications under s. 118.60 (3) (ar) 1. for the 2020–21 school year by the deadline under par. (a), shall report the information required under s. 118.60 (3) (ar) 2. to the department of public instruction by May 29, 2020.

(24) **Full-Time Open Enrollment; Applications for the 2020–21 School Year.** Notwithstanding s. 118.51 (3) (a) and (b), (8), and (14) (b), all of the following apply to applications to attend a public school in a nonresident school district under s. 118.51 in the 2020–21 school year:

(a) The deadline for a parent of a pupil to submit an application to a nonresident school district under s. 118.51 (3) (a) 1. is May 29, 2020.
(b) The deadline for a nonresident school board to send a copy of an application to a pupil’s resident school board and the department under s. 118.51 (3) (a) 1. is by the end of the day on June 1, 2020.

(c) The deadline for a resident school board to send a copy of a pupil’s individualized education program to a nonresident school district under s. 118.51 (3) (a) 1m. is June 8, 2020.

(d) A nonresident school board may not act on any application received under s. 118.51 (3) (a) 1. before June 1, 2020.

(e) The deadline under s. 118.51 (3) (a) 3. by which a nonresident school board must notify an applicant of whether the applicant’s application has been accepted is July 2, 2020.

(f) The deadline under s. 118.51 (3) (a) 4. by which a resident school board must notify an applicant and the nonresident school board that an application has been denied is July 9, 2020.

(g) The deadline under s. 118.51 (3) (a) 6. for a pupil’s parent to notify a nonresident school board of the pupil’s intent to attend school in the nonresident school district in the 2020–21 school year is July 31, 2020, or within 10 days of receiving a notice of acceptance if a pupil is selected from a waiting list under s. 118.51 (5) (d).

(h) By August 7, 2020, each nonresident school board that has accepted a pupil under s. 118.51 for attendance in the 2020–21 school year shall report the name of the pupil to the pupil’s resident school board.

(i) The deadline for a resident school board to provide the information under s. 118.51 (8) to a nonresident school board to which a pupil has applied to attend in the 2020–21 school year is June 5, 2020.
(j) The deadline under s. 118.51 (14) (b) for the department to provide parents requesting reimbursement under s. 118.51 (14) (b) an estimate of the amount of reimbursement that the parent will receive if the pupil attends public school in the nonresident school district in the 2020–21 school year is June 12, 2020.

(25) Interest on late property tax payments. Notwithstanding ss. 74.11, 74.12, and 74.87, for property taxes payable in 2020, after making a general or case-by-case finding of hardship, a taxation district may provide that an installment payment that is due and payable after April 1, 2020, and is received after its due date shall not accrue interest or penalties if the total amount due and payable in 2020 is paid on or before October 1, 2020. Interest and penalties shall accrue from October 1, 2020, for any property taxes payable in 2020 that are delinquent after October 1, 2020.

(26m) Plan to assist major industries. No later than June 30, 2020, the Wisconsin Economic Development Corporation shall submit to the legislature in the manner provided under s. 13.172 (2), and to the governor, a report that includes a plan for providing support to the major industries in this state that have been adversely affected by the COVID–19 public health emergency, including tourism, manufacturing, agriculture, construction, retail, and services.

(27m) Unemployment insurance; federal advances. The secretary of workforce development shall, to the extent permitted under federal law, seek advances to the unemployment reserve fund established in s. 108.16 from the federal government, so as to allow Schedule D under s. 108.18 (4) to remain in effect through the end of calendar year 2021.

Section 106. Initial applicability.
(1) **Unemployment Insurance; Charging of Benefits.** The amendment of s. 108.16 (6m) (a) and the creation of ss. 108.04 (2) (d) and 108.07 (5) (bm) first apply retroactively to weeks of benefits described in s. 108.07 (5) (bm).

(2) **Deadlines and Training Requirements Falling During a Public Health Emergency.** The treatment of s. 323.265 first applies retroactively to a deadline, as defined in s. 323.265 (1) (b), or training requirement falling during the public health emergency declared on March 12, 2020, by executive order 72.

(END)