

Summary of Provisions

ADMINISTRATION

1. EMPLOYEE TRANSFER AUTHORITY

Authorize the Secretary of DOA to transfer any employee from one executive branch agency to another executive branch agency to provide services for the receiving agency during the public health emergency declared on March 12, 2020, including any extension by joint resolution of the Legislature. Specify that the receiving agency must pay all salary and fringe benefit costs of the employee during the time he or she is providing services for the receiving agency. Further, specify that any transfer would remain in effect until rescinded by the Secretary of DOA or 90 days after the public health emergency is terminated, whichever is earliest. Specify that an employee may not receive a salary increase upon transfer to a state agency, nor may an employee receive a salary increase upon return to the sending state agency. Require the Secretary of DOA to 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. Specify that the report identify 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.

2. LIMITED-TERM EMPLOYEE HOURS

Specify that the Director of the Bureau of Merit Recruitment and Selection in DOA's Division of Personnel Management may increase or suspend the number of hours for a limited-term appointment for the duration of a public health emergency declared by the Governor. Under current law, a limited-term appointment is a provisional appointment for less than 1,040 hours per year.

3. USE OF ANNUAL LEAVE

Specify that a state employee may take annual leave within the first six months of the employee's probationary period upon initial appointment during a public health emergency declared by the Governor. Further, specify that if such an employee who has taken annual leave terminates his or her employment before earning annual leave equivalent to the amount of annual leave the employee has taken, the appointing authority would be required to deduct the cost of the unearned annual leave from the employee's final pay.

Under current law, an employee, with the approval of his or her appointing authority, may anticipate the annual leave which he or she could earn during the current calendar year, but no employee is eligible to take annual leave until he or she has completed the first six months of a

probationary period for an original job appointment unless the employee uses annual leave that he or she accrued while serving in an unclassified position.

4. STATE EMPLOYMENT FILINGS AND IN-PERSON MEETINGS

Specify that a state employee does not waive his or her right to appeal an adverse employment decision if the employee does not timely file a complaint or appeal during a public health emergency declared by the Governor. Further, specify that the tolling period for an employee to file such a complaint with the appointing authority would begin 14 days after the termination of the declared public health emergency or extension. In addition, specify that an appointing authority or his or her designee is not required to meet with a complainant in person when conducting an investigation related to such a complaint filed by an employee during a public health emergency declared by the Governor.

Under current law, to commence the grievance process for an adverse employment action, a state employee must file a complaint with the employee's appointing authority challenging the adverse employment decision against the employee no later than 14 days after the employee becomes aware of, or should have become aware of, the decision that is the subject of the complaint. Also under current law, an appointing authority or his or her designee who receives a timely complaint must conduct any investigation they consider necessary, meet with the employee in person, and issue a decision in writing no later than 14 days after the date on which the complaint is received.

AGRICULTURE, TRADE AND CONSUMER PROTECTION

1. PROHIBITION ON RETURNS DURING PUBLIC HEALTH EMERGENCY

Prohibit a retail establishment from accepting the return of fresh or packaged food, cleaning supplies, personal care products, or paper products purchased during a public health emergency as declared by the Governor under s. 323.10 of the statutes, or within 30 days after the emergency ends. However, allow a retailer to accept the return of food, personal care products, cleaning supplies, or paper products within seven days of purchase for any reason, or at any time any time if a product was contaminated due to improper production or packaging. Further, allow retail establishments to accept returns of other types of products at any time.

BOARD OF COMMISSIONERS OF PUBLIC LANDS

1. AUTHORIZE TRUST FUND LOANS TO MUNICIPAL UTILITIES

Allow BCPL to offer loans from the common school fund and other school trust funds to nonprofit municipal utilities during the state of emergency declared by the Governor under Executive Order 72, including any extension granted by the Legislature, and up to 60 days after the emergency declaration expires. Specify BCPL may offer loans to ensure that the utility is able to maintain liquidity during the emergency period, and authorize BCPL to issue loans for amounts and conditions as may be agreed upon by a borrower. Further, specify that the Legislature determines the loans serve a public purpose.

Under current law, BCPL makes loans to school districts, municipalities, sewer districts and other public entities from the school trust funds that it manages. BCPL typically offers 10-year loans with low fixed interest rates. Under statute, BCPL loans must have an interest rate greater than 2%. BCPL does not charge a pre-payment penalty.

The public health emergency allows commercial and residential ratepayers to temporarily suspend utility payments without losing service. The provision is intended to allow BCPL to extend loans to municipal utilities so that they may continue to meet obligations in the event of a temporary loss of revenues.

BUDGET MANAGEMENT AND COMPENSATION RESERVES

1. JOINT FINANCE AUTHORITY TO REDUCE APPROPRIATIONS

Specify that the Joint Committee on Finance could reduce certain general purpose revenue (GPR) appropriations, suspend law changes that would decrease state general fund tax revenues, and rescind proposed general wage adjustments for state and UW System employees if the general fund condition statement issued by the Legislative Fiscal Bureau shows an estimated deficit in the 2020-21 fiscal year.

Require the Fiscal Bureau to prepare a revised general fund condition statement for the 2019-21 biennium no later than June 15, 2020, and submit the report to the cochairpersons of the Joint Committee on Finance. If the report projects that the estimated gross general fund balance on June 30, 2021, will be negative, require that the cochairpersons convene a meeting of the Committee no later than June 24, 2020.

Specify that the Committee could take action at the required meeting to reduce the amount of any general purpose revenue appropriation in the appropriation schedule for the 2020-21 fiscal year,

except for the following: (a) sum sufficient appropriations; (b) the appropriation for Medical Assistance benefits under the Department of Health Services; and (c) the appropriations to pay debt service on appropriation obligation bonds. Additionally, the Committee could take action to delay the effective date, initial applicability, or implementation of any provision contained in any enactment of the 2019 Legislature that would have the effect of reducing general purpose revenues. Specify that if the provision relates to taxation, the delay could not extend beyond the taxable year that begins after December 31, 2021, and any other such delay could not extend beyond June 30, 2023.

Additionally, specify that the Committee could take action at the meeting to rescind the January, 2021, general wage adjustment of 2% provided under the state employee compensation plan and the January, 2021, wage adjustments provided to UW System employees under its proposed pay plan, notwithstanding the actions of the Joint Committee on Employment Relations on December 18, 2019, in approving the state employee compensation plan and the proposed pay plan of the UW System. Funding in compensation reserves associated with the above January, 2021, wage adjustments totals \$20,517,000 GPR (\$47,559,100 all funds) in 2020-21.

2. TRANSFERS FROM SUM SUFFICIENT APPROPRIATIONS

Allow the Joint Committee on Finance to transfer up to \$25 million from sum sufficient appropriations during a state of emergency declared by the Governor, including any extension period, and for a period of up to 90 days after the termination of the state of emergency. Transferred funds could be used for expenditures related to the state of emergency.

Under current law, the Joint Committee on Finance can transfer funds between two appropriations or between two fiscal years in the same biennium if the transfer would eliminate unnecessary duplication of functions, result in a more efficient and effective method for performing programs, or more effectively carry out legislative intent. Such transfer must be for purposes which have been authorized or directed by the Legislature, and cannot change legislative intent. Current law does not allow a transfer from a sum sufficient appropriation to other types of appropriations.

BUILDING COMMISSION

1. GENERAL OBLIGATION BONDING REFUNDING AUTHORITY

Increase the bonding authorization for refunding of any outstanding tax-supported or self-amortizing state general obligation debt by \$725,000,000, from its current level of \$6,785,000,000 to \$7,510,000,000. These bonds could only be issued if the debt refinancing meets the current law requirement that the true interest costs of the state must be reduced. The authorization for this refunding bonding was last increased in 2017 Act 59 (the 2017-19 budget).

EMPLOYEE TRUST FUNDS

1. REHIRED ANNUITANTS IN CRITICAL POSITIONS

Specify that a Wisconsin Retirement System (WRS) participant who is hired by a participating employer during a public health emergency declared by the Governor may elect to not suspend his or her annuity for the duration of the public health emergency if: (a) at the time of terminating employment, the participant does not have an agreement with any participating employer to return to employment or enter into a contract to provide employee services; and (b) the position for which the annuitant is hired is a critical position. Further, specify that the current break-in-service requirement of 75 days would not apply to a participant who is hired for a critical position during the public health emergency if at least 15 days have elapsed between the termination of employment and becoming a participating employee. Require the head of each state agency and each local health department, based on guidance provided by the Secretary of the Department of Health Services, to determine which positions within the respective state agency or local government are critical when the Governor declares a public health emergency, for the purposes of administering the provisions applicable to rehired annuitants.

Under current law, any WRS participant who retires on or after July 2, 2013, must suspend their annuity and become a participating WRS employee if they are employed in covered employment, or enter into a contract with a WRS employer, and are expected to work at least two-thirds of what is considered full-time employment by the Department of Employee Trust Funds. Also under current law, any WRS participant who retires on or after July 2, 2013, has a break-in-service requirement of 75 days between termination of employment and becoming a participating employee with a WRS employer. This separation from WRS employment must occur for an individual who applied for an annuity or lump sum payment to continue to qualify for an annuity or to retain the lump sum payment.

2. LEAVES OF ABSENCE AND HEALTH INSURANCE

Specify that, for the purposes of group health insurance coverage offered by the Group Insurance Board, an employee who returns from a leave of absence and who has not resumed active duty for at least 30 consecutive calendar days on the date that the Governor declares a public health emergency is deemed to have ended or interrupted the leave of absence on that date. The public health emergency related to COVID-19 was declared by the Governor on March 12, 2020.

Under current law, a leave of absence is not deemed ended or interrupted until the employee has resumed active performance of duty for 30 consecutive calendar days for at least 50 percent of what is considered the employee's normal work time with the employer. Also under current law, a state or local public employer that provides its employees health insurance coverage through a plan offered by the Group Insurance Board must continue to pay required employer contributions, if any, toward the health insurance premium of an insured employee while the insured employee is on a leave of absence for the first three months of the leave of absence, or for the entire leave of absence

if the insured employee is receiving temporary disability compensation. Under the provision, an employee of such an employer who returns from a leave of absence, and who was eligible to receive an employer contribution towards health insurance premiums prior to commencing the leave of absence, would be immediately eligible for the employer contribution towards the cost of health insurance premiums.

GENERAL PROVISIONS

1. GOVERNMENTAL DEADLINES AND TRAINING REQUIREMENTS DURING A PUBLIC HEALTH EMERGENCY

Specify that a state or local governmental unit, during an emergency period, may suspend any deadline associated with a program or action that the state or local governmental unit administers or enforces. Define "emergency period" as the period covered by a public health emergency plus 30 days after the end of the emergency. Define "deadline" to mean any date certain by which, or any limitation as to time within which, an action or event is required to occur. Specify that a state or local governmental unit may not charge any interest or penalties that would otherwise apply with respect to the suspended deadlines. Specify that the suspension of deadlines would not apply to any elections-related deadlines. Specify that during an emergency period, a state or local unit of government may suspend any training requirements that are associated with programs the state or local unit of government administers or enforces. The provision would first apply to deadlines or training requirements during a public health emergency declared on March 12, 2020, by executive order #72, including any extensions.

Specify that the suspension of deadlines does not apply to tax-filing deadlines with respect to tax revenues deposited to the general fund, certain taxes and fees deposited to the transportation fund, or to interest and penalties on property taxes payable in 2020 that are due after February 1, 2020, provided that the full amount of the payment is received on or before October 1, 2020. These tax-filing deadlines are described under "Revenue."

2. IN PERSON APPEARANCE WAIVER

Specify that the head or governing body of a state entity may waive a requirement imposed, administered, or enforced by the state entity that an individual appear in person during a public health emergency declared by the Governor if the head or governing body finds that the waiver assists in the state's response to the public health emergency or that enforcing the requirement may increase the public health risk. Define "state entity" to mean any state agency, institution of higher education, association, society, or other body in state government, created or authorized to be created by the Constitution or any law that is entitled to expend moneys appropriated by law, including the Legislature, the Courts, and any authority.

3. EXEMPTION FROM CIVIL LIABILITY FOR MANUFACTURE OF MEDICAL SUPPLIES AND EQUIPMENT DURING PUBLIC HEALTH EMERGENCY

Exempt manufacturers, distributors, and sellers of emergency medical supplies and equipment that donate or sell their products in response to the public health emergency declared under Executive Order 72 (including any extension granted by legislative resolution) from civil liability associated with injury or death caused by those products. The manufacturer, distributor, or seller would be exempt from civil liability only if the product were sold or donated to a nonprofit organization or unit of government at a price that does not exceed the cost of production, defined to include only the cost of inputs, wages, operating the manufacturing facility, and transporting the product. Define emergency medical supplies and equipment as any medical equipment or supplies necessary to limit the spread of, or provide treatment for, a disease associated with a public health emergency, including life support devices, personal protective equipment, cleaning supplies, and any other item determined to be necessary by the Secretary of the Department of Health Services. Specify that the exemption would not apply if the death or injury were caused by a willful act or omission.

4. EXEMPTION TO 50 PIECE RULE FOR COVID-19 EMERGENCY

Allow a person elected to state or local office who becomes a candidate for a national, state, or local government office to use public funds to pay for communications related to the public health emergency declared under Executive Order #72 (including any extension granted by legislative resolution) if the communications are made during the emergency period, or within 30 days after termination of the emergency period.

Under current law, with limited exceptions, a person elected to state or local office who becomes a candidate for a national, state, or local government office may not use public funds to pay for 50 or more pieces of substantially identical material during the campaign season.

HEALTH SERVICES

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

Authorize DHS to take certain actions, as described below, to satisfy criteria for qualifying for enhanced federal medical assistance percentage (FMAP) available during an emergency period declared in response to the novel coronavirus pandemic, as established by the federal Family First Coronavirus Response Act (FFCRA).

Under this provision, the Department would be authorized to do the following on a temporary basis: (a) suspend monthly premiums for childless adults covered under the medical assistance (MA) program; (b) suspend the requirement that childless adults complete a health risk

assessment questionnaire for childless adults, as a condition of MA eligibility; (c) delay the implementation of a community engagement requirement for childless adults until the date that is either: (1) 30 days after the day the federal government has approved the community engagement implementation plan; or (2) 30 days after the last day of the calendar quarter in which the last day of the declared federal public health emergency associated with the novel coronavirus pandemic occurs; and (d) maintain continuous enrollment of for any MA beneficiary who is enrolled as of the date of passage of the FFCRA (March 18, 2020), or who subsequently enrolls in the program during the period of the federal public health emergency, until the end of the end of the final month during which the federal public health emergency is in effect.

The Department of Health Services implemented the monthly premiums and health risk questionnaire beginning on February 1, 2020, under terms of a federal waiver applicable for Medicaid coverage for childless adults. The community engagement provision is another waiver provision, which has not yet been implemented. Under provisions established under 2017 Act 370, the deadline for implementation of this provision is currently April 29, 2020, although the federal government has not approved the final implementation plan.

The FFCRA increases each state's FMAP by 6.2 percentage points during any calendar quarter for which the COVID-19 federal public health emergency is in effect, provided that the state meets certain maintenance of effort criteria. This increase will apply, at a minimum to the first two quarters of 2020, January through March, and April through June. Based on current expenditure levels in the state's medical assistance program, the increase to the state's FMAP will increase federal Medicaid matching funds by approximately \$150 million per quarter, or approximately \$300 million over the two quarters covering the final six months of state fiscal year 2019-20.

In order to qualify for the FMAP increase, states must: (a) not adopt more restrictive eligibility standards, methodologies, or procedures for their Medicaid programs than were in effect on January 1, 2020; (b) not charge a higher premium for any eligibility groups than was in effect on January 1, 2020; (c) ensure that any person who was enrolled as of the date of enactment of the FFCRA or who enrolls during the federal public health emergency be eligible for benefits through the end of the month in which the public health emergency period ends; and (d) provide coverage of COVID-19 testing and treatment for Medicaid beneficiaries without cost sharing. With respect to premiums, a state is not ineligible for the FMAP increase during the 30-day period following the passage of the FFCRA (that is, through April 17, 2020), if it had a premium in effect on the date of passage that would otherwise not be in compliance with the maintenance of effort requirement.

Since the state's childless adult waiver provisions were implemented after January 1, 2020, the provisions must be suspended in order for the state to qualify for the enhanced FMAP. In addition, the state must make modifications to eligibility review processes to ensure continuous enrollment for MA beneficiaries during the federal public health emergency. The changes under this item, which would be established in a nonstatutory provision, are intended to make the state eligible to receive enhanced FMAP under the FFCRA.

2. LEGISLATIVE OVERSIGHT OF FEDERAL WAIVER REQUESTS RELATED TO THE COVID-19 PUBLIC HEALTH EMERGENCY

Exempt a Department of Health Services (DHS) request for a waiver, amendment to a waiver, state plan amendment, or other federal approval from the current law provisions, enacted in 2017 Wisconsin Act 370, relating to legislative authorization for, and review of, such requests during the public health emergency declared by the Secretary of the federal Department of Health and Human Services on January 31, 2020, in response to the 2019 novel coronavirus. Specify that such an exemption applies only if the request is any of the following:

Relating to the medical assistance program. Any of the following:

- Allowing providers to receive payments for services provided in alternative settings to recipients affected by 2019 novel coronavirus;
- Waiving preadmission screening and annual resident review requirements when recipients are transferred;
- Allowing hospitals who hold a state license but have not yet received accreditation from the Joint Commissioner to bill the medical assistance program during the 2019 novel coronavirus public health emergency;
- 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;
- 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;
- 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;
- 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;
- 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;
- Waiving prior authorization requirements for access to covered state plan or waiver benefits;
- 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;

- Waiving public notice requirements that would otherwise be applicable to state plan and waiver changes;
- Modifying the tribal consultation timelines specified in the medical assistance state plan to allow for consultation at the next future tribal health director meeting;
- Modifying the requirement under federal law to submit the state plan amendment by March 31, 2020, to obtain an effective date during the first calendar quarter of 2020;
- 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;
- Waiving timely filing requirements for billing under federal law to allow time for providers to implement changes;
- Expanding hospital presumptive eligibility to include the population over age 65 and disabled;
- 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;
- 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;
- 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;
- Waiving sanctions under Section 1877 (g) of the Social Security Act relating to limitations on physician referral;
- 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;
- 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;
- 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;
- Waiving notice of transfers within a nursing home due to medically necessary protection from the 2019 novel coronavirus;
- Waiving requirements to document sufficient preparation and orientation to residents to ensure a safer and orderly intrafacility nursing home transfer;

- Waiving requirements for a nursing home bedhold policy;
- Waiving the requirements for nursing home in-service education under federal law;
- Waiving nurse staffing information and posting of that information for nursing homes;
- Suspending the requirement that a pharmacist go monthly to the nursing home to do record review;
- 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;
- Waiving the annual and quarterly screening of fire extinguishers and any other annual maintenance review for nursing homes;
- Allowing all clinical hours required under federal law to be online simulation;
- Waiving under federal law the loss of the Nurse Aide Training and Competency Evaluation Program;
- Waiving the requirements under federal law for training of paid feeding assistants;
- Allowing home health agencies to perform certifications, initial assessments, and determine homebound status remotely or by record review;
- Waiving life safety codes for intermediate care facilities for individuals with intellectual disabilities under federal law 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.

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

- 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;
- Removing the requirement to complete a 6-month progress report to reauthorize prevocational service;
- Removing the limitation that quotes from at least 3 providers must be obtained and submitted for home modifications;
- Removing the limitation preventing supportive home care from being provided in adult family homes and residential care apartment complexes;
- Removing the limitation preventing personal or nursing services for recipients in residential care apartment complexes;

- Removing the limitation that participants cannot receive other waiver services on the same day as receiving respite care;
- Allowing adult day service providers, prevocational providers, and supported employment providers to provide services in alternate settings;
- Allowing up to three 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;
- Removing the limitation on using moneys to relocate individuals from an institution or family home to an independent living arrangement;
- Allowing any individual with an intellectual or developmental disability to reside in a community-based residential facility with greater than eight beds;
- 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;
- Allowing for all home and community-based waiver services to be provided in temporary settings;
- Allowing home and community-based waiver services to be provided temporarily in an acute care hospital or in a short-term institutional stay;
- Allowing payment for home and community-based waiver services provided in settings outside this state;
- Allowing general retailers to provide assistive technology or communication aids;
- Allowing providers certified or licensed in other states or enrolled in the Medicare program to perform the same or comparable services in this state;
- Delaying provider licensing or certification reviews;
- Allowing DHS to waive provider qualifications as necessary to increase the pool of available providers;
- Allowing 4-year background checks to be delayed;
- Expanding transportation providers to include individual and transportation network companies;
- Allowing noncertified individuals to provide home delivered meals;
- Allowing nursing students to provide allowable nursing services;
- 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;

- Allowing for qualified individuals to provide training to unpaid caregivers;
- Waiving choice of provider requirements;
- Waiving the managed care network adequacy requirements under federal law;
- Waiving requirements to complete initial and required periodic credentialing of network providers;
- Adding a verbal and electronic method to signing required documents;
- Allowing the option to conduct evaluations, assessments, and person-centered service planning meetings virtually or remotely in lieu of face-to-face meetings;
- Allowing the lessening of prior approval or authorization requirements;
- Allowing for data entry of incidents into the incident reporting system outside of typical timeframes;
- Waiving the requirement to distribute member-centered plans to essential providers;
- Allowing DHS 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;
- Allowing DHS to waive participant liability for room and board when temporarily sheltered at noncertified facilities;
- Allowing payment for home and community-based waiver services;
- 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 DHS 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;
- Waiving public notice requirements that would otherwise be applicable to waiver changes;
- Modifying the tribal consultation timelines to allow for consultation at the next future tribal health directors meeting;
- Waiving timelines for reports, required surveys, and notifications;
- Allowing the extension of the certification period of level-of-care screeners;
- 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

federal law;

- Applying any provisions under this paragraph automatically to the concurrent 1915 (b) waiver;
- Allowing the waiver enrollment or eligibility changes based on a completed functional screen resulting in a change in level-of-care;
- Allowing for continued enrollment in the Children's Long-Term Supports program past the ages of 18 and 21; and
- Allowing the suspension of involuntary disenrollment.

3. GRANTS FOR UNREIMBURSED COVID-19 COSTS

Authorize the Department of Health Services to submit a request to the Joint Committee on Finance during the 2019-21 biennium for an appropriation supplement to make grants to healthcare providers for unreimbursed costs associated with treatment of patients with COVID-19.

4. HOURS OF INSTRUCTIONAL PROGRAMMING FOR NURSE AIDES

Prohibit the Department of Health Services from requiring an instructional program for nurse aides in Wisconsin to exceed the federally required minimum total training hours or minimum hours of supervised practical training.

Currently, nurse aides in Wisconsin are required to complete a minimum of 120 total training hours, including 32 hours of supervised practical training. Federal law currently requires nurse aides to complete 75 total training hours, including 16 hours of supervised practical training.

5. HOSPITAL AND DHS REPORTING REQUIREMENTS

Require every hospital, isolation facility, and other entity that provides hospitalization (hereafter, "facilities") to submit information to the Department of Health Services (DHS), and require DHS to publicly report information it receives, as described below.

Facility Reporting

Daily Reports. Require every facility to report the following information to DHS daily: (a) the number of new positive COVID-19 test results for individuals working at the facility and for patients; (b) the daily census of COVID-19 patients in the facility; (c) the daily census of presumptive COVID-19 cases in the facility; (d) the total number of COVID-19 patients, including presumptive cases, in a bed in the facility's intensive care unit (ICU); and (e) the total number of COVID-19 patients, including presumptive cases, who are on ventilators. Specify that these requirements begin on the date of the first case of COVID-19 at the facility.

Weekly Reports. Require every facility to report the following information on a weekly basis:

(a) the number of COVID-19 patients at the facility who moved from a regular hospital bed to a bed in an intensive care unit, and, as applicable, onto a ventilator, including the amount of time each patient spent at each level of care; (b) the number of COVID-19 patients at the facility who moved from a bed in an intensive care unit or being on a ventilator to a regular hospital bed, including the amount of time each patient spent at each level of care; (c) the number of patients who were confirmed to have COVID-19 and who were released from the facility, including the amount of time each patient spent in the facility. Specify that these requirements begin on the date of the first case of COVID-19 at the facility.

Reporting Ventilators Owned by Facilities. By April 14, 2020, require each facility to report to DHS the number of ventilators they own on that date. Further, require each facility to report to DHS any change in the number of functional ventilators it owns, including the number of ventilators it owns that are no longer functional, the day after the facility's number of functional ventilators changes.

DHS Reporting and Authority to Withhold CARES Act Funds for Noncompliance

DHS Reporting. Beginning April 24, 2020, require DHS to report publicly all of the following: (a) on a daily basis, the information facilities are required to report on a daily basis; (b) on a weekly basis, the information facilities are required to report on a weekly basis; and (c) the daily availability of ventilators in the state, including any ventilators acquired directly by DHS; and (d) the total number of individuals in the state that are using ventilators.

Imposition of Penalties for Noncompliance. Authorize DHS to create a metric to allow the Department to measure compliance with the data reporting requirements and to withhold funding available under the federal Coronavirus Aid, Relief, and Economic Security (CARES) Act (P.L. 116-136) to noncompliant health care providers.

6. MEDICAL ASSISTANCE INCENTIVE PAYMENTS TO ENCOURAGE PARTICIPATION IN HEALTH INFORMATION EXCHANGE

Require the Department of Health Services to develop, under the MA 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.

Require DHS to establish performance metrics for the payment system that satisfy all of the following: (a) the metric must include participation by providers in a health information exchange at a minimum level of patient record access; (b) the payment under the payment system must increase as the participation level in the health information exchange increases; (c) the payment system must begin in the 2021 rate year; and (d) for purposes of this payment system, require DHS to seek any available federal moneys, including any money 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.

7. SENIORCARE COVERAGE OF VACCINATIONS

Expand the SeniorCare prescription drug assistance program to include coverage of vaccinations that are recommend for administration to adults by the Federal Centers for Disease Control and Prevention's advisory committee on immunization practices and approved for the administration to adults by the Wisconsin Department of Health Services. Require DHS to provide reimbursement under SeniorCare for the administration of vaccinations to health care providers, including pharmacies and pharmacists, provided that the enrollee has met the program's deductible requirements or is not required to pay a deductible. Require the Department to use the same method of reimbursement for the ingredient and dispensing fees as is used for vaccinations under the medical assistance program. Require the Department to devise and distribute a claim form for use by health care providers for vaccinations. Authorize DHS to limit payment for vaccinations to claims that are submitted directly to the Department and specify that DHS may apply the same utilization and cost control procedures for vaccinations that apply under the medical assistance program.

Require DHS to seek to enter into rebate agreements with manufacturers who sell vaccines, modeled on current rebate agreements used in the program for prescription drugs. Specify that to the extent that rebate agreements are in place for vaccines, manufacturers must make rebate payments for vaccines for which reimbursement was provided under the SeniorCare program.

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

INSURANCE

1. NO COST SHARING FOR COVID-19 TESTING DURING 2020

Require any self-insured health plan offered by a local government or school district, any health insurance policy, and any state health plan that generally covers testing for infectious diseases to provide coverage of testing for COVID-19 without imposing any copayment or coinsurance on the individual covered under the policy or plan, for any such testing done prior to March 13, 2021.

2. PROHIBIT COVERAGE DISCRIMINATION BASED ON COVID-19

Prohibit any insurer, pharmacy benefit manager, or self-insured health plan from using a current or past diagnosis, or suspected diagnosis, of COVID-19, as the basis for doing the following: (a) establishing rules, applicable to an individual or employer or other group, for eligibility for enrollment, continued eligibility to remain enrolled, or renewal of coverage; (b) canceling coverage during a contract term; (c) establishing rates for coverage; or (d) refusing to grant a grace period for

the payment of premium, if a grace period for payment of premium would generally be granted under the plan.

3. PRESCRIPTION DRUG LIMITS

Prohibit any health insurance policy, state employee health plan, or self-insured health plan offered by a local government or school district, or a pharmacy benefit manager acting on behalf of a policy or plan from doing the following during the period covered by the state of emergency related to public health declared by the Governor on March 12, 2020, under Executive Order 72: (a) requiring prior authorization for early refills of a prescription drug or otherwise restrict the period of time in which a prescription drug may be refilled; or (b) imposing a limit on the quantity of prescription drugs that may be obtained if the quantity is no more than a 90-day supply. Specify that these restrictions do not apply to a prescription drug that is classified as a controlled substance by the Controlled Substances Board.

4. LIABILITY INSURANCE FOR PHYSICIANS AND NURSE ANESTHETISTS

Specify that, during the public health emergency declared on March 12, 2020, under Executive Order 72, any physician or nurse anesthetist for whom Wisconsin is not a principal place of practice but who is authorized to practice in Wisconsin on a temporary basis, may fulfill the state's practice liability insurance requirements by filing with the Office of the Commissioner of Insurance a certificate of insurance for a policy of health care liability insurance issued by an insurer that is authorized in a jurisdiction accredited by the National Association of Insurance Commissioners. Specify that such a physician or nurse anesthetist may elect, in a manner specified by the Insurance Commissioner by rule, to be subject to the state's liability provisions and the state's injured patients and families compensation program.

Health care providers are generally required to obtain liability insurance coverage, issued by an insurer authorized to do business in Wisconsin, for \$1,000,000 per claim or occurrence and for \$3,000,000 for all claims or occurrences in a year. Liabilities in excess of those amounts are paid from the state's injured patients and families compensation program, which is funded from assessments collected on providers. This item would allow out-of-state physicians and nurse anesthetists who are authorized to practice in Wisconsin on a temporary basis during the declared public health emergency, to satisfy liability insurance requirements with a policy issued by an insurer authorized for business in another state or jurisdiction.

5. LIABILITY FOR PROVIDERS OF HEALTH SERVICES DURING COVID-19 PUBLIC HEALTH EMERGENCY

Specify that any health care professional, health care provider or employee, agent, or contractor of a health care professional 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, the COVID-19 outbreak under circumstances that satisfy all of the following conditions: (1) the actions or omissions do not involve reckless or wanton conduct or intentional

misconduct; (2) the services are provided during a state of emergency declared by the Governor for the state or part of the state or during a period extending 60 days following the expiration of the state of emergency; and (3) the acts or omissions are substantially consistent with any of the following: (a) any direction, guidance, recommendation, or other statement made by a federal, state, or local official to address the COVID-19 outbreak; or (b) 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.

Specify that the liability protections established under these provisions do not apply if: (a) current statutory protections indemnifying volunteer practitioners or health care facilities during a public health emergency apply; or (b) current statutory limitations on liability of state or local units of government, or public shelters during a public health emergency apply.

For the purposes of this provision, the term "health care professional" would be defined as an individual who is licensed, registered, or certified by the Medical Examining Board or the Board of Nursing.

6. OUT-OF-NETWORK CHARGES AND PAYMENTS DURING A PUBLIC HEALTH EMERGENCY RELATED TO COVID-19

Specify that, during a public health emergency related to the COVID-19 outbreak that is declared by the Secretary of the U.S. Department of Health and Human Services or by the Governor, any defined network or preferred provider health plan may not require an enrollee to pay, including cost sharing, for a service, treatment, or supply rendered by a provider that is not in the plan's network more than the enrollee would pay if the service, treatment, or supply is rendered by an in-network provider, if the following apply: (a) the service, treatment, or supply is related to a diagnosis or treatment for COVID-19; and (b) the service, treatment, or supply is rendered by an out-of-network provider because no in-network provider is available due to the public health emergency. Specify that, in these circumstances, the plan must reimburse the out-of-network provider at 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.

Specify that, during a declared public health emergency related to COVID-19, any health care provider or facility that renders a service, treatment, or supply to an enrollee of a defined network plan or preferred provider plan that does not include the health provider or facility in its network must accept as payment in full any payment that is at least 225 percent of the Medicare rate for a similar service, treatment, or supply in the same geographic area. Prohibit the provider from charging the enrollee an amount that exceeds the amount the provider or facility is reimbursed by the defined network plan or preferred provider plan.

Authorize the Insurance Commissioner to promulgate any rules necessary to implement these provisions.

LEGISLATURE

1. LEGISLATIVE AUDIT BUREAU CRITERIA AND REPORTING

Specify in a nonstatutory provision that, beginning July 1, 2020, and continuing through June 30, 2021, the Legislative Audit Bureau must use risk-based criteria to review selected programs affected by this proposal and selected expenditures made with funds authorized under this proposal. Further, require the Legislative Audit Bureau to report the results of its reviews at least quarterly to the Joint Legislative Audit Committee and to the Legislature. Risk-based criteria could include review of expenditures at or above a certain threshold levels or the review of more recently created statutory programs.

PUBLIC INSTRUCTION

1. SCHOOL AND SCHOOL DISTRICT ACCOUNTABILITY REPORTS

Specify that the Department of Public Instruction would not be required to publish school and school district accountability reports for the 2019-20 school year.

Under current law, DPI is required to publish accountability reports annually no later than November 30. The report cards issued each fall are based on data from assessments administered the previous spring.

2. PUPIL ASSESSMENTS

Specify that current law requiring assessments to be administered annually to pupils attending school in a public school district, independent charter school, private choice school, or special needs scholarship program school would not apply in 2019-20. Current law requires pupils to be given annual reading test in the 3rd grade, as well as assessments adopted by the State Superintendent in the 4th, 8th, 9th, 10th, and 11th grades.

Specify that pupil performance on assessments in the 2019-20 could not be considered for the evaluation of teachers and principals under the statewide educator effectiveness system. Under current law, the educator effectiveness system must be based in part upon measures of pupil performance, including performance on state assessments.

Modify statutory language under the Opportunity Schools and Partnership Program (OSPP) to accommodate a one-year lapse in administering statewide assessments and publishing accountability reports. Under current law, a school district is subject to an OSPP if it is placed in the

lowest performance category in the school district accountability reports published in the three previous school years; no districts currently meet those criteria.

3. VIRTUAL INSTRUCTION REPORTS

Require school boards to submit a report to the Department of Public Instruction (DPI) by November 1, 2020, regarding virtual instruction provided during the public health emergency in the 2019-20 school year during which public schools are closed by the Department of Health Services. The report would be required to include the following: (a) whether or not virtual instruction was implemented in the school district during the public health emergency, and, if so, in which grades it was implemented; (b) if virtual instruction was implemented, the process for implementing the virtual instruction; (c) for each grade level, the average percentage of the 2020 spring semester instruction that was provided to pupils, including both in-person and virtual instruction; (d) whether anything was provided to pupils during the 2020 summer to help pupils learn content that they missed because of the public health emergency and, if so, what was provided to pupils; (e) recommendations for best practices for transitioning to and providing virtual instruction when schools are closed; (f) any challenges or barriers the school board faced related to implementing virtual instruction during the public health emergency; (g) by position type, the number of staff members who were laid off during the public health emergency; (h) the number of lunches the school board provided during the public health emergency; and (i) the total amount by which the school board reduced expenditures during or because of the public health emergency in each of the following categories: utilities, transportation, food service, personnel (including reductions resulting from layoffs), and contract terminations. For purposes of the report, virtual instruction would include any instruction provided through means of the Internet, if the pupils participating in and instructional staff providing the instruction are geographically remote from each other.

Require DPI to compile and submit the information received from the school board reports to the appropriate standing committees of the Legislature no later than January 1, 2021.

4. HOURS OF INSTRUCTION FOR PRIVATE SCHOOLS

Specify that current law requiring a private school participating in a choice program to provide at least 1,050 hours of direct pupil instruction in grades 1 to 6 and at least 1,137 hours of direct pupil instruction in grades 7 to 12 would not apply in the 2019-20 school year.

Additionally, specify that the hours of instruction required for an institution to be defined as a private school would not apply in the 2019-20 school year. Under current law, an institution must meet certain criteria to be considered a private school, including providing at least 875 annual hours of instruction.

5. STATEWIDE PRIVATE SCHOOL CHOICE ENROLLMENT DATES

Specify that the enrollment period for pupils who wish to participate in the statewide private school choice program in the 2020-21 school year could extend up to 60 days after the last day of

the public health emergency. Require participating private schools to submit to the Department of Public Instruction (DPI) the number of pupils who have applied to attend the public school and the names of those applicants whose siblings have also applied to attend the private school within 14 days after the close of the enrollment period.

Under current law, the application period for the statewide choice program extends from the first weekday in February to the third Thursday in April, and schools must submit applicant information to DPI by the first weekday in May. For the 2020-21 school year, the final application period for pupils attending a private school under the Racine program ends on September 14, 2020, and the final application period for Milwaukee pupils ends on January 5, 2021.

REVENUE

1. PROPERTY TAX INTEREST PAYMENTS

For any property taxes payable in 2020 that are due after February 1, 2020, waive any interest charges and penalties for late payment, provided that the full amount of the payment is received on or before October 1, 2020. For any property taxes payable in 2020 that are delinquent after October 1, 2020, interest charges and penalties would begin accruing as of October 1, 2020.

2. INTEREST AND PENALTIES DUE ON TAXES OWED DURING THE PUBLIC HEALTH EMERGENCY

Permit the Secretary of the Department of Revenue to waive interest and penalties for persons that owe, but fail to remit, general fund taxes, or taxes or fees that are deposited in the transportation fund, by the filing date if, in the Secretary's determination, that person failed to timely remit those taxes due to the effects of the coronavirus outbreak of 2020. Specify that the Secretary must make this determination on a case-by-case basis. Specify that this provision applies only to general fund taxes, or taxes and fees that are deposited in the transportation fund, with filing dates that fall within, and interest and penalties that accrue during, the public health emergency that was declared by the Governor on March 12, 2020, by Executive Order 72, including any extension of time authorized under a joint resolution by the Legislature.

3. INCOME AND FRANCHISE TAX FILING EXTENSION

President Trump declared a national emergency in response to the coronavirus outbreak on March 13, 2020. Following this declaration, the Treasury Department and Internal Revenue Service announced on March 21, 2020, that the deadline for filing federal income tax returns is extended from April 15, 2020, to July 15, 2020. Taxpayers who make estimated income tax payments that would otherwise be due on April 15 can make such payments by July 15 without incurring any

interest or penalties, regardless of amounts owed by a taxpayer. A taxpayer need not file any additional forms in order to qualify for this extended due date.

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

SAFETY AND PROFESSIONAL SERVICES

1. HEALTH CARE PROVIDER CREDENTIAL RENEWALS

Specify that a health care provider credential, as defined below, is not subject to renewal, or any other conditions for renewal, including continuing education, and remains valid during the period covered by the public health emergency declared on March 12, 2020, by Executive Order 72, including any extension, and continuing for 60 days after the end of the period covered by the public health emergency declared on March 12, 2020, by Executive Order 72, including any extension. Specify that these changes are notwithstanding the Department's general statutory authority and requirements relating to notice of renewals; renewal dates, fees, and applications; and late renewals, as well as the applicable statutory provisions for the health care provider credentials, but subject to any professional discipline imposed on the credential.

Specify that a renewal that occurs subsequent to the public health emergency declared on March 12, 2020, by Executive Order 72, including any extension, is not subject to the statutory late renewal fee if the application to renew the credential is received before the next applicable renewal date. Notwithstanding the applicable statutory provisions for the health care provider credentials, the applicable credentialing board may, for that next applicable renewal date, provide an exemption from, or reduction of, continuing education or other conditions for renewal.

Definition. For these purposes, define a "health care provider credential" to mean any credential issued under the following state statutory chapters: Board of Nursing (ch. 441); Dentistry Examining Board (ch. 447); Medical Practices (ch. 448); Pharmacy Examining Board (ch. 450); Psychology Examining Board (ch. 455); Massage Therapy and Bodywork Therapy (ch. 460); or Radiographers and Limited X-Ray Machine Operators (ch. 462).

2. TEMPORARY CREDENTIALS FOR FORMER HEALTH CARE PROVIDERS DURING THE CURRENT PUBLIC HEALTH EMERGENCY

Authorize the Department of Safety and Professional Services (DSPS) to grant temporary credentials to certain former health care providers during the state public health emergency declared on March 12, 2020 under Executive Order 72, as follows.

Issuance of Temporary Credentials. Require DSPS to grant a temporary credential to a health care provider if all of the following apply: (a) the health care provider submits an application to DSPS; and (b) DSPS determines that the health care provider satisfies the eligibility requirements for the credential and is fit to practice after conducting an investigation of the health care provider's arrest or conviction record and record of professional discipline. Require DSPS to notify the health care provider if DSPS denies the provider's application for a temporary emergency credential.

Specify that, notwithstanding statutory prohibitions on practicing as a nurse, nurse-midwife, dentist, dental hygienist, physician, physician assistant, perfusionist, respiratory care practitioner, or pharmacist, unless credentialed under the appropriate statutory section, a health care provider granted a temporary credential under these provisions may provide services for which the health care provider has been licensed or certified.

Require any health care provider who provides services authorized by a temporary credential under these provisions to maintain malpractice insurance that satisfies the requirements of the profession for which the health care provider has been licensed or certified.

Duration of Credential. Specify that a temporary credential granted under this provision expires 90 days after the conclusion of the period covered by the public health emergency declared on March 12, 2020, by Executive Order 72, including any extension.

Authority to Waive Credential Fees. Provide that, during the period covered by the public health emergency declared on March 12, 2020, by Executive Order 72, including any extension, DSPS may waive fees for applications for an initial credential and renewal of a credential for registered nurses, licensed practical nurses, nurse-midwives, dentists, physicians, physician assistants, perfusionists, respiratory care practitioners, pharmacists, psychologists, clinical social workers, independent social workers, social workers, marriage and family therapists, professional counselors, and clinical substance abuse counselors.

Definitions. For these purposes, define "health care provider" to mean an individual who was at any time within the previous five years, but is not currently, any of the following, if the individual's credential was never revoked, limited, suspended, or denied renewal: (a) licensed as a registered nurse, licensed practical nurse, or nurse-midwife under ch. 441 of the Wisconsin state statutes; (b) licensed as a dentist under ch. 447 of the Wisconsin state statutes; (c) licensed as a physician, physician assistant, or perfusionist under ch. 448 or certified as a respiratory care practitioner under ch. 448 of the Wisconsin state statutes; (d) licensed as a pharmacist under ch. 450 of the Wisconsin state statutes; (e) licensed as a psychologist under ch. 455 of the Wisconsin state statutes; (f) a clinical social worker, marriage and family therapist, or professional counselor licensed under ch. 457 or an independent social worker or social worker certified under ch. 457 of the Wisconsin state statutes; (g) a clinical substance abuse counselor certified under s. 440.88 of the Wisconsin state statutes; or (h) any practitioner holding a credential to practice a profession that is identified by the Department of Health Services during the period covered by the public health emergency declared on March 12, 2020, by Executive Order 72, including any extension of the public health emergency.

Define: (a) "credential" to mean license or certificate; and (b) "department" to mean DSPS.

3. TEMPORARY CREDENTIALS FOR HEALTH CARE PROVIDERS FROM OTHER STATES

Authorize DSPS to grant temporary credentials to certain health care providers from other states during the period covered by the public health emergency declared on March 12, 2020 under Executive Order 72, including any extension of the public health emergency, as follows.

Temporary Credentials. Require DSPS to grant a temporary credential to a health care provider, as defined below, if all of the following apply: (a) the health care provider submits an application to DSPS, and (b) DSPS determines that the health care provider satisfies the eligibility requirements for the credential and is fit to practice after conducting an investigation of the health care provider's arrest or conviction record and record of professional discipline. Authorize DSPS to determine the appropriate scope of review of the background of a health care provider who applies for a temporary credential under this paragraph. Require that if DSPS denies a health care provider's application for a temporary credential under this section, DSPS must notify the health care provider of the reason for the denial.

Specify that, notwithstanding statutory prohibitions on practicing as a nurse, nurse-midwife, dentist, dental hygienist, physician, physician assistant, perfusionist, respiratory care practitioner, or pharmacist, unless credentialed under the appropriate statutory section, a health care provider granted a temporary credential under this paragraph may provide services for which the health care provider is not licensed or certified.

Require that a health care provider who provides services authorized by a temporary credential granted under these provisions, must maintain malpractice insurance that satisfies the requirements of the profession for which the health care provider has been licensed or certified.

Duration of the Temporary Credential. Specify that 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, including any extension.

Fee Waiver. Notwithstanding the Department's authority to require standard fees for initial credentialing and examinations and the applicable fee provisions in state statute, during the period covered by the public health emergency declared on March 12, 2020, by Executive Order 72, including any extension, authorize DSPS to 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.

Definitions. Define "health care provider" to mean an individual who holds a valid, unexpired license, certificate, or registration granted by another state or territory that authorizes or qualifies the individual to perform acts that are substantially the same as the acts that any of the following are licensed or certified to perform: (a) a registered nurse, licensed practical nurse, or nurse-midwife under ch. 441 of the Wisconsin state statutes; (b) a dentist licensed under ch. 447 of the Wisconsin state statutes; (c) a physician, physician assistant, or perfusionist licensed under ch. 448 or a respiratory care practitioner certified under ch. 448 of the Wisconsin state statutes; (d)

a pharmacist licensed under ch. 450 of the Wisconsin state statutes; (e) a psychologist licensed under ch. 455 of the Wisconsin state statutes; (f) a clinical social worker, marriage and family therapist, or professional counselor licensed under ch. 457 or an independent social worker or social worker certified under ch. 457 of the Wisconsin state statutes; (g) a clinical substance abuse counselor certified under s. 440.88 of the Wisconsin state statutes; or (h) any practitioner holding a credential to practice a profession that is identified by the Department of Health Services during the period covered by the public health emergency declared on March 12, 2020, by Executive Order 72, including any extension of the public health emergency.

In addition define: (a) "credential" to mean license or certificate and (b) "department" to mean the Department of Safety and Professional Services (DSPS).

4. PRESCRIPTION ORDER EXTENSIONS DURING PUBLIC HEALTH EMERGENCIES

Expand the manner in which a pharmacist can extend a prescription order. Specify that if a pharmacist receives a request for a prescription to be refilled and the prescription cannot be refilled under current state statutes governing initial fills and refills, the pharmacist may, subject to certain statutory conditions, extend the existing prescription order and dispense the drug to the patient, if the pharmacist has not received and is not aware of written or oral instructions from the prescribing practitioner prohibiting further dispensing pursuant to or extension of the prescription order.

Prohibit a pharmacist from extending a prescription order under this section if: (a) a prescribing practitioner has indicated, by writing on the face of the prescription order or, with respect to a prescription order transmitted electronically, by designating in electronic format the phrase "No extensions," or words of similar meaning; (b) the prescription is for a drug that is a controlled substance; or (c) if a prescription order was previously extended for that particular patient during the period covered by a public health emergency declared by the Governor, including any extension of that public health emergency.

Further, prohibit a pharmacist acting under this provision from extending a prescription order to dispense more than a 30-day supply of the prescribed drug, except that if the drug is typically packaged in a form that requires a pharmacist to dispense the drug in a quantity greater than a 30-day supply, the pharmacist may extend the prescription order as necessary to dispense the drug in the smallest quantity in which it is typically packaged.

Require that a pharmacist, at the earliest reasonable time after acting under this provision, notify the prescribing practitioner or his or her office. However, specify that the pharmacist is not required to attempt to procure a new prescription order or refill authorization for the drug by contacting the prescribing practitioner or his or her office prior to acting under this provision. Authorize the pharmacist, after acting under this provision, to notify the patient or other individual that any further refills will require the authorization of a prescribing practitioner.

Specify that the authority granted under this provision applies only during the period covered by a public health emergency declared by the governor, including any extension. During that time, clarify that this paragraph supersedes existing circumstances under which a pharmacist

may extend a prescription order to the extent of any conflict.

5. AUTOPSIES AND CREMATION OF BODIES OF PERSONS WHO DIED OF COVID-19

For the period covered by the public health emergency declared on March 12, 2020, by Executive Order 72, including any extension, specify that:

- If a physician has signed the death certificate of a deceased person and listed COVID-19 as the underlying cause of death, a coroner or medical examiner may issue a cremation permit to cremate the corpse of that deceased person without viewing the corpse;
- If a physician has signed the death certificate of a deceased person and listed COVID-19 as the underlying cause of death, a coroner or medical examiner must issue, within 48 hours after the time of death, a cremation permit for the cremation of a corpse of a deceased person;
- If the underlying cause of a death is determined to be COVID-19, the person required to sign the death certificate must provide an electronic signature on the death certificate within 48 hours after the death occurs; and
- If an individual dies of COVID-19 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 may be performed by any coroner or medical examiner in this state.

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

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.

Further, 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 by the coroner or medical examiner of the county where the death occurred.

WORKFORCE DEVELOPMENT

1. TEMPORARY SUSPENSION OF THE UNEMPLOYMENT INSURANCE WAITING WEEK

Provide that the waiting week requirement under current law would not apply with respect to benefit years that begin on or after March 12, 2020, so as to apply to the public health emergency

declared on March 12, 2020, by Executive Order 72, and before January 3, 2021. Require the Department of Workforce Development (DWD) to seek the maximum amount of federal reimbursement for benefits that are payable for the first week of a claimant's benefit year as a result of the application of this provision.

The CARES Act provides 100% federal funding of the first week of regular UI benefits for states with no waiting week through December 31, 2020, plus administrative expenses incurred to implement this provision. Under the Act, states may enter into an agreement with U.S. Department of Labor (USDOL) for this funding if the state law, including a waiver of state law, provides that compensation is paid to individuals for their first week of regular unemployment without a waiting week. A state-federal agreement would apply to weeks of unemployment beginning after the date on which the agreement is entered into and ending on December 31, 2020. An agreement implementing this and other UI-related provisions of the CARES Act was signed by the DWD Secretary and USDOL on March 28, 2020.

Under current law, the claimant's waiting period is the first week of a claimant's benefit year for which the claimant is otherwise eligible for regular benefits. During a claimant's waiting period, no benefits are payable to the claimant. The waiting period does not affect a claimant's maximum benefit amount, which is 26 weeks of regular state benefits. However, claimants who do not reach the state's 26-week limit effectively receive one less week of benefits due to the waiting week requirement. A claimant must serve one waiting week per benefit year.

2. NON-CHARGING EMPLOYER UNEMPLOYMENT INSURANCE ACCOUNTS

Require the Department of Workforce Development, when processing claims for unemployment insurance (UI) benefits and evaluating work-share plans, to determine whether a claim or plan is related to the public health emergency (PHE) declared by the governor under Executive Order #72.

Provide that if a claim or plan is related to a PHE, regular benefits for that claim for weeks occurring after March 12, 2020, and before December 31, 2020, not be charged to an employer's UI account as normally provided. Instead, under the provision, UI benefits for those weeks would be charged to either: (a) the balancing account of the UI Trust Fund for contribution employers; or (b) DWD's existing interest and penalties account for reimbursable employers that are not subject to contribution requirements.

Under the provision, PHE non-charging provisions would not apply: (a) if the employer fails to timely and adequately provide any information required by the department; (b) to any benefits paid or reimbursed by the federal government, including the portion of any benefits reimbursed by the federal government for reimbursable employers; (c) to a claim for regular benefits that is a combined wage claim; (d) to work-share benefits reimbursed by the federal government; or (e) to certain benefits chargeable based on employment with the federal government.

Under current law, some UI benefit payments are not charged to a specific employer's account but are instead charged to the balancing account. The state's UI balancing account is supported by the solvency tax paid by employers and any interest earned on the state's UI trust

fund balance. There are seven basic categories of benefit payments charged to the balancing account: 10% write-offs, quits, misconduct, substantial fault, continued employment, approved training, and second benefit year. In the past, there have been other benefit programs that have been charged to the balancing account, including in 2002 when state temporary supplemental benefits were charged to the account.

3. WORK SHARE PLAN REQUIREMENTS

Temporarily suspend, from the effective date of the provision through December 31, 2020, certain requirements of voluntary work-share plans submitted by employers, including: (a) the requirement that a work-share plan be limited to a particular work unit of the employer; (b) the requirement that the reduction in working hours under a work-share program must be at least 10% but not more than 50% of the normal hours per week of the employees included under the plan; (c) the requirements that at least 10% 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; and (d) the requirement that reduced working hours be apportioned equitably among employees in the work-share program.

Specify that, during the suspension period: (a) work-share plans cover any employees of the employer; (b) the permissible reduction in working hours under a work-share program be not more than 60% of the normal hours per week of the employees included under a work-share plan; and (c) work-share plans cover at least two positions that are filled on the effective date of the work-share program.

Require the Department to allow employers to submit applications under this section using an online form, and require DWD to assist employers with submitting applications and developing work-share plans.

Allow the DWD Secretary to waive compliance with any temporary change required under this provision if the Secretary determines that the waiver of the requirement is necessary to permit continued federal certification of the state's UI program, or is necessary for the state to qualify for full federal financial participation in the cost of administration of the state's work-share program and in the financing of UI benefits to employees participating in the work-share program.

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

4. EMPLOYEE RECORDS DURING A PUBLIC HEALTH EMERGENCY

Provide that during the period covered by a state of emergency related to a public health

emergency declared by the Governor, an employer is not required to provide an employee's personnel records within seven working days after an employee makes a request to inspect his or her personnel records, and an employer is not required to provide the inspection at a location reasonably near the employee's place of employment during normal working hours.

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

DRAFT