



State of Wisconsin
2019 - 2020 LEGISLATURE

LRBb0573/1
TD/SB/KP/MM:all

**ASSEMBLY AMENDMENT 2,
TO ASSEMBLY SUBSTITUTE AMENDMENT 1,
TO ASSEMBLY BILL 56**

June 25, 2019 – Offered by Representatives KOLSTE, ANDERSON, RIEMER, SUBECK, C. TAYLOR, BILLINGS, BOWEN, BROSTOFF, CABRERA, CONSIDINE, CROWLEY, DOYLE, EMERSON, FIELDS, GOYKE, GRUSZYNSKI, HAYWOOD, HEBL, HESSELBEIN, HINTZ, MCGUIRE, B. MEYERS, MILROY, L. MYERS, NEUBAUER, OHNSTAD, POPE, SARGENT, SHANKLAND, SINICKI, SPREITZER, STUBBS, STUCK, VINING, VRUWINK and ZAMARRIPA.

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

2 **1.** Page 36, line 5: increase the dollar amount for fiscal year 2019-20 by
3 \$127,900 and increase the dollar amount for fiscal year 2020-21 by \$127,900 for the
4 purpose of funding 1.07 FTE positions to administer the Wisconsin healthcare
5 stability plan.

6 **2.** Page 36, line 5: increase the dollar amount for fiscal year 2019-20 by
7 \$541,300 and increase the dollar amount for fiscal year 2020-21 by \$541,300 for the
8 purpose of funding 5.10 FTE positions to provide health insurance education and
9 outreach activities, including assisting individuals with enrolling in the health
10 insurance exchange.

1 **3.** Page 134, line 4: increase the dollar amount for fiscal year 2019–20 by
2 \$172,500 and increase the dollar amount for fiscal year 2020–21 by \$222,900 for the
3 purpose of lead exposure and poisoning prevention activities.

4 **4.** Page 134, line 12: after that line insert:

5 “(bk) Healthy aging grant program GPR A 250,000 250,000”.

6 **5.** Page 135, line 20: increase the dollar amount for fiscal year 2019–20 by
7 \$489,500 and increase the dollar amount for fiscal year 2020–21 by \$489,500 for the
8 purpose of increasing the authorized FTE positions for the department of health
9 services by 4.6 GPR positions, beginning in fiscal year 2019–20, in the division of
10 public health, to expand dental services to recipients under the Medical Assistance
11 program, BadgerCare Plus, and other low-income patients.

12 **6.** Page 136, line 10: increase the dollar amount for fiscal year 2019–20 by
13 \$1,687,100 and increase the dollar amount for fiscal year 2020–21 by \$4,821,500 for
14 the purpose of lead abatement grants, training, and outreach.

15 **7.** Page 136, line 19: increase the dollar amount for fiscal year 2019–20 by
16 \$193,600 and increase the dollar amount for fiscal year 2020–21 by \$193,600 for the
17 purpose of increasing funding for the women’s health block grant program.

18 **8.** Page 137, line 4: increase the dollar amount for fiscal year 2019–20 by
19 \$3,300,000 and increase the dollar amount for fiscal year 2020–21 by \$3,300,000 for
20 the purpose of awarding tobacco use control grants.

21 **9.** Page 138, line 18: increase the dollar amount for fiscal year 2019–20 by
22 \$3,871,700 and increase the dollar amount for fiscal year 2020–21 by \$11,014,200 for
23 the purpose of lead abatement grants, training, and outreach.

1 **10.** Page 139, line 22: increase the dollar amount for fiscal year 2019-20 by
2 \$1,076,900 for the purpose of creating a separate admissions unit and increasing
3 evening and nighttime supervisory staff at Winnebago Mental Health Institute.

4 **11.** Page 140, line 19: increase the dollar amount for fiscal year 2019-20 by
5 \$1,422,800 and increase the dollar amount for fiscal year 2020-21 by \$1,422,800 for
6 the purpose of increasing pay-for-performance incentives to BadgerCare Plus
7 health maintenance organizations to conduct blood-lead testing for children.

8 **12.** Page 140, line 19: decrease the dollar amount for fiscal year 2019-20 by
9 \$159,473,300 and decrease the dollar amount for fiscal year 2020-21 by
10 \$165,011,600 for the purpose of expanding eligibility under the Medical Assistance
11 program under s. 49.471 (4) (a) 4. and 8.

12 **13.** Page 140, line 19: increase the dollar amount for fiscal year 2019-20 by
13 \$5,760,000 and increase the dollar amount for fiscal year 2020-21 by \$12,437,600 for
14 the purpose of dental access incentive payments under s. 49.45 (24L) beginning
15 January 1, 2020.

16 **14.** Page 140, line 19: increase the dollar amount for fiscal year 2019-20 only
17 by \$192,000 to provide onetime grants for community-based doulas under SECTION
18 9119 (8m) and increase the dollar amount for fiscal year 2020-21 by \$426,700 for the
19 purpose of providing reimbursement for certified doula services provided through
20 the Medical Assistance program in select counties, beginning in fiscal year 2020-21.

21 **15.** Page 140, line 19: decrease the dollar amount for fiscal year 2019-20 by
22 \$1,750,000 and decrease the dollar amount for fiscal year 2020-21 by \$1,750,000 for
23 the purpose of making payments to rural critical care hospitals.

1 **16.** Page 140, line 19: increase the dollar amount for fiscal year 2019–20 by
2 \$10,000,000 and increase the dollar amount for fiscal year 2020–21 by \$10,000,000
3 for the purpose of funding a pediatric supplemental hospital payment under s. 49.45
4 (6xm).

5 **17.** Page 140, line 19: decrease the dollar amount for fiscal year 2019–20 by
6 \$7,700,000 and decrease the dollar amount for fiscal year 2020–21 by \$7,700,000 for
7 the purpose of making hospital access payments and critical access hospital
8 payments.

9 **18.** Page 140, line 19: increase the dollar amount for fiscal year 2020–21 by
10 \$22,500,000 for the purpose of providing as a benefit in the Medical Assistance
11 program nonmedical services that contribute to the determinants of health under s.
12 49.46 (2) (b) 21.

13 **19.** Page 140, line 19: increase the dollar amount for fiscal year 2020–21 by
14 \$9,255,000 for the purpose of extending Medical Assistance eligibility for
15 post-partum women.

16 **20.** Page 140, line 19: decrease the dollar amount for fiscal year 2019–20 by
17 \$11,474,100 and decrease the dollar amount for fiscal year 2020–21 by \$7,783,400
18 for the purpose of reimbursing under the Medical Assistance program direct care to
19 nursing facilities and intermediate care facilities for persons with an intellectual
20 disability.

21 **21.** Page 140, line 19: decrease the dollar amount for fiscal year 2019–20 by
22 \$13,947,900 and decrease the dollar amount for fiscal year 2020–21 by \$16,150,900
23 for the purpose of reimbursing personal care services under the Medical Assistance
24 program.

1 **22.** Page 140, line 19: increase the dollar amount for fiscal year 2019–20 by
2 \$2,454,300 and increase the dollar amount for fiscal year 2020–21 by \$2,454,300 for
3 the purpose of eliminating copayments for prescription drugs for Medical Assistance
4 enrollees.

5 **23.** Page 140, line 19: increase the dollar amount for fiscal year 2019–20 by
6 \$8,732,100 and increase the dollar amount for fiscal year 2020–21 by \$18,217,800 for
7 the purpose of funding an increase of Medical Assistance reimbursement rates for
8 mental health, behavioral health, and psychiatric services provided by physicians
9 and medical clinics, effective January 1, 2020.

10 **24.** Page 140, line 19: increase the dollar amount for fiscal year 2020–21 by
11 \$2,000,000 for the purpose of funding incentive grants to behavioral health providers
12 that adopt electronic health records systems or participate in the state’s health
13 information exchange.

14 **25.** Page 140, line 19: increase the dollar amount for fiscal year 2019–20 by
15 \$6,613,900 and decrease the dollar amount for fiscal year 2020–21 by \$872,700 for
16 the purpose of providing the cost to continue Medical Assistance benefits.

17 **26.** Page 140, line 19: increase the dollar amount for fiscal year 2019–20 by
18 \$1,088,200 and increase the dollar amount for fiscal year 2020–21 by \$1,692,900 for
19 the purpose of telehealth reimbursement under the Medical Assistance program.

20 **27.** Page 140, line 19: increase the dollar amount for fiscal year 2019–20 by
21 \$406,000 and increase the dollar amount for fiscal year 2020–21 by \$609,000 for the
22 purpose of providing dental services to Medical Assistance recipients who have
23 disabilities.

1 the purpose of making hospital access payments and critical access hospital
2 payments.

3 **35.** Page 144, line 16: decrease the dollar amount for fiscal year 2019-20 by
4 \$2,316,200 and increase the dollar amount for fiscal year 2020-21 by \$5,359,700 for
5 the purpose of providing the cost to continue Medical Assistance benefits.

6 **36.** Page 144, line 24: decrease the dollar amount for fiscal year 2019-20 by
7 \$7,400,000 and decrease the dollar amount for fiscal year 2020-21 by \$7,400,000 for
8 the purpose of making hospital access payments.

9 **37.** Page 145, line 3: decrease the dollar amount for fiscal year 2019-20 by
10 \$300,000 and decrease the dollar amount for fiscal year 2020-21 by \$300,000 for the
11 purpose of making critical access hospital payments.

12 **38.** Page 145, line 16: delete lines 16 and 17 and substitute:

13 “(cf) Crisis program enhancement
14 grants GPR B 125,000 125,000”.

15 **39.** Page 146, line 4: after that line insert:

16 “(dg) Regional crisis stabilization facil-
17 ities GPR A -0- 2,500,000”.

18 **40.** Page 149, line 3: increase the dollar amount for fiscal year 2019-20 only
19 by \$61,600 and increase the dollar amount for fiscal year 2020-21 only by \$78,200
20 for the purpose of funding a 2-year academic detailing primary care clinic dementia
21 training pilot program under SECTION 9119 (3g).

22 **41.** Page 149, line 3: increase the dollar amount for fiscal year 2019-20 by
23 \$1,680,000 and increase the dollar amount for fiscal year 2020-21 by \$1,680,000 for

1 the purpose of grants to aging and disability resource centers and tribes to fund 27
2 additional dementia care specialists and 3 new tribal dementia care specialists.

3 **42.** Page 149, line 7: increase the dollar amount for fiscal year 2019–20 by
4 \$1,550,000 and increase the dollar amount for fiscal year 2020–21 by \$7,600,000 for
5 the purpose of increasing funding for the Birth to 3 Program.

6 **43.** Page 157, line 4: increase the dollar amount for fiscal year 2019–20 by
7 \$512,500 and increase the dollar amount for fiscal year 2020–21 by \$675,000 for the
8 purpose of funding services to prevent child abuse or neglect.

9 **44.** Page 231, line 6: decrease the dollar amount for fiscal year 2019–20 by
10 \$1,088,200 and decrease the dollar amount for fiscal year 2020–21 by \$1,692,900 for
11 the purpose of telehealth reimbursement under the Medical Assistance program.

12 **45.** Page 231, line 6: decrease the dollar amount for fiscal year 2020–21 by
13 \$89,900 for the purpose of providing supportive services delivered under the Medical
14 Assistance medical home health benefit for persons with substance abuse disorders.

15 **46.** Page 249, line 15: after that line insert:

16 “**SECTION 188m.** 20.435 (1) (bk) of the statutes is created to read:

17 20.435 (1) (bk) *Healthy aging grant program.* The amounts in the schedule for
18 grants to an entity that conducts programs in healthy aging.”.

19 **47.** Page 249, line 16: delete lines 16 to 18 and substitute:

20 “**SECTION 189b.** 20.435 (1) (cr) of the statutes is created to read:

21 20.435 (1) (cr) *Minority health grants.* The amounts in the schedule for the
22 minority health program under s. 250.20 (3) and (4).”.

23 **48.** Page 249, line 25: delete that line and substitute:

24 “**SECTION 191b.** 20.435 (1) (kb) of the statutes is repealed.”.

1 **49.** Page 255, line 2: after that line insert:

2 “**SECTION 201c.** 20.435 (4) (jw) of the statutes is amended to read:

3 20.435 (4) (jw) *BadgerCare Plus and hospital assessment.* All moneys received
4 from payment of enrollment fees under the program under s. 49.45 (23), all moneys
5 transferred under s. 50.38 (9), all moneys transferred from the appropriation account
6 under par. (jz), and 10 percent of all moneys received from penalty assessments
7 under s. 49.471 (9) (c), ~~for administration of the program under s. 49.45 (23)~~, to
8 provide a portion of the state share of administrative costs for the BadgerCare Plus
9 Medical Assistance program under s. 49.471, and for administration of the hospital
10 assessment under s. 50.38.”.

11 **50.** Page 255, line 10: delete lines 10 to 14 and substitute:

12 “**SECTION 203b.** 20.435 (5) (cf) of the statutes is amended to read:

13 20.435 (5) (cf) ~~*Mobile crisis team*~~ *Crisis program enhancement grants.*
14 Biennially, the amounts in the schedule for awarding grants to counties or regions
15 to establish certified or enhance crisis programs ~~that create mental health mobile~~
16 ~~crisis teams~~ under s. 46.536.”.

17 **51.** Page 255, line 15: delete lines 15 to 18 and substitute:

18 “**SECTION 204b.** 20.435 (5) (ct) of the statutes is created to read:

19 20.435 (5) (ct) *Mental health consultation program.* The amounts in the
20 schedule for developing a plan for a mental health consultation program under s.
21 51.441. No moneys may be encumbered under this paragraph after June 30, 2021.”.

22 **52.** Page 255, line 18: after that line insert:

23 “**SECTION 205c.** 20.435 (5) (dg) of the statutes is created to read:

1 20.435 (5) (dg) *Regional crisis stabilization facilities*. The amounts in the
2 schedule to provide grants to regional crisis stabilization facilities under s. 51.03
3 (7).”.

4 **53.** Page 265, line 17: delete that line and substitute:

5 “**SECTION 279b.** 20.505 (8) (hm) 6e. of the statutes is repealed.”.

6 **54.** Page 304, line 10: delete lines 10 to 18 and substitute:

7 “**SECTION 484p.** 46.536 of the statutes is amended to read:

8 **46.536 ~~Mobile crisis team~~ Crisis program enhancement grants.** From
9 the appropriation under s. 20.435 (5) (cf), the department shall award grants in the
10 total amount of \$250,000 in each fiscal biennium to counties or regions comprised of
11 multiple counties to establish ~~certified or enhance~~ certified or enhance crisis programs ~~that create mental~~
12 ~~health mobile crisis teams~~ to serve individuals having ~~mental health~~ crises in rural
13 areas. The department shall award a grant under this section in an amount equal
14 to one-half the amount of money the county or region provides to establish ~~certified~~
15 or enhance crisis programs ~~that create mobile crisis teams~~.”.

16 **55.** Page 304, line 19: after that line insert:

17 “**SECTION 486m.** 46.854 of the statutes is created to read:

18 **46.854 Healthy aging grant program.** From the appropriation under s.
19 20.435 (1) (bk), the department shall award in each fiscal year a grant of \$250,000
20 to an entity that conducts programs in healthy aging.”.

21 **56.** Page 304, line 19: after that line insert:

22 “**SECTION 487w.** 46.995 (4) of the statutes is created to read:

23 **46.995 (4)** The department shall ensure that any child who is eligible and who
24 applies for the disabled children’s long-term support program that is operating

1 under a waiver of federal law receives services under the disabled children's
2 long-term support program that is operating under a waiver of federal law.".

3 **57.** Page 346, line 3: delete lines 3 to 5 and substitute:

4 "(u) *Prevention services.* For services to prevent child abuse or neglect,
5 ~~\$5,289,600 in each fiscal year~~ \$6,302,100 in fiscal year 2019-20 and \$7,464,600 in
6 fiscal year 2020-21.".

7 **58.** Page 348, line 15: after that line insert:

8 "SECTION 652c. 49.45 (2p) of the statutes is repealed.".

9 **59.** Page 348, line 21: after that line insert:

10 "SECTION 654f. 49.45 (3) (e) 11. of the statutes is amended to read:

11 49.45 (3) (e) 11. The department shall use a portion of the moneys collected
12 under s. 50.38 (2) (a) to pay for services provided by eligible hospitals, as defined in
13 s. 50.38 (1), other than critical access hospitals, under the Medical Assistance
14 Program under this subchapter, including services reimbursed on a fee-for-service
15 basis and services provided under a managed care system. For state fiscal year
16 2008-09, total payments required under this subdivision, including both the federal
17 and state share of Medical Assistance, shall equal the amount collected under s.
18 50.38 (2) (a) for fiscal year 2008-09 divided by 57.75 percent. For each state fiscal
19 year after state fiscal year 2008-09, total payments required under this subdivision,
20 including both the federal and state share of Medical Assistance, shall equal the
21 amount collected under s. 50.38 (2) (a) for the fiscal year divided by ~~61.68~~ 53.69
22 percent.

23 SECTION 654h. 49.45 (3) (e) 12. of the statutes is amended to read:

1 49.45 (3) (e) 12. The department shall use a portion of the moneys collected
2 under s. 50.38 (2) (b) to pay for services provided by critical access hospitals under
3 the Medical Assistance Program under this subchapter, including services
4 reimbursed on a fee-for-service basis and services provided under a managed care
5 system. For each state fiscal year, total payments required under this subdivision,
6 including both the federal and state share of Medical Assistance, shall equal the
7 amount collected under s. 50.38 (2) (b) for the fiscal year divided by ~~61.68~~ 53.69
8 percent.”.

9 **60.** Page 348, line 21: after that line insert:

10 “**SECTION 657b.** 49.45 (3m) (a) (intro.) of the statutes is amended to read:

11 49.45 (3m) (a) (intro.) Subject to par. (c) and notwithstanding sub. (3) (e), from
12 the appropriations under s. 20.435 (4) (b) and (o), in each fiscal year, the department
13 shall pay to hospitals that serve a disproportionate share of low-income patients an
14 amount equal to the sum of ~~\$27,500,000~~ \$56,500,000, as the state share of payments,
15 and the matching federal share of payments. The department may make a payment
16 to a hospital under this subsection under the calculation method described in par. (b)
17 if the hospital meets all of the following criteria:

18 **SECTION 658b.** 49.45 (3m) (b) 3. a. of the statutes is amended to read:

19 49.45 (3m) (b) 3. a. No single hospital receives more than \$4,600,000
20 \$9,200,000, except that a hospital that is a free-standing pediatric teaching hospital
21 located in Wisconsin that has a percentage calculated under subd. 1. a. greater than
22 50 percent may receive up to \$12,000,000 each fiscal year.”.

23 **61.** Page 348, line 23: delete the material beginning with that line and ending
24 with page 349, line 11, and substitute:

1 “49.45 (3p) (a) Subject to par. (c) and notwithstanding sub. (3) (e), from the
2 appropriations under s. 20.435 (4) (b) and (o), in each fiscal year, the department
3 shall pay to hospitals that ~~would~~ are not eligible for payments under sub. (3m) but
4 that meet the criteria under sub. (3m) (a) ~~except that the hospitals do not provide~~
5 ~~obstetric services 1. and 2. and that, in the most recent year for which information~~
6 is available, charged at least 6 percent of overall charges for services to the Medical
7 Assistance program for services provided to Medical Assistance recipients an
8 amount equal to the sum of ~~\$250,000~~ \$500,000, as the state share of payments, and
9 the matching federal share of payments. The department may make a payment to
10 a hospital under this subsection under a calculation method determined by the
11 department that provides a fee-for-service supplemental payment that increases as
12 the hospital’s percentage of ~~inpatient days for Medical Assistance recipients at the~~
13 ~~hospital~~ the total amount of the hospital’s overall charges for services that are
14 charges to the Medical Assistance program increases.”.

15 **62.** Page 352, line 22: after that line insert:

16 “**SECTION 667b.** 49.45 (6xm) of the statutes is created to read:

17 49.45 (6xm) PEDIATRIC INPATIENT SUPPLEMENT. (a) From the appropriations
18 under s. 20.435 (4) (b), (o), and (w), the department shall, using a method determined
19 by the department, distribute a total sum of \$2,000,000 each state fiscal year to
20 hospitals that meet all of the following criteria:

21 1. The hospital is an acute care hospital located in this state.

22 2. During the hospital’s fiscal year, the inpatient days in the hospital’s acute
23 care pediatric units and intensive care pediatric units totaled more than 12,000 days,
24 not including neonatal intensive care units. For purposes of this subsection, the

1 hospital's fiscal year is the hospital's fiscal year that ended in the 2nd calendar year
2 preceding the beginning of the state fiscal year.

3 (b) Notwithstanding par. (a), from the appropriations under s. 20.435 (4) (b),
4 (o), and (w), the department may, using a method determined by the department,
5 distribute an additional total sum of \$10,000,000 in each state fiscal year to hospitals
6 that are free-standing pediatric teaching hospitals located in Wisconsin that have
7 a percentage calculated under s. 49.45 (3m) (b) 1. a. greater than 45 percent.

8 **SECTION 672c.** 49.45 (23) of the statutes is repealed.

9 **SECTION 673g.** 49.45 (23) (g) of the statutes is repealed.

10 **SECTION 674g.** 49.45 (23b) of the statutes is repealed.

11 **SECTION 676m.** 49.45 (24L) of the statutes is created to read:

12 49.45 (24L) CRITICAL ACCESS REIMBURSEMENT PAYMENTS TO DENTAL PROVIDERS. (a)
13 Based on the criteria in pars. (b) and (c), the department shall increase
14 reimbursements to dental providers that meet quality of care standards, as
15 established by the department.

16 (b) In order to be eligible for enhanced reimbursement under this subsection,
17 the provider must meet one of the following qualifications:

18 1. For a nonprofit or public provider, 50 percent or more of the individuals
19 served by the provider are individuals who are without dental insurance or are
20 enrolled in the Medical Assistance program.

21 2. For a for-profit provider, 5 percent or more of the individuals served by the
22 provider are enrolled in the Medical Assistance program.

23 (c) For dental services rendered on or after January 1, 2020, by a qualified
24 nonprofit critical access dental provider, the department shall increase
25 reimbursement by 50 percent above the reimbursement rate that would otherwise

1 be paid to that provider. For dental services rendered on or after January 1, 2020,
2 by a qualified for-profit critical access dental provider, the department shall increase
3 reimbursement by 30 percent above the reimbursement rate that would otherwise
4 be paid to that provider. For dental providers rendering services to individuals in
5 managed care under the Medical Assistance program, for services rendered on or
6 after January 1, 2020, the department shall increase reimbursement to pay an
7 additional amount on the basis of the rate that would have been paid to the dental
8 provider had the individual not been enrolled in managed care.

9 (d) If a provider has more than one service location, the thresholds described
10 under par. (b) apply to each location, and payment for each service location would be
11 determined separately.”.

12 **63.** Page 352, line 24: delete the material beginning with that line and ending
13 with page 353, line 8, and substitute:

14 “49.45 (29w) (b) 1. b. “Telehealth” is means a service provided from a remote
15 location using a combination of interactive video, audio, and externally acquired
16 images through a networking environment between an individual or a provider at
17 an originating site and a provider at a remote location with the service being of
18 sufficient audio and visual fidelity and clarity as to be functionally equivalent to
19 face-to-face contact; or, in circumstances determined by the department, an
20 asynchronous transmission of digital clinical information through a secure
21 electronic communications system from one provider to another provider.
22 “Telehealth” does not include telephone conversations or Internet-based
23 communications between providers or between providers and individuals.”.

24 **64.** Page 353, line 9: delete that line and substitute:

1 **“SECTION 678b.** 49.45 (29y) (d) of the statutes is repealed.

2 **SECTION 679p.** 49.45 (30y) of the statutes is created to read:

3 49.45 **(30y)** CERTIFIED DOULA SERVICES; PILOT PROJECT. (a) In this subsection,
4 “certified doula” means an individual who has received certification from a doula
5 certifying organization recognized by the department.

6 (b) For purposes of this subsection, services provided by certified doulas include
7 continuous emotional and physical support during labor and birth of a child and
8 intermittent services during the prenatal and postpartum periods.

9 (c) Subject to par. (d), the department shall reimburse under the Medical
10 Assistance program benefits as provided under this subsection for pregnant women
11 enrolled in the Medical Assistance program who reside in the counties of Brown,
12 Dane, Milwaukee, Rock, or Sheboygan, or another county as determined by the
13 department.

14 (d) The department shall request from the secretary of the federal department
15 of health and human services any approval necessary to allow reimbursement under
16 the Medical Assistance program for services provided by a certified doula. The
17 department may not pay reimbursement unless federal approval is not required or
18 any required federal approval allowing reimbursement under s. 49.46 (2) (b) 12p. is
19 approved and in effect.”.

20 **65.** Page 353, line 11: delete the material beginning with that line and ending
21 with page 354, line 17, and substitute:

22 “49.45 **(41)** ~~MENTAL HEALTH CRISIS~~ CRISIS INTERVENTION SERVICES. (a) In this
23 subsection, “~~mental health~~ crisis intervention services” means crisis intervention
24 services for the treatment of mental illness, intellectual disability, substance abuse,

1 and dementia that are provided by a ~~mental health~~ crisis intervention program
2 operated by, or under contract with, a county, if the county is certified as a medical
3 assistance provider.

4 (b) If a county elects to become certified as a provider of ~~mental health~~ crisis
5 intervention services, the county may provide ~~mental health~~ crisis intervention
6 services under this subsection in the county to medical assistance recipients through
7 the medical assistance program. A county that elects to provide the services shall
8 pay the amount of the allowable charges for the services under the medical
9 assistance program that is not provided by the federal government. The department
10 shall reimburse the county under this subsection only for the amount of the allowable
11 charges for those services under the medical assistance program that is provided by
12 the federal government.

13 **SECTION 681b.** 49.45 (41) (c) of the statutes is created to read:

14 49.45 (41) (c) Notwithstanding par. (b), if a county elects to deliver crisis
15 intervention services under the Medical Assistance program on a regional basis
16 according to criteria established by the department, all of the following apply:

17 1. After January 1, 2020, the department shall require the county to annually
18 contribute for the crisis intervention services an amount equal to 75 percent of the
19 annual average of the county's expenditures for crisis intervention services under
20 this subsection in calendar years 2016, 2017, and 2018, as determined by the
21 department.

22 2. The department shall reimburse the provider of crisis intervention services
23 in the county the amount of allowable charges for those services under the Medical
24 Assistance program, including both the federal share and nonfederal share of those
25 charges, that exceeds the amount of the county contribution required under subd. 1.

1 3. If a county submits a certified cost report under s. 49.45 (52) (b) to claim
2 federal medical assistance funds, the claim based on certified costs made by a county
3 for amounts under subd. 2. may not include any part of the nonfederal share of the
4 amount under subd. 2.”.

5 **66.** Page 355, line 6: after that line insert:

6 “**SECTION 685b.** 49.46 (1) (a) 1m. of the statutes is amended to read:

7 49.46 (1) (a) 1m. Any pregnant woman whose income does not exceed the
8 standard of need under s. 49.19 (11) and whose pregnancy is medically verified.
9 Eligibility continues to the last day of the month in which the 60th day or, if approved
10 by the federal government, the 365th day after the last day of the pregnancy falls.”.

11 **67.** Page 355, line 21: after that line insert:

12 “**SECTION 688b.** 49.46 (1) (j) of the statutes is amended to read:

13 49.46 (1) (j) An individual determined to be eligible for benefits under par. (a)
14 9. remains eligible for benefits under par. (a) 9. for the balance of the pregnancy and
15 to the last day of the month in which the 60th day or, if approved by the federal
16 government, the 365th day after the last day of the pregnancy falls without regard
17 to any change in the individual’s family income.”.

18 **68.** Page 356, line 2: after that line insert:

19 “**SECTION 690p.** 49.46 (2) (b) 12p. of the statutes is created to read:

20 49.46 (2) (b) 12p. Subject to the limitations under s. 49.45 (30y), services
21 provided by a certified doula.”.

22 **69.** Page 356, line 4: delete lines 4 and 5 and substitute:

23 “49.46 (2) (b) 15. ~~Mental health crisis~~ Crisis intervention services under s.
24 49.45 (41).”.

1 **70.** Page 356, line 5: after that line insert:

2 “**SECTION 691d.** 49.46 (2) (b) 21. of the statutes is created to read:

3 49.46 (2) (b) 21. Subject to par. (bv), nonmedical services that contribute to the
4 determinants of health.

5 **SECTION 691g.** 49.46 (2) (bv) of the statutes is created to read:

6 49.46 (2) (bv) The department shall determine those services under par. (b) 21.
7 that contribute to the determinants of health. The department shall seek any
8 necessary state plan amendment or request any waiver of federal Medicaid law to
9 implement this paragraph. The department is not required to provided the services
10 under this paragraph as a benefit under the Medical Assistance program if the
11 federal department of health and human services does not provide federal financial
12 participation for the services under this paragraph.”.

13 **71.** Page 356, line 5: after that line insert:

14 “**SECTION 695b.** 49.47 (4) (ag) 2. of the statutes is amended to read:

15 49.47 (4) (ag) 2. Pregnant and the woman’s pregnancy is medically verified
16 Eligibility continues to the last day of the month in which the 60th day or, if approved
17 by the federal government, the 365th day after the last day of the pregnancy falls.”.

18 **72.** Page 356, line 23: after that line insert:

19 “**SECTION 699c.** 49.471 (1) (cr) of the statutes is created to read:

20 49.471 (1) (cr) “Enhanced federal medical assistance percentage” means a
21 federal medical assistance percentage described under 42 USC 1396d (y) or (z).

22 **SECTION 700c.** 49.471 (4) (a) 4. b. of the statutes is amended to read:

1 49.471 (4) (a) 4. b. The individual's family income does not exceed ~~100~~ 133
2 percent of the poverty line ~~before application of the 5 percent income disregard under~~
3 ~~42 CFR 435.603 (d)~~.

4 **SECTION 701c.** 49.471 (4) (a) 8. of the statutes is created to read:

5 49.471 (4) (a) 8. An individual who meets all of the following criteria:

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

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

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

11 **SECTION 702c.** 49.471 (4g) of the statutes is created to read:

12 49.471 (4g) **MEDICAID EXPANSION; FEDERAL MEDICAL ASSISTANCE PERCENTAGE.** For
13 services provided to individuals described under sub. (4) (a) 8., the department shall
14 comply with all federal requirements to qualify for the highest available enhanced
15 federal medical assistance percentage. The department shall submit any
16 amendment to the state medical assistance plan, request for a waiver of federal
17 Medicaid law, or other approval request required by the federal government to
18 provide services to the individuals described under sub. (4) (a) 8. and qualify for the
19 highest available enhanced federal medical assistance percentage.”.

20 **73.** Page 356, line 23: after that line insert:

21 **“SECTION 703b.** 49.471 (6) (b) of the statutes is amended to read:

22 49.471 (6) (b) A pregnant woman who is determined to be eligible for benefits
23 under sub. (4) remains eligible for benefits under sub. (4) for the balance of the
24 pregnancy and to the last day of the month in which the 60th day or, if approved by

1 the federal government, the 365th day after the last day of the pregnancy falls
2 without regard to any change in the woman's family income.

3 **SECTION 704b.** 49.471 (6) (L) of the statutes is created to read:

4 49.471 (6) (L) The department shall request from the federal department of
5 health and human services approval of a state plan amendment, a waiver of federal
6 Medicaid law, or approval of a demonstration project to maintain eligibility for
7 post-partum women to the last day of the month in which the 365th day after the
8 last day of the pregnancy falls under ss. 49.46 (1) (a) 1m. and 9. and (j), 49.47 (4) (ag)
9 2., and 49.471 (4) (a) 1g. and 1m., (6) (b), and (7) (b) 1.

10 **SECTION 705b.** 49.471 (7) (b) 1. of the statutes is amended to read:

11 49.471 (7) (b) 1. A pregnant woman whose family income exceeds 300 percent
12 of the poverty line may become eligible for coverage under this section if the
13 difference between the pregnant woman's family income and the applicable income
14 limit under sub. (4) (a) is obligated or expended for any member of the pregnant
15 woman's family for medical care or any other type of remedial care recognized under
16 state law or for personal health insurance premiums or for both. Eligibility obtained
17 under this subdivision continues without regard to any change in family income for
18 the balance of the pregnancy and to the last day of the month in which the 60th day
19 or, if approved by the federal government, the 365th day after the last day of the
20 woman's pregnancy falls. Eligibility obtained by a pregnant woman under this
21 subdivision extends to all pregnant women in the pregnant woman's family.”.

22 **74.** Page 357, line 18: after that line insert:

23 “**SECTION 711c.** 49.686 (3) (d) of the statutes is amended to read:

1 49.686 (3) (d) Has applied for coverage under and has been denied eligibility
2 for medical assistance within 12 months prior to application for reimbursement
3 under sub. (2). This paragraph does not apply to an individual who is eligible for
4 benefits under ~~the demonstration project for childless adults under s. 49.45 (23)~~
5 BadgerCare Plus under s. 49.471 (4) (a) 8. or to an individual who is eligible for
6 benefits under BadgerCare Plus under s. 49.471 (11).”.

7 **75.** Page 363, line 8: after that line insert:

8 “**SECTION 746t.** 51.03 (7) of the statutes is created to read:

9 51.03 (7) From the appropriation under s. 20.435 (5) (dg), the department shall
10 award grants to regional crisis stabilization facilities for adults. The department
11 shall establish criteria for a regional crisis stabilization facility to receive a grant
12 under this subsection.”.

13 **76.** Page 364, line 14: delete the material beginning with that line and ending
14 with page 365, line 8, and substitute:

15 “**SECTION 750b.** 51.422 (1) of the statutes is amended to read:

16 51.422 (1) PROGRAM CREATION. The department shall create 2 or 3 new, regional
17 comprehensive opioid treatment programs, and in the 2017-19 fiscal biennium,
18 shall create 2 or 3 additional regional comprehensive opioid and methamphetamine
19 treatment programs, to provide treatment for opioid and opiate addiction and
20 methamphetamine addiction in underserved, high-need areas. The department
21 shall obtain and review proposals for opioid and methamphetamine treatment
22 programs in accordance with its request-for-proposal procedures. ~~A program under~~
23 ~~this section may not offer methadone treatment.~~

24 **SECTION 751b.** 51.422 (2) of the statutes is amended to read:

1 51.422 (2) PROGRAM COMPONENTS. An opioid or methamphetamine treatment
2 program created under this section shall offer an assessment to individuals in need
3 of service to determine what type of treatment is needed. The program shall
4 transition individuals to a certified residential program, if that level of treatment is
5 necessary. The program shall provide counseling, medication-assisted treatment,
6 including ~~both long-acting opioid antagonist and partial agonist~~ medications that
7 have been approved by the federal food and drug administration ~~if~~ for treating opioid
8 addiction, and abstinence-based treatment. The program shall transition
9 individuals who have completed treatment to county-based or private
10 post-treatment care.”.

11 **77.** Page 365, line 9: delete lines 9 to 16 and substitute:

12 “**SECTION 752b.** 51.441 of the statutes is created to read:

13 **51.441 Comprehensive mental health consultation program.** The
14 department shall convene a statewide group of interested persons, including at least
15 one representative of the Medical College of Wisconsin, to develop a concept paper,
16 business plan, and standards for a comprehensive mental health consultation
17 program that incorporates general psychiatry, geriatric psychiatry, addiction
18 medicine and psychiatry, a perinatal psychiatry consultation program, and the child
19 psychiatry consultation program under s. 51.442.”.

20 **78.** Page 433, line 4: after that line insert:

21 “**SECTION 1891b.** 250.048 of the statutes is created to read:

22 **250.048 Prescription drug importation program.** (1) IMPORTATION
23 PROGRAM REQUIREMENTS. The department, in consultation with persons interested in
24 the sale and pricing of prescription drugs and appropriate officials and agencies of

1 the federal government, shall design and implement a prescription drug importation
2 program for the benefit of residents of this state, that generates savings for residents,
3 and that satisfies all of the following:

4 (a) The department shall designate a state agency to become a licensed
5 wholesale distributor or to contract with a licensed wholesale distributor and shall
6 seek federal certification and approval to import prescription drugs.

7 (b) The prescription drug importation program under this section shall comply
8 with relevant requirements of 21 USC 384, including safety and cost savings
9 requirements.

10 (c) The prescription drug importation program under this section shall import
11 prescription drugs from Canadian suppliers regulated under any appropriate
12 Canadian or provincial laws.

13 (d) The prescription drug importation program under this section shall have
14 a process to sample the purity, chemical composition, and potency of imported
15 prescription drugs.

16 (e) The prescription drug importation program under this section shall import
17 only those prescription drugs for which importation creates substantial savings for
18 residents of the state and only those prescription drugs that are not brand-name
19 drugs and that have fewer than 4 competitor prescription drugs in the United States.

20 (f) The department shall ensure that prescription drugs imported under the
21 program under this section are not distributed, dispensed, or sold outside of the
22 state.

23 (g) The prescription drug importation program under this section shall ensure
24 all of the following:

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

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

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

8 (h) The prescription drug importation program under this section shall ensure
9 that a payment by a health plan or health insurance policy for a prescription drug
10 imported under the program reimburses no more than the actual acquisition cost of
11 the imported prescription drug that is dispensed.

12 (i) The prescription drug importation program under this section shall ensure
13 that any health plan or health insurance policy participating in the program does all
14 of the following:

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

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

20 3. Demonstrates to the department or a state agency designated by the
21 department how premiums under the policy or plan are affected by savings on
22 prescription drugs imported under the program.

23 (j) Any wholesale distributor importing prescription drugs under the program
24 under this section shall limit its profit margin to the amount established by the
25 department or a state agency designated by the department.

1 (k) The prescription drug importation program under this section may not
2 import any generic prescription drug that would violate federal patent laws on
3 branded products in this country.

4 (L) The prescription drug importation program under this section shall comply
5 to the extent practical and feasible before the prescription drug to be imported comes
6 into possession of the state's wholesale distributor and fully after the prescription
7 drug to be imported is in possession of the state's wholesale distributor with tracking
8 and tracing requirements of 21 USC 360eee to 360eee-1.

9 (m) The prescription drug importation program under this section shall
10 establish a fee or other approach to finance the program that does not jeopardize
11 significant savings to residents of the state.

12 (n) The prescription drug importation program under this section shall have
13 an audit function that ensures all of the following:

14 1. The department has a sound methodology to determine the most
15 cost-effective prescription drugs to include in the importation program under this
16 section.

17 2. The department has a process in place to select Canadian suppliers that are
18 high quality, high performing, and in full compliance with Canadian laws.

19 3. Prescription drugs imported under the program are pure, unadulterated,
20 potent, and safe.

21 4. The prescription drug importation program is complying with the
22 requirements of this subsection.

23 5. The prescription drug importation program under this section is adequately
24 financed to support administrative functions of the program while generating
25 significant cost savings to residents of the state.

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

3 7. The prescription drug importation program under this section provides and
4 is projected to continue to provide substantial cost savings to residents of the state.

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

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

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

1 extent the action is in accordance with other state laws and the certification by the
2 federal department of health and human services:

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

6 (b) Contract with one or more Canadian suppliers that meet the criteria in sub.
7 (1) (c).

8 (c) Create an outreach and marketing plan to communicate with and provide
9 information to health plans and health insurance policies, employers, pharmacies,
10 health care providers, and residents of the state on participating in the prescription
11 drug importation program.

12 (d) Develop and implement a registration process for health plans and health
13 insurance policies, pharmacies, and health care providers interested in participating
14 in the prescription drug importation program.

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

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

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

22 (h) Conduct any other activities determined by the department to be important
23 to successful implementation of the prescription drug importation program under
24 this section.

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

3 (a) A list of prescription drugs included in the importation program under this
4 section.

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

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

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

15 **79.** Page 433, line 5: delete lines 5 to 11 and substitute:

16 “**SECTION 1892b.** 250.10 (1m) (b) of the statutes is amended to read:

17 250.10 **(1m)** (b) Award in each fiscal year to qualified applicants grants totaling
18 ~~\$25,000~~ no less than \$50,000 for fluoride supplements, ~~\$25,000 for a fluoride~~
19 ~~mouth-rinse program~~ varnish and other evidence-based oral health activities,
20 \$700,000 for school-based preventive dental services, and ~~\$120,000 for a~~
21 ~~school-based dental sealant program~~ \$100,000 for school-based restorative dental
22 services.”.

23 **80.** Page 433, line 12: delete the material beginning with that line and ending
24 with page 434, line 2, and substitute:

1 **“SECTION 1893b.** 250.20 (3) of the statutes is amended to read:

2 250.20 (3) From the appropriation account under s. 20.435 (1) (~~kb~~) (cr), the
3 department shall annually award grants for activities to improve the health status
4 of economically disadvantaged minority group members. A person may apply, in the
5 manner specified by the department, for a grant of up to \$50,000 in each fiscal year
6 to conduct these activities. An awardee of a grant under this subsection shall
7 provide, for at least 50 percent of the grant amount, matching funds that may consist
8 of funding or an in-kind contribution. An applicant that is not a federally qualified
9 health center, as defined under 42 CFR 405.2401 (b) shall receive priority for grants
10 awarded under this subsection. An applicant that provides maternal and child
11 health services shall receive priority for grants awarded under this subsection.

12 **SECTION 1894b.** 250.20 (4) of the statutes is amended to read:

13 250.20 (4) From the appropriation account under s. 20.435 (1) (~~kb~~) (cr), the
14 department shall award a grant of up to \$50,000 in each fiscal year to a private
15 nonprofit corporation that applies, in the manner specified by the department, to
16 conduct a public information campaign on minority health.”.

17 **81.** Page 434, line 3: delete the material beginning with that line and ending
18 with page 445, line 17, and substitute:

19 **“SECTION 1896b.** 253.06 (1) (a) of the statutes is renumbered 253.06 (1) (am)
20 and amended to read:

21 253.06 (1) (am) “~~Authorized~~ Approved food” means food identified by the
22 department as an authorized food in accordance with 7 CFR 246.10 as acceptable for
23 use under the federal special supplemental food nutrition program for women,
24 infants and children under 42 USC 1786.

1 **SECTION 1897b.** 253.06 (1) (ag) of the statutes is created to read:

2 253.06 (1) (ag) “Alternate participant” means a person who has been
3 authorized by a participant to request benefits, participate in nutrition education,
4 bring an infant or child to a Women, Infants, and Children program appointment,
5 and have access to information in the participant’s file.

6 **SECTION 1898b.** 253.06 (1) (b) of the statutes is repealed.

7 **SECTION 1899b.** 253.06 (1) (br) of the statutes is created to read:

8 253.06 (1) (br) “Cardholder” means a participant; alternate participant;
9 parent, legal guardian, or caretaker of a participant; or another person in possession
10 of a Women, Infants, and Children program electronic benefit transfer card and the
11 personal identification number for the card.

12 **SECTION 1900b.** 253.06 (1) (c) of the statutes is repealed.

13 **SECTION 1901b.** 253.06 (1) (cm) of the statutes is amended to read:

14 253.06 (1) (cm) “~~Food~~ Direct distribution center” means an entity, other than
15 a vendor, that is under contract with the department under sub. (3m) to distribute
16 ~~authorized~~ approved food to participants.

17 **SECTION 1902b.** 253.06 (1) (cp), (cr), (ct) and (cv) of the statutes are created to
18 read:

19 253.06 (1) (cp) “Electronic benefit transfer” means a method that permits
20 electronic access to Women, Infants, and Children program benefits using a device,
21 approved by the department, with payments made in accordance with ch. 410.

22 (cr) “Food instrument” means a voucher, check, electronic benefit transfer card,
23 electronic benefit transfer card number and personal identification number, coupon,
24 or other method used by a participant to obtain Women, Infants, and Children
25 program approved foods.

1 (ct) “Infant formula supplier” means a wholesaler, distributor, retailer, or
2 manufacturer of infant formula.

3 (cv) “Local agency” means an entity that has a contract with the department
4 to provide services under the Women, Infants, and Children program such as
5 eligibility determination, benefit issuance, and nutritional counseling for
6 participants.

7 **SECTION 1903b.** 253.06 (1) (dm) of the statutes is repealed.

8 **SECTION 1904b.** 253.06 (1) (dr) and (dv) of the statutes are created to read:

9 253.06 (1) (dr) “Summary suspension” means an emergency action taken by the
10 department to suspend an authorization under the Women, Infants, and Children
11 program.

12 (dv) “Trafficking” means doing any of the following:

13 1. Buying, selling, stealing, or otherwise exchanging for cash or consideration
14 other than approved food Women, Infants, and Children program food instruments
15 or benefits that are issued and accessed via a food instrument.

16 2. Exchanging firearms, ammunition, explosives, or controlled substances, as
17 defined in 21 USC 802, for a food instrument.

18 3. Intentionally purchasing and reselling for cash or consideration other than
19 approved food a product that is purchased with a food instrument.

20 4. Intentionally purchasing with cash or consideration other than approved
21 food a product that was originally purchased with a food instrument.

22 **SECTION 1905b.** 253.06 (1) (e) of the statutes is amended to read:

23 253.06 (1) (e) “Vendor” means a ~~grocery store or pharmacy that sells authorized~~
24 person that operates one or more stores or pharmacies authorized by the department
25 under sub. (3) to provide approved foods under a retail food delivery system.

1 **SECTION 1906b.** 253.06 (1) (f) of the statutes is repealed.

2 **SECTION 1907b.** 253.06 (1) (g) of the statutes is created to read:

3 253.06 (1) (g) “Women, Infants, and Children program” means the federal
4 special supplemental nutrition program for women, infants and children under 42
5 USC 1786 and this section.

6 **SECTION 1908b.** 253.06 (1m) of the statutes is created to read:

7 253.06 (1m) PROGRAM ADMINISTRATION. (a) The department may identify an
8 alternate participant as the Women, Infants, and Children program cardholder for
9 purposes of electronic administration of the Women, Infants, and Children program.

10 **SECTION 1909b.** 253.06 (3) (a) (intro.) of the statutes is amended to read:

11 253.06 (3) (a) (intro.) The department may authorize a vendor ~~to accept drafts~~
12 only if the vendor meets all of the following conditions:

13 **SECTION 1910b.** 253.06 (3) (a) 5. of the statutes is created to read:

14 253.06 (3) (a) 5. The vendor has an electronic benefit transfer-capable cash
15 register system or payment device, approved by the department, that is able to
16 accurately and securely obtain Women, Infants, and Children program food balances
17 associated with the electronic benefit transfer card, maintain the necessary
18 electronic files such as the approved food list, successfully complete Women, Infants,
19 and Children program electronic benefit transfer purchases, and process Women,
20 Infants, and Children program electronic benefit transfer payments.

21 **SECTION 1911b.** 253.06 (3) (bg) of the statutes is amended to read:

22 253.06 (3) (bg) The department may limit the number of vendors that it
23 authorizes under this subsection if the department determines that the number of
24 vendors already authorized under this subsection is sufficient to permit participants
25 to obtain authorized approved food conveniently.

1 **SECTION 1912b.** 253.06 (3) (c) of the statutes is amended to read:

2 253.06 (3) (c) The department may not redeem drafts food instruments only
3 when submitted by a person who is not an authorized vendor under this subsection
4 except as provided in sub. (3m).

5 **SECTION 1913b.** 253.06 (3) (d) of the statutes is created to read:

6 253.06 (3) (d) Each store operated by a business entity is a separate vendor for
7 purposes of this section and is required to have a single, fixed location, except when
8 the authorization of mobile stores is necessary to meet special needs in accordance
9 with 7 CFR 246.4 (1) (14) (xiv). The department shall require that each store be
10 authorized as a vendor separately from other stores operated by the business entity.

11 **SECTION 1914b.** 253.06 (3m) (title) and (a) (intro.) of the statutes are amended
12 to read:

13 253.06 (3m) (title) ~~FOOD~~ DIRECT DISTRIBUTION CENTERS. (a) (intro.) The
14 department may contract for an alternative system of authorized approved food
15 distribution with an entity other than a vendor only if the entity meets all of the
16 following requirements:

17 **SECTION 1915b.** 253.06 (3m) (a) 4. of the statutes is created to read:

18 253.06 (3m) (a) 4. The entity has an electronic benefit transfer-capable cash
19 register system or payment device, approved by the department, that is able to
20 accurately and securely obtain Women, Infants, and Children program food balances
21 associated with the electronic benefit transfer card, maintain the necessary files,
22 successfully complete Women, Infants, and Children program electronic benefit
23 transfer purchases, and process Women, Infants, and Children program electronic
24 benefit transfer payments.

25 **SECTION 1916b.** 253.06 (3m) (b) of the statutes is amended to read:

1 253.06 (3m) (b) The department ~~shall redeem valid drafts~~ may process a
2 payment if submitted by a food direct distribution center that is authorized by the
3 department under this subsection.

4 **SECTION 1917b.** 253.06 (4) (a) 1. of the statutes is amended to read:

5 253.06 (4) (a) 1. ~~Accept drafts or submit drafts~~ a food instrument or submit a
6 request to the department for redemption without authorization.

7 **SECTION 1918b.** 253.06 (4) (a) 2. of the statutes is repealed.

8 **SECTION 1919b.** 253.06 (4) (a) 2m. of the statutes is created to read:

9 253.06 (4) (a) 2m. Engage in trafficking.

10 **SECTION 1920b.** 253.06 (4) (a) 3. to 4. of the statutes are amended to read:

11 253.06 (4) (a) 3. ~~Accept a draft~~ food instrument other than in exchange for
12 authorized approved food that is provided by the ~~person selected by the electronic~~
13 benefit transfer cardholder.

14 3m. Provide authorized approved food or other commodities to ~~a participant~~
15 ~~or proxy~~ an electronic benefit transfer cardholder in exchange for a ~~draft food~~
16 instrument accepted by a 3rd party.

17 4. ~~Enter on a draft~~ Submit a payment request for a dollar amount that is higher
18 than the actual retail price of the item for which ~~the draft~~ a food instrument was used.

19 **SECTION 1921b.** 253.06 (4) (a) 5. of the statutes is repealed.

20 **SECTION 1922b.** 253.06 (4) (a) 5m. of the statutes is created to read:

21 253.06 (4) (a) 5m. Confiscate a food instrument or ask for or enter the electronic
22 benefit transfer cardholder's personal identification number.

23 **SECTION 1923b.** 253.06 (4) (a) 6. and 8. of the statutes are repealed.

24 **SECTION 1924b.** 253.06 (4) (a) 9. of the statutes is amended to read:

1 253.06 (4) (a) 9. ~~Submit for redemption a draft~~ Provide to someone other than
2 the department a food instrument; a Women, Infants, and Children program
3 electronic benefit transfer card; or food purchased with a food instrument for
4 something of value.

5 **SECTION 1925b.** 253.06 (4) (a) 10. of the statutes is repealed.

6 **SECTION 1926b.** 253.06 (5) (a) 1. and 2. of the statutes are amended to read:

7 253.06 (5) (a) 1. Minimum qualification standards for the authorization of
8 vendors and infant formula suppliers and for the awarding of a contract to an entity
9 under sub. (3m).

10 2. Standards of operation for authorized vendors and infant formula suppliers
11 and ~~food~~ direct distribution centers, including prohibited practices.

12 **SECTION 1927b.** 253.06 (5) (b) 1. to 3. of the statutes are amended to read:

13 253.06 (5) (b) 1. Denial of the application to be a participant or authorized
14 vendor or infant formula supplier.

15 2. ~~Suspension~~ Summary suspension or termination of authorization for an
16 authorized vendor or infant formula supplier or, in the case of a ~~food~~ direct
17 distribution center, termination of the contract.

18 3. Disqualification from the program under this section for a vendor, infant
19 formula supplier, or participant.

20 **SECTION 1928b.** 253.06 (5) (b) 6. to 8. of the statutes are created to read:

21 253.06 (5) (b) 6. Civil monetary penalty.

22 7. Warning letter.

23 8. Implementation of a corrective action plan.

24 **SECTION 1929b.** 253.06 (5) (d) (intro.) and 6. of the statutes are amended to
25 read:

1 253.06 (5) (d) (intro.) The department may directly assess a forfeiture provided
2 for under par. (b) 4., recoupment provided for under par. (b) 5. and an enforcement
3 assessment provided for under par. (c). If the department determines that a
4 forfeiture, recoupment or enforcement assessment should be levied, or that
5 authorization or eligibility should be summarily suspended or terminated, for a
6 particular violation or for failure to correct it, the department shall send a notice of
7 assessment, summary suspension or termination to the vendor, ~~food~~ infant formula
8 supplier, direct distribution center or participant. The notice shall inform the
9 vendor, ~~food~~ infant formula supplier, direct distribution center or participant of the
10 right to a hearing under sub. (6) and shall specify all of the following:

11 6. If applicable, ~~that the suspension or termination of authorization of the~~
12 ~~vendor or eligibility of the participant is effective beginning on the 15th day after~~
13 ~~receipt~~ date of the notice of summary suspension or termination.

14 **SECTION 1930b.** 253.06 (5) (e) of the statutes is renumbered 253.06 (5) (e) 1. and
15 amended to read:

16 253.06 (5) (e) 1. The ~~suspension or~~ termination of authorization of a vendor,
17 infant formula supplier, or direct distribution center or eligibility of a participant
18 shall be effective beginning on the 15th day after receipt of the notice of ~~suspension~~
19 ~~or~~ termination.

20 2. All forfeitures, recoupments, and enforcement assessments shall be paid to
21 the department within 15 days after receipt of notice of assessment or, if the
22 forfeiture, recoupment, or enforcement assessment is contested under sub. (6),
23 within 10 days after receipt of the final decision after exhaustion of administrative
24 review, unless the final decision is adverse to the department or unless the final
25 decision is appealed and the decision is stayed by court order under sub. (7). The

1 department shall remit all forfeitures paid to the secretary of administration for
2 deposit in the school fund. The department shall deposit all enforcement
3 assessments in the appropriation under s. 20.435 (1) (gr).

4 **SECTION 1931b.** 253.06 (5) (e) 3. of the statutes is created to read:

5 253.06 (5) (e) 3. The summary suspension of authorization of a vendor, infant
6 formula supplier, or direct distribution center shall be effective immediately upon
7 receipt of the notice under par. (d).

8 **SECTION 1932b.** 253.06 (6) (b) of the statutes is amended to read:

9 253.06 (6) (b) A person may contest an assessment of forfeiture, recoupment
10 or enforcement assessment, a denial, ~~suspension~~ or termination of authorization, a
11 civil monetary penalty assessed in lieu of disqualification, a summary suspension,
12 ~~or a suspension or termination of eligibility~~ by sending a written request for hearing
13 under s. 227.44 to the division of hearings and appeals in the department of
14 administration within 10 days after the receipt of the notice issued under sub. (3)
15 (bm) or (5) (d). The administrator of the division of hearings and appeals may
16 designate a hearing examiner to preside over the case and recommend a decision to
17 the administrator under s. 227.46. The decision of the administrator of the division
18 of hearings and appeals shall be the final administrative decision. The division of
19 hearings and appeals shall commence the hearing and issue a final decision within
20 60 days after receipt of the request for hearing unless all of the parties consent to a
21 later date. Proceedings before the division of hearings and appeals are governed by
22 ch. 227. In any petition for judicial review of a decision by the division of hearings
23 and appeals, the department, if not the petitioner who was in the proceeding before
24 the division of hearings and appeals, shall be the named respondent.

25 **SECTION 1933b.** 253.06 (8) of the statutes is amended to read:

1 253.06 (8) INSPECTION OF PREMISES. The department may visit and inspect each
2 authorized vendor and infant formula supplier and each food direct distribution
3 center, and for such purpose shall be given unrestricted access to the premises
4 described in the authorization or contract.

5 **SECTION 1934b.** 253.06 (9) and (10) of the statutes are created to read:

6 253.06 (9) CONFIDENTIALITY OF APPLICANT AND PARTICIPANT INFORMATION. (a) Any
7 information about an applicant or participant, whether it is obtained from the
8 applicant or participant or another source or is generated as a result of application
9 for the Women, Infants, and Children program, that identifies the applicant or
10 participant or a family member of the applicant or participant is confidential.

11 (b) Except as explicitly permitted under this section, the department shall
12 restrict the use and disclosure of confidential applicant and participant information
13 to any person directly connected with the administration or enforcement of the
14 Women, Infants, and Children program that the department determines has a need
15 to know the information for Women, Infants, and Children program purposes.
16 Persons who may be allowed to access confidential information under this paragraph
17 include personnel from the local agencies, persons under contract with the
18 department to perform research regarding the Women, Infants, and Children
19 program, and persons that are investigating or prosecuting Women, Infants, and
20 Children program violations of federal, state, or local law.

21 (c) The department or any local agency may use or disclose to public
22 organizations confidential applicant and participant information for the
23 administration of other programs that serve individuals eligible for the Women,
24 Infants, and Children program in accordance with 7 CFR 246.26 (h).

1 (d) Staff of the department and local agencies who are required by state law to
2 report known or suspected child abuse or neglect may disclose confidential applicant
3 and participant information without the consent of the participant or applicant to
4 the extent necessary to comply with the law.

5 (e) Except in the case of subpoenas or search warrants, the department and
6 local agencies may disclose confidential applicant and participant information to
7 individuals or entities not listed in this section only if the affected applicant or
8 participant signs a release form authorizing the disclosure and specifying the parties
9 to which the information may be disclosed. The department or local agency shall
10 allow applicants and participants to refuse to sign the release form and shall notify
11 the applicant or participant that signing the form is not a condition of eligibility and
12 refusing to sign the form will not affect the applicant's or participant's application
13 or participation in the Women, Infants, and Children program. Release forms
14 authorizing disclosure to private physicians or other health care providers may be
15 included as part of the Women, Infants, and Children program application or
16 certification process. All other requests for applicants or participants to sign
17 voluntary release forms may occur only after the application and certification
18 process is complete.

19 (f) The department or local agency shall provide to an applicant or participant
20 access to all information he or she has provided to the Women, Infants, and Children
21 program. In the case of an applicant or participant who is an infant or child, the
22 access may be provided to a parent or guardian of the infant or child, assuming that
23 any issues regarding custody or guardianship have been settled. The department or
24 local agency is not required to provide the applicant or participant or parent or
25 guardian of an infant or child applicant or participant access to any other

1 information in the file or record, including documentation of income provided by a
2 3rd party and staff assessments of an applicant or participant's condition or
3 behavior, unless required by law or unless the information supports a state or local
4 agency decision being appealed under 7 CFR 246.9.

5 **(10) CONFIDENTIALITY OF VENDOR INFORMATION.** (a) Any information about a
6 vendor, whether it is obtained from the vendor or another source, that individually
7 identifies the vendor except for the vendor's name, address, telephone number,
8 Internet or electronic mail address, store type, and Women, Infants, and Children
9 program authorization status is confidential. The department shall restrict the use
10 or disclosure of confidential vendor information to any of the following:

11 1. Persons directly connected with the administration or enforcement of the
12 Women, Infants, and Children program or the food stamp program under s. 49.79
13 that the department determines has a need to know the information for purposes of
14 these programs. These persons may include personnel from local agencies and
15 persons investigating or prosecuting violations of Women, Infants, and Children
16 program or food stamp program federal, state, or local laws.

17 2. Persons directly connected with the administration or enforcement of any
18 federal or state law or local ordinance. Before releasing information to a state or local
19 entity, the department shall enter into a written agreement with the requesting
20 party specifying that the information may not be used or redisclosed except for
21 purposes directly connected with the administration or enforcement of the federal or
22 state law or local ordinance.

23 3. A vendor that is subject to an adverse action under sub. (5), including a claim,
24 to the extent that the confidential information concerns the vendor that is subject to
25 the adverse action and is related to the adverse action.

1 (b) The department may disclose to all authorized vendors and applicants to
2 be a vendor sanctions that have been imposed on vendors if the disclosure identifies
3 only the vendor's name, address, length of the disqualification or amount of the
4 monetary penalty, and a summary of the reason for the sanction provided in the
5 notice of adverse action under sub. (5). The information under this paragraph may
6 be disclosed only after all administrative and judicial review is exhausted and the
7 department has prevailed regarding the sanction imposed on the vendor or after the
8 time period for requesting administrative and judicial review has expired.”.

9 **82.** Page 445, line 17: after that line insert:

10 “**SECTION 1935w.** 253.07 (1) (a) 3. of the statutes is created to read:

11 253.07 (1) (a) 3. Pregnancy termination.

12 **SECTION 1936w.** 253.07 (1) (b) 3. of the statutes is created to read:

13 253.07 (1) (b) 3. Pregnancy termination.

14 **SECTION 1937w.** 253.07 (5) (b) (intro.) of the statutes is renumbered 253.07 (5)

15 (b) and amended to read:

16 253.07 (5) (b) ~~Subject to par. (c), a~~ A public entity that receives women's health
17 funds under this section may provide some or all of the funds to other public or
18 private entities ~~provided that the recipient of the funds does not do any of the~~
19 ~~following:~~

20 **SECTION 1938w.** 253.07 (5) (b) 1. to 3. of the statutes are repealed.

21 **SECTION 1939w.** 253.07 (5) (c) of the statutes is repealed.

22 **SECTION 1940w.** 253.075 of the statutes is repealed.”.

23 **83.** Page 446, line 1: delete lines 1 and 2 and substitute:

1 “254.151 (2m) Award grants for residential lead hazard abatement, residential
2 lead hazard reduction, and lead abatement worker training.”.

3 **84.** Page 448, line 25: delete the material beginning with that line and ending
4 with page 449, line 2, and substitute:

5 “**SECTION 1950m.** 255.06 (2) (i) of the statutes is amended to read:

6 255.06 (2) (i) *Multiple sclerosis services.* Allocate and expend ~~at least~~ up to
7 \$60,000 as reimbursement for the provision of multiple sclerosis services to women.”.

8 **85.** Page 454, line 12: after that line insert:

9 “**SECTION 2093k.** 632.796 of the statutes is created to read:

10 **632.796 Drug cost report.** (1) DEFINITION. In this section, “disability
11 insurance policy” has the meaning given in s. 632.895 (1) (a).

12 (2) REPORT REQUIRED. Annually, at the time the insurer files its rate request
13 with the commissioner, each insurer that offers a disability insurance policy that
14 covers prescription drugs shall submit to the commissioner a report that identifies
15 the 25 prescription drugs that are the highest cost to the insurer and the 25
16 prescription drugs that have the highest cost increases over the 12 months before the
17 submission of the report.

18 **SECTION 2094k.** 632.865 (3) of the statutes is created to read:

19 632.865 (3) REGISTRATION REQUIRED. (a) No person may perform any activities
20 of a pharmacy benefit manager in this state without first registering with the
21 commissioner under this subsection.

22 (b) The commissioner shall establish a registration procedure for pharmacy
23 benefit managers. The commissioner may promulgate any rules necessary to
24 implement the registration procedure under this paragraph.

1 **SECTION 2095k.** 632.866 of the statutes is created to read:

2 **632.866 Prescription drug cost reporting. (1) DEFINITIONS.** In this section:

3 (a) “Brand-name drug” means a prescription drug approved under 21 USC 355
4 (b) or 42 USC 262.

5 (b) “Covered hospital” means an entity described in 42 USC 256b (a) (4) (L) to
6 (N) that participates in the federal drug-pricing program under 42 USC 256b.

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

8 (d) “Generic drug” means a prescription drug approved under 21 USC 355 (j).

9 (e) “Manufacturer” has the meaning given in s. 450.01 (12). “Manufacturer”
10 does not include an entity that is engaged only in the dispensing, as defined in s.
11 450.01 (7), of a brand-name drug or a generic drug.

12 (f) “Manufacturer-sponsored assistance program” means a program offered by
13 a manufacturer or an intermediary under contract with a manufacturer through
14 which a brand-name drug or a generic drug is provided to a patient at no charge or
15 at a discount.

16 (g) “Margin” means, for a covered hospital, the difference between the net cost
17 of a brand-name drug or generic drug covered under the federal drug-pricing
18 program under 42 USC 256b and the net payment by the covered hospital for that
19 brand-name drug or generic drug.

20 (h) “Net payment” means the amount paid for a brand-name drug or generic
21 drug after all discounts and rebates have been applied.

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

23 (j) “Wholesale acquisition cost” means the most recently reported
24 manufacturer list or catalog price for a brand-name drug or a generic drug available

1 to wholesalers or direct purchasers in the United States, before application of
2 discounts, rebates, or reductions in price.

3 **(2) PRICE INCREASE OR INTRODUCTION NOTICE; JUSTIFICATION REPORT.** (a) A
4 manufacturer shall notify the commissioner if it is increasing the wholesale
5 acquisition cost of a brand-name drug on the market in this state by more than 10
6 percent or by more than \$10,000 during any 12-month period or if it intends to
7 introduce to market in this state a brand-name drug that has an annual wholesale
8 acquisition cost of \$30,000 or more.

9 (b) A manufacturer shall notify the commissioner if it is increasing the
10 wholesale acquisition cost of a generic drug by more than 25 percent or by more than
11 \$300 during any 12-month period or if it intends to introduce to market a generic
12 drug that has an annual wholesale acquisition cost of \$3,000 or more.

13 (c) The manufacturer shall provide the notice under par. (a) or (b) in writing
14 at least 30 days before the planned effective date of the cost increase or drug
15 introduction with a justification that includes all documents and research related to
16 the manufacturer's selection of the cost increase or introduction price and a
17 description of life cycle management, market competition and context, and
18 estimated value or cost-effectiveness of the product.

19 **(3) NET PRICES PAID BY PHARMACY BENEFIT MANAGERS.** By March 1 annually, the
20 manufacturer shall report to the commissioner the value of price concessions,
21 expressed as a percentage of the wholesale acquisition cost, provided to each
22 pharmacy benefit manager for each drug sold in this state.

23 **(4) REBATES AND PRICE CONCESSIONS.** By March 1 annually, each pharmacy
24 benefit manager shall report to the commissioner the amount received from
25 manufacturers as drug rebates and the value of price concessions, expressed as a

1 percentage of the wholesale acquisition cost, provided by manufacturers for each
2 drug.

3 (5) HOSPITAL MARGIN SPENDING. By March 1 annually, each covered hospital
4 operating in this state shall report to the commissioner the per unit margin for each
5 drug covered under the federal drug pricing program under 42 USC 256b dispensed
6 in the previous year multiplied by the number of units dispensed at that margin and
7 how the margin revenue was used.

8 (6) MANUFACTURER-SPONSORED ASSISTANCE PROGRAMS. By March 1 annually,
9 each manufacturer shall provide the commissioner with a description of each
10 manufacturer-sponsored patient assistance program in effect during the previous
11 year that includes all of the following:

12 (a) The terms of the programs.

13 (b) The number of prescriptions provided to state residents under the program.

14 (c) The total market value of assistance provided to residents of this state under
15 the program.

16 (7) CERTIFICATION AND PENALTIES FOR NONCOMPLIANCE. Each manufacturer and
17 covered hospital that is required to report under this section shall certify each report
18 as accurate under the penalty of perjury. A manufacturer or covered hospital that
19 fails to submit a report required under this section is subject to a forfeiture of no more
20 than \$10,000 each day the report is overdue.

21 (8) HEARING AND PUBLIC REPORTING. (a) The commissioner shall publicly post
22 manufacturer price justification documents and covered hospital documentation of
23 how each hospital spends the margin revenue. The commissioner shall keep any
24 trade secret or proprietary information confidential.

1 (b) The commissioner shall analyze data collected under this section and
2 publish annually a report on emerging trends in prescription prices and price
3 increases, and shall annually conduct a public hearing based on the analysis under
4 this paragraph. The report under this paragraph shall include analysis of
5 manufacturer prices and price increases, analysis of hospital-specific margins and
6 how that revenue is spent or allocated on a hospital-specific basis, and analysis of
7 how pharmacy benefit manager discounts and net costs compare to retail prices paid
8 by patients.

9 (9) ALLOWING COST DISCLOSURE TO INSURED. The commissioner shall ensure that
10 every disability insurance policy that covers prescription drugs or biological products
11 does not restrict a pharmacy or pharmacist that dispenses a prescription drug or
12 biological product from informing and does not penalize a pharmacy or pharmacist
13 for informing an insured under a policy of a difference between the negotiated price
14 of, or copayment or coinsurance for, the drug or biological product under the policy
15 and the price the insured would pay for the drug or biological product if the insured
16 obtained the drug or biological product without using any health insurance
17 coverage.”.

18 **86.** Page 460, line 2: after that line insert:

19 “SECTION 2264g. 2017 Wisconsin Act 370, Section 44 (2) and (3) are repealed.”.

20 **87.** Page 460, line 22: after that line insert:

21 “(4f) PSYCHIATRIC CARE TECHNICIANS; PAY INCREASES.

22 (a) In this subsection:

23 1. “Psychiatric care technician” means an individual classified as a psychiatric
24 care technician who is employed by the state and whose principal duties are

1 performing individual treatment programming and maintaining internal security
2 among individuals who are committed to any of the following:

- 3 a. The secure mental health facility established under s. 46.055.
- 4 b. The Wisconsin Resource Center established under s. 46.056.
- 5 c. The Mendota Juvenile Treatment Center established under s. 46.057.
- 6 d. The Winnebago Mental Health Institute.

7 2. "Psychiatric care technician-advanced" means an individual classified as a
8 psychiatric care technician-advanced who is employed by the state and whose
9 principal duties are performing individual treatment programming and
10 maintaining internal security among individuals who are committed to any of the
11 following:

- 12 a. The secure mental health facility established under s. 46.055.
- 13 b. The Wisconsin Resource Center established under s. 46.056.
- 14 c. The Mendota Juvenile Treatment Center established under s. 46.057.
- 15 d. The Winnebago Mental Health Institute.

16 (b) The administrator of the division of personnel management in the
17 department of administration shall specify in the compensation plan under s. 230.12
18 for the 2019-21 biennium that the minimum starting wage for psychiatric care
19 technicians is \$19 per hour.

20 (c) The administrator of the division of personnel management in the
21 department of administration shall specify in the compensation plan under s. 230.12
22 for the 2019-21 biennium that the minimum starting wage for psychiatric care
23 technicians-advanced is \$19.91 per hour.

24 (d) The administrator of the division of personnel management shall specify in
25 the compensation plan under s. 230.12 for the 2019-21 biennium that the wage for

1 current psychiatric care technicians is increased by \$2.35 per hour, and the wage for
2 current psychiatric care technicians-advanced is increased by \$2.46 per hour.

3 (e) If, on the effective date of this paragraph, the compensation plan under s.
4 230.12 has been adopted for the 2019-21 biennium and the compensation plan does
5 not include the minimum hourly pay required under pars. (b) to (d), by no later than
6 30 days after the effective date of this paragraph, the administrator of the division
7 of personnel management in the department of administration shall propose an
8 amendment under s. 230.12 (3) (c) to include the minimum hourly pay required
9 under pars. (b) to (d) in the compensation plan for the 2019-21 biennium.

10 (5f) CORRECTIONAL OFFICERS AND YOUTH COUNSELORS; PAY INCREASES.

11 (a) In this section:

12 1. "Correctional officer" means an individual classified as a correctional officer
13 who is employed by the state and whose principal duty is any of the following:

14 a. The supervision of inmates at a prison, as defined in s. 302.01.

15 b. The supervision of persons committed under s. 980.06 at the secure mental
16 health facility established under s. 46.055 or the Wisconsin resource center
17 established under s. 46.056.

18 2. "Correctional sergeant" means an individual classified as a correctional
19 sergeant who is employed by the state and whose principal duty is any of the
20 following:

21 a. The supervision of inmates at a prison, as defined in s. 302.01.

22 b. The supervision of persons committed under s. 980.06 at the secure mental
23 health facility established under s. 46.055 or the Wisconsin resource center
24 established under s. 46.056.

1 3. “Youth counselor” means an individual classified as a youth counselor who
2 is employed by the state and whose principal duty is the supervision of juveniles held
3 in a juvenile correctional facility, as defined in s. 938.02 (10p).

4 4. “Youth counselor-advanced” means an individual classified as a youth
5 counselor-advanced who is employed by the state and whose principal duty is the
6 supervision of juveniles held in a juvenile correctional facility, as defined in s. 938.02
7 (10p).

8 (b) The administrator of the division of personnel management in the
9 department of administration shall specify in the compensation plan under s. 230.12
10 for the 2019-21 biennium that the minimum wage for correctional officers and youth
11 counselors is \$19 per hour.

12 (c) The administrator of the division of personnel management in the
13 department of administration shall specify in the compensation plan under s. 230.12
14 for the 2019-21 biennium that the minimum wage for correctional sergeants and
15 youth counselors-advanced is \$19.91 per hour.

16 (d) The administrator of the division of personnel management shall specify in
17 the compensation plan under s. 230.12 for the 2019-21 biennium that the wage for
18 current correctional officers and youth counselors is increased by \$2.35 per hour, and
19 the wage for current correctional sergeants and youth counselors-advanced is
20 increased by \$2.46 per hour.

21 (e) If, on the effective date of this paragraph, the compensation plan under s.
22 230.12 has been adopted for the 2019-21 biennium and the compensation plan does
23 not include the minimum hourly pay required under pars. (b) to (d), by no later than
24 30 days after the effective date of this paragraph, the administrator of the division
25 of personnel management in the department of administration shall propose an

1 amendment under s. 230.12 (3) (c) to include the minimum hourly pay required
2 under pars. (b) to (d) in the compensation plan for the 2019-21 biennium.

3 (6f) CORRECTIONAL OFFICERS AND CORRECTIONAL SERGEANTS AND YOUTH
4 COUNSELORS AND YOUTH COUNSELORS-ADVANCED AND PSYCHIATRIC CARE TECHNICIANS;
5 WAGE INCREASES. The amounts of the estimated expenditures in the compensation
6 reserves general purpose revenue shown in the schedule under s. 20.005 (1) are
7 increased by \$8,000,000 in fiscal year 2019-20 and by \$8,000,000 in fiscal year
8 2020-21.”.

9 **88.** Page 488, line 8: after that line insert:

10 “(1t) PRESCRIPTION DRUG POOLING STUDY. The department of employee trust
11 funds, in consultation with the department of corrections, the department of health
12 services, and the department of veterans affairs, shall study the options and
13 opportunities for cost savings to state agencies through prescription drug pooling.
14 No later than January 1, 2020, the department of employee trust funds shall submit
15 a report of the study to the governor and the appropriate standing committees of the
16 legislature, as determined by the speaker of the assembly and the president of the
17 senate, in the manner provided under s. 13.172 (3).”.

18 **89.** Page 488, line 16: after that line insert:

19 “(1s) FORENSIC UNIT EXPANSION AT SAND RIDGE SECURE TREATMENT CENTER. From
20 the appropriation under s. 20.435 (2) (bm), the department shall allocate \$3,430,900
21 in fiscal year 2020-21 and create 36.50 FTE GPR positions to operate a 20-bed unit
22 for forensic patients at the Sand Ridge Secure Treatment Center.”.

23 (1t) YOUTH CRISIS STABILIZATION FACILITIES AND PEER-RUN RESPITE CENTERS FOR
24 VETERANS. The department of health services shall award in each fiscal year \$996,400

1 in grants to youth crisis stabilization facilities and \$450,000 in grants to a peer-run
2 respite center for veterans.”

3 **90.** Page 488, line 17: delete the material beginning with that line and ending
4 with page 489, line 3, and substitute:

5 “(2b) MEDICAL ASSISTANCE REIMBURSEMENT FOR SERVICES PROVIDED THROUGH
6 TELEHEALTH. The department of health services shall develop, by rule, a method of
7 reimbursing providers under the Medical Assistance program for a service that is
8 covered by the Medical Assistance program under subch. IV of ch. 49 and that
9 satisfies any of the following:

10 (a) The service is a consultation between a provider at an originating site and
11 a provider at a remote location using a combination of interactive video, audio, and
12 externally acquired images through a networking environment.

13 (b) The service is an asynchronous transmission of digital clinical information
14 through a secure electronic system from a Medical Assistance recipient or provider
15 to a provider.”

16 **91.** Page 489, line 3: after that line insert:

17 “(2g) CHILDLESS ADULTS DEMONSTRATION PROJECT REFORM WAIVER. The
18 department of health services may submit a request to the federal department of
19 health and human services to modify or withdraw the waiver granted under s. 49.45
20 (23) (g), 2017 stats.

21 (3g) ACADEMIC DETAILING TRAINING PROGRAM.

22 (c) In this subsection, “academic detailing” means a teaching model under
23 which health care experts are taught techniques for engaging in interactional
24 educational outreach to other health care providers and clinical staff to provide

1 information on evidence-based practices and successful therapeutic interventions
2 with the goal of improving patient care.

3 (d) The department of health services shall establish and implement a 2-year
4 academic detailing primary care clinic dementia training program in 10 primary
5 care clinics in the state through a contract with the Wisconsin Alzheimer's Institute.

6 (e) The department shall, as part of the training program, provide primary care
7 providers with clinical training and access to educational resources on best practices
8 for diagnosis and management of common cognitive disorders, and referral
9 strategies to dementia specialists for complicated or rare cognitive or behavioral
10 disorders.

11 (f) The department shall ensure that the training program under this
12 subsection includes at least the following three components:

13 1. The most current research on effective clinical treatments and practices is
14 systematically evaluated by the academic detailing team.

15 2. Information gathered and evaluated under subd. 1. is packaged into an
16 easily accessible format that is clinically relevant, rigorously sourced, and
17 compellingly formatted.

18 3. Training is provided for clinicians to serve as academic detailers that equips
19 them with clinical expertise and proficiency in conducting an interactive educational
20 exchange to facilitate individualized learning among participating primary care
21 practitioners in the target clinics.”

22 **92.** Page 489, line 14: after that line insert:

23 “(4c) CHILDLESS ADULTS DEMONSTRATION PROJECT. The department of health
24 services shall submit any necessary request to the federal department of health and

1 human services for a state plan amendment or waiver of federal Medicaid law or to
2 modify or withdraw from any waiver of federal Medicaid law relating to the childless
3 adults demonstration project under s. 49.45 (23), 2017 stats., to reflect the
4 incorporation of recipients of Medical Assistance under the demonstration project
5 into the BadgerCare Plus program under s. 49.471 and the termination of the
6 demonstration project.”.

7 **93.** Page 489, line 15: delete lines 15 to 20 and substitute:

8 “(6b) EVIDENCE-BASED ORAL HEALTH GRANTS AND SEAL-A-SMILE PROGRAM.
9 Notwithstanding s. 250.10 (1m) (b), in fiscal year 2019–20, the department of health
10 services shall, from the appropriation under s. 20.435 (1) (de), award to qualified
11 applicants grants totaling \$50,000 for fluoride varnish and other evidence-based
12 oral health activities, \$525,000 for school-based preventive dental services, and
13 \$100,000 for school-based restorative dental services.”.

14 **94.** Page 489, line 20: after that line insert:

15 “(6d) PRESCRIPTION DRUG IMPORTATION PROGRAM. The department of health
16 services shall submit the first report required under s. 250.048 (5) by the next
17 January 1 or July 1, whichever is earliest, that is at least 180 days after the date the
18 prescription drug importation program is fully operational under s. 250.048 (4). The
19 department of health services shall include in the first 3 reports submitted under s.
20 250.048 (5) information on the implementation of the audit functions under s.
21 250.048 (1) (n).”.

22 **95.** Page 490, line 5: after that line insert:

23 “(8m) COMMUNITY-BASED DOULAS. From the appropriation under s. 20.435 (4)
24 (bm), the department of health services shall in fiscal year 2019–20 allocate \$192,000

1 to public or private entities, American Indian tribes or tribal organizations, or
2 community-based organizations for grants for community-based doulas. The
3 recipients of the grants shall use the moneys to identify and train local community
4 workers to mentor pregnant women.”.

5 **96.** Page 490, line 6: delete lines 6 to 11 and substitute:

6 “(9b) DENTAL SERVICES UNDER MEDICAL ASSISTANCE. During the 2019-21 fiscal
7 biennium, the department of health services shall allocate a total of \$2,000,000 in the
8 2019-20 fiscal year and \$3,000,000 in the 2020-21 fiscal year from all funding
9 sources to increase reimbursement rates for dental services that are covered under
10 the Medical Assistance program under subch. IV of ch. 49 and that are provided to
11 recipients of Medical Assistance who have disabilities.”.

12 **97.** Page 490, line 12: delete lines 12 to 16 and substitute:

13 “(10c) INFANT MORTALITY PREVENTION PROGRAM. The department of health
14 services shall allocate 5.0 FTE positions that are authorized for the department of
15 health services to staff an infant mortality prevention program. The department of
16 health services shall report in its 2021-23 budget request any necessary budget
17 adjustments to reflect this allocation of positions.”.

18 **98.** Page 491, line 3: delete lines 3 to 15.

19 **99.** Page 491, line 20: delete the material beginning with “facilities;” and
20 ending with “2020-21” on line 23 and substitute “facilities and an additional 1.5
21 percent annual rate increase”.

22 **100.** Page 492, line 1: delete lines 1 to 7 and substitute:

23 “(12b) MEDICAL ASSISTANCE REIMBURSEMENT RATE INCREASE FOR DIRECT CARE IN
24 PERSONAL CARE AGENCIES. The department of health services shall increase the

1 Medical Assistance rates paid for direct care to agencies that provide personal care
2 services 1.5 percent annually to support staff in those agencies who perform direct
3 care.”.

4 **101.** Page 492, line 7: after that line insert:

5 “(13t) LEAD EXPOSURE AND POISONING PREVENTION STAFF. The authorized FTE
6 positions for the department of health services are increased by 1.0 GPR project
7 position for the period ending June 30, 2021, and 1.14 GPR positions beginning on
8 July 1, 2019, to be funded from the appropriation under s. 20.435 (1) (a), for the
9 purpose of administering the department’s lead public health outreach initiative and
10 for enhancing the department’s lead poisoning prevention programs.”.

11 **102.** Page 492, line 18: after that line insert:

12 “(1k) PRESCRIPTION DRUG COST SURVEY. The commissioner of insurance shall
13 conduct a statistically-valid survey of pharmacies in this state regarding whether
14 the pharmacy agreed to not disclose that customer drug benefit cost sharing exceeds
15 the cost of the dispensed drug.

16 (2k) PRESCRIPTION DRUG COST REPORTING POSITIONS. The authorized FTE
17 positions for the office of the commissioner of insurance are increased by 2.0 PR
18 positions, to be funded from the appropriation under s. 20.145 (1) (g), for the purpose
19 of administering prescription drug cost reporting and registration of pharmacy
20 benefit managers under ss. 632.796, 632.865 (3), and 632.866.”.

21 **103.** Page 501, line 11: delete lines 11 to 20.

22 **104.** Page 507, line 21: after that line insert:

