

this subsection after June 23, 2028, with moneys appropriated in the 2023-25 fiscal biennium.

SECTION 287. 86.31 (3o) (m) 2m. of the statutes is created to read:

86.31 (3o) (m) 2m. a. The department may not award a grant under this subsection from moneys appropriated in the 2025-27 fiscal biennium after 3 years after the effective date of this subd. 2m. a. [LRB inserts date].

b. The department may not reimburse any costs incurred under this subsection after 5 years after the effective date of this subd. 2m. b. [LRB inserts date] with moneys appropriated in the 2025-27 fiscal biennium.

SECTION 288. 86.31 (3o) (n) of the statutes is amended to read:

86.31 (3o) (n) Except as provided in pars. (k) and (m) 2., this subsection does not apply after June 23, 2028 5 years after the effective date of this paragraph [LRB inserts date].

SECTION 289. 86.31 (3s) (bm) of the statutes is amended to read:

86.31 (3s) (bm) From the appropriation under s. 20.395 (2) (fq), in 2025-26, the department shall allocate ~~in 2023-24~~ amounts for county trunk highway improvements, town road improvements, and municipal street improvements so that the total funding in 2025-26 under s. 20.395 (2) (fq) ~~in 2023-24~~ is distributed among these groups at the same percentage that each group is allocated from the total funding allocated under par. (b).

SECTION 290. 86.32 (1m) of the statutes is created to read:

86.32 (1m) Notwithstanding sub. (1), the city of Menasha shall be eligible for aids payments under sub. (2) (a) for the actual costs of maintenance and operation of the lift bridge on Racine Street in the city of Menasha.

SECTION 291. 86.32 (2) (a) of the statutes is amended to read:

86.32 (2) (a) Cities, villages, and towns shall be reimbursed for actual costs, as approved by the department, incurred in maintaining and operating lift bridges under subs. (1) and (1m). Documentation of costs shall be submitted by each city, village, and town by January 31 and reimbursement shall be made, starting in 1982-83, on the first Monday in July for costs incurred during the prior calendar year. If the amount appropriated under s. 20.395 (1) (ft) is insufficient to pay the actual costs approved by the department for the maintenance and operation of lift bridges, the department shall prorate the amount appropriated in the manner it deems desirable.

SECTION 292. 102.03 (4) of the statutes is amended to read:

102.03 (4) The right to compensation and the amount of the compensation shall in all cases be determined in accordance with the provisions of law in effect as of the date of the injury except as to employees whose rate of compensation is changed as provided in s. 102.43 (5) (c) or (7) or 102.44 (1), (2) (a) 2., or (5) and employees who are eligible to receive private rehabilitative counseling and rehabilitative training under s. 102.61 (1m) and except as provided in s. 102.555 (12) (b).

SECTION 293. 102.16 (1m) (a) of the statutes is amended to read:

102.16 (1m) (a) If an insurer or self-insured employer concedes by compromise under sub. (1) or stipulation under s. 102.18 (1) (a) that the insurer or self-insured employer is liable under this chapter for any health services provided to an injured employee by a health service provider, but disputes the ~~reasonableness of the~~ fee charged by the health service provider, the department or the division may include in its order confirming the compromise or stipulation a determination made by the department under sub. (2) as to ~~the reasonableness of~~ the fee or, if such a determination has not yet been made, the department or the division may notify, or direct the insurer or self-insured employer to notify, the health service provider under sub. (2) (b) that ~~the reasonableness of the fee is in dispute.~~ The department or the division shall deny payment of a health service fee that the department determines is unreasonable or not allowable under sub. (2) ~~to be unreasonable.~~ A health service provider and an insurer or self-insured employer that are parties to a fee dispute under this paragraph are bound by the department's determination under sub. (2) on the ~~reasonableness of the disputed~~ fee, unless that determination is set aside, reversed, or modified by the department under sub. (2) (f) or is set aside on judicial review as provided in sub. (2) (f).

SECTION 294. 102.16 (2) (c) of the statutes is renumbered 102.16 (2) (c) 1. and amended to read:

102.16 (2) (c) 1. After Except as provided in subd. 2., after a fee dispute is submitted to the department, the insurer or self-insured employer that is a party to the dispute shall provide to the department information on that fee and information on fees charged by other health service providers for comparable services. The insurer or self-insured employer shall obtain the information on comparable fees from a database that is certified by the department under par. (h) 2. Except as provided in par. (e) 1., if the insurer or self-insured employer does not provide the information required under this ~~paragraph~~ subdivision, the department shall determine that the disputed fee is reasonable and order that it be paid. If the insurer or self-insured employer provides the information required under this ~~paragraph~~ subdivision, the de-

partment shall use that information to determine the reasonableness of the disputed fee under par. (d).

SECTION 295. 102.16 (2) (c) 2. of the statutes is created to read:

102.16 (2) (c) 2. After a dispute is submitted to the department concerning the the applicability of s. 102.423 to the fee or the amount of the fee under s. 102.423, the insurer or self-insured employer that is a party to the dispute shall provide to the department information on that fee, information on the medical records and bill provided to the insurer or self-insured employer in connection with that fee, and any other information requested by the department. If the insurer or self-insured employer does not provide the information required under this subdivision to confirm the applicability of s. 102.423, the department shall determine that s. 102.423 does not apply to the fee and may adjudicate the fee under subd. 1. If the insurer or self-insured employer does not provide the information required under this subdivision to determine that the amount of the fee exceeds the allowable amount under s. 102.423, as applicable, the department shall determine that the disputed fee is allowable and order that it be paid. If the insurer or self-insured employer provides the information required under this subdivision, the department shall use that information to determine if s. 102.423 applies to the disputed fee and whether the amount of the fee otherwise comports with s. 102.423.

SECTION 296. 102.16 (2) (d) of the statutes is renumbered 102.16 (2) (d) 1. and amended to read:

102.16 (2) (d) 1. The department shall analyze the information provided to the department under par. (c) 1. according to the criteria provided in this paragraph to determine the reasonableness of the disputed fee. Except as provided in 2011 Wisconsin Act 183, section 30 (2) (b), the department shall determine that a disputed fee is reasonable and order that the disputed fee be paid if that fee is at or below the mean fee for the health service procedure for which the disputed fee was charged, plus 1.2 standard deviations from that mean, as shown by data from a database that is certified by the department under par. (h) 2. Except as provided in 2011 Wisconsin Act 183, section 30 (2) (b), the department shall determine that a disputed fee is unreasonable and order that a reasonable fee be paid if the disputed fee is above the mean fee for the health service procedure for which the disputed fee was charged, plus 1.2 standard deviations from that mean, as shown by data from a database that is certified by the department under par. (h) 2., unless the health service provider proves to the satisfaction of the department that a higher fee is justified because the service provided in the disputed case was more difficult or more complicated to provide than in the usual

case. This subdivision does not apply to a fee to which s. 102.423 applies.

SECTION 297. 102.16 (2) (d) 2. of the statutes is created to read:

102.16 (2) (d) 2. a. The department shall analyze the information provided to the department under par. (c) 2. and determine whether s. 102.423 applies to the disputed fee and, if s. 102.423 applies, whether the amount of the fee otherwise comports with s. 102.423.

b. If the department determines that s. 102.423 does not apply to the disputed fee, the department shall evaluate the fee under subd. 1. The department may request additional information described under par. (c) 1. as needed to make that determination.

SECTION 298. 102.16 (2) (e) 2. of the statutes is amended to read:

102.16 (2) (e) 2. Notwithstanding subd. 1., the department may use only a hospital radiology database that has been certified by the department under par. (h) 2. to determine the reasonableness of a hospital fee for radiology services.

SECTION 299. 102.16 (2) (e) 3. of the statutes is created to read:

102.16 (2) (e) 3. This paragraph does not apply to a fee to which s. 102.423 applies.

SECTION 300. 102.16 (2) (h) of the statutes is renumbered 102.16 (2) (h) 1. and amended to read:

102.16 (2) (h) 1. The department shall promulgate rules establishing procedures and requirements for the fee dispute resolution process under this subsection, including

2. The rules specifying promulgated under subd. 1. shall specify the standards that health service fee databases must meet for certification under this paragraph subdivision. Using those standards, the department shall certify databases of the health service fees that various health service providers charge. In certifying databases under this paragraph subdivision, the department shall certify at least one database of hospital fees for radiology services, including diagnostic and interventional radiology, diagnostic ultrasound and nuclear medicine. The databases certified under this subdivision shall not be used for purposes of establishing the fee schedule under s. 102.423 (3) or for determining the reasonableness of a fee that is governed by the provisions of s. 102.423.

SECTION 301. 102.18 (1) (bg) 1. of the statutes is amended to read:

102.18 (1) (bg) 1. If the division finds under par. (b) that an insurer or self-insured employer is liable under this chapter for any health services provided to an injured employee by a health service provider, but that the reasonableness of the fee charged by the health service

provider is in dispute, the division may include in its order under par. (b) a determination made by the department under s. 102.16 (2) as to ~~the reasonableness of the fee or, if such a determination has not yet been made, the division may notify, or direct the insurer or self-insured employer to notify, the health service provider under s. 102.16 (2) (b) that the reasonableness of the fee is in dispute.~~

SECTION 302. 102.423 of the statutes is created to read:

102.423 Health service fee schedule. (1) DEFINITIONS. In this section:

(a) "Eligible hospital" has the meaning given under s. 50.38 (1).

(b) "Items or services" means hospital facility services that are "items and services," as defined under 45 CFR 180.20.

(2) **APPLICABILITY.** (a) Subject to par. (b), this section shall apply to a fee for an item or service only if all of the following apply:

1. The fee is for an item or service that was provided by an eligible hospital.

2. The fee is for an item or service for which the eligible hospital may receive hospital inpatient or hospital outpatient reimbursement from the Medical Assistance program under subch. IV of ch. 49.

3. The fee was paid within the applicable period under par. (c).

(b) 1. a. If a notice from the department of health services under s. 50.38 (7m) (a) 1. is published by the legislative reference bureau in the Wisconsin Administrative Register indicating that either s. 50.38 (7m) (a) 1. a. or b. applies, then this section shall not apply from the day the notice is published until subd. 2. applies.

b. Except as provided in subd. 1. a., if a notice from the department of health services under s. 50.38 (7m) (a) 1. is published by the legislative reference bureau in the Wisconsin Administrative Register indicating that either s. 50.38 (7m) (a) 1. c. or d. applies, then this section shall not apply beginning on the first day of the calendar year following the calendar year in which the notice is published until subd. 2. applies.

2. a. Notwithstanding subd. 1., if a notice from the department of health services under s. 50.38 (7m) (b) 1. is published by the legislative reference bureau in the Wisconsin Administrative Register indicating that either s. 50.38 (7m) (b) 1. a. or b. applies, then this section applies from the day the notice is published.

b. Notwithstanding subd. 1. and except as provided in subd. 2. a., if a notice from the department of health services under s. 50.38 (7m) (b) 1. is published by the legislative reference bureau in the Wisconsin Administrative Register indicating that either s. 50.38 (7m) (b) 1. c. or d. applies, then this section applies beginning on

the first day of the calendar year following the calendar year in which the notice is published.

(c) 1. In order for this section to apply to a fee, an insurer or self-insured employer must remit payment for the fee to the eligible hospital within the period specified in subd. 2., which shall begin to run on the day after whichever of the following dates is latest:

a. The date the eligible hospital electronically sends to the insurer or self-insured employer the medical records to substantiate the submitted hospital bill or, if such records are sent by mail, the 3rd day after the date the records are postmarked.

b. The date the eligible hospital electronically sends the bill described in subd. 1. a. or, if the bill is sent by mail, the 3rd day after the date the bill is postmarked.

2. a. If the aggregate amount billed is equal to or greater than \$65,000, the period within which an insurer or self-insured employer must remit payment shall be 90 calendar days after the date determined under subd. 1.

b. If the aggregate amount billed is less than \$65,000, the period within which an insurer or self-insured employer must remit payment shall be 60 calendar days after the date determined under subd. 1.

3. An insurer or self-insured employer may request that an eligible hospital send additional medical records to the insurer or self-insured employer that the insurer or self-insured employer reasonably believes are necessary to substantiate the claim. The eligible hospital shall provide the requested records to the extent practicable or within 10 days after the request is received, but a request under this subdivision by an insurer or self-insured employer shall not operate to extend the period specified under subd. 2. a. or b.

4. a. An insurer or self-insured employer may submit a request to the department for an extension to the period specified in subd. 2. if the insurer or self-insured employer has not yet determined whether an injury is compensable under this chapter. The department may, pursuant to rules promulgated under subd. 4. e., authorize such an extension if the department determines that the insurer or self-insured employer has not yet determined compensability despite its good faith effort to do so. A single extension granted by the department shall not exceed 30 calendar days. There is no limit to the number of extensions that an insurer or self-insured employer may request or that the department may grant under this subdivision, but an insurer or self-insured employer may not request another extension after a denial.

b. If the department denies a request for extension under this subdivision, the insurer or self-insured employer shall, notwithstanding subds. 1. and 2., have 14 calendar days after the denial to remit payment for the fee to the eligible hospital. If the insurer or self-insured employer remits payment for the fee to the eligible hos-

pital within that 14-day period, then this section applies to that fee.

c. A request by an insurer or self-insured employer for an extension under this subdivision or a denial by the department of a request for extension under this subdivision shall not be used as evidence of bad faith by the insurer or self-insured employer.

d. Any information provided by an insurer or self-insured employer pursuant to this subdivision shall not be used as evidence of bad faith by the insurer or self-insured employer.

e. The department shall promulgate rules specifying requirements and procedures for requesting and granting extensions under this subdivision. The rules shall specify requirements or procedures to ensure that notice is provided to an eligible hospital when a request is made under this subdivision.

(3) ESTABLISHMENT OF SCHEDULE. (a) By July 1, 2027, the department shall establish a schedule of the maximum fees that the eligible hospital may charge an insurer or self-insured employer for an item or service provided to an injured employee who claims benefits under this chapter. When the schedule under this subsection is established, the department shall send a notice to the legislative reference bureau for publication in the Wisconsin Administrative Register of the date that the schedule will be effective, which shall be no earlier than the date the notice is published. In determining the maximum fees, the department shall divide the state into 5 regions based on geographical and economic similarity, including similarity in the cost of items and services, and, for each region, shall do all of the following:

1. a. Determine, for each item or service included in the schedule, the amount that represents the 75th percentile of the commercial, in-network negotiated amounts, across all commercial health insurance plans, issuers, and administrators in that region. The department shall make the determinations under this subd. 1. a. in accordance with subd. 1. b. and c.

b. In order to determine the amounts under this subdivision, the department shall utilize the machine-readable files of all health insurance plans, issuers, administrators, and hospitals made public pursuant to 26 CFR 54.9815-2715A3, 29 CFR 2590.715-2715A3, 45 CFR 147.212, and 45 CFR 180.40 (a) that contain in-network negotiated rates for each eligible hospital in that region.

c. In determining the amounts under this subdivision, the department shall not use any amounts from Medicare advantage, services provided under a managed care system under the Medical Assistance program under subch. IV of ch. 49, databases certified by the department under s. 102.16 (2) (h), or any sources other than those specified in subd. 1. b.

2. Set the maximum fee for each item or service in-

cluded in the schedule at 120 percent of the amount determined under subd. 1. for that region.

(am) The department shall contract with a 3rd party to perform the duties specified under pars. (a) 1. and 2.

(b) Every year, the department shall redetermine the schedule of maximum fees using the procedures specified in par. (a), subject to par. (am).

(d) The department shall publish the current fee schedule established under this subsection on the department's website. Notwithstanding s. 227.10 (1), the fee schedule need not be promulgated as a rule.

(4) LIABILITY OF INSURER OR SELF-INSURED EMPLOYER. (a) The liability of an insurer or self-insured employer for an item or service included in a fee schedule established under sub. (3) is limited to the maximum fee allowed under the schedule for the item or service as of the date on which the item or service was provided, any fee agreed to by contract between the insurer or self-insured employer and eligible hospital for the item or service as of that date, or the eligible hospital's actual fee for the item or service as of that date, whichever is least.

(b) An eligible hospital that provides items or services to an injured employee under this chapter may not collect, or bring an action to collect, from the injured employee any charge that is in excess of the liability of the insurer or self-insured employer under this subsection.

(c) A schedule of maximum fees established under sub. (3) first applies to an item or service provided to an injured employee on the effective date specified in the notice published under sub. (3) (a).

(d) Payment of a claim pursuant to this section is not an admission of causality or responsibility with respect to any future payments or obligations.

(5) RULES. The department shall, subject to sub. (3) (d), promulgate rules to implement this section.

SECTION 303. 102.44 (2) of the statutes is renumbered 102.44 (2) (a) 1. and amended to read:

102.44 (2) (a) 1. In case of permanent total disability, aggregate indemnity shall be weekly indemnity for the period that the employee may live, subject to increase under subd. 2.

(b) 1. Total impairment for industrial use of both eyes, the loss of both arms at or near the shoulder, the loss of both legs at or near the hip, or the loss of one arm at the shoulder and one leg at the hip constitutes permanent total disability. ~~This~~

2. The enumeration under subd. 1. is not exclusive, but in other cases the division shall find the facts.

SECTION 304. 102.44 (2) (a) 2., 3. and 4. of the statutes are created to read:

102.44 (2) (a) 2. For injuries occurring on or after

January 1, 2026, weekly indemnity for permanent total disability shall, beginning with the 6th anniversary of the date of injury and then annually thereafter on that anniversary, be increased as follows:

a. If the employee was receiving the maximum compensation rate, the employee's weekly indemnity shall be increased to the maximum compensation rate then in effect for that year, as determined under s. 102.11 (1).

b. If the employee was receiving less than the maximum compensation rate, the employee's weekly indemnity shall be increased to an amount that bears the same proportion to the maximum compensation rate then in effect for that year, as determined under s. 102.11 (1), as the employee's compensation rate bore to the maximum compensation rate that was in effect at the time of the injury.

3. a. If a notice from the department of health services under s. 50.38 (7m) (a) 1. is published by the legislative reference bureau in the Wisconsin Administrative Register indicating that either s. 50.38 (7m) (a) 1. a. or b. applies, then no further increases under subd. 2. shall be applied after the date that notice is published until subd. 4. applies.

b. Except as provided in subd. 3. a., if a notice from the department of health services under s. 50.38 (7m) (a) 1. is published by the legislative reference bureau in the Wisconsin Administrative Register indicating that either s. 50.38 (7m) (a) 1. c. or d. applies, then no further increases under subd. 2. shall be applied beginning on the first day of the calendar year following the calendar year in which the notice is published until subd. 4. applies.

4. a. Notwithstanding subd. 3., if a notice from the department of health services under s. 50.38 (7m) (b) 1. is published by the legislative reference bureau in the Wisconsin Administrative Register indicating that either s. 50.38 (7m) (b) 1. a. or b. applies, then increases under subd. 2. shall be applied beginning on from the day the notice is published.

b. Notwithstanding subd. 3. and except as provided in subd. 4. a., if a notice from the department of health services under s. 50.38 (7m) (b) 1. is published by the legislative reference bureau in the Wisconsin Administrative Register indicating that either s. 50.38 (7m) (b) 1. c. or d. applies, then increases under subd. 2. shall be applied beginning on the first day of the calendar year following the calendar year in which the notice is published.

SECTION 305. 106.276 (1) (c) 4. of the statutes is amended to read:

106.276 (1) (c) 4. The application is received by the department before July 1, 2025 ~~2027~~.

SECTION 306. 118.40 (2r) (e) 2p. a. of the statutes is amended to read:

118.40 (2r) (e) 2p. a. Add the amounts appropriated in the current fiscal year under s. 20.255 (2), except s. 20.255 (2) (ac), (aw), (az), (bb), (dj), (du), (fc), (fm), (fp), (fq), (fr), (fu), (k), and (m); and s. 20.505 (4) (es); and the amount, as determined by the secretary of administration, of the appropriation under s. 20.505 (4) (s) allocated for payments to telecommunications providers under contracts with school districts and cooperative educational service agencies under s. 16.971 (13).

SECTION 307. 118.51 (16) (a) 3. b. of the statutes is amended to read:

118.51 (16) (a) 3. b. Beginning with the amount in the 2015-16 school year and, except as provided in subd. 3. c., in each school year thereafter, the sum of the amount determined under this subdivision for the previous school year; the amount of the per pupil revenue limit adjustment under s. 121.91 (2m) for the current school year, if positive; ~~and~~ the change in the amount of statewide categorical aid per pupil between the previous school year and the current school year, as determined under s. 118.40 (2r) (e) 2p., if positive; in the 2025-26 school year, \$500; and in the 2026-27 school year, \$500.

SECTION 307n. 121.004 (7) (c) 1. (intro.) of the statutes is amended to read:

121.004 (7) (c) 1. (intro.) A pupil enrolled in kindergarten may be counted only if the pupil attains the age permitted under s. 120.12 (25) or required under s. 118.14 for kindergarten admission. A 5-year-old kindergarten pupil, ~~including a pupil enrolled in a 4-year-old kindergarten program being phased in under s. 118.14 (3) (b),~~ shall be counted as one-half pupil except that:

SECTION 307p. 121.004 (7) (cm) of the statutes is amended to read:

121.004 (7) (cm) A pupil enrolled in a 4-year-old kindergarten program, ~~including a 4-year-old kindergarten program being phased in under s. 118.14 (3) (b),~~ that provides the required number of hours of direct pupil instruction under s. 121.02 (1) (f) shall be counted as 0.6 pupil ~~if the program annually provides at least 87.5 additional hours of outreach activities.~~

SECTION 307r. 121.02 (1) (f) of the statutes is amended to read:

121.02 (1) (f) Annually, schedule at least 437 hours of direct pupil instruction in kindergarten, at least 1,050 hours of direct pupil instruction in grades 1 to 6 and at least 1,137 hours of direct pupil instruction in grades 7 to 12. Scheduled hours under this paragraph include recess and time for pupils to transfer between classes but do not include the lunch period. Scheduled hours under this paragraph do not include hours of direct pupil instruction offered during an interim session. Scheduled hours under this paragraph may include hours on Satur-

days. ~~A school board operating a 4-year-old kindergarten program may use up to 87.5 of the scheduled hours for outreach activities.~~

SECTION 308. 121.58 (2) (a) 4. of the statutes is amended to read:

121.58 (2) (a) 4. For each pupil so transported whose residence is more than 12 miles from the school attended, \$300 per school year in the 2016-17 school year and \$365 for the 2020-21 school year. The amount for the 2021-22 school year and the 2022-23 school year is \$375. The amount for ~~each the 2023-24 and 2024-25 school year thereafter~~ years is \$400. For the 2025-26 school year and each school year thereafter, the amount is four hundred fifty dollars.

SECTION 309. 121.59 (2) (a) of the statutes is amended to read:

121.59 (2) (a) Divide the statewide school district transportation costs in the previous school year by the statewide membership in the previous school year and multiply 1.35 by the quotient ~~by 1.4~~.

SECTION 310. 121.90 (2) (am) 2. of the statutes is amended to read:

121.90 (2) (am) 2. Amounts under ss. 79.095 (4) ~~and 79.096, and 79.0965~~ for the current school year, not including payments received under s. 79.096 (3) ~~or 79.0965 (3)~~ for a tax incremental district that has been terminated.

SECTION 311. 125.025 (5) of the statutes is created to read:

125.025 (5) FEES. Except as provided in ss. 125.28 (4) and 125.535 (2), all fees collected by the division in connection with permits issued under this chapter shall be credited to the appropriation account under s. 20.566 (9) (g).

SECTION 312. 125.28 (4) of the statutes is amended to read:

125.28 (4) The amount of the permit fee shall be established by the division and shall be an amount that is sufficient to fund one special agent position dedicated to alcohol and tobacco enforcement in the division, but the permit fee may not exceed \$2,500 per year or fractional part thereof. All permit fees received under this subsection shall be credited to the appropriation account under s. 20.566 ~~(4)-(9)~~ (hd).

SECTION 313. 125.535 (2) of the statutes is amended to read:

125.535 (2) ANNUAL PERMIT FEE. The division may, by rule, establish an annual fee, not to exceed \$100, for each permit issued under this section. All permit fees collected under this subsection shall be credited to the appropriation account under s. 20.566 ~~(4)-(9)~~ (ha).

SECTION 314. 125.69 (4) (e) of the statutes is amended to read:

125.69 (4) (e) *Costs.* The cost of administering this subsection shall be charged to the manufacturer, rectifier and wholesaler permittees. The division shall determine the costs and shall establish the procedure for apportioning the cost against the permittees and provide for the method of payment to the division. All moneys collected by the division under this paragraph shall be credited to the appropriation account under s. 20.566 (9) (g).

SECTION 315. 139.06 (1) (a) of the statutes is amended to read:

139.06 (1) (a) The taxes imposed under s. 139.03 (intro.) on intoxicating liquor at the rates under s. 139.03 (2m) shall be paid to, and a monthly return filed with, the department of revenue on or before the 15th of the month following the month in which the tax liability is incurred. An administrative fee of 11 cents per gallon on intoxicating liquor taxed at the rates under s. 139.03 (2m) is imposed, shall be paid along with the taxes and shall be ~~deposited in~~ credited to the appropriation under s. 20.566 ~~(4)-(9)~~ (ha).

SECTION 316. 146.69 of the statutes is created to read:

146.69 Grants for the Surgical Collaborative of Wisconsin. The department shall award grants totaling \$150,000 per fiscal year to the Surgical Collaborative of Wisconsin to support surgical care quality improvements.

SECTION 316m. 165.25 (22m) of the statutes is created to read:

165.25 (22m) MISCLASSIFICATION AND PAYROLL FRAUD. Do all of the following:

(a) Meet at least quarterly with, and report annually in writing to, the department of workforce development and the department of revenue on its investigations and prosecutions on worker misclassification and payroll fraud.

(b) Send copies of its reports under par. (a) to the appropriate standing committees of the legislature under s. 13.172 (3).

(c) Upon request, report to or appear personally before the appropriate legislative standing committees, the council on unemployment insurance, or the council on worker's compensation concerning its investigations and prosecutions on worker misclassification and payroll fraud.

SECTION 317. 165.85 (5x) of the statutes is amended to read:

165.85 (5x) OFFICER TRAINING REIMBURSEMENT. Notwithstanding sub. (5), in each fiscal year, the department of justice shall determine the amount of additional costs, including but not limited to tuition, lodging, travel, meals, salaries and fringe benefits, to each politi-

38.16 (3) (a) 2w. first applies to the calculation of district boards' allowable revenue for the 2025-26 school year.

SECTION 9400. Effective dates; general. Except as otherwise provided in SECTIONS 9401 to 9451 of this act, this act takes effect immediately upon publication.

SECTION 9401. Effective dates; Administration.

(1) GRANT TO WISCONSIN MARITIME MUSEUM, INC. The repeal of s. 20.505 (1) (aj) takes effect on July 1, 2027.

(2) CASH PAYMENT FOR COMPENSATORY TIME OFF PROHIBITED. The treatment of s. 230.125 takes effect on January 1, 2026.

SECTION 9406. Effective dates; Children and Families.

(1) FOSTER CARE AND KINSHIP CARE RATES. The treatment of ss. 48.57 (3m) (am) (intro.) and (3n) (am) (intro.) and 48.62 (4) (a) takes effect on January 1, 2026, or on the day after publication, whichever is later.

(2) GRANT FOR CHILD CARE FACILITY. The repeal of s. 20.437 (1) (br) takes effect on July 1, 2027.

(3) CHILD CARE BRIDGE PAYMENTS.

(a) The repeal of s. 20.437 (2) (mf) takes effect on July 1, 2026.

(b) The treatment of s. 20.505 (1) (mb) (by SECTION 87m) takes effect on July 1, 2026.

(3m) CHILD CARE TEACHER-STUDENT RATIO PILOT PROJECT. The repeal of s. 20.437 (2) (mh) takes effect on July 1, 2027.

(4b) LICENSED CHILD CARE REQUIRED RATIOS.

(a) Notwithstanding s. 227.265, the treatment of administrative rules by SECTIONS 361 and 362 of this act takes effect on the effective date of this subsection.

(b) Notwithstanding s. 227.265, the treatment of administrative rules by SECTIONS 361b and 362b of this act takes effect on the first day of the 25th month beginning after the effective date of this subsection.

(5) LARGE FAMILY CHILD CARE CENTERS. Notwithstanding s. 227.265, the treatment of s. SPS 361.02 (3) (g), Wis. Adm. Code, takes effect on the day after publication.

(5m) CHILD CARE ACCESS PROGRAM. The repeal of ss. 20.437 (2) (bp) and 49.1335 takes effect on July 1, 2027.

SECTION 9419. Effective dates; Health Services.

(1) DISPROPORTIONATE SHARE HOSPITAL PROGRAM. The treatment of s. 49.45 (3m) and (3p) (a) and SECTION 9119 (2) of this act takes effect on the day after any request submitted to the federal department of health and human services for a state plan amendment, waiver of federal Medicaid law, or other approval under SECTION 9119 (2) (a) of this act is approved.

(2) HOSPITAL ASSESSMENTS. The treatment of ss. 20.285 (1) (qe) and (qj), 20.435 (4) (w), (xc), and (xe),

25.17 (1) (cg), 25.77 (11) and (12), 25.772, 25.774, 49.45 (3) (e) 11. and 12. and (59) (a), 50.38 (1) (d), (2) (a) and (b), (3), (3m), (5), (6) (a) 1., (b), and (c), (6m), (7) (intro.), (7m), (8), and (10) takes effect on July 1, 2025.

SECTION 9427. Effective dates; Justice.

(1) COMMUNITY-ORIENTED POLICING-HOUSE GRANT PROGRAM APPROPRIATION. The treatment of SECTION 9127 (1) of this act takes effect on June 30, 2025.

SECTION 9430. Effective dates; Local government.

(1) PREMIER RESORT AREA TAX. The treatment of ss. 66.0602 (2m) (c) and 66.1113 (2) (a), (b), and (k) takes effect on the first day of the first calendar quarter beginning at least 120 days after publication.

SECTION 9431. Effective dates; Military Affairs.

(1) TRAINING FACILITY GRANT. The repeal of s. 20.465 (3) (qw) takes effect on July 1, 2027.

SECTION 9434. Effective dates; Public Instruction. Vetoed
In Part

(1) GRANTS TO LAKELAND STAR ACADEMY. The repeal of s. 20.255 (2) (ag) takes effect on July 1, 2027.

SECTION 9437. Effective dates; Revenue.

(1) INSURER INFORMATION PRODUCTS. The treatment of s. 77.54 (75) takes effect on the first day of the 3rd month beginning after publication.

(2) SALES TAX EXEMPTION FOR RESIDENTIAL ELECTRICITY AND NATURAL GAS. The treatment of s. 77.54 (30) (a) 2. takes effect on the first day of the 3rd month beginning after publication.

SECTION 9444. Effective dates; Transportation.

(1) HEAVY VEHICLE REGISTRATION FEES. The treatment of s. 341.25 (2) (c) to (q) takes effect on October 1, 2025.

(2) OPERATOR'S LICENSE FEE. The treatment of s. 343.21 (1) (a) takes effect on October 1, 2025.

(3) REGISTRATION PLATE ISSUANCE FEES. The treatment of ss. 341.135 (2m) and 341.16 (1) (a), (2), and (2s) takes effect on October 1, 2025.

(4) TITLE FEES. The treatment of s. 342.14 (1) and (3) takes effect on October 1, 2025.

SECTION 9448. Effective dates; Veterans Affairs.

(1) VETERANS COMMUNITY PROJECT GRANT. The repeal of s. 20.485 (2) (a) takes effect on July 1, 2026.

SECTION 9450. Effective dates; Workforce Development.

(1) APPLICATIONS FOR COMMERCIAL DRIVING TRAINING GRANTS. The treatment of s. 106.276 (1) (c) 4. and 2023 Wisconsin Act 153, section 8 (1), take effect on the day after publication or retroactively to July 1, 2025, whichever occurs first.

(2) HEALTH SERVICE FEE SCHEDULE. The treatment of ss. 16.705 (1b) (g), 102.03 (4), 102.16 (1m) (a) and

(2) (e) 2. and 3., 102.18 (1) (bg) 1., and 102.423, the renumbering and amendment of s. 102.16 (2) (c), (d) and (h) and 102.44 (2), the creation of s. 102.16 (2) (c) 2. and (d) 2. and 102.44 (2) (a) 2., 3., and 4., and SECTION 9150 (2) take effect on the day after the notice from the department of health services under SECTION 9119 (4) (b) 1. of this act is published by the legislative

reference bureau in the Wisconsin Administrative Register. If the notice specified in this subsection is not published by the legislative reference bureau before the first day of the 25th month beginning after the effective date of this subsection, the treatments in this act are void.

(r) Trempealeau County shall receive 1 assistant district attorney position.

(s) Vilas County shall receive half an assistant district attorney position.

(t) Walworth County shall receive 1 assistant district attorney position.

(u) Waukesha County shall receive 6 assistant district attorney positions.

(v) Waupaca County shall receive 1 assistant district attorney position.

(w) Wood County shall receive 2 assistant district attorney positions.

SECTION 9119. Nonstatutory provisions; Health Services.

(1) GRANT TO LUTHERAN SOCIAL SERVICES OF WISCONSIN AND UPPER MICHIGAN. From the appropriation under s. 20.435 (5) (bc), in the 2025-26 fiscal year, the department of health services shall award a grant in the amount of \$1,000,000 to Lutheran Social Services of Wisconsin and Upper Michigan, Inc., to assist with the purchase and renovation of the Libertas Treatment Center in the city of Chippewa Falls to provide a 50-bed treatment center to men with substance use disorders who are in need of services.

(2) DISPROPORTIONATE SHARE HOSPITAL PROGRAM. The department of health services shall submit any necessary request to the federal department of health and human services for a state plan amendment or waiver of federal Medicaid law or to modify or withdraw from any waiver of federal Medicaid law relating to the hospital payment methodology granted under s. 49.45 (3m) (d), 2023 stats., to reflect the termination of the disproportionate share hospital payments program implemented under s. 49.45 (3m), 2023 stats. The department of health services may also submit any necessary request to the federal department of health and human services for a state plan amendment or waiver of federal Medicaid law or to modify any waiver of federal Medicaid law relating to the rural critical care access supplement program under s. 49.45 (3p) to reflect the termination of the disproportionate share hospital payments program implemented under s. 49.45 (3m), 2023 stats.

(3) BUDGETING PRACTICES; HOSPITAL ASSESSMENTS. The changes made by this act to hospital assessments do not affect any requirements under s. 16.46. The department of administration and the department of health services shall review, reestimate, and request general purpose revenue for hospital payments under the Medical Assistance program under subch. IV of ch. 49 as needed.

(4) FEDERAL APPROVAL; HOSPITAL ASSESSMENTS.

(a) The department of health services shall submit any necessary requests to the federal department of

health and human services for a state plan amendment, waiver of federal Medicaid law, or other approval to implement in totality of the changes made by this act relating to hospital assessments.

(b) 1. The department of health services shall submit to the legislative reference bureau for publication in the Wisconsin Administrative Register a notice specifying the information in subd. 2. if all of the following are true:

a. All necessary requests in par. (a) have been approved.

b. Based upon the approvals received in par. (a), the statewide total of assessment payments in s. 50.38 (2) that the department of health services expects to be paid in state fiscal years 2026-27 and 2027-28 equals or exceeds \$1,356,000,000 on an annual basis.

c. Based upon the approvals received in par. (a), the statewide total of Medicaid payments required in s. 49.45 (3) (e) 11. that the department of health services expects to be paid on an annual basis in state fiscal years 2026-27 and 2027-28 equals or exceeds the statewide total of assessment payments in s. 50.38 (2) that the department of health services expects to be paid on an annual basis in state fiscal years 2026-27 and 2027-28 divided by 56.1 percent.

2. The notice in subd. 1. shall specify all of the following information:

a. All necessary requests in par. (a) have been approved.

b. Based upon the approvals received in par. (a), the statewide total of assessment payments in s. 50.38 (2) that the department of health services expects to be paid in state fiscal years 2026-27 and 2027-28 equals or exceeds \$1,356,000,000 on an annual basis.

c. Based upon the approvals received in par. (a), the statewide total of Medicaid payments required in s. 49.45 (3) (e) 11. that the department of health services expects to be paid on an annual basis in state fiscal years 2026-27 and 2027-28 equals or exceeds the statewide total of assessment payments in s. 50.38 (2) that the department expects to be paid on an annual basis in state fiscal years 2026-27 and 2027-28 divided by 56.1 percent.

(c) Upon any change to the statewide total of assessment payments in s. 50.38 (2), the department of health services shall, notwithstanding s. 50.38 (4), establish a schedule for which hospitals are required to make assessment payments and the amount of the payments accounting for such change. If the department of health services establishes a schedule for which hospitals are required to make assessment payments under this paragraph, the department of health services shall submit a notice to the legislative reference bureau for publication in the Wisconsin Administrative Register that provides