



Selected Senate Bill 70 Provisions (the Governor’s 2023-025 Biennial Budget Bill) Impacting Long-Term Care and Senior Housing Providers*

*LeadingAge Wisconsin has produced separate briefing documents on SB 70 provisions impacting Medicaid (nursing homes), Family Care and a Complex Patient Pilot Program available [HERE](#).

Senate Bill 70 contains several other provisions of interest to the long-term care and senior housing provider community, some of which are highlighted below. LeadingAge Wisconsin is seeking additional information necessary to determine the potential impact these budget provisions would have on the provider community. As such, The LeadingAge Wisconsin Board of Directors has yet to adopt a position on the below provisions; this document is provided to facilitate 2023-2025 budget discussions.

The summary below largely reflects the budget narratives contained in [2023-25 Executive Budget \(Complete Document\)](#). Whenever funding levels are shown below in parentheses, these amounts reflect all funds funding levels for years one and two of the biennium. After each provision narrative is the Item and page number the provision can be found in the [2023-25 Executive Budget \(Complete Document\)](#).

Department of Health Services

WisCaregiver Career Program: Provide \$8 million GPR in fiscal year 2024-25 to expand the successful WisCaregiver Careers program, which aims to recruit certified nursing assistant (CNA) candidates. {Item 98, page 289} Provider support for this provision is expected.

Health Care Innovation Grants: Provide funding for grants to help health care providers implement best practices and innovative solutions to increase worker recruitment and retention. (\$7.5 million; \$15 million) {Item 93, page 287}

Health Information Exchange: Provide authority to create a Medicaid pay-for-performance incentive for nonhospital providers who participate in a health information exchange. Require DHS to develop and implement for non-hospital providers in the Medicaid program, including physicians, clinics, health departments, home health agencies, and post-acute care facilities, a payment system based on performance to incentivize participation in the health information exchange as specified in the bill. (\$12.2 million; \$8.5 million) {Item 119, page 295}

Glucose Monitoring and Insulin Pumps: Provide \$23.2 million to begin covering continuous glucose monitoring devices and insulin pumps through the Medicaid pharmacy benefit. Under current law, these devices are covered as durable medical equipment. (\$12.2 million; \$8.5 million) {Item 118, page 295}

Licensing/Incident Reporting Systems: Provide funding and position authority to modernize the health care provider licensing, certification and health care staff misconduct incident reporting computer systems to improve system efficiency, transparency and accountability within the department and between the department and the provider types that interact with the systems. (\$56,100; \$771,400) {Item 94, page 287}

Investigations: Provide 11 positions for the Office of Caregiver Quality to support misconduct investigations and the background check program. (\$739,700; \$912,100) {Item 95, page 288}

Assisted Living Surveyors: Provide 32 positions to manage the Bureau of Assisted Living's survey workload and backlog and the increasing number of complaints to be investigated, due in part to the COVID-19 pandemic. (\$1.8 million; \$2.3 million) {Item 96, page 288}

Subsidize Licensing Fees: Providing \$1.5 million to supplement the revenue collected from assisted living facilities and program certification fees for outpatient mental health facilities in lieu of increasing rates for these providers. {Item 113, page 294}

CMP Grant Administration: Create a position and provide biennial funding of \$156,900 for the nursing home grant program to administer the civil money penalty (CMP) reinvestment program, which returns a portion of penalty revenue to States to be reinvested to support activities that benefit nursing home residents. {Item 97, page 288}

Alzheimer's Support Program: Provide \$500,000 GPR annually to provide additional community aid funding for the Wisconsin Alzheimer's Family and Caregiver Support Program and increase the maximum joint income an individual and their spouse may earn per year from \$48,000 to \$60,000 to qualify for the program. {Item 56, page 276}

Personal Care Workers: Provide funding to increase support to direct care staff that provide medical services through personal care programs. (\$44.8 million; \$43.9 million) {Item 52, page 274}

ADRCs/Adult Protective Services: Invest in aging and disability resource centers (ADRCs) across the state by providing: (a) \$2.5 million GPR in fiscal year 2023-24 and \$5 million GPR in fiscal year 2024-25 to increase base allocations to ADRCs, which have been unchanged since 2013; and (b) \$3.1 million GPR in fiscal year 2023-24 and \$6.3 million GPR in fiscal year 2024-25 to allocate funding that supports at least 0.5 FTE position to provide caregiver support services in every county. Further, provide \$13.6 million GPR to increase base funding to the allocations for adult protective services, elder abuse, and domestic violence. Funding would also be provided for training initiatives and technical support. {Item 55, page 276} and {Item 114, page 294}

Promote HealthCare.gov to LTC Workers: Provide \$2 million all funds annually of additional funding to Wisconsin's navigator program to regularly engage industry partners and help assisted living, nursing homes, home health agencies, and other providers inform new workers about HealthCare.gov and help workers understand eligibility for tax credits and subsidies available in the healthcare marketplace. {Item 99, page 289}

Stockpile of Personal Protective Equipment: Provide State funding to purchase and maintain a stockpile of personal protective equipment. (\$1.3 million; \$15.8 million) {Item 30, page 267}

Department of Workforce Development

Workforce Innovation Grants: Provide \$200 million for the Workforce Innovation Grants Program to encourage the development of long-term solutions to help businesses find qualified workers as well as assisting individuals in obtaining family-sustaining jobs. The Governor also recommends allocating **\$100 million GPR of the total program funding to address health care industry labor and workforce challenges.**{Item 3, page 738}

Barriers to Graduation (health care): Provide \$5 million GPR to technical colleges and nursing schools to reduce barriers to graduation and assist students in becoming career ready. Further provide \$936,600 to conduct outreach to stakeholders and partners to develop new apprenticeship pathways related to health care. The Governor also recommends providing one-time funding to support curriculum development for new health care apprenticeship programs. The Governor further recommends providing one-time funding to evaluate and implement one-year apprenticeships for licensed practical nurses at state-operated facilities. {Item 4, page 738}

Paid Family and Medical Leave Program: Provide 45 positions in FY 24 and 198 positions in FY 2025 and create a paid family and medical leave program that provides 12 weeks of benefits for qualified (under current and proposed family and medical leave provisions) employed and self-employed individuals. The Governor's proposal specifies that benefits will first be paid beginning January 1, 2025, and that employers with at least 50 employees are required to participate in the program. The Governor also recommends the creation of a paid family and medical leave trust fund that: (a) is administered by the department; (b) is fiscally supported by an initial transfer from the general fund and ongoing payroll contributions shared equally by employers and employees; and (c) pays benefits and funds program administration. The Governor further recommends that employers with in-house paid family and medical leave programs for employees be exempt from payroll contribution requirements and program participation, so long as benefits provided to employees are at least as generous as those provided under the state program. See Item #2. Finally, the Governor recommends providing position and expenditure authority to implement and administer this program and to pay benefits to qualified individuals. (\$65.8 million; \$177.6 million)

Further, expand the current State Family and Medical Leave program to include the following provisions: (a) permit leave to be taken to care for a grandparent, grandchild or sibling with a

serious health condition; (b) expand the definition of "qualifying exigency" to include deployment of a spouse or child and an unforeseen or unexpected closure of a school or child care facility; (c) expand the definition of "serious health condition" to include medical quarantine to allow workers to take leave when under a medical quarantine, or caring for someone under quarantine, regardless of whether the person is exhibiting symptoms; (d) reduce the number of hours an employee is required to work before qualifying from 1,000 hours to 680 hours; and (e) extend the statute of limitations for filing a complaint regarding related law violations to 300 days, instead of 30 days. {Item 24, page 44} and {Item 1, page 737}

Department of Safety and Professional Services

Advanced Practice Registered Nurse Scope of Practice: Establish a new system of licensure that allows registered nurses to be licensed by the Board of Nursing as advanced practice nurse practitioners, giving the advanced practice nurse practitioners a greater scope of practice, such as issuing prescription orders and delegating certain tasks to other clinically trained health care workers. {Item 23, page 589}

Higher Educational Aids Board

Nurse Educators: Provide \$10 million for the Nurse Educators Program. {Item 2, page 305}

Administration

Minimum Wage: Increase the statutory minimum wage for general workers to \$8.25 on or after the effective date of the budget bill and prior to January 1, 2025; then \$9.25 on or after January 1, 2025; then \$10.25 on or after January 1, 2026; then \$10.25 plus the change in the consumer price index for each year thereafter.