



State of Wisconsin
2011 - 2012 LEGISLATURE



LRB-2369A 1

PJH, TJD, TKK:....

MONDAY
per requester

JLD + KIF
RANR

PRELIMINARY DRAFT - NOT READY FOR INTRODUCTION

7/22/11

LPS.
Print
w/line
numbers

Insert TJD relating

Gen

AN ACT ...; relating to: civil and criminal actions against health care providers and long-term care providers, limits on noneconomic damages and limits on punitive damages.

incident reports

Analysis by the Legislative Reference Bureau

This bill makes several changes to current law regarding contractual agreements between long-term care facilities and their clients, civil actions for negligence in long-term care facilities, punitive damages in civil actions, certain criminal actions against health care providers, and the confidentiality and use of reviews and evaluations of health care providers.

ARBITRATION AGREEMENTS IN LONG-TERM CARE CONTRACTS

~~INSERT ANALYSIS~~ INS ANALYSIS I

LIMITS ON NONECONOMIC DAMAGES

* Under current law, a person, or certain people related to the person, who is injured by the negligence of a long-term care provider, such as a nursing home, hospice, or assisted living facility, may sue for economic damages and for noneconomic damages. Noneconomic damages are intended to compensate for pain and suffering, loss of companionship, mental distress, and loss of enjoyment of life.

Current law limits noneconomic damages to \$750,000 per occurrence of negligence. Current law also limits damages for loss of society and companionship to certain relatives recoverable in a wrongful death action against a long-term care provider to \$500,000 in the case of a deceased minor and \$350,000 in the case of a deceased adult.

Under current law, a person, or certain people related to the person, who is injured by the long-term care provider may bring a civil action no later than three years from the date the injury occurred, or within one year that the injury was discovered or should have been discovered, except that, if a long-term care provider conceals an act or omission that results in an injury, within one year from the date the concealment was discovered or should have been discovered. If the injury or concealment is discovered after the three-year limit has expired, the person may still bring suit for up to five years after the long-term care provider's act or omission.

The bill eliminates the limit on noneconomic damages and applies the general three-year statute of limitations for torts to actions for negligence against a long-term care provider.

PUNITIVE DAMAGES

Under current law, punitive damages may be assessed in a civil case if the defendant acted maliciously toward the plaintiff or in an intentional disregard of the rights of the plaintiff. Current law limits punitive damages, with few exceptions, to the greater of twice the amount of compensatory damages recovered by the plaintiff or \$200,000.

The bill eliminates the cap on punitive damages.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

SECTION 1. 893.555 of the statutes is repealed.

SECTION 2. 895.043 (6) of the statutes is repealed.

SECTION 3. Initial applicability.

(1) The treatment of section 895.449 of the statutes first applies to contracts that are entered into on the effective date of this subsection.

(2) The repeal of section 895.043 (6) of the statutes first applies to actions that are commenced on the effective date of this subsection.

(END)

on which

on which

Insert
BD-Analysis

Insert TJD-1

as created by 2011 Wisconsin
ACT 2,

Insert
PSH

Insert
TJD-2



2009 ASSEMBLY BILL 951

April 14, 2010 - Introduced by Representatives BARCA, MASON and ROYS, cosponsored by Senator TAYLOR. Referred to Committee on Health and Healthcare Reform.

1 AN ACT *to create* 895.449 of the statutes; **relating to:** nullifying certain
2 arbitration agreements between a resident and a nursing home or similar care
3 facility.

Insert analysis I

Analysis by the Legislative Reference Bureau

Under current law, with few exceptions, contractual agreements that compel parties to litigation to submit to arbitration to resolve all or part of the dispute between the parties are enforceable. ✓

Under this bill, contractual agreements that compel arbitration and that limit the rights of a resident to bring a civil lawsuit or limit the remedies available to a resident in a suit against a nursing home, adult family home, resident care apartment complex, or community-based residential care facility are void as against public policy. ✓

Insert PV

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

4 SECTION 1. 895.449 of the statutes is created to read:
5 **895.449 Certain arbitration agreements void.** Any provision in a contract,
6 covenant, or agreement between a resident, or a person acting on behalf of the

MS art PJH, want

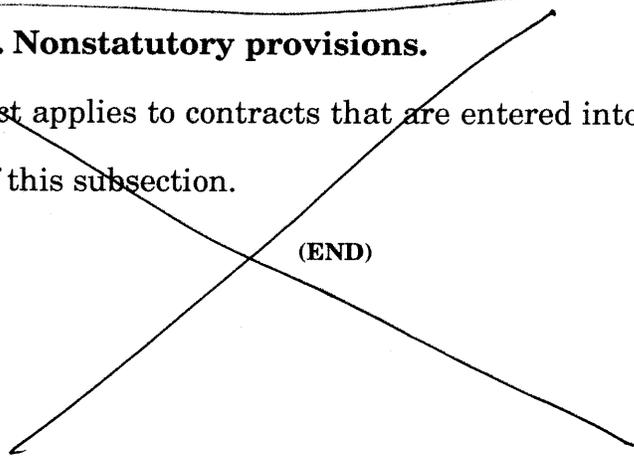
ASSEMBLY BILL 951

1 resident, and a facility defined in s. 50.01 (1), (1d), (1g), or (3), 50.49 (1) (a), or 50.90
 2 (1), that is made before the resident suffers injury or harm that compels arbitration
 3 between the parties, and that limits or waives the right of the resident to bring a civil
 4 action against the facility or that limits the resident's remedies in a civil action
 5 against the facility, is void as against public policy and shall not constitute
 6 a defense in any action, suit, or proceeding. (end ins RJH)

SECTION 2. Nonstatutory provisions.

8 (1) This act applies to contracts that are entered into before, on, or after the
 9 effective date of this subsection.

(END)





State of Wisconsin
2011 - 2012 LEGISLATURE



TJD:kjf:md

2011 BILL

LRS-
From
LRB-1445

Insert
TJD relating

1 ~~AN ACT to repeal 146.38 (2m) and 904.16; to amend 146.38 (1m), 146.38 (2) and~~
 2 ~~146.38 (3t); and to create 146.38 (3) (em) of the statutes, relating to:~~ use in
 3 civil and criminal actions and confidentiality of incident and occurrence
 4 reports; use as evidence of records given to a regulatory agency, and use in
 5 criminal actions of records of reviews and evaluations of health care providers

(end ins TJD relating)

Insert
TJD Analysis

Analysis by the Legislative Reference Bureau

move

Under current law, information acquired in connection with the review of evaluation of a health care provider and incident or occurrence reports (incident reports) must be kept confidential by a person who participates in the review of evaluation. An incident report is a written or oral statement that is made to notify a person, organization, or an evaluator who reviews or evaluates the services of health care providers or charges for such services of an incident, practice, or other situation that becomes the subject of such a review or evaluation. The persons, organizations, or evaluators who review or evaluate the services of health care providers for certain reasons must keep a record of their investigations, inquiries, proceedings, and conclusions. Current law prohibits these records of a review or evaluation from being used in any civil or criminal action against the health care provider.

This bill allows the disclosure of incident or occurrence reports by a person who participates in the review or evaluation of the health care provider and removes the prohibition against using incident reports in a civil or criminal action. The bill also

head

(B) INCIDENT REPORTS AND HEALTH CARE PROVIDER
REVIEWS

CAPS NO SCORING

head → NO SCORING CAPS ↓

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HEALTH CARE PROVIDER REGULATORY RECORDS

TJD:kjf:md

MOVE

allows records of a review or evaluation to be used in criminal actions. A person who participates in the review or evaluation of the services or charges of a health care provider is required, under the bill, to disclose an incident report to a court with regard to a criminal matter, under certain conditions. The bill also requires information acquired in connection with the review and evaluation to be disclosed to a court in a criminal matter, under certain conditions.

Current law prohibits records given or disclosed to a regulatory agency and statements of, or records of interviews with, employees of a health care provider obtained by a regulatory agency (regulatory records) from being used as evidence in a civil or criminal action brought against a health care provider. A regulatory agency, in this instance, is either the Department of Regulation and Licensing or the division within the Department of Health Services that conducts quality assurance activities related to health care providers. The bill eliminates the prohibition against using regulatory records as evidence in a civil or criminal action.

(renamed the Department of Safety and Professional Services)

(END TJD ANALYSIS)

~~The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:~~

Insert TJD - 1

1 SECTION 1. 146.38 (1m) of the statutes, as affected by 2011 Wisconsin Act 2, is
2 amended to read:

3 146.38 (1m) No person who participates in the review or evaluation of the
4 services of health care providers or charges for such services may disclose an incident
5 or occurrence report or any information acquired in connection with such review or
6 evaluation except as provided in sub. (3) or (3m) and except that a person who
7 participates in the review or evaluation shall disclose an incident or occurrence
8 report to a court of record with regard to any criminal matter, in accordance with chs.
9 885 to 895 and 995 and after issuance of a subpoena.

10 SECTION 2. 146.38 (2) of the statutes, as affected by 2011 Wisconsin Act 2, is
11 amended to read:

12 146.38 (2) All persons, organizations, or evaluators, whether from one or more
13 entities, who review or evaluate the services of health care providers in order to help
14 improve the quality of health care, to avoid improper utilization of the services of



BILL

1 health care providers, or to determine the reasonable charges for such services shall
 2 keep a record of their investigations, inquiries, proceedings and conclusions. No such
 3 record may be released to any person under s. 804.10 (4) or otherwise except as
 4 provided in sub. (3) or (3m). No such record may be used in any civil ~~or criminal~~ action
 5 against the health care provider or any other health care provider; however, ~~except~~
 6 ~~for incident or occurrence reports or records from other persons, organizations, or~~
 7 ~~evaluators reviewing or evaluating health care providers,~~ information, documents,
 8 or records presented during the review or evaluation may not be construed as
 9 immune from discovery under s. 804.10 (4) or use in any civil or criminal action
 10 merely because they were so presented. Any person who testifies during or
 11 participates in the review or evaluation may testify in any civil or criminal action as
 12 to matters within his or her knowledge, but may not testify as to information
 13 obtained through his or her participation in the review or evaluation, nor as to any
 14 conclusion of such review or evaluation.

15 **SECTION 3.** 146.38 (2m) ^x of the statutes, as created by 2011 Wisconsin Act 2, is
 16 repealed.

17 **SECTION 4.** 146.38 (3) (em) ^x of the statutes is created to read:

18 146.38 (3) (em) With regard to any criminal matter, to a court of record, in
 19 accordance with chs. 885 to 895 and 995 and after issuance of a subpoena; and

20 **SECTION 5.** 146.38 (3t) ^x of the statutes, as created by 2011 Wisconsin Act 2, is
 21 amended to read:

22 146.38 (3t) A record described under sub. (2) ~~or an incident or occurrence report~~
 23 disclosed either under sub. (3) or (3m) or in violation of this section remains
 24 confidential and may not be used in any civil ~~or criminal~~ action against the health
 25 care provider or any other health care provider.

(END TJD-1)

Ins TJD-2

2011 - 2012 Legislature

- 4 -

SECTION 6

BILL

~~Insert~~ TJD-2

1 SECTION 6. 904.16^x of the statutes, as created by 2011 Wisconsin Act 2, is
2 repealed.

(END INS TJD-2)
VEN

3

Kuczenski, Tracy

From: Moran, Christian
Sent: Friday, September 16, 2011 2:05 PM
To: Kuczenski, Tracy; Hurley, Peggy; Dodge, Tamara
Subject: RE: redraft request: LRB-2369/1 (civil and criminal action against health care providers...)
Attachments: SCLetter03-10[1].pdf; Ideas for dealing with nursing home agreements.doc

Good afternoon,

Please redraft LRB-2369/1 as follows:

- 1) Delete the long-term care arbitration agreement provision and replace it with the five provisions listed in the attached memo. For provision #2, please provide an enforcement action or penalty that is consistent with similar violations.
- 2) LRB-2369/1 eliminates the cap on punitive damages. Please narrow this provision to only eliminate the cap on punitive damage claims against long-term care facilities, CBRFs, home health and hospice.

For our planning purposes, could you please let me know when you expect the /2 will be completed?

Thanks for your help.

Christian

From: Moran, Christian
Sent: Wednesday, September 14, 2011 2:32 PM
To: Kuczenski, Tracy; Hurley, Peggy; Dodge, Tamara
Subject: RE: redraft request: LRB-2369/1 (civil and criminal action against health care providers...)

Tracy, it looks like we will actually have a few more revision requests. We may be amending the punitive damages provision, rather than deleting it outright, so you can hold off on that request for now.

I'll send all of you the complete redraft request in the next day or two.

Thanks again.

Christian

Christian T. Moran
Office of Representative Jon Richards
State Capitol, 118 North
Madison, WI 53708
608-266-0650

From: Kuczenski, Tracy
Sent: Wednesday, September 14, 2011 12:09 PM
To: Moran, Christian; Hurley, Peggy; Dodge, Tamara
Subject: RE: redraft request: LRB-2369/1 (civil and criminal action against health care providers...)

Yes, that would be my provision and it will be easy to remove by Friday.

9/22/2011

Tracy K. Kuczenski
Legislative Attorney
Wisconsin Legislative Reference Bureau
tracy.kuczenski@legis.wisconsin.gov
(608) 266-9867

From: Moran, Christian
Sent: Wednesday, September 14, 2011 12:01 PM
To: Hurley, Peggy; Dodge, Tamara; Kuczenski, Tracy
Subject: redraft request: LRB-2369/1 (civil and criminal action against health care providers...)

Could you please redraft LRB-2369/1 to delete the provision that eliminates the cap on punitive damages.

Any chance we could receive a /2 by Friday?

Thanks,

Christian

Christian T. Moran
Office of Representative Jon Richards
State Capitol, 118 North
Madison, WI 53708
608-266-0650

Senior Citizen Protection Act

Arbitration issue

Many states enacted statutes automatically invalidating, under one set of circumstances or another, contracts which mandate arbitration of disputes against nursing homes.

However, recent court decisions at both the state and federal level have held such statutes are pre-empted by the Federal Arbitration Act. *The Estate of Anna Ruzala et al v. Brookdale Living Communities, Inc., et al.* 1 A.3d 806 (N.J. 2010), *Carter v. SSC Odin Operating Company, LLC*, 927 N.E.2d 1207 (Ill. 2010), see also *Rent-A-Center, West, Inc. v. Jackson*, 103 S.Ct. 2772 (2010) (concerning who reviews the enforceability of arbitration agreements).

In lieu of this type of statute, below are ideas for procedures that may be adopted to counterbalance mandatory arbitration agreements in nursing home agreements.

Ideas for dealing arbitration in nursing home agreements:

1. Long-term care residents or their legal guardians would not be required to sign arbitration agreements as a condition of admission to the facility.
(This follows the Center for Medicare & Medicaid Services (CMS) directive in S&C-03-10, which states that facilities may not require residents or their legal guardians to execute a binding arbitration agreement as a condition of continued residency in the facility.)
2. Long-term care facilities cannot retaliate against at resident or discharge a resident for failure to sign an arbitration agreement. Violation of this would result in an enforcement response or penalty.
3. Long-term care facilities would not be allowed to charge residents more money for not signing the arbitration agreement.
4. Require that the arbitration agreement be a separate document from the admission agreement. The text would be in another color and in a larger font size.
5. Provide that the arbitration agreement have a 30-day right to cancel provision.

Attached is a copy of the CMS Memo.

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850



Center for Medicaid and State Operations

Ref: S&C-03-10

DATE: January 9, 2003

FROM: Director
Survey and Certification Group

SUBJECT: Binding Arbitration in Nursing Homes

TO: Survey and Certification Group Regional Office Management (G-5)
State Survey Agency Directors

The purpose of this memorandum is to address the Centers for Medicare & Medicaid Services' (CMS) position regarding binding arbitration between nursing homes and prospective or current residents, in response to recent marketplace practices. Specifically, this memorandum addresses the use of an agreement that requires disputes between a prospective or current resident and the nursing home be resolved through binding arbitration either as a condition of admission or a condition of remaining in the nursing home. Under these agreements, the resident gives up his or her right to sue the nursing home through the judicial process.

CMS believes that its primary focus should be on the quality of care actually received by nursing home residents that may be compromised by such agreements, for the reasons set out below. Under Medicare, whether to have a binding arbitration agreement is an issue between the resident and the nursing home. Under Medicaid, we will defer to State law as to whether or not such binding arbitration agreements are permitted subject to the concerns we have where Federal regulations may be implicated. Under both programs, however, there may be consequences for the facility where facilities attempt to enforce these agreements in a way that violates Federal requirements.

Survey and Certification Guidance:

1. If a nursing home discharges a resident or retaliates due to an existing resident's failure to sign or comply with a binding arbitration agreement, the State and Region may initiate an enforcement action based on a violation of the rules governing resident discharge and transfer. A current resident is not obligated to sign a new admission agreement that contains binding arbitration. Federal regulations, at 42 C.F.R. §483.12(a)(2) limit the circumstances under which a facility may discharge or transfer a resident. None of the conditions specified in the regulation permit a facility to discharge or transfer a resident based on his or her failure to comply with the terms of a binding arbitration agreement. Additionally, a facility that retaliates against a resident who fails to sign or comply with the agreement is subject to an enforcement response based on its failure to comply with the obligation to furnish an abuse free environment under 42 C.F.R. §483.13(b) or other requirements bearing on the facility's obligation to provide quality care to all residents. The existence of a binding arbitration agreement does not in any way affect the ability of the State survey agency or CMS to assess citations for violations of certain regulatory requirements, including those for Quality of Care.
2. The Medicaid appeal procedures at 42 C.F.R. §431.200 et seq. apply to discharges or disputes of eligibility between the resident and the State Medicaid Agency and are not affected by a binding arbitration agreement.

Effective Date: This policy is in effect immediately.

Training: This policy should be shared with all appropriate survey and certification staff, their managers, and the state/regional office training coordinator.

/s/
Steven A. Pelovitz



State of Wisconsin
2011 - 2012 LEGISLATURE



LRB-2369/1 2

PJH/TJD/TKK:jld/kjf:rs

DUE MON

2011 BILL

inserts
d-note
RM 112

in 9/22/11

wanted 9/26/11

arbitration agreements ^{used} used by long-term care facilities,

Repeal

X

1 AN ACT *to repeal* 146.38 (2m), 893.555, 895.043 (6) and 904.16; *to amend* 146.38
 2 (1m), 146.38 (2) and 146.38 (8t); and *to create* 146.38 (3) (em) and 895.449 of
 3 the statutes; **relating to:** civil and criminal actions against health care
 4 providers and long-term care providers, use in civil and criminal actions and
 5 confidentiality of incident and occurrence reports, use as evidence of records
 6 given to a regulatory agency, use in criminal actions of records of reviews and
 7 evaluations of health care providers, limits on noneconomic damages, and
 8 limits on punitive damages. [↑] and providing a penalty

Analysis by the Legislative Reference Bureau

This bill makes several changes to current law regarding contractual agreements between long-term care facilities and their clients, civil actions for negligence in long-term care facilities, punitive damages in civil actions, certain criminal actions against health care providers, and the confidentiality and use of reviews, incident reports, and evaluations of health care providers.

ARBITRATION AGREEMENTS IN LONG-TERM CARE CONTRACTS

Under current law, with few exceptions, contractual agreements that compel parties to litigation to submit to arbitration to resolve all or part of the dispute between the parties are enforceable.

BILL

Insert Analysis TJD ✓

Under this bill, contractual agreements that compel arbitration and that limit the rights of a resident to bring a civil lawsuit or limit the remedies available to a resident in a suit against a nursing home, adult family home, resident care apartment complex, or community-based residential care facility are void as against public policy.

LIMITS ON NONECONOMIC DAMAGES

Under current law, a person, or certain people related to the person, who is injured by the negligence of a long-term care provider, such as a nursing home, hospice, or assisted living facility, may sue for economic damages and for noneconomic damages. Noneconomic damages are intended to compensate for pain and suffering, loss of companionship, mental distress, and loss of enjoyment of life.

Current law limits noneconomic damages to \$750,000 per occurrence of negligence. Current law also limits damages for loss of society and companionship to certain relatives recoverable in a wrongful death action against a long-term care provider to \$500,000 in the case of a deceased minor and \$350,000 in the case of a deceased adult.

Under current law, a person, or certain people related to the person, who is injured by the long-term care provider may bring a civil action no later than three years from the date on which the injury occurred, or within one year that the injury was discovered or should have been discovered, except that, if a long-term care provider conceals an act or omission that results in an injury, within one year from the date on which the concealment was discovered or should have been discovered. If the injury or concealment is discovered after the three-year limit has expired, the person may still bring suit for up to five years after the long-term care provider's act or omission.

The bill eliminates the limit on noneconomic damages and applies the general three-year statute of limitations for torts to actions for negligence against a long-term care provider.

INCIDENT REPORTS AND HEALTH CARE PROVIDER REVIEWS

Under current law, information acquired in connection with the review of evaluation of a health care provider and incident or occurrence reports (incident reports) must be kept confidential by a person who participates in the review of evaluation. An incident report is a written or oral statement that is made to notify a person, organization, or an evaluator who reviews or evaluates the services of health care providers or charges for such services of an incident, practice, or other situation that becomes the subject of such a review or evaluation. The persons, organizations, or evaluators who review or evaluate the services of health care providers for certain reasons must keep a record of their investigations, inquiries, proceedings, and conclusions. Current law prohibits these records of a review or evaluation from being used in any civil or criminal action against the health care provider.

This bill allows the disclosure of incident or occurrence reports by a person who participates in the review or evaluation of the health care provider and removes the prohibition against using incident reports in a civil or criminal action. The bill also allows records of a review or evaluation to be used in criminal actions. A person who

BILL

participates in the review or evaluation of the services or charges of a health care provider is required, under the bill, to disclose an incident report to a court with regard to a criminal matter, under certain conditions. The bill also requires information acquired in connection with the review and evaluation to be disclosed to a court in a criminal matter, under certain conditions.

HEALTH CARE PROVIDER REGULATORY RECORDS

Current law prohibits records given or disclosed to a regulatory agency and statements of, or records of interviews with, employees of a health care provider obtained by a regulatory agency (regulatory records) from being used as evidence in a civil or criminal action brought against a health care provider. A regulatory agency, in this instance, is either the Department of Regulation and Licensing (renamed the Department of Safety and Professional Services) or the division within the Department of Health Services that conducts quality assurance activities related to health care providers. The bill eliminates the prohibition against using regulatory records as evidence in a civil or criminal action.

PUNITIVE DAMAGES

Under current law, punitive damages may be assessed in a civil case if the defendant acted maliciously toward the plaintiff or in an intentional disregard of the rights of the plaintiff. Current law limits punitive damages, with few exceptions, to the greater of twice the amount of compensatory damages recovered by the plaintiff or \$200,000.

The bill eliminates the cap on punitive damages.

Insert Anchv Tkk

Crime tag

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

INSERT
3-1

- 1 **SECTION 1.** 146.38 (1m) of the statutes, as affected by 2011 Wisconsin Act 2, is
- 2 amended to read:
- 3 146.38 (1m) No person who participates in the review or evaluation of the
- 4 services of health care providers or charges for such services may disclose an incident
- 5 ~~or occurrence report~~ or any information acquired in connection with such review or
- 6 evaluation except as provided in sub. (3) or (3m) and except that a person who
- 7 participates in the review or evaluation shall disclose an incident or occurrence
- 8 report to a court of record with regard to any criminal matter, in accordance with chs.
- 9 885 to 895 and 995 and after issuance of a subpoena.

BILL**SECTION 2**

1 **SECTION 2.** 146.38 (2)^x of the statutes, as affected by 2011 Wisconsin Act 2, is
2 amended to read:

3 146.38 (2) All persons, organizations, or evaluators, whether from one or more
4 entities, who review or evaluate the services of health care providers in order to help
5 improve the quality of health care, to avoid improper utilization of the services of
6 health care providers, or to determine the reasonable charges for such services shall
7 keep a record of their investigations, inquiries, proceedings and conclusions. No such
8 record may be released to any person under s. 804.10 (4) or otherwise except as
9 provided in sub. (3) or (3m). No such record may be used in any civil or criminal action
10 against the health care provider or any other health care provider; however, ~~except~~
11 ~~for incident or occurrence reports or records from other persons, organizations, or~~
12 ~~evaluators reviewing or evaluating health care providers, information, documents,~~
13 or records presented during the review or evaluation may not be construed as
14 immune from discovery under s. 804.10 (4) or use in any civil or criminal action
15 merely because they were so presented. Any person who testifies during or
16 participates in the review or evaluation may testify in any civil or criminal action as
17 to matters within his or her knowledge, but may not testify as to information
18 obtained through his or her participation in the review or evaluation, nor as to any
19 conclusion of such review or evaluation.

20 **SECTION 3.** 146.38 (2m)^x of the statutes, as created by 2011 Wisconsin Act 2, is
21 repealed.

22 **SECTION 4.** 146.38 (3) (em) of the statutes is created to read:

23 146.38 (3) (em) With regard to any criminal matter, to a court of record, in
24 accordance with chs. 885 to 895 and 995 and after issuance of a subpoena; and

BILL

1 **SECTION 5.** 146.38 (3t) of the statutes, as created by 2011 Wisconsin Act 2, is
2 amended to read:

3 146.38 (3t) A record described under sub. (2) ~~or an incident or occurrence report~~
4 disclosed either under sub. (3) or (3m) or in violation of this section remains
5 confidential and may not be used in any civil ~~or criminal~~ action against the health
6 care provider or any other health care provider.

7 **SECTION 6.** 893.555 of the statutes, as created by 2011 Wisconsin Act 2, is
8 repealed.

9 **SECTION 7.** 895.043 (6) of the statutes, as created by 2011 Wisconsin Act 2, is
10 repealed.

11 **SECTION 8.** 895.449 of the statutes is created to read:

12 **895.449 Certain arbitration agreements void.** Any provision in a contract,
13 covenant, or agreement between a resident, or a person acting on behalf of the
14 resident, and a facility defined in s. 50.01 (1), (1d), (1g), or (3), 50.49 (1) (a), or 50.90
15 (1), that is made before the resident suffers injury or harm that compels arbitration
16 between the parties, and that limits or waives the right of the resident to bring a civil
17 action against the facility or that limits the resident's remedies in a civil action
18 against the facility, is void as against public policy and shall not constitute
19 a defense in any action, suit, or proceeding.

20 **SECTION 9.** 904.16 of the statutes, as created by 2011 Wisconsin Act 2, is
21 repealed.

22 **SECTION 10. Initial applicability.**

23 (1) The treatment of section 895.449 of the statutes first applies to contracts
24 that are entered into on the effective date of this subsection.

Insert 5-9

6

1 INSERT ANALYSIS TJD

* This bill prohibits an adult family home, a residential care apartment complex,
* a community-based residential facility, a nursing home, a home health agency, or
* hospice (long-term care facility) from requiring a resident or client to sign an
* arbitration agreement as a condition of admission, retaliating against a resident or
* or clients for not signing an arbitration agreement. The bill includes specific
* penalties for retaliating against a resident or client for not signing an arbitration
* agreement. A long-term care facility that requests residents or clients to sign an
arbitration agreement must provide the arbitration agreement as a separate
document in another color and larger type size from any other admission agreement.
The bill also requires a long-term care facility to allow a resident or client to cancel
an arbitration agreement within 30 days after signing that provision and to include
language about the right to cancel in the arbitration agreement.

(END INSERT ANALYSIS TJD)

2 INSERT 3-1

3 SECTION 1. 50.057 of the statutes is created to read:

4 **50.057 Arbitration agreements.** (1) In this section:

5 (a) "Arbitration agreement" means any provision in a contract, covenant, or
6 agreement between a resident or client, or a person acting on behalf of the resident
7 or client, and a long-term care facility, ^{which} that is made before the resident or client
8 suffers injury or harm that ^{which} compels arbitration between the parties, and that limits
9 or waives the right of the resident to bring a civil action against the long-term care
10 facility or ^e that limits the resident's or client's remedies in a civil action against the
11 long-term care facility.

12 (b) "Long-term care facility" means an adult family home, a residential care
13 apartment complex, a community-based residential facility, a nursing home, a home
14 health agency, or a hospice, as defined in s. 50.90 (1).

15 (2) No long-term care facility may do any of the following:

↓

1 (a) Require a prospective resident or client, ✓ or a person acting on behalf of the
2 resident or client, to sign an arbitration agreement as a condition of admission to the
3 long-term care facility. ✓

4 (b) Retaliate against a resident or client or discharge a resident or client for
5 failure to sign an arbitration agreement. ✓

6 (c) Charge additional money to a resident or client for not signing an arbitration
7 agreement. ✓

8 (3) A long-term care facility, if it requests a resident or client to sign an
9 arbitration agreement, shall provide the arbitration agreement as a separate
10 document from any other admission agreement and shall make the arbitration
11 agreement document another color and a larger type size than the admission
12 agreement. ✓

13 (4) A long-term care facility ✓ that requests a resident or client to sign an
14 arbitration agreement shall allow the resident or client, or a person acting on behalf
15 of the resident or client, to cancel the arbitration agreement within ✓ 30 days of signing
16 the arbitration agreement and shall include language in the arbitration agreement
17 stating that a resident, client, or person acting on behalf of the resident or client ✓ has
18 a right to cancel the arbitration agreement within 30 ✓ days of signing the arbitration
19 agreement.

20 (5) (a) Any person who is retaliated against in violation of sub. (2) (b) ✓ may
21 commence an action in circuit court for damages incurred as a result of the violation.

22 (b) Violators of sub. ✓ (2) (b) may be imprisoned ^{for} up to 6 months ~~or~~ fined not more
23 than \$1,000 ^{or} both for each violation.

2011-2012 DRAFTING INSERT
FROM THE
LEGISLATIVE REFERENCE BUREAU

LRB-2369/lins
TKK:jld/kjf:rs

1 **Insert analysis TKK**

~~NO~~ unless the defendant's actions included the operation of a vehicle while under the influence of an intoxicant to a degree that rendered the defendant incapable of the safe operation of that vehicle. This bill eliminates the exception to the cap on punitive damages related to the intoxicated use of a vehicle. The bill creates a new exception to the limitation on punitive damage where the defendant is an administrator, agent, director, employee, officer, or operator of a nursing home, adult family home, resident care apartment complex, or community-based residential care facility and the actions of the defendant take place in that facility. ~~NO~~

2 **Insert 5-9 TKK** residential

3 **SECTION 1.** 895.043 (6) of the statutes, as created by 2011 Wisconsin Act 2, is
4 amended to read:

5 895.043 (6) LIMITATION ON DAMAGES. Punitive damages received by the plaintiff
6 may not exceed twice the amount of any compensatory damages recovered by the
7 plaintiff or \$200,000, whichever is greater. This subsection does not apply to a
8 plaintiff seeking punitive damages from a defendant ^{score} who is an administrator,
9 agent, ^Δdirector, employee, officer, or operator of a facility ^{stet} defined in s. 50.01 (1), (1d),
10 (1g), or (3), ^{stet} 50.49 (1) (a), or 50.90 (1) and whose actions under sub. (3) included the
11 operation of a vehicle, including a motor vehicle as defined under s. 340.01 (35), a
12 snowmobile as defined under s. 340.01 (58a), an all-terrain vehicle as defined under
13 s. 340.01 (2g), and a boat as defined under s. 30.50 (2), while under the influence of
14 an intoxicant to a degree that rendered the defendant incapable of safe operation of
15 the vehicle. In this subsection, "intoxicant" has the meaning given in s. 30.50 (4e)
16 take place in that facility.

History: 1995 a. 17; 1997 a. 71; 1999 a. 79; 2005 a. 155 s. 71; Stats. 2005 s. 895.043; 2005 a. 388 s. 216; 2009 a. 274; 2011 a. 2; s. 35.17 correction in (6).

(END OF INSERT TKK)

DRAFTER'S NOTE
FROM THE
LEGISLATIVE REFERENCE BUREAU

LRB-2369/2dnTD

TJD:.....

date

JLD

Please note that I have included a penalty for retaliating against a resident for not signing an arbitration agreement, which is the same penalty for retaliating against a resident for providing information to a state official or contacting a long-term care ombudsman. In addition, a nursing home that violates an provision of the subchapter of chapter 50 in which this provision is located is subject to the notice of violation, corrections, and forfeiture provision located in s. 50.04.

Tamara J. Dodge
Legislative Attorney
Phone: (608) 267-7380
E-mail: tamara.dodge@legis.wisconsin.gov

**DRAFTER'S NOTE
FROM THE
LEGISLATIVE REFERENCE BUREAU**

LRB-2369/2dnTD
TJD:jld:jf

September 23, 2011

Please note that I have included a penalty for retaliating against a resident for not signing an arbitration agreement, which is the same penalty for retaliating against a resident for providing information to a state official or contacting a long-term care ombudsman. In addition, a nursing home that violates an provision of the subchapter of chapter 50 in which this provision is located is subject to the notice of violation, corrections, and forfeiture provision located in s. 50.04.

Tamara J. Dodge
Legislative Attorney
Phone: (608) 267-7380
E-mail: tamara.dodge@legis.wisconsin.gov

Kuczenski, Tracy

From: Moran, Christian
Sent: Tuesday, September 27, 2011 9:55 AM
To: Kuczenski, Tracy
Subject: RE: redraft request: LRB-2369/2 (civil and criminal action against health care providers...)

Hi Tracy,

Yes, we want a plaintiff be able to seek punitive damages from a long term care provider for the actions of its employees, agents or officers, etc.

Please feel free to call me if you have additional questions.

Thanks for your help.

Christian

Christian T. Moran
Office of Representative Jon Richards
State Capitol, 118 North
Madison, WI 53708
608-266-0650

From: Kuczenski, Tracy
Sent: Monday, September 26, 2011 2:50 PM
To: Moran, Christian
Subject: RE: redraft request: LRB-2369/2 (civil and criminal action against health care providers...)

Hi Christian –

I'm not sure I understand your request. Punitive damages are imposed upon individuals for egregious acts: "The plaintiff may receive punitive damages if evidence is submitted showing that the defendant acted maliciously toward the plaintiff or in an intentional disregard of the rights of the plaintiff". Wis. Stat s. 895.043 (3). Is it your intent that a

Tracy

Tracy K. Kuczenski
Legislative Attorney
Wisconsin Legislative Reference Bureau
tracy.kuczenski@legis.wisconsin.gov
(608) 266-9867

From: Moran, Christian
Sent: Monday, September 26, 2011 2:24 PM
To: Dodge, Tamara
Cc: Hurley, Peggy; Kuczenski, Tracy
Subject: redraft request: LRB-2369/2 (civil and criminal action against health care providers...)

Please redraft LRB-2369/2 as follows:

9/28/2011

Section 8 (Limitation on damages)

1. Amend the new exception to the punitive damages cap to apply it to long term care facilities listed under s. 893.555(1)(a), not the individuals listed. We want to hold the entities accountable for the entities' actions and its employees, agents, etc.
2. Restore the exception to the punitive damages cap to OWI cases.

Thanks for your help. Just let me know if you have any questions.

Christian

Christian T. Moran
Office of Representative Jon Richards
State Capitol, 118 North
Madison, WI 53708
608-266-0650

From: Moran, Christian
Sent: Thursday, September 22, 2011 10:00 AM
To: Dodge, Tamara
Cc: Hurley, Peggy; Kuczenski, Tracy
Subject: FW: redraft request: LRB-2369/1 (civil and criminal action against health care providers...)

Hi Tami,

For our planning purposes, do you an approximate time estimate on when you might be able to complete a /2 to reflect the arbitration provision changes mentioned below in my 9/16 email?

Thanks for your help.

Christian

Christian T. Moran
Office of Representative Jon Richards
State Capitol, 118 North
Madison, WI 53708
608-266-0650

From: Kuczenski, Tracy
Sent: Friday, September 16, 2011 2:22 PM
To: Moran, Christian; Hurley, Peggy; Dodge, Tamara
Subject: RE: redraft request: LRB-2369/1 (civil and criminal action against health care providers...)

Hi Christian –

Tami is out of the office today, and I can't speak for her, but I have a very full plate. That said, I believe this is a relatively straightforward change (although I'll want to chat with Tami about it to determine whether I need to cross-reference any provisions in her chapters in order to identify the claims being targeted by the cap). I think I will be able to get to it early next week.

Tracy

9/28/2011



State of Wisconsin
2011 - 2012 LEGISLATURE



LRB-2369/2 3
PJH/TJD/TKK:jld&kjf:jf
insert

2011 BILL

9/28/11

500M

✓

Regen

1 AN ACT *to repeal* 146.38 (2m), 893.555 and 904.16; *to amend* 146.38 (1m),
2 146.38 (2), 146.38 (3t) and 895.043 (6); and *to create* 50.057 and 146.38 (3) (em)
3 of the statutes; **relating to:** arbitration agreements used by long-term care
4 facilities, civil and criminal actions against health care providers and
5 long-term care providers, use in civil and criminal actions and confidentiality
6 of incident and occurrence reports, use as evidence of records given to a
7 regulatory agency, use in criminal actions of records of reviews and evaluations
8 of health care providers, limits on noneconomic damages, limits on punitive
9 damages, and providing a penalty. ✓

Analysis by the Legislative Reference Bureau

This bill makes several changes to current law regarding contractual agreements between long-term care facilities and their clients, civil actions for negligence in long-term care facilities, punitive damages in civil actions, certain criminal actions against health care providers, and the confidentiality and use of reviews, incident reports, and evaluations of health care providers.

BILL**ARBITRATION AGREEMENTS IN LONG-TERM CARE CONTRACTS**

Under current law, with few exceptions, contractual agreements that compel parties to litigation to submit to arbitration to resolve all or part of the dispute between the parties are enforceable.

This bill prohibits an adult family home, a residential care apartment complex, a community-based residential facility, a nursing home, a home health agency, or hospice (long-term care facility) from requiring a resident or client to sign an arbitration agreement as a condition of admission, retaliating against a resident or client for not signing an arbitration agreement, or charging more money to a resident or client for not signing an arbitration agreement. The bill includes specific penalties for retaliating against a resident or client for not signing an arbitration agreement. A long-term care facility that requests residents or clients to sign an arbitration agreement must provide the arbitration agreement as a separate document in another color and larger type size from any other admission agreement. The bill also requires a long-term care facility to allow a resident or client to cancel an arbitration agreement within 30 days after signing that provision and to include language about the right to cancel in the arbitration agreement.

LIMITS ON NONECONOMIC DAMAGES

Under current law, a person, or certain people related to the person, who is injured by the negligence of a long-term care provider, such as a nursing home, hospice, or assisted living facility, may sue for economic damages and for noneconomic damages. Noneconomic damages are intended to compensate for pain and suffering, loss of companionship, mental distress, and loss of enjoyment of life.

Current law limits noneconomic damages to \$750,000 per occurrence of negligence. Current law also limits damages for loss of society and companionship to certain relatives recoverable in a wrongful death action against a long-term care provider to \$500,000 in the case of a deceased minor and \$350,000 in the case of a deceased adult.

Under current law, a person, or certain people related to the person, who is injured by the long-term care provider may bring a civil action no later than three years from the date on which the injury occurred, or within one year that the injury was discovered or should have been discovered, except that, if a long-term care provider conceals an act or omission that results in an injury, within one year from the date on which the concealment was discovered or should have been discovered. If the injury or concealment is discovered after the three-year limit has expired, the person may still bring suit for up to five years after the long-term care provider's act or omission.

The bill eliminates the limit on noneconomic damages and applies the general three-year statute of limitations for torts to actions for negligence against a long-term care provider.

INCIDENT REPORTS AND HEALTH CARE PROVIDER REVIEWS

Under current law, information acquired in connection with the review of evaluation of a health care provider and incident or occurrence reports (incident reports) must be kept confidential by a person who participates in the review of evaluation. An incident report is a written or oral statement that is made to notify

BILL

a person, organization, or an evaluator who reviews or evaluates the services of health care providers or charges for such services of an incident, practice, or other situation that becomes the subject of such a review or evaluation. The persons, organizations, or evaluators who review or evaluate the services of health care providers for certain reasons must keep a record of their investigations, inquiries, proceedings, and conclusions. Current law prohibits these records of a review or evaluation from being used in any civil or criminal action against the health care provider.

This bill allows the disclosure of incident or occurrence reports by a person who participates in the review or evaluation of the health care provider and removes the prohibition against using incident reports in a civil or criminal action. The bill also allows records of a review or evaluation to be used in criminal actions. A person who participates in the review or evaluation of the services or charges of a health care provider is required, under the bill, to disclose an incident report to a court with regard to a criminal matter, under certain conditions. The bill also requires information acquired in connection with the review and evaluation to be disclosed to a court in a criminal matter, under certain conditions.

HEALTH CARE PROVIDER REGULATORY RECORDS

Current law prohibits records given or disclosed to a regulatory agency and statements of, or records of interviews with, employees of a health care provider obtained by a regulatory agency (regulatory records) from being used as evidence in a civil or criminal action brought against a health care provider. A regulatory agency, in this instance, is either the Department of Regulation and Licensing (renamed the Department of Safety and Professional Services) or the division within the Department of Health Services that conducts quality assurance activities related to health care providers. The bill eliminates the prohibition against using regulatory records as evidence in a civil or criminal action.

PUNITIVE DAMAGES

Under current law, punitive damages may be assessed in a civil case if the defendant acted maliciously toward the plaintiff or in an intentional disregard of the rights of the plaintiff. Current law limits punitive damages to the greater of twice the amount of compensatory damages recovered by the plaintiff or \$200,000 unless the defendant's actions included the operation of a vehicle while under the influence of an intoxicant to a degree that rendered the defendant incapable of the safe operation of that vehicle. This bill eliminates the exception to the cap on punitive damages related to the intoxicated use of a vehicle. The bill creates a new exception to the limitation on punitive damage where the defendant is an administrator, agent, director, employee, officer, or operator of a nursing home, adult family home, residential care apartment complex, or community-based residential care facility and the actions of the defendant take place in that facility.

Because this bill creates a new crime or revises a penalty for an existing crime, the Joint Review Committee on Criminal Penalties may be requested to prepare a

damages sought from a nursing home, adult family home, residential care apartment complex, or community-based residential care facility when

when

BILL

report concerning the proposed penalty and the costs or savings that are likely to result if the bill is enacted.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

1 **SECTION 1.** 50.057 of the statutes is created to read:

2 **50.057 Arbitration agreements. (1)** In this section:

3 (a) "Arbitration agreement" means any provision in a contract, covenant, or
4 agreement between a resident or client, or a person acting on behalf of the resident
5 or client, and a long-term care facility, which is made before the resident or client
6 suffers injury or harm that compels arbitration between the parties, and which
7 limits or waives the right of the resident to bring a civil action against the long-term
8 care facility or limits the resident's or client's remedies in a civil action against the
9 long-term care facility.

10 (b) "Long-term care facility" means an adult family home, a residential care
11 apartment complex, a community-based residential facility, a nursing home, a home
12 health agency, or a hospice, as defined in s. 50.90 (1).

13 **(2)** No long-term care facility may do any of the following:

14 (a) Require a prospective resident or client, or a person acting on behalf of the
15 resident or client, to sign an arbitration agreement as a condition of admission to the
16 long-term care facility.

17 (b) Retaliate against a resident or client or discharge a resident or client for
18 failure to sign an arbitration agreement.

19 (c) Charge additional money to a resident or client for not signing an arbitration
20 agreement.

BILL

1 (3) A long-term care facility, if it requests a resident or client to sign an
2 arbitration agreement, shall provide the arbitration agreement as a separate
3 document from any other admission agreement and shall make the arbitration
4 agreement document another color and a larger type size than the admission
5 agreement.

6 (4) A long-term care facility that requests a resident or client to sign an
7 arbitration agreement shall allow the resident or client, or a person acting on behalf
8 of the resident or client, to cancel the arbitration agreement within 30 days of signing
9 the arbitration agreement and shall include language in the arbitration agreement
10 stating that a resident, client, or person acting on behalf of the resident or client has
11 a right to cancel the arbitration agreement within 30 days of signing the arbitration
12 agreement.

13 (5) (a) Any person who is retaliated against in violation of sub. (2) (b) may
14 commence an action in circuit court for damages incurred as a result of the violation.

15 (b) Violators of sub. (2) (b) may be fined not more than \$1,000 or imprisoned for
16 up to 6 months or both for each violation.

17 **SECTION 2.** 146.38 (1m) of the statutes, as affected by 2011 Wisconsin Act 2, is
18 amended to read:

19 146.38 (1m) No person who participates in the review or evaluation of the
20 services of health care providers or charges for such services may disclose ~~an incident~~
21 ~~or occurrence report~~ or any information acquired in connection with such review or
22 evaluation except as provided in sub. (3) or (3m) and except that a person who
23 participates in the review or evaluation shall disclose an incident or occurrence
24 report to a court of record with regard to any criminal matter, in accordance with chs.
25 885 to 895 and 995 and after issuance of a subpoena.

BILL**SECTION 3**

1 **SECTION 3.** 146.38 (2) of the statutes, as affected by 2011 Wisconsin Act 2, is
2 amended to read:

3 146.38 (2) All persons, organizations, or evaluators, whether from one or more
4 entities, who review or evaluate the services of health care providers in order to help
5 improve the quality of health care, to avoid improper utilization of the services of
6 health care providers, or to determine the reasonable charges for such services shall
7 keep a record of their investigations, inquiries, proceedings and conclusions. No such
8 record may be released to any person under s. 804.10 (4) or otherwise except as
9 provided in sub. (3) or (3m). No such record may be used in any civil or criminal action
10 against the health care provider or any other health care provider; however, except
11 for incident or occurrence reports or records from other persons, organizations, or
12 evaluators reviewing or evaluating health care providers, information, documents,
13 or records presented during the review or evaluation may not be construed as
14 immune from discovery under s. 804.10 (4) or use in any civil or criminal action
15 merely because they were so presented. Any person who testifies during or
16 participates in the review or evaluation may testify in any civil or criminal action as
17 to matters within his or her knowledge, but may not testify as to information
18 obtained through his or her participation in the review or evaluation, nor as to any
19 conclusion of such review or evaluation.

20 **SECTION 4.** 146.38 (2m) of the statutes, as created by 2011 Wisconsin Act 2, is
21 repealed.

22 **SECTION 5.** 146.38 (3) (em) of the statutes is created to read:

23 146.38 (3) (em) With regard to any criminal matter, to a court of record, in
24 accordance with chs. 885 to 895 and 995 and after issuance of a subpoena; and

BILL

1 **SECTION 6.** 146.38 (3t) of the statutes, as created by 2011 Wisconsin Act 2, is
2 amended to read:

3 146.38 (3t) A record described under sub. (2) ~~or an incident or occurrence report~~
4 disclosed either under sub. (3) or (3m) or in violation of this section remains
5 confidential and may not be used in any civil ~~or criminal~~ action against the health
6 care provider or any other health care provider.

7 **SECTION 7.** 893.555 of the statutes, as created by 2011 Wisconsin Act 2, is
8 repealed.

9 *Fix component* → **SECTION 8.** 895.043 (6) of the statutes, as created by 2011 Wisconsin Act 2, is
10 *renumbered 895.043(6) (intro.) and*
11 amended to read:

12 895.043 (6) **LIMITATION ON DAMAGES.** *(intro.)* Punitive damages received by the plaintiff
13 plaintiff or \$200,000, whichever is greater. This subsection does not apply to ~~a~~
14 *any of the following:* (a) *A ← SCORE*

15 ~~plaintiff seeking punitive damages from a defendant who is an administrator, agent,~~
16 ~~director, employee, officer, or operator of a facility defined in s. 50.01 (1), (1d), (1g),~~
17 ~~or (3), 50.49 (1) (a), or 50.90 (1) and~~ whose actions under sub. (3) included the

18 operation of a vehicle, including a motor vehicle as defined under s. 340.01 (35), a
19 snowmobile as defined under s. 340.01 (58a), an all-terrain vehicle as defined under
20 s. 340.01 (2g), and a boat as defined under s. 30.50 (2), while under the influence of
21 an intoxicant to a degree that rendered the defendant incapable of safe operation of
22 the vehicle. In this subsection, "intoxicant" has the meaning given in s. 30.50 (4e)

plain

take place in that facility
plain period

23 **SECTION 9.** 904.16 of the statutes, as created by 2011 Wisconsin Act 2, is
24 repealed.

25 **SECTION 10. Initial applicability.**

InseA 7-23 ✓

BILL

SECTION 10

re numbering and amendment

and the creation of section 895.043 (6) (b) of the Statute

1
2
3

(1) The treatment of section 895.043 (6) of the statutes first applies to actions that are commenced on the effective date of this subsection.

apply

(END)

2011-2012 DRAFTING INSERT
FROM THE
LEGISLATIVE REFERENCE BUREAU

LRB-2369/3ins
TKK:jld/kjfrs

1 **Insert 7-23**

2 **SECTION 1.** 895.043 (6) (b) of the statutes is created to read:

3 895.043 (6) (b) A plaintiff seeking punitive damages from a ~~long term care~~
4 ~~facility~~ ^{provider} as defined in s. 893.555(1)(a), for the actions of an administrator, agent,
5 director, employee, officer, or operator of that ~~long term care~~ facility whose actions
6 under sub. (3) take place in that facility.

facility defined in s. 50.01(1),[✓] (1d),[✓] (1g),[✓] or (3),[✓] 50.49(1)(a),[✓]
or 50.90(1)

Barman, Mike

From: Moran, Christian
Sent: Thursday, October 13, 2011 9:54 AM
To: LRB.Legal
Subject: Assembly bill jacket request: LRB-2369/3

Please jacket LRB-2369/3 for introduction on the Assembly.

This bill relates to arbitration agreements used by long-term care facilities, civil and criminal actions against health care providers and long-term care providers, use in civil and criminal actions and confidentiality of incident and occurrence reports, use as evidence of records given to a regulatory agency, use in criminal actions of records of reviews and evaluations of health care providers, limits on noneconomic damages, limits on punitive damages, and providing a penalty.

-Christian

Christian T. Moran
Office of Representative Jon Richards
State Capitol, 118 North
Madison, WI 53708
608-266-0650