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 Details: Office of the commissioner of insurance information

(FORM UPDATED: 08/11/2010)

**WISCONSIN STATE LEGISLATURE ...
PUBLIC HEARING - COMMITTEE RECORDS**

1995-96

(session year)

Assembly

(Assembly, Senate or Joint)

**Committee on Insurance, Securities and
Corporate Policy...**

COMMITTEE NOTICES ...

- Committee Reports ... **CR**
- Executive Sessions ... **ES**
- Public Hearings ... **PH**

INFORMATION COLLECTED BY COMMITTEE FOR AND AGAINST PROPOSAL

- Appointments ... **Appt** (w/Record of Comm. Proceedings)
- Clearinghouse Rules ... **CRule** (w/Record of Comm. Proceedings)
- Hearing Records ... bills and resolutions (w/Record of Comm. Proceedings)
(**ab** = Assembly Bill) (**ar** = Assembly Resolution) (**ajr** = Assembly Joint Resolution)
(**sb** = Senate Bill) (**sr** = Senate Resolution) (**sjr** = Senate Joint Resolution)
- Miscellaneous ... **Misc**

PROPERTY & CASUALTY

OCI Summary of Legislation September 1, 1995

#	CATEGORY/ SUBJECT	OCI POS	SPONSOR/ COMMITTEE REFERRAL	OCI ANALYSIS	HEARING DATE/ PLACE	STATUS
SB 43	Extension of PECFA Coverage	I	Potter/ Environment	<ul style="list-style-type: none"> • Provides for PECFA coverage of costs of cleaning up heating oil tanks serving buildings for religious worship and nonprofit private schools. • Est. cost to state = \$1,736,600 Statutes Affected: <ul style="list-style-type: none"> • 101.43 (1) (fg), (fp);(4) (d), (e) DILHR Petroleum Storage, Remedial Action 		In committee. Fiscal estimate received (1).
SB 60	Mandatory Auto Insurance of 25/50/10		Plewa/ Transportation, Agriculture and Local Affairs	<ul style="list-style-type: none"> • Requires vehicles to have liability insurance in place for 25/50/10. • Enforcement would be secondary (Cannot be sole reason for pulling over). Statutes Affected: <ul style="list-style-type: none"> • 20.395 DOT. General Provisions • 343.32 (2) (bc) Grounds for Revocation or Suspension of Licenses; demerit points • 344.10 Compulsory Financial Responsibility • 344.20 (a) Custody Disposition and Return of Security • 344.32 (1) Certification Furnished by • 344.33, 35, 51 Motor Vehicle Liability • 344.51, 61, 346.73 		In ctte. Fiscal estimate received (2)

PROPERTY & CASUALTY

OCI Summary of Legislation September 1, 1995

#	CATEGORY/ SUBJECT	OCI POS	SPONSOR/ COMMITTEE REFERRAL	OCI ANALYSIS	HEARING DATE/ PLACE	STATUS
AB 109	Liability/ Emergency Planning Ctte. on Contract		Ourada/ Assembly Ins., Sec. and Corp. Policy	<p>Creates civil immunity for local agency or emerg. planning committee that contracted with state emerg. response board for provision of regional or county emerg. response teams.</p> <p>Statutes Affected:</p> <ul style="list-style-type: none"> • 166.215 (1) Hazardous Substance Emerg. Response • 895.483 Civil Liability Exemption; Regional and County Emergency Response Team 	Held: 2/9	In committee. Fiscal estimate received (1).
AB 137	Auto Insurance/ Territorial Rating		Cullen/ Ins., Securities and Corp. Policy	<ul style="list-style-type: none"> • Bill specifies how insurer must determine rates for certain motor vehicle ins. policies. Applies to policies covering private passenger autos, motorcycles/mopeds that do not cover more than 4 vehicles and that are issued to individuals residing in a federal MSA that contains a 1st class city, • Insurer must first divide MSA into separate contiguous areas, each containing at least one municipality. Insurer must charge same rate for the same or similar type of coverage under all 		In committee. Fiscal estimates received (2)

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				<p>policies to which the bill applies and that are issued to insureds residing in the same contiguous area.</p> <ul style="list-style-type: none"> • No more than 2 rate bands for each type of coverage under all policies may be set. No rate may vary from the midpoint rate by more than 7.5%. • Insurer may modify rates for individual risks using factors specified by Commission. Factors to include: driving record; experience of driver; value of vehicle; # of miles driven; others. Zip code of insured or any other driver of insured vehicle may not be basis for modifying a rate for individual risk. <p>Statutes Affected:</p> <ul style="list-style-type: none"> • 625.12 (1) (e) Rating Methods, Delegation of Rate Making and Rate Filing Obligation • 628.34 Unfair Marketing Practices, Unfair Discrimination • 632.39 Contracts in Specific Lines. Setting Rates for Certain Motor Vehicle Policies 		

PROPERTY & CASUALTY

OCI Summary of Legislation September 1, 1995

#	CATEGORY/ SUBJECT	OCI POS	SPONSOR/ COMMITTEE REFERRAL	OCI ANALYSIS	HEARING DATE/ PLACE	STATUS
AB 170	Auto Insurance Premium Reduction/ Accident Prevention Course Completion		Grobschmidt/ Ins., Securities and Corporate Policy Clausing/ Insurance	<ul style="list-style-type: none"> • Requires insurers to provide reduction in auto ins. premium for person 55 or older who successfully completes accident prevention course. • DOT sets standards, approves course. • Eligibility for prem. reduction would continue for 3 years after completion of approved course unless moving traffic violation conviction or moving violation in which insured was at fault. • Bill does not specify amount by which prem. must be reduced. Insurer may take into account operator's driving record to determine reduction. 		In committee. Fiscal estimate received (1).
SB 267				<ul style="list-style-type: none"> • Statutes Affected: • 343.165 Created and added to Ch. on Operators Licenses • 628.34 Unfair Marketing Practices • 632.36 (1) Accident in Course of Business or Employment • 632.39 Senior Citizen Premium Reduction 		

PROPERTY & CASUALTY

**OCI Summary of Legislation
September 1, 1995**

#	CATEGORY/ SUBJECT	OCI POS	SPONSOR/ COMMITTEE REFERRAL	OCI ANALYSIS	HEARING DATE/ PLACE	STATUS
AB 267	Residential Mortgage Loan Disclosures Relating to Mortgage Insurance		Grobschmidt/ Ctte. on Financial Institutions	<ul style="list-style-type: none"> • Current law does not require written disclosures of terms relating to mortgage insurance (to protect lender from loss if lender forecloses, often required as loan condition if borrower has limited equity). • Bill states that if lender requires a borrower to obtain mortgage insurance as a condition for granting a residential mortgage loan (for 1-4 family dwelling used by buyer as principal residence), lender must disclose in writing cost of the mortgage insurance, how the insurance may be waived and any other relevant term relating to the mortgage insurance. <p>Statutes Affected:</p> <ul style="list-style-type: none"> • 138.052 (3p) Residential Mortgage Loans 	Held: 5/10	In committee Fiscal estimate received (2).

PROPERTY & CASUALTY

OCI Summary of Legislation
September 1, 1995

#	CATEGORY/ SUBJECT	OCI POS	SPONSOR/ COMMITTEE REFERRAL	OCI ANALYSIS	HEARING DATE/ PLACE	STATUS
AB 271	Municipal Insurance Mutuals		Albers/ Ins., Securities and Corporate Policy	<ul style="list-style-type: none"> • Bill authorizes the state or any municipality to procure worker's compensation insurance covering officers and employees of the state or municipality and authorizes a municipality to procure worker's compensation insurance through a municipal insurance mutual. • Procurement would be similar to current authority to purchase risk mgmt. services and liability coverage. <p>Statutes Affected:</p> <ul style="list-style-type: none"> • 66.18 Liability Insurance • 611.11 Incorporators (Domestic Stock and Mutual Corporations) • 611.23 Inapplicable Provisions (Domestic Stock and Mutual Corporations) 	<p>Held: 3/29, 4/27</p>	<p>Exec'd 3/29. Passed 83-4. In Senate Ctte. on Insurance Fiscal estimate received (1).</p>

PROPERTY & CASUALTY

OCI Summary of Legislation September 1, 1995

#	CATEGORY/ SUBJECT	OCI POS	SPONSOR/ COMMITTEE REFERRAL	OCI ANALYSIS	HEARING DATE/ PLACE	STATUS
AB 424	Restrictions on Floodplain and Shoreland Zoning Ordinances that Regulate Improvements to Nonconform- ing Buildings		Harsdorf/Ctte. on Natural Resources	<ul style="list-style-type: none"> • DNR currently promulgates rules regulating the adoption of local floodplain and shoreland zoning ordinances that regulate improvements to nonconforming buildings located in a floodplain or shoreland. • DNR has imposed some state requirements that are at variance with those required under the national flood insurance program administered by the federal emergency management agency. • One of the requirements is that a local ordinance must limit the cost of any improvements to a nonconforming building located in a shoreland or a floodplain to 50% of the building's equalized assessed value over the life of the building. • Under this bill, limitations allowed a local floodplain or shoreland zoning ordinance that may be imposed on the cost of an improvement are those minimally required by the national flood insurance program, which uses market value in calculating the 50% limitation rather than equalized assessed value of the nonconforming building. 		In committee

HEALTH & LIFE

OCI Summary of Legislation September 1, 1995

#	CATEGORY/ SUBJECT	OCI POS	SPONSOR/ COMMITTEE REFERRAL	OCI ANALYSIS	HEARING DATE/ PLACE	STATUS
SB 220	Requiring Insurance Coverage of Certain Mental Disorders		Panzer/Ctte. on Insurance	<ul style="list-style-type: none"> Currently, disability policies providing coverage of inpatient hospital services, outpatient services or transitional services (services specified by comm. of ins. by rule that are provided in a less restrictive manner than inpatient services but in a more intensive manner than outpatient services) are required to provide services for the treatment of nervous and mental disorders and alcoholism and other drug abuse problems in specified minimum amounts with specified copays. Bill exempts certain severe mental disorders from the limitations of current law. Group and individual health insurance policies and certain self-insured plans may not apply exclusions, limitations, copayments or deductibles that are not generally applicable to other provisions for the following disorders: 1) schizophrenia, 2) bipolar disorder, 3) major depression, 4) obsessive-compulsive disorder, 5) panic disorder. <p>Statutes Affected:</p> <ul style="list-style-type: none"> S. 40.51, 52 Public Employee Trust Funds. Health 	6/14, 1 pm, 421 S	In committee

HEALTH & LIFE

**OCI Summary of Legislation
September 1, 1995**

#	CATEGORY/ SUBJECT	OCI POS	SPONSOR/ COMMITTEE REFERRAL	OCI ANALYSIS	HEARING DATE/ PLACE	STATUS
				<p>Care Coverage, Benefits</p> <ul style="list-style-type: none"> • S. 60.23 Towns. Miscellaneous Powers • 66.814 Municipal Law. Self-insured health plans • S. 111.70 (1) Municipal Employment • S. 111.91 (2) Subjects of Bargaining • S. 120.13 (2) School District Government. Insurance • S. 185.981 (4t) Cooperative Sickness Care • 185.983 Cooperatives. Requirements of Plan • 632.89 Insurance Contracts in Specific Lines. Required Coverage of Alcoholism and Other Diseases • 632.895 Mandatory Coverage 		

HEALTH & LIFE

OCI Summary of Legislation September 1, 1995

#	CATEGORY/ SUBJECT	OCI POS	SPONSOR/ COMMITTEE REFERRAL	OCI ANALYSIS	HEARING DATE/ PLACE	STATUS
AB 84	Credit Life/Eligibility Restrictions	I	Bell/Insurance	<ul style="list-style-type: none"> Raises age for eligibility restrictions on basis of age and for cessation of credit life insurance to 70. Statutes Affected: <ul style="list-style-type: none"> 424.21 Insurance Limits on Age Restrictions 		In committee
AB 129	Health Ins./ Mandated Acupuncture Benefit		Schneider/ Ins., Securities and Corporate Policy	<ul style="list-style-type: none"> Requires HMOs, PPPs, LSHOs and state-provided plans to cover diag. and treatment of a condition by an acupuncturist, if same diag. and treatment by a physician is covered. Statutes Affected: <ul style="list-style-type: none"> 40.51 (8) Public Employe Trust Funds. Health and Long Term Care Benefits. 185.981 (4t) Cooperative Sickness Care (Coops) 185.983 (1) (intro) Requirements of Plan (Coops) 609.71 Health Care Plans. Acupuncture Coverage 632.87 Restrictions on Health Care Services 		In committee Fiscal estimates received (2).
AB 131	Health Insurance/ Mandated Contraceptive Benefit		Young/Ins., Securities and Corporate Policy	<ul style="list-style-type: none"> Requires every health ins. policy to provide coverage for contraceptive articles and svc. if the policy or plan covers outpatient health care svc., Contraceptive articles and services are further defined in the bill. 		In committee Fiscal est.rcvvd. (1)

HEALTH & LIFE

OCI Summary of Legislation September 1, 1995

#	CATEGORY/ SUBJECT	OCI POS	SPONSOR/ COMMITTEE REFERRAL	OCI ANALYSIS	HEARING DATE/ PLACE	STATUS
AB 292	Prohibits Insurers from Refusing to Provide Coverage to Victims of Domestic Abuse		Wasserman/ Insurance	<p>Statutes Affected:</p> <ul style="list-style-type: none"> 40.51 (8) Public Employe Trust Fund. Health and Long Term Care Benefits. Health Care Coverage 66.184 Self-insured Health Plans (Municipal law) 120.13 School Board Powers. School District Government. 185.981 Cooperative Sickness Care 609.82 Health Care Plans. Coverage of Contraceptive Articles and Services 632.895 Mandatory Coverage. Insurance Contracts in Specific Lines 		In committee
SB 138			Burke/ Insurance	<ul style="list-style-type: none"> Bill prohibits insurer from refusing to provide or renew coverage to person or group under any type of insurance policy solely on basis that the person or a member of the group has been or may be a victim of child or domestic abuse or that a member of the person's or a group member's family has been or may be a victim of child or domestic abuse. Insurers prohibited from using as a factor in determining rates, or any other aspect of insurance coverage, knowledge or suspicion that a person or 		

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				<p>group member -- or member of person or group member's family -- has been or may be a victim of child or domestic abuse.</p> <ul style="list-style-type: none"> • A health insurer is prohibited from excluding or limiting coverage to a person or group for services or items related to the treatment of injury or disease resulting from child or domestic abuse solely on the basis that the person or a group member has been or may be a victim of child or domestic abuse or that a member of person or group member's family has been or may be a victim of child or domestic abuse. • A life insurer is prohibited from denying or limiting benefits to a beneficiary in the event that the death of the person whose life is insured results from child or domestic abuse solely on the basis that the person whose life is insured has been or may be a victim of child or domestic abuse or that a member of the family of the person whose life is insured has been or may be a victim of child or domestic abuse. 		

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				<ul style="list-style-type: none"> • A life insurer may deny or limit benefits to a beneficiary who perpetrates child or domestic abuse that results in death of person whose life is insured. • Bill requires insurer that denies coverage to person or group under any type of insurance policy to advise the applicant in writing of the reasons for denial. Insurers are already required under current law to specify in a cancellation or nonrenewal notice the basis for the cancellation or nonrenewal of an insurance policy. Statutes Affected: <ul style="list-style-type: none"> • 40.51 (8) Public Employe Trust Funds. Health and Long Term Care Benefits, Health Care Coverage • 185.981 (4t) Cooperatives. Cooperative Sickness Care • 631.95 Insurance Contracts Generally. Restrictions on Insurance Practices; Domestic Abuse 		

HEALTH & LIFE

OCI Summary of Legislation September 1, 1995

#	CATEGORY/ SUBJECT	OCI POS	SPONSOR/ COMMITTEE REFERRAL	OCI ANALYSIS	HEARING DATE/ PLACE	STATUS
AB 320	Eliminating Prohibitions of Public Funding of Certain Abortions		Baldwin/Ctte. on Children and Families	<ul style="list-style-type: none"> Bill repeals four sections of the statutes that currently prohibit public funding of abortions in cases of sexual assault or incest, and instances in which the physician believes abortion is necessary to save life of woman or prevent grave, long-lasting physical health damage to the woman from a condition existing prior to abortion. Statutes Affected: <ul style="list-style-type: none"> 20.927 Appropriations and Budget Management. Subsidy of Abortions Prohibited. 59.07 (136) Counties. General Powers of Board 66.04 (1) (m) Municipal Law. Appropriations Laws of 1977, ch. 245, sec. 1. 		In committee
AB 383	Prohibiting Referral Requirement for Obstetric or Gynecological Services		Wirch/Ctte. on Health	<ul style="list-style-type: none"> Chapter 609 on HMOS, LSHOs and PPPs would be amended to include a provision allowing a female enrolled participant to obtain obstetric or gynecological services from a selected OB/GYN licensed physician without obtaining a referral, regardless of whether that provider is the enrolled participant's provider. 		In committee

HEALTH & LIFE

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				<p>HMOs, LSHOs and PPPs would be required to provide written notice of the above requirement in each policy or group certificate issued by the health care plan and, during each open enrollment period, to each female enrolled participant and each female applicant for coverage.</p> <p>Statutes Affected:</p> <ul style="list-style-type: none"> • S. 40.51 (9) Public Employee Trust Fund Health Care Coverage • S. 185.981 Cooperative Sickness Care Plans • S. 609.05 (3) HMO, LSHO, PPP Primary Provider and Referrals • S. 609.62 HMO, LSHO, PPP Creation of Section on Obstetric and Gynecological Services 		

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OCI Summary of Legislation September 1, 1995

#	CATEGORY/ SUBJECT	OCI POS	SPONSOR/ COMMITTEE REFERRAL	OCI ANALYSIS	HEARING DATE/ PLACE	STATUS
AB 389	The regulation of the practice of psychology and granting rule-making authority		Urban/Ctte. on Consumer Affairs	<ul style="list-style-type: none"> • Currently, person not licensed as a psychologist or private school psychologist by the psychology examining board may not use the title "psychologist" or any similar title and may not state or imply that he or she is licensed as a psychologist by the board. • Bill provides that person may provide services that are included in the practice of psychology only if he or she is licensed as a psychologist or private school psychologist by the board. • Bill also modifies definition of the practice of psychology to include marital counseling, psychoanalysis, psychoeducational evaluation and counseling, and other areas of practice. • Bill refines continuing education requirements for psychologists. <p>Statutes Affected:</p> <ul style="list-style-type: none"> • 455.01 Psychology Examining Board • 455.02 PEB; Limitations on Persons Not Licensed • 455.04 Licensure of psychologists... • 455.06 Renewals • 455.10 Injunctive Relief 		In committee

HEALTH & LIFE

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#	CATEGORY/ SUBJECT	OCI POS	SPONSOR/ COMMITTEE REFERRAL	OCI ANALYSIS	HEARING DATE/ PLACE	STATUS
AB 399	Declarations to Physicians		Huber/Ctfe on Health	<ul style="list-style-type: none"> Bill makes changes to the living will statutes, including: 1) Changes standard under which withholding or withdrawal of medications, life-sustaining procedures or feeding tubes is prohibited. May not be done if doing so causes declarant pain or reduces his or her comfort, despite the administration of pain relief medication, 2) Creates affirmative duty for physician who refuses to comply with a living will to make a good faith attempt to transfer the declarant to the care of another physician who will comply, 3) Authorizes validity and enforceability of a valid living will from another state or jurisdiction, to the extent it is consistent with Wisconsin law, 4) Requires a health care facility or provider that receives a copy of a living will to include the copy in the declarant's medical record, 5) Permits person to revoke living will by executing a subsequent living will, 6) Shortens and revises the statutory living will form. <p>Statutes Affected:</p> <ul style="list-style-type: none"> Ch. 154. Declarations to Physicians 		In committee

HEALTH & LIFE

OCI Summary of Legislation September 1, 1995

#	CATEGORY/ SUBJECT	OCI POS	SPONSOR/ COMMITTEE REFERRAL	OCI ANALYSIS	HEARING DATE/ PLACE	STATUS
AB 456	Requiring insurance coverage of preventive pediatric health care services		Carpenter/ Health	<ul style="list-style-type: none"> Requires every disability policy, including HMOs, PPPs, and every self-insured plan of the state or a county, city, town, village or school district, to provide coverage of preventive pediatric health care services, from birth to 19, for a dependent child of the insured if the policy or plan covers a dependent. Preventive pediatric health care services include specified immunizations and other services in accord with prevailing medical standards of the American Academy of Pediatrics. Not subject to any deductibles, coinsurance or copayments. Excluded: specified disease policies, LSHO policies, medicare replacement or supplement policies and LTC insurance policies. 		In committee

FUNDS

OCI Summary of Legislation September 1, 1995

#	CATEGORY/ SUBJECT	OCI POS	SPONSOR/ COMMITTEE REFERRAL	OCI ANALYSIS	HEARING DATE/ PLACE	STATUS
AB 193	Health Care Professional Service Corporations		Baldus/Ins., Securities and Corp. Policy	<ul style="list-style-type: none"> Shareholders in a service corporation do not need to be licensed, certified or registered in the same health care profession. Designated health care professionals are permitted to be shareholders. PCF does not cover an employe if he/she may practice without direction and supervision of a physician or CRNA and if, at the time of an act or omission giving rise to a claim under the Fund, he/she was not practicing under direction and supervision of a physician or nurse anesthetist. Bill provides that <i>speech-language pathologists and audiologists</i> who are employes of a health care professional service corp. will not be covered by the Fund if, at the time of an act or omission giving rise to a claim under the Fund, speech-language pathologist or audiologist was not practicing under direction and supervision of a physician or NA. 	Held: 4/20	In committee

FUNDS

OCI Summary of Legislation September 1, 1995

#	CATEGORY/ SUBJECT	OCI POS	SPONSOR/ COMMITTEE REFERRAL	OCI ANALYSIS	HEARING DATE/ PLACE	STATUS
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AB 325	Health Care Professional Service Corporations		Albers/ Insurance, Sec. and Corp. Policy	<p>Statutes Affected:</p> <ul style="list-style-type: none"> • 180.1901 (1m) (g) Business Corporations. Service Corporations. Definitions. • 448.08 (4) Medical Practices. Fee Splitting... Professional Partnerships and Corporations Permitted <p>Shareholders in a service corporation do not need to be licensed, certified or registered in the same health care profession. Designated health care professionals are permitted to be shareholders. PCF does not cover an employe if he/she may practice without direction and supervision of a physician or CRNA and if, at the time of an act or omission giving rise to a claim under the Fund, he/she was not practicing under direction and supervision of a physician or nurse anesthetist. Bill provides that <i>chiropractors, physical therapists and dietitians</i> who are employes of a health care professional service corp. will not be covered by the Fund if, at the time of an act or omission giving rise to a claim under the Fund, the speech-language</p>		In committee
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FUNDS

**OCI Summary of Legislation
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#	CATEGORY/ SUBJECT	OCI POS	SPONSOR/ COMMITTEE REFERRAL	OCI ANALYSIS	HEARING DATE/ PLACE	STATUS
				<p>pathologist or audiologist was not practicing under the direction and supervision of a physician or nurse anesthetist.</p> <p>Statutes Affected:</p> <ul style="list-style-type: none"> • 180.1901 (1m) (am) Business Corporations. Service Corporations. Health Care Professional • 448.08 (4) Fee Splitting. Professional Partnerships and Corporations Permitted 		

HEALTH REFORM

OCI Summary of Legislation September 1, 1995

#	CATEGORY/ SUBJECT	OCI POS	SPONSOR/ COMMITTEE REFERRAL	OCI ANALYSIS	HEARING DATE/ PLACE	STATUS
SB 10	Replace OHCI Uniform Accounting	I-	Burke, Darling, Wineke/ Insurance	<ul style="list-style-type: none"> Replaces current requirement for uniform hospital accounting system, effective for yr. beginning March 31, 1994, with uniform reporting system. Statutes Affected: <ul style="list-style-type: none"> 153.48 Health Care Information. Uniform Accounting System 		In committee
SB 71	Expansion of GIB to Include Private Employers		Adelman/ Insurance	<ul style="list-style-type: none"> Authorizes GIB to contract with private employers to provide health care coverage to employees through program offered by GIB. To participate, private employer must provide health care coverage to all employees with a normal work week of 20 or more hours. Statutes Affected: <ul style="list-style-type: none"> 20.515 (1) (g) Department of Employee Trust Funds 40.02(26), (28), ETF. Definitions 40.03 (6) Annuity Reserve 40 Subch. 9 Private Employee Health Care Coverage 		In committee

HEALTH REFORM

OCI Summary of Legislation September 1, 1995

#	CATEGORY/ SUBJECT	OCI POS	SPONSOR/ COMMITTEE REFERRAL	OCI ANALYSIS	HEARING DATE/ PLACE	STATUS
SB 73	Contingency on Governor and Legislator Health Insurance Pending Universal Health Care		Clausing/ Insurance	<ul style="list-style-type: none"> Provides that Governor and legislators are eligible for group health insurance only if universal health care plan is enacted by Jan. 1, 1996, Plan must guarantee health care coverage or services regardless of health or employment status to every resident; limits annual increase in health care costs to below inflation; and encourages managed competition. Statutes Affected: <ul style="list-style-type: none"> 40.02 (25) (b) (5) Public Employee Trust Fund 		In committee. Fiscal estimate received (1)
SB 201	Expanding Small Employer Insurance Board; Various Health Insurance Reforms, GIB Contracting		Rosenzweig/ Ctte. on Insurance	<ul style="list-style-type: none"> Applies to individual and group health benefit plans sold to employers with 2-100 employees with normal work week of 30 or more hours. Health benefit plan includes any hospital or medical policy or certificate and conversion policies; excluding dental, vision, LTC, med. supp., med. replacement, worker's comp., specified disease, HIRSP, auto medical payment insurance policies. Reforms Include: Community rate modified (age, gender, geographic area, tobacco use, single/family coverage). Comm. of Ins. may prescribe rate 		

HEALTH REFORM

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				<p>bands and rate restrictions that provide for a transition to modified community rates by rule and provide discounts for insured individuals for healthy lifestyle choices.</p> <ul style="list-style-type: none"> • Guaranteed issue requirements apply for individual and group plans, with limitations allowed for issuing to group and related conversion plans within the 2-25 market and within the 26-100 market. • Pre-ex and portability: Currently, small employer law applies 6 month look back/12 month look forward standard with pregnancies existing on the date of coverage allowed as pre-ex. exclusions and a 30 day portability window. Bill would apply a 6/12 standard for all eligible group plans and a 12/12 standard for all eligible individual plans; 30 day window applies for those turning 18 and for those losing dependent status. 60 day window would be applied for all other group and individual plans, including HIRSP. • Commissioner would specify by rule biennial 30 day open enrollment period. 		

HEALTH REFORM

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				<ul style="list-style-type: none"> • Contract renewability and fair marketing standards: Renewal of contract required except for failure to pay premium, fraud or misrepresentation; 5 year hiatus required for insurers electing not to renew. Fair marketing and non-discourage provisions included. • Comprehensive Health Care Board and reinsurance: Small employer board would be replaced by Comprehensive Health Care Board. Additional duties would include data and technical assistance, quality outcomes measures, ... Board would also be required to submit legislation for an optional reinsurance program that would allow insurer to select from 3 different threshold amounts with the insurer paying 80% of claims above the threshold amount via a newly created reinsurance fund. • Electronic claims: All disability insurers would be required to accept all claims electronically and 		

HEALTH REFORM

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SB 309 AB 520	Regulating Rural Medical Centers		Schultz/Ctte. on Health, Human Svc. and Aging	<p>allow electronic access to eligibility and claims status info. by Jan. 1, 1997. Health care providers with annual gross revenues of more than \$1 million must be able to transmit claims electronically; all others by Jan. 1, 1998.</p> <ul style="list-style-type: none"> • HIRSP reports: Comm. of Ins. would be required to study effects market reforms have on enrollment in, and other aspects of, HIRSP. Annual report required starting Oct. 1, 1999. • GIB: Bill authorizes GIB to enter into contracts with purchasing coalitions for state employee plan. • Under current law, DHSS is required to investigate concept of regulating new category of health care providers, rural medical centers. Bill eliminates that provision and establishes rural medical centers as a category of health care providers to be licensed, inspected and otherwise regulated by DHSS. • To be regulated as RMC, facility must be organized under single corporate structure, located in county, town or village that has a population of less than 15,000 and in an area the federal bureau of 		In committee

HEALTH REFORM

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#	CATEGORY/ SUBJECT	OCI POS	SPONSOR/ COMMITTEE REFERRAL	OCI ANALYSIS	HEARING DATE/ PLACE	STATUS
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				<p>the census has not defined as an urbanized area and if it provides 2 or more health care services.</p> <ul style="list-style-type: none"> • Services are those provided by a hospital, rural primary care hospital, nursing home, hospice, rural health clinic or amb. surg. center or they are home health services, outpatient PT services, end stage renal disease services or services specified by DHSS by rule. • DHSS to promulgate rules to set standards for operation, licensure requirements, etc. 		
SJR 26	Memorializing Congress to Require Wisconsin be made Single Payment Locality Under Medicare		Jauch /State and Federal Relations	<ul style="list-style-type: none"> • Wisconsin has 11 payment localities under Medicare. For each locality, HCFA calculates geographic adjustment factor to account for cost of practice differentials. • Method usually results in higher Medicare reimbursement for urban areas than for rural areas. • A number of factors have created an adverse effect on ability to recruit and retain physicians, 		

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#	CATEGORY/ SUBJECT	OCI POS	SPONSOR/ COMMITTEE REFERRAL	OCI ANALYSIS	HEARING DATE/ PLACE	STATUS
				<p>such as: higher costs in rural areas for competitive compensation, guarantee and benefit packages; higher specialized equipment maintenance and CE costs; rural hospitals do not have benefit of scale economies; higher percentages of Medicare, Medicaid and uninsured populations in rural areas; and other factors.</p> <ul style="list-style-type: none"> • Estimates show creation of one payment locality could result in 8% increase in rates for some rural practitioners in most critical physician shortage areas and would reduce rates in the highest rate payment localities by roughly 4%. • In 1992, SMS House of Delegates voted in favor of single payment locality with one opposing vote. • Resolution is supported by State of WI Rural Health Development Council. • Resolution would require the Wisconsin legislature to urge Congress to require HCFA to make WI a one payment locality. • Unanimous consent of 11 payment locales is required by HCFA for law to change. 		

HEALTH REFORM

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#	CATEGORY/ SUBJECT	OCI POS	SPONSOR/ COMMITTEE REFERRAL	OCI ANALYSIS	HEARING DATE/ PLACE	STATUS
AB 102/ 150	Health/Cost Containment Commission		Underheim/ Assembly Health	<ul style="list-style-type: none"> • Eliminates cost containment commission Statutes Affected: • 15.195 (10) Structure of Executive Branch. Attached Boards and Commissions. Cost Containment Commission. • 15.197 (10) Councils. Appropriations and Budget Mgmt. • 20.435 (1) (gm) DHSS Licensing Review and Certifying Activities. • 0.488 Appropriations and Budget Mgmt. Cost Containment Commission • 20.923 Statutory Salaries • 50.135 Uniform Licensure. Licensing and Approval Fees for Inpatient Health Care Facilities • 150.01 Regulation of Health Services • 153.05 Health Care Information. Collection and Dissemination • 230.08 Classification of Civil Service 		In committee. Fiscal estimate received.

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#	CATEGORY/ SUBJECT	OCI POS	SPONSOR/ COMMITTEE REFERRAL	OCI ANALYSIS	HEARING DATE/ PLACE	STATUS
AB 165	Cost Containment Commission/ Operating Lease Approval		R. Young/ Health	<ul style="list-style-type: none"> • Requires cost containment commission approval under the capital expenditure review process for an initial operating lease that has a present value of \$1 million or more. • Requires approval for initial or renewed operating lease that subdivides a project. Statutes Affected: <ul style="list-style-type: none"> • 150.01 Regulation of Health Services. Definitions • 150.61 Capital Expenditure Review Program • 150.613 (1) Exemptions from GER 		In committee. Fiscal estimate received (1).
AB 268	Discontinuing Property Tax Exemptions for Certain Health Care Entities		Young/Joint Survey Ctte. on Tax Exemptions	<ul style="list-style-type: none"> • Discontinues property tax exemptions for cooperative sickness care associations, hospital service corporations, medical research foundations and hospitals. Statutes Affected: <ul style="list-style-type: none"> • 70.11 Property Taxes. Exemptions. Non-profit hospitals • 185.981 (5) Cooperative sickness care (Cooperatives) 		In committee . Fiscal estimate received (1).

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#	CATEGORY/ SUBJECT	OCI POS	SPONSOR/ COMMITTEE REFERRAL	OCI ANALYSIS	HEARING DATE/ PLACE	STATUS
AB 174	Written Requests for Medication for Purpose of Ending Life		Boyle/Health	<ul style="list-style-type: none"> • Permits adult resident of WI with terminal disease to voluntarily make written request to attending physician for medication to end life. • Bill specifies requirements to be met before attending physician may write a prescription in response to individual's request for medication. <p>Statutes Affected:</p> <ul style="list-style-type: none"> • 16.009 (2) (p) DOA. Board on Aging and Long Term Care. • 146.82 (2) (a) Miscellaneous Health Provisions. • Confidentiality of Patient Health Care Records • 154 Recreate Natural Death Statute as "Living Will" Statute. • 156 "Death With Dignity" Chapter Created 		In committee. Fiscal estimate received (1).

HEALTH REFORM

OCI Summary of Legislation September 1, 1995

#	CATEGORY/ SUBJECT	OCI POS	SPONSOR/ COMMITTEE REFERRAL	OCI ANALYSIS	HEARING DATE/ PLACE	STATUS
AB 394	Health Insurance Market Reform		Robson/Citte. on Health	<ul style="list-style-type: none"> • Applies to bills issued or renewed on or after October 1, 1996. • Portability: Granted within 45 days of 10/1/96, within 30 days of gaining independent status; within an open enrollment period, determined by OCI. • Community Rating: Modified by age, gender, and/or coverage type. May be rate-banded or transitioned, as set by OCI. • Guaranteed Issue: All individual policies; In qualifying group plans, to any permanent employee working more than 30 hours per week. For individual policies, a plan must be in force and premium and contract provisions must be mutually agreeable. For group plans, a plan must be in force, minimum participation requirements must be met and premium and contract provisions are mutually agreeable. Not applicable if all of the group could be covered by an individual policy, employee had been refused coverage prior to application due to health condition, or prior coverage was waived by the employee. 		In committee

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#	CATEGORY/ SUBJECT	OCI POS	SPONSOR/ COMMITTEE REFERRAL	OCI ANALYSIS	HEARING DATE/ PLACE	STATUS
				<ul style="list-style-type: none"> • Guaranteed Renewability: Guaranteed, except in cases of premium non-payment, fraud, misrepresentation, breach or if the number of individuals falls below the minimum requirements. • Open enrollment: Biennial 30 day period prescribed by OCI. • Pre-existing condition exclusions: Group - 6 month look back, 12 month exclusion; Individual - 12 month look back, 12 month exclusion. • Fair market conduct standards/contract requirements: Plans must be actively marketed, non-discourage provisions included, disallows encouraging separation or exclusion of employees because of health; denial must be in writing and with justification; OCI may prescribe standard for specific health policies (specified disease). • Rate restrictions: OCI prescribes rate bands: 2.5 for age, 1.2 for gender; specific accommodations may be made for specified organizations; OCI prescribes rate transitions. 		

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OCI Summary of Legislation September 1, 1995

#	CATEGORY/ SUBJECT	OCI POS	SPONSOR/ COMMITTEE REFERRAL	OCI ANALYSIS	HEARING DATE/ PLACE	STATUS
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				<ul style="list-style-type: none"> • Reinsurance/Risk Adjustment: OCI establishes mechanism, defines "high risk medical condition" and places a dollar amount on each condition, based on severity, identifies % of individuals with a high risk condition, provides assessment to insurers with a lesser % of high-risk conditions, provides reimbursement to insurers with a greater % of high risk conditions and establishes an advisory committee. • Electronic claims: Disability insurers must accept all claims electronically and allow electronic access to info. on eligibility, claim status, and remittance advice by 1/1/96. Health care providers with gross income greater than \$1 million must electronically transmit disability insurance claims info. by 1/1/96. Health care providers with less than \$1 million in gross income must electronically transmit claims by 1/1/98. 		
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HEALTH REFORM

OCI Summary of Legislation September 1, 1995

#	CATEGORY/ SUBJECT	OCI POS	SPONSOR/ COMMITTEE REFERRAL	OCI ANALYSIS	HEARING DATE/ PLACE	STATUS
AB 416	Group Health Insurance Market Reform		Underheim/ Ctte. on Health	<ul style="list-style-type: none"> • Chapter 632 is amended with respect to coverage requirements for group health benefit plans. • Pre-Existing Condition Exclusion Limitations: For group and specified self-insured plans, 12 month look forward, 6 month look back required. • Pregnancy existing on date of coverage may be included in definition of pre-ex. • Portability: Pre-existing condition exclusion requirements must be waived if application is made within 60 days of termination of qualifying coverage. • Waiting periods may not be included in the 60 days. • Minimum employee participation: To be applied uniformly among all employers applying for or receiving coverage from an insurer. An insurer may vary requirements only by size of employer group based on the number of eligible employees. An insurer may not include eligible employees with other coverage that is qualifying coverage in determining whether applicable % of participation is met, except that the insurer may count eligible employees with coverage under another health benefit plan 	W, 9/13, 113-S, 10 a.m.	

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#	CATEGORY/ SUBJECT	OCI POS	SPONSOR/ COMMITTEE REFERRAL	OCI ANALYSIS	HEARING DATE/ PLACE	STATUS
				<p>sponsored by that employer that is qualifying coverage.</p> <ul style="list-style-type: none"> • Prohibited coverage practices: Coverage must be offered to all eligible employees and dependents for group and specified self-insured plans. An insurer may not modify a group health benefit plan with respect to an employer or eligible employee or dependent through riders, endorsements or otherwise, to restrict or exclude coverage for certain diseases or medical conditions otherwise covered by group health benefit plans. • Guaranteed acceptance: Employee and dependents becoming eligible after commencement of the employer's coverage must be provided coverage if waiting period is satisfied and employer agrees to pay the premium required for employee coverage under the group health benefit plan. The insurer must provide coverage under a group health benefit plan to an eligible employee who waived coverage during an open enrollment period during which the employee was entitled to enroll in the group health 		

HEALTH REFORM

OCI Summary of Legislation September 1, 1995

#	CATEGORY/ SUBJECT	OCI POS	SPONSOR/ COMMITTEE REFERRAL	OCI ANALYSIS	HEARING DATE/ PLACE	STATUS
				<p>benefit plan, regardless of health condition or claims experience if the following apply: 1) The employee was covered as a dependent under qualifying coverage when coverage was waived under a group health benefit plan, 2) Eligible employee's coverage under qualifying coverage has terminated or will terminate due to divorce from the insured under qualifying coverage or involuntary loss of coverage under qualifying coverage, 3) Eligible employee applies for coverage under a group health benefit plan not more than 30 days after the termination of his/her coverage under the qualifying coverage, 4) The employer agrees to pay the premium required for coverage of the employee under the group health benefit plan. For self insured plans, #1-3 above apply.</p> <ul style="list-style-type: none"> • Contract termination and renewability: Group health benefit plans may not be canceled by an insurer before the expiration of the agreed term and shall be renewable to the policyholder and all insureds and dependents eligible under the terms of the group 		

HEALTH REFORM

OCI Summary of Legislation September 1, 1995

#	CATEGORY/ SUBJECT	OCI POS	SPONSOR/ COMMITTEE REFERRAL	OCI ANALYSIS	HEARING DATE/ PLACE	STATUS
				<p>health benefit plan, except for: 1) Failure to pay premium, 2) Fraud or misrepresentation, 3) Number of individuals covered by a group health benefit plan is less than the number required by the group health benefit plan, 4) The employer to which the group health benefit plan is issued is no longer actively engaged in a business enterprise. The insure may elect to not renew if the insurer ceases to renew all other group health benefit plans, insurer gives 1 year advance notice to affected policy holders prior to termination of coverage, a 5 year period of absence from the market is observed, and no transfers of coverage are allowed unless it's allowed for all in the non-renewed business.</p> <ul style="list-style-type: none"> • Provisions would be effective 12 months after passage. 		

HEALTH REFORM

OCI Summary of Legislation September 1, 1995

#	CATEGORY/ SUBJECT	OCI POS	SPONSOR/ COMMITTEE REFERRAL	OCI ANALYSIS	HEARING DATE/ PLACE	STATUS
AB 500	Creating a basic health insurance plan, establishing a subsidy program, seeking a federal waiver regarding MA		Wood/Health	<ul style="list-style-type: none"> • DHSS required to request a waiver, developed in consultation with and approved by the commissioner of insurance, from DHHS to allow state to receive fed. funding to provide health care coverage under a basic health insurance plan, to certain persons eligible for MA for reasons related to AFDC eligibility. • Premium subsidy program would be located in OCI. Commissioner would establish and administer a program to subsidize premium cost for individuals with family income less than 200% of the federal poverty level, increasing to 100% of coverage for those with family income less than 100% of the federal poverty level. Comm. shall develop rules to define family income, specify how individuals, employees or employers may provide satisfactory evidence of family income to insurer providing coverage, establish procedures for subsidy program. • Commissioner to determine by rule which mandates apply to the basic. • Bill phases out the provision of home and community based services to certain MA eligibles. 		

HEALTH REFORM

OCI Summary of Legislation September 1, 1995

#	CATEGORY/ SUBJECT	OCI POS	SPONSOR/ COMMITTEE REFERRAL	OCI ANALYSIS	HEARING DATE/ PLACE	STATUS
				<ul style="list-style-type: none"> • 3 year waiver to be sought. • 12 months after DHSS certifies that a waiver is approved to OCI, MA begins to pay premiums for coverage under the basic plan. On the first day after 12 months, eligibles are limited to coverage under basic plan or payment of Medicare premiums, coinsurance and deductibles. Premiums are paid for Medicare recipients whose income is greater than 100% of the poverty line, but less than 120% of the poverty line. • Rates must conform to excessiveness, inadequacy and unfair discrimination provisions in the statutes. • Unfair discrimination provisions of the unfair marketing practices section of the statutes applies. • Chapter 637 would be created, titled, "Basic Health Insurance Plan." • Commissioner to design and administer the basic plan, to include single and family coverage with hospital, surgical and medical services. • Commissioner may divide the state into regions for the purpose of pooling if the Comm. decides pooling 		

HEALTH REFORM

OCI Summary of Legislation September 1, 1995

#	CATEGORY/ SUBJECT	OCI POS	SPONSOR/ COMMITTEE REFERRAL	OCI ANALYSIS	HEARING DATE/ PLACE	STATUS
				<p>will result in more efficient and cost-effective delivery.</p> <ul style="list-style-type: none"> • Those eligible to purchase basic include any employer, individual, HIRSP enrollees. • Plan is guaranteed issue. • Pre-existing condition period is 6/12, including pregnancies existing on the date of coverage, not to be excluded for covered expenses that exceed \$5,000. • 30 day enrollment period (no pre-ex) to be specified by the Commissioner by rule. • 60 day portability window - qualifying coverage including MC, MA, employer based health plans and individual health benefit plans. • Community rate required with 2.5 age band, 1.2 gender band, 1.2 geographic area band, and further modifications by tobacco use and coverage type. • Abortion coverage is allowed under specified circumstances. 		

LEGAL

OCI Summary of Legislation
September 1, 1995

#	CATEGORY/ SUBJECT	OCI POS	SPONSOR/ COMMITTEE REFERRAL	OCI ANALYSIS	HEARING DATE/ PLACE	STATUS
AB 264	Requiring State Agencies to Provide Additional Notices at Various Stages of Rulemaking Process		Grothman/Ctte. on Govt. Operations	<ul style="list-style-type: none"> Currently, a state agency must prepare a proposed rule and hold a public hearing on it. A written notice of hearing must be prepared and sent to reviser of statutes for publication in WI Admin. Register, and proposed rule must be submitted to the joint legislative council staff for review. Bill requires agency to prepare statement of scope of any rule it proposes to promulgate. Individual or body with policy-making powers for the agency must approve the statement before a state employe or official may do any work on proposed rule except what is needed to prepare the statement. Bill requires agency to prepare written notice of submittal to joint leg. council staff when it submits a proposed rule for review. Individual or body with policy-making powers for agency must identify subject matter of proposed rule and the org. unit within the agency with primary responsibility for promulgation of rule, and send to reviser of statutes for publication in the Register and to sec. of admin. 	Held: 3/29	Exec'd 3/30, 7-4. 4/5 sub. rejected, 50-47, then passed 4/8, 50- 47. Referred to Senate Ctte. on State Govt. Oper. and Correction FE received (3).

LEGAL

**OCI Summary of Legislation
September 1, 1995**

#	CATEGORY/ SUBJECT	OCI POS	SPONSOR/ COMMITTEE REFERRAL	OCI ANALYSIS	HEARING DATE/ PLACE	STATUS
AB 278	Fiscal Estimates in Legislative and Admin. Rule- making Processes		R. Young/Ctte. on Govt. Operations	<p>Statutes Affected:</p> <ul style="list-style-type: none"> • 13.93 (2m) (d) Legislative Branch. Reviser of Statutes Bureau • 35.93 Printing and Distribution of Public Documents. WI Adm. Code and Register • 35.93 Printing and Distribution of Public Documents. WI Admin. Code and Register • 227 Administrative Procedure • Currently, fiscal estimate is required of each proposed rule before submittal to legislature. • Bill requires an agency to include fiscal estimate every time agency distributes copies of a proposed rule. • Bill requires that when agency prepares a fiscal estimate for a proposed rule, it shall indicate fiscal effect of the rule on local govt. administration and whether, if the rule affects local govt. fiscal liability or revenue, some members of the class of local governments bear unequally any increase in liability or decrease in revenue. • Bill requires that when rule is submitted to 	Held: 5/10	In committee Fiscal estimate received (8).

LEGAL

**OCI Summary of Legislation
September 1, 1995**

#	CATEGORY/ SUBJECT	OCI POS	SPONSOR/ COMMITTEE REFERRAL	OCI ANALYSIS	HEARING DATE/ PLACE	STATUS
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				<p>legislature for review, an agency include in its analysis an explanation of any modification to the rule made since the rule was first proposed.</p> <ul style="list-style-type: none"> • Bill also requires agency to have published in the admin. register a summary of changes made in the proposed rule after the rule has been submitted to a legislative standing committee for review. • Bill requires that when rule is filed with reviser of statutes, the agency must include a statement of the fiscal estimate of the rule, and requires the reviser of statutes to publish the statement in the administrative register. <p>Statutes Affected:</p> <ul style="list-style-type: none"> • 227.14 Administrative Procedure. Preparation of Proposed Rules • 227.19 Legislative Review Prior to Promulgation • 227.20 Filing of Rules 		
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LEGAL

**OCI Summary of Legislation
September 1, 1995**

#	CATEGORY/ SUBJECT	OCI POS	SPONSOR/ COMMITTEE REFERRAL	OCI ANALYSIS	HEARING DATE/ PLACE	STATUS
SB 263	Claims between state agencies		Lasee/Ctte. on State Govt. Operations and Corrections	<ul style="list-style-type: none"> Under current law, if a dispute arises between state agencies, those agencies have the option of commencing a lawsuit to resolve the dispute. This bill requires state agencies that have disputes regarding civil matters to submit that dispute to a hearing before the division of hearings and appeals in DOA. The bill requires a court to dismiss an action involving a civil claim involving state agencies that has not been subject to an administrative hearing. 		In committee
SB 292	Creating immunity from liability for owner of recreational property		Law Revision Committee/ Committee on Judiciary	<ul style="list-style-type: none"> Currently, an owner of recreational property is immune from liability for the injury to a person if the injury occurs while the person is engaged in a recreational activity on the recreational property. Bill grants owner of recreational property immunity from liability for the death of a person if death occurs while person is engaged in a recreational activity on the property. 		In committee

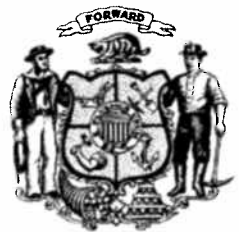
LEGAL

OCI Summary of Legislation July 18, 1995

#	CATEGORY/ SUBJECT	OCI POS	SPONSOR/ COMMITTEE REFERRAL	OCI ANALYSIS	HEARING DATE/ PLACE	STATUS
SB 45 AB 280	Liability of Shareholders of Corp. to Employees		Huelsman/ Judiciary Seratti/Ins., Sec, and Corp. Policy	<ul style="list-style-type: none"> • Eliminates current provision placing personal liability on each of corp. or stock insurance corp. up to value of shares the shareholder owns in amount owed by corp. to employees for up to 6 mos. of work. Amendment removes non-officers and non-directors only from liability for above. <p>Statutes Affected:</p> <ul style="list-style-type: none"> • 180.0622 Business Corporations. Liability of Shareholders, Transferees and Others 	Held: 2/15, 2/20	Passed Sen. 17- 15, Feb. 23. To Ass. ctte. on Corp. Policy
SB 46	Civil Liability Reform		Huelsman/ Judiciary	<ul style="list-style-type: none"> • Changes current unlimited amount of noneconomic damages to \$250,000. • Every award of damages in any civil action for bodily injury or death shall state separately the elements of damages and specify amounts assigned to each element, • Requires reduction of econ. damages to present value in all civil actions for bodily injury or death. <p>Statutes Affected:</p> <ul style="list-style-type: none"> • 893.55 Limitations. Medical Malpractice; Limitations of Actions • 895 Miscellaneous. Damages. 		In committee Fiscal estimate received (2).



WISCONSIN STATE LEGISLATURE





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