

**Malaise, Gordon**

**From:** O'Malley, Jim  
**Sent:** Wednesday, October 01, 2003 5:27 PM  
**To:** Malaise, Gordon  
**Subject:** FW: Draft review: LRB 03-3006/P3 Topic: Worker's compensation changes

Another meeting has been scheduled for the Worker's Compensation Advisory Council (WCAC) on Thursday, Oct. 9, 2003. The "Agreed Upon Bill" for this legislative cycle should be finalized at that meeting.

The disagreement between the labor and management representatives on the WCAC is over the proposals to s. 102.16(2)(d), Wis. Stats., to reduce the standard deviation from 1.5 to 1.4, and increasing supplemental benefits in s. 102.44(1), to a maximum of \$233 per week along with increasing the assessments in ss. 102.49(5)(a) and 102.59(2) to \$10,000. There is a chance that the members will not agree to include these proposals in the bill. It appears that if these proposals are not included the other proposals will remain in the bill. I will notify you ASAP after a final decision is reached by the WCAC.

I only have a few suggestions concerning the last draft.

In your analysis on p.2 in the last sentence of the sixth paragraph it is stated that this bill specifies that DWD may direct advance payment only of unaccrued compensation for permanent disability. Currently, s. 102.32(6m), Wis. Stats., provides that we can direct advance payment of unaccrued compensation or death benefits. The proposed amendment to this section will specify that we can direct an advance of unaccrued compensation for permanent disability or death benefits. I suggest the sentence be amended to, "This bill specifies that DWD may direct advance payment of unaccrued compensation for permanent disability or death benefits."

My other comments are about the language used in s. 102.32(6) (b) and (c). These are on p.17 of the draft.

For s. 102.32(6)(b) I suggest that, "without a <sup>always</sup> medical report the provides the basis for that rating" in lines 12-13 be deleted. A medical( practitioner's) report is <sup>always</sup> required to determine the minimum permanent disability rating based on a Dept. rule (DWD 80.32). For example, if we has a surgeon's report which stated the employee underwent a laminectomy at the L4-5 level the WCD would require payment for PPD of 5% of the body as a whole as a minimum rating. A report from a physician which stated the employee sustained PPD of 5% of the body as a whole is not necessary in this example. Payment for PPD should begin within 30 days after the end of the employee's healing period.

In s. 102.32(6)(c) I suggest that, "promulgated by the department by rule" in lines 18-19 on p. 17 be deleted. This subsection will cover situations where there is no minimum permanent disability rating contained in DWD 80.32. There are many work-related injuries resulting in permanent disability for which there are no minimum permanent disability ratings. An example of this would be the permanent disability rating for a carpal tunnel release. In these cases there must be a rating from a practitioner which gives an assessment of PPD. In the case of a carpal tunnel release the physician may give an assessment of PPD of 4% loss of use of the right arm at the hand. For this example payment of PPD should begin within 30 days after the insurance carrier receives the 4% rating from the physician. In many situations physicians will not give opinions or assessments on the extent of permanent disability for a few months up to a year or more following surgical procedures.

The proposed rule will cover situations where the injury is conceded, but the extent of permanent disability is disputed. Many of our litigated cases involve this issue.

Thank you for your continuing help with this project. Let me know if you have any questions.

-----Original Message-----

**From:** Basford, Sarah  
**Sent:** Tuesday, September 23, 2003 10:47 AM  
**To:** O'Malley, Jim  
**Subject:** Draft review: LRB 03-3006/P3 Topic: Worker's compensation changes

Following is the PDF version of draft LRB 03-3006/P3.



State of Wisconsin  
2003 - 2004 LEGISLATURE

LRB-3006/P3

GMM:wlj:cb

Soon

PL  
RJR

PRELIMINARY DRAFT - NOT READY FOR INTRODUCTION

REGEN

1 AN ACT *to renumber and amend* 102.17 (1) (d) and 102.32 (6); *to amend* 102.13  
2 (1) (b) (intro.), 102.13 (1) (b) 3., 102.13 (1) (d) 1., 102.13 (1) (d) 2., 102.13 (1) (d)  
3 3., 102.13 (1) (d) 4., 102.13 (2) (a), 102.13 (2) (b), 102.13 (3), 102.16 (2) (a), 102.16  
4 (2) (d), 102.16 (2) (f), 102.16 (2m) (a), 102.16 (2m) (e), 102.17 (1) (e), 102.17 (1)  
5 (g), 102.18 (1) (e), 102.29 (3), 102.31 (2) (a), 102.32 (6m), 102.35 (1), 102.42 (2)  
6 (a), 102.44 (1) (intro.), 102.44 (1) (a), 102.44 (1) (b), 102.49 (5) (a), 102.59 (2),  
7 102.81 (1) (a) and 102.82 (1); and *to create* 102.32 (6) (d) of the statutes;  
8 **relating to:** making various changes in the worker's compensation law and  
9 granting rule-making authority.

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***Analysis by the Legislative Reference Bureau***

This bill makes various changes relating to the worker's compensation law, as administered by the Department of Workforce Development (DWD).

***Payment of benefits***

Current law requires a party that has been ordered to pay an award of worker's compensation to pay the award within 21 days after DWD mails a copy of the order to the party's last-known address, unless *any* party files a petition for review of the decision. This bill requires a party that has been ordered to pay an award of worker's

compensation to pay the award within those 21 days, unless *that* party files a petition for review of the decision.

Current law requires worker's compensation for permanent disability that results from an injury for which the employer or insurer concedes liability and that is based on a minimum permanent disability rating promulgated by DWD by rule to begin within 30 days after the end of the employee's healing period or within 30 days after the employer or insurer receives a medical report that provides a permanent disability rating, whichever is later. Current law also requires worker's compensation for permanent disability that results from an injury for which the employer or insurer does not concede liability or that is based on a permanent disability rating that is above a minimum permanent disability rating promulgated by DWD by rule to begin within the later of those 30-day periods, unless the employer or insurer requests the employee to undergo an independent medical examination, in which case that compensation must begin within 30 days after the employer or insurer receives a report of the examination or within 90 days after the date of the request for examination, whichever is earlier.

This bill eliminates those payment requirements and instead requires worker's compensation for permanent disability to begin as follows:

1. Within 30 days after the end of the employee's healing period, if the employer or insurer concedes liability for the injury and if the extent of the permanent disability can be determined based on a minimum permanent disability rating promulgated by DWD by rule ~~without a medical report that provides the basis for a permanent disability rating,~~

2. Within 30 days after the employer or insurer receives a medical report that provides a permanent disability rating, if the employer or insurer concedes liability for the injury, but the extent of the permanent disability cannot be determined without a medical report that provides the basis for a permanent disability rating.

3. According to rules promulgated by DWD in cases in which the employer or insurer concedes liability for the injury but disputes the extent of permanent disability.

Under current law, DWD may direct an employer or an employer's insurer to pay unaccrued compensation to an injured employee in advance if DWD determines that the advance payment is in the best interest of the injured employee. This bill specifies that DWD may direct advance payment ~~only~~ of unaccrued compensation for permanent disability.

Under current law, DWD is required to determine the reasonableness of a disputed fee by comparing the disputed fee to the mean fee for the procedure for which the disputed fee was charged, as shown by data from a database certified by DWD. If the disputed fee is at or below the mean fee, plus 1.5 standard deviations from that mean, DWD shall determine that the disputed fee is reasonable and order the fee to be paid. If the disputed fee is above the mean fee, plus 1.5 standard deviations from that mean, DWD shall determine that the disputed fee is unreasonable and order that a reasonable fee be paid, unless the health service provider proves that a higher fee is justified. This bill lowers the standard deviations

used to determine the reasonableness of a disputed health service fee to 1.4 standard deviations from the mean.

***Reasonableness of fees and necessity of treatment disputes***

Under current law, DWD has jurisdiction to resolve a dispute between a health service provider and an insurer or self-insured employer over the reasonableness of any health service fee charged by the health service provider for services provided to an injured employee who claims worker's compensation benefits or over the necessity of any treatment provided to the employee. This bill prohibits a health service provider from submitting a fee dispute or a dispute over necessity of treatment to DWD before all treatment by the health service provider for the employee's injury has ended if the amount in controversy, whether based on a single charge or a combination of charges for one or more days of service, is less than \$25. After all treatment has ended, a health service provider may submit any fee dispute or dispute over necessity of treatment to DWD, regardless of the amount in controversy.

Under current law, DWD may set aside, reverse, or modify a determination as to the reasonableness of a health service fee charged by a health service provider for services provided to an injured employee who claims worker's compensation benefits or as to the necessity of any treatment provided to such an employee within 30 days after the determination. This bill permits DWD to set aside, reverse, or modify a reasonableness of fee or necessity of treatment determination within 60 days after the determination on the grounds of mistake.

***Supplemental benefits; disability or death payments***

Under current law, temporary and permanent disability benefits are subject to maximum weekly compensation rates specified in statute. Currently, an injured employee who is receiving the maximum weekly benefit in effect at the time of the injury for permanent total disability or continuous temporary total disability resulting from an injury that occurred before January 1, 1978, is entitled to receive supplemental benefits in an amount that, when added to the employee's regular benefits, equals \$202. This bill makes an employee who is injured prior to May 13, 1980, eligible for those supplemental benefits. The bill also increases the supplemental benefit amount for a week of disability occurring after January 1, 2004, to an amount that, when added to the employee's regular benefits, equals \$233.

Under current law, those supplemental benefits are payable in the first instance by the employer or insurer, except that, if an otherwise meritorious claim is barred by the statute of limitations, if the status or existence of the employer or insurer cannot be determined, or if there is otherwise no adequate remedy, those supplemental benefits are payable by DWD from the work injury supplemental benefit fund, which consists of moneys that an employer or insurer is required to pay into the state treasury in cases of injuries resulting in death or in the loss or total impairment of a hand, arm, foot, leg, or eye. Specifically, current law requires an employer to pay into the state treasury \$5,000 in each case of injury resulting in death and \$7,000 in each case of injury resulting in the loss or total impairment of a hand, arm, foot, leg, or eye. This bill increases those amounts to \$10,000.

***Examinations and treatment***

Under current law, whenever an employee claims worker's compensation, the employee must, on the request of his or her employer or the employer's worker's compensation carrier, submit to reasonable examinations by physicians, chiropractors, psychologists, dentists, or podiatrists (practitioners) provided and paid for by the employer or insurer. Currently, an employee is entitled to have a practitioner provided by himself or herself present at the examination and to receive a copy of all reports of the examination. Also, under current law, if two or more practitioners disagree as to the extent of an injured employee's temporary disability, the end of the employee's healing period, the employee's ability to return to work, or the necessity of further treatment or for a particular type of treatment, DWD may appoint another practitioner to examine the employee and render an opinion. In addition, under current law, a certified report of a practitioner who has examined or treated an injured employee is admissible as evidence of the diagnosis, the necessity of treatment, and the cause and extent of disability of the injured employee, except that a certified report of a dentist is admissible as evidence of the diagnosis and the necessity of treatment, but not of the cause and extent of disability, of the injured employee. Furthermore, under current law, if the testimony presented at a hearing indicates a dispute or creates a doubt as to the extent or cause of an employee's disability or death, DWD may direct that the injured employee be examined, that an autopsy be performed, or that an opinion be obtained by an impartial, competent practitioner. Finally, under current law, subject to certain exceptions, when an employer has notice of an employee's injury and its relationship to the employee's employment, the employer must offer to the employee his or her choice of any practitioner licensed to practice in this state and practicing in this state for treatment of the injury.

This bill includes physician assistants and advanced practice nurse prescribers among the practitioners to which the provisions of current law relating to examination and treatment of an injured employee apply, except that the bill does not permit an employer to request that an employee submit to an examination by a physician assistant or an advanced practice nurse prescriber. The bill provides that a certified report of a physician assistant or an advanced practice nurse prescriber who has examined or treated an injured employee is admissible as evidence of the diagnosis and necessity of treatment, but not of the cause and extent of disability, of the injured employee. Under current law, a physician assistant is a person licensed to provide medical care with physician supervision and direction, and an advanced practice nurse prescriber is an advanced practice nurse who is certified to prescribe drugs.

***Uninsured employer payments***

Under current law, if an employee of an employer that is not insured or self-insured as required by the worker's compensation law suffers an injury for which the employer is liable under that law, DWD or a reinsurer retained by DWD must pay to the injured employee or the employee's dependents benefits in an amount equal to the worker's compensation that is owed by the uninsured employer, and the uninsured employer must reimburse DWD for the amount of benefits paid,

less any amounts that the employee repays DWD from any compensation recovered from the uninsured employer or a third party. This bill requires an uninsured employer, in addition, to reimburse DWD for any expenses paid by DWD in administering the employee's claim.

***Program administration***

Current law requires employers that are subject to the worker's compensation law to keep records of all accidents causing death or disability of an employee while performing services growing out of and incidental to the employee's employment; requires insurers and self-insured employers to keep records of all payments made under the worker's compensation law; and requires reports based on those records to be furnished to DWD at the times and in the manner that DWD may require by rule or general order. An employer or insurer that fails to keep those records or to make those reports is subject to a forfeiture of not less than \$10 nor more than \$100 for each offense. This bill permits DWD to waive or reduce a forfeiture imposed for failure to keep those records or to make those reports if the employer or insurer requests a waiver or reduction of the forfeiture within 45 days after notice of the forfeiture is mailed to the employer or insurance company and shows that the violation was due to mistake or an absence of information.

Under current law, if an insurer cancels or terminates a worker's compensation insurance policy, the insurer must provide notice of the cancellation or termination to DWD or, if DWD so provides by rule, to the Wisconsin Compensation Rating Bureau (WCRB), which is a rate service organization licensed by the Commissioner of Insurance to establish worker's compensation premium rates. Currently, notice of cancellation or termination of a worker's compensation insurance policy may be served personally on DWD at its office in Madison or sent to DWD or WCRB by certified mail or facsimile machine transmission. This bill permits that notice, in addition, to be sent to DWD or WCRB by electronic mail or by any electronic, magnetic, or other medium approved by DWD.

For further information see the ***state and local*** fiscal estimate, which will be printed as an appendix to this bill.

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

- 1           **SECTION 1.** 102.13 (1) (b) (intro.) of the statutes is amended to read:
- 2           102.13 (1) (b) (intro.) An employer or insurer who requests that an employee
- 3 submit to reasonable examination under par. (a) or (am) shall tender to the employee,
- 4 before the examination, all necessary expenses including transportation expenses.
- 5 The employee is entitled to have a physician, chiropractor, psychologist, dentist,
- 6 physician assistant, advanced practice nurse prescriber, or podiatrist provided by

1 himself or herself present at the examination and to receive a copy of all reports of  
2 the examination that are prepared by the examining physician, chiropractor,  
3 psychologist, podiatrist, dentist, or vocational expert immediately upon receipt of  
4 those reports by the employer or worker's compensation insurer. The employee is  
5 also entitled to have a translator provided by himself or herself present at the  
6 examination if the employee has difficulty speaking or understanding the English  
7 language. The employer's or insurer's written request for examination shall notify  
8 the employee of all of the following:

9       **SECTION 2.** 102.13 (1) (b) 3. of the statutes is amended to read:

10       102.13 (1) (b) 3. The employee's right to have his or her physician, chiropractor,  
11 psychologist, dentist, physician assistant, advanced practice nurse prescriber, or  
12 podiatrist present at the examination.

13       **SECTION 3.** 102.13 (1) (d) 1. of the statutes is amended to read:

14       102.13 (1) (d) 1. Any physician, chiropractor, psychologist, dentist, podiatrist,  
15 physician assistant, advanced practice nurse prescriber, or vocational expert who is  
16 present at any examination under par. (a) or (am) may be required to testify as to the  
17 results thereof of the examination.

18       **SECTION 4.** 102.13 (1) (d) 2. of the statutes is amended to read:

19       102.13 (1) (d) 2. Any physician, chiropractor, psychologist, dentist, physician  
20 assistant, advanced practice nurse prescriber, or podiatrist who attended a worker's  
21 compensation claimant for any condition or complaint reasonably related to the  
22 condition for which the claimant claims compensation may be required to testify  
23 before the department when it the department so directs.

24       **SECTION 5.** 102.13 (1) (d) 3. of the statutes is amended to read:

1           102.13 (1) (d) 3. Notwithstanding any statutory provisions except par. (e), any  
2   physician, chiropractor, psychologist, dentist, physician assistant, advanced  
3   practice nurse prescriber, or podiatrist attending a worker's compensation claimant  
4   for any condition or complaint reasonably related to the condition for which the  
5   claimant claims compensation may furnish to the employee, employer, worker's  
6   compensation insurer, or the department information and reports relative to a  
7   compensation claim.

8           **SECTION 6.** 102.13 (1) (d) 4. of the statutes is amended to read:

9           102.13 (1) (d) 4. The testimony of any physician, chiropractor, psychologist,  
10   dentist, physician assistant, advanced practice nurse prescriber, or podiatrist who  
11   is licensed to practice where he or she resides or practices in any state and the  
12   testimony of any vocational expert may be received in evidence in compensation  
13   proceedings.

14          **SECTION 7.** 102.13 (2) (a) of the statutes is amended to read:

15          102.13 (2) (a) An employee who reports an injury alleged to be work-related  
16   or files an application for hearing waives any physician-patient,  
17   psychologist-patient or chiropractor-patient privilege with respect to any condition  
18   or complaint reasonably related to the condition for which the employee claims  
19   compensation. Notwithstanding ss. 51.30 and 146.82 and any other law, any  
20   physician, chiropractor, psychologist, dentist, podiatrist, physician assistant,  
21   advanced practice nurse prescriber, hospital, or health care provider shall, within a  
22   reasonable time after written request by the employee, employer, worker's  
23   compensation insurer, or department or its representative, provide that person with  
24   any information or written material reasonably related to any injury for which the  
25   employee claims compensation.



1           **SECTION 8.** 102.13 (2) (b) of the statutes is amended to read:

2           102.13 (2) (b) A physician, chiropractor, podiatrist, psychologist, dentist,  
3           ~~physician assistant, advanced practice nurse prescriber,~~ hospital, or health service  
4           provider shall furnish a legible, certified duplicate of the written material requested  
5           under par. (a) upon payment of the actual costs of preparing the certified duplicate,  
6           not to exceed the greater of 45 cents per page or \$7.50 per request, plus the actual  
7           costs of postage. Any person who refuses to provide certified duplicates of written  
8           material in the person's custody that is requested under par. (a) shall be liable for  
9           reasonable and necessary costs and, notwithstanding s. 814.04 (1), reasonable  
10          attorney fees incurred in enforcing the requester's right to the duplicates under par.  
11          (a).

12          **SECTION 9.** 102.13 (3) of the statutes is amended to read:

13          102.13 (3) If 2 or more physicians, chiropractors, psychologists, dentists,  
14          ~~physician assistants, advanced practice nurse prescribers,~~ or podiatrists disagree as  
15          to the extent of an injured employee's temporary disability, the end of an employee's  
16          healing period, an employee's ability to return to work at suitable available  
17          employment, or the necessity for further treatment or for a particular type of  
18          treatment, the department may appoint another physician, chiropractor,  
19          psychologist, dentist, ~~physician assistant, advanced practice nurse prescriber,~~ or  
20          podiatrist to examine the employee and render an opinion as soon as possible. The  
21          department shall promptly notify the parties of this appointment. If the employee  
22          has not returned to work, payment for temporary disability shall continue until the  
23          department receives the opinion. The employer or its insurance carrier or both shall  
24          pay for the examination and opinion. The employer or insurance carrier or both shall

1 receive appropriate credit for any overpayment to the employee determined by the  
2 department after receipt of the opinion.

3 SECTION 10. 102.16 (2) (a) of the statutes is amended to read:

4 102.16 (2) (a) The Except as provided in this paragraph, the department has  
5 jurisdiction under this subsection, sub. (1m) (a), and s. 102.17 to resolve a dispute  
6 between a health service provider and an insurer or self-insured employer over the  
7 reasonableness of a fee charged by the health service provider for health services  
8 provided to an injured employee who claims benefits under this chapter. A health  
9 service provider may not submit a fee dispute to the department under this  
10 subsection before all treatment by the health service provider of the employee's  
11 injury has ended if the amount in controversy, whether based on a single charge or  
12 a combination of charges for one or more days of service, is less than \$25. After all  
13 treatment by a health service provider of an employee's injury has ended, the health  
14 service provider may submit any fee dispute to the department, regardless of the  
15 amount in controversy. The department shall deny payment of a health service fee  
16 that the department determines under this subsection, sub. (1m) (a), or s. 102.18 (1)  
17 (b) to be unreasonable.

18 (am) A health service provider and an insurer or self-insured employer that  
19 are parties to a fee dispute under this subsection are bound by the department's  
20 determination under this subsection on the reasonableness of the disputed fee,  
21 unless that determination is set aside on judicial review as provided in par. (f). A  
22 health service provider and an insurer or self-insured employer that are parties to  
23 a fee dispute under sub. (1m) (a) are bound by the department's determination under  
24 sub. (1m) (a) on the reasonableness of the disputed fee, unless that determination is  
25 set aside or modified by the department under sub. (1). An insurer or self-insured

1 employer that is a party to a fee dispute under s. 102.17 and a health service provider  
2 are bound by the department's determination under s. 102.18 (1) (b) on the  
3 reasonableness of the disputed fee, unless that determination is set aside, reversed,  
4 or modified by the department under s. 102.18 (3) or by the commission under s.  
5 102.18 (3) or (4) or is set aside on judicial review under s. 102.23.

6 **SECTION 11.** 102.16 (2) (d) of the statutes is amended to read:

7 102.16 (2) (d) The department shall analyze the information provided to the  
8 department under par. (c) according to the criteria provided in this paragraph to  
9 determine the reasonableness of the disputed fee. The department shall determine  
10 that a disputed fee is reasonable and order that the disputed fee be paid if that fee  
11 is at or below the mean fee for the health service procedure for which the disputed  
12 fee was charged, plus ~~1.5~~ 1.4 standard deviations from that mean, as shown by data  
13 from a database that is certified by the department under par. (h). The department  
14 shall determine that a disputed fee is unreasonable and order that a reasonable fee  
15 be paid if the disputed fee is above the mean fee for the health service procedure for  
16 which the disputed fee was charged, plus ~~1.5~~ 1.4 standard deviations from that mean,  
17 as shown by data from a database that is certified by the department under par. (h),  
18 unless the health service provider proves to the satisfaction of the department that  
19 a higher fee is justified because the service provided in the disputed case was more  
20 difficult or more complicated to provide than in the usual case.

21 **SECTION 12.** 102.16 (2) (f) of the statutes is amended to read:

22 102.16 (2) (f) The Within 30 days after a determination under this subsection,  
23 the department may set aside, reverse, or modify a determination under this  
24 subsection within 30 days after the date of the determination for any reason that the  
25 department considers sufficient. Within 60 days after a determination under this

1 subsection, the department may set aside, reverse, or modify the determination on  
2 grounds of mistake. A health service provider, insurer, or self-insured employer that  
3 is aggrieved by a determination of the department under this subsection may seek  
4 judicial review of that determination in the same manner that compensation claims  
5 are reviewed under s. 102.23.

6 **SECTION 13.** 102.16 (2m) (a) of the statutes is amended to read:

7 102.16 (2m) (a) The Except as provided in this paragraph, the department has  
8 jurisdiction under this subsection, sub. (1m) (b), and s. 102.17 to resolve a dispute  
9 between a health service provider and an insurer or self-insured employer over the  
10 necessity of treatment provided for an injured employee who claims benefits under  
11 this chapter. A health service provider may not submit a dispute over necessity of  
12 treatment to the department under this subsection before all treatment by the health  
13 service provider of the employee's injury has ended if the amount in controversy,  
14 whether based on a single charge or a combination of charges for one or more days  
15 of service, is less than \$25. After all treatment by a health service provider of an  
16 employee's injury has ended, the health service provider may submit any dispute  
17 over necessity of treatment to the department, regardless of the amount in  
18 controversy. The department shall deny payment for any treatment that the  
19 department determines under this subsection, sub. (1m) (b), or s. 102.18 (1) (b) to be  
20 unnecessary.

21 (am) A health service provider and an insurer or self-insured employer that  
22 are parties to a dispute under this subsection over the necessity of treatment are  
23 bound by the department's determination under this subsection on the necessity of  
24 that treatment, unless that determination is set aside on judicial review as provided  
25 in par. (e). A health service provider and an insurer or self-insured employer that

1 are parties to a dispute under sub. (1m) (b) over the necessity of treatment are bound  
2 by the department's determination under sub. (1m) (b) on the necessity of that  
3 treatment, unless that determination is set aside or modified by the department  
4 under sub. (1). An insurer or self-insured employer that is a party to a dispute under  
5 s. 102.17 over the necessity of treatment and a health service provider are bound by  
6 the department's determination under s. 102.18 (1) (b) on the necessity of that  
7 treatment, unless that determination is set aside, reversed or modified by the  
8 department under s. 102.18 (3) or by the commission under s. 102.18 (3) or (4) or is  
9 set aside on judicial review under s. 102.23.

10 **SECTION 14.** 102.16 (2m) (e) of the statutes is amended to read:

11 102.16 (2m) (e) The Within 30 days after a determination under this  
12 subsection, the department may set aside, reverse, or modify a determination under  
13 this subsection within 30 days after the date of the determination for any reason that  
14 the department considers sufficient. Within 60 days after a determination under  
15 this subsection, the department may set aside, reverse, or modify the determination  
16 on grounds of mistake. A health service provider, insurer, or self-insured employer  
17 that is aggrieved by a determination of the department under this subsection may  
18 seek judicial review of that determination in the same manner that compensation  
19 claims are reviewed under s. 102.23.

20 **SECTION 15.** 102.17 (1) (d) of the statutes is renumbered 102.17 (1) (d) 1. and  
21 amended to read:

22 102.17 (1) (d) 1. The contents of certified medical and surgical reports by  
23 physicians, podiatrists, surgeons, dentists, psychologists, physician assistants,  
24 advanced practice nurse prescribers, and chiropractors licensed in and practicing in  
25 this state, and of certified reports by experts concerning loss of earning capacity

1 under s. 102.44 (2) and (3), presented by a party for compensation constitute prima  
2 facie evidence as to the matter contained in ~~them~~ those reports, subject to any rules  
3 and limitations the department prescribes. Certified reports of physicians,  
4 podiatrists, surgeons, dentists, psychologists, physician assistants, advanced  
5 practice nurse prescribers, and chiropractors, wherever licensed and practicing, who  
6 have examined or treated the claimant, and of experts, if the practitioner or expert  
7 consents to ~~subject himself or herself~~ being subjected to cross-examination also  
8 constitute prima facie evidence as to the matter contained in ~~them~~ those reports.  
9 Certified reports of physicians, podiatrists, surgeons, psychologists, and  
10 chiropractors are admissible as evidence of the diagnosis, necessity of the treatment,  
11 and cause and extent of the disability. Certified reports by doctors of dentistry,  
12 physician assistants, and advanced practice nurse prescribers are admissible as  
13 evidence of the diagnosis and necessity ~~for~~ of treatment but not of the cause and  
14 extent of disability. Any physician, podiatrist, surgeon, dentist, psychologist,  
15 chiropractor, physician assistant, advanced practice nurse prescriber, or expert who  
16 knowingly makes a false statement of fact or opinion in such a certified report may  
17 be fined or imprisoned, or both, under s. 943.395.

18 2. The record of a hospital or sanatorium in this state ~~operated by any~~  
19 ~~department or agency of the federal or state government or by any municipality, or~~  
20 ~~of any other hospital or sanatorium in this state which~~ that is satisfactory to the  
21 department, established by certificate, affidavit, or testimony of the supervising  
22 officer ~~or~~ of the hospital or sanatorium, any other person having charge of such  
23 records the record, or of a physician, podiatrist, surgeon, dentist, psychologist,  
24 physician assistant, advanced practice nurse prescriber, or chiropractor to be the  
25 record of the patient in question, and made in the regular course of examination or

1 treatment of such the patient, constitutes prima facie evidence ~~in any worker's~~  
2 ~~compensation proceeding~~ as to the matter contained in it the record, to the extent  
3 that it the record is otherwise competent and relevant.

4 3. The department may, by rule, establish the qualifications of and the form  
5 used for certified reports submitted by experts who provide information concerning  
6 loss of earning capacity under s. 102.44 (2) and (3). The department may not admit  
7 into evidence a certified report of a practitioner or other expert or a record of a  
8 hospital or sanatorium that was not filed with the department and all parties in  
9 interest at least 15 days before the date of the hearing, unless the department is  
10 satisfied that there is good cause for the failure to file the report.

11 **SECTION 16.** 102.17 (1) (e) of the statutes is amended to read:

12 102.17 (1) (e) The department may, with or without notice to any party, cause  
13 testimony to be taken, an inspection of the premises where the injury occurred to be  
14 made, or the time books and payrolls of the employer to be examined by any  
15 examiner, and may direct any employee claiming compensation to be examined by  
16 a physician, chiropractor, psychologist, dentist, physician assistant, advanced  
17 practice nurse prescriber, or podiatrist. The testimony so taken, and the results of  
18 any such inspection or examination, shall be reported to the department for its  
19 consideration upon final hearing. All ex parte testimony taken by the department  
20 shall be reduced to writing, and any party shall have opportunity to rebut that  
21 testimony on final hearing.

22 **SECTION 17.** 102.17 (1) (g) of the statutes is amended to read:

23 102.17 (1) (g) Whenever the testimony presented at any hearing indicates a  
24 dispute, ~~or is such as to create~~ or creates a doubt as to the extent or cause of disability  
25 or death, the department may direct that the injured employee be examined ~~or, that~~

1 an autopsy be performed, or that an opinion of a ~~physician, chiropractor, dentist,~~  
2 ~~psychologist or podiatrist~~ be obtained without examination or autopsy, by or from an  
3 impartial, competent physician, chiropractor, dentist, psychologist, physician  
4 assistant, advanced practice nurse prescriber, or podiatrist designated by the  
5 department who is not under contract with or regularly employed by a compensation  
6 insurance carrier or self-insured employer. The expense of ~~such~~ the examination,  
7 autopsy, or opinion shall be paid by the employer or, if the employee claims  
8 compensation under s. 102.81, from the uninsured employers fund. The report of  
9 ~~such~~ the examination, autopsy, or opinion shall be transmitted in writing to the  
10 department and a copy ~~thereof~~ of the report shall be furnished by the department to  
11 each party, who shall have an opportunity to rebut such report on further hearing.

12 **SECTION 18.** 102.18 (1) (e) of the statutes is amended to read:

13 102.18 (1) (e) Except as provided in s. 102.21, if the department orders a party  
14 to pay an award of compensation, the party shall pay the award no later than 21 days  
15 after the date on which the order is mailed to the last-known address of the party,  
16 unless a the party files a petition for review under sub. (3). This paragraph applies  
17 to all awards of compensation ordered by the department, whether the award results  
18 from a hearing, the default of a party, or a compromise or stipulation confirmed by  
19 the department.

20 **SECTION 19.** 102.29 (3) of the statutes is amended to read:

21 102.29 (3) Nothing in this chapter shall prevent an employee from taking the  
22 compensation ~~he or she~~ that the employee may be entitled to under it this chapter  
23 and also maintaining a civil action against any physician, chiropractor, psychologist,  
24 dentist, physician assistant, advanced practice nurse prescriber, or podiatrist for  
25 malpractice.



1           **SECTION 20.** 102.31 (2) (a) of the statutes is amended to read:

2           102.31 (2) (a) No party to a contract of insurance may cancel it the contract  
3 within the contract period or terminate or not renew it the contract upon the  
4 expiration date until a notice in writing is given to the other party fixing the proposed  
5 date of cancellation or declaring that the party intends to terminate or does not  
6 intend to renew the policy upon expiration. Except as provided in par. (b), when an  
7 insurance company does not renew a policy upon expiration, the nonrenewal is not  
8 effective until 60 days after the insurance company has given written notice of the  
9 nonrenewal to the insured employer and the department. Cancellation or  
10 termination of a policy by an insurance company for any reason other than  
11 nonrenewal is not effective until 30 days after the insurance company has given  
12 written notice of the cancellation or termination to the insured employer and the  
13 department. Notice to the department may be given ~~either~~ by personal service of the  
14 notice upon the department at its office in Madison ~~or~~, by sending the notice by  
15 ~~facsimile machine transmission or certified mail addressed to the department at its~~  
16 ~~office in Madison, or by transmitting the notice to the department at its office in~~  
17 Madison by facsimile machine transmission, electronic mail, or any electronic,  
18 magnetic, or other medium approved by the department. The department may  
19 provide by rule that the notice of cancellation or termination be given by ~~certified~~  
20 ~~mail or facsimile machine transmission~~ to the Wisconsin compensation rating  
21 bureau rather than to the department and that the notice of cancellation or  
22 termination be given to the Wisconsin compensation rating bureau by certified mail,  
23 facsimile machine transmission, electronic mail, or other medium approved by the  
24 department after consultation with the Wisconsin compensation rating bureau.  
25 Whenever the Wisconsin compensation rating bureau receives such a notice of

1 cancellation or termination it shall immediately notify the department of the notice  
2 of cancellation or termination.

3 SECTION 21. 102.32 (6) of the statutes is renumbered 102.32 (6) (a) and  
4 amended to read:

5 102.32 (6) (a) If compensation is due for permanent disability following an  
6 injury or if death benefits are payable, payments shall be made to the employee or  
7 dependent on a monthly basis. ~~Compensation for permanent disability that results~~  
8 ~~from an injury for which as provided in pars. (b) to (e).~~

9 (b) Subject to par. (d), if the employer or the employer's insurer concedes  
10 liability and that is for an injury that results in permanent disability and if the extent  
11 of the permanent disability can be determined based on a minimum permanent  
12 disability rating promulgated by the department by rule ~~without a medical report~~  
13 ~~the provides the basis for that rating.~~ compensation for permanent disability shall  
14 begin within 30 days after the end of the employee's healing period or.

15 (c) Subject to par. (d), if the employer or the employer's insurer concedes  
16 liability for an injury that results in permanent disability, but the extent of the  
17 permanent disability cannot be determined without a medical report that provides  
18 the basis for a minimum permanent disability rating ~~promulgated by the~~  
19 ~~department by rule.~~ compensation for permanent disability shall begin within 30  
20 days after the employer or the employer's insurer receives a medical report that  
21 provides a permanent disability rating, whichever is later. ~~Compensation for~~  
22 ~~permanent disability that results from an injury for which the employer or the~~  
23 ~~employer's insurer does not concede liability or that is based on a permanent~~  
24 ~~disability rating that is above a minimum permanent disability rating promulgated~~  
25 ~~by the department by rule shall begin within the later of those 30-day periods unless~~

1 ~~within the later of those 30 day periods the employer or insurer notifies the~~  
2 ~~employee that the employer or insurer is requesting an examination under s. 102.13~~  
3 ~~(1) (a), in which case compensation for permanent disability shall begin within 30~~  
4 ~~days after the employer or insurer receives the report of the examination or within~~  
5 ~~90 days after the date of the request for the examination, whichever is earlier.~~

6 (e) Payments for permanent disability, including payments based on minimum  
7 permanent disability ratings promulgated by the department by rule, shall continue  
8 on a monthly basis and shall accrue and be payable between intermittent periods of  
9 temporary disability so long as the employer or insurer knows the nature of the  
10 permanent disability.

11 **SECTION 22.** 102.32 (6) (d) of the statutes is created to read:

12 102.32 (6) (d) The department shall promulgate rules for determining when  
13 compensation for permanent disability shall begin in cases in which the employer or  
14 the employer's insurer concedes liability, but disputes the extent of permanent  
15 disability.

16 **SECTION 23.** 102.32 (6m) of the statutes is amended to read:

17 102.32 (6m) The department may direct an advance on a payment of unaccrued  
18 compensation for permanent disability or death benefits if the department  
19 determines that the advance payment is in the best interest of the injured employee  
20 or the employee's dependents. In directing the advance, the department shall give  
21 the employer or the employer's insurer an interest credit against its liability. The  
22 credit shall be computed at 7%.

23 **SECTION 24.** 102.35 (1) of the statutes is amended to read:

24 102.35 (1) Every employer and every insurance company that fails to keep the  
25 records or to make the reports required by this chapter or that knowingly falsifies

1 such records or makes false reports shall forfeit to the state not less than \$10 nor  
2 more than \$100 for each offense. The department may waive or reduce a forfeiture  
3 imposed under this subsection if the employer or insurance company that violated  
4 this subsection requests a waiver or reduction of the forfeiture within 45 days after  
5 notice of the forfeiture is mailed to the employer or insurance company and shows  
6 that the violation was due to mistake or an absence of information.

7 **SECTION 25.** 102.42 (2) (a) of the statutes is amended to read:

8 102.42 (2) (a) ~~Where~~ When the employer has notice of an injury and its  
9 relationship to the employment, the employer shall offer to the injured employee his  
10 or her choice of any physician, chiropractor, psychologist, dentist, physician  
11 assistant, advanced practice nurse prescriber, or podiatrist licensed to practice and  
12 practicing in this state for treatment of the injury. By mutual agreement, the  
13 employee may have the choice of any qualified practitioner not licensed in this state.  
14 In case of emergency, the employer may arrange for treatment without tendering a  
15 choice. After the emergency has passed the employee shall be given his or her choice  
16 of attending practitioner at the earliest opportunity. The employee has the right to  
17 a 2nd choice of attending practitioner on notice to the employer or its insurance  
18 carrier. Any further choice shall be by mutual agreement. Partners and clinics are  
19 ~~deemed~~ considered to be one practitioner. Treatment by a practitioner on referral  
20 from another practitioner is ~~deemed~~ considered to be treatment by one practitioner.

21 **SECTION 26.** 102.44 (1) (intro.) of the statutes is amended to read:

22 102.44 (1) (intro.) Notwithstanding any other provision of this chapter, every  
23 employee who is receiving compensation under this chapter for permanent total  
24 disability or continuous temporary total disability more than 24 months after the  
25 date of injury resulting from an injury which occurred prior to January 1, 1978, May

1 13, 1980, shall receive supplemental benefits which shall be payable in the first  
2 instance by the employer or the employer's insurance carrier, or in the case of  
3 benefits payable to an employee under s. 102.66, shall be paid by the department out  
4 of the fund created under s. 102.65. These supplemental benefits shall be paid only  
5 for weeks of disability occurring after January 1, ~~1980~~ 1982, and shall continue  
6 during the period of such total disability subsequent to that date.

7 **SECTION 27.** 102.44 (1) (a) of the statutes is amended to read:

8 102.44 (1) (a) If such employee is receiving the maximum weekly benefits in  
9 effect at the time of the injury, the supplemental benefit for a week of disability  
10 occurring after January 1, ~~2002~~ 2004, shall be an amount which, when added to the  
11 regular benefit established for the case, shall equal ~~\$202~~ \$233.

12 **SECTION 28.** 102.44 (1) (b) of the statutes is amended to read:

13 102.44 (1) (b) If such employee is receiving a weekly benefit which is less than  
14 the maximum benefit which was in effect on the date of the injury, the supplemental  
15 benefit for a week of disability occurring after January 1, ~~2002~~ 2004, shall be an  
16 amount sufficient to bring the total weekly benefits to the same proportion of ~~\$202~~  
17 \$233 as the employee's weekly benefit bears to the maximum in effect on the date of  
18 injury.

19 **SECTION 29.** 102.49 (5) (a) of the statutes is amended to read:

20 102.49 (5) (a) In each case of injury resulting in death, the employer or insurer  
21 shall pay into the state treasury the sum of ~~\$5,000~~ \$10,000.

22 **SECTION 30.** 102.59 (2) of the statutes is amended to read:

23 102.59 (2) In the case of the loss or of the total impairment of a hand, arm, foot,  
24 leg, or eye, the employer shall pay ~~\$7,000~~ \$10,000 into the state treasury. The  
25 payment shall be made in all such cases regardless of whether the employee, or the

1 employee's dependent or personal representative commences action against a 3rd  
2 party as provided in s. 102.29.

3 **SECTION 31.** 102.81 (1) (a) of the statutes is amended to read:

4 102.81 (1) (a) If an employee of an uninsured employer, other than an employee  
5 who is eligible to receive alternative benefits under s. 102.28 (3), suffers an injury for  
6 which the uninsured employer is liable under s. 102.03, the department or the  
7 department's reinsurer shall pay to or on behalf of the injured employee or to the  
8 employee's dependents an amount equal to the compensation owed them by the  
9 uninsured employer under this chapter except penalties and interest due under ss.  
10 102.16 (3), 102.18 (1) (b) and (bp), 102.22 (1), 102.35 (3), 102.57, and 102.60.

11 **SECTION 32.** 102.82 (1) of the statutes is amended to read:

12 102.82 (1) An uninsured employer shall reimburse the department for any  
13 payment made under s. 102.81 (1) to or on behalf of an employee of the uninsured  
14 employer or to an employee's dependents and for any expenses paid by the  
15 department in administering the claim of the employee or dependents, less amounts  
16 repaid by the employee or dependents under s. 102.81 (4) (b). The reimbursement  
17 owed under this subsection is due within 30 days after the date on which the  
18 department notifies the uninsured employer that the reimbursement is owed.  
19 Interest shall accrue on amounts not paid when due at the rate of 1% per month.

20 **SECTION 33. Initial applicability.**

21 (1) FEE DISPUTES AND NECESSITY OF TREATMENT DISPUTES.

22 (a) The treatment of section 102.16 (2) (a) and (d) and (2m) (a) of the statutes  
23 first applies to fee disputes and necessity of treatment disputes submitted to the  
24 department of workforce development on the effective date of this paragraph.

1           (b) The treatment of section 102.16 (2) (f) and (2m) (e) of the statutes first  
2 applies to fee dispute and necessity of treatment dispute determinations made by the  
3 department of workforce development 30 days before the effective date of this  
4 paragraph.

5           (2) PAYMENT OF AWARDS. The treatment of section 102.18 (1) (e) of the statutes  
6 first applies to orders awarding worker's compensation mailed to a party on the  
7 effective date of this subsection.

8           (3) PERMANENT DISABILITY PAYMENTS. The renumbering and amendment of  
9 section 102.32 (6) of the statutes and the treatment of section 102.32 (6m) of the  
10 statutes first apply to compensation for permanent disability that becomes due on  
11 the effective date of this subsection.

12           **SECTION 34. Effective date.**

13           (1) This act takes effect on January 1, 2004, or on the day after publication,  
14 whichever is later.

15                                       (END)

**Malaise, Gordon**

**From:** O'Malley, Jim  
**Sent:** Thursday, October 09, 2003 4:15 PM  
**To:** Malaise, Gordon  
**Subject:** FW: Draft review: LRB 03-3006/P3 Topic: Worker's compensation changes

The Worker's Compensation Advisory Council ( WCAC ) finalized the amendments to Chapter 102, Wis. Stats., to be included in the " Agreed Upon Bill" at a meeting held earlier today. The members of the WCAC reviewed and discussed the language contained in the draft attached below. The WCAC requested changes in several sections.

At the meeting the role of physician assistants and advance practice nurse prescribers in the WC system was discussed at length. The WCAC agreed to changes related to physican assistants and advance practice nurse prescribers in a few of the proposed amendments.

*In*  
The WCAC agreed to include physician assistants and advance practice nurse prescribers as practitioners who could be selected by employers and insurance carriers to conduct examinations of employees. In s. 102.13 (1) (a), Wis. Stats., please add physician assistants and advance practice nurse prescribers to the practitioners listed in that subsection.

*out*  
There was also a discussion about physican assistants and advance practice nurse prescribers being included in s. 102.13 (3), Wis. Stats. We refer to this as the " tie-breaker" examination section. The WCAC agreed to not include physican assistants and advance practice nurse prescribers in this subsection. On page 8 of the draft please delete the amendments to s. 102.13 (3), Wis. Stats. ( Section 9 ).

*out*  
The WCAC also discussed including physican assistants and advance practice nurse prescribers in s. 102.17 (1) (e) and (g), Wis. Stats. The WCAC agreed that physican assistants and advance practice nurse prescribers should not be included in these subsections. On pages 14-15 of the draft please delete the amendments to s. 102.17 (1) (e) and (g), Wis. Stats. ( Sections 16 and 17 ).

The WCAC also agreed that a language change should be made in the amendment to s. 102.32 (6) (c), Wis. Stats., on page 17 line 20 of the draft. The WCAC wanted to add" a basis for" a permanent disability rating. The request is that the complete line 20 reads as follows, " receives a medical report that provides a basis for a permanent disability rating." Members of the WCAC believed that adding this language would help reduce confusion over the type of medical records or reports that support the payment of PPD. We would appreciate if you would make this language change to the amendment to s. 102.32 (6) (c).

The WCAC had no other requests for language changes in the draft.

Thank you for your assistance. We appreciate your help with this project.

-----Original Message-----

**From:** Basford, Sarah  
**Sent:** Tuesday, September 23, 2003 10:47 AM  
**To:** O'Malley, Jim  
**Subject:** Draft review: LRB 03-3006/P3 Topic: Worker's compensation changes

**Following is the PDF version of draft LRB 03-3006/P3.**





State of Wisconsin  
2003 - 2004 LEGISLATURE

LRB-3006/P  
GMM:wlj:jf

1  
DWR

Tues 10/14

PRELIMINARY DRAFT - NOT READY FOR INTRODUCTION

REGEN

1 AN ACT *to renumber and amend* 102.17 (1) (d) and 102.32 (6); *to amend* 102.13  
2 (1) (b) (intro.), 102.13 (1) (b) 3., 102.13 (1) (d) 1., 102.13 (1) (d) 2., 102.13 (1) (d)  
3 3., 102.13 (1) (d) 4., 102.13 (2) (a), 102.13 (2) (b), 102.13 (3), 102.16 (2) (a), 102.16  
4 (2) (d), 102.16 (2) (f), 102.16 (2m) (a), 102.16 (2m) (e), 102.17 (1) (e), 102.17 (1)  
5 (g), 102.18 (1) (e), 102.29 (3), 102.31 (2) (a), 102.32 (6m), 102.35 (1), 102.42 (2)  
6 (a), 102.44 (1) (intro.), 102.44 (1) (a), 102.44 (1) (b), 102.49 (5) (a), 102.59 (2),  
7 102.81 (1) (a) and 102.82 (1); and *to create* 102.32 (6) (d) of the statutes;  
8 **relating to:** making various changes in the worker's compensation law and  
9 granting rule-making authority.

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*Analysis by the Legislative Reference Bureau*

This bill makes various changes relating to the worker's compensation law, as administered by the Department of Workforce Development (DWD).

***Payment of benefits***

Current law requires a party that has been ordered to pay an award of worker's compensation to pay the award within 21 days after DWD mails a copy of the order to the party's last-known address, unless *any* party files a petition for review of the decision. This bill requires a party that has been ordered to pay an award of worker's

compensation to pay the award within those 21 days, unless *that* party files a petition for review of the decision.

Current law requires worker's compensation for permanent disability that results from an injury for which the employer or insurer concedes liability and that is based on a minimum permanent disability rating promulgated by DWD by rule to begin within 30 days after the end of the employee's healing period or within 30 days after the employer or insurer receives a medical report that provides a permanent disability rating, whichever is later. Current law also requires worker's compensation for permanent disability that results from an injury for which the employer or insurer does not concede liability or that is based on a permanent disability rating that is above a minimum permanent disability rating promulgated by DWD by rule to begin within the later of those 30-day periods, unless the employer or insurer requests the employee to undergo an independent medical examination, in which case that compensation must begin within 30 days after the employer or insurer receives a report of the examination or within 90 days after the date of the request for examination, whichever is earlier.

This bill eliminates those payment requirements and instead requires worker's compensation for permanent disability to begin as follows:

1. Within 30 days after the end of the employee's healing period, if the employer or insurer concedes liability for the injury and if the extent of the permanent disability can be determined based on a minimum permanent disability rating promulgated by DWD by rule.

2. Within 30 days after the employer or insurer receives a medical report that provides a permanent disability rating, if the employer or insurer concedes liability for the injury, but the extent of the permanent disability cannot be determined without a medical report that provides the basis for a permanent disability rating.

3. According to rules promulgated by DWD in cases in which the employer or insurer concedes liability for the injury but disputes the extent of permanent disability.

Under current law, DWD may direct an employer or an employer's insurer to pay unaccrued compensation or death benefits to an injured employee or the employee's dependents in advance if DWD determines that the advance payment is in the best interest of the injured employee or the employee's dependents. This bill specifies that DWD may direct advance payment of death benefits or of unaccrued compensation *for permanent disability*.

Under current law, DWD is required to determine the reasonableness of a disputed fee by comparing the disputed fee to the mean fee for the procedure for which the disputed fee was charged, as shown by data from a database certified by DWD. If the disputed fee is at or below the mean fee, plus 1.5 standard deviations from that mean, DWD shall determine that the disputed fee is reasonable and order the fee to be paid. If the disputed fee is above the mean fee, plus 1.5 standard deviations from that mean, DWD shall determine that the disputed fee is unreasonable and order that a reasonable fee be paid, unless the health service provider proves that a higher fee is justified. This bill lowers the standard deviations

basis for a

used to determine the reasonableness of a disputed health service fee to 1.4 standard deviations from the mean.

### ***Reasonableness of fees and necessity of treatment disputes***

Under current law, DWD has jurisdiction to resolve a dispute between a health service provider and an insurer or self-insured employer over the reasonableness of any health service fee charged by the health service provider for services provided to an injured employee who claims worker's compensation benefits or over the necessity of any treatment provided to the employee. This bill prohibits a health service provider from submitting a fee dispute or a dispute over necessity of treatment to DWD before all treatment by the health service provider for the employee's injury has ended if the amount in controversy, whether based on a single charge or a combination of charges for one or more days of service, is less than \$25. After all treatment has ended, a health service provider may submit any fee dispute or dispute over necessity of treatment to DWD, regardless of the amount in controversy.

Under current law, DWD may set aside, reverse, or modify a determination as to the reasonableness of a health service fee charged by a health service provider for services provided to an injured employee who claims worker's compensation benefits or as to the necessity of any treatment provided to such an employee within 30 days after the determination. This bill permits DWD to set aside, reverse, or modify a reasonableness of fee or necessity of treatment determination within 60 days after the determination on the grounds of mistake.

### ***Supplemental benefits; disability or death payments***

Under current law, temporary and permanent disability benefits are subject to maximum weekly compensation rates specified in statute. Currently, an injured employee who is receiving the maximum weekly benefit in effect at the time of the injury for permanent total disability or continuous temporary total disability resulting from an injury that occurred before January 1, 1978, is entitled to receive supplemental benefits in an amount that, when added to the employee's regular benefits, equals \$202. This bill makes an employee who is injured prior to May 13, 1980, eligible for those supplemental benefits. The bill also increases the supplemental benefit amount for a week of disability occurring after January 1, 2004, to an amount that, when added to the employee's regular benefits, equals \$233.

Under current law, those supplemental benefits are payable in the first instance by the employer or insurer, except that, if an otherwise meritorious claim is barred by the statute of limitations, if the status or existence of the employer or insurer cannot be determined, or if there is otherwise no adequate remedy, those supplemental benefits are payable by DWD from the work injury supplemental benefit fund, which consists of moneys that an employer or insurer is required to pay into the state treasury in cases of injuries resulting in death or in the loss or total impairment of a hand, arm, foot, leg, or eye. Specifically, current law requires an employer to pay into the state treasury \$5,000 in each case of injury resulting in death and \$7,000 in each case of injury resulting in the loss or total impairment of a hand, arm, foot, leg, or eye. This bill increases those amounts to \$10,000.

***Examinations and treatment***

Under current law, whenever an employee claims worker's compensation, the employee must, on the request of his or her employer or the employer's worker's compensation carrier, submit to reasonable examinations by physicians, chiropractors, psychologists, dentists, or podiatrists (practitioners) provided and paid for by the employer or insurer. Currently, an employee is entitled to have a practitioner provided by himself or herself present at the examination and to receive a copy of all reports of the examination. Also, under current law, if two or more practitioners disagree as to the extent of an injured employee's temporary disability, the end of the employee's healing period, the employee's ability to return to work, or the necessity of further treatment or for a particular type of treatment, DWD may appoint another practitioner to examine the employee and render an opinion. In addition, under current law, a certified report of a practitioner who has examined or treated an injured employee is admissible as evidence of the diagnosis, the necessity of treatment, and the cause and extent of disability of the injured employee, except that a certified report of a dentist is admissible as evidence of the diagnosis and the necessity of treatment, but not of the cause and extent of disability, of the injured employee. Furthermore, under current law, if the testimony presented at a hearing indicates a dispute or creates a doubt as to the extent or cause of an employee's disability or death, DWD may direct that the injured employee be examined, that an autopsy be performed, or that an opinion be obtained by an impartial, competent practitioner. Finally, under current law, subject to certain exceptions, when an employer has notice of an employee's injury and its relationship to the employee's employment, the employer must offer to the employee his or her choice of any practitioner licensed to practice in this state and practicing in this state for treatment of the injury.

This bill includes physician assistants and advanced practice nurse prescribers among the practitioners to which the provisions of current law relating to examination and treatment of an injured employee apply, except that the bill does not permit an employer to request that an employee submit to an examination by a physician assistant or an advanced practice nurse prescriber. The bill provides that a certified report of a physician assistant or an advanced practice nurse prescriber who has examined or treated an injured employee is admissible as evidence of the diagnosis and necessity of treatment, but not of the cause and extent of disability, of the injured employee. Under current law, a physician assistant is a person licensed to provide medical care with physician supervision and direction, and an advanced practice nurse prescriber is an advanced practice nurse who is certified to prescribe drugs.

***Uninsured employer payments***

Under current law, if an employee of an employer that is not insured or self-insured as required by the worker's compensation law suffers an injury for which the employer is liable under that law, DWD or a reinsurer retained by DWD must pay to the injured employee or the employee's dependents benefits in an amount equal to the worker's compensation that is owed by the uninsured employer, and the uninsured employer must reimburse DWD for the amount of benefits paid,

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A ✓

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less any amounts that the employee repays DWD from any compensation recovered from the uninsured employer or a third party. This bill requires an uninsured employer, in addition, to reimburse DWD for any expenses paid by DWD in administering the employee's claim.

***Program administration***

Current law requires employers that are subject to the worker's compensation law to keep records of all accidents causing death or disability of an employee while performing services growing out of and incidental to the employee's employment; requires insurers and self-insured employers to keep records of all payments made under the worker's compensation law; and requires reports based on those records to be furnished to DWD at the times and in the manner that DWD may require by rule or general order. An employer or insurer that fails to keep those records or to make those reports is subject to a forfeiture of not less than \$10 nor more than \$100 for each offense. This bill permits DWD to waive or reduce a forfeiture imposed for failure to keep those records or to make those reports if the employer or insurer requests a waiver or reduction of the forfeiture within 45 days after notice of the forfeiture is mailed to the employer or insurance company and shows that the violation was due to mistake or an absence of information.

Under current law, if an insurer cancels or terminates a worker's compensation insurance policy, the insurer must provide notice of the cancellation or termination to DWD or, if DWD so provides by rule, to the Wisconsin Compensation Rating Bureau (WCRB), which is a rate service organization licensed by the Commissioner of Insurance to establish worker's compensation premium rates. Currently, notice of cancellation or termination of a worker's compensation insurance policy may be served personally on DWD at its office in Madison or sent to DWD or WCRB by certified mail or facsimile machine transmission. This bill permits that notice, in addition, to be sent to DWD or WCRB by electronic mail or by any electronic, magnetic, or other medium approved by DWD.

For further information see the ***state and local*** fiscal estimate, which will be printed as an appendix to this bill.

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

- Insert*  
*5-1* →
- 1           **SECTION 1.** 102.13 (1) (b) (intro.) of the statutes is amended to read:
  - 2           102.13 (1) (b) (intro.) An employer or insurer who requests that an employee
  - 3 submit to reasonable examination under par. (a) or (am) shall tender to the employee,
  - 4 before the examination, all necessary expenses including transportation expenses.
  - 5 The employee is entitled to have a physician, chiropractor, psychologist, dentist,
  - 6 physician assistant, advanced practice nurse prescriber, or podiatrist provided by

physician assistant, advanced practice  
nurse prescriber,

1 himself or herself present at the examination and to receive a copy of all reports of  
 2 the examination that are prepared by the examining physician, chiropractor,  
 3 psychologist, podiatrist, dentist, or vocational expert immediately upon receipt of  
 4 those reports by the employer or worker's compensation insurer. The employee is  
 5 also entitled to have a translator provided by himself or herself present at the  
 6 examination if the employee has difficulty speaking or understanding the English  
 7 language. The employer's or insurer's written request for examination shall notify  
 8 the employee of all of the following:

Insert  
6-8 8

9 SECTION 2. 102.13 (1) (b) 3. of the statutes is amended to read:

10 102.13 (1) (b) 3. The employee's right to have his or her physician, chiropractor,  
 11 psychologist, dentist, physician assistant, advanced practice nurse prescriber, or  
 12 podiatrist present at the examination.

Insert  
6-12 12

13 SECTION 3. 102.13 (1) (d) 1. of the statutes is amended to read:

14 102.13 (1) (d) 1. Any physician, chiropractor, psychologist, dentist, podiatrist,  
 15 physician assistant, advanced practice nurse prescriber, or vocational expert who is  
 16 present at any examination under par. (a) or (am) may be required to testify as to the  
 17 results thereof of the examination.

18 SECTION 4. 102.13 (1) (d) 2. of the statutes is amended to read:

19 102.13 (1) (d) 2. Any physician, chiropractor, psychologist, dentist, physician  
 20 assistant, advanced practice nurse prescriber, or podiatrist who attended a worker's  
 21 compensation claimant for any condition or complaint reasonably related to the  
 22 condition for which the claimant claims compensation may be required to testify  
 23 before the department when it the department so directs.

24 SECTION 5. 102.13 (1) (d) 3. of the statutes is amended to read:

1           102.13 (1) (d) 3. Notwithstanding any statutory provisions except par. (e), any  
2           physician, chiropractor, psychologist, dentist, physician assistant, advanced  
3           practice nurse prescriber, or podiatrist attending a worker's compensation claimant  
4           for any condition or complaint reasonably related to the condition for which the  
5           claimant claims compensation may furnish to the employee, employer, worker's  
6           compensation insurer, or the department information and reports relative to a  
7           compensation claim.

8           **SECTION 6.** 102.13 (1) (d) 4. of the statutes is amended to read:

9           102.13 (1) (d) 4. The testimony of any physician, chiropractor, psychologist,  
10          dentist, physician assistant, advanced practice nurse prescriber, or podiatrist who  
11          is licensed to practice where he or she resides or practices in any state and the  
12          testimony of any vocational expert may be received in evidence in compensation  
13          proceedings.

14          **SECTION 7.** 102.13 (2) (a) of the statutes is amended to read:

15          102.13 (2) (a) An employee who reports an injury alleged to be work-related  
16          or files an application for hearing waives any physician-patient,  
17          psychologist-patient or chiropractor-patient privilege with respect to any condition  
18          or complaint reasonably related to the condition for which the employee claims  
19          compensation. Notwithstanding ss. 51.30 and 146.82 and any other law, any  
20          physician, chiropractor, psychologist, dentist, podiatrist, physician assistant,  
21          advanced practice nurse prescriber, hospital, or health care provider shall, within a  
22          reasonable time after written request by the employee, employer, worker's  
23          compensation insurer, or department or its representative, provide that person with  
24          any information or written material reasonably related to any injury for which the  
25          employee claims compensation.

1 SECTION 8. 102.13 (2) (b) of the statutes is amended to read:

2 102.13 (2) (b) A physician, chiropractor, podiatrist, psychologist, dentist,  
3 physician assistant, advanced practice nurse prescriber, hospital, or health service  
4 provider shall furnish a legible, certified duplicate of the written material requested  
5 under par. (a) upon payment of the actual costs of preparing the certified duplicate,  
6 not to exceed the greater of 45 cents per page or \$7.50 per request, plus the actual  
7 costs of postage. Any person who refuses to provide certified duplicates of written  
8 material in the person's custody that is requested under par. (a) shall be liable for  
9 reasonable and necessary costs and, notwithstanding s. 814.04 (1), reasonable  
10 attorney fees incurred in enforcing the requester's right to the duplicates under par.  
11 (a).

12 ~~SECTION 9. 102.13 (3) of the statutes is amended to read:~~

13 ~~102.13 (3) If 2 or more physicians, chiropractors, psychologists, dentists,~~  
14 ~~physician assistants, advanced practice nurse prescribers, or podiatrists disagree as~~  
15 ~~to the extent of an injured employee's temporary disability, the end of an employee's~~  
16 ~~healing period, an employee's ability to return to work at suitable available~~  
17 ~~employment, or the necessity for further treatment or for a particular type of~~  
18 ~~treatment, the department may appoint another, physician, chiropractor,~~  
19 ~~psychologist, dentist, physician assistant, advanced practice nurse prescriber, or~~  
20 ~~podiatrist to examine the employee and render an opinion as soon as possible. The~~  
21 ~~department shall promptly notify the parties of this appointment. If the employee~~  
22 ~~has not returned to work, payment for temporary disability shall continue until the~~  
23 ~~department receives the opinion. The employer or its insurance carrier or both shall~~  
24 ~~pay for the examination and opinion. The employer or insurance carrier or both shall~~



1 receive appropriate credit for any overpayment to the employee determined by the  
2 department after receipt of the opinion.

3 SECTION 10. 102.16 (2) (a) of the statutes is amended to read:

4 102.16 (2) (a) The Except as provided in this paragraph, the department has  
5 jurisdiction under this subsection, sub. (1m) (a), and s. 102.17 to resolve a dispute  
6 between a health service provider and an insurer or self-insured employer over the  
7 reasonableness of a fee charged by the health service provider for health services  
8 provided to an injured employee who claims benefits under this chapter. A health  
9 service provider may not submit a fee dispute to the department under this  
10 subsection before all treatment by the health service provider of the employee's  
11 injury has ended if the amount in controversy, whether based on a single charge or  
12 a combination of charges for one or more days of service, is less than \$25. After all  
13 treatment by a health service provider of an employee's injury has ended, the health  
14 service provider may submit any fee dispute to the department, regardless of the  
15 amount in controversy. The department shall deny payment of a health service fee  
16 that the department determines under this subsection, sub. (1m) (a), or s. 102.18 (1)  
17 (b) to be unreasonable.

18 (am) A health service provider and an insurer or self-insured employer that  
19 are parties to a fee dispute under this subsection are bound by the department's  
20 determination under this subsection on the reasonableness of the disputed fee,  
21 unless that determination is set aside on judicial review as provided in par. (f). A  
22 health service provider and an insurer or self-insured employer that are parties to  
23 a fee dispute under sub. (1m) (a) are bound by the department's determination under  
24 sub. (1m) (a) on the reasonableness of the disputed fee, unless that determination is  
25 set aside or modified by the department under sub. (1). An insurer or self-insured

1 employer that is a party to a fee dispute under s. 102.17 and a health service provider  
2 are bound by the department's determination under s. 102.18 (1) (b) on the  
3 reasonableness of the disputed fee, unless that determination is set aside, reversed,  
4 or modified by the department under s. 102.18 (3) or by the commission under s.  
5 102.18 (3) or (4) or is set aside on judicial review under s. 102.23.

6 **SECTION 11.** 102.16 (2) (d) of the statutes is amended to read:

7 102.16 (2) (d) The department shall analyze the information provided to the  
8 department under par. (c) according to the criteria provided in this paragraph to  
9 determine the reasonableness of the disputed fee. The department shall determine  
10 that a disputed fee is reasonable and order that the disputed fee be paid if that fee  
11 is at or below the mean fee for the health service procedure for which the disputed  
12 fee was charged, plus ~~1.5~~ 1.4 standard deviations from that mean, as shown by data  
13 from a database that is certified by the department under par. (h). The department  
14 shall determine that a disputed fee is unreasonable and order that a reasonable fee  
15 be paid if the disputed fee is above the mean fee for the health service procedure for  
16 which the disputed fee was charged, plus ~~1.5~~ 1.4 standard deviations from that mean,  
17 as shown by data from a database that is certified by the department under par. (h),  
18 unless the health service provider proves to the satisfaction of the department that  
19 a higher fee is justified because the service provided in the disputed case was more  
20 difficult or more complicated to provide than in the usual case.

21 **SECTION 12.** 102.16 (2) (f) of the statutes is amended to read:

22 102.16 (2) (f) The Within 30 days after a determination under this subsection,  
23 the department may set aside, reverse, or modify a determination under this  
24 subsection within 30 days after the date of the determination for any reason that the  
25 department considers sufficient. Within 60 days after a determination under this

1 subsection, the department may set aside, reverse, or modify the determination on  
2 grounds of mistake. A health service provider, insurer, or self-insured employer that  
3 is aggrieved by a determination of the department under this subsection may seek  
4 judicial review of that determination in the same manner that compensation claims  
5 are reviewed under s. 102.23.

6 **SECTION 13.** 102.16 (2m) (a) of the statutes is amended to read:

7 102.16 (2m) (a) The Except as provided in this paragraph, the department has  
8 jurisdiction under this subsection, sub. (1m) (b), and s. 102.17 to resolve a dispute  
9 between a health service provider and an insurer or self-insured employer over the  
10 necessity of treatment provided for an injured employee who claims benefits under  
11 this chapter. A health service provider may not submit a dispute over necessity of  
12 treatment to the department under this subsection before all treatment by the health  
13 service provider of the employee's injury has ended if the amount in controversy,  
14 whether based on a single charge or a combination of charges for one or more days  
15 of service, is less than \$25. After all treatment by a health service provider of an  
16 employee's injury has ended, the health service provider may submit any dispute  
17 over necessity of treatment to the department, regardless of the amount in  
18 controversy. The department shall deny payment for any treatment that the  
19 department determines under this subsection, sub. (1m) (b), or s. 102.18 (1) (b) to be  
20 unnecessary.

21 (am) A health service provider and an insurer or self-insured employer that  
22 are parties to a dispute under this subsection over the necessity of treatment are  
23 bound by the department's determination under this subsection on the necessity of  
24 that treatment, unless that determination is set aside on judicial review as provided  
25 in par. (e). A health service provider and an insurer or self-insured employer that

1 are parties to a dispute under sub. (1m) (b) over the necessity of treatment are bound  
2 by the department's determination under sub. (1m) (b) on the necessity of that  
3 treatment, unless that determination is set aside or modified by the department  
4 under sub. (1). An insurer or self-insured employer that is a party to a dispute under  
5 s. 102.17 over the necessity of treatment and a health service provider are bound by  
6 the department's determination under s. 102.18 (1) (b) on the necessity of that  
7 treatment, unless that determination is set aside, reversed or modified by the  
8 department under s. 102.18 (3) or by the commission under s. 102.18 (3) or (4) or is  
9 set aside on judicial review under s. 102.23.

10 **SECTION 14.** 102.16 (2m) (e) of the statutes is amended to read:

11 102.16 (2m) (e) The Within 30 days after a determination under this  
12 subsection, the department may set aside, reverse, or modify a determination under  
13 this subsection within 30 days after the date of the determination for any reason that  
14 the department considers sufficient. Within 60 days after a determination under  
15 this subsection, the department may set aside, reverse, or modify the determination  
16 on grounds of mistake. A health service provider, insurer, or self-insured employer  
17 that is aggrieved by a determination of the department under this subsection may  
18 seek judicial review of that determination in the same manner that compensation  
19 claims are reviewed under s. 102.23.

20 **SECTION 15.** 102.17 (1) (d) of the statutes is renumbered 102.17 (1) (d) 1. and  
21 amended to read:

22 102.17 (1) (d) 1. The contents of certified medical and surgical reports by  
23 physicians, podiatrists, surgeons, dentists, psychologists, physician assistants,  
24 advanced practice nurse prescribers, and chiropractors licensed in and practicing in  
25 this state, and of certified reports by experts concerning loss of earning capacity

1 under s. 102.44 (2) and (3), presented by a party for compensation constitute prima  
2 facie evidence as to the matter contained in ~~them~~ those reports, subject to any rules  
3 and limitations the department prescribes. Certified reports of physicians,  
4 podiatrists, surgeons, dentists, psychologists, physician assistants, advanced  
5 practice nurse prescribers, and chiropractors, wherever licensed and practicing, who  
6 have examined or treated the claimant, and of experts, if the practitioner or expert  
7 consents to ~~subject himself or herself~~ being subjected to cross-examination also  
8 constitute prima facie evidence as to the matter contained in ~~them~~ those reports.  
9 Certified reports of physicians, podiatrists, surgeons, psychologists, and  
10 chiropractors are admissible as evidence of the diagnosis, necessity of the treatment,  
11 and cause and extent of the disability. Certified reports by doctors of dentistry,  
12 physician assistants, and advanced practice nurse prescribers are admissible as  
13 evidence of the diagnosis and necessity ~~for~~ of treatment but not of the cause and  
14 extent of disability. Any physician, podiatrist, surgeon, dentist, psychologist,  
15 chiropractor, physician assistant, advanced practice nurse prescriber, or expert who  
16 knowingly makes a false statement of fact or opinion in such a certified report may  
17 be fined or imprisoned, or both, under s. 943.395.

18 2. The record of a hospital or sanatorium in this state ~~operated by any~~  
19 ~~department or agency of the federal or state government or by any municipality, or~~  
20 ~~of any other hospital or sanatorium in this state which~~ that is satisfactory to the  
21 department, established by certificate, affidavit, or testimony of the supervising  
22 officer ~~or of the hospital or sanatorium~~, any other person having charge of such  
23 records the record, or of a physician, podiatrist, surgeon, dentist, psychologist,  
24 physician assistant, advanced practice nurse prescriber, or chiropractor to be the  
25 record of the patient in question, and made in the regular course of examination or

1 treatment of such the patient, constitutes prima facie evidence in ~~any worker's~~  
 2 ~~compensation proceeding~~ as to the matter contained in it the record, to the extent  
 3 that it the record is otherwise competent and relevant.

4 3. The department may, by rule, establish the qualifications of and the form  
 5 used for certified reports submitted by experts who provide information concerning  
 6 loss of earning capacity under s. 102.44 (2) and (3). The department may not admit  
 7 into evidence a certified report of a practitioner or other expert or a record of a  
 8 hospital or sanatorium that was not filed with the department and all parties in  
 9 interest at least 15 days before the date of the hearing, unless the department is  
 10 satisfied that there is good cause for the failure to file the report.

11 ~~SECTION 16. 102.17 (1) (e) of the statutes is amended to read:~~

12 ~~102.17 (1) (e) The department may, with or without notice to any party, cause~~  
 13 ~~testimony to be taken, an inspection of the premises where the injury occurred to be~~  
 14 ~~made, or the time books and payrolls of the employer to be examined by any~~  
 15 ~~examiner, and may direct any employee claiming compensation to be examined by~~  
 16 ~~a physician, chiropractor, psychologist, dentist, physician assistant, advanced~~  
 17 ~~practice nurse prescriber, or podiatrist. The testimony so taken, and the results of~~  
 18 ~~any such inspection or examination, shall be reported to the department for its~~  
 19 ~~consideration upon final hearing. All ex parte testimony taken by the department~~  
 20 ~~shall be reduced to writing, and any party shall have opportunity to rebut that~~  
 21 ~~testimony on final hearing.~~

22 SECTION 17. 102.17 (1) (g) of the statutes is amended to read:

23 102.17 (1) (g) Whenever the testimony presented at any hearing indicates a  
 24 dispute, ~~or is such as to create~~ or creates a doubt as to the extent or cause of disability  
 25 or death, the department may direct that the injured employee be examined ~~or, that~~

1 an autopsy be performed, or that an opinion of a physician, chiropractor, dentist,  
2 psychologist or podiatrist be obtained without examination or autopsy, by or from an  
3 impartial, competent physician, chiropractor, dentist, psychologist, physician  
4 ~~assistant, advanced practice nurse prescriber~~ or podiatrist designated by the  
5 department who is not under contract with or regularly employed by a compensation  
6 insurance carrier or self-insured employer. The expense of such the examination,  
7 autopsy, or opinion shall be paid by the employer or, if the employee claims  
8 compensation under s. 102.81, from the uninsured employers fund. The report of  
9 such the examination, autopsy, or opinion shall be transmitted in writing to the  
10 department and a copy ~~thereof~~ of the report shall be furnished by the department to  
11 each party, who shall have an opportunity to rebut such report on further hearing.

12 **SECTION 18.** 102.18 (1) (e) of the statutes is amended to read:

13 102.18 (1) (e) Except as provided in s. 102.21, if the department orders a party  
14 to pay an award of compensation, the party shall pay the award no later than 21 days  
15 after the date on which the order is mailed to the last-known address of the party,  
16 unless a the party files a petition for review under sub. (3). This paragraph applies  
17 to all awards of compensation ordered by the department, whether the award results  
18 from a hearing, the default of a party, or a compromise or stipulation confirmed by  
19 the department.

20 **SECTION 19.** 102.29 (3) of the statutes is amended to read:

21 102.29 (3) Nothing in this chapter shall prevent an employee from taking the  
22 compensation ~~he or she~~ that the employee may be entitled to under it this chapter  
23 and also maintaining a civil action against any physician, chiropractor, psychologist,  
24 dentist, physician assistant, advanced practice nurse prescriber, or podiatrist for  
25 malpractice.

1           **SECTION 20.** 102.31 (2) (a) of the statutes is amended to read:

2           102.31 (2) (a) No party to a contract of insurance may cancel it the contract  
3 within the contract period or terminate or not renew it the contract upon the  
4 expiration date until a notice in writing is given to the other party fixing the proposed  
5 date of cancellation or declaring that the party intends to terminate or does not  
6 intend to renew the policy upon expiration. Except as provided in par. (b), when an  
7 insurance company does not renew a policy upon expiration, the nonrenewal is not  
8 effective until 60 days after the insurance company has given written notice of the  
9 nonrenewal to the insured employer and the department. Cancellation or  
10 termination of a policy by an insurance company for any reason other than  
11 nonrenewal is not effective until 30 days after the insurance company has given  
12 written notice of the cancellation or termination to the insured employer and the  
13 department. Notice to the department may be given ~~either~~ by personal service of the  
14 notice upon the department at its office in Madison ~~or~~, by sending the notice by  
15 ~~facsimile machine transmission or~~ certified mail addressed to the department at its  
16 office in Madison, or by transmitting the notice to the department at its office in  
17 Madison by facsimile machine transmission, electronic mail, or any electronic,  
18 magnetic, or other medium approved by the department. The department may  
19 provide by rule that the notice of cancellation or termination be given ~~by certified~~  
20 ~~mail or facsimile machine transmission~~ to the Wisconsin compensation rating  
21 bureau rather than to the department and that the notice of cancellation or  
22 termination be given to the Wisconsin compensation rating bureau by certified mail,  
23 facsimile machine transmission, electronic mail, or other medium approved by the  
24 department after consultation with the Wisconsin compensation rating bureau.  
25 Whenever the Wisconsin compensation rating bureau receives such a notice of



1 cancellation or termination it shall immediately notify the department of the notice  
2 of cancellation or termination.

3 SECTION 21. 102.32 (6) of the statutes is renumbered 102.32 (6) (a) and  
4 amended to read:

5 102.32 (6) (a) If compensation is due for permanent disability following an  
6 injury or if death benefits are payable, payments shall be made to the employee or  
7 dependent on a monthly basis. ~~Compensation for permanent disability that results~~  
8 ~~from an injury for which as provided in pars. (b) to (e).~~

9 (b) Subject to par. (d), if the employer or the employer's insurer concedes  
10 liability and that is for an injury that results in permanent disability and if the extent  
11 of the permanent disability can be determined based on a minimum permanent  
12 disability rating promulgated by the department by rule, compensation for  
13 permanent disability shall begin within 30 days after the end of the employee's  
14 healing period or.

15 (c) Subject to par. (d), if the employer or the employer's insurer concedes  
16 liability for an injury that results in permanent disability, but the extent of the  
17 permanent disability cannot be determined without a medical report that provides  
18 the basis for a minimum permanent disability rating, compensation for permanent  
19 disability shall begin within 30 days after the employer or the employer's insurer  
20 receives a medical report that provides a permanent disability rating, whichever is  
21 later. Compensation for permanent disability that results from an injury for which  
22 the employer or the employer's insurer does not concede liability or that is based on  
23 a permanent disability rating that is above a minimum permanent disability rating  
24 promulgated by the department by rule shall begin within the later of those 30-day  
25 periods unless within the later of those 30-day periods the employer or insurer

1 ~~notifies the employee that the employer or insurer is requesting an examination~~  
2 ~~under s. 102.13 (1) (a), in which case compensation for permanent disability shall~~  
3 ~~begin within 30 days after the employer or insurer receives the report of the~~  
4 ~~examination or within 90 days after the date of the request for the examination,~~  
5 ~~whichever is earlier.~~

6 (e) Payments for permanent disability, including payments based on minimum  
7 permanent disability ratings promulgated by the department by rule, shall continue  
8 on a monthly basis and shall accrue and be payable between intermittent periods of  
9 temporary disability so long as the employer or insurer knows the nature of the  
10 permanent disability.

11 **SECTION 22.** 102.32 (6) (d) of the statutes is created to read:

12 102.32 (6) (d) The department shall promulgate rules for determining when  
13 compensation for permanent disability shall begin in cases in which the employer or  
14 the employer's insurer concedes liability, but disputes the extent of permanent  
15 disability.

16 **SECTION 23.** 102.32 (6m) of the statutes is amended to read:

17 102.32 (6m) The department may direct an advance on a payment of unaccrued  
18 compensation for permanent disability or death benefits if the department  
19 determines that the advance payment is in the best interest of the injured employee  
20 or the employee's dependents. In directing the advance, the department shall give  
21 the employer or the employer's insurer an interest credit against its liability. The  
22 credit shall be computed at 7%.

23 **SECTION 24.** 102.35 (1) of the statutes is amended to read:

24 102.35 (1) Every employer and every insurance company that fails to keep the  
25 records or to make the reports required by this chapter or that knowingly falsifies

1 such records or makes false reports shall forfeit to the state not less than \$10 nor  
2 more than \$100 for each offense. The department may waive or reduce a forfeiture  
3 imposed under this subsection if the employer or insurance company that violated  
4 this subsection requests a waiver or reduction of the forfeiture within 45 days after  
5 notice of the forfeiture is mailed to the employer or insurance company and shows  
6 that the violation was due to mistake or an absence of information.

7 **SECTION 25.** 102.42 (2) (a) of the statutes is amended to read:

8 102.42 (2) (a) ~~Where~~ When the employer has notice of an injury and its  
9 relationship to the employment, the employer shall offer to the injured employee his  
10 or her choice of any physician, chiropractor, psychologist, dentist, physician  
11 assistant, advanced practice nurse prescriber, or podiatrist licensed to practice and  
12 practicing in this state for treatment of the injury. By mutual agreement, the  
13 employee may have the choice of any qualified practitioner not licensed in this state.  
14 In case of emergency, the employer may arrange for treatment without tendering a  
15 choice. After the emergency has passed the employee shall be given his or her choice  
16 of attending practitioner at the earliest opportunity. The employee has the right to  
17 a 2nd choice of attending practitioner on notice to the employer or its insurance  
18 carrier. Any further choice shall be by mutual agreement. Partners and clinics are  
19 ~~deemed~~ considered to be one practitioner. Treatment by a practitioner on referral  
20 from another practitioner is ~~deemed~~ considered to be treatment by one practitioner.

21 **SECTION 26.** 102.44 (1) (intro.) of the statutes is amended to read:

22 102.44 (1) (intro.) Notwithstanding any other provision of this chapter, every  
23 employee who is receiving compensation under this chapter for permanent total  
24 disability or continuous temporary total disability more than 24 months after the  
25 date of injury resulting from an injury which occurred prior to ~~January 1, 1978,~~ May

1 13, 1980, shall receive supplemental benefits which shall be payable in the first  
2 instance by the employer or the employer's insurance carrier, or in the case of  
3 benefits payable to an employee under s. 102.66, shall be paid by the department out  
4 of the fund created under s. 102.65. These supplemental benefits shall be paid only  
5 for weeks of disability occurring after January 1, ~~1980~~ 1982, and shall continue  
6 during the period of such total disability subsequent to that date.

7 **SECTION 27.** 102.44 (1) (a) of the statutes is amended to read:

8 102.44 (1) (a) If such employee is receiving the maximum weekly benefits in  
9 effect at the time of the injury, the supplemental benefit for a week of disability  
10 occurring after January 1, ~~2002~~ 2004, shall be an amount which, when added to the  
11 regular benefit established for the case, shall equal ~~\$202~~ \$233.

12 **SECTION 28.** 102.44 (1) (b) of the statutes is amended to read:

13 102.44 (1) (b) If such employee is receiving a weekly benefit which is less than  
14 the maximum benefit which was in effect on the date of the injury, the supplemental  
15 benefit for a week of disability occurring after January 1, ~~2002~~ 2004, shall be an  
16 amount sufficient to bring the total weekly benefits to the same proportion of ~~\$202~~  
17 \$233 as the employee's weekly benefit bears to the maximum in effect on the date of  
18 injury.

19 **SECTION 29.** 102.49 (5) (a) of the statutes is amended to read:

20 102.49 (5) (a) In each case of injury resulting in death, the employer or insurer  
21 shall pay into the state treasury the sum of ~~\$5,000~~ \$10,000.

22 **SECTION 30.** 102.59 (2) of the statutes is amended to read:

23 102.59 (2) In the case of the loss or of the total impairment of a hand, arm, foot,  
24 leg, or eye, the employer shall pay ~~\$7,000~~ \$10,000 into the state treasury. The  
25 payment shall be made in all such cases regardless of whether the employee, or the

1 employee's dependent or personal representative commences action against a 3rd  
2 party as provided in s. 102.29.

3 **SECTION 31.** 102.81 (1) (a) of the statutes is amended to read:

4 102.81 (1) (a) If an employee of an uninsured employer, other than an employee  
5 who is eligible to receive alternative benefits under s. 102.28 (3), suffers an injury for  
6 which the uninsured employer is liable under s. 102.03, the department or the  
7 department's reinsurer shall pay to or on behalf of the injured employee or to the  
8 employee's dependents an amount equal to the compensation owed them by the  
9 uninsured employer under this chapter except penalties and interest due under ss.  
10 102.16 (3), 102.18 (1) (b) and (bp), 102.22 (1), 102.35 (3), 102.57, and 102.60.

11 **SECTION 32.** 102.82 (1) of the statutes is amended to read:

12 102.82 (1) An uninsured employer shall reimburse the department for any  
13 payment made under s. 102.81 (1) to or on behalf of an employee of the uninsured  
14 employer or to an employee's dependents and for any expenses paid by the  
15 department in administering the claim of the employee or dependents, less amounts  
16 repaid by the employee or dependents under s. 102.81 (4) (b). The reimbursement  
17 owed under this subsection is due within 30 days after the date on which the  
18 department notifies the uninsured employer that the reimbursement is owed.  
19 Interest shall accrue on amounts not paid when due at the rate of 1% per month.

20 **SECTION 33. Initial applicability.**

21 (1) FEE DISPUTES AND NECESSITY OF TREATMENT DISPUTES.

22 (a) The treatment of section 102.16 (2) (a) and (d) and (2m) (a) of the statutes  
23 first applies to fee disputes and necessity of treatment disputes submitted to the  
24 department of workforce development on the effective date of this paragraph.

1           (b) The treatment of section 102.16 (2) (f) and (2m) (e) of the statutes first  
2 applies to fee dispute and necessity of treatment dispute determinations made by the  
3 department of workforce development 30 days before the effective date of this  
4 paragraph.

5           (2) PAYMENT OF AWARDS. The treatment of section 102.18 (1) (e) of the statutes  
6 first applies to orders awarding worker's compensation mailed to a party on the  
7 effective date of this subsection.

8           (3) PERMANENT DISABILITY PAYMENTS. The renumbering and amendment of  
9 section 102.32 (6) of the statutes and the treatment of section 102.32 (6m) of the  
10 statutes first apply to compensation for permanent disability that becomes due on  
11 the effective date of this subsection.

12           **SECTION 34. Effective date.**

13           (1) This act takes effect on January 1, 2004, or on the day after publication,  
14 whichever is later.

15

(END)

Insert A

as follows: ✓

¶ 1. The bill does not permit DWD to appoint  
a physician assistant or an advanced practice nurse  
prescriber to examine an injured employee and render  
an opinion, if two or more practitioners disagree as to  
the extent of the employee's temporary disability, the  
end of the employee's healing period, the employee's  
ability to return to work, or the necessity of further  
treatment or for a particular type of treatment.

¶ 2. The bill does not permit DWD to direct that  
by that an autopsy be performed or that an opinion be obtained  
an injured employee be examined ~~by~~ a physician  
assistant or an advanced practice nurse prescriber, if  
the testimony at a hearing indicates a dispute  
or creates a doubt as to the extent or cause of an  
employee's disability or death.

¶ 3. The

(end of insert)

Insert 5-1

↑ physician assistant, advanced practice nurse prescribers

SEC AM, 102.13 (1) (a)

102.13 Examination; competent witnesses; exclusion of evidence; autopsy. (1) (a) Except as provided in sub. (4), whenever compensation is claimed by an employee, the employee shall, upon the written request of the employee's employer or worker's compensation insurer, submit to reasonable examinations by physicians, chiropractors, psychologists, dentists or podiatrists provided and paid for by the employer or insurer. No employee who submits to an examination under this paragraph is a patient of the examining physician, chiropractor, psychologist, dentist or podiatrist for any purpose other than for the purpose of bringing an action under ch. 655, unless the employee specifically requests treatment from that physician, chiropractor, psychologist, dentist or podiatrist.

↑ physician assistant, advanced practice nurse prescribers

(see 102.13)

(ed & insert)



Insert 6-8

SEC # Am; 102.13 (1) (b) 10

102.13 (1) (b)

the proposed date, time and place of the examination and the identity and area of specialization of the examining physician, chiropractor, psychologist, dentist, podiatrist or vocational expert.

↑ physician assistant, advanced practice nurse  
prescriber

(ed & insst)

Insert 6-12

↑ Physician assistants, advanced

practice nurse prescribers

SEC # AM 102013 (1) (b) 40

(B)

102-13 (1) (b)

4. The employee's right to receive a copy of all reports of the examination that are prepared by the examining physician, chiropractor, psychologist, dentist, podiatrist or vocational expert immediately upon receipt of these reports by the employer or worker's compensation insurer.

## Malaise, Gordon

---

**From:** Malaise, Gordon  
**Sent:** Wednesday, October 15, 2003 11:34 AM  
**To:** O'Malley, Jim  
**Subject:** RE:

Jim:

I see the problem. The paragraph about the standard deviations I will insert after the first paragraph under Reasonableness of Fees.

As for the work injury supplemental benefit fund, I was quoting from s. 102.44 (1), but that language only implicates the WISBF in the limited situation in which supplemental benefits would otherwise be payable.

I propose that instead of referencing supplemental benefits payable by the employer or insurer in the first instance, the analysis should quote from s. 102.66 (1) and (2) as follows:

"Under current law, if an otherwise meritorious claim is barred by the statute of limitations, if the status or existence of the employer or insurer cannot be determined, or if there is otherwise no adequate remedy, DWD, in lieu of worker's compensation benefits, may direct payment from the work injury supplemental benefit fund of such compensation and such medical expenses as would otherwise be due to or on behalf of of the injured employee. The WISBF consists of . .  
.."

-----Original Message-----

**From:** O'Malley, Jim  
**Sent:** Wednesday, October 15, 2003 9:56 AM  
**To:** Malaise, Gordon  
**Subject:**

The language for the amendments to Chapter 102 in the last draft is good.

I have two (2) comments about the analysis.

The last paragraph on page 2 is covers the reduction in the standard deviations from 1.5 to 1.4. This is related to how reasonableness of fee disputes are decided rather than payment of benefits. Would you consider moving the heading, " Reasonableness of fees and necessity of treatment disputes" ahead one paragraph to page 2?

The second comment is about the last paragraph on page 3 covering supplemental benefits. I suggest deleting the reference to an otherwise meritorious claim barred by the statute of limitations, if the status or existence of the employer insurer cannot be determined and if there is no adequate remedy, because these relate to barred claims payable from the Work Injury Supplemental Benefit Fund and not supplemental benefits. I suggest the following; " Under current law, those supplemental benefits are payable in the first instance by the employer or insurer with reimbursement by DWD from the .....

Let me know if you have any questions or comments.

## Malaise, Gordon

---

**From:** O'Malley, Jim  
**Sent:** Wednesday, October 15, 2003 9:56 AM  
**To:** Malaise, Gordon

The language for the amendments to Chapter 102 in the last draft is good.

I have two (2) comments about the analysis.

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..... "

Let me know if you have any questions or comments.



State of Wisconsin  
2003 ~~2004~~ LEGISLATURE

~~10/16~~ Today  
(p 2, & 3 only)

LRB-3006/T  
GMM:wlj:ch

2  
RMR

2003 BILL

REGEN

1 AN ACT *to renumber and amend* 102.17 (1) (d) and 102.32 (6); *to amend* 102.13  
2 (1) (a), 102.13 (1) (b) (intro.), 102.13 (1) (b) 1., 102.13 (1) (b) 3., 102.13 (1) (b) 4.,  
3 102.13 (1) (d) 1., 102.13 (1) (d) 2., 102.13 (1) (d) 3., 102.13 (1) (d) 4., 102.13 (2)  
4 (a), 102.13 (2) (b), 102.16 (2) (a), 102.16 (2) (d), 102.16 (2) (f), 102.16 (2m) (a),  
5 102.16 (2m) (e), 102.17 (1) (g), 102.18 (1) (e), 102.29 (3), 102.31 (2) (a), 102.32  
6 (6m), 102.35 (1), 102.42 (2) (a), 102.44 (1) (intro.), 102.44 (1) (a), 102.44 (1) (b),  
7 102.49 (5) (a), 102.59 (2), 102.81 (1) (a) and 102.82 (1); and *to create* 102.32 (6)  
8 (d) of the statutes; **relating to:** making various changes in the worker's  
9 compensation law and granting rule-making authority.

---

*Analysis by the Legislative Reference Bureau*

This bill makes various changes relating to the worker's compensation law, as administered by the Department of Workforce Development (DWD).

***Payment of benefits***

Current law requires a party that has been ordered to pay an award of worker's compensation to pay the award within 21 days after DWD mails a copy of the order to the party's last-known address, unless *any* party files a petition for review of the decision. This bill requires a party that has been ordered to pay an award of worker's

**BILL**

compensation to pay the award within those 21 days, unless *that* party files a petition for review of the decision.

Current law requires worker's compensation for permanent disability that results from an injury for which the employer or insurer concedes liability and that is based on a minimum permanent disability rating promulgated by DWD by rule to begin within 30 days after the end of the employee's healing period or within 30 days after the employer or insurer receives a medical report that provides a permanent disability rating, whichever is later. Current law also requires worker's compensation for permanent disability that results from an injury for which the employer or insurer does not concede liability or that is based on a permanent disability rating that is above a minimum permanent disability rating promulgated by DWD by rule to begin within the later of those 30-day periods, unless the employer or insurer requests the employee to undergo an independent medical examination, in which case that compensation must begin within 30 days after the employer or insurer receives a report of the examination or within 90 days after the date of the request for examination, whichever is earlier.

This bill eliminates those payment requirements and instead requires worker's compensation for permanent disability to begin as follows:

1. Within 30 days after the end of the employee's healing period, if the employer or insurer concedes liability for the injury and if the extent of the permanent disability can be determined based on a minimum permanent disability rating promulgated by DWD by rule.

2. Within 30 days after the employer or insurer receives a medical report that provides a basis for a permanent disability rating, if the employer or insurer concedes liability for the injury, but the extent of the permanent disability cannot be determined without a medical report that provides the basis for a permanent disability rating.

3. According to rules promulgated by DWD in cases in which the employer or insurer concedes liability for the injury but disputes the extent of permanent disability.

Under current law, DWD may direct an employer or an employer's insurer to pay unaccrued compensation or death benefits to an injured employee or the employee's dependents in advance if DWD determines that the advance payment is in the best interest of the injured employee or the employee's dependents. This bill specifies that DWD may direct advance payment of death benefits or of unaccrued compensation *for permanent disability*.

Under current law, DWD is required to determine the reasonableness of a disputed fee by comparing the disputed fee to the mean fee for the procedure for which the disputed fee was charged, as shown by data from a database certified by DWD. If the disputed fee is at or below the mean fee, plus 1.5 standard deviations from that mean, DWD shall determine that the disputed fee is reasonable and order the fee to be paid. If the disputed fee is above the mean fee, plus 1.5 standard deviations from that mean, DWD shall determine that the disputed fee is unreasonable and order that a reasonable fee be paid, unless the health service provider proves that a higher fee is justified. This bill lowers the standard deviations

Move to  
A 3

**BILL**

used to determine the reasonableness of a disputed health service fee to 1.4 standard deviations from the mean.

***Reasonableness of fees and necessity of treatment disputes***

Under current law, DWD has jurisdiction to resolve a dispute between a health service provider and an insurer or self-insured employer over the reasonableness of any health service fee charged by the health service provider for services provided to an injured employee who claims worker's compensation benefits or over the necessity of any treatment provided to the employee. This bill prohibits a health service provider from submitting a fee dispute or a dispute over necessity of treatment to DWD before all treatment by the health service provider for the employee's injury has ended if the amount in controversy, whether based on a single charge or a combination of charges for one or more days of service, is less than \$25. After all treatment has ended, a health service provider may submit any fee dispute or dispute over necessity of treatment to DWD, regardless of the amount in controversy.

insert  
paragraph  
from  
pp 2+3

Under current law, DWD may set aside, reverse, or modify a determination as to the reasonableness of a health service fee charged by a health service provider for services provided to an injured employee who claims worker's compensation benefits or as to the necessity of any treatment provided to such an employee within 30 days after the determination. This bill permits DWD to set aside, reverse, or modify a reasonableness of fee or necessity of treatment determination within 60 days after the determination on the grounds of mistake.

***Supplemental benefits; disability or death payments***

Under current law, temporary and permanent disability benefits are subject to maximum weekly compensation rates specified in statute. Currently, an injured employee who is receiving the maximum weekly benefit in effect at the time of the injury for permanent total disability or continuous temporary total disability resulting from an injury that occurred before January 1, 1978, is entitled to receive supplemental benefits in an amount that, when added to the employee's regular benefits, equals \$202. This bill makes an employee who is injured prior to May 13, 1980, eligible for those supplemental benefits. The bill also increases the supplemental benefit amount for a week of disability occurring after January 1, 2004, to an amount that, when added to the employee's regular benefits, equals \$233.

Under current law, ~~those supplemental benefits are payable in the first instance by the employer or insurer, except that, if an otherwise meritorious claim is barred by the statute of limitations, if the status or existence of the employer or insurer cannot be determined, or if there is otherwise no adequate remedy, those supplemental benefits are payable by DWD~~ from the work injury supplemental benefit fund, which consists of moneys that an employer or insurer is required to pay into the state treasury in cases of injuries resulting in death or in the loss or total impairment of a hand, arm, foot, leg, or eye. Specifically, current law requires an employer to pay into the state treasury \$5,000 in each case of injury resulting in death and \$7,000 in each case of injury resulting in the loss or total impairment of a hand, arm, foot, leg, or eye. This bill increases those amounts to \$10,000.

work injury supplemental benefit fund

of such compensation and such medical expenses as would otherwise be due to or on behalf of the injured employee. The work injury supplemental benefit fund

in lieu of worker's compensation benefits, may direct payment

**BILL*****Examinations and treatment***

Under current law, whenever an employee claims worker's compensation, the employee must, on the request of his or her employer or the employer's worker's compensation carrier, submit to reasonable examinations by physicians, chiropractors, psychologists, dentists, or podiatrists (practitioners) provided and paid for by the employer or insurer. Currently, an employee is entitled to have a practitioner provided by himself or herself present at the examination and to receive a copy of all reports of the examination. Also, under current law, if two or more practitioners disagree as to the extent of an injured employee's temporary disability, the end of the employee's healing period, the employee's ability to return to work, or the necessity of further treatment or for a particular type of treatment, DWD may appoint another practitioner to examine the employee and render an opinion. In addition, under current law, a certified report of a practitioner who has examined or treated an injured employee is admissible as evidence of the diagnosis, the necessity of treatment, and the cause and extent of disability of the injured employee, except that a certified report of a dentist is admissible as evidence of the diagnosis and the necessity of treatment, but not of the cause and extent of disability, of the injured employee. Furthermore, under current law, if the testimony presented at a hearing indicates a dispute or creates a doubt as to the extent or cause of an employee's disability or death, DWD may direct that the injured employee be examined, that an autopsy be performed, or that an opinion be obtained by an impartial, competent practitioner. Finally, under current law, subject to certain exceptions, when an employer has notice of an employee's injury and its relationship to the employee's employment, the employer must offer to the employee his or her choice of any practitioner licensed to practice in this state and practicing in this state for treatment of the injury.

This bill includes physician assistants and advanced practice nurse prescribers among the practitioners to which the provisions of current law relating to examination and treatment of an injured employee apply, except as follows:

1. The bill does not permit DWD to appoint a physician assistant or an advanced practice nurse prescriber to examine an injured employee and render an opinion, if two or more practitioners disagree as to the extent of the employee's temporary disability, the end of the employee's healing period, the employee's ability to return to work, or the necessity of further treatment or for a particular type of treatment.

2. The bill does not permit DWD to direct that an injured employee be examined by, that an autopsy be performed by, or that an opinion be obtained from a physician assistant or an advanced practice nurse prescriber, if the testimony at a hearing indicates a dispute or creates a doubt as to the extent or cause of an employee's disability or death.

3. The bill provides that a certified report of a physician assistant or an advanced practice nurse prescriber who has examined or treated an injured employee is admissible as evidence of the diagnosis and necessity of treatment, but not of the cause and extent of disability, of the injured employee.



**BILL**

Under current law, a physician assistant is a person licensed to provide medical care with physician supervision and direction, and an advanced practice nurse prescriber is an advanced practice nurse who is certified to prescribe drugs.

***Uninsured employer payments***

Under current law, if an employee of an employer that is not insured or self-insured as required by the worker's compensation law suffers an injury for which the employer is liable under that law, DWD or a reinsurer retained by DWD must pay to the injured employee or the employee's dependents benefits in an amount equal to the worker's compensation that is owed by the uninsured employer, and the uninsured employer must reimburse DWD for the amount of benefits paid, less any amounts that the employee repays DWD from any compensation recovered from the uninsured employer or a third party. This bill requires an uninsured employer, in addition, to reimburse DWD for any expenses paid by DWD in administering the employee's claim.

***Program administration***

Current law requires employers that are subject to the worker's compensation law to keep records of all accidents causing death or disability of an employee while performing services growing out of and incidental to the employee's employment; requires insurers and self-insured employers to keep records of all payments made under the worker's compensation law; and requires reports based on those records to be furnished to DWD at the times and in the manner that DWD may require by rule or general order. An employer or insurer that fails to keep those records or to make those reports is subject to a forfeiture of not less than \$10 nor more than \$100 for each offense. This bill permits DWD to waive or reduce a forfeiture imposed for failure to keep those records or to make those reports if the employer or insurer requests a waiver or reduction of the forfeiture within 45 days after notice of the forfeiture is mailed to the employer or insurance company and shows that the violation was due to mistake or an absence of information.

Under current law, if an insurer cancels or terminates a worker's compensation insurance policy, the insurer must provide notice of the cancellation or termination to DWD or, if DWD so provides by rule, to the Wisconsin Compensation Rating Bureau (WCRB), which is a rate service organization licensed by the Commissioner of Insurance to establish worker's compensation premium rates. Currently, notice of cancellation or termination of a worker's compensation insurance policy may be served personally on DWD at its office in Madison or sent to DWD or WCRB by certified mail or facsimile machine transmission. This bill permits that notice, in addition, to be sent to DWD or WCRB by electronic mail or by any electronic, magnetic, or other medium approved by DWD.

For further information see the ***state and local*** fiscal estimate, which will be printed as an appendix to this bill.

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

**BILL**

1           **SECTION 1.** 102.13 (1) (a) of the statutes is amended to read:

2           102.13 (1) (a) Except as provided in sub. (4), whenever compensation is claimed  
3 by an employee, the employee shall, upon the written request of the employee's  
4 employer or worker's compensation insurer, submit to reasonable examinations by  
5 physicians, chiropractors, psychologists, dentists, physician assistants, advanced  
6 practice nurse prescribers, or podiatrists provided and paid for by the employer or  
7 insurer. No employee who submits to an examination under this paragraph is a  
8 patient of the examining physician, chiropractor, psychologist, dentist, physician  
9 assistant, advanced practice nurse prescriber, or podiatrist for any purpose other  
10 than for the purpose of bringing an action under ch. 655, unless the employee  
11 specifically requests treatment from that physician, chiropractor, psychologist,  
12 dentist, physician assistant, advanced practice nurse prescriber, or podiatrist.

13           **SECTION 2.** 102.13 (1) (b) (intro.) of the statutes is amended to read:

14           102.13 (1) (b) (intro.) An employer or insurer who requests that an employee  
15 submit to reasonable examination under par. (a) or (am) shall tender to the employee,  
16 before the examination, all necessary expenses including transportation expenses.  
17 The employee is entitled to have a physician, chiropractor, psychologist, dentist,  
18 physician assistant, advanced practice nurse prescriber, or podiatrist provided by  
19 himself or herself present at the examination and to receive a copy of all reports of  
20 the examination that are prepared by the examining physician, chiropractor,  
21 psychologist, podiatrist, dentist, physician assistant, advanced practice nurse  
22 prescriber, or vocational expert immediately upon receipt of those reports by the  
23 employer or worker's compensation insurer. The employee is also entitled to have  
24 a translator provided by himself or herself present at the examination if the  
25 employee has difficulty speaking or understanding the English language. The

**BILL**

1 employer's or insurer's written request for examination shall notify the employee of  
2 all of the following:

3 **SECTION 3.** 102.13 (1) (b) 1. of the statutes is amended to read:

4 102.13 (1) (b) 1. The proposed date, time, and place of the examination and the  
5 identity and area of specialization of the examining physician, chiropractor,  
6 psychologist, dentist, podiatrist, physician assistant, advanced practice nurse  
7 prescriber, or vocational expert.

8 **SECTION 4.** 102.13 (1) (b) 3. of the statutes is amended to read:

9 102.13 (1) (b) 3. The employee's right to have his or her physician, chiropractor,  
10 psychologist, dentist, physician assistant, advanced practice nurse prescriber, or  
11 podiatrist present at the examination.

12 **SECTION 5.** 102.13 (1) (b) 4. of the statutes is amended to read:

13 102.13 (1) (b) 4. The employee's right to receive a copy of all reports of the  
14 examination that are prepared by the examining physician, chiropractor,  
15 psychologist, dentist, podiatrist, physician assistant, advanced practice nurse  
16 prescriber, or vocational expert immediately upon receipt of these reports by the  
17 employer or worker's compensation insurer.

18 **SECTION 6.** 102.13 (1) (d) 1. of the statutes is amended to read:

19 102.13 (1) (d) 1. Any physician, chiropractor, psychologist, dentist, podiatrist,  
20 physician assistant, advanced practice nurse prescriber, or vocational expert who is  
21 present at any examination under par. (a) or (am) may be required to testify as to the  
22 results thereof of the examination.

23 **SECTION 7.** 102.13 (1) (d) 2. of the statutes is amended to read:

24 102.13 (1) (d) 2. Any physician, chiropractor, psychologist, dentist, physician  
25 assistant, advanced practice nurse prescriber, or podiatrist who attended a worker's

**BILL**

1 compensation claimant for any condition or complaint reasonably related to the  
2 condition for which the claimant claims compensation may be required to testify  
3 before the department when it the department so directs.

4 **SECTION 8.** 102.13 (1) (d) 3. of the statutes is amended to read:

5 102.13 (1) (d) 3. Notwithstanding any statutory provisions except par. (e), any  
6 physician, chiropractor, psychologist, dentist, physician assistant, advanced  
7 practice nurse prescriber, or podiatrist attending a worker's compensation claimant  
8 for any condition or complaint reasonably related to the condition for which the  
9 claimant claims compensation may furnish to the employee, employer, worker's  
10 compensation insurer, or the department information and reports relative to a  
11 compensation claim.

12 **SECTION 9.** 102.13 (1) (d) 4. of the statutes is amended to read:

13 102.13 (1) (d) 4. The testimony of any physician, chiropractor, psychologist,  
14 dentist, physician assistant, advanced practice nurse prescriber, or podiatrist who  
15 is licensed to practice where he or she resides or practices in any state and the  
16 testimony of any vocational expert may be received in evidence in compensation  
17 proceedings.

18 **SECTION 10.** 102.13 (2) (a) of the statutes is amended to read:

19 102.13 (2) (a) An employee who reports an injury alleged to be work-related  
20 or files an application for hearing waives any physician-patient,  
21 psychologist-patient or chiropractor-patient privilege with respect to any condition  
22 or complaint reasonably related to the condition for which the employee claims  
23 compensation. Notwithstanding ss. 51.30 and 146.82 and any other law, any  
24 physician, chiropractor, psychologist, dentist, podiatrist, physician assistant,  
25 advanced practice nurse prescriber, hospital, or health care provider shall, within a

**BILL**

1 reasonable time after written request by the employee, employer, worker's  
2 compensation insurer, or department or its representative, provide that person with  
3 any information or written material reasonably related to any injury for which the  
4 employee claims compensation.

5 **SECTION 11.** 102.13 (2) (b) of the statutes is amended to read:

6 102.13 (2) (b) A physician, chiropractor, podiatrist, psychologist, dentist,  
7 physician assistant, advanced practice nurse prescriber, hospital, or health service  
8 provider shall furnish a legible, certified duplicate of the written material requested  
9 under par. (a) upon payment of the actual costs of preparing the certified duplicate,  
10 not to exceed the greater of 45 cents per page or \$7.50 per request, plus the actual  
11 costs of postage. Any person who refuses to provide certified duplicates of written  
12 material in the person's custody that is requested under par. (a) shall be liable for  
13 reasonable and necessary costs and, notwithstanding s. 814.04 (1), reasonable  
14 attorney fees incurred in enforcing the requester's right to the duplicates under par.  
15 (a).

16 **SECTION 12.** 102.16 (2) (a) of the statutes is amended to read:

17 102.16 (2) (a) The Except as provided in this paragraph, the department has  
18 jurisdiction under this subsection, sub. (1m) (a), and s. 102.17 to resolve a dispute  
19 between a health service provider and an insurer or self-insured employer over the  
20 reasonableness of a fee charged by the health service provider for health services  
21 provided to an injured employee who claims benefits under this chapter. A health  
22 service provider may not submit a fee dispute to the department under this  
23 subsection before all treatment by the health service provider of the employee's  
24 injury has ended if the amount in controversy, whether based on a single charge or  
25 a combination of charges for one or more days of service, is less than \$25. After all

**BILL**

1 treatment by a health service provider of an employee's injury has ended, the health  
2 service provider may submit any fee dispute to the department, regardless of the  
3 amount in controversy. The department shall deny payment of a health service fee  
4 that the department determines under this subsection, sub. (1m) (a), or s. 102.18 (1)  
5 (b) to be unreasonable.

6 (am) A health service provider and an insurer or self-insured employer that  
7 are parties to a fee dispute under this subsection are bound by the department's  
8 determination under this subsection on the reasonableness of the disputed fee,  
9 unless that determination is set aside on judicial review as provided in par. (f). A  
10 health service provider and an insurer or self-insured employer that are parties to  
11 a fee dispute under sub. (1m) (a) are bound by the department's determination under  
12 sub. (1m) (a) on the reasonableness of the disputed fee, unless that determination is  
13 set aside or modified by the department under sub. (1). An insurer or self-insured  
14 employer that is a party to a fee dispute under s. 102.17 and a health service provider  
15 are bound by the department's determination under s. 102.18 (1) (b) on the  
16 reasonableness of the disputed fee, unless that determination is set aside, reversed,  
17 or modified by the department under s. 102.18 (3) or by the commission under s.  
18 102.18 (3) or (4) or is set aside on judicial review under s. 102.23.

19 **SECTION 13.** 102.16 (2) (d) of the statutes is amended to read:

20 102.16 (2) (d) The department shall analyze the information provided to the  
21 department under par. (c) according to the criteria provided in this paragraph to  
22 determine the reasonableness of the disputed fee. The department shall determine  
23 that a disputed fee is reasonable and order that the disputed fee be paid if that fee  
24 is at or below the mean fee for the health service procedure for which the disputed  
25 fee was charged, plus ~~1.5~~ 1.4 standard deviations from that mean, as shown by data

**BILL**

1 from a database that is certified by the department under par. (h). The department  
2 shall determine that a disputed fee is unreasonable and order that a reasonable fee  
3 be paid if the disputed fee is above the mean fee for the health service procedure for  
4 which the disputed fee was charged, plus ~~1.5~~ 1.4 standard deviations from that mean,  
5 as shown by data from a database that is certified by the department under par. (h),  
6 unless the health service provider proves to the satisfaction of the department that  
7 a higher fee is justified because the service provided in the disputed case was more  
8 difficult or more complicated to provide than in the usual case.

9 **SECTION 14.** 102.16 (2) (f) of the statutes is amended to read:

10 102.16 (2) (f) The Within 30 days after a determination under this subsection,  
11 the department may set aside, reverse, or modify a determination under this  
12 subsection within 30 days after the date of the determination for any reason that the  
13 department considers sufficient. Within 60 days after a determination under this  
14 subsection, the department may set aside, reverse, or modify the determination on  
15 grounds of mistake. A health service provider, insurer, or self-insured employer that  
16 is aggrieved by a determination of the department under this subsection may seek  
17 judicial review of that determination in the same manner that compensation claims  
18 are reviewed under s. 102.23.

19 **SECTION 15.** 102.16 (2m) (a) of the statutes is amended to read:

20 102.16 (2m) (a) The Except as provided in this paragraph, the department has  
21 jurisdiction under this subsection, sub. (1m) (b), and s. 102.17 to resolve a dispute  
22 between a health service provider and an insurer or self-insured employer over the  
23 necessity of treatment provided for an injured employee who claims benefits under  
24 this chapter. A health service provider may not submit a dispute over necessity of  
25 treatment to the department under this subsection before all treatment by the health

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1 service provider of the employee's injury has ended if the amount in controversy,  
2 whether based on a single charge or a combination of charges for one or more days  
3 of service, is less than \$25. After all treatment by a health service provider of an  
4 employee's injury has ended, the health service provider may submit any dispute  
5 over necessity of treatment to the department, regardless of the amount in  
6 controversy. The department shall deny payment for any treatment that the  
7 department determines under this subsection, sub. (1m) (b), or s. 102.18 (1) (b) to be  
8 unnecessary.

9 (am) A health service provider and an insurer or self-insured employer that  
10 are parties to a dispute under this subsection over the necessity of treatment are  
11 bound by the department's determination under this subsection on the necessity of  
12 that treatment, unless that determination is set aside on judicial review as provided  
13 in par. (e). A health service provider and an insurer or self-insured employer that  
14 are parties to a dispute under sub. (1m) (b) over the necessity of treatment are bound  
15 by the department's determination under sub. (1m) (b) on the necessity of that  
16 treatment, unless that determination is set aside or modified by the department  
17 under sub. (1). An insurer or self-insured employer that is a party to a dispute under  
18 s. 102.17 over the necessity of treatment and a health service provider are bound by  
19 the department's determination under s. 102.18 (1) (b) on the necessity of that  
20 treatment, unless that determination is set aside, reversed or modified by the  
21 department under s. 102.18 (3) or by the commission under s. 102.18 (3) or (4) or is  
22 set aside on judicial review under s. 102.23.

23 **SECTION 16.** 102.16 (2m) (e) of the statutes is amended to read:

24 102.16 (2m) (e) The Within 30 days after a determination under this  
25 subsection, the department may set aside, reverse, or modify a determination under



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1 ~~this subsection within 30 days after the date of the determination for any reason that~~  
2 ~~the department considers sufficient. Within 60 days after a determination under~~  
3 ~~this subsection, the department may set aside, reverse, or modify the determination~~  
4 ~~on grounds of mistake.~~ A health service provider, insurer, or self-insured employer  
5 that is aggrieved by a determination of the department under this subsection may  
6 seek judicial review of that determination in the same manner that compensation  
7 claims are reviewed under s. 102.23.

8 **SECTION 17.** 102.17 (1) (d) of the statutes is renumbered 102.17 (1) (d) 1. and  
9 amended to read:

10 102.17 (1) (d) 1. The contents of certified medical and surgical reports by  
11 physicians, podiatrists, surgeons, dentists, psychologists, physician assistants,  
12 advanced practice nurse prescribers, and chiropractors licensed in and practicing in  
13 this state, and of certified reports by experts concerning loss of earning capacity  
14 under s. 102.44 (2) and (3), presented by a party for compensation constitute prima  
15 facie evidence as to the matter contained in ~~them~~ those reports, subject to any rules  
16 and limitations the department prescribes. Certified reports of physicians,  
17 podiatrists, surgeons, dentists, psychologists, physician assistants, advanced  
18 practice nurse prescribers, and chiropractors, wherever licensed and practicing, who  
19 have examined or treated the claimant, and of experts, if the practitioner or expert  
20 consents to ~~subject himself or herself being subjected~~ to cross-examination also  
21 constitute prima facie evidence as to the matter contained in ~~them~~ those reports.  
22 Certified reports of physicians, podiatrists, surgeons, psychologists, and  
23 chiropractors are admissible as evidence of the diagnosis, necessity of the treatment,  
24 and cause and extent of the disability. Certified reports by doctors of dentistry,  
25 physician assistants, and advanced practice nurse prescribers are admissible as

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1 evidence of the diagnosis and necessity ~~for~~ of treatment but not of the cause and  
2 extent of disability. Any physician, podiatrist, surgeon, dentist, psychologist,  
3 chiropractor, physician assistant, advanced practice nurse prescriber, or expert who  
4 knowingly makes a false statement of fact or opinion in such a certified report may  
5 be fined or imprisoned, or both, under s. 943.395.

6 2. The record of a hospital or sanatorium in this state ~~operated by any~~  
7 ~~department or agency of the federal or state government or by any municipality, or~~  
8 ~~of any other hospital or sanatorium in this state which~~ that is satisfactory to the  
9 department, established by certificate, affidavit, or testimony of the supervising  
10 officer ~~or of the hospital or sanatorium, any other person having charge of such~~  
11 ~~records~~ the record, or of a physician, podiatrist, surgeon, dentist, psychologist,  
12 physician assistant, advanced practice nurse prescriber, or chiropractor to be the  
13 record of the patient in question, and made in the regular course of examination or  
14 treatment of such the patient, constitutes prima facie evidence ~~in any worker's~~  
15 ~~compensation proceeding~~ as to the matter contained in it the record, to the extent  
16 that it the record is otherwise competent and relevant.

17 3. The department may, by rule, establish the qualifications of and the form  
18 used for certified reports submitted by experts who provide information concerning  
19 loss of earning capacity under s. 102.44 (2) and (3). The department may not admit  
20 into evidence a certified report of a practitioner or other expert or a record of a  
21 hospital or sanatorium that was not filed with the department and all parties in  
22 interest at least 15 days before the date of the hearing, unless the department is  
23 satisfied that there is good cause for the failure to file the report.

24 **SECTION 18.** 102.17 (1) (g) of the statutes is amended to read:

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1           102.17 (1) (g) Whenever the testimony presented at any hearing indicates a  
2           dispute, ~~or is such as to create~~ or creates a doubt as to the extent or cause of disability  
3           or death, the department may direct that the injured employee be examined ~~or, that~~  
4           an autopsy be performed, or that an opinion of a ~~physician, chiropractor, dentist,~~  
5           ~~psychologist or podiatrist~~ be obtained without examination or autopsy, by or from an  
6           impartial, competent physician, chiropractor, dentist, psychologist or podiatrist  
7           designated by the department who is not under contract with or regularly employed  
8           by a compensation insurance carrier or self-insured employer. The expense of ~~such~~  
9           the examination, autopsy, or opinion shall be paid by the employer or, if the employee  
10          claims compensation under s. 102.81, from the uninsured employers fund. The  
11          report of ~~such~~ the examination, autopsy, or opinion shall be transmitted in writing  
12          to the department and a copy ~~thereof~~ of the report shall be furnished by the  
13          department to each party, who shall have an opportunity to rebut such report on  
14          further hearing.

15           **SECTION 19.** 102.18 (1) (e) of the statutes is amended to read:

16           102.18 (1) (e) Except as provided in s. 102.21, if the department orders a party  
17          to pay an award of compensation, the party shall pay the award no later than 21 days  
18          after the date on which the order is mailed to the last-known address of the party,  
19          unless a the party files a petition for review under sub. (3). This paragraph applies  
20          to all awards of compensation ordered by the department, whether the award results  
21          from a hearing, the default of a party, or a compromise or stipulation confirmed by  
22          the department.

23           **SECTION 20.** 102.29 (3) of the statutes is amended to read:

24           102.29 (3) Nothing in this chapter shall prevent an employee from taking the  
25          compensation ~~he or she~~ that the employee may be entitled to under ~~it~~ this chapter

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1 and also maintaining a civil action against any physician, chiropractor, psychologist,  
2 dentist, physician assistant, advanced practice nurse prescriber, or podiatrist for  
3 malpractice.

4 **SECTION 21.** 102.31 (2) (a) of the statutes is amended to read:

5 102.31 (2) (a) No party to a contract of insurance may cancel ~~it~~ the contract  
6 within the contract period or terminate or not renew ~~it~~ the contract upon the  
7 expiration date until a notice in writing is given to the other party fixing the proposed  
8 date of cancellation or declaring that the party intends to terminate or does not  
9 intend to renew the policy upon expiration. Except as provided in par. (b), when an  
10 insurance company does not renew a policy upon expiration, the nonrenewal is not  
11 effective until 60 days after the insurance company has given written notice of the  
12 nonrenewal to the insured employer and the department. Cancellation or  
13 termination of a policy by an insurance company for any reason other than  
14 nonrenewal is not effective until 30 days after the insurance company has given  
15 written notice of the cancellation or termination to the insured employer and the  
16 department. Notice to the department may be given ~~either~~ by personal service of the  
17 notice upon the department at its office in Madison ~~or~~, by sending the notice by  
18 ~~facsimile machine transmission or~~ certified mail addressed to the department at its  
19 office in Madison, or by transmitting the notice to the department at its office in  
20 Madison by facsimile machine transmission, electronic mail, or any electronic,  
21 magnetic, or other medium approved by the department. The department may  
22 provide by rule that the notice of cancellation or termination be given ~~by certified~~  
23 ~~mail or facsimile machine transmission~~ to the Wisconsin compensation rating  
24 bureau rather than to the department and that the notice of cancellation or  
25 termination be given to the Wisconsin compensation rating bureau by certified mail,

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1 facsimile machine transmission, electronic mail, or other medium approved by the  
2 department after consultation with the Wisconsin compensation rating bureau.

3 Whenever the Wisconsin compensation rating bureau receives such a notice of  
4 cancellation or termination it shall immediately notify the department of the notice  
5 of cancellation or termination.

6 **SECTION 22.** 102.32 (6) of the statutes is renumbered 102.32 (6) (a) and  
7 amended to read:

8 102.32 (6) (a) If compensation is due for permanent disability following an  
9 injury or if death benefits are payable, payments shall be made to the employee or  
10 dependent on a monthly basis. ~~Compensation for permanent disability that results~~  
11 ~~from an injury for which as provided in pars. (b) to (e).~~

12 (b) Subject to par. (d), if the employer or the employer's insurer concedes  
13 liability and that is for an injury that results in permanent disability and if the extent  
14 of the permanent disability can be determined based on a minimum permanent  
15 disability rating promulgated by the department by rule, compensation for  
16 permanent disability shall begin within 30 days after the end of the employee's  
17 healing period or,

18 (c) Subject to par. (d), if the employer or the employer's insurer concedes  
19 liability for an injury that results in permanent disability, but the extent of the  
20 permanent disability cannot be determined without a medical report that provides  
21 the basis for a minimum permanent disability rating, compensation for permanent  
22 disability shall begin within 30 days after the employer or the employer's insurer  
23 receives a medical report that provides a basis for a permanent disability rating,  
24 whichever is later. Compensation for permanent disability that results from an  
25 injury for which the employer or the employer's insurer does not concede liability or

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1 ~~that is based on a permanent disability rating that is above a minimum permanent~~  
2 ~~disability rating promulgated by the department by rule shall begin within the later~~  
3 ~~of those 30-day periods unless within the later of those 30-day periods the employer~~  
4 ~~or insurer notifies the employee that the employer or insurer is requesting an~~  
5 ~~examination under s. 102.13 (1) (a), in which case compensation for permanent~~  
6 ~~disability shall begin within 30 days after the employer or insurer receives the report~~  
7 ~~of the examination or within 90 days after the date of the request for the~~  
8 ~~examination, whichever is earlier.~~

9 (e) Payments for permanent disability, including payments based on minimum  
10 permanent disability ratings promulgated by the department by rule, shall continue  
11 on a monthly basis and shall accrue and be payable between intermittent periods of  
12 temporary disability so long as the employer or insurer knows the nature of the  
13 permanent disability.

14 **SECTION 23.** 102.32 (6) (d) of the statutes is created to read:

15 102.32 (6) (d) The department shall promulgate rules for determining when  
16 compensation for permanent disability shall begin in cases in which the employer or  
17 the employer's insurer concedes liability, but disputes the extent of permanent  
18 disability.

19 **SECTION 24.** 102.32 (6m) of the statutes is amended to read:

20 102.32 (6m) The department may direct an advance on a payment of unaccrued  
21 compensation for permanent disability or death benefits if the department  
22 determines that the advance payment is in the best interest of the injured employee  
23 or the employee's dependents. In directing the advance, the department shall give  
24 the employer or the employer's insurer an interest credit against its liability. The  
25 credit shall be computed at 7%.

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1           **SECTION 25.** 102.35 (1) of the statutes is amended to read:

2           102.35 (1) Every employer and every insurance company that fails to keep the  
3 records or to make the reports required by this chapter or that knowingly falsifies  
4 such records or makes false reports shall forfeit to the state not less than \$10 nor  
5 more than \$100 for each offense. The department may waive or reduce a forfeiture  
6 imposed under this subsection if the employer or insurance company that violated  
7 this subsection requests a waiver or reduction of the forfeiture within 45 days after  
8 notice of the forfeiture is mailed to the employer or insurance company and shows  
9 that the violation was due to mistake or an absence of information.

10           **SECTION 26.** 102.42 (2) (a) of the statutes is amended to read:

11           102.42 (2) (a) ~~Where~~ When the employer has notice of an injury and its  
12 relationship to the employment, the employer shall offer to the injured employee his  
13 or her choice of any physician, chiropractor, psychologist, dentist, physician  
14 assistant, advanced practice nurse prescriber, or podiatrist licensed to practice and  
15 practicing in this state for treatment of the injury. By mutual agreement, the  
16 employee may have the choice of any qualified practitioner not licensed in this state.  
17 In case of emergency, the employer may arrange for treatment without tendering a  
18 choice. After the emergency has passed the employee shall be given his or her choice  
19 of attending practitioner at the earliest opportunity. The employee has the right to  
20 a 2nd choice of attending practitioner on notice to the employer or its insurance  
21 carrier. Any further choice shall be by mutual agreement. Partners and clinics are  
22 deemed considered to be one practitioner. Treatment by a practitioner on referral  
23 from another practitioner is deemed considered to be treatment by one practitioner.

24           **SECTION 27.** 102.44 (1) (intro.) of the statutes is amended to read:

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1           102.44 (1) (intro.) Notwithstanding any other provision of this chapter, every  
2 employee who is receiving compensation under this chapter for permanent total  
3 disability or continuous temporary total disability more than 24 months after the  
4 date of injury resulting from an injury which occurred prior to ~~January 1, 1978~~, May  
5 13, 1980, shall receive supplemental benefits which shall be payable in the first  
6 instance by the employer or the employer's insurance carrier, or in the case of  
7 benefits payable to an employee under s. 102.66, shall be paid by the department out  
8 of the fund created under s. 102.65. These supplemental benefits shall be paid only  
9 for weeks of disability occurring after January 1, ~~1980~~ 1982, and shall continue  
10 during the period of such total disability subsequent to that date.

11           **SECTION 28.** 102.44 (1) (a) of the statutes is amended to read:

12           102.44 (1) (a) If such employee is receiving the maximum weekly benefits in  
13 effect at the time of the injury, the supplemental benefit for a week of disability  
14 occurring after January 1, ~~2002~~ 2004, shall be an amount which, when added to the  
15 regular benefit established for the case, shall equal ~~\$202~~ \$233.

16           **SECTION 29.** 102.44 (1) (b) of the statutes is amended to read:

17           102.44 (1) (b) If such employee is receiving a weekly benefit which is less than  
18 the maximum benefit which was in effect on the date of the injury, the supplemental  
19 benefit for a week of disability occurring after January 1, ~~2002~~ 2004, shall be an  
20 amount sufficient to bring the total weekly benefits to the same proportion of ~~\$202~~  
21 \$233 as the employee's weekly benefit bears to the maximum in effect on the date of  
22 injury.

23           **SECTION 30.** 102.49 (5) (a) of the statutes is amended to read:

24           102.49 (5) (a) In each case of injury resulting in death, the employer or insurer  
25 shall pay into the state treasury the sum of ~~\$5,000~~ \$10,000.



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1           **SECTION 31.** 102.59 (2) of the statutes is amended to read:

2           102.59 (2) In the case of the loss or of the total impairment of a hand, arm, foot,  
3 leg, or eye, the employer shall pay \$7,000 \$10,000 into the state treasury. The  
4 payment shall be made in all such cases regardless of whether the employee, or the  
5 employee's dependent or personal representative commences action against a 3rd  
6 party as provided in s. 102.29.

7           **SECTION 32.** 102.81 (1) (a) of the statutes is amended to read:

8           102.81 (1) (a) If an employee of an uninsured employer, other than an employee  
9 who is eligible to receive alternative benefits under s. 102.28 (3), suffers an injury for  
10 which the uninsured employer is liable under s. 102.03, the department or the  
11 department's reinsurer shall pay to or on behalf of the injured employee or to the  
12 employee's dependents an amount equal to the compensation owed them by the  
13 uninsured employer under this chapter except penalties and interest due under ss.  
14 102.16 (3), 102.18 (1) (b) and (bp), 102.22 (1), 102.35 (3), 102.57, and 102.60.

15           **SECTION 33.** 102.82 (1) of the statutes is amended to read:

16           102.82 (1) An uninsured employer shall reimburse the department for any  
17 payment made under s. 102.81 (1) to or on behalf of an employee of the uninsured  
18 employer or to an employee's dependents and for any expenses paid by the  
19 department in administering the claim of the employee or dependents, less amounts  
20 repaid by the employee or dependents under s. 102.81 (4) (b). The reimbursement  
21 owed under this subsection is due within 30 days after the date on which the  
22 department notifies the uninsured employer that the reimbursement is owed.  
23 Interest shall accrue on amounts not paid when due at the rate of 1% per month.

24           **SECTION 34. Initial applicability.**

25           (1) FEE DISPUTES AND NECESSITY OF TREATMENT DISPUTES.

