Received By: rnelson2

2009 DRAFTING REQUEST

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Received: 09/02/2008

Wanted: A	As time perm	its	Identical to LRB:						
For: Jim S	Sullivan (608	3) 266-2512			By/Representing	ng: Nicole H			
This file n	nay be shown	to any legislate	or: NO		Drafter: rnelso	n2			
May Cont	act:				Addl. Drafters:				
Subject: Bus. Assn miscellaneous Courts - evidence Courts - immunity liability Nat. Res fish and game Occupational Reg misc State Govt - miscellaneous Transportation - driver licenses Veterans - veterans benefits					Extra Copies:				
Submit via	a email: YES								
Requester	's email:	Sen.Sulliva	ın@legis.wi	isconsin.gov					
Carbon co	py (CC:) to:								
Pre Topic	c:		<u>, , , , , , , , , , , , , , , , , , , </u>						
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Provisions	s dealing with	podiatrists							
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/? /P1	rnelson2 09/03/2008 rkite	kfollett 09/19/2008	mduchek 09/22/200	08	sbasford 09/22/2008				

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. /1	pkahler 10/06/2008 rnelson2 10/06/2008	kfollett 10/08/2008	mduchek 10/10/200	8	cduerst 10/10/2008		
/2	pkahler 10/13/2008	kfollett 10/14/2008	jfrantze 10/14/200	8	sbasford 10/14/2008	sbasford 05/01/2009	

FE Sent For: NONE

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2009 DRAFTING REQUEST

Bill

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Wanted:	As time perm	its			Identical to Ll	RB:			
For: Jim	Sullivan (608	8) 266-2512			By/Represent	ing: Nicole H			
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LRB-0055

10/14/2008 10:12:29 AM Page 2

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2009 DRAFTING REQUEST

Bill

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LRB-0055

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FE Sent For:

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Received By: rnelson2

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LRB-0055 09/22/2008 09:06:50 AM Page 2

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2009 DRAFTING REQUEST

Bill

Received: 09/02/2008

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Provisions de	aling with	podiatrists							
Instructions	•								
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FE Sent For:

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STATE OF WISCONSIN - LEGISLATIVE REFERENCE BUREAU

LRB

Research (608-266-0341)

Library (608-266-7040)

Legal (608-266-3561)

LRB

Date IRB-0055 PI
PPN: KF
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definition of Modic trist in consulting chapter 990 after consulting
and the
Consultary
chapter 470 atter consecting
with the revising attorney. We
downot put professional licensed
occupations in that chapter
RPU
Do you want to include podiatrists
m Q, 49, 45(9)?
PTK



State of Misconsin 2009 - 2010 LEGISLATURE

LRB-0055/P1

PRELIMINARY DRAFT - NOT READY FOR INTRODUCTION

INS

AN ACT .; relating to: creating a podiatrist-patient privilege, immunity exemption for a podiatrist providing emergency care at an athletic event (insert rel.rpn) (insert rel. RNK) (Mgert REL-16) pret-PJK

Analysis by the Legislative Reference Bureau

Under current law, certain health care providers, including physicians, first responders, and dentists, who render yoluntary health care to a participant in an athletic event or contest at a school is immune from civil liability for his or her acts or omissions. The immunity applies only if certain conditions are met, including that the health care is rendered at the site of event or contest and that there is no compensation paid to the health care provider. This bill adds podiatrists to those who are immune from civil liability for his or her acts or omissions while rendering voluntary health care to a participant in an athletic event or contest at a school.

Currently, a communication by a patient to certain health care professionals, including physicians, chiropractors, and psychologists, is privileged. The patient may refuse to disclose, and can prevent the health care provider from disclosing, a communication made for the purpose of diagnosis or treatment of the patient. This bill adds podiatrists to those whose communication regarding diagnosis or treatment may be prevented from being disclosed by the patient

(insert anl. rpn) (insert anal. RNK)

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

Susent A-PJK

2009 - 2010 Legislature

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LRB-0055/P1 ALL:...... **SECTION 1**

SECTION 1. 49.855 (4m) (b) of the statutes is amended to read:

49.855 (4m) (b) The department of revenue may provide a certification that it receives under sub. (1), (2m), (2p), or (2r) to the department of administration. Upon receipt of the certification, the department of administration shall determine whether the obligor is a vendor or is receiving any other payments from this state, except for wages, retirement benefits, or assistance under s. 45.352, 1971 stats., s. 45.40 (1) (1m), this chapter, or ch. 46, 108, or 301. If the department of administration determines that the obligor is a vendor or is receiving payments from this state, except for wages, retirement benefits, or assistance under s. 45.352, 1971 stats., s. 45.40 (1) (1m), this chapter, or ch. 46, 108, or 301, it shall begin to withhold the amount certified from those payments and shall notify the obligor that the state intends to reduce any payments due the obligor by the amount the obligor is delinquent under the support, maintenance, or receiving and disbursing fee order or obligation, by the outstanding amount for past support, medical expenses, or birth expenses under the court order, or by the amount due under s. 46.10 (4), 49.345 (4), or 301.12 (4). The notice shall provide that within 20 days after receipt of the notice the obligor may request a hearing before the circuit court rendering the order under which the obligation arose. An obligor may, within 20 days after receiving notice, request a hearing under this paragraph. Within 10 days after receiving a request for hearing under this paragraph, the court shall set the matter for hearing. A circuit court commissioner may conduct the hearing. Pending further order by the court or circuit court commissioner, the department of children and families or its designee. whichever is appropriate, may not disburse the payments withheld from the obligor. The sole issues at the hearing are whether the obligor owes the amount certified and, if not and it is a support or maintenance order, whether the money withheld shall be

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paid to the obligor or held for future support or maintenance, except that the obligor's ability to pay is also an issue at the hearing if the obligation relates to an order under s. 767.805 (4) (d) 1. or 767.89 (3) (e) 1. and the order specifies that the court found that the obligor's income was at or below the poverty line established under 42 USC 9902 (2).

NOTE: NOTE: Par. (b) is shown as affected by 2 acts of the 2007 Wisconsin Legislature and as merged by the legislative reference bureau under s. 13.92 (2) (i).NOTE:

History: 1981 c. 20, 391; 1983 a. 27; 1987 a. 27; 1987 a. 312 s. 17; 1987 a. 421; 1989 a. 31; 1989 a. 56 s. 259; 1991 a. 39; 1993 a. 16, 481; 1995 a. 27 s. 9126 (19); 1995 a. 201, 227, 279, 1995 a. 404 ss. 50 to 59; Stats. 1995 s. 49.855; 1997 a. 3, 27, 35, 237, 252; 1999 a. 9, 32; 2001 a. 16, 61, 105; 2005 a. 22, 25, 304; 2005 a. 443 s. 265; 2007

Section 2. 895.48 (1m) (a) (intro.) and 2. of the statutes are amended to read:

895.48 (1m) (a) Except as provided in par. (b), any physician podiatrist or athletic trainer licensed under ch. 448, chiropractor licensed under ch. 446, dentist licensed under ch. 447, emergency medical technician licensed under s. 256.15, first responder certified under s. 256.15 (8), physician assistant licensed under ch. 448, registered nurse licensed under ch. 441, or a massage therapist or bodyworker issued a certificate under ch. 460 who renders voluntary health care to a participant in an athletic event or contest sponsored by a nonprofit corporation, as defined in s. 66.0129 (6) (b), a private school, as defined in s. 115.001 (3r), a public agency, as defined in s. 46.856 (1) (b), or a school, as defined in s. 609.655 (1) (c), is immune from civil liability for his or her acts or omissions in rendering that care if all of the following conditions exist:

2. The physician, podiatrist, athletic trainer, chiropractor, dentist, emergency medical technician, first responder, physician assistant, registered nurse, massage therapist or bodyworker does not receive compensation for the health care, other than reimbursement for expenses.

History: 1977 c. 164; 1987 a. 14; 1989 a. 31; 1993 a. 109; 1995 a. 227; 1997 a. 67, 156, 191; 1999 a. 7, 9, 32, 56, 186; 2001 a. 74; 2003 a. 33; 2005 a. 155, 188, 486; 2007 22

Section 3. 905.04 (title) of the statutes is amended to read:

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Section 3

1	905.04	(title)	Physician-patient,	registered	nurse-patient,
2	chiropracto	r-patient,	psychologist-patient	, social	worker-patient,
3	marriage	and fam	ily therapist-patient	, podiatr	<u>ist-patient</u> and
4	professiona	l counselor	-patient privilege.		

History: Sup. Ct. Order, 59 Wis. 2d R121; 1975 c. 393; 1977 c. 61, 418; 1979 c. 32 s. 92 (1); 1979 c. 221, 352; 1983 a. 400, 535; 1987 a. 233, 264; Sup. Ct. Order, 151 Wis. 2d xxi (1989); 1991 a. 32, 39, 160; 1993 a. 98; 1995 a. 77, 275, 436; 1997 a. 292; 1999 a. 22; 2001 a. 80; 2005 a. 387, 434; 2005 a. 443 s. 265; 2007 a. 53, 97, 130. 5

SECTION 4. 905.04 (1) (b) of the statutes is amended to read:

905.04 (1) (b) A communication or information is "confidential" if not intended to be disclosed to 3rd persons other than those present to further the interest of the patient in the consultation, examination, or interview, or persons reasonably necessary for the transmission of the communication or information or persons who are participating in the diagnosis and treatment under the direction of the physician, podiatrist, registered nurse, chiropractor, psychologist, social worker, marriage and family therapist or professional counselor, including the members of the patient's family.

History: Sup. Ct. Order, 59 Wis. 2d R121; 1975 c. 393; 1977 c. 61, 418; 1979 c. 32 s. 92 (1); 1979 c. 221, 352; 1983 a. 400, 535; 1987 a. 233, 264; Sup. Ct. Order, 151 Wis. 2d xxi (1989); 1991 a. 32, 39, 160; 1993 a. 98; 1995 a. 77, 275, 436; 1997 a. 292; 1999 a. 22; 2001 a. 80; 2005 a. 387, 434; 2005 a. 443 s. 265; 2007 a. 53, 97, 130. 14

Section 5. 905.04 (1) (c) of the statutes is amended to read:

905.04 (1) (c) "Patient" means an individual, couple, family or group of individuals who consults with or is examined or interviewed by a physician, podiatrist, registered nurse, chiropractor, psychologist, social worker, marriage and family therapist or professional counselor.

History: Sup. Ct. Order, 59 Wis. 2d R121; 1975 c. 393; 1977 c. 61, 418; 1979 c. 32 s. 92 (1); 1979 c. 221, 352; 1983 a. 400, 535; 1987 a. 233, 264; Sup. Ct. Order, 151 Wis. 2d xxi (1989); 1991 a. 32, 39, 160; 1993 a. 98; 1995 a. 77, 275, 436; 1997 a. 292; 1999 a. 22; 2001 a. 80; 2005 a. 387, 434; 2005 a. 443 s. 265; 2007 a. 53, 97, 130.

Section 6. 905.04 (1) (dg) of the statutes is created to read:

905.04 (1) (dg) "Podiatrist" means a person licensed under s. 448.63 or a person 20 21 reasonably believed by the patient to be a podiatrist.

Section 7. 905.04 (2) of the statutes is amended to read:

905.04 (2) General rule of privilege. A patient has a privilege to refuse to disclose and to prevent any other person from disclosing confidential communications made or information obtained or disseminated for purposes of diagnosis or treatment of the patient's physical, mental or emotional condition, among the patient, the patient's physician, the patient's podiatrist, the patient's registered nurse, the patient's chiropractor, the patient's psychologist, the patient's social worker, the patient's marriage and family therapist, the patient's professional counselor or persons, including members of the patient's family, who are participating in the diagnosis or treatment under the direction of the physician, podiatrist, registered nurse, chiropractor, psychologist, social worker, marriage and family therapist or professional counselor.

History: Sup. Ct. Order, 59 Wis. 2d R121; 1975 c. 393; 1977 c. 61, 418; 1979 c. 32 s. 92 (1); 1979 c. 221, 352; 1983 a. 400, 535; 1987 a. 233, 264; Sup. Ct. Order, 151 Wis. 2d xxi (1989); 1991 a. 32, 39, 160; 1993 a. 98; 1995 a. 77, 275, 436; 1997 a. 292; 1999 a. 22; 2001 a. 80; 2005 a. 387, 434; 2005 a. 443 s. 265; 2007 a. 53, 97, 130.

SECTION 8. 905.04 (3) of the statutes is amended to read:

905.04 (3) Who may claim the privilege. The privilege may be claimed by the patient, by the patient's guardian or conservator, or by the personal representative of a deceased patient. The person who was the physician, podiatrist, registered nurse, chiropractor, psychologist, social worker, marriage and family therapist or professional counselor may claim the privilege but only on behalf of the patient. The authority so to do is presumed in the absence of evidence to the contrary.

History: Sup. Ct. Order, 59 Wis. 2d R121; 1975 c. 393; 1977 c. 61, 418; 1979 c. 32 s. 92 (1); 1979 c. 221, 352; 1983 a. 400, 535; 1987 a. 233, 264; Sup. Ct. Order, 151 Wis. 2d xxi (1989); 1991 a. 32, 39, 160; 1993 a. 98; 1995 a. 77, 275, 436; 1997 a. 292; 1999 a. 22; 2001 a. 80; 2005 a. 387, 434; 2005 a. 443 s. 265; 2007 a. 53, 97, 130.

Juse (85K)

D-Note

2009-2010 DRAFTING INSERT FROM THE LEGISLATIVE REFERENCE BUREAU

INSERT REL-PJK

, and giving equal weight to certifications of disability by podiatrists for insurance purposes.

(END OF INSERT REL-PJK

INSERT A-PJK

Under current law, life insurers, health insurers, and disability insurers are required to give equal weight to certifications of disability by physicians and by chiropractors, with respect to matters within the scope of the professional license of each. This bill requires those insurers also to give equal weight to certifications of disability by podiatrists with respect to matters within the scope of their professional licenses.

(END OF INSERT A-PJK

Insert 3-5 pjk (1 3 2)

SECTION 1. 632.64 of the statutes is amended to read:

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632.64 Certification of disability. Insurers For the purpose of insurance policies that they issue, insurers doing a life insurance business in this state shall afford equal weight to a certification of disability signed by a physician with respect to matters within the scope of the physician's professional license and, to a certification of disability signed by a chiropractor with respect to matters within the scope of the chiropractor's professional license for the purpose of insurance policies they issue, and to a certification of disability signed by a podiatrist with respect to matters within the scope of the podiatrist's professional license. This section does not require an insurer to treat a certificate of disability as conclusive evidence of disability.

History: 1981 c. 55.

SECTION 2. 632.99 of the statutes is amended to read:

632.99 Certifications of disability. Every For the purpose of insurance policies that they issue, every insurer doing a health or disability insurance business



Ins 3-5 PJK cowd (2062)

in this state shall afford equal weight to a certification of disability signed by a physician with respect to matters within the scope of the physician's professional license and, to a certification of disability signed by a chiropractor with respect to matters within the scope of the chiropractor's professional license for the purpose of insurance policies they issue, and to a certification of disability signed by a podiatrist with respect to matters within the scope of the podiatrist's professional license. This section does not require an insurer to treat any certification of disability as conclusive evidence of disability.

History: 1981 c. 55.

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(END OF INSERT 3-5 PJK)

INSERT 5-18

SECTION 3. Initial applicability.

- (1) CERTIFICATIONS OF DISABILITY BY PODIATRISTS.
- (a) *Life insurance*. If a life insurance policy that is in effect on the effective date of this subsection contains a provision that is inconsistent with the treatment of section 632.64 of the statutes, the treatment of section 632.64 of the statutes first applies to that life insurance policy on the date on which it is renewed.
- (b) Health or disability insurance. If a health or disability insurance policy that is in effect on the effective date of this subsection contains a provision that is inconsistent with the treatment of section 632.99 of the statutes, the treatment of section 632.99 of the statutes first applies to that health or disability insurance policy on the date on which it is renewed.

(END OF INSERT 5-18)

2009-2010 DRAFTING INSERT FROM THE LEGISLATIVE REFERENCE BUREAU

INSERT 2B RNK

SECTION 1. 29.193 (2) (e) of the statutes is amended to read:

29.193 (2) (e) Review of decisions. An applicant denied a permit under this subsection, except a permit under par. (c) 3., may obtain a review of that decision by a licensed physician er, a licensed chiropractor, or a licensed podiatrist designated by the department and with an office located in the department district in which the applicant resides. The department shall pay for the cost of a review under this paragraph unless the denied application on its face fails to meet the standards set forth in par. (c) 1. or 2. A review under this paragraph is the only method of review of a decision to deny a permit under this subsection and is not subject to further review under ch. 227.

History: 1997 a. 248 ss. 135 to 142, 323, 410; 1997 a. 249 ss. 3 to 13; 1997 a. 322 ss. 2, 3; 1999 a. 9, 32; 2001 a. 17.

2007 - 2008 LEGISLATURE

Ingert 4-14 rpm

ASSEMBLY/AMENDMENT 1,

TO 2007 ASSEMBLY BILL 497

February 27, 2008 – Offered by Representative MOLEPSKE.

1 At the locations indicated, amend the bill as follows:

the

2 **1.** Page 4, line 14: after "provider" insert "acting within the scope of that

provider's certification or license.

L.

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(END)

podiatrists

2009–2010 DRAFTING INSERT FROM THE LEGISLATIVE REFERENCE BUREAU

INSERT REL-AG:

allowing podiatrists to certify driver school instructors' physical fitness

INSERT ANAL-AG:

Under current law, the Department of Transportation (DOT) issues driver school instructors' licenses. DOT may not issue an instructor's license to an applicant unless the applicant submits a statement completed by a physician or another specified medical care provider certifying that the applicant is physically fit to teach driving.

This bill adds podiatrists to the list of medical care providers that may certify to DOT that an applicant is physically fit to teach driving.

INSERT 3-5 AG:

Section 1. 343.62 (4) (a) 4. of the statutes is amended to read:

343.62 **(4)** (a) 4. The applicant submits with the application a statement completed within the immediately preceding 24 months, except as provided by rule, by a physician licensed to practice medicine in any state, from an advanced practice nurse licensed to practice nursing in any state, from a physician assistant licensed or certified to practice in any state, from a podiatrist licensed to practice in any state, from a chiropractor licensed to practice chiropractic in any state, or from a Christian Science practitioner residing in this state, and listed in the Christian Science journal certifying that, in the medical care provider's judgment, the applicant is physically fit to teach driving.

2009-2010 DRAFTING INSERT FROM THE LEGISLATIVE REFERENCE BUREAU

1	msert ner-os:
2	, cooperatives organized to provide sickness care, the podiatrists affiliated
$\widehat{3}$	credentialing board
4	Insert A-CS:
5	This bill changes the name of the Podiatrists Affiliated Credentialing Board to the Podiatry Affiliated Credentialing Board. Current law permits the organization of a cooperative to provide sickness care through contracts with physicians, medical societies, chiropractors, optometrists, dentists, dental societies, hospitals and others. This bill adds podiatrists to the list of enumerated providers of sickness care. Insert 2-1CS:
6	SECTION 1. 15.085 (1m) (b) of the statutes is amended to read:
7	15.085 (1m) (b) The public members of the physical therapists affiliated
8	credentialing board, podiatrists podiatry affiliated credentialing board or
9	occupational therapists affiliated credentialing board shall not be engaged in any
10	profession or occupation concerned with the delivery of physical or mental health
11	care.
12	History: 1993 a. 107; 1997 a. 175; 1999 a. 180. SECTION 2. 15.406 (3) (intro.) of the statutes is amended to read:
13	15.406 (3) (intro.) Podiatrists Podiatry affiliated credentialing board.
14	There is created in the department of regulation and licensing, attached to the
15	medical examining board, a podiatrists podiatry affiliated credentialing board
16	consisting of the following members appointed for 4-year terms:
17	History: 1993 a. 107, 443; 1997 a. 75, 175; 1999 a. 9, 180; 2001 a. 70. Insert 3-5CS:
18	SECTION 3. 50.36 (3) (b) of the statutes is amended to read:

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50.36 (3) (b) If, as a result of peer investigation or written notice thereof, a hospital staff member who is licensed by the medical examining board or podiatrists podiatry affiliated credentialing board, for any reasons that include the quality of or ability to practice, loses his or her hospital staff privileges, has his or her hospital staff privileges reduced or resigns from the hospital staff, the hospital shall so notify the medical examining board or podiatrists podiatry affiliated credentialing board, whichever is applicable, within 30 days after the loss, reduction or resignation takes effect. Temporary suspension due to incomplete records need not be reported.

History: 1971 c. 211; 1975 c. 383 s. 4; 1975 c. 413 ss. 4, 18; 1975 c. 421, Stats. 1975 s. 50.36; 1977 c. 29; 1979 c. 34; 1981 c. 135; 1985 a. 340; 1989 a. 37; 1991 a. 129; 1993 a. 16, 30, 270; 1995 a. 27 ss. 3245, 3246, 9116 (5); 1997 a. 175; 1999 a. 9; 2001 a. 109; 2007 a. 20, 104.

SECTION 4. 50.36 (3) (c) of the statutes is amended to read:

50.36 (3) (c) If, as a result of peer investigation or written notice thereof, a hospital staff member who is licensed by the medical examining board or podiatrists podiatry affiliated credentialing board, for reasons that do not include the quality of or ability to practice, loses his or her hospital staff privileges for 30 days or more, has his or her hospital staff privileges reduced for 30 days or more or resigns from the hospital staff for 30 days or more, the hospital shall so notify the medical examining board or podiatrists podiatry affiliated credentialing board, whichever is applicable, within 30 days after the loss, reduction or resignation takes effect. Temporary suspension due to incomplete records need not be reported.

History: 1971 c. 211; 1975 c. 383 s. 4; 1975 c. 413 ss. 4, 18; 1975 c. 421; Stats. 1975 s. 50.36; 1977 c. 29; 1979 c. 34; 1981 c. 135; 1985 a. 340; 1989 a. 37; 1991 a. 129; 1993 a. 16, 30, 270; 1995 a. 27 ss. 3245, 3246, 9116 (5); 1997 a. 175; 1999 a. 9; 2001 a. 109; 2007 a. 20, 104

Section 5. 50.39 (3) of the statutes is amended to read:

50.39 (3) Facilities governed by ss. 45.50, 48.62, 49.70, 49.72, 50.02, 51.09, and 252.10, juvenile correctional facilities as defined in s. 938.02 (10p), correctional institutions governed by the department of corrections under s. 301.02, and the offices and clinics of persons licensed to treat the sick under chs. 446, 447, and 448

are exempt from ss. 50.32 to 50.39. Sections 50.32 to 50.39 do not abridge the rights of the medical examining board, physical therapists affiliated credentialing board, podiatrists podiatry affiliated credentialing board, dentistry examining board, pharmacy examining board, chiropractic examining board, and board of nursing in carrying out their statutory duties and responsibilities.

History: 1971 c. 164; 1975 c. 39; 1975 c. 413 ss. 4, 18; 1975 c. 430 s. 80; Stats. 1975 s. 50.39; 1977 c. 203; 1979 c. 89, 221, 337, 355; 1985 a. 332 s. 251 (1); 1989 a. 31, 37, 107; 1991 a. 39; 1993 a. 27, 30, 107; 1995 a. 27, 77; 1997 a. 175; 1999 a. 9; 2005 a. 22, 344; 2007 a. 97.

SECTION 6. 146.37 (1g) of the statutes is amended to read:

146.37 (1g) Except as provided in s. 153.85, no person acting in good faith who participates in the review or evaluation of the services of health care providers or facilities or the charges for such services conducted in connection with any program organized and operated to help improve the quality of health care, to avoid improper utilization of the services of health care providers or facilities or to determine the reasonable charges for such services, or who participates in the obtaining of health care information under ch. 153, is liable for any civil damages as a result of any act or omission by such person in the course of such review or evaluation. Acts and omissions to which this subsection applies include, but are not limited to, acts or omissions by peer review committees or hospital governing bodies in censuring, reprimanding, limiting or revoking hospital staff privileges or notifying the medical examining board or pediatrists podiatry affiliated credentialing board under s. 50.36 or taking any other disciplinary action against a health care provider or facility and acts or omissions by a medical director in reviewing the performance of emergency medical technicians or ambulance service providers.

History: 1975 c. 187; 1979 c. 221; 1981 c. 323; 1983 a. 27; 1985 a. 29 s. 3202 (27); 1985 a. 340; 1987 a. 27, 399; 1989 a. 102; 1997 a. 175; 1999 a. 56; 2007 a. 130. SECTION 7. 180.1901 (1m) (bk) of the statutes is amended to read:

180.1901 (1m) (bk) Podiatrists Podiatry affiliated credentialing board under 1 2 subch. IV of ch. 448.

History: 1989 a. 303; 1993 a. 473; 1995 a. 167; 1997 a. 75, 156, 175; 1999 a. 9, 32, 180; 2001 a. 74, 80; 2003 a. 41.

SECTION 8. 185.981 (1) of the statutes is amended to read:

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185.981 (1) Cooperative associations may be organized under this chapter without capital stock, exclusively to establish and operate in the state or in any county or counties therein a nonprofit plan or plans for sickness care, including hospital care, for their members and their dependents through contracts with physicians, medical societies, chiropractors, optometrists, dentists, dental societies, hospitals, podiatrists and others.

History: 1971 c. 40 s. 93; 1971 c. 307 s. 118; 1975 c. 98; 1975 c. 223 s. 28; 1975 c. 224 s. 146; 1975 c. 421; 1981 c. 39 s. 22; 1981 c. 205; 1981 c. 391 s. 210; 1985 a. 29; 1985 a. 30 s. 42; 1987 a. 27 ss. 1917e, 3202 (47) (a); 1987 a. 312 s. 17; 1989 a. 121, 129, 200, 201, 336; 1991 a. 39, 123, 269; 1993 a. 27, 450, 481; 1995 a. 27, 118, 289; 1997 a. 27, 155, 237; 1999 a. 95, 115; 2003 a. 321; 2005 a. 194; 2007 a. 36. 10

Section 9. 185.981 (2) of the statutes is amended to read:

185.981 (2) Such associations shall operate only on a cooperative nonprofit basis and for the purpose of establishing, maintaining and operating a voluntary nonprofit health, dental or vision care plan or plans or for constructing, operating and maintaining nonprofit hospitals or other facilities whereby sickness care, including hospital, dental or vision care, is provided at the expense of such association, its members or both, to such persons or groups of persons as shall become subscribers to such plan, under contracts which will entitle each such subscriber to definite medical, surgical, chiropractic, vision, dental or hospital care, appliances and supplies, by physicians and surgeons licensed and registered under ch. 448, podiatrists licensed under ch. 448, optometrists licensed under ch. 449, chiropractors licensed under ch. 446 and dentists licensed under ch. 447 in their offices, in hospitals, in other facilities and in the home.

History: 1971 c. 40 s. 93; 1971 c. 307 s. 118; 1975 c. 98; 1975 c. 223 s. 28; 1975 c. 224 s. 146; 1975 c. 421; 1981 c. 39 s. 22; 1981 c. 205; 1981 c. 391 s. 210; 1985 a. 29; 1985 a. 30 s. 42; 1987 a. 27 ss. 1917e, 3202 (47) (a); 1987 a. 312 s. 17; 1989 a. 121, 129, 200, 201, 336; 1991 a. 39, 123, 269; 1993 a. 27, 450, 481; 1995 a. 27, 118, 289; 1997 a. 27, 155, 237; 1999 a. 95, 115; 2003 a. 321; 2005 a. 194; 2007 a. 36.

SECTION 10. 185.981 (3) of the statutes is amended to read:

185.981 (3) No cooperative association organized for the purposes provided in ss. 185.981 to 185.983 shall be prevented from contracting with any hospital in this state for the rendition of such hospital care as is included within such a plan because such hospital participates in any other such plan, or in a plan organized and operated under ss. 148.03 and 613.80. No hospital may discriminate against any physician and surgeon, chiropractor or, dentist, or podiatrist with respect to the use of such hospital's facilities by reason of his or her participation in a sickness care plan of a cooperative.

History: 1971 c. 40 s. 93; 1971 c. 307 s. 118; 1975 c. 98; 1975 c. 223 s. 28; 1975 c. 224 s. 146; 1975 c. 421; 1981 c. 39 s. 22; 1981 c. 205; 1981 c. 391 s. 210; 1985 a. 29; 1985 a. 30 s. 42; 1987 a. 27 ss. 1917e, 3202 (47) (a); 1987 a. 312 s. 17; 1989 a. 121, 129, 200, 201, 336; 1991 a. 39, 123, 269; 1993 a. 27, 450, 481; 1995 a. 27, 118, 289; 1997 a. 27, 155, 237; 1999 a. 95, 115; 2003 a. 321; 2005 a. 194; 2007 a. 36.

SECTION 11. 185.981 (4) of the statutes is amended to read:

185.981 (4) No contract by or on behalf of any such cooperative association shall provide for the payment of any cash, indemnity or other material benefit by that association to the subscriber or the subscriber's estate on account of death, illness or injury, nor be in any way related to the payment of any such benefit by any other agency, but any such association may stipulate in its plan that it will pay any nonparticipating physician and surgeon, optometrist, chiropractor, dentist expodiatrist, or hospital outside of its normal territory for sickness or hospital care rendered any covered member or a member's covered dependent who is in need of the benefits of such plan when he or she is outside of the territory of such association in which the benefits of such plan are normally available. Any such plan may prescribe monetary limitations with respect to such extraterritorial benefits.

History: 1971 c. 40 s. 93; 1971 c. 307 s. 118; 1975 c. 98; 1975 c. 223 s. 28; 1975 c. 224 s. 146; 1975 c. 421; 1981 c. 39 s. 22; 1981 c. 205; 1981 c. 391 s. 210; 1985 a. 29; 1985 a. 30 s. 42; 1987 a. 27 ss. 1917e, 3202 (47) (a); 1987 a. 312 s. 17; 1989 a. 121, 129, 200, 201, 336; 1991 a. 39, 123, 269; 1993 a. 27, 450, 481; 1995 a. 27, 118, 289; 1997 a. 27, 155, 237; 1999 a. 95, 115; 2003 a. 321; 2005 a. 194; 2007 a. 36.

Section 12. 185.982 (1) of the statutes is amended to read:

185.982 (1) No sickness care plan or contract issued thereunder by such cooperative association shall interfere with the manner or mode of the practice of

medicine, optometry, chiropractic ex, dentistry, or podiatry, the relationship of physician, chiropractor, optometrist ex, dentist, or podiatrist and patient, nor the responsibility of physician, chiropractor, optometrist ex, dentist, or podiatrist to patient. A plan may require persons covered to utilize health care providers designated by the cooperative association. The cooperative association may provide health care services directly through providers who are employees of the cooperative association or through agreements with individual providers or groups of providers organized on a group practice or individual practice basis. In making such agreements, no plan may refuse to provide coverage for vision care services or procedures provided by an optometrist licensed under ch. 449 within the scope of the practice of optometry, as defined in s. 449.01 (1), if the plan provides coverage for the same services or procedures when provided by another health care provider.

History: 1981 c. 205; 1987 a. 27.

SECTION 13. Subchapter IV (title) of chapter 448 [precedes 448.60] of the statutes is amended to read:

CHAPTER 448

SUBCHAPTER IV

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PODIATRISTS PODIATRY AFFILIATED CREDENTIALING BOARD

18 **Section 14.** 448.60 (1) of the statutes is amended to read:

19 448.60 (1) "Affiliated credentialing board" means the podiatrists podiatry
20 affiliated credentialing board.

21 **Section 15.** 450.11 (8) (bm) of the statutes is amended to read:

22 450.11 (8) (bm) The podiatrists podiatry affiliated credentialing board, insofar 23 as this section applies to podiatrists.

History: 1985 a. 146; 1997 a. 27, 175, 283; 2001 a. 109; 2005 a. 187, 195, 196, 242; 2007 a. 97.

SECTION 16. 655.45 (1) of the statutes is amended to read:

1	655.45 (1) For the quarter beginning on July 1, 1986, and for each quarter	
2	thereafter, the director of state courts shall file reports complying with sub. (2) with	
3	the medical examining board, the physical therapists affiliated credentialing board	
4	the podiatrists podiatry affiliated credentialing board, the board of nursing and the	
5	department, respectively, regarding health care providers licensed by the respective	
6	bodies.	

History: 1985 a. 340; 1989 a. 187 s. 28; 1993 a. 107, 443; 1997 a. 75, 175.

September 6, 2007 – Introduced by Representatives Molepske, Bies, Berceau, Gunderson and Turner, cosponsored by Senator Miller. Referred to Committee on Health and Healthcare Reform.

	1	AN ACT <i>to renumber</i> 45.40 (1); <i>to amend</i> 25.36 (1), 29.193 (2) (b) 2., 29.193 (2)
	2	(c) 3., 45.40 (2m) (a), 45.40 (2m) (b), 45.40 (3m), 49.855 (4m) (b), 343.16 (5) (a),
	3	812.30 (9) and 814.29 (1) (d) 1.; and <i>to create</i> 45.40 (1g) and 45.40 (1t) of the
	4	statutes; relating to: allowing certified advanced practice nurse prescribers to
TIS	5	determine an illness or injury and complete forms for the purpose of granting
Trel. VP	6	assistance to needy veterans and of medical review related to motor vehicle
	7	operator's licenses, and allowing certified advanced practice nurse prescribers
Mak	8 nomination despréssion des services	to determine disability for the purpose of issuing certain hunting permits.

Analysis by the Legislative Reference Bureau

Under current law, the Department of Veterans Affairs (DVA) may grant assistance to needy veterans who have suffered a loss of income due to illness, injury, or natural disaster. By rule, DVA has defined an illness or injury as a physical or mental health problem that is diagnosed by a physician, dentist, optometrist, or audiologist.

This bill expands the health care providers who can diagnose an illness or injury for DVA purposes to include certified advanced practice nurse prescribers.

Under current law, the Department of Transportation (DOT) may require an operator's license applicant or licensee to submit to a special examination to

determine incompetency, physical or mental disability, disease, or any other condition that might prevent the applicant or licensee from exercising reasonable and ordinary control over a motor vehicle. If DOT receives a report from a physician, advanced practice nurse prescriber, or optometrist, DOT must determine whether the operator should submit to a special examination. When DOT receives the results of a special examination, DOT must consider the recommendation of the examiner together with other evidence in determining if it is in the interest of public safety to issue, renew, deny, or cancel a license.

This bill specifies that a special examination required by DOT may be conducted by, and the results of the examination certified by, a physician, certified

advanced practice nurse prescriber, or optometrist.

Under current law, the Department of Natural Resources (DNR) is authorized to issue certain hunting permits that authorize hunting by persons who have a physical disability of who are visually handicapped (specialized permits). Among the privileges granted by these specialized permits is the privilege of hunting with assistance rendered by another person. In order to obtain a specialized permit from DNR, a person must submit an application furnished by DNR that includes a statement or report prepared and signed by a licensed physician or chiropractor verifying that the applicant is physically disabled. A person may also obtain a specialized permit even if the person would otherwise be ineligible for a specialized permit if DNR, based on the recommendation of a licensed physician or chiropractor, determines that the issuance of the permit complies with the intent of the law.

This bill authorizes an applicant for a specialized permit to submit a statement, report, or recommendation from a certified advanced practice purse prescriber, as well as from a physician or chiropractor, in support of a specialized permit application.

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

SECTION **1.** 25.36 (1) of the statutes is amended to read:

25.36 **(1)** Except as provided in sub. (2), all moneys appropriated or transferred by law shall constitute the veterans trust fund which shall be used for the lending of money to the mortgage loan repayment fund under s. 45.37 (5) (a) 12. and for the veterans programs under ss. 20.485 (2) (m), (mn), (tm), (u), (v), (vo), (vy), (w), (z), and (zm), 45.03 (19), 45.07, 45.20, 45.21, 45.40 (1) (1m), 45.41, 45.42, 45.43, and 45.82 and administered by the department of veterans affairs, including all moneys received from the federal government for the benefit of veterans or their dependents; all

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moneys paid as interest on and repayment of loans under the post-war rehabilitation fund; soldiers rehabilitation fund, veterans housing funds as they existed prior to July 1, 1961; all moneys paid as interest on and repayment of loans under this fund; all moneys paid as expenses for, interest on, and repayment of veterans trust fund stabilization loans under s. 45.356, 1995 stats.; all moneys paid as expenses for, interest on, and repayment of veterans personal loans; the net proceeds from the sale of mortgaged properties related to veterans personal loans; all mortgages issued with the proceeds of the 1981 veterans home loan revenue bond issuance purchased with moneys in the veterans trust fund; all moneys received from the state investment board under s. 45.42 (8) (b); all moneys received from the veterans mortgage loan repayment fund under s. 45.37 (7) (a) and (c); and all gifts of money received by the board of veterans affairs for the purposes of this fund.

Section 2. 29.193 (2) (b) 2. of the statutes is amended to read:

29.193 (2) (b) 2. An applicant shall submit an application on a form prepared and furnished by the department, which shall include a written statement or report prepared and signed by a licensed physician or a licensed chiropractor or land advanced practice nurse prescriber certified under s 441.16 (2) prepared no more than 6 months preceding the application and verifying that the applicant is physically disabled.

SECTION **3.** 29.193 (2) (c) 3. of the statutes is amended to read:

29.193 **(2)** (c) 3. The department may issue a Class B permit to an applicant who is ineligible for a permit under subd. 1., 2. or 2m. or who is denied a permit under subd. 1., 2. or 2m. if, upon review and after considering the physical condition of the applicant and the recommendation of a licensed physician of a licensed chiropractor, or an advanced practice nurse prescriber certified under s. 441.16.(2) selected by the

a licensed podiafrist

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applicant from a list of licensed physicians and, licensed chiropractors, and advanced practice nurse prescribers certified under's, 441.16 (2) compiled by the department, the department finds that issuance of a permit complies with the intent of this subsection. The use of this review procedure is discretionary with the department and all costs of the review procedure shall be paid by the applicant.

SECTION 4. 45.40 (1) of the statutes is renumbered 45.40 (1m).

Section 5. 45.40 (1g) of the statutes is created to read:

45.40 (1g) DEFINITIONS. In this section:

"Health care provider"/means an advanced practice nurse prescriber certified under s. 441.16 (2), an audiologist licensed under ch. 459, a dentist licensed under ch. 447, an optometrist licensed under ch. 449, or a physician licensed under

(ch) 4485 * 63 12

(b) "Illness" or "injury" means a physical or mental health problem that has been diagnosed by a health care providen

SECTION 6. 45.40 (1t) of the statutes is created to read:

45.40 (1t) Completion of Health care forms. A health care provider may complete the medical forms necessary for the receipt of aid under this section if the provider has diagnosed the veteran and determined the veteran's medical condition.

Section 7. 45.40 (2m) (a) of the statutes is amended to read:

45.40 (2m) (a) The unremarried spouse and dependent children of a veteran who died on active duty, or in the line of duty while on active or inactive duty for training purposes, in the U.S. armed forces or forces incorporated in the U.S. armed forces are eligible to receive payments under subs. (1) (1m) and (2) if the household income of those persons does not exceed the income limitations established under sub. (3m).

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Section 8. 45.40 (2m) (b) of the statutes is amended to read:

45.40 **(2m)** (b) The spouse and dependent children of a member of the U.S. armed forces or of the Wisconsin national guard who has been activated or deployed to serve in the U.S. armed forces who are residents of this state, who have suffered a loss of income due to that activation or deployment, and who experience an economic emergency during the member's activation or deployment are eligible to receive assistance under subs. (1) (1m) and (2).

Section 9. 45.40 (3m) of the statutes is amended to read:

45.40 **(3m)** Rules. The department shall promulgate rules establishing eligibility criteria and household income limits for payments under subs. (1) (1m), (2), and (2m).

Section 10. 49.855 (4m) (b) of the statutes is amended to read:

49.855 **(4m)** (b) The department of revenue may provide a certification that it receives under sub. (1), (2m), or (2p) to the department of administration. Upon receipt of the certification, the department of administration shall determine whether the obligor is a vendor or is receiving any other payments from this state, except for wages, retirement benefits, or assistance under s. 45.352, 1971 stats., s. 45.40 (1) (1m), this chapter, or ch. 46, 108, or 301. If the department of administration determines that the obligor is a vendor or is receiving payments from this state, except for wages, retirement benefits, or assistance under s. 45.352, 1971 stats., s. 45.40 (1) (1m), this chapter, or ch. 46, 108, or 301, it shall begin to withhold the amount certified from those payments and shall notify the obligor that the state intends to reduce any payments due the obligor by the amount the obligor is delinquent under the support, maintenance, or receiving and disbursing fee order or obligation, by the outstanding amount for past support, medical expenses, or birth

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expenses under the court order, or by the amount due under s. 46.10 (4) or 301.12 (4). The notice shall provide that within 20 days after receipt of the notice the obligor may request a hearing before the circuit court rendering the order under which the obligation arose. An obligor may, within 20 days after receiving notice, request a hearing under this paragraph. Within 10 days after receiving a request for hearing under this paragraph, the court shall set the matter for hearing. A circuit court commissioner may conduct the hearing. Pending further order by the court or circuit court commissioner, the department of workforce development or its designee, whichever is appropriate, may not disburse the payments withheld from the obligor. The sole issues at the hearing are whether the obligor owes the amount certified and, if not and it is a support or maintenance order, whether the money withheld shall be paid to the obligor or held for future support or maintenance, except that the obligor's ability to pay is also an issue at the hearing if the obligation relates to an order under s. 767.51 (3) (e) 1. or 767.62 (4) (d) 1. s. 767.805 (4) (d) 1. or 767.89 (3) (e) 1. and the order specifies that the court found that the obligor's income was at or below the poverty line established under 42 USC 9902 (2).

Section 11. 343.16 (5) (a) of the statutes is amended to read:

343.16 (5) (a) The secretary may require any applicant for a license or any licensed operator to submit to a special examination by such persons or agencies as the secretary may direct to determine incompetency, physical or mental disability, disease, or any other condition that might prevent such applicant or licensed person from exercising reasonable and ordinary control over a motor vehicle. If the department requires the applicant to submit to an examination, the applicant shall pay for the examination. If the department receives an application for a renewal or duplicate license after voluntary surrender under s. 343.265 or receives a report from

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a physician, advanced practice nurse prescriber certified under s. 441.16 (2), or optometrist under s. 146.82 (3), or if the department has a report of 2 or more arrests within a one-year period for any combination of violations of s. 346.63 (1) or (5) or a local ordinance in conformity with s. 346.63 (1)/or (5) or a law of a federally recognized American Indian tribe or band in this/state in conformity with s. 346.63 (1) or (5), or s. 346.63 (1m), 1985 stats., or s. 346.63 (2) or (6) or 940.25, or s. 940.09 where the offense involved the use of a vehicle, the department shall determine, by interview or otherwise, whether the operator should submit to an examination under this section. The examination may consist of an assessment. If the examination results from the department receiving a report from a physician, advanced practice nurse prescriber certified under s. 441.16 (2), or optometrist under s. 146.82 (3), the examination may be conducted by, and the results of the examination certified by, a physician, advanced practice nurse prescriber certified under s. 441.16 (2), or If the examination indicates that education or treatment for a optometrist. disability, disease or condition concerning the use of alcohol, a controlled substance or a controlled substance analog is appropriate, the department may order a driver safety plan in accordance with s. 343.30 (1g). If there is noncompliance with assessment or/the driver safety plan, the department shall revoke the person's operating privilege in the manner specified in s. 343.30 (1q) (d).

SECTION 12. 812.30 (9) of the statutes is amended to read:

812.30 **(9)** "Need-based public assistance" means aid to families with dependent children, relief funded by a relief block grant under ch. 49, relief provided by counties under s. 59.53 (21), medical assistance, supplemental security income, food stamps, or benefits received by veterans under s. 45.40 (1) (1m) or under 38 USC 501 to 562.

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Sectio	SECTION 13. 814.29 (1) (d) 1. of the statutes is amended to read:		
814.29	(1) (d) 1. That the person is a recipient of means-tested public		
assistance, i	ncluding aid to families with dependent children, relief funded by a relief		
block grant	under ch. 49, relief provided by counties under s. 59.53 (21), medical		
assistance	supplemental security income, food stamps or benefits received by		

6 veterans under s. 45.40 (1) (1m) or under 38 USC 501 to 562.

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BY Nicole Hudzindu

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CTS — Pieces of the Bill Draft

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2007 Assembly Bill 497 (see attached).

- Modified in two respects:
 - (a) With AB 169 passed (2007 Wisconsin Act 120), there is no need to address Wis DOT certification of disabilities. Therefore, take from AB 497 only the Wis. DNR and Vets Affairs provisions, with Assembly Amendment 1.
 - (b) Limit AB 497 to only cover podiatrists.

Change the name of the Podiatry Board.

- Currently it is the "Podiatrists Affiliated Credentialing Board". Change it to the VCTS "Podiatry Affiliated Credentialing Board."

Miscellaneous statutes clean-up as follows.

Chapter 16—DEPARTMENT OF ADMINISTRATION

16.752 (8g) (attestation of extent of disability or handicap; podiatrist should be listed)

Responsibilities of work centers. Each work center participating in the program established under this section shall:

16.752(8)(g)

(g) Maintain a record for each severely handicapped individual employed by it which includes a written report prepared by a licensed physician or psychiatrist, or a qualified psychologist, reflecting the nature and extent of the disability that causes the individual to qualify as severely handicapped.

Chapter 25—WISCONSIN VETERANS AFFAIRS CERTIFICATIONS

- Add podiatrist (per 2007 Assembly Bill 497)

Same re Wis DNR.

Chapter 29—WILD ANIMALS AND PLANTS

29.193 (approvals for disabled persons: podiatrist should be listed)

29.193(2)(b)2.

2. An applicant shall submit an application on a form prepared and furnished by the department, which shall include a written statement or report prepared and signed by a licensed physician or licensed chiropractor, prepared no more than 6 months preceding the application and verifying that the applicant is physically disabled.

29.193(2(c)2.

2. The department shall issue a Class B permit under this subsection to an applicant who has a temporary disability which restricts mobility or ambulation due to injury or operative procedures and who either has a leg, hip or back, or any part thereof, casted by a licensed physician due to a fracture or has leg, hip or back surgery.

29.193(2)(c)3.

3. The department may issue a Class B permit to an applicant who is ineligible for a permit under <u>subd. 1., 2.</u> or <u>2m.</u> or who is denied a permit under <u>subd. 1., 2.</u> or <u>2m.</u> if, upon review and after considering the physical condition of the applicant and the recommendation of a licensed physician or licensed chiropractor selected by the applicant from a list of licensed physicians and licensed chiropractors compiled by the department, the department finds that issuance of a permit complies with the intent of this subsection. The use of this review procedure is discretionary with the department and all costs of the review procedure shall be paid by the applicant.

29.193(2)(e)

(e) Review of decisions. An applicant denied a permit under this subsection, except a permit under par. (c) 3., may obtain a review of that decision by a licensed physician or a licensed chiropractor designated by the department and with an office located in the department district in which the applicant resides. The department shall pay for the cost of a review under this paragraph unless the denied application on its face fails to meet the standards set forth in par. (c) 1. or 2. A review under this paragraph is the only method of review of a decision to deny a permit under this subsection and is not subject to further review under ch. 227.

Chapter 185—COOPERATIVES V

185.981 (cooperative sickness care; podiatrists should be mentioned)

185.98(1)

(1) Cooperative associations may be organized under this chapter without capital stock, exclusively to establish and operate in the state or in any county or counties therein a nonprofit plan or plans for sickness care, including hospital care, for their members and their dependents through contracts with physicians, medical societies, chiropractors, optometrists, dentists, dental societies, hospitals and others.

185.98(2)

(2) Such associations shall operate only on a cooperative nonprofit basis and for the purpose of establishing, maintaining and operating a voluntary nonprofit health, dental or vision care plan or plans or for constructing, operating and maintaining nonprofit

hospitals or other facilities whereby sickness care, including hospital, dental or vision care, is provided at the expense of such association, its members or both, to such persons or groups of persons as shall become subscribers to such plan, under contracts which will entitle each such subscriber to definite medical, surgical, chiropractic, vision, dental or hospital care, appliances and supplies, by physicians and surgeons licensed and registered under ch. 448, optometrists licensed under ch. 449, chiropractors licensed under ch. 446 and dentists licensed under ch. 447 in their offices, in hospitals, in other facilities and in the home.

185.981(3)

(3) No cooperative association organized for the purposes provided in <u>ss. 185.981</u> to <u>185.983</u> shall be prevented from contracting with any hospital in this state for the rendition of such hospital care as is included within such a plan because such hospital participates in any other such plan, or in a plan organized and operated under <u>ss. 148.03</u> and <u>613.80</u>. No hospital may discriminate against any physician and surgeon, chiropractor or dentist with respect to the use of such hospital's facilities by reason of his or her participation in a sickness care plan of a cooperative.

185.981(4)

(4) No contract by or on behalf of any such cooperative association shall provide for the payment of any cash, indemnity or other material benefit by that association to the subscriber or the subscriber's estate on account of death, illness or injury, nor be in any way related to the payment of any such benefit by any other agency, but any such association may stipulate in its plan that it will pay any nonparticipating physician and surgeon, optometrist, chiropractor, dentist or hospital outside of its normal territory for sickness or hospital care rendered any covered member or a member's covered dependent who is in need of the benefits of such plan when he or she is outside of the territory of such association in which the benefits of such plan are normally available. Any such plan may prescribe monetary limitations with respect to such extraterritorial benefits.

185.982 (manner of practicing medicine; payment; podiatrists not mentioned)

185.982(1)

(1) No sickness care plan or contract issued thereunder by such cooperative association shall interfere with the manner or mode of the practice of medicine, optometry, chiropractic or dentistry, the relationship of physician, chiropractor, optometrist or dentist and patient, nor the responsibility of physician, chiropractor, optometrist or dentist to patient. A plan may require persons covered to utilize health care providers designated by the cooperative association. The cooperative association may provide health care services directly through providers who are employees of the cooperative association or through agreements with individual providers or groups of providers organized on a group practice or individual practice basis. In making such agreements, no plan may refuse to provide coverage for vision care services or procedures provided by an optometrist licensed under ch. 449 within the scope of the practice of optometry, as defined in s. 449.01 (1), if the plan provides coverage for the same services or procedures when provided by another health care provider.

185.982(2)

(2) Any cooperative association operating a voluntary sickness care plan under the provisions of this chapter may pay physicians and surgeons, optometrists, chiropractors or dentists on a salary, per person or fee-for-service basis to provide sickness care to members of such association. Every association shall contract only with its own members for the benefits of any plan which it operates, but any association which operates a hospital may make the facilities thereof available to nonmembers and to nonparticipating physicians, optometrists or dentists.

Chapter 343—OPERATORS' LICENSES

343.62 (attestation of physical fitness to teach driving)

353.62(4)(a)4.

4. The applicant submits with the application a statement completed within the immediately preceding 24 months, except as provided by rule, by a physician licensed to practice medicine in any state, from an advanced practice nurse licensed to practice nursing in any state, from a physician assistant licensed or certified to practice in any state, from a chiropractor licensed to practice chiropractic in any state, or from a Christian Science practitioner residing in this state, and listed in the Christian Science journal certifying that, in the medical care provider's judgment, the applicant is physically fit to teach driving.

Chapter 632—INSURANCE CONTRACTS IN SPECIFIC LINES

632.64 (certification of disability; podiatrists should be mentioned)

632.64

632.64 Certification of disability. Insurers doing a life insurance business in this state shall afford equal weight to a certification of disability signed by a physician with respect to matters within the scope of the physician's professional license and to a certification of disability signed by a chiropractor with respect to matters within the scope of the chiropractor's professional license for the purpose of insurance policies they issue. This section does not require an insurer to treat a certificate of disability as conclusive evidence of disability.

632.99 (certification of disability; podiatrists not mentioned)

632.99

632.99 Certifications of disability. Every insurer doing a health or disability insurance business in this state shall afford equal weight to a certification of disability signed by a physician with respect to matters within the scope of the physician's professional license and to a certification of disability signed by a chiropractor with respect to matters within the scope of the chiropractor's professional license for the purpose of insurance policies they issue. This section does not require an insurer to treat any certification of disability as conclusive evidence of disability.

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Chapter 895—DAMAGES, LIABILITY, AND MISCELLANEOUS PROVISIONS REGARDING ACTIONS IN COURT

895.48 (civil liability exemption; emergency medical care—athletic event coverage; podiatrists should be listed)

895.48(lm)(a)

(a) Except as provided in par. (b), any physician or athletic trainer licensed under ch. 448, chiropractor licensed under ch. 446, dentist licensed under ch. 447, emergency medical technician licensed under s. 256.15, first responder certified under s. 256.15 (8), physician assistant licensed under ch. 448, registered nurse licensed under ch. 441, or a massage therapist or bodyworker issued a certificate under ch. 460 who renders voluntary health care to a participant in an athletic event or contest sponsored by a nonprofit corporation, as defined in s. 66.0129 (6) (b), a private school, as defined in s. 115.001 (3r), a public agency, as defined in s. 46.856 (1) (b), or a school, as defined in s. 609.655 (1) (c), is immune from civil liability for his or her acts or omissions in rendering that care if all of the following conditions exist:

895.48(1m)(a)2.

2. The physician, athletic trainer, chiropractor, dentist, emergency medical technician, first responder, physician assistant, registered nurse, massage therapist or bodyworker does not receive compensation for the health care, other than reimbursement for expenses.



Chapter 905—EVIDENCE—PRIVILEGES

905.04 (podiatrist-patient privilege should be listed, and podiatrist should be defined)

905.04

APY

905.04 Physician-patient, registered nurse-patient, chiropractor-patient, psychologist-patient, social worker-patient, marriage and family therapist-patient and professional counselor-patient privilege.

905.04(1)

(1) **Definitions.** In this section:

905.04(1)(a)

(a) "Chiropractor" means a person licensed under $\underline{s.446.02}$, or a person reasonably believed by the patient to be a chiropractor.

905.04(1)(b)

(b) A communication or information is "confidential" if not intended to be disclosed to 3rd persons other than those present to further the interest of the patient in the consultation, examination, or interview, or persons reasonably necessary for the transmission of the communication or information or persons who are participating in the diagnosis and treatment under the direction of the physician, registered nurse, chiropractor, psychologist, social worker, marriage and family therapist or professional counselor, including the members of the patient's family.

905.04(1)(bm)

(bm) "Marriage and family therapist" means an individual who is licensed as a marriage and family therapist under ch. 457 or an individual reasonably believed by the patient to be a marriage and family therapist.

905.04(1)(c)

(c) "Patient" means an individual, couple, family or group of individuals who consults with or is examined or interviewed by a physician, registered nurse, chiropractor, psychologist, social worker, marriage and family therapist or professional counselor.

905.04(1)(d)

(d) "Physician" means a person as defined in <u>s. 990.01 (28)</u>, or reasonably believed by the patient so to be.

905.04(1)(dm)

(dm) "Professional counselor" means an individual who is licensed as a professional counselor under ch. 457 or an individual reasonably believed by the patient to be a professional counselor.

905.04(1)(e)

(e) "Psychologist" means a licensed psychologist, as that term is defined in <u>s. 455.01 (4)</u>, or a person reasonably believed by the patient to be a psychologist.

905.04(1)(f)

(f) "Registered nurse" means a nurse who is licensed under $\underline{s.441.06}$ or licensed as a registered nurse in a party state, as defined in $\underline{s.441.50}$ (2) (j), or a person reasonably believed by the patient to be a registered nurse.

905.04(1)(g)

(g) "Social worker" means an individual who is certified or licensed as a social worker, advanced practice social worker, independent social worker, or clinical social worker under ch. 457 or an individual reasonably believed by the patient to be a social worker, advanced practice social worker, independent social worker, or clinical social worker.

905.04(2)

(2) General rule of privilege. A patient has a privilege to refuse to disclose and to prevent any other person from disclosing confidential communications made or information obtained or disseminated for purposes of diagnosis or treatment of the patient's physical, mental or emotional condition, among the patient, the patient's physician, the patient's registered nurse, the patient's chiropractor, the patient's psychologist, the patient's social worker, the patient's marriage and family therapist, the patient's professional counselor or persons, including members of the patient's family, who are participating in the diagnosis or treatment under the direction of the physician, registered nurse, chiropractor, psychologist, social worker, marriage and family therapist or professional counselor.



RPN

905.04(3)

(3) Who may claim the privilege. The privilege may be claimed by the patient, by the patient's guardian or conservator, or by the personal representative of a deceased patient. The person who was the physician, registered nurse, chiropractor, psychologist, social worker, marriage and family therapist or professional counselor may claim the privilege but only on behalf of the patient. The authority so to do is presumed in the absence of evidence to the contrary.



Chapter 990—CONSTRUCTION OF STATUTES

990.01 (Construction of laws; words and phrases—"Podiatrist" should be defined). 990.01(28)

(28) Physician, surgeon or osteopath. "Physician," "surgeon" or "osteopath" means a person holding a license or certificate of registration from the medical examining board.

*(Podiatrist should be defined here, alphabetically)

Nelson, Robert P.

From:

Hudzinski, Nicole

Sent:

Thursday, October 02, 2008 3:06 PM

To:

Nelson, Robert P.

Subject:

LRB 0055

That's fine not to include a definition of podiatrist in chapter 990.

VAPN

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Yes, please have the drafter expressly include podiatrists in s. 49.45(9).

At page 3 of the LRB analysis of the bill draft, two of the paragraphs are inadvertently repeated.

At page 13, line 5, there is a colon (:) that seems to be a typo.

At page 15, line 3 and line 7-8, there is an unintended reference to physician assistant that perhaps unintentionally migrated from 2007 AB 497. Those physician assistant changes should not be included in this podiatry bill draft.

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DRAFTER'S NOTE FROM THE LEGISLATIVE REFERENCE BUREAU

LRB-0055/P1dn RPN&PJK:kjf:md

September 19, 2008

I did not include a definition of podiatrist in chapter 990 after consulting with the revising attorney. We do not put professional licensed occupations in that chapter.

Robert P. Nelson Senior Legislative Attorney Phone: (608) 267–7511 E-mail: robert.nelson@legis.wisconsin.gov

Do you want to include podiatrists in s. 49.45 (9)?

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