



State of Wisconsin
2015 - 2016 LEGISLATURE

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2015 SENATE BILL 762

February 23, 2016 – Introduced by Senators LASEE and CARPENTER, cosponsored by Representatives SANFELIPPO, MURPHY, ROHRKASTE, SKOWRONSKI and CONSIDINE. Referred to Committee on Health and Human Services.

1 **AN ACT** *to renumber* 446.05 (1) and subchapter VIII of chapter 448 [precedes
2 448.980]; *to amend* 15.085 (1m) (b), 15.406 (4) (a), 29.193 (1m) (a) 2. (intro.),
3 29.193 (2) (b) 2., 29.193 (2) (c) 3., 29.193 (2) (cd) 2. b., 29.193 (2) (cd) 2. c., 29.193
4 (2) (e), 45.40 (1g) (a), 49.45 (9), 50.36 (3) (a), 50.36 (3) (b), 50.36 (3) (c), 50.39 (3),
5 77.54 (14) (b), 77.54 (14) (c), 77.54 (14) (d), 77.54 (14) (f) 7., 102.13 (1) (a), 102.13
6 (1) (b) (intro.), 102.13 (1) (b) 1., 102.13 (1) (b) 3., 102.13 (1) (b) 4., 102.13 (1) (d)
7 1., 102.13 (1) (d) 2., 102.13 (1) (d) 3., 102.13 (1) (d) 4., 102.13 (2) (a), 102.13 (2)
8 (b), 102.13 (3), 102.16 (3), 102.17 (1) (d) 1., 102.17 (1) (d) 2., 102.17 (1) (e), 102.17
9 (1) (g), 102.29 (3), 102.42 (1), 102.42 (2) (a), 102.61 (1g) (c), 118.15 (3) (a), 118.29
10 (1) (e), 146.37 (1g), 146.89 (1) (r) 1., 146.903 (1) (b), 146.997 (1) (d) 4., 155.01 (7),
11 185.981 (1), 185.981 (2), 185.981 (3), 185.981 (4) (a), 185.982 (1), 185.982 (2),
12 254.35 (3) (c), 254.39 (1), 255.06 (1) (d), 257.01 (5) (a), 257.01 (5) (b), 287.07 (7)
13 (c) 1. a., 341.14 (1a), 341.14 (1e) (a), 341.14 (1m), 341.14 (1q), 343.51 (1), 343.62
14 (4) (a) 4., 441.001 (3) (a), 441.001 (4) (b), 446.02 (6m), 446.026 (1) (a), 448.03 (2)

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1 (a), 448.52 (2m) (a), 448.52 (2m) (b), 448.56 (1), 448.56 (1m) (b), 448.956 (1m),
2 448.956 (3) (c), 448.956 (4), 450.10 (3) (a) 5., 454.02 (2) (a), 462.04, 609.70 (title),
3 628.46 (2m) (a), 632.32 (2) (am), 632.64, 632.87 (3) (a) (intro.), 632.87 (3) (a) 1.,
4 632.87 (3) (a) 2., 632.87 (3) (b) (intro.), 632.87 (3) (b) 1., 632.87 (3) (b) 2., 632.87
5 (3) (b) 3., 632.87 (3) (b) 4., 632.875 (1) (b), 632.875 (1) (c), 632.875 (2) (intro.),
6 632.875 (2) (b), 632.875 (3) (a), 632.875 (3) (b), 632.99, 655.45 (1), 895.453 (title),
7 895.453 (2) (intro.), 895.453 (2) (b), 895.453 (2) (e), 895.453 (3), 895.453 (4) (a),
8 895.453 (4) (b), 895.48 (1m) (a) (intro.), 895.48 (1m) (a) 2., 905.04 (title), 905.04
9 (1) (b), 905.04 (1) (c), 905.04 (2), 905.04 (3), 905.04 (4) (a), 905.04 (4) (e) 3., 949.01
10 (4), 949.04 (3) and 961.01 (19) (a); and **to create** 15.406 (7), 48.981 (2) (a) 6m.,
11 49.46 (2) (b) 11m., 77.54 (14) (f) 7m., 146.81 (1) (ev), 180.1901 (1m) (bw), 252.14
12 (1) (ar) 4r., 440.03 (13) (b) 53s., 440.08 (2) (a) 60s., 446.02 (7d) (d), 446.05 (1) (b),
13 448.21 (1) (f), subchapter VIII of chapter 448 [precedes 448.971], 450.11 (8) (f),
14 462.02 (2) (g), 600.03 (38s), 600.03 (41s), 632.875 (1) (bm), 632.875 (1) (dm),
15 895.453 (1) (am), 895.453 (1) (cm) and 905.04 (1) (bd) of the statutes; **relating**
16 **to:** licensure of primary spinal care practitioners, granting rule-making
17 authority, and providing a criminal penalty.

Analysis by the Legislative Reference Bureau

This bill establishes a licensure program for primary spinal care practitioners to be administered by the Spinal Medicine Affiliated Credentialing Board, which is created in the bill and attached to the Medical Examining Board. The affiliated credentialing board consists of three primary spinal care practitioners, one physician licensed by the Medical Examining Board, and one public member, all of whom serve staggered four-year terms.

Under the bill, a primary spinal care practitioner is an individual who possesses the degree of doctor of chiropractic medicine or equivalent degree as determined by the affiliated credentialing board. The bill defines “spinal medicine” in relevant part as the integration and application of the practice of chiropractic and the practice of medicine and surgery, both as defined under current law, that is

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limited to conditions of the spine and the musculoskeletal, neuromuscular, and nervous systems. The practice of spinal medicine does not include surgery or, unless under the direction of a physician, the administration of a general anesthetic.

Under the bill, and subject to certain exceptions, a person may practice spinal medicine in Wisconsin only if he or she is licensed by the affiliated credentialing board as a primary spinal care practitioner. The affiliated credentialing board may grant a license to practice spinal medicine to an applicant who, among other things, has practiced as a licensed chiropractor in good standing with the Chiropractic Examining Board for at least two years and has a degree of doctor of spinal medicine or equivalent degree from a program in chiropractic medicine approved by the affiliated credentialing board. A licensed primary spinal care practitioner must keep current his or her chiropractor license with the Chiropractic Examining Board.

The bill requires the affiliated credentialing board to establish continuing education requirements for licensed primary spinal care practitioners and authorizes up to 80 percent of those hours to count toward the continuing education requirements for a chiropractor license held with the Chiropractic Examining Board. The bill requires at least 50 percent of those hours to include evidence-based pharmacology and medical procedures-based training. Under the bill, a licensed primary spinal care practitioner has authority to prescribe and administer prescription drugs.

The bill requires primary spinal care practitioners to maintain specific levels of malpractice liability insurance coverage and establishes various requirements with respect to fee splitting and billing for services. Those malpractice insurance, fee splitting, and billing requirements, as well as other requirements in the bill, are substantially similar to the requirements for podiatrists under current law.

The bill also treats primary spinal care practitioners similar to chiropractors in some respects. For example, the bill requires primary spinal care practitioners to refer a patient to a physician if the primary spinal care practitioner determines that the patient's condition is beyond the scope of the practice of spinal medicine. Also, the bill includes insurance coverage parity requirements that closely track the coverage requirements for treatment provided by chiropractors.

The bill requires the affiliated credentialing board and the Chiropractic Examining Board each to refer to the other board for investigation an allegation of a violation by a primary spinal care practitioner of the laws administered by that other board. If the alleged conduct involves a violation both of the laws applicable to primary spinal care practitioners and of the laws applicable to chiropractors, the bill requires the two boards to consult concerning the investigation of that alleged conduct. Otherwise, the affiliated credentialing board's authority to investigate misconduct and discipline licensed primary spinal care practitioners is typical of that for other similar boards, especially the Podiatry Affiliated Credentialing Board.

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

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

1 **SECTION 1.** 15.085 (1m) (b) of the statutes is amended to read:

2 15.085 (1m) (b) The public members of the podiatry affiliated credentialing
3 board, spinal medicine affiliated credentialing board, or occupational therapists
4 affiliated credentialing board shall not be engaged in any profession or occupation
5 concerned with the delivery of physical or mental health care.

6 **SECTION 2.** 15.406 (4) (a) of the statutes is amended to read:

7 15.406 (4) (a) Four athletic trainers who are licensed under subch. VI of ch. 448
8 and who have not been issued a credential in athletic training by a governmental
9 authority in a jurisdiction outside this state. One of the athletic trainer members
10 may also be licensed under ch. 446 or 447 or subch. II, III ~~or~~, IV, or VIII of ch. 448.

11 **SECTION 3.** 15.406 (7) of the statutes is created to read:

12 15.406 (7) SPINAL MEDICINE AFFILIATED CREDENTIALING BOARD. There is created
13 in the department of safety and professional services, attached to the medical
14 examining board, a spinal medicine affiliated credentialing board consisting of the
15 following members appointed for 4-year terms:

16 (a) Three primary spinal care practitioners who are licensed under subch. VIII
17 of ch. 448.

18 (b) A physician, as defined in s. 448.01 (5).

19 (c) One public member.

20 **SECTION 4.** 29.193 (1m) (a) 2. (intro.) of the statutes, as affected by 2015
21 Wisconsin Act 97, is amended to read:

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1 29.193 (1m) (a) 2. (intro.) Has a permanent substantial loss of function in one
2 or both arms or one or both hands and fails to meet the minimum standards of any
3 one of the following standard tests, administered under the direction of a licensed
4 physician, a licensed physician assistant, a licensed primary spinal care practitioner,
5 a licensed chiropractor, or a certified advanced practice nurse prescriber:

6 **SECTION 5.** 29.193 (2) (b) 2. of the statutes, as affected by 2015 Wisconsin Act
7 97, is amended to read:

8 29.193 (2) (b) 2. An applicant shall submit an application on a form prepared
9 and furnished by the department, which shall include a written statement or report
10 prepared and signed by a licensed physician, a licensed physician assistant, a
11 licensed chiropractor, a licensed podiatrist, a licensed primary spinal care
12 practitioner, or a certified advanced practice nurse prescriber prepared no more than
13 6 months preceding the application and verifying that the applicant is physically
14 disabled.

15 **SECTION 6.** 29.193 (2) (c) 3. of the statutes, as affected by 2015 Wisconsin Act
16 97, is amended to read:

17 29.193 (2) (c) 3. The department may issue a Class B permit to an applicant
18 who is ineligible for a permit under subd. 1., 2. or 2m. or who is denied a permit under
19 subd. 1., 2. or 2m. if, upon review and after considering the physical condition of the
20 applicant and the recommendation of a licensed physician, a licensed physician
21 assistant, a licensed chiropractor, a licensed podiatrist, a licensed primary spinal
22 care practitioner, or a certified advanced practice nurse prescriber selected by the
23 applicant from a list of licensed physicians, licensed physician assistants, licensed
24 chiropractors, licensed podiatrists, licensed primary spinal care practitioners, and
25 certified advanced practice nurse prescribers compiled by the department, the

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1 department finds that issuance of a permit complies with the intent of this
2 subsection. The use of this review procedure is discretionary with the department
3 and all costs of the review procedure shall be paid by the applicant.

4 **SECTION 7.** 29.193 (2) (cd) 2. b. of the statutes, as affected by 2015 Wisconsin
5 Act 97, is amended to read:

6 29.193 (2) (cd) 2. b. The person has a permanent substantial loss of function
7 in one or both arms and fails to meet the minimum standards of the standard upper
8 extremity pinch test, the standard grip test, or the standard nine-hole peg test,
9 administered under the direction of a licensed physician, a licensed primary spinal
10 care practitioner, a licensed physician assistant, a licensed chiropractor, or a certified
11 advanced practice nurse prescriber.

12 **SECTION 8.** 29.193 (2) (cd) 2. c. of the statutes, as affected by 2015 Wisconsin
13 Act 97, is amended to read:

14 29.193 (2) (cd) 2. c. The person has a permanent substantial loss of function in
15 one or both shoulders and fails to meet the minimum standards of the standard
16 shoulder strength test, administered under the direction of a licensed physician, a
17 licensed primary spinal care practitioner, a licensed physician assistant, a licensed
18 chiropractor, or a certified advanced practice nurse prescriber.

19 **SECTION 9.** 29.193 (2) (e) of the statutes, as affected by 2015 Wisconsin Act 97,
20 is amended to read:

21 29.193 (2) (e) *Review of decisions.* An applicant denied a permit under this
22 subsection, except a permit under par. (c) 3., may obtain a review of that decision by
23 a licensed physician, a licensed physician assistant, a licensed chiropractor, a
24 licensed podiatrist, a licensed primary spinal care practitioner, or a certified
25 advanced practice nurse prescriber designated by the department and with an office

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1 located in the department district in which the applicant resides. The department
2 shall pay for the cost of a review under this paragraph unless the denied application
3 on its face fails to meet the standards set forth in par. (c) 1. or 2. A review under this
4 paragraph is the only method of review of a decision to deny a permit under this
5 subsection and is not subject to further review under ch. 227.

6 **SECTION 10.** 45.40 (1g) (a) of the statutes is amended to read:

7 45.40 (1g) (a) “Health care provider” means an advanced practice nurse
8 prescriber certified under s. 441.16 (2), an audiologist licensed under ch. 459, a
9 dentist licensed under ch. 447, an optometrist licensed under ch. 449, a physician
10 licensed under s. 448.02, ~~or~~ a podiatrist licensed under s. 448.63, or a primary spinal
11 care practitioner licensed under s. 448.9725.

12 **SECTION 11.** 48.981 (2) (a) 6m. of the statutes is created to read:

13 48.981 (2) (a) 6m. A primary spinal care practitioner.

14 **SECTION 12.** 49.45 (9) of the statutes is amended to read:

15 49.45 (9) FREE CHOICE. Any person eligible for medical assistance under s.
16 49.46, 49.468, 49.47, or 49.471 may use the physician, chiropractor, dentist,
17 pharmacist, podiatrist, primary spinal care practitioner, hospital, skilled nursing
18 home, health maintenance organization, limited service health organization,
19 preferred provider plan or other licensed, registered or certified provider of health
20 care of his or her choice, except that free choice of a provider may be limited by the
21 department if the department’s alternate arrangements are economical and the
22 recipient has reasonable access to health care of adequate quality. The department
23 may also require a recipient to designate, in any or all categories of health care
24 providers, a primary health care provider of his or her choice. After such a
25 designation is made, the recipient may not receive services from other health care

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1 providers in the same category as the primary health care provider unless such
2 service is rendered in an emergency or through written referral by the primary
3 health care provider. Alternate designations by the recipient may be made in
4 accordance with guidelines established by the department. Nothing in this
5 subsection shall vitiate the legal responsibility of the physician, chiropractor,
6 dentist, pharmacist, podiatrist, primary spinal care practitioner, skilled nursing
7 home, hospital, health maintenance organization, limited service health
8 organization, preferred provider plan or other licensed, registered or certified
9 provider of health care to patients. All contract and tort relationships with patients
10 shall remain, notwithstanding a written referral under this section, as though
11 dealings are direct between the physician, chiropractor, dentist, pharmacist,
12 podiatrist, primary spinal care practitioner, skilled nursing home, hospital, health
13 maintenance organization, limited service health organization, preferred provider
14 plan or other licensed, registered or certified provider of health care and the patient.
15 No physician, chiropractor, pharmacist, podiatrist, primary spinal care practitioner,
16 or dentist may be required to practice exclusively in the medical assistance program.

17 **SECTION 13.** 49.46 (2) (b) 11m. of the statutes is created to read:

18 49.46 (2) (b) 11m. The services of primary spinal care practitioners.

19 **SECTION 14.** 50.36 (3) (a) of the statutes is amended to read:

20 50.36 (3) (a) Any person licensed to practice medicine and surgery under subch.
21 II of ch. 448 ~~or~~, podiatry under subch. IV of ch. 448, or spinal medicine under subch.
22 VIII of ch. 448 shall be afforded an equal opportunity to obtain hospital staff
23 privileges and may not be denied hospital staff privileges solely for the reason that
24 the person is an osteopathic physician and surgeon ~~or~~, a podiatrist, or a primary
25 spinal care practitioner. Each individual hospital shall retain the right to determine

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1 whether the applicant's training, experience and demonstrated competence is
2 sufficient to justify the granting of hospital staff privileges or is sufficient to justify
3 the granting of limited hospital staff privileges.

4 **SECTION 15.** 50.36 (3) (b) of the statutes is amended to read:

5 50.36 (3) (b) If, as a result of peer investigation or written notice thereof, a
6 hospital staff member who is licensed by the medical examining board or, podiatry
7 affiliated credentialing board, or spinal medicine affiliated credentialing board, for
8 any reasons that include the quality of or ability to practice, loses his or her hospital
9 staff privileges, has his or her hospital staff privileges reduced or resigns from the
10 hospital staff, the hospital shall so notify the medical examining board or, podiatry
11 affiliated credentialing board, or spinal medicine affiliated credentialing board,
12 whichever is applicable, within 30 days after the loss, reduction or resignation takes
13 effect. Temporary suspension due to incomplete records need not be reported.

14 **SECTION 16.** 50.36 (3) (c) of the statutes is amended to read:

15 50.36 (3) (c) If, as a result of peer investigation or written notice thereof, a
16 hospital staff member who is licensed by the medical examining board or, podiatry
17 affiliated credentialing board, or spinal medicine affiliated credentialing board, for
18 reasons that do not include the quality of or ability to practice, loses his or her
19 hospital staff privileges for 30 days or more, has his or her hospital staff privileges
20 reduced for 30 days or more or resigns from the hospital staff for 30 days or more, the
21 hospital shall so notify the medical examining board or, podiatry affiliated
22 credentialing board, or spinal medicine affiliated credentialing board, whichever is
23 applicable, within 30 days after the loss, reduction or resignation takes effect.
24 Temporary suspension due to incomplete records need not be reported.

25 **SECTION 17.** 50.39 (3) of the statutes is amended to read:

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1 50.39 (3) Facilities governed by ss. 45.50, 48.62, 49.70, 49.72, 50.02, 51.09, and
2 252.10, juvenile correctional facilities as defined in s. 938.02 (10p), correctional
3 institutions governed by the department of corrections under s. 301.02, and the
4 offices and clinics of persons licensed to treat the sick under chs. 446, 447, and 448
5 are exempt from ss. 50.32 to 50.39. Sections 50.32 to 50.39 do not abridge the rights
6 of the medical examining board, physical therapy examining board, podiatry
7 affiliated credentialing board, spinal medicine affiliated credentialing board,
8 dentistry examining board, pharmacy examining board, chiropractic examining
9 board, and board of nursing in carrying out their statutory duties and
10 responsibilities.

11 **SECTION 18.** 77.54 (14) (b) of the statutes is amended to read:

12 77.54 (14) (b) Furnished by a licensed physician, surgeon, podiatrist, primary
13 spinal care practitioner, or dentist to a patient who is a human being for treatment
14 of the patient.

15 **SECTION 19.** 77.54 (14) (c) of the statutes is amended to read:

16 77.54 (14) (c) Furnished by a hospital for treatment of any person pursuant to
17 the order of a licensed physician, surgeon, podiatrist, primary spinal care
18 practitioner, or dentist.

19 **SECTION 20.** 77.54 (14) (d) of the statutes is amended to read:

20 77.54 (14) (d) Sold to a licensed physician, surgeon, podiatrist, primary spinal
21 care practitioner, dentist, or hospital for the treatment of a human being.

22 **SECTION 21.** 77.54 (14) (f) 7. of the statutes is amended to read:

23 77.54 (14) (f) 7. A podiatrist who is licensed under subch. IV of ch. 448.

24 **SECTION 22.** 77.54 (14) (f) 7m. of the statutes is created to read:

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1 77.54 (14) (f) 7m. A primary spinal care practitioner licensed under subch. VIII
2 of ch. 448.

3 **SECTION 23.** 102.13 (1) (a) of the statutes is amended to read:

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

17 **SECTION 24.** 102.13 (1) (b) (intro.) of the statutes is amended to read:

18 102.13 (1) (b) (intro.) An employer or insurer who requests that an employee
19 submit to reasonable examination under par. (a) or (am) shall tender to the employee,
20 before the examination, all necessary expenses including transportation expenses.
21 The employee is entitled to have a physician, chiropractor, psychologist, dentist,
22 physician assistant, advanced practice nurse prescriber, ~~or podiatrist,~~ or primary
23 spinal care practitioner provided by himself or herself present at the examination
24 and to receive a copy of all reports of the examination that are prepared by the
25 examining physician, chiropractor, psychologist, podiatrist, primary spinal care

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1 practitioner, dentist, physician assistant, advanced practice nurse prescriber, or
2 vocational expert immediately upon receipt of those reports by the employer or
3 worker's compensation insurer. The employee is also entitled to have a translator
4 provided by himself or herself present at the examination if the employee has
5 difficulty speaking or understanding the English language. The employer's or
6 insurer's written request for examination shall notify the employee of all of the
7 following:

8 **SECTION 25.** 102.13 (1) (b) 1. of the statutes is amended to read:

9 102.13 (1) (b) 1. The proposed date, time, and place of the examination and the
10 identity and area of specialization of the examining physician, chiropractor,
11 psychologist, dentist, podiatrist, primary spinal care practitioner, physician
12 assistant, advanced practice nurse prescriber, or vocational expert.

13 **SECTION 26.** 102.13 (1) (b) 3. of the statutes is amended to read:

14 102.13 (1) (b) 3. The employee's right to have his or her physician, chiropractor,
15 psychologist, dentist, physician assistant, advanced practice nurse prescriber, or
16 podiatrist, or primary spinal care practitioner present at the examination.

17 **SECTION 27.** 102.13 (1) (b) 4. of the statutes is amended to read:

18 102.13 (1) (b) 4. The employee's right to receive a copy of all reports of the
19 examination that are prepared by the examining physician, chiropractor,
20 psychologist, dentist, podiatrist, primary spinal care practitioner, physician
21 assistant, advanced practice nurse prescriber, or vocational expert immediately
22 upon receipt of these reports by the employer or worker's compensation insurer.

23 **SECTION 28.** 102.13 (1) (d) 1. of the statutes is amended to read:

24 102.13 (1) (d) 1. Any physician, chiropractor, psychologist, dentist, podiatrist,
25 primary spinal care practitioner, physician assistant, advanced practice nurse

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1 prescriber, or vocational expert who is present at any examination under par. (a) or
2 (am) may be required to testify as to the results of the examination.

3 **SECTION 29.** 102.13 (1) (d) 2. of the statutes, as affected by 2015 Wisconsin Act
4 55, is amended to read:

5 102.13 (1) (d) 2. Any physician, chiropractor, psychologist, dentist, physician
6 assistant, advanced practice nurse prescriber, ~~or podiatrist,~~ or primary spinal care
7 practitioner who attended a worker's compensation claimant for any condition or
8 complaint reasonably related to the condition for which the claimant claims
9 compensation may be required to testify before the division when the division so
10 directs.

11 **SECTION 30.** 102.13 (1) (d) 3. of the statutes, as affected by 2015 Wisconsin Act
12 55, is amended to read:

13 102.13 (1) (d) 3. Notwithstanding any statutory provisions except par. (e), any
14 physician, chiropractor, psychologist, dentist, physician assistant, advanced
15 practice nurse prescriber, ~~or podiatrist,~~ or primary spinal care practitioner attending
16 a worker's compensation claimant for any condition or complaint reasonably related
17 to the condition for which the claimant claims compensation may furnish to the
18 employee, employer, worker's compensation insurer, department, or division
19 information and reports relative to a compensation claim.

20 **SECTION 31.** 102.13 (1) (d) 4. of the statutes is amended to read:

21 102.13 (1) (d) 4. The testimony of any physician, chiropractor, psychologist,
22 dentist, physician assistant, advanced practice nurse prescriber, ~~or podiatrist,~~ or
23 primary spinal care practitioner who is licensed to practice where he or she resides
24 or practices in any state and the testimony of any vocational expert may be received
25 in evidence in compensation proceedings.

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1 **SECTION 32.** 102.13 (2) (a) of the statutes, as affected by 2015 Wisconsin Act 55,
2 is amended to read:

3 102.13 (2) (a) An employee who reports an injury alleged to be work-related
4 or files an application for hearing waives any physician-patient,
5 psychologist-patient, or chiropractor-patient privilege with respect to any condition
6 or complaint reasonably related to the condition for which the employee claims
7 compensation. Notwithstanding ss. 51.30 and 146.82 and any other law, any
8 physician, chiropractor, psychologist, dentist, podiatrist, primary spinal care
9 practitioner, physician assistant, advanced practice nurse prescriber, hospital, or
10 health care provider shall, within a reasonable time after written request by the
11 employee, employer, worker's compensation insurer, department, or division, or its
12 representative, provide that person with any information or written material
13 reasonably related to any injury for which the employee claims compensation.

14 **SECTION 33.** 102.13 (2) (b) of the statutes is amended to read:

15 102.13 (2) (b) A physician, chiropractor, podiatrist, primary spinal care
16 practitioner, psychologist, dentist, physician assistant, advanced practice nurse
17 prescriber, hospital, or health service provider shall furnish a legible, certified
18 duplicate of the written material requested under par. (a) upon payment of the actual
19 costs of preparing the certified duplicate, not to exceed the greater of 45 cents per
20 page or \$7.50 per request, plus the actual costs of postage. Any person who refuses
21 to provide certified duplicates of written material in the person's custody that is
22 requested under par. (a) shall be liable for reasonable and necessary costs and,
23 notwithstanding s. 814.04 (1), reasonable attorney fees incurred in enforcing the
24 requester's right to the duplicates under par. (a).

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1 **SECTION 34.** 102.13 (3) of the statutes, as affected by 2015 Wisconsin Act 55,
2 is amended to read:

3 102.13 (3) If 2 or more physicians, chiropractors, psychologists, dentists, ~~or~~
4 podiatrists, or primary spinal care practitioners disagree as to the extent of an
5 injured employee's temporary disability, the end of an employee's healing period, an
6 employee's ability to return to work at suitable available employment or the
7 necessity for further treatment or for a particular type of treatment, the department
8 or the division may appoint another physician, chiropractor, psychologist, dentist, ~~or~~
9 podiatrist, or primary spinal care practitioner to examine the employee and render
10 an opinion as soon as possible. The department or the division shall promptly notify
11 the parties of this appointment. If the employee has not returned to work, payment
12 for temporary disability shall continue until the department or the division receives
13 the opinion. The employer or its insurance carrier, or both, shall pay for the
14 examination and opinion. The employer or insurance carrier, or both, shall receive
15 appropriate credit for any overpayment to the employee determined by the
16 department or the division after receipt of the opinion.

17 **SECTION 35.** 102.16 (3) of the statutes is amended to read:

18 102.16 (3) No employer subject to this chapter may solicit, receive, or collect
19 any money from an employee or any other person or make any deduction from their
20 wages, either directly or indirectly, for the purpose of discharging any liability under
21 this chapter or recovering premiums paid on a contract described under s. 102.31 (1)
22 (a) or a policy described under s. 102.315 (3), (4), or (5) (a); nor may any employer
23 subject to this chapter sell to an employee or other person, or solicit or require the
24 employee or other person to purchase, medical, chiropractic, podiatric, spinal
25 medicine, as defined in s. 448.971 (5), psychological, dental, or hospital tickets or

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1 contracts for medical, surgical, hospital, or other health care treatment that is
2 required to be furnished by that employer.

3 **SECTION 36.** 102.17 (1) (d) 1. of the statutes, as affected by 2015 Wisconsin Act
4 55, is amended to read:

5 102.17 (1) (d) 1. The contents of certified medical and surgical reports by
6 physicians, podiatrists, primary spinal care practitioners, surgeons, dentists,
7 psychologists, physician assistants, advanced practice nurse prescribers, and
8 chiropractors licensed in and practicing in this state, and of certified reports by
9 experts concerning loss of earning capacity under s. 102.44 (2) and (3), presented by
10 a party for compensation constitute prima facie evidence as to the matter contained
11 in those reports, subject to any rules and limitations the division prescribes.
12 Certified reports of physicians, podiatrists, primary spinal care practitioners,
13 surgeons, dentists, psychologists, physician assistants, advanced practice nurse
14 prescribers, and chiropractors, wherever licensed and practicing, who have
15 examined or treated the claimant, and of experts, if the practitioner or expert
16 consents to being subjected to cross-examination, also constitute prima facie
17 evidence as to the matter contained in those reports. Certified reports of physicians,
18 podiatrists, primary spinal care practitioners, surgeons, psychologists, and
19 chiropractors are admissible as evidence of the diagnosis, necessity of the treatment,
20 and cause and extent of the disability. Certified reports by doctors of dentistry,
21 physician assistants, and advanced practice nurse prescribers are admissible as
22 evidence of the diagnosis and necessity of treatment but not of the cause and extent
23 of disability. Any physician, podiatrist, primary spinal care practitioner, surgeon,
24 dentist, psychologist, chiropractor, physician assistant, advanced practice nurse

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1 prescriber, or expert who knowingly makes a false statement of fact or opinion in a
2 certified report may be fined or imprisoned, or both, under s. 943.395.

3 **SECTION 37.** 102.17 (1) (d) 2. of the statutes, as affected by 2015 Wisconsin Act
4 55, is amended to read:

5 102.17 (1) (d) 2. The record of a hospital or sanatorium in this state that is
6 satisfactory to the division, established by certificate, affidavit, or testimony of the
7 supervising officer of the hospital or sanatorium, any other person having charge of
8 the record, or a physician, podiatrist, primary spinal care practitioner, surgeon,
9 dentist, psychologist, physician assistant, advanced practice nurse prescriber, or
10 chiropractor to be the record of the patient in question, and made in the regular
11 course of examination or treatment of the patient, constitutes prima facie evidence
12 as to the matter contained in the record, to the extent that the record is otherwise
13 competent and relevant.

14 **SECTION 38.** 102.17 (1) (e) of the statutes, as affected by 2015 Wisconsin Act 55,
15 is amended to read:

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

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1 **SECTION 39.** 102.17 (1) (g) of the statutes, as affected by 2015 Wisconsin Act 55,
2 is amended to read:

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

16 **SECTION 40.** 102.29 (3) of the statutes is amended to read:

17 102.29 (3) Nothing in this chapter shall prevent an employee from taking the
18 compensation that the employee may be entitled to under this chapter and also
19 maintaining a civil action against any physician, chiropractor, psychologist, dentist,
20 physician assistant, advanced practice nurse prescriber, ~~or~~ podiatrist, or primary
21 spinal care practitioner for malpractice.

22 **SECTION 41.** 102.42 (1) of the statutes is amended to read:

23 102.42 (1) TREATMENT OF EMPLOYEE. The employer shall supply such medical,
24 surgical, chiropractic, psychological, podiatric, spinal medicine, as defined in s.
25 448.971 (5), dental, and hospital treatment, medicines, medical and surgical

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1 supplies, crutches, artificial members, appliances, and training in the use of
2 artificial members and appliances, or, at the option of the employee, Christian
3 Science treatment in lieu of medical treatment, medicines, and medical supplies, as
4 may be reasonably required to cure and relieve from the effects of the injury, and to
5 attain efficient use of artificial members and appliances, and in case of the
6 employer's neglect or refusal seasonably to do so, or in emergency until it is
7 practicable for the employee to give notice of injury, the employer shall be liable for
8 the reasonable expense incurred by or on behalf of the employee in providing such
9 treatment, medicines, supplies, and training. When the employer has knowledge of
10 the injury and the necessity for treatment, the employer's failure to tender the
11 necessary treatment, medicines, supplies, and training constitutes such neglect or
12 refusal. The employer shall also be liable for reasonable expense incurred by the
13 employee for necessary treatment to cure and relieve the employee from the effects
14 of occupational disease prior to the time that the employee knew or should have
15 known the nature of his or her disability and its relation to employment, and as to
16 such treatment subs. (2) and (3) shall not apply. The obligation to furnish such
17 treatment and appliances shall continue as required to prevent further deterioration
18 in the condition of the employee or to maintain the existing status of such condition
19 whether or not healing is completed.

20 **SECTION 42.** 102.42 (2) (a) of the statutes is amended to read:

21 102.42 (2) (a) When the employer has notice of an injury and its relationship
22 to the employment, the employer shall offer to the injured employee his or her choice
23 of any physician, chiropractor, psychologist, dentist, physician assistant, advanced
24 practice nurse prescriber, ~~or podiatrist, or primary spinal care practitioner~~ licensed
25 to practice and practicing in this state for treatment of the injury. By mutual

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1 agreement, the employee may have the choice of any qualified practitioner not
2 licensed in this state. In case of emergency, the employer may arrange for treatment
3 without tendering a choice. After the emergency has passed the employee shall be
4 given his or her choice of attending practitioner at the earliest opportunity. The
5 employee has the right to a 2nd choice of attending practitioner on notice to the
6 employer or its insurance carrier. Any further choice shall be by mutual agreement.
7 Partners and clinics are considered to be one practitioner. Treatment by a
8 practitioner on referral from another practitioner is considered to be treatment by
9 one practitioner.

10 **SECTION 43.** 102.61 (1g) (c) of the statutes, as affected by 2015 Wisconsin Act
11 55, is amended to read:

12 102.61 (1g) (c) On receiving notice that he or she is eligible to receive vocational
13 rehabilitation services under 29 USC 701 to 797a, an employee shall provide the
14 employer with a written report from a physician, chiropractor, psychologist, or
15 podiatrist, or primary spinal care practitioner stating the employee's permanent
16 work restrictions. Within 60 days after receiving that report, the employer shall
17 provide to the employee in writing an offer of suitable employment, a statement that
18 the employer has no suitable employment for the employee, or a report from a
19 physician, chiropractor, psychologist, or podiatrist, or primary spinal care
20 practitioner showing that the permanent work restrictions provided by the
21 employee's practitioner are in dispute and documentation showing that the
22 difference in work restrictions would materially affect either the employer's ability
23 to provide suitable employment or a vocational rehabilitation counselor's ability to
24 recommend a rehabilitative training program. If the employer and employee cannot
25 resolve the dispute within 30 days after the employee receives the employer's report

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1 and documentation, the employer or employee may request a hearing before the
2 division to determine the employee’s work restrictions. Within 30 days after the
3 division determines the employee’s work restrictions, the employer shall provide to
4 the employee in writing an offer of suitable employment or a statement that the
5 employer has no suitable employment for the employee.

6 **SECTION 44.** 118.15 (3) (a) of the statutes is amended to read:

7 118.15 (3) (a) Any child who is excused by the school board because the child
8 is temporarily not in proper physical or mental condition to attend a school program
9 but who can be expected to return to a school program upon termination or
10 abatement of the illness or condition. The school attendance officer may request the
11 parent or guardian of the child to obtain a written statement from a licensed
12 physician, primary spinal care practitioner, dentist, chiropractor, optometrist,
13 psychologist, physician assistant, or nurse practitioner, as defined in s. 255.06 (1) (d),
14 or certified advanced practice nurse prescriber or Christian Science practitioner
15 living and residing in this state, who is listed in the Christian Science Journal, as
16 sufficient proof of the physical or mental condition of the child. An excuse under this
17 paragraph shall be in writing and shall state the time period for which it is valid, not
18 to exceed 30 days.

19 **SECTION 45.** 118.29 (1) (e) of the statutes is amended to read:

20 118.29 (1) (e) “Practitioner” means any physician, dentist, optometrist,
21 physician assistant, advanced practice nurse prescriber, ~~or~~ podiatrist, or primary
22 spinal care practitioner licensed in any state.

23 **SECTION 46.** 146.37 (1g) of the statutes is amended to read:

24 146.37 (1g) Except as provided in s. 153.76, no person acting in good faith who
25 participates in the review or evaluation of the services of health care providers or

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1 facilities or the charges for such services conducted in connection with any program
2 organized and operated to help improve the quality of health care, to avoid improper
3 utilization of the services of health care providers or facilities or to determine the
4 reasonable charges for such services, or who participates in the obtaining of health
5 care information under subch. I of ch. 153, is liable for any civil damages as a result
6 of any act or omission by such person in the course of such review or evaluation. Acts
7 and omissions to which this subsection applies include, but are not limited to, acts
8 or omissions by peer review committees or hospital governing bodies in censuring,
9 reprimanding, limiting or revoking hospital staff privileges or notifying the medical
10 examining board ~~or podiatry affiliated credentialing board, or spinal medicine~~
11 affiliated credentialing board under s. 50.36 or taking any other disciplinary action
12 against a health care provider or facility and acts or omissions by a medical director
13 in reviewing the performance of emergency medical technicians or ambulance
14 service providers.

15 **SECTION 47.** 146.81 (1) (ev) of the statutes is created to read:

16 146.81 (1) (ev) A primary spinal care practitioner licensed under subch. VIII
17 of ch. 448.

18 **SECTION 48.** 146.89 (1) (r) 1. of the statutes is amended to read:

19 146.89 (1) (r) 1. Licensed as a physician under ch. 448, a dentist or dental
20 hygienist under ch. 447, a registered nurse, practical nurse, or nurse–midwife under
21 ch. 441, an optometrist under ch. 449, a physician assistant under ch. 448, a
22 pharmacist under ch. 450, a chiropractor under ch. 446, a podiatrist under subch. IV
23 of ch. 448, a primary spinal care practitioner licensed under subch. VIII of ch. 448,
24 or a physical therapist under subch. III of ch. 448.

25 **SECTION 49.** 146.903 (1) (b) of the statutes is amended to read:

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1 146.903 (1) (b) “Clinic” means a place, other than a residence or a hospital, that
2 is used primarily for the provision of nursing, medical, podiatric, spinal medicine, as
3 defined in s. 448.971 (5), dental, chiropractic, or optometric care and treatment.

4 **SECTION 50.** 146.997 (1) (d) 4. of the statutes is amended to read:

5 146.997 (1) (d) 4. A physician, podiatrist, primary spinal care practitioner,
6 perfusionist, physical therapist, or physical therapist assistant licensed under ch.
7 448.

8 **SECTION 51.** 155.01 (7) of the statutes is amended to read:

9 155.01 (7) “Health care provider” means a nurse licensed or permitted under
10 ch. 441, a chiropractor licensed under ch. 446, a dentist licensed under ch. 447, a
11 physician, physician assistant, perfusionist, podiatrist, primary spinal care
12 practitioner, physical therapist, physical therapist assistant, occupational therapist,
13 or occupational therapy assistant licensed under ch. 448, a person practicing
14 Christian Science treatment, an optometrist licensed under ch. 449, a psychologist
15 licensed under ch. 455, a partnership thereof, a corporation or limited liability
16 company thereof that provides health care services, a cooperative health care
17 association organized under s. 185.981 that directly provides services through
18 salaried employees in its own facility, or a home health agency, as defined in s. 50.49
19 (1) (a).

20 **SECTION 52.** 180.1901 (1m) (bw) of the statutes is created to read:

21 180.1901 (1m) (bw) Spinal medicine affiliated credentialing board under
22 subch. VIII of ch. 448.

23 **SECTION 53.** 185.981 (1) of the statutes is amended to read:

24 185.981 (1) Cooperative associations may be organized under this chapter
25 without capital stock, primarily to establish and operate in the state or in any county

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1 or counties in the state nonprofit plans or programs for health care, including
2 hospital care, for their members and their members' dependents through contracts
3 with physicians, medical societies, chiropractors, optometrists, dentists, dental
4 societies, hospitals, podiatrists, primary spinal care practitioners, and others.

5 **SECTION 54.** 185.981 (2) of the statutes is amended to read:

6 185.981 (2) A cooperative association organized under this section shall
7 operate only on a cooperative nonprofit basis and for the primary purpose of
8 establishing, maintaining, and operating a voluntary nonprofit health, dental, or
9 vision care plan or plans, or for constructing, operating, and maintaining nonprofit
10 hospitals or other facilities whereby health care, including hospital, dental, or vision
11 care, is provided to its members and to other persons or groups of persons who become
12 subscribers to the plans, subject to s. 185.982 (2), under contracts that provide access
13 to medical, surgical, chiropractic, vision, dental, or hospital care, other health care
14 services, appliances, and supplies, by physicians and surgeons licensed and
15 registered under ch. 448, podiatrists licensed under ch. 448, primary spinal care
16 practitioners licensed under ch. 448, optometrists licensed under ch. 449,
17 chiropractors licensed under ch. 446, dentists licensed under ch. 447, and other
18 health care providers in their offices, in hospitals, in other facilities, and in the home.
19 Nothing in this subsection precludes a cooperative association organized under this
20 section from owning an interest in other entities for enhancing or improving member
21 services or for investment or other purposes, as long as the association's primary
22 purpose remains as provided in this subsection.

23 **SECTION 55.** 185.981 (3) of the statutes is amended to read:

24 185.981 (3) No cooperative association organized primarily for the purposes
25 provided in ss. 185.981 to 185.983 shall be prevented from contracting with any

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1 hospital in this state for the rendition of such hospital care as is included within the
2 cooperative association's plans because the hospital participates in a plan of any
3 other cooperative association, or in a plan organized and operated under ss. 148.03
4 and 613.80. No hospital may discriminate against any physician and surgeon,
5 chiropractor, dentist, ~~or podiatrist,~~ or primary spinal care practitioner with respect
6 to the use of the hospital's facilities by reason of his or her participation in a health
7 care plan of a cooperative.

8 **SECTION 56.** 185.981 (4) (a) of the statutes is amended to read:

9 185.981 (4) (a) Except as provided in par. (b), no contract by or on behalf of any
10 such cooperative association shall provide for the payment of any cash, indemnity,
11 or other material benefit by that association to the subscriber or the subscriber's
12 estate on account of death, illness, or injury, but any such association may stipulate
13 in its plans that it will pay any nonparticipating physician and surgeon, optometrist,
14 chiropractor, dentist, podiatrist, primary spinal care practitioner, hospital, or other
15 provider for hospital or other health care rendered to any covered person who is in
16 need of a plan's benefits. The plans may prescribe monetary limitations with respect
17 to the benefits.

18 **SECTION 57.** 185.982 (1) of the statutes is amended to read:

19 185.982 (1) No health care plan or contract issued by a cooperative association
20 shall interfere with the manner or mode of the practice of medicine, optometry,
21 chiropractic, dentistry, ~~or podiatry,~~ or spinal medicine, as defined in s. 448.971 (5),
22 the manner or mode of providing wellness or other services, the relationship of
23 physician, chiropractor, optometrist, dentist, podiatrist, primary spinal care
24 practitioner, or other provider and patient, nor the responsibility of physician,
25 chiropractor, optometrist, dentist, podiatrist, primary spinal care practitioner, or

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1 other provider to patient. Plans may require persons covered to utilize health care
2 providers designated by the cooperative association. The cooperative association
3 may provide health care services directly through providers who are employees of the
4 cooperative association or through agreements with individual providers or groups
5 of providers organized on a group practice or individual practice basis.

6 **SECTION 58.** 185.982 (2) of the statutes is amended to read:

7 185.982 (2) Any cooperative association operating voluntary health care plans
8 under the provisions of this chapter may pay physicians and surgeons, optometrists,
9 chiropractors, dentists, primary spinal care practitioners, or other providers on a
10 salary, per person, or fee-for-service basis to provide health care to members of the
11 association. Every cooperative association may offer its health care services to
12 nonmembers. Any cooperative association that operates a hospital may make the
13 hospital's facilities available to nonmembers and to nonparticipating physicians,
14 optometrists, dentists, or other providers.

15 **SECTION 59.** 252.14 (1) (ar) 4r. of the statutes is created to read:

16 252.14 (1) (ar) 4r. A primary spinal care practitioner licensed under subch. VIII
17 of ch. 448.

18 **SECTION 60.** 254.35 (3) (c) of the statutes is amended to read:

19 254.35 (3) (c) For a podiatric, spinal medicine, as defined in 448.971 (5), or
20 veterinary site having an ionizing radiation installation, the fee shall be at least \$36
21 for each site and at least \$44 for each X-ray tube.

22 **SECTION 61.** 254.39 (1) of the statutes is amended to read:

23 254.39 (1) Nothing in this subchapter may be interpreted as limiting
24 intentional exposure of persons to radiation for the purpose of analysis, diagnosis,

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1 therapy, and medical, spinal medicine, as defined in s. 448.971 (5), chiropractic, or
2 dental research as authorized by law.

3 **SECTION 62.** 255.06 (1) (d) of the statutes is amended to read:

4 255.06 (1) (d) “Nurse practitioner” means a registered nurse licensed under ch.
5 441 or in a party state, as defined in s. 441.50 (2) (j), whose practice of professional
6 nursing under s. 441.001 (4) includes performance of delegated medical services
7 under the supervision of a physician, dentist, ~~or~~ podiatrist, or primary spinal care
8 practitioner.

9 **SECTION 63.** 257.01 (5) (a) of the statutes, as affected by 2015 Wisconsin Act 55,
10 is amended to read:

11 257.01 (5) (a) An individual who is licensed as a physician, a physician
12 assistant, ~~or~~ a podiatrist, or a primary spinal care practitioner under ch. 448,
13 licensed as a registered nurse, licensed practical nurse, or nurse–midwife under ch.
14 441, licensed as a dentist under ch. 447, licensed as a pharmacist under ch. 450,
15 licensed as a veterinarian or certified as a veterinary technician under ch. 89, or
16 certified as a respiratory care practitioner under ch. 448.

17 **SECTION 64.** 257.01 (5) (b) of the statutes, as affected by 2015 Wisconsin Act 55,
18 is amended to read:

19 257.01 (5) (b) An individual who was at any time within the previous 10 years,
20 but is not currently, licensed as a physician, a physician assistant, ~~or~~ a podiatrist, or
21 a primary spinal care practitioner under ch. 448, licensed as a registered nurse,
22 licensed practical nurse or nurse–midwife, under ch. 441, licensed as a dentist under
23 ch. 447, licensed as a pharmacist under ch. 450, licensed as a veterinarian or certified
24 as a veterinary technician under ch. 89, or certified as a respiratory care practitioner

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1 under ch. 448, if the individual's license or certification was never revoked, limited,
2 suspended, or denied renewal.

3 **SECTION 65.** 287.07 (7) (c) 1. a. of the statutes is amended to read:

4 287.07 (7) (c) 1. a. "Clinic" means a place, other than a residence, that is used
5 primarily for the provision of nursing, medical, podiatric, spinal medicine, as defined
6 in s. 448.971 (5), dental, chiropractic, optometric or veterinary care and treatment.

7 **SECTION 66.** 341.14 (1a) of the statutes is amended to read:

8 341.14 (1a) If any resident of this state, who is registering or has registered an
9 automobile, or a motor truck, dual purpose motor home or dual purpose farm truck
10 which has a gross weight of not more than 8,000 pounds, a farm truck which has a
11 gross weight of not more than 12,000 pounds or a motor home, submits a statement
12 once every 4 years, as determined by the department, from a physician licensed to
13 practice medicine in any state, from an advanced practice nurse licensed to practice
14 nursing in any state, from a public health nurse certified or licensed to practice in
15 any state, from a physician assistant licensed or certified to practice in any state,
16 from a podiatrist licensed to practice in any state, from a primary spinal care
17 practitioner licensed to practice spinal medicine in any state, from a chiropractor
18 licensed to practice chiropractic in any state, or from a Christian Science practitioner
19 residing in this state and listed in the Christian Science journal certifying to the
20 department that the resident is a person with a disability that limits or impairs the
21 ability to walk, the department shall procure, issue and deliver to the disabled
22 person plates of a special design in lieu of plates which ordinarily would be issued
23 for the vehicle, and shall renew the plates. The plates shall be so designed as to
24 readily apprise law enforcement officers of the fact that the vehicle is owned by a
25 nonveteran disabled person and is entitled to the parking privileges specified in s.

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1 346.50 (2a). No charge in addition to the registration fee shall be made for the
2 issuance or renewal of such plates.

3 **SECTION 67.** 341.14 (1e) (a) of the statutes is amended to read:

4 341.14 (1e) (a) If any resident of this state, who is registering or has registered
5 a motorcycle, submits a statement once every 4 years, as determined by the
6 department, from a physician licensed to practice medicine in any state, from an
7 advanced practice nurse licensed to practice nursing in any state, from a public
8 health nurse certified or licensed to practice in any state, from a physician assistant
9 licensed or certified to practice in any state, from a podiatrist licensed to practice in
10 any state, from a primary spinal care practitioner licensed to practice spinal
11 medicine in any state, from a chiropractor licensed to practice chiropractic in any
12 state, from a Christian Science practitioner residing in this state and listed in the
13 Christian Science journal, or from the U.S. department of veterans affairs certifying
14 to the department that the resident is a person with a disability that limits or impairs
15 the ability to walk, the department shall procure, issue and deliver to the disabled
16 person a plate of a special design in lieu of the plate which ordinarily would be issued
17 for the motorcycle, and shall renew the plate. The statement shall state whether the
18 disability is permanent or temporary and, if temporary, the opinion of the physician,
19 advanced practice nurse, public health nurse, physician assistant, podiatrist,
20 primary spinal care practitioner, chiropractor, practitioner, or U.S. department of
21 veterans affairs as to the duration of the disability. The plate shall be so designed
22 as to readily apprise law enforcement officers of the fact that the motorcycle is owned
23 by a disabled person and is entitled to the parking privileges specified in s. 346.50
24 (2a). No charge in addition to the registration fee may be made for the issuance or
25 renewal of the plate.

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1 **SECTION 68.** 341.14 (1m) of the statutes is amended to read:

2 341.14 (1m) If any licensed driver submits to the department a statement once
3 every 4 years, as determined by the department, from a physician licensed to practice
4 medicine in any state, from a public health nurse certified or licensed to practice in
5 any state, from an advanced practice nurse licensed to practice nursing in any state,
6 from a physician assistant licensed or certified to practice in any state, from a
7 podiatrist licensed to practice in any state, from a primary spinal care practitioner
8 licensed to practice spinal medicine in any state, from a chiropractor licensed to
9 practice chiropractic in any state, or from a Christian Science practitioner residing
10 in this state and listed in the Christian Science journal certifying that another
11 person who is regularly dependent on the licensed driver for transportation is a
12 person with a disability that limits or impairs the ability to walk, the department
13 shall issue and deliver to the licensed driver plates of a special design in lieu of the
14 plates which ordinarily would be issued for the automobile or motor truck, dual
15 purpose motor home or dual purpose farm truck having a gross weight of not more
16 than 8,000 pounds, farm truck having a gross weight of not more than 12,000 pounds
17 or motor home, and shall renew the plates. The plates shall be so designed as to
18 readily apprise law enforcement officers of the fact that the vehicle is operated by a
19 licensed driver on whom a disabled person is regularly dependent and is entitled to
20 the parking privileges specified in s. 346.50 (2a). No charge in addition to the
21 registration fee may be made for the issuance or renewal of the plates. The plates
22 shall conform to the plates required in sub. (1a).

23 **SECTION 69.** 341.14 (1q) of the statutes is amended to read:

24 341.14 (1q) If any employer who provides an automobile, or a motor truck, dual
25 purpose motor home or dual purpose farm truck which has a gross weight of not more

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1 than 8,000 pounds, a farm truck which has a gross weight of not more than 12,000
2 pounds or a motor home, for an employee's use submits to the department a
3 statement once every 4 years, as determined by the department, from a physician
4 licensed to practice medicine in any state, from an advanced practice nurse licensed
5 to practice nursing in any state, from a public health nurse certified or licensed to
6 practice in any state, from a physician assistant licensed or certified to practice in
7 any state, from a podiatrist licensed to practice in any state, from a primary spinal
8 care practitioner licensed to practice spinal medicine in any state, from a
9 chiropractor licensed to practice chiropractic in any state, or from a Christian
10 Science practitioner residing in this state and listed in the Christian Science journal
11 certifying that the employee is a person with a disability that limits or impairs the
12 ability to walk, the department shall issue and deliver to such employer plates of a
13 special design in lieu of the plates which ordinarily would be issued for the vehicle,
14 and shall renew the plates. The plates shall be so designed as to readily apprise law
15 enforcement officers of the fact that the vehicle is operated by a disabled person and
16 is entitled to the parking privileges specified in s. 346.50 (2a). No charge in addition
17 to the registration fee may be made for the issuance or renewal of the plates. The
18 plates shall conform to the plates required in sub. (1a).

19 **SECTION 70.** 343.51 (1) of the statutes is amended to read:

20 343.51 (1) Any person who qualifies for registration plates of a special design
21 under s. 341.14 (1), (1a), (1m), or (1q) or any other person with a disability that limits
22 or impairs the ability to walk may request from the department a special
23 identification card that will entitle any motor vehicle parked by, or under the
24 direction of, the person, or a motor vehicle operated by or on behalf of the
25 organization when used to transport such a person, to parking privileges under s.

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1 346.50 (2), (2a), and (3). The department shall issue the card at a fee to be determined
2 by the department, upon submission by the applicant, if the applicant is an
3 individual rather than an organization, of a statement from a physician licensed to
4 practice medicine in any state, from an advanced practice nurse licensed to practice
5 nursing in any state, from a public health nurse certified or licensed to practice in
6 any state, from a physician assistant licensed or certified to practice in any state,
7 from a podiatrist licensed to practice in any state, from a primary spinal care
8 practitioner licensed to practice spinal medicine in any state, from a chiropractor
9 licensed to practice chiropractic in any state, or from a Christian Science practitioner
10 residing in this state and listed in the Christian Science journal that the person is
11 a person with a disability that limits or impairs the ability to walk. The statement
12 shall state whether the disability is permanent or temporary and, if temporary, the
13 opinion of the physician, advanced practice nurse, public health nurse, physician
14 assistant, podiatrist, primary spinal care practitioner, chiropractor, or practitioner
15 as to the duration of the disability. The department shall issue the card upon
16 application by an organization on a form prescribed by the department if the
17 department believes that the organization meets the requirements under this
18 subsection.

19 **SECTION 71.** 343.62 (4) (a) 4. of the statutes is amended to read:

20 343.62 (4) (a) 4. The applicant submits with the application a statement
21 completed within the immediately preceding 24 months, except as provided by rule,
22 by a physician licensed to practice medicine in any state, from an advanced practice
23 nurse licensed to practice nursing in any state, from a physician assistant licensed
24 or certified to practice in any state, from a podiatrist licensed to practice in any state,
25 from a primary spinal care practitioner licensed to practice spinal medicine in any

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1 state, from a chiropractor licensed to practice chiropractic in any state, or from a
2 Christian Science practitioner residing in this state, and listed in the Christian
3 Science journal certifying that, in the medical care provider’s judgment, the
4 applicant is physically fit to teach driving.

5 **SECTION 72.** 440.03 (13) (b) 53s. of the statutes is created to read:

6 440.03 (13) (b) 53s. Primary spinal care practitioner.

7 **SECTION 73.** 440.08 (2) (a) 60s. of the statutes is created to read:

8 440.08 (2) (a) 60s. Primary spinal care practitioner: December 15 of each
9 even-numbered year.

10 **SECTION 74.** 441.001 (3) (a) of the statutes is amended to read:

11 441.001 (3) (a) “Practical nursing” means the performance for compensation
12 of any simple acts in the care of convalescent, subacutely or chronically ill, injured
13 or infirm persons, or of any act or procedure in the care of the more acutely ill, injured
14 or infirm under the specific direction of a nurse, physician, podiatrist or primary
15 spinal care practitioner licensed under ch. 448, dentist licensed under ch. 447 or
16 optometrist licensed under ch. 449, or under an order of a person who is licensed to
17 practice medicine, podiatry, spinal medicine, as defined in s. 448.971 (5), dentistry
18 or optometry in another state if that person prepared the order after examining the
19 patient in that other state and directs that the order be carried out in this state.

20 **SECTION 75.** 441.001 (4) (b) of the statutes is amended to read:

21 441.001 (4) (b) The execution of procedures and techniques in the treatment
22 of the sick under the general or special supervision or direction of a physician,
23 podiatrist, or primary spinal care practitioner licensed under ch. 448, dentist
24 licensed under ch. 447, or optometrist licensed under ch. 449, or under an order of
25 a person who is licensed to practice medicine, podiatry, spinal medicine, as defined

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1 in s. 448.971 (5), dentistry, or optometry in another state if the person making the
2 order prepared the order after examining the patient in that other state and directs
3 that the order be carried out in this state.

4 **SECTION 76.** 446.02 (6m) of the statutes is amended to read:

5 446.02 **(6m)** No chiropractor may provide counsel, direction, guidance, advice,
6 or a recommendation to a patient regarding the health effects of vitamins, herbs, or
7 nutritional supplements unless the chiropractor has been issued a certificate under
8 sub. (2) (c). This subsection does not apply to a chiropractor licensed under this
9 chapter who is certified as a dietician under subch. V of ch. 448 or who is a primary
10 spinal care practitioner licensed under s. 448.9725.

11 **SECTION 77.** 446.02 (7d) (d) of the statutes is created to read:

12 446.02 **(7d)** (d) This subsection does not apply to a primary spinal care
13 practitioner licensed under subch. VIII of ch. 448 with respect to treatment of a
14 condition within the scope of that license.

15 **SECTION 78.** 446.026 (1) (a) of the statutes is amended to read:

16 446.026 **(1)** (a) No person may provide adjunctive services unless the person
17 is a chiropractic technician and is under the direct, on-premises supervision of a
18 chiropractor licensed under this chapter or a primary spinal care practitioner
19 licensed under subch. VIII of ch. 448.

20 **SECTION 79.** 446.05 (1) of the statutes is renumbered 446.05 (1) (a).

21 **SECTION 80.** 446.05 (1) (b) of the statutes is created to read:

22 446.05 **(1)** (b) The examining board shall refer an allegation of a violation of
23 subch. VIII of ch. 448 to the spinal medicine affiliated credentialing board for
24 investigation, unless the alleged conduct also involves a violation of this chapter, in

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1 which case the examining board and the spinal medicine affiliated credentialing
2 board shall consult concerning the investigation.

3 **SECTION 81.** 448.03 (2) (a) of the statutes is amended to read:

4 448.03 (2) (a) Any person lawfully practicing within the scope of a license,
5 permit, registration, certificate or certification granted to practice midwifery under
6 subch. XIII of ch. 440, to practice professional or practical nursing or
7 nurse–midwifery under ch. 441, to practice chiropractic under ch. 446, to practice
8 dentistry or dental hygiene under ch. 447, to practice spinal medicine under subch.
9 VIII, to practice optometry under ch. 449, to practice acupuncture under ch. 451 or
10 under any other statutory provision, or as otherwise provided by statute.

11 **SECTION 82.** 448.21 (1) (f) of the statutes is created to read:

12 448.21 (1) (f) The practice of spinal medicine within the meaning of s. 448.971
13 (5).

14 **SECTION 83.** 448.52 (2m) (a) of the statutes is amended to read:

15 448.52 (2m) (a) Except as provided in par. (b), a chiropractor licensed under ch.
16 446 or a primary spinal care practitioner under subch. VIII claiming to render
17 physical therapy, if the physical therapy is provided by a physical therapist employed
18 by the chiropractor or primary spinal care practitioner.

19 **SECTION 84.** 448.52 (2m) (b) of the statutes is amended to read:

20 448.52 (2m) (b) A chiropractor licensed under ch. 446 or a doctor of chiropractic
21 licensed under subch. VIII claiming to render physical therapy modality services.

22 **SECTION 85.** 448.56 (1) of the statutes is amended to read:

23 448.56 (1) WRITTEN REFERRAL. Except as provided in this subsection and s.
24 448.52, a person may practice physical therapy only upon the written referral of a
25 physician, physician assistant, chiropractor, dentist, podiatrist, primary spinal care

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1 practitioner, or advanced practice nurse prescriber certified under s. 441.16 (2).
2 Written referral is not required if a physical therapist provides services in schools to
3 children with disabilities, as defined in s. 115.76 (5), pursuant to rules promulgated
4 by the department of public instruction; provides services as part of a home health
5 care agency; provides services to a patient in a nursing home pursuant to the
6 patient's plan of care; provides services related to athletic activities, conditioning, or
7 injury prevention; or provides services to an individual for a previously diagnosed
8 medical condition after informing the individual's physician, physician assistant,
9 chiropractor, dentist, podiatrist, primary spinal care practitioner, or advanced
10 practice nurse prescriber certified under s. 441.16 (2) who made the diagnosis. The
11 examining board may promulgate rules establishing additional services that are
12 excepted from the written referral requirements of this subsection.

13 **SECTION 86.** 448.56 (1m) (b) of the statutes is amended to read:

14 448.56 (1m) (b) The examining board shall promulgate rules establishing the
15 requirements that a physical therapist must satisfy if a physician, physician
16 assistant, chiropractor, dentist, podiatrist, primary spinal care practitioner, or
17 advanced practice nurse prescriber makes a written referral under sub. (1). The
18 purpose of the rules shall be to ensure continuity of care between the physical
19 therapist and the health care practitioner.

20 **SECTION 87.** 448.956 (1m) of the statutes is amended to read:

21 448.956 (1m) Subject to sub. (1) (a), a licensee may provide athletic training
22 to an individual without a referral, except that a licensee may not provide athletic
23 training as described under s. 448.95 (5) (d) or (e) in an outpatient rehabilitation
24 setting unless the licensee has obtained a written referral for the individual from a

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1 practitioner licensed or certified under subch. II, III, IV, V, ~~or~~, VII, or VIII of this
2 chapter; under ch. 446; or under s. 441.16 (2).

3 **SECTION 88.** 448.956 (3) (c) of the statutes is amended to read:

4 448.956 (3) (c) Treat or rehabilitate an employee with an injury or illness that
5 has resulted from an employment activity as directed, supervised, and inspected by
6 a physician, as defined in s. 448.01 (5), or by a person licensed under subch. VIII or
7 under s. 446.02, who has the power to direct, decide, and oversee the implementation
8 of the treatment or rehabilitation.

9 **SECTION 89.** 448.956 (4) of the statutes is amended to read:

10 448.956 (4) If a licensee or the consulting physician of the licensee determines
11 that a patient's medical condition is beyond the scope of practice of the licensee, the
12 licensee shall, in accordance with the protocol established under sub. (1) (a), refer the
13 patient to a health care practitioner who is licensed under ch. 446 or 447 or subch.
14 II, III ~~or~~, IV, or VIII of ch. 448 and who can provide appropriate treatment to the
15 patient.

16 **SECTION 90.** Subchapter VIII of chapter 448 [precedes 448.971] of the statutes
17 is created to read:

18 **CHAPTER 448**

19 **SUBCHAPTER VIII**

20 **SPINAL MEDICINE AFFILIATED**

21 **CREDENTIALING BOARD**

22 **448.971 Definitions.** In this subchapter:

23 (1) “Affiliated credentialing board” means the spinal medicine affiliated
24 credentialing board.

25 (2) “Licensee” means a person who is licensed under s. 448.9725.

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1 (3) “Practice of chiropractic” has the meaning given in s. 446.01 (2).

2 (4) “Primary spinal care practitioner” means an individual possessing the
3 degree of doctor of spinal medicine or equivalent degree as determined by the
4 affiliated credentialing board.

5 (5) “Spinal medicine” means the integration and application of the practice of
6 chiropractic and the practice of medicine and surgery that is limited to conditions of
7 the spine and of the musculoskeletal, neuromuscular, and nervous systems and
8 includes prescribing and administering drugs. The practice of spinal medicine does
9 not include all of the following:

10 (a) Surgery.

11 (b) Administering a general anesthetic, except under the direction of a person
12 licensed to practice medicine and surgery under subch. II.

13 **448.9715 License required.** (1) Except as provided in ss. 257.03 and
14 448.972, no person may practice spinal medicine, designate himself or herself as a
15 primary spinal care practitioner, use or assume the title “primary spinal care
16 practitioner,” or append to the person’s name the letters “P.S.C.P.,” or any other title,
17 letters, or designation that represents or may tend to represent the person as a
18 primary spinal care practitioner unless the person is a licensee.

19 (2) (a) A primary spinal care practitioner shall evaluate each patient before
20 commencing treatment of the patient to determine whether the patient has a
21 condition that is treatable by the practice of spinal medicine. The evaluation shall
22 be based upon an examination that is appropriate to the patient.

23 (b) A primary spinal care practitioner shall discontinue the practice of spinal
24 medicine on a patient if, at any time after the evaluation under par. (a) or during or
25 following treatment of the patient, the primary spinal care practitioner determines

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1 or reasonably believes that the patient's condition is not treatable by the practice of
2 spinal medicine, or will not respond to further practice of spinal medicine by the
3 primary spinal care practitioner, except that a primary spinal care practitioner may
4 provide maintenance, supportive, and wellness care to the patient if the patient is
5 being treated by another health care professional.

6 (c) A primary spinal care practitioner who discontinues the practice of spinal
7 medicine as required in par. (b) shall inform the patient of the reason for
8 discontinuing the practice of spinal medicine and shall refer the patient to a
9 physician. A primary spinal care practitioner may continue to provide maintenance,
10 supportive, and wellness care to a patient referred under this paragraph who
11 requests these services from the doctor of spinal medicine. A referral under this
12 paragraph shall describe the primary spinal care practitioner's findings. If the
13 referral is written, the primary spinal care practitioner shall provide the patient
14 with a copy and shall maintain a copy in the patient's records. If the referral is oral,
15 the primary spinal care practitioner shall communicate the referral directly to the
16 physician, shall notify the patient about the referral, and shall make a written record
17 of the oral referral. The written record of the oral referral shall include the name of
18 the physician to whom the patient was referred and the date of the referral. The
19 primary spinal care practitioner shall maintain a copy of the written record of the
20 oral referral in the patient's records.

21 **448.972 Applicability.** This subchapter does not require a license for any of
22 the following:

23 (1) A person lawfully practicing within the scope of a license, permit,
24 registration, or certification granted by this state or the federal government.

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1 (2) A person assisting a primary spinal care practitioner under the direct,
2 on-premises supervision of the primary spinal care practitioner.

3 (3) A student enrolled in a spinal medicine program approved by the affiliated
4 credentialing board under s. 448.973 if the student is engaged in activities required
5 under that program.

6 (4) A person performing the gratuitous domestic administration of family
7 remedies.

8 (5) A person furnishing medical assistance or first aid at the scene of an
9 emergency.

10 **448.9725 Licensure of primary spinal care practitioners.** (1) The
11 affiliated credentialing board shall grant a license as a primary spinal care
12 practitioner to a person who does all of the following:

13 (a) Submits an application for the license to the department on a form provided
14 by the department.

15 (b) Pays the fee specified in s. 440.05 (1).

16 (c) Subject to ss. 111.321, 111.322, and 111.335, submits evidence satisfactory
17 to the affiliated credentialing board that the applicant does not have an arrest or
18 conviction record.

19 (d) Submits evidence satisfactory to the affiliated credentialing board
20 establishing all of the following:

21 1. That the applicant has practiced as a licensed chiropractor in good standing
22 with the chiropractic examining board for at least two years and remains a licensed
23 chiropractor in good standing with the chiropractic examining board under ch. 446.

24 2. That the applicant is a graduate of a master of science degree program in
25 spinal medicine approved by the affiliated credentialing board under s. 448.973 and

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1 possesses a diploma from that program conferring the degree of primary spinal care
2 practitioner or equivalent degree as determined by the affiliated credentialing
3 board.

4 (2) The affiliated credentialing board may waive the requirements under sub.
5 (1) (d) for an applicant who establishes, to the satisfaction of the affiliated
6 credentialing board, all of the following:

7 (a) That the applicant is a graduate of a spinal medicine school or program.

8 (b) That the applicant is licensed as a primary spinal care practitioner or its
9 equivalent by another licensing jurisdiction in the United States.

10 (c) That the jurisdiction in which the applicant is licensed required the
11 applicant to be a graduate of a school or program approved by the licensing
12 jurisdiction or of a school or program that the licensing jurisdiction evaluated for
13 education equivalency.

14 (d) That the applicant has actively practiced spinal medicine, under the license
15 issued by the other licensing jurisdiction in the United States, for at least 3 years
16 immediately preceding the date of his or her application for a license under this
17 subchapter.

18 (3) The affiliated credentialing board may promulgate rules providing for
19 various classes of temporary licenses to practice spinal medicine.

20 (4) If the affiliated credentialing board finds, based upon considerations of
21 public health and safety, that an applicant has not demonstrated adequate
22 education, training, or performance on examinations or in past practice, if any, to
23 qualify for full licensure under sub. (1), the board may grant the applicant a limited
24 license and shall so notify the applicant.

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1 **448.973 Education.** The affiliated credentialing board shall approve a master
2 of science degree program in spinal medicine that is accredited by the Higher
3 Learning Commission or an equivalent accrediting body, as determined by the
4 affiliated credentialing board, and that includes all of the following:

5 (1) At least 60 hours of instruction, including classroom instruction, in the
6 following subjects:

7 (a) Causes of spinal pain and differential diagnosis.

8 (b) Case management and coordination of care in spinal pain patients.

9 (c) Spinal injuries, correlated with diagnostic imaging.

10 (d) Public health issues and epidemiology of spinal pain conditions.

11 (e) Pharmacology.

12 (f) Nutrition for musculoskeletal health.

13 (g) Interpreting research and applying evidence in spinal care practice.

14 (2) At least 500 clinical rotation hours under the supervision of a physician.

15 (3) An examination in spinal medicine approved by the affiliated credentialing
16 board.

17 **448.9735 Issuance of license; expiration and renewal; duplicate**
18 **license.** (1) The department shall issue a certificate of licensure to each person who
19 is licensed under this subchapter.

20 (2) (a) The renewal date for a license granted under this subchapter, other than
21 a temporary license granted under rules promulgated under s. 448.9725 (3), is
22 specified under s. 440.08 (2) (a).

23 (b) Renewal applications shall be submitted to the department on a form
24 provided by the department and shall be accompanied by all of the following:

25 1. The renewal fee determined by the department under s. 440.03 (9) (a).

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1 2. Proof of completion of continuing education requirements in s. 448.975.

2 3. Proof of current licensure by the chiropractic examining board under ch. 446,
3 unless the affiliated credentialing board waives that requirement under s. 448.9725
4 (2).

5 **(3)** A licensee whose license is lost, stolen, or destroyed may apply to the
6 department for a duplicate license. Duplicate license applications shall be submitted
7 to the department on a form provided by the department and shall be accompanied
8 by the fee specified under s. 440.05 (7) and an affidavit describing the circumstances
9 of the loss, theft, or destruction of the license. Upon receipt of an application under
10 this subsection, the department shall issue a duplicate license bearing on its face the
11 word “duplicate”.

12 **448.974 Malpractice liability insurance.** (1) Each licensee shall annually
13 submit to the affiliated credentialing board evidence satisfactory to the affiliated
14 credentialing board that the licensee satisfies any of the following:

15 (a) The licensee has in effect malpractice liability insurance coverage in the
16 amount of at least \$1,000,000 per occurrence and \$1,000,000 for all occurrences in
17 one year.

18 (b) The licensee meets all of the following conditions:

19 1. The licensee’s principal place of practice is not in this state.

20 2. The licensee will not be engaged in the practice of spinal medicine in this
21 state for more than 240 hours during the following 12 months.

22 3. The licensee has in effect malpractice liability insurance coverage that
23 covers services provided by the licensee to patients in this state and that is in any
24 of the following amounts:

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1 a. At least the minimum amount of malpractice liability insurance coverage
2 that is required under the laws of the state in which the affiliated credentialing board
3 determines that the licensee’s principal place of practice is located.

4 b. If the licensee is not required under the laws of the state in which the
5 affiliated credentialing board determines that the licensee’s principal place of
6 practice is located to have in effect a minimum amount of malpractice liability
7 insurance coverage, at least the minimum amount of malpractice liability insurance
8 coverage that the affiliated credentialing board determines is necessary to protect
9 the public.

10 (2) A licensee’s principal place of practice is not in this state for purposes of sub.
11 (1) (b) if the affiliated credentialing board determines that, during the following 12
12 months, any of the following applies:

13 (a) More than 50 percent of the licensee’s practice will be performed outside this
14 state.

15 (b) More than 50 percent of the income from the licensee’s practice will be
16 derived from outside this state.

17 (c) More than 50 percent of the licensee’s patients will be treated by the licensee
18 outside this state.

19 (3) The affiliated credentialing board may suspend, revoke, or refuse to issue
20 or renew the license of a person who fails to procure or to submit proof of the
21 malpractice liability insurance coverage required under sub. (1).

22 **448.9745 Malpractice.** Except as provided in s. 257.03, a person who
23 practices spinal medicine without a license under s. 448.9725 may be liable for
24 malpractice, and the person’s ignorance of a duty ordinarily performed by a primary

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1 spinal care practitioner shall not limit his or her liability for an injury arising from
2 his or her practice of spinal medicine.

3 **448.975 Continuing education.** (1) (a) 1. The affiliated credentialing board
4 shall promulgate rules establishing requirements and procedures for licensees to
5 complete continuing education programs or courses of study in order to qualify for
6 renewal of a license granted under this subchapter.

7 2. The rules shall allow for program sponsors, as defined in s. 446.028, to
8 conduct continuing education programs.

9 3. The rules shall require each licensee to complete at least 50 hours of
10 approved continuing education within each 2-year period immediately preceding
11 the renewal date specified under s. 440.08 (2) (a).

12 (b) 1. A licensee may apply up to 40 of the 50 continuing education hours
13 required under par. (a) toward the continuing education requirements for
14 chiropractors under ch. 446, as determined by the chiropractic examining board.

15 2. At least 25 of the 50 continuing education hours required under par. (a) shall
16 include evidence-based pharmacology and medical procedures-based training.

17 (2) The affiliated credentialing board may waive all or part of the requirements
18 under sub. (1) if the affiliated credentialing board determines that prolonged illness,
19 disability, or other exceptional circumstances prevented a licensee from completing
20 the requirements.

21 **448.9755 Fee splitting and billing requirements.** (1) FEE SPLITTING. No
22 licensee may give or receive, directly or indirectly, to or from any other person any
23 fee, commission, rebate, or other form of compensation or anything of value for
24 sending, referring, or otherwise inducing a person to communicate with a licensee

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1 in a professional capacity, or for any professional services not actually rendered
2 personally by the licensee or at the licensee's direction.

3 (2) SEPARATE BILLING REQUIRED. Except as provided in sub. (4), a licensee who
4 renders any spinal medicine service or assistance, or gives any spinal medicine
5 advice or any similar advice or assistance, to any patient, primary spinal care
6 practitioner, chiropractor, physician, physician assistant, advanced practice nurse
7 prescriber certified under s. 441.16 (2), partnership, or corporation, or to any other
8 institution or organization, including a hospital, for which a charge is made to a
9 patient, shall, except as authorized by Title 18 or Title 19 of the federal Social
10 Security Act, render an individual statement or account of the charge directly to the
11 patient, distinct and separate from any statement or account by any other primary
12 spinal care practitioner, chiropractor, physician, physician assistant, advanced
13 practice nurse prescriber, or other person.

14 (3) BILLING FOR TESTS PERFORMED BY THE STATE LABORATORY OF HYGIENE. A
15 licensee who charges a patient, other person, or 3rd-party payer for services
16 performed by the state laboratory of hygiene shall identify the actual amount
17 charged by the state laboratory of hygiene and shall restrict charges for those
18 services to that amount.

19 (4) BILLING BY ENTITY. If 2 or more licensees form an entity for the practice of
20 spinal medicine, the entity may not render a single bill for health care services
21 provided in the name of the entity unless each individual licensed, registered, or
22 certified under this chapter or ch. 446, 449, 450, 455, 457, or 459, who provides
23 services is individually identified on the bill as having rendered those services.

24 **448.976 Disciplinary proceedings and actions.** (1) In this section,
25 “unprofessional conduct” means an act or attempted act of commission or omission,

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1 as defined by the affiliated credentialing board by rule, or an act by a primary spinal
2 care practitioner otherwise in violation of this subchapter or in violation of ch. 446,
3 450, or 961.

4 (2) INVESTIGATION; HEARING; ACTION. (a) 1. The affiliated credentialing board
5 shall investigate allegations of unprofessional conduct and negligence in the practice
6 of spinal medicine. The affiliated credentialing board shall refer an allegation of a
7 violation of ch. 446 to the chiropractic examining board for investigation, unless the
8 alleged conduct also involves a violation of this subchapter or ch. 450 or 961, in which
9 case the affiliated credentialing board and the chiropractic examining board shall
10 consult concerning the investigation.

11 2. The affiliated credentialing board shall investigate information contained
12 in reports filed with the affiliated credentialing board under s. 49.45 (2) (a) 12r., 50.36
13 (3) (b), 609.17, or 632.715, or under 42 CFR 1001.2005.

14 3. The affiliated credentialing board may use information contained in a report
15 filed with the affiliated credentialing board under s. 50.36 (3) (c) as the basis of an
16 investigation of a person named in the report.

17 4. The affiliated credentialing board may require a person to undergo and may
18 consider the results of a physical, mental, or professional competency examination
19 if the affiliated credentialing board believes that the results of the examination may
20 be useful to the affiliated credentialing board in conducting an investigation under
21 this paragraph.

22 (b) 1. After an investigation, if the affiliated credentialing board finds that
23 there is probable cause to believe that a person is guilty of unprofessional conduct
24 or negligence in the practice of spinal medicine, the affiliated credentialing board
25 shall hold a hearing.

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1 2. The affiliated credentialing board may require a person to undergo and may
2 consider the results of a physical, mental, or professional competency examination
3 if the affiliated credentialing board believes that the results of the examination may
4 be useful to the affiliated credentialing board in conducting a hearing under subd.
5 1.

6 3. A finding by a court that a person has acted negligently in the practice of
7 spinal medicine is conclusive evidence that the person is guilty of that negligence.
8 A certified copy of the order of a court is presumptive evidence that the finding of
9 negligence was made.

10 4. The affiliated credentialing board shall render a decision within 90 days
11 after the date on which a hearing is held under subd. 1. or, if subsequent proceedings
12 are conducted under s. 227.46 (2), within 90 days after the date on which those
13 proceedings are completed.

14 (c) 1. After a disciplinary hearing under par. (b), the affiliated credentialing
15 board may, when it determines that a court has found that a person has been
16 negligent in the practice of spinal medicine or when it finds a person guilty of
17 unprofessional conduct or negligence in the practice of spinal medicine, warn or
18 reprimand that person, or limit, suspend, or revoke the person's license granted by
19 the affiliated credentialing board.

20 2. The affiliated credentialing board may condition the removal of limitations
21 on a license, or the restoration of a suspended or revoked license, upon obtaining
22 minimum results specified by the affiliated credentialing board on a physical,
23 mental, or professional competency examination if the affiliated credentialing board
24 believes that obtaining the minimum results is related to correcting one or more of
25 the bases upon which the limitation, suspension, or revocation was imposed.

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1 (d) A person whose license under this subchapter is limited shall be permitted
2 to continue practice if the he or she agrees to do all of the following:

3 1. Refrain from engaging in unprofessional conduct.

4 2. Appear before the affiliated credentialing board or its officers or agents at
5 such times and places designated by the affiliated credentialing board.

6 3. Fully disclose to the affiliated credentialing board or its officers or agents the
7 nature of the person's practice and conduct.

8 4. Fully comply with the limits placed on the person's practice and conduct by
9 the affiliated credentialing board.

10 5. Obtain additional training, education or supervision required by the
11 affiliated credentialing board.

12 6. Cooperate with the affiliated credentialing board.

13 (e) Unless a suspended license is revoked during the period of suspension, upon
14 expiration of the period of suspension the affiliated credentialing board shall
15 reinstate the person's license, except that the affiliated credentialing board may, as
16 a condition precedent to the reinstatement of the license, require the person to pass
17 any examination required for the original grant of the license.

18 (f) The affiliated credentialing board shall comply with rules of procedure for
19 the investigation, hearing, and action promulgated by the department under s.
20 440.03 (1).

21 **(3) SUSPENSION PENDING HEARING.** (a) The affiliated credentialing board may
22 summarily suspend a license granted by the affiliated credentialing board for a
23 period not to exceed 30 days pending hearing if the affiliated credentialing board has
24 in its possession evidence establishing probable cause to believe that the licensee has
25 violated the provisions of this subchapter and that it is necessary to suspend the

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1 license immediately to protect the public health, safety, or welfare. The licensee shall
2 be granted an opportunity to be heard before the affiliated credentialing board
3 decides whether probable cause exists.

4 (b) The affiliated credentialing board may designate any of its officers to
5 exercise the authority to suspend summarily a license, for a period not exceeding 72
6 hours.

7 (c) If a license has been summarily suspended under par. (a) or (b), the affiliated
8 credentialing board may, while the hearing is in progress, extend the initial period
9 of suspension for not more than an additional 30 days, except that if the licensee has
10 caused a delay in the hearing process, the affiliated credentialing board may suspend
11 the license from the time the hearing is commenced until a final decision is issued
12 or may delegate such authority to the hearing examiner.

13 (4) VOLUNTARY SURRENDER. The affiliated credentialing board may negotiate
14 stipulations in consideration for accepting the surrender of a license under s. 440.19.

15 (5) RESTORATION OF A LICENSE. The affiliated credentialing board may restore
16 a license that has been voluntarily surrendered or revoked on such terms and
17 conditions as it considers appropriate.

18 **448.9765 Hospital reports.** (1) Within 30 days after receipt of a report under
19 s. 50.36 (3) (c), the affiliated credentialing board shall notify the licensee, in writing,
20 of the substance of the report. The licensee and the licensee's authorized
21 representative may examine the report and may place into the record a statement,
22 of reasonable length, of the licensee's view of the correctness or relevance of any
23 information in the report. The licensee may institute an action in circuit court to
24 amend or expunge any part of the licensee's record related to the report.

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1 (2) If the affiliated credentialing board determines that a report submitted
2 under s. 50.36 (3) (c) is without merit or that the licensee has sufficiently improved
3 his or her conduct, the affiliated credentialing board shall remove the report from the
4 licensee’s record. If no report about a licensee is filed under s. 50.36 (3) (c) for 2
5 consecutive years, the licensee may petition the affiliated credentialing board to
6 remove any prior reports not resulting in disciplinary action from his or her record.

7 (3) (a) In this subsection, “hospital” has the meaning specified in s. 50.33 (2).

8 (b) Upon the request of a hospital, the affiliated credentialing board shall
9 provide the hospital with all information relating to a licensee’s loss, reduction, or
10 suspension of staff privileges from other hospitals and all information relating to the
11 licensee’s being found guilty of unprofessional conduct or negligence in the practice
12 of chiropractic medicine under s. 448.976.

13 **448.977 Injunctive relief.** If the affiliated credentialing board has reason to
14 believe that a person is violating this subchapter or a rule promulgated under this
15 subchapter, the affiliated credentialing board, the department, the attorney general,
16 or the district attorney of the proper county may investigate and may, in addition to
17 all other remedies, bring an action in the name and on behalf of this state to enjoin
18 the person from the violation.

19 **448.9775 Penalties; appeal.**

20 (1) PENALTIES. (a) Except as provided in par. (b), a person who violates a
21 provision of this subchapter or a rule promulgated under this subchapter may be
22 fined not more than \$10,000 or imprisoned for not more than 9 months or both.

23 (b) A person who violates s. 448.9755 (3) may be fined not more than \$250.

24 (2) APPEAL. A person aggrieved by an action taken under this subchapter by
25 the affiliated credentialing board, its officers, or its agents may apply for judicial

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1 review as provided in ch. 227, and shall file notice of such appeal with the affiliated
2 credentialing board within 30 days. No court of this state may enter an ex parte stay
3 of an action taken by the affiliated credentialing board under this subchapter.

4 **448.978 Rules.** The affiliated credentialing board shall promulgate rules
5 defining the acts or attempted acts of commission or omission that constitute
6 unprofessional conduct under s. 448.976 (1).

7 **448.9785 Informed consent.** Any primary spinal care practitioner who
8 treats a patient shall inform the patient about the availability of reasonable
9 alternate modes of treatment and about the benefits and risks of these treatments.
10 The reasonable primary spinal care practitioner standard is the standard for
11 informing a patient under this section. The reasonable primary spinal care
12 practitioner standard requires disclosure only of information that a reasonable
13 primary spinal care practitioner would know and disclose under the circumstances.
14 The primary spinal care practitioner's duty to inform the patient under this section
15 does not require disclosure of any of the following:

16 (1) Detailed technical information that in all probability a patient would not
17 understand.

18 (2) Risks apparent or known to the patient.

19 (3) Extremely remote possibilities that might falsely or detrimentally alarm
20 the patient.

21 (4) Information in emergencies where failure to provide treatment would be
22 more harmful to the patient than treatment.

23 (5) Information in cases where the patient is incapable of consenting.

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1 **(6)** Information about alternate modes of treatment for any condition the
2 primary spinal care practitioner has not included in his or her diagnosis at the time
3 the primary spinal care practitioner informs the patient.

4 **SECTION 91.** Subchapter VIII of chapter 448 [precedes 448.980] of the statutes,
5 as created by 2015 Wisconsin Act 116, is renumbered subchapter IX of chapter 448
6 [precedes 448.980].

7 **SECTION 92.** 450.10 (3) (a) 5. of the statutes is amended to read:

8 450.10 **(3)** (a) 5. A physician, physician assistant, podiatrist, primary spinal
9 care practitioner, physical therapist, physical therapist assistant, occupational
10 therapist, or occupational therapy assistant licensed under ch. 448.

11 **SECTION 93.** 450.11 (8) (f) of the statutes is created to read:

12 450.11 **(8)** (f) The spinal medicine affiliated credentialing board, insofar as this
13 section applies to primary spinal care practitioners.

14 **SECTION 94.** 454.02 (2) (a) of the statutes is amended to read:

15 454.02 **(2)** (a) Services performed by a person licensed, certified or registered
16 under the laws of this state as a physician, physician assistant, podiatrist, primary
17 spinal care practitioner, physical therapist, nurse or funeral director if those services
18 are within the scope of the license, certificate or registration.

19 **SECTION 95.** 462.02 (2) (g) of the statutes is created to read:

20 462.02 **(2)** (g) A primary spinal care practitioner licensed under s. 448.9725 or
21 a person under the direct supervision of such a primary spinal care practitioner, if
22 the person has successfully completed a course of instruction approved by the
23 chiropractic examining board related to X-ray examinations.

24 **SECTION 96.** 462.04 of the statutes is amended to read:

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1 **462.04 Prescription or order required.** A person who holds a license or
2 limited X-ray machine operator permit under this chapter may not use diagnostic
3 X-ray equipment on humans for diagnostic purposes unless authorized to do so by
4 prescription or order of a physician licensed under s. 448.04 (1) (a), a dentist licensed
5 under s. 447.04 (1), a podiatrist licensed under s. 448.63, a primary spinal care
6 practitioner licensed under s. 448.9725, a chiropractor licensed under s. 446.02, an
7 advanced practice nurse certified under s. 441.16 (2), or a physician assistant
8 licensed under s. 448.04 (1) (f).

9 **SECTION 97.** 600.03 (38s) of the statutes is created to read:

10 600.03 (38s) “Primary spinal care practitioner” has the meaning given in s.
11 448.971 (4).

12 **SECTION 98.** 600.03 (41s) of the statutes is created to read:

13 600.03 (41s) “Spinal medicine” has the meaning given in s. 448.971 (5).

14 **SECTION 99.** 609.70 (title) of the statutes is amended to read:

15 **609.70 (title) Chiropractic and spinal medicine coverage.**

16 **SECTION 100.** 628.46 (2m) (a) of the statutes is amended to read:

17 628.46 (2m) (a) Notwithstanding subs. (1) and (2) and except as provided in
18 par. (b), a claim for payment for chiropractic or spinal medicine services is overdue
19 if not paid within 30 days after the insurer receives clinical documentation from the
20 chiropractor or primary spinal care practitioner that the services were provided
21 unless, within those 30 days, the insurer provides to the insured and to the
22 chiropractor or primary spinal care practitioner the written statement under s.
23 632.875 (2).

24 **SECTION 101.** 632.32 (2) (am) of the statutes is amended to read:

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1 632.32 (2) (am) “Medical payments coverage” means coverage to indemnify for
2 medical payments or chiropractic payments or both for the protection of all persons
3 using the insured motor vehicle from losses resulting from bodily injury or death.
4 “Medical payments coverage” includes coverage for spinal medicine.

5 **SECTION 102.** 632.64 of the statutes is amended to read:

6 **632.64 Certification of disability.** For the purpose of insurance policies that
7 they issue, insurers doing a life insurance business in this state shall afford equal
8 weight to a certification of disability signed by a physician with respect to matters
9 within the scope of the physician’s professional license, to a certification of disability
10 signed by a chiropractor with respect to matters within the scope of the chiropractor’s
11 professional license, and to a certification of disability signed by a podiatrist with
12 respect to matters within the scope of the podiatrist’s professional license, and to a
13 certification of a disability signed by a primary spinal care practitioner with respect
14 to matters within the scope of the primary spinal care practitioner’s professional
15 license. This section does not require an insurer to treat a certificate of disability as
16 conclusive evidence of disability.

17 **SECTION 103.** 632.87 (3) (a) (intro.) of the statutes is amended to read:

18 632.87 (3) (a) (intro.) No policy, plan or contract may exclude coverage for
19 diagnosis and treatment of a condition or complaint by a licensed chiropractor or
20 licensed primary spinal care practitioner within the scope of ~~the chiropractor’s~~ his
21 or her professional license, if the policy, plan or contract covers diagnosis and
22 treatment of the condition or complaint by a licensed physician or osteopath, even
23 if different nomenclature is used to describe the condition or complaint.
24 Examination by or referral from a physician shall not be a condition precedent for

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1 receipt of chiropractic or spinal medicine care under this paragraph. This paragraph
2 does not:

3 **SECTION 104.** 632.87 (3) (a) 1. of the statutes is amended to read:

4 632.87 (3) (a) 1. Prohibit the application of deductibles or coinsurance
5 provisions to chiropractic, spinal medicine, and physician charges on an equal basis.

6 **SECTION 105.** 632.87 (3) (a) 2. of the statutes is amended to read:

7 632.87 (3) (a) 2. Prohibit the application of cost containment or quality
8 assurance measures to chiropractic or spinal medicine services in a manner that is
9 consistent with cost containment or quality assurance measures generally
10 applicable to physician services and that is consistent with this section.

11 **SECTION 106.** 632.87 (3) (b) (intro.) of the statutes is amended to read:

12 632.87 (3) (b) (intro.) No insurer, under a policy, plan or contract covering
13 diagnosis and treatment of a condition or complaint by a licensed chiropractor or
14 licensed primary spinal care practitioner within the scope of ~~the chiropractor's~~ his
15 or her professional license, may do any of the following:

16 **SECTION 107.** 632.87 (3) (b) 1. of the statutes is amended to read:

17 632.87 (3) (b) 1. Restrict or terminate coverage for the treatment of a condition
18 or a complaint by a licensed chiropractor or licensed primary spinal care practitioner
19 within the scope of ~~the chiropractor's~~ his or her professional license on the basis of
20 other than an examination or evaluation by or a recommendation of a licensed
21 chiropractor or licensed primary spinal care practitioner or a peer review committee
22 that includes a licensed chiropractor or licensed primary spinal care practitioner.

23 **SECTION 108.** 632.87 (3) (b) 2. of the statutes is amended to read:

24 632.87 (3) (b) 2. Refuse to provide coverage to an individual because that
25 individual has been treated by a chiropractor or primary spinal care practitioner.

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1 **SECTION 109.** 632.87 (3) (b) 3. of the statutes is amended to read:

2 632.87 (3) (b) 3. Establish underwriting standards that are more restrictive for
3 chiropractic or spinal medicine care than for care provided by other health care
4 providers.

5 **SECTION 110.** 632.87 (3) (b) 4. of the statutes is amended to read:

6 632.87 (3) (b) 4. Exclude or restrict health care coverage of a health condition
7 solely because the condition may be treated by a chiropractor or primary spinal care
8 practitioner.

9 **SECTION 111.** 632.875 (1) (b) of the statutes is amended to read:

10 632.875 (1) (b) “Independent evaluation” means an examination or evaluation
11 by or recommendation of a chiropractor or licensed primary spinal care practitioner
12 or a peer review committee under s. 632.87 (3) (b) 1.

13 **SECTION 112.** 632.875 (1) (bm) of the statutes is created to read:

14 632.875 (1) (bm) “Licensed primary spinal care practitioner” means a person
15 licensed under s. 448.9725.

16 **SECTION 113.** 632.875 (1) (c) of the statutes is amended to read:

17 632.875 (1) (c) “Patient” means a person whose treatment by a chiropractor or
18 licensed primary spinal care practitioner is the subject of an independent evaluation.

19 **SECTION 114.** 632.875 (1) (dm) of the statutes is created to read:

20 632.875 (1) (dm) “Treating primary spinal care practitioner” means a licensed
21 primary spinal care practitioner who is treating a patient and whose treatment of the
22 patient is the subject of an independent evaluation.

23 **SECTION 115.** 632.875 (2) (intro.) of the statutes is amended to read:

24 632.875 (2) (intro.) If, on the basis of an independent evaluation, an insurer
25 restricts or terminates a patient’s coverage for the treatment of a condition or

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1 complaint by a chiropractor or licensed primary spinal care practitioner acting
2 within the scope of his or her license and the restriction or termination of coverage
3 results in the patient becoming liable for payment for his or her treatment, the
4 insurer shall, within the time required under s. 628.46 (2m), provide to the patient
5 and to the treating chiropractor or licensed primary spinal care practitioner a
6 written statement that contains all of the following:

7 **SECTION 116.** 632.875 (2) (b) of the statutes is amended to read:

8 632.875 (2) (b) The name of the treating chiropractor or treating primary spinal
9 care practitioner.

10 **SECTION 117.** 632.875 (3) (a) of the statutes is amended to read:

11 632.875 (3) (a) In this subsection, “claim” means a patient’s claim for coverage,
12 under a policy, plan or contract covering diagnosis and treatment of a condition or
13 complaint by a licensed chiropractor or licensed primary spinal care practitioner
14 within the scope of ~~the chiropractor’s~~ his or her professional license, the restriction
15 or termination of which coverage is the subject of an independent evaluation.

16 **SECTION 118.** 632.875 (3) (b) of the statutes is amended to read:

17 632.875 (3) (b) A chiropractor or licensed primary spinal care practitioner who
18 conducts an independent evaluation may not be compensated by an insurer based
19 on a percentage of the dollar amount by which a claim is reduced as a result of the
20 independent evaluation.

21 **SECTION 119.** 632.99 of the statutes is amended to read:

22 **632.99 Certifications of disability.** For the purpose of insurance policies
23 that they issue, every insurer doing a health or disability insurance business in this
24 state shall afford equal weight to a certification of disability signed by a physician
25 with respect to matters within the scope of the physician’s professional license, to a

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1 certification of disability signed by a chiropractor with respect to matters within the
2 scope of the chiropractor’s professional license, and to a certification of disability
3 signed by a podiatrist with respect to matters within the scope of the podiatrist’s
4 professional license, and to a certification of a disability signed by a primary spinal
5 care practitioner with respect to matters within the scope of the primary spinal care
6 practitioner’s professional license. This section does not require an insurer to treat
7 any certification of disability as conclusive evidence of disability.

8 **SECTION 120.** 655.45 (1) of the statutes is amended to read:

9 655.45 (1) For the quarter beginning on July 1, 1986, and for each quarter
10 thereafter, the director of state courts shall file reports complying with sub. (2) with
11 the medical examining board, the physical therapy examining board, the podiatry
12 affiliated credentialing board, the spinal medicine affiliated credentialing board, the
13 board of nursing and the department, respectively, regarding health care providers
14 licensed by the respective bodies.

15 **SECTION 121.** 895.453 (title) of the statutes is amended to read:

16 **895.453 (title) Payments of chiropractic and spinal medicine services**
17 **from attorney contingency fees.**

18 **SECTION 122.** 895.453 (1) (am) of the statutes is created to read:

19 895.453 (1) (am) “Primary spinal care practitioner” means a person licensed
20 under s. 448.9725.

21 **SECTION 123.** 895.453 (1) (cm) of the statutes is created to read:

22 895.453 (1) (cm) “Spinal medicine” has the meaning given in s. 448.971 (5).

23 **SECTION 124.** 895.453 (2) (intro.) of the statutes is amended to read:

24 895.453 (2) (intro.) Notwithstanding s. 803.03, if all of the following conditions
25 exist, fees for chiropractic or spinal medicine services provided to an injured person

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1 shall be paid out of the amount of fees due to his or her attorney under the
2 contingency fee arrangement made between the person and the attorney:

3 **SECTION 125.** 895.453 (2) (b) of the statutes is amended to read:

4 895.453 (2) (b) The services were provided by a chiropractor or primary spinal
5 care practitioner because of the injuries arising from the motor vehicle accident.

6 **SECTION 126.** 895.453 (2) (e) of the statutes is amended to read:

7 895.453 (2) (e) Prior to the person's acceptance of the settlement agreement,
8 the chiropractor or primary spinal care practitioner has not been paid for his or her
9 services and has provided written notification to the person's attorney of the services
10 that were provided to the person.

11 **SECTION 127.** 895.453 (3) of the statutes is amended to read:

12 895.453 (3) Except as provided in sub. (4), if the conditions under sub. (2) are
13 met, the distribution of the amount due under the contingency fee arrangement shall
14 be allocated on a pro rata basis between the person's attorney and each chiropractor
15 and primary spinal care practitioner who provided services, based on the percentage
16 obtained by comparing the outstanding fees owed to the attorney and each
17 chiropractor and primary spinal care practitioner to the aggregate outstanding
18 attorney ~~and, chiropractic, and spinal medicine~~ fees.

19 **SECTION 128.** 895.453 (4) (a) of the statutes is amended to read:

20 895.453 (4) (a) The chiropractor or primary spinal care practitioner is eligible
21 for payment for the services provided to the person under any health insurance
22 contract or self-insured health plan.

23 **SECTION 129.** 895.453 (4) (b) of the statutes is amended to read:

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1 895.453 (4) (b) The chiropractor or primary spinal care practitioner is eligible
2 for payment for the services provided to the person under any governmental health
3 plan or program, including Medicaid or Medicare.

4 **SECTION 130.** 895.48 (1m) (a) (intro.) of the statutes is amended to read:

5 895.48 (1m) (a) (intro.) Except as provided in par. (b), any physician, physician
6 assistant, podiatrist, primary spinal care practitioner, or athletic trainer licensed
7 under ch. 448, chiropractor licensed under ch. 446, dentist licensed under ch. 447,
8 emergency medical technician licensed under s. 256.15, first responder certified
9 under s. 256.15 (8), registered nurse licensed under ch. 441, or a massage therapist
10 or bodywork therapist licensed under ch. 460 who renders voluntary health care to
11 a participant in an athletic event or contest sponsored by a nonprofit corporation, as
12 defined in s. 66.0129 (6) (b), a private school, as defined in s. 115.001 (3r), a tribal
13 school, as defined in s. 115.001 (15m), a public agency, as defined in s. 46.856 (1) (b),
14 or a school, as defined in s. 609.655 (1) (c), is immune from civil liability for his or her
15 acts or omissions in rendering that care if all of the following conditions exist:

16 **SECTION 131.** 895.48 (1m) (a) 2. of the statutes is amended to read:

17 895.48 (1m) (a) 2. The physician, podiatrist, primary spinal care practitioner,
18 athletic trainer, chiropractor, dentist, emergency medical technician, first responder,
19 physician assistant, registered nurse, massage therapist or bodywork therapist does
20 not receive compensation for the health care, other than reimbursement for
21 expenses.

22 **SECTION 132.** 905.04 (title) of the statutes is amended to read:

23 **905.04 (title) Physician-patient, registered nurse-patient,**
24 **chiropractor-patient, psychologist-patient, social worker-patient,**

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1 **marriage and family therapist–patient, podiatrist–patient, primary spinal**
2 **care practitioner–patient, and professional counselor–patient privilege.**

3 **SECTION 133.** 905.04 (1) (b) of the statutes is amended to read:

4 905.04 (1) (b) A communication or information is “confidential” if not intended
5 to be disclosed to 3rd persons other than those present to further the interest of the
6 patient in the consultation, examination, or interview, to persons reasonably
7 necessary for the transmission of the communication or information, or to persons
8 who are participating in the diagnosis and treatment under the direction of the
9 physician, podiatrist, primary spinal care practitioner, registered nurse,
10 chiropractor, psychologist, social worker, marriage and family therapist or
11 professional counselor, including the members of the patient’s family.

12 **SECTION 134.** 905.04 (1) (bd) of the statutes is created to read:

13 905.04 (1) (bd) “Primary spinal care practitioner” means a person licensed
14 under s. 448.9725 or a person reasonably believed by the patient to be a primary
15 spinal care practitioner.

16 **SECTION 135.** 905.04 (1) (c) of the statutes is amended to read:

17 905.04 (1) (c) “Patient” means an individual, couple, family or group of
18 individuals who consults with or is examined or interviewed by a physician,
19 podiatrist, primary spinal care practitioner, registered nurse, chiropractor,
20 psychologist, social worker, marriage and family therapist or professional counselor.

21 **SECTION 136.** 905.04 (2) of the statutes is amended to read:

22 905.04 (2) GENERAL RULE OF PRIVILEGE. A patient has a privilege to refuse to
23 disclose and to prevent any other person from disclosing confidential
24 communications made or information obtained or disseminated for purposes of
25 diagnosis or treatment of the patient’s physical, mental or emotional condition,

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1 among the patient, the patient’s physician, the patient’s podiatrist, the patient’s
2 primary spinal care practitioner, the patient’s registered nurse, the patient’s
3 chiropractor, the patient’s psychologist, the patient’s social worker, the patient’s
4 marriage and family therapist, the patient’s professional counselor or persons,
5 including members of the patient’s family, who are participating in the diagnosis or
6 treatment under the direction of the physician, podiatrist, primary spinal care
7 practitioner, registered nurse, chiropractor, psychologist, social worker, marriage
8 and family therapist or professional counselor.

9 **SECTION 137.** 905.04 (3) of the statutes is amended to read:

10 905.04 (3) WHO MAY CLAIM THE PRIVILEGE. The privilege may be claimed by the
11 patient, by the patient’s guardian or conservator, or by the personal representative
12 of a deceased patient. The person who was the physician, podiatrist, primary spinal
13 care practitioner, registered nurse, chiropractor, psychologist, social worker,
14 marriage and family therapist or professional counselor may claim the privilege but
15 only on behalf of the patient. The authority so to do is presumed in the absence of
16 evidence to the contrary.

17 **SECTION 138.** 905.04 (4) (a) of the statutes is amended to read:

18 905.04 (4) (a) *Proceedings for commitment, guardianship, protective services,*
19 *or protective placement or for control, care, or treatment of a sexually violent person.*
20 There is no privilege under this rule as to communications and information relevant
21 to an issue in probable cause or final proceedings to commit the patient for mental
22 illness under s. 51.20, to appoint a guardian in this state, for court-ordered
23 protective services or protective placement, for review of guardianship, protective
24 services, or protective placement orders, or for control, care, or treatment of a
25 sexually violent person under ch. 980, if the physician, registered nurse, primary

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1 spinal care practitioner, chiropractor, psychologist, social worker, marriage and
2 family therapist, or professional counselor in the course of diagnosis or treatment
3 has determined that the patient is in need of commitment, guardianship, protective
4 services, or protective placement or control, care, and treatment as a sexually violent
5 person.

6 **SECTION 139.** 905.04 (4) (e) 3. of the statutes is amended to read:

7 905.04 (4) (e) 3. There is no privilege in situations where the examination of
8 the expectant mother of an abused unborn child creates a reasonable ground for an
9 opinion of the physician, registered nurse, primary spinal care practitioner,
10 chiropractor, psychologist, social worker, marriage and family therapist or
11 professional counselor that the physical injury inflicted on the unborn child was
12 caused by the habitual lack of self-control of the expectant mother of the unborn
13 child in the use of alcohol beverages, controlled substances or controlled substance
14 analogs, exhibited to a severe degree.

15 **SECTION 140.** 949.01 (4) of the statutes is amended to read:

16 949.01 (4) “Medical treatment” includes medical, surgical, dental, optometric,
17 chiropractic, podiatric, spinal medicine, as defined in s. 448.971 (5), and hospital
18 care; medicines; medical, dental and surgical supplies; crutches; artificial members;
19 appliances and training in the use of artificial members and appliances. “Medical
20 treatment” includes any Christian Science treatment for cure or relief from the
21 effects of injury.

22 **SECTION 141.** 949.04 (3) of the statutes is amended to read:

23 949.04 (3) **MEDICAL AND DENTAL RECORDS.** The applicant shall submit to the
24 department reports from all physicians, osteopaths, dentists, optometrists,
25 chiropractors or, podiatrists, or primary spinal care practitioners who treated or

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1 examined the victim at the time of or subsequent to the victim's injury or death. The
2 department may also order such other examinations and reports of the victim's
3 previous medical and dental history, injury or death as it believes would be of
4 material aid in its determination.

5 **SECTION 142.** 961.01 (19) (a) of the statutes is amended to read:

6 961.01 (19) (a) A physician, advanced practice nurse, dentist, veterinarian,
7 podiatrist, primary spinal care practitioner, optometrist, scientific investigator or,
8 subject to s. 448.21 (3), a physician assistant, or other person licensed, registered,
9 certified or otherwise permitted to distribute, dispense, conduct research with
10 respect to, administer or use in teaching or chemical analysis a controlled substance
11 in the course of professional practice or research in this state.

12 **SECTION 143. Nonstatutory provisions.**

13 (1) BOARD; STAGGERING OF TERMS. Notwithstanding the length of terms specified
14 for the members of the spinal medicine affiliated credentialing board under section
15 15.406 (7) of the statutes, as created by this act, one of the initial members shall be
16 appointed for a term expiring on July 1, 2017; one of the initial members shall be
17 appointed for a term expiring on July 1, 2018; one of the initial members shall be
18 appointed for a term expiring on July 1, 2019; one of the initial members shall be
19 appointed for a term expiring on July 1, 2020; and the remaining initial member
20 shall be appointed for a term expiring on July 1, 2021.

21 (2) BOARD; CREDENTIALS OF INITIAL MEMBERS. Notwithstanding section 15.406 (7)
22 (a) of the statutes, as created by this act, the initial members appointed to the spinal
23 medicine affiliated credentialing board under section 15.406 (7) (a) of the statutes,
24 as created by this act, need not be licensed under subchapter VIII of chapter 448 of

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1 the statutes, as created by this act, but shall be chiropractors licensed under chapter
2 446 of the statutes.

3 (END)