

2015 DRAFTING REQUEST

Bill

Received: 11/3/2015 Received By: mgallagh
For: Frank Lasee (608) 266-3512 Same as LRB:
May Contact: By/Representing: Adam
Subject: Occupational Reg. - prof lic Drafter: mgallagh
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Extra Copies:

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Pre Topic:

No specific pre topic given

Topic:

Doctor of chiropractic medicine

Instructions:

See attached

Drafting History:

<u>Vers.</u>	<u>Drafted</u>	<u>Reviewed</u>	<u>Proofed</u>	<u>Submitted</u>	<u>Jacketed</u>	<u>Required</u>
/?	mgallagh 12/4/2015	csicilia 12/11/2015	_____			
/P1	mgallagh 1/13/2016	csicilia 1/19/2016	_____	sbasford 12/11/2015		
/P2	mgallagh 1/22/2016	csicilia 1/25/2016	_____	sbasford 1/19/2016		State S&L

<u>Vers.</u>	<u>Drafted</u>	<u>Reviewed</u>	<u>Proofed</u>	<u>Submitted</u>	<u>Jacketed</u>	<u>Required</u>
/P3	mgallagh 1/29/2016	aernstr 1/29/2016	_____ _____	lparisi 1/25/2016		State S&L
/P4	mgallagh 2/4/2016	aernstr 2/4/2016	_____ _____	lparisi 1/29/2016		State S&L
/1			_____ _____	lparisi 2/4/2016	mbarman 2/5/2016	State S&L

FE Sent For:

@
INTRO

<END>

Gallagher, Michael

From: Dodge, Tamara
Sent: Tuesday, November 03, 2015 4:52 PM
To: Gallagher, Michael
Subject: FW: DRAFT REQUEST: Sen. Lasee - DCM Licensure
Attachments: DRAFT REQUEST (Sen. Lasee) - DCM Licensure.docx

Tamara J. Dodge

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From: Gibbs, Adam
Sent: Tuesday, November 03, 2015 4:02 PM
To: Dodge, Tamara <Tamara.Dodge@legis.wisconsin.gov>
Subject: DRAFT REQUEST: Sen. Lasee - DCM Licensure

Tamara,

(Please pass this bill on to the appropriate drafter if this is not your subject area. From what I could tell, you are the right drafter to start.)

Sen. Lasee would like a **PRELIMINARY draft** of the attached instructions to create a Doctor of Chiropractic Medicine (DCM) license and credentialing board. I have also attached Barbara Zabawa's contact information onto this email. She prepared the attached document and can be contacted as a reference should you have any questions with the attached document. (Also, feel free to discuss with Leg. Council if need be)

Here is her contact information:

Barbara J. Zabawa, JD, MPH
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Thank you, Tamara! Let me know if you need anything further.

Adam Gibbs
Chief of Staff
Senator Frank Lasee
1st Senate District

(608) 266-3512

SUBCHAPTER VII
DOCTOR OF CHIROPRACTIC MEDICINE AFFILIATED CREDENTIALING BOARD

Legislative Findings: The legislature hereby finds that creating a new type of health care provider, a doctor of chiropractic medicine, is necessary to address the shortage of primary care physicians and aid in the management of musculoskeletal and spine-related conditions by redirecting spine-related cases to doctors of chiropractic medicine who have advanced skills and training to successfully treat those cases.

448.98 Definitions. In this subchapter:

- (1) "Affiliated credentialing board" means the doctor of chiropractic medicine affiliated credentialing board.
- (2) "Licensee" means a person who is licensed under this subchapter.
- (3) "Doctor of Chiropractic Medicine" means an individual possessing the degree of doctor of chiropractic medicine and holding a license to practice chiropractic medicine and surgery granted by the affiliated credentialing board.
- (4) "Chiropractic medicine" or "chiropractic medicine and surgery" means the integration and application of the practices of chiropractic, as defined under s. 446.01(2), and medicine and surgery, as defined under s. 448.01(9) to address the prevention, diagnosis and treatment of musculoskeletal conditions and spine-related disorders, but does not include the use of a general anesthetic unless administered by or under the direction of a person licensed to practice medicine and surgery under subch. II.
- (5) "Physician" means an individual licensed under subch. I.
- (6) "Unprofessional conduct" means an act or attempted act of commission or omission, as defined by the affiliated credentialing board by rule under s. 448.995, by the chiropractic examining board, or an act by a doctor of chiropractic medicine in violation of ch. 446, 450 or 961.

448.981 License required. Except as provided in ss. 257.03 and 448.982, no person may practice chiropractic medicine, designate himself or herself as a doctor of chiropractic medicine, use or assume the title "doctor of chiropractic medicine", or append to the person's name the words or letters "D.C.M.", or any other title, letters or designation which represents or may tend to represent the person as a doctor of chiropractic medicine unless the person is licensed under this subchapter.

448.982 Applicability. This subchapter does not require a license for any of the following:

- (1) A person lawfully practicing within the scope of a license, permit, registration or certification granted by this state or the federal government.
- (2) A person assisting a doctor of chiropractic medicine in practice under the direct, on-premises supervision of the doctor of chiropractic medicine.
- (3) A doctor of chiropractic medicine student engaged in activities required for his or her education or training.
- (4) A person performing the gratuitous domestic administration of family remedies.
- (5) A person furnishing medical assistance or first aid at the scene of an emergency.

448.983 Licensure of doctors of chiropractic medicine.

- (1) Subject to sub. (4), the affiliated credentialing board shall grant a license as a doctor of chiropractic medicine to a person who does all of the following:
 - (a) Submits an application for the license to the department on a form provided by the department.
 - (b) Pays the fee specified in s. 440.05 (1).
 - (c) Subject to ss. 111.321, 111.322 and 111.335, submits evidence satisfactory to the affiliated credentialing board that the applicant does not have an arrest or conviction record.

- (d) Submits evidence satisfactory to the affiliated credentialing board of all of the following:
1. That the applicant has practiced as a licensed chiropractor in good standing with the chiropractic examining board for at least two years and remains in good standing with the chiropractic examining board under ch. 446.
 2. That the applicant is a graduate of a master's of science degree program in chiropractic medicine and surgery as described in s. 448.984 and approved by the affiliated credentialing board and possesses a diploma from such program conferring the degree of doctor of chiropractic medicine, unless the affiliated credentialing board waives these requirements because the applicant is a licensed physician, advanced practice nurse prescriber or physician assistant.
- (2) The affiliated credentialing board may waive the requirement under sub. (1) (d) for an applicant who establishes, to the satisfaction of the affiliated credentialing board, all of the following:
- (a) That he or she is a graduate of a chiropractic medicine school or program.
 - (b) That he or she is licensed as a doctor of chiropractic medicine by another licensing jurisdiction in the United States.
 - (c) That the jurisdiction in which he or she is licensed required the licensee to be a graduate of a school or program approved by the licensing jurisdiction or of a school or program that the licensing jurisdiction evaluated for education equivalency.
 - (d) That he or she has actively practiced chiropractic medicine, under the license issued by the other licensing jurisdiction in the United States, for at least 3 years immediately preceding the date of his or her application.
- (3) The affiliated credentialing board may promulgate rules providing for various classes of temporary licenses to practice chiropractic medicine.
- (4) The affiliated credentialing board may grant a limited license to an applicant for a license under sub. (1) if the affiliated credentialing board finds that the applicant has not demonstrated adequate education, training or performance on any past examination or in any past practice, and that, based upon considerations of public health and safety, the applicant does not qualify for full licensure under sub. (1).

448.984 Education.

- (1) The affiliated credentialing board shall approve a master's of science in chiropractic medicine and surgery program that is accredited by the Higher Learning Commission or equivalent accrediting body, as determined by the affiliated credentialing board, and that contains at least all of the following:
- (a) A two-year online and classroom educational component covering the following subjects:
 1. Causes of spinal pain and differential diagnosis
 2. Case management and coordination of care in spinal pain patients
 3. Spinal injuries (correlated with diagnostic imaging)
 4. Public health issues and epidemiology of spinal pain conditions
 5. Pharmacology I and II
 6. Nutrition for musculoskeletal health
 7. Interpreting research and applying evidence in spine care practice
 - (b) At least 500 clinical rotation hours under the supervision of a physician and through a program administered by the Wisconsin Chiropractic Association or the entity offering the accredited educational component in par. (a).
 - (c) An examination developed and administered by the entity offering the accredited educational component in par. (a) and approved by the affiliated credentialing board.

448.986 Issuance of license; expiration and renewal; duplicate license.

- (1) The department shall issue a certificate of licensure to each person who is licensed under this subchapter.
- (2) The renewal date for a license granted under this subchapter, other than a temporary license granted under rules promulgated under s. 448.983(3), is specified under s. 440.08 (2) (a). Renewal applications shall be submitted to the department on a form provided by the department and shall be accompanied by all of the following:
 - (a) The renewal fee determined by the department under s. 440.03 (9) (a).
 - (b) Proof of completion of continuing education requirements in s. 448.989.
 - (c) Proof of current licensure by the chiropractic examining board under ch. 446.
- (3) A licensee whose license is lost, stolen or destroyed may apply to the department for a duplicate license. Duplicate license applications shall be submitted to the department on a form provided by the department and shall be accompanied by the fee specified under s. 440.05 (7) and an affidavit setting out the circumstances of the loss, theft or destruction of the license. Upon receipt of an application under this subsection, the department shall issue a duplicate license bearing on its face the word "duplicate".

448.987 Malpractice liability insurance.

- (1) A licensed doctor of chiropractic medicine shall annually submit to the affiliated credentialing board evidence satisfactory to the affiliated credentialing board that the doctor of chiropractic medicine satisfies one of the following:
 - (a) The doctor of chiropractic medicine has in effect malpractice liability insurance coverage in the amount of at least \$1,000,000 per occurrence and \$1,000,000 for all occurrences in one year.
 - (b) The doctor of chiropractic medicine meets all of the following conditions:
 - 1. The doctor of chiropractic medicine's principal place of practice is not in this state.
 - 2. The doctor of chiropractic medicine will not be engaged in the practice of chiropractic medicine in this state for more than 240 hours during the following 12 months.
 - 3. The doctor of chiropractic medicine has in effect malpractice liability insurance coverage that covers services provided by the doctor of chiropractic medicine to patients in this state and which is in one of the following amounts:
 - a. At least the minimum amount of malpractice liability insurance coverage that is required under the laws of the state in which the affiliated credentialing board determines that his or her principal place of practice is located.
 - b. If the doctor of chiropractic medicine is not required under the laws of the state in which the affiliated credentialing board determines that his or her principal place of practice is located to have in effect a minimum amount of malpractice liability insurance coverage, at least the minimum amount of malpractice liability insurance coverage that the affiliated credentialing board determines is necessary to protect the public.
- (2) For purposes of sub. (1), a doctor of chiropractic medicine's principal place of practice is not in this state if the affiliated credentialing board determines that, during the following 12 months, any of the following applies:
 - (a) More than 50% of the doctor of chiropractic medicine's practice will be performed outside this state.
 - (b) More than 50% of the income from the doctor of chiropractic medicine's practice will be derived from outside this state.
 - (c) More than 50% of the doctor of chiropractic medicine's patients will be treated by the doctor of chiropractic medicine outside this state.
- (3) The affiliated credentialing board may suspend, revoke or refuse to issue or renew the license of a doctor of chiropractic medicine who fails to procure or to submit proof of the malpractice liability insurance coverage required under sub. (1).

448.988 Malpractice. Except as provided in s. 257.03, a person who practices chiropractic medicine without having a license under this subchapter may be liable for malpractice, and his or her ignorance of a duty ordinarily performed by a licensed doctor of chiropractic medicine shall not limit his or her liability for an injury arising from his or her practice of chiropractic medicine.

448.989 Continuing education. The affiliated credentialing board shall promulgate rules establishing requirements and procedures for licensees to complete continuing education programs or courses of study in order to qualify for renewal of a license granted under this subchapter. The rules shall allow for the program sponsors identified in s. 446.028 to conduct continuing education programs. The rules shall require a licensee to complete at least fifty hours of continuing education programs or courses of study within each 2-year period immediately preceding the renewal date specified under s. 440.08 (2) (a). Licensees may apply forty of the fifty continuing education hours toward the continuing education requirements for chiropractors as determined by the chiropractic examining board. Twenty-five of the fifty continuing education hours shall include evidence-based pharmacology and procedure-based training. The affiliated credentialing board may waive all or part of these requirements for the completion of continuing education programs or courses of study if the affiliated credentialing board determines that prolonged illness, disability or other exceptional circumstances have prevented a licensee from completing the requirements.

448.990 Practice requirements.

- (1) FEE SPLITTING. No licensee may give or receive, directly or indirectly, to or from any other person any fee, commission, rebate or other form of compensation or anything of value for sending, referring or otherwise inducing a person to communicate with a licensee in a professional capacity, or for any professional services not actually rendered personally by the licensee or at the licensee's direction.
- (2) SEPARATE BILLING REQUIRED. Except as provided in sub. (4), a licensee who renders any chiropractic medicine service or assistance, or gives any chiropractic medicine advice or any similar advice or assistance, to any patient, chiropractor, physician, physician assistant, advanced practice nurse prescriber certified under s. 441.16 (2), partnership, or corporation, or to any other institution or organization, including a hospital, for which a charge is made to a patient, shall, except as authorized by Title 18 or Title 19 of the federal Social Security Act, render an individual statement or account of the charge directly to the patient, distinct and separate from any statement or account by any other chiropractor, physician, physician assistant, advanced practice nurse prescriber, or other person.
- (3) BILLING FOR TESTS PERFORMED BY THE STATE LABORATORY OF HYGIENE. A licensee who charges a patient, other person or 3rd-party payer for services performed by the state laboratory of hygiene shall identify the actual amount charged by the state laboratory of hygiene and shall restrict charges for those services to that amount.
- (4) BILLING BY LEGAL ENTITY. If 2 or more health care providers have formed a legal entity identified in 146.81(i) or (j), the entity may not render a single bill for health care services provided in the name of the entity unless each individual licensed, registered or certified under this chapter or ch. 446, 449, 450, 455, 457 or 459, who provided services is individually identified on the bill as having rendered those services.

448.991 Disciplinary proceedings and actions.

- (1) INVESTIGATION; HEARING; ACTION.
- (a) The affiliated credentialing board shall investigate allegations of unprofessional conduct and negligence in treatment by a licensee. Information contained in reports filed with the affiliated credentialing board under s. 49.45 (2) (a) 12r., 50.36 (3) (b), 609.17 or 632.715, or under 42 CFR 1001.2005, shall be investigated by the affiliated credentialing board. Information contained in a report filed with the

affiliated credentialing board under s. 50.36 (3) (c) may, within the discretion of the affiliated credentialing board, be used as the basis of an investigation of a person named in the report. The affiliated credentialing board may require a licensee to undergo and may consider the results of a physical, mental or professional competency examination if the affiliated credentialing board believes that the results of the examination may be useful to the affiliated credentialing board in conducting its investigation.

- (b) After an investigation, if the affiliated credentialing board finds that there is probable cause to believe that the person is guilty of unprofessional conduct or negligence in treatment, the affiliated credentialing board shall hold a hearing on such conduct. The affiliated credentialing board may require a licensee to undergo and may consider the results of a physical, mental or professional competency examination if the affiliated credentialing board believes that the results of the examination may be useful to the affiliated credentialing board in conducting its hearing. A finding by a court that a doctor of chiropractic medicine has acted negligently in treating a patient is conclusive evidence that the doctor of chiropractic medicine is guilty of negligence in treatment. A certified copy of the order of a court is presumptive evidence that the finding of negligence in treatment was made. The affiliated credentialing board shall render a decision within 90 days after the date on which the hearing is held or, if subsequent proceedings are conducted under s. 227.46 (2), within 90 days after the date on which those proceedings are completed.
- (c) After a disciplinary hearing, the affiliated credentialing board may, when it determines that a court has found that a person has been negligent in treating a patient or when it finds a person guilty of unprofessional conduct or negligence in treatment, do one or more of the following: warn or reprimand that person, or limit, suspend or revoke a license granted by the affiliated credentialing board to that person. The affiliated credentialing board may condition the removal of limitations on a license, or the restoration of a suspended or revoked license, upon obtaining minimum results specified by the affiliated credentialing board on a physical, mental or professional competency examination if the affiliated credentialing board believes that obtaining the minimum results is related to correcting one or more of the bases upon which the limitation, suspension or revocation was imposed.
- (d) A person whose license is limited shall be permitted to continue practice if the person agrees to do all of the following:
1. Refrain from engaging in unprofessional conduct.
 2. Appear before the affiliated credentialing board or its officers or agents at such times and places designated by the affiliated credentialing board.
 3. Fully disclose to the affiliated credentialing board or its officers or agents the nature of the person's practice and conduct.
 4. Fully comply with the limits placed on his or her practice and conduct by the affiliated credentialing board.
 5. Obtain additional training, education or supervision required by the affiliated credentialing board.
 6. Cooperate with the affiliated credentialing board.
- (e) Unless a suspended license is revoked during the period of suspension, upon expiration of the period of suspension the affiliated credentialing board shall reinstate the person's license, except that the affiliated credentialing board may, as a condition precedent to the reinstatement of the license, require the person to pass the examinations required for the original grant of the license.
- (f) The affiliated credentialing board shall comply with rules of procedure for the investigation, hearing and action promulgated by the department under s. 440.03 (1).
- (g) Nothing in this subsection prohibits the affiliated credentialing board, in its discretion, from investigating and conducting disciplinary proceedings on allegations of unprofessional conduct by a licensee when the allegations of unprofessional conduct may also constitute allegations of negligence in treatment.
- (2) **SUSPENSION PENDING HEARING.** The affiliated credentialing board may summarily suspend a license granted by the affiliated credentialing board for a period not to exceed 30 days pending hearing if the affiliated credentialing board has in its possession evidence establishing probable cause to believe that the licensee has violated the provisions of this subchapter and that it is necessary to suspend the license immediately to protect the public health, safety or welfare. The licensee shall be granted an opportunity to

be heard during the determination of whether or not probable cause exists. The affiliated credentialing board may designate any of its officers to exercise the authority granted by this subsection to suspend summarily a license, for a period not exceeding 72 hours. If a license has been summarily suspended by the affiliated credentialing board or any of its officers, the affiliated credentialing board may, while the hearing is in progress, extend the initial period of suspension for not more than an additional 30 days. If the licensee has caused a delay in the hearing process, the affiliated credentialing board may subsequently suspend the license from the time the hearing is commenced until a final decision is issued or may delegate such authority to the hearing examiner.

- (3) **VOLUNTARY SURRENDER.** A licensee may voluntarily surrender his or her license to the secretary of the affiliated credentialing board, but the secretary may refuse to accept the surrender if the affiliated credentialing board has received an allegation of unprofessional conduct against the licensee. The affiliated credentialing board may negotiate stipulations in consideration for accepting the surrender of a license.
- (4) **RESTORATION OF LICENSE, CERTIFICATE OR LIMITED PERMIT.** The affiliated credentialing board may restore a license which has been voluntarily surrendered or revoked under this subchapter on such terms and conditions as it considers appropriate.

448.992 Hospital reports.

- (1) Within 30 days after receipt of a report under s. 50.36 (3) (c), the affiliated credentialing board shall notify the licensee, in writing, of the substance of the report. The licensee and the licensee's authorized representative may examine the report and may place into the record a statement, of reasonable length, of the licensee's view of the correctness or relevance of any information in the report. The licensee may institute an action in circuit court to amend or expunge any part of the licensee's record related to the report.
- (2) If the affiliated credentialing board determines that a report submitted under s. 50.36 (3) (c) is without merit or that the licensee has sufficiently improved his or her conduct, the affiliated credentialing board shall remove the report from the licensee's record. If no report about a licensee is filed under s. 50.36 (3) (c) for 2 consecutive years, the licensee may petition the affiliated credentialing board to remove any prior reports, which did not result in disciplinary action, from his or her record.
- (3) Upon the request of a hospital, the affiliated credentialing board shall provide the hospital with all information relating to a licensee's loss, reduction or suspension of staff privileges from other hospitals and all information relating to the licensee's being found guilty of unprofessional conduct. In this subsection, "hospital" has the meaning specified under s. 50.33 (2).

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

448.994 Penalties; appeal.

- (1) **PENALTIES.**
 - (a) Except as provided in par. (b), a person who violates any provision of this subchapter or a rule promulgated under this subchapter may be fined not more than \$10,000 or imprisoned for not more than 9 months or both.
 - (b) A person who violates s. 448.67 (3) may be fined not more than \$250.
- (2) **APPEAL.** A person aggrieved by an action taken under this subchapter by the affiliated credentialing board, its officers or its agents may apply for judicial review as provided in ch. 227, and shall file notice of such appeal with the secretary of the affiliated credentialing board within 30 days. No court of this

state may enter an ex parte stay of an action taken by the affiliated credentialing board under this subchapter.

448.995 Rules.

- (1) The affiliated credentialing board shall promulgate all of the following rules:
 - (a) Rules defining the acts or attempted acts of commission or omission that constitute unprofessional conduct under s. 448.98 (6).
 - (b) Rules implementing s. 448.996.
- (2) The affiliated credentialing board may promulgate rules to carry out the purposes of this subchapter.

448.996 Informed consent. Any doctor of chiropractic medicine who treats a patient shall inform the patient about the availability of reasonable alternate modes of treatment and about the benefits and risks of these treatments. The reasonable doctor of chiropractic medicine standard is the standard for informing a patient under this section. The reasonable doctor of chiropractic medicine standard requires disclosure only of information that a reasonable doctor of chiropractic medicine would know and disclose under the circumstances. The doctor of chiropractic medicine's duty to inform the patient under this section does not require disclosure of any of the following:

- (1) Detailed technical information that in all probability a patient would not understand.
- (2) Risks apparent or known to the patient.
- (3) Extremely remote possibilities that might falsely or detrimentally alarm the patient.
- (4) Information in emergencies where failure to provide treatment would be more harmful to the patient than treatment.
- (5) Information in cases where the patient is incapable of consenting.
- (6) Information about alternate modes of treatment for any condition the doctor of chiropractic medicine has not included in his or her diagnosis at the time the doctor of chiropractic medicine informs the patient.

Changes to other statutes will be made to reference the DCM where necessary, such as in chapter 440 for licensing and renewal fees, chapter 146 as another type of health care provider, chapter 961 to include DCM in definition of "practitioner," and in other parts of the statutes that govern chiropractors or podiatrists to ensure that DCMs are subject to the same or similar privileges, responsibilities and provisions as those practitioners.



PRELIMINARY DRAFT - NOT READY FOR INTRODUCTION

SN
stat corp

Insects

D-Note

GerCat

CR

criminal

1 **AN ACT** ...; **relating to:** licensure of doctors of chiropractic medicine, granting the
 2 exercise of rule-making authority, and providing a penalty.

Analysis by the Legislative Reference Bureau

This is a preliminary draft. An analysis will be provided in a subsequent version of this draft.

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

3 **SECTION 1.** 15.085 (1m) (b) of the statutes is amended to read:
 4 15.085 (1m) (b) The public members of the podiatry affiliated credentialing
 5 board, chiropractic medicine affiliated credentialing board, or occupational
 6 therapists affiliated credentialing board shall not be engaged in any profession or
 7 occupation concerned with the delivery of physical or mental health care.

8 **History:** 1993 a. 107; 1997 a. 175; 1999 a. 180; 2009 a. 113, 149; 2011 a. 258.

8 **SECTION 2.** 15.406 (7) of the statutes is created to read:
 9 15.406 (7) CHIROPRACTIC MEDICINE AFFILIATED CREDENTIALING BOARD. There is
 10 created in the department of safety and professional services, attached to the medical

IX

Insect 1-7

1 examining board, a chiropractic medicine affiliated credentialing board consisting
2 of the following members appointed for 4-year terms:

3 (a) Three doctors of chiropractic medicine who are licensed under subch. VIII
4 of ch. 448.

5 (b) One public member.

****NOTE: This mimics the makeup of the podiatry affiliated credentialing board. ✓

6 **SECTION 3.** 29.193 (1m) (a) 2. (intro.) of the statutes, as affected by 2015
7 Wisconsin Act 97, is amended to read:

8 29.193 (1m) (a) 2. (intro.) Has a permanent substantial loss of function in one
9 or both arms or one or both hands and fails to meet the minimum standards of any
10 one of the following standard tests, administered under the direction of a licensed
11 physician, a licensed physician assistant, a licensed doctor of chiropractic medicine, ✓
12 a licensed chiropractor, or a certified advanced practice nurse prescriber:

History: 1997 a. 248 ss. 135 to 142, 323, 410; 1997 a. 249 ss. 3 to 13; 1997 a. 322 ss. 2, 3; 1999 a. 9, 32; 2001 a. 17; 2009 a. 109, 113, 119, 132, 375; 2011 a. 168, 252; 2011 a. 260 s. 80; 2013 a. 61; 2015 a. 97.

13 **SECTION 4.** 29.193 (2) (b) 2. of the statutes, as affected by 2015 Wisconsin Act
14 97, is amended to read:

15 29.193 (2) (b) 2. An applicant shall submit an application on a form prepared
16 and furnished by the department, which shall include a written statement or report
17 prepared and signed by a licensed physician, a licensed physician assistant, a
18 licensed chiropractor, a licensed podiatrist, a licensed doctor of chiropractic
19 medicine, or a certified advanced practice nurse prescriber prepared no more than ✓
20 6 months preceding the application and verifying that the applicant is physically
21 disabled.

History: 1997 a. 248 ss. 135 to 142, 323, 410; 1997 a. 249 ss. 3 to 13; 1997 a. 322 ss. 2, 3; 1999 a. 9, 32; 2001 a. 17; 2009 a. 109, 113, 119, 132, 375; 2011 a. 168, 252; 2011 a. 260 s. 80; 2013 a. 61; 2015 a. 97.

22 **SECTION 5.** 29.193 (2) (c) 3. of the statutes, as affected by 2015 Wisconsin Act
23 97, is amended to read:

1 29.193 (2) (c) 3. The department may issue a Class B permit to an applicant
2 who is ineligible for a permit under subd. 1., 2. or 2m. or who is denied a permit under
3 subd. 1., 2. or 2m. if, upon review and after considering the physical condition of the
4 applicant and the recommendation of a licensed physician, a licensed physician
5 assistant, a licensed chiropractor, a licensed podiatrist, a licensed doctor of ✓
6 chiropractic medicine, or a certified advanced practice nurse prescriber selected by
7 the applicant from a list of licensed physicians, licensed physician assistants,
8 licensed chiropractors, licensed podiatrists, licensed doctors of chiropractic ✓
9 medicine, and certified advanced practice nurse prescribers compiled by the
10 department, the department finds that issuance of a permit complies with the intent
11 of this subsection. The use of this review procedure is discretionary with the
12 department and all costs of the review procedure shall be paid by the applicant.

History: 1997 a. 248 ss. 135 to 142, 323, 410; 1997 a. 249 ss. 3 to 13; 1997 a. 322 ss. 2, 3; 1999 a. 9, 32; 2001 a. 17; 2009 a. 109, 113, 119, 132, 375; 2011 a. 168, 252; 2011 a. 260 s. 80; 2013 a. 61; 2015 a. 97.

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

15 29.193 (2) (cd) 2. b. The person has a permanent substantial loss of function
16 in one or both arms and fails to meet the minimum standards of the standard upper
17 extremity pinch test, the standard grip test, or the standard nine-hole peg test,
18 administered under the direction of a licensed physician, a licensed doctor of ✓
19 chiropractic medicine, a licensed physician assistant, a licensed chiropractor, or a
20 certified advanced practice nurse prescriber.

History: 1997 a. 248 ss. 135 to 142, 323, 410; 1997 a. 249 ss. 3 to 13; 1997 a. 322 ss. 2, 3; 1999 a. 9, 32; 2001 a. 17; 2009 a. 109, 113, 119, 132, 375; 2011 a. 168, 252; 2011 a. 260 s. 80; 2013 a. 61; 2015 a. 97.

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

1 29.193 (2) (cd) 2. c. The person has a permanent substantial loss of function in
2 one or both shoulders and fails to meet the minimum standards of the standard
3 shoulder strength test, administered under the direction of a licensed physician, a
4 licensed doctor of chiropractic medicine, a licensed physician assistant, a licensed
5 chiropractor, or a certified advanced practice nurse prescriber. ✓

History: 1997 a. 248 ss. 135 to 142, 323, 410; 1997 a. 249 ss. 3 to 13; 1997 a. 322 ss. 2, 3; 1999 a. 9, 32; 2001 a. 17; 2009 a. 109, 113, 119, 132, 375; 2011
a. 168, 252; 2011 a. 260 s. 80; 2013 a. 61; 2015 a. 97. ✓

6 **SECTION 8.** 29.193 (2) (e) of the statutes, as affected by 2015 Wisconsin Act 97,
7 is amended to read:

8 29.193 (2) (e) *Review of decisions.* An applicant denied a permit under this
9 subsection, except a permit under par. (c) 3., may obtain a review of that decision by
10 a licensed physician, a licensed physician assistant, a licensed chiropractor, a
11 licensed podiatrist, a licensed doctor of chiropractic medicine, or a certified advanced
12 practice nurse prescriber designated by the department and with an office located
13 in the department district in which the applicant resides. The department shall pay
14 for the cost of a review under this paragraph unless the denied application on its face
15 fails to meet the standards set forth in par. (c) 1. or 2. A review under this paragraph
16 is the only method of review of a decision to deny a permit under this subsection and
17 is not subject to further review under ch. 227. ✓

History: 1997 a. 248 ss. 135 to 142, 323, 410; 1997 a. 249 ss. 3 to 13; 1997 a. 322 ss. 2, 3; 1999 a. 9, 32; 2001 a. 17; 2009 a. 109, 113, 119, 132, 375; 2011
a. 168, 252; 2011 a. 260 s. 80; 2013 a. 61; 2015 a. 97. ✓

18 **SECTION 9.** 45.40 (1g) (a) of the statutes is amended to read:

19 45.40 (1g) (a) “Health care provider” means an advanced practice nurse
20 prescriber certified under s. 441.16 (2), an audiologist licensed under ch. 459, a
21 dentist licensed under ch. 447, an optometrist licensed under ch. 449, a physician
22 licensed under s. 448.02, ~~or~~ a podiatrist licensed under s. 448.63, or a doctor of
23 chiropractic medicine licensed under s. 448.983. ✓

History: 2005 a. 22, 25; 2007 a. 20; 2009 a. 37, 113; 2011 a. 258. ✓

1 **SECTION 10.** 48.981 (2) (a) 6m. of the statutes is created to read:

2 48.981 (2) (a) 6m. A doctor of chiropractic medicine. ✓

3 **SECTION 11.** 49.45 (9) of the statutes is amended to read:

4 49.45 (9) FREE CHOICE. Any person eligible for medical assistance under s.
5 49.46, 49.468, 49.47, or 49.471 may use the physician, chiropractor, dentist,
6 pharmacist, podiatrist, doctor of chiropractic medicine, hospital, skilled nursing ✓
7 home, health maintenance organization, limited service health organization,
8 preferred provider plan or other licensed, registered or certified provider of health
9 care of his or her choice, except that free choice of a provider may be limited by the
10 department if the department's alternate arrangements are economical and the
11 recipient has reasonable access to health care of adequate quality. The department
12 may also require a recipient to designate, in any or all categories of health care
13 providers, a primary health care provider of his or her choice. After such a
14 designation is made, the recipient may not receive services from other health care
15 providers in the same category as the primary health care provider unless such
16 service is rendered in an emergency or through written referral by the primary
17 health care provider. Alternate designations by the recipient may be made in
18 accordance with guidelines established by the department. Nothing in this
19 subsection shall vitiate the legal responsibility of the physician, chiropractor,
20 dentist, pharmacist, podiatrist, doctor of chiropractic medicine, skilled nursing ✓
21 home, hospital, health maintenance organization, limited service health
22 organization, preferred provider plan or other licensed, registered or certified
23 provider of health care to patients. All contract and tort relationships with patients
24 shall remain, notwithstanding a written referral under this section, as though
25 dealings are direct between the physician, chiropractor, dentist, pharmacist,

1 podiatrist, doctor of chiropractic medicine, skilled nursing home, hospital, health
 2 maintenance organization, limited service health organization, preferred provider
 3 plan or other licensed, registered or certified provider of health care and the patient.
 4 No physician, chiropractor, pharmacist, podiatrist, doctor of chiropractic medicine,
 5 or dentist may be required to practice exclusively in the medical assistance program.

History: 1971 c. 40 s. 93; 1971 c. 42, 125; 1971 c. 213 s. 5; 1971 c. 215, 217, 307; 1973 c. 62, 90, 147; 1973 c. 333 ss. 106g, 106h, 106j, 201w; 1975 c. 39; 1975 c. 223 s. 28; 1975 c. 224 ss. 54h, 56 to 59m; 1975 c. 383 s. 4; 1975 c. 411; 1977 c. 29, 418; 1979 c. 34 ss. 837f to 838, 2102 (20) (a); 1979 c. 102, 177, 221, 355; 1981 c. 20 ss. 839 to 854, 2202 (20) (r); 1981 c. 93, 317; 1983 a. 27 ss. 1046 to 1062m, 2200 (42); 1983 a. 245, 447, 527; 1985 a. 29 ss. 1026m to 1031d, 3200 (23), (56), 3202 (27); 1985 a. 120, 176, 269; 1985 a. 332 ss. 91, 251 (5), 253; 1985 a. 340; 1987 a. 27 ss. 989r to 1000s, 2247, 3202 (24); 1987 a. 186, 307, 339, 399; 1987 a. 403 s. 256; 1987 a. 413; 1989 a. 6; 1989 a. 31 ss. 1402 to 1452g, 2909g, 2909i; 1989 a. 107, 173, 310, 336, 351, 359; 1991 a. 22, 39, 80, 250, 269, 315, 316; 1993 a. 16 ss. 1362g to 1403, 3883; 1993 a. 27, 107, 112, 183, 212, 246, 269, 335, 356, 437, 446, 469; 1995 a. 20; 1995 a. 27 ss. 2947 to 3002r, 7299, 9126 (19), 9130 (4), 9145 (1); 1995 a. 191, 216, 225, 289, 303, 398, 417, 457; 1997 a. 3, 13, 27, 114, 175, 191, 237, 252, 293; 1999 a. 9, 63, 103, 180, 185; 2001 a. 13, 16, 35, 38, 57, 67, 104, 109; 2003 a. 33, 318, 321; 2005 a. 22; 2005 a. 25 ss. 1120 to 1149f, 2503 to 2510; 2005 a. 107, 165, 253, 254, 264, 301, 340, 386, 441; 2007 a. 20 ss. 1513 to 1559h, 9121 (6) (a); 2007 a. 90, 97, 104, 141, 153; 2009 a. 2, 28, 113, 177, 180, 190, 221, 334, 342; 2011 a. 10, 32, 120, 126, 158, 192, 209, 258; 2011 a. 260 s. 81; 2013 a. 20, 92; 2013 a. 116 ss. 2, 3, 29, 30; 2013 a. 117 ss. 2, 4; 2013 a. 130; 2013 a. 165 s. 114; 2013 a. 226; 2015 a. 55.

6 **SECTION 12.** 49.46 (2) (b) 11m. of the statutes is created to read:

7 49.46 (2) (b) 11m. The services of doctors of chiropractic medicine. ✓

8 **SECTION 13.** 50.36 (3) (a) of the statutes is amended to read:

9 50.36 (3) (a) Any person licensed to practice medicine and surgery under subch.

10 II of ch. 448 ~~or~~, podiatry under subch. IV of ch. 448, or chiropractic medicine under
 11 subch. VIII of ch. 448 shall be afforded an equal opportunity to obtain hospital staff
 12 privileges and may not be denied hospital staff privileges solely for the reason that
 13 the person is an osteopathic physician and surgeon ~~or~~, a podiatrist, or a doctor of
 14 chiropractic medicine. Each individual hospital shall retain the right to determine
 15 whether the applicant's training, experience and demonstrated competence is
 16 sufficient to justify the granting of hospital staff privileges or is sufficient to justify
 17 the granting of limited hospital staff privileges.

History: 1971 c. 211; 1975 c. 383 s. 4; 1975 c. 413 ss. 4, 18; 1975 c. 421; Stats. 1975 s. 50.36; 1977 c. 29; 1979 c. 34; 1981 c. 135; 1985 a. 340; 1989 a. 37; 1991 a. 129; 1993 a. 16, 30, 270; 1995 a. 27 ss. 3245, 3246, 9116 (5); 1997 a. 175; 1999 a. 9; 2001 a. 109; 2007 a. 20, 104; 2009 a. 28, 42, 113, 180; 2011 a. 32; 2011 a. 260 s. 80; 2013 a. 236.

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

19 50.36 (3) (b) If, as a result of peer investigation or written notice thereof, a
 20 hospital staff member who is licensed by the medical examining board ~~or~~, podiatry
 21 affiliated credentialing board, or chiropractic medicine affiliated credentialing

1 board, for any reasons that include the quality of or ability to practice, loses his or
2 her hospital staff privileges, has his or her hospital staff privileges reduced or resigns
3 from the hospital staff, the hospital shall so notify the medical examining board or,
4 podiatry affiliated credentialing board, or chiropractic medicine affiliated
5 credentialing board, whichever is applicable, within 30 days after the loss, reduction
6 or resignation takes effect. Temporary suspension due to incomplete records need
7 not be reported.

History: 1971 c. 211; 1975 c. 383 s. 4; 1975 c. 413 ss. 4, 18; 1975 c. 421; Stats. 1975 s. 50.36; 1977 c. 29; 1979 c. 34; 1981 c. 135; 1985 a. 340; 1989 a. 37; 1991 a. 129; 1993 a. 16, 30, 270; 1995 a. 27 ss. 3245, 3246, 9116 (5); 1997 a. 175; 1999 a. 9; 2001 a. 109; 2007 a. 20, 104; 2009 a. 28, 42, 113, 180; 2011 a. 32; 2011 a. 260 s. 80; 2013 a. 236.

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

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

History: 1971 c. 211; 1975 c. 383 s. 4; 1975 c. 413 ss. 4, 18; 1975 c. 421; Stats. 1975 s. 50.36; 1977 c. 29; 1979 c. 34; 1981 c. 135; 1985 a. 340; 1989 a. 37; 1991 a. 129; 1993 a. 16, 30, 270; 1995 a. 27 ss. 3245, 3246, 9116 (5); 1997 a. 175; 1999 a. 9; 2001 a. 109; 2007 a. 20, 104; 2009 a. 28, 42, 113, 180; 2011 a. 32; 2011 a. 260 s. 80; 2013 a. 236.

19 **SECTION 16.** 50.39 (3) of the statutes is amended to read:

20 50.39 (3) Facilities governed by ss. 45.50, 48.62, 49.70, 49.72, 50.02, 51.09, and
21 252.10, juvenile correctional facilities as defined in s. 938.02 (10p), correctional
22 institutions governed by the department of corrections under s. 301.02, and the
23 offices and clinics of persons licensed to treat the sick under chs. 446, 447, and 448

1 are exempt from ss. 50.32 to 50.39. Sections 50.32 to 50.39 do not abridge the rights
 2 of the medical examining board, physical therapy examining board, podiatry
 3 affiliated credentialing board, chiropractic medicine affiliated credentialing board,
 4 dentistry examining board, pharmacy examining board, chiropractic examining
 5 board, and board of nursing in carrying out their statutory duties and
 6 responsibilities.

History: 1971 c. 164; 1975 c. 39; 1975 c. 413 ss. 4, 18; 1975 c. 430 s. 80; Stats. 1975 s. 50.39; 1977 c. 203; 1979 c. 89, 221, 337, 355; 1985 a. 332 s. 251 (1); 1989 a. 31, 37, 107; 1991 a. 39; 1993 a. 27, 30, 107; 1995 a. 27, 77; 1997 a. 175; 1999 a. 9; 2005 a. 22, 344; 2007 a. 97; 2009 a. 113, 149; 2011 a. 258; 2013 a. 236.

7 **SECTION 17.** 77.54 (14) (b) of the statutes is amended to read:

8 77.54 (14) (b) Furnished by a licensed physician, surgeon, podiatrist, doctor of
 9 chiropractic medicine, or dentist to a patient who is a human being for treatment of
 10 the patient.

History: 1971 c. 64, 154, 215, 311; 1973 c. 90, 156, 240; 1975 c. 39, 96, 102, 146, 200; 1977 c. 29; 1977 c. 83 ss. 13, 26; 1977 c. 250, 368, 418; 1979 c. 1, 34, 87, 174; 1981 c. 20; 1981 c. 79 s. 18; 1981 c. 96 s. 67; 1981 c. 264; 1981 c. 282 s. 47; 1981 c. 317; 1983 a. 27 ss. 1284d to 1284np, 2202 (38); 1983 a. 189 ss. 101, 106, 329 (5), (12), (13); 1983 a. 192, 287, 405, 426, 498, 510, 538, 544; 1985 a. 29, 149, 332; 1987 a. 27; 1987 a. 312 s. 17; 1987 a. 399; 1989 a. 31, 238, 270, 335, 359; 1991 a. 37, 39, 269, 316; 1993 a. 16, 263, 332; 1995 a. 27, 125, 225, 227; 1997 a. 27, 35, 41, 184, 237, 291; 1999 a. 9, 65, 83; 1999 a. 150 s. 672; 1999 a. 167; 2001 a. 16, 103, 109; 2003 a. 99, 128; 2005 a. 25, 74, 141, 149, 335, 366, 479; 2007 a. 11, 19, 20, 97, 130; 2009 a. 2, 28, 185, 204, 330; 2011 a. 7, 10, 32, 208, 260; 2013 a. 20, 145, 185, 324, 346; 2015 a. 55, 60; s. 13.92 (1) (bm) 2.

11 **SECTION 18.** 77.54 (14) (c) of the statutes, as affected by 2015 Wisconsin Act 97,

12 is amended to read:

13 77.54 (14) (c) Furnished by a hospital for treatment of any person pursuant to
 14 the order of a licensed physician, surgeon, podiatrist, doctor of chiropractic medicine,
 15 or dentist.

History: 1971 c. 64, 154, 215, 311; 1973 c. 90, 156, 240; 1975 c. 39, 96, 102, 146, 200; 1977 c. 29; 1977 c. 83 ss. 13, 26; 1977 c. 250, 368, 418; 1979 c. 1, 34, 87, 174; 1981 c. 20; 1981 c. 79 s. 18; 1981 c. 96 s. 67; 1981 c. 264; 1981 c. 282 s. 47; 1981 c. 317; 1983 a. 27 ss. 1284d to 1284np, 2202 (38); 1983 a. 189 ss. 101, 106, 329 (5), (12), (13); 1983 a. 192, 287, 405, 426, 498, 510, 538, 544; 1985 a. 29, 149, 332; 1987 a. 27; 1987 a. 312 s. 17; 1987 a. 399; 1989 a. 31, 238, 270, 335, 359; 1991 a. 37, 39, 269, 316; 1993 a. 16, 263, 332; 1995 a. 27, 125, 225, 227; 1997 a. 27, 35, 41, 184, 237, 291; 1999 a. 9, 65, 83; 1999 a. 150 s. 672; 1999 a. 167; 2001 a. 16, 103, 109; 2003 a. 99, 128; 2005 a. 25, 74, 141, 149, 335, 366, 479; 2007 a. 11, 19, 20, 97, 130; 2009 a. 2, 28, 185, 204, 330; 2011 a. 7, 10, 32, 208, 260; 2013 a. 20, 145, 185, 324, 346; 2015 a. 55, 60; s. 13.92 (1) (bm) 2.

16 **SECTION 19.** 77.54 (14) (d) of the statutes, as affected by 2015 Wisconsin Act 97,

17 is amended to read:

18 77.54 (14) (d) Sold to a licensed physician, surgeon, podiatrist, doctor of
 19 chiropractic medicine, dentist, or hospital for the treatment of a human being.

History: 1971 c. 64, 154, 215, 311; 1973 c. 90, 156, 240; 1975 c. 39, 96, 102, 146, 200; 1977 c. 29; 1977 c. 83 ss. 13, 26; 1977 c. 250, 368, 418; 1979 c. 1, 34, 87, 174; 1981 c. 20; 1981 c. 79 s. 18; 1981 c. 96 s. 67; 1981 c. 264; 1981 c. 282 s. 47; 1981 c. 317; 1983 a. 27 ss. 1284d to 1284np, 2202 (38); 1983 a. 189 ss. 101, 106, 329 (5), (12), (13); 1983 a. 192, 287, 405, 426, 498, 510, 538, 544; 1985 a. 29, 149, 332; 1987 a. 27; 1987 a. 312 s. 17; 1987 a. 399; 1989 a. 31, 238, 270, 335, 359; 1991 a. 37, 39, 269, 316; 1993 a. 16, 263, 332; 1995 a. 27, 125, 225, 227; 1997 a. 27, 35, 41, 184, 237, 291; 1999 a. 9, 65, 83; 1999 a. 150

s. 672; 1999 a. 167; 2001 a. 16, 103, 109; 2003 a. 99, 128; 2005 a. 25, 74, 141, 149, 335, 366, 479; 2007 a. 11, 19, 20, 97, 130; 2009 a. 2, 28, 185, 204, 330; 2011 a. 7, 10, 32, 208, 260; 2013 a. 20, 145, 185, 324, 346; 2015 a. 55, 60; s. 13.92 (1) (bm) 2.

1 **SECTION 20.** 77.54 (14) (f) 7. of the statutes is amended to read:

2 77.54 (14) (f) 7. A podiatrist who is licensed under subch. IV of ch. 448.

History: 1971 c. 64, 154, 215, 311; 1973 c. 90, 156, 240; 1975 c. 39, 96, 102, 146, 200; 1977 c. 29; 1977 c. 83 ss. 13, 26; 1977 c. 250, 368, 418; 1979 c. 1, 34, 87, 174; 1981 c. 20; 1981 c. 79 s. 18; 1981 c. 96 s. 67; 1981 c. 264; 1981 c. 282 s. 47; 1981 c. 317; 1983 a. 27 ss. 1284d to 1284np, 2202 (38); 1983 a. 189 ss. 101, 106, 329 (5), (12), (13); 1983 a. 192, 287, 405, 426, 498, 510, 538, 544; 1985 a. 29, 149, 332; 1987 a. 27; 1987 a. 312 s. 17; 1987 a. 399; 1989 a. 31, 238, 270, 335, 359; 1991 a. 37, 39, 269, 316; 1993 a. 16, 263, 332; 1995 a. 27, 125, 225, 227; 1997 a. 27, 35, 41, 184, 237, 291; 1999 a. 9, 65, 83; 1999 a. 150 s. 672; 1999 a. 167; 2001 a. 16, 103, 109; 2003 a. 99, 128; 2005 a. 25, 74, 141, 149, 335, 366, 479; 2007 a. 11, 19, 20, 97, 130; 2009 a. 2, 28, 185, 204, 330; 2011 a. 7, 10, 32, 208, 260; 2013 a. 20, 145, 185, 324, 346; 2015 a. 55, 60; s. 13.92 (1) (bm) 2.

3 **SECTION 21.** 77.54 (14) (f) 7m. of the statutes is created to read:

4 77.54 (14) (f) 7m. A doctor of chiropractic medicine licensed under subch. VIII
5 of ch. 448.

6 **SECTION 22.** 102.13 (1) (a) of the statutes is amended to read:

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

History: 1973 c. 272, 282; 1975 c. 147; 1977 c. 29; 1979 c. 102 s. 236 (3); 1979 c. 278; 1981 c. 92; 1983 a. 98, 279; 1985 a. 83; 1987 a. 179; 1989 a. 64, 359; 1991 a. 85; 1993 a. 81; 1997 a. 38; 2003 a. 144; 2005 a. 172; 2011 a. 183; 2015 a. 55.

20 **SECTION 23.** 102.13 (1) (b) (intro.) of the statutes is amended to read:

21 102.13 (1) (b) (intro.) An employer or insurer who requests that an employee
22 submit to reasonable examination under par. (a) or (am) shall tender to the employee,

1 before the examination, all necessary expenses including transportation expenses.
2 The employee is entitled to have a physician, chiropractor, psychologist, dentist,
3 physician assistant, advanced practice nurse prescriber, ~~or podiatrist,~~ or doctor of ✓
4 chiropractic medicine provided by himself or herself present at the examination and
5 to receive a copy of all reports of the examination that are prepared by the examining
6 physician, chiropractor, psychologist, podiatrist, doctor of chiropractic medicine, ✓
7 dentist, physician assistant, advanced practice nurse prescriber, or vocational expert
8 immediately upon receipt of those reports by the employer or worker's compensation
9 insurer. The employee is also entitled to have a translator provided by himself or
10 herself present at the examination if the employee has difficulty speaking or
11 understanding the English language. The employer's or insurer's written request
12 for examination shall notify the employee of all of the following:

History: 1973 c. 272, 282; 1975 c. 147; 1977 c. 29; 1979 c. 102 s. 236 (3); 1979 c. 278; 1981 c. 92; 1983 a. 98, 279; 1985 a. 83; 1987 a. 179; 1989 a. 64, 359; 1991 a. 85; 1993 a. 81; 1997 a. 38; 2003 a. 144; 2005 a. 172; 2011 a. 183; 2015 a. 55.

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

14 102.13 (1) (b) 1. The proposed date, time, and place of the examination and the
15 identity and area of specialization of the examining physician, chiropractor,
16 psychologist, dentist, podiatrist, doctor of chiropractic medicine, physician assistant,
17 advanced practice nurse prescriber, or vocational expert.

History: 1973 c. 272, 282; 1975 c. 147; 1977 c. 29; 1979 c. 102 s. 236 (3); 1979 c. 278; 1981 c. 92; 1983 a. 98, 279; 1985 a. 83; 1987 a. 179; 1989 a. 64, 359; 1991 a. 85; 1993 a. 81; 1997 a. 38; 2003 a. 144; 2005 a. 172; 2011 a. 183; 2015 a. 55.

18 **SECTION 25.** 102.13 (1) (b) 3. of the statutes is amended to read:

19 102.13 (1) (b) 3. The employee's right to have his or her physician, chiropractor,
20 psychologist, dentist, physician assistant, advanced practice nurse prescriber, ~~or~~
21 podiatrist, or doctor of chiropractic medicine present at the examination.

History: 1973 c. 272, 282; 1975 c. 147; 1977 c. 29; 1979 c. 102 s. 236 (3); 1979 c. 278; 1981 c. 92; 1983 a. 98, 279; 1985 a. 83; 1987 a. 179; 1989 a. 64, 359; 1991 a. 85; 1993 a. 81; 1997 a. 38; 2003 a. 144; 2005 a. 172; 2011 a. 183; 2015 a. 55.

22 **SECTION 26.** 102.13 (1) (b) 4. of the statutes is amended to read:

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

History: 1973 c. 272, 282; 1975 c. 147; 1977 c. 29; 1979 c. 102 s. 236 (3); 1979 c. 278; 1981 c. 92; 1983 a. 98, 279; 1985 a. 83; 1987 a. 179; 1989 a. 64, 359; 1991 a. 85; 1993 a. 81; 1997 a. 38; 2003 a. 144; 2005 a. 172; 2011 a. 183; 2015 a. 55.

6 **SECTION 27.** 102.13 (1) (d) 1. of the statutes is amended to read:

7 102.13 (1) (d) 1. Any physician, chiropractor, psychologist, dentist, podiatrist,
8 doctor of chiropractic medicine, physician assistant, advanced practice nurse
9 prescriber, or vocational expert who is present at any examination under par. (a) or
10 (am) may be required to testify as to the results of the examination.

History: 1973 c. 272, 282; 1975 c. 147; 1977 c. 29; 1979 c. 102 s. 236 (3); 1979 c. 278; 1981 c. 92; 1983 a. 98, 279; 1985 a. 83; 1987 a. 179; 1989 a. 64, 359; 1991 a. 85; 1993 a. 81; 1997 a. 38; 2003 a. 144; 2005 a. 172; 2011 a. 183; 2015 a. 55.

11 **SECTION 28.** 102.13 (1) (d) 2. of the statutes, as affected by 2015 Wisconsin Act

12 55, is amended to read:

13 102.13 (1) (d) 2. Any physician, chiropractor, psychologist, dentist, physician
14 assistant, advanced practice nurse prescriber, ~~or podiatrist,~~ or doctor of chiropractic
15 medicine who attended a worker's compensation claimant for any condition or
16 complaint reasonably related to the condition for which the claimant claims
17 compensation may be required to testify before the division when the division so
18 directs.

19 **NOTE: NOTE: Subd. 2. is shown as amended eff. 1-1-16 by 2015 Wis. Act 55. Prior to 1-1-16 it reads:NOTE:**

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

History: 1973 c. 272, 282; 1975 c. 147; 1977 c. 29; 1979 c. 102 s. 236 (3); 1979 c. 278; 1981 c. 92; 1983 a. 98, 279; 1985 a. 83; 1987 a. 179; 1989 a. 64, 359; 1991 a. 85; 1993 a. 81; 1997 a. 38; 2003 a. 144; 2005 a. 172; 2011 a. 183; 2015 a. 55.

22 **SECTION 29.** 102.13 (1) (d) 3. of the statutes, as affected by 2015 Wisconsin Act

23 55, is amended to read:

24 102.13 (1) (d) 3. Notwithstanding any statutory provisions except par. (e), any
25 physician, chiropractor, psychologist, dentist, physician assistant, advanced

1 practice nurse prescriber, or podiatrist, or doctor of chiropractic medicine attending
 2 a worker's compensation claimant for any condition or complaint reasonably related
 3 to the condition for which the claimant claims compensation may furnish to the
 4 employee, employer, worker's compensation insurer, department, or division
 5 information and reports relative to a compensation claim.

NOTE: NOTE: Subd. 3. is shown as amended eff. 1-1-16 by 2015 Wis. Act 55. Prior to 1-1-16 it reads:NOTE:

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

History: 1973 c. 272, 282; 1975 c. 147; 1977 c. 29; 1979 c. 102 s. 236 (3); 1979 c. 278; 1981 c. 92; 1983 a. 98, 279; 1985 a. 83; 1987 a. 179; 1989 a. 64, 359;
 1991 a. 85; 1993 a. 81; 1997 a. 38; 2003 a. 144; 2005 a. 172; 2011 a. 183; 2015 a. 55.

10 SECTION 30. 102.13 (1) (d) 4. of the statutes is amended to read:

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

History: 1973 c. 272, 282; 1975 c. 147; 1977 c. 29; 1979 c. 102 s. 236 (3); 1979 c. 278; 1981 c. 92; 1983 a. 98, 279; 1985 a. 83; 1987 a. 179; 1989 a. 64, 359;
 1991 a. 85; 1993 a. 81; 1997 a. 38; 2003 a. 144; 2005 a. 172; 2011 a. 183; 2015 a. 55.

16 SECTION 31. 102.13 (2) (a) of the statutes, as affected by 2015 Wisconsin Act 55,

17 is amended to read:

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

1 representative, provide that person with any information or written material
2 reasonably related to any injury for which the employee claims compensation.

NOTE: NOTE: Par. (a) is shown as amended eff. 1-1-16 by 2015 Wis. Act 55. Prior to 1-1-16 it reads:NOTE:

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

History: 1973 c. 272, 282; 1975 c. 147; 1977 c. 29; 1979 c. 102 s. 236 (3); 1979 c. 278; 1981 c. 92; 1983 a. 98, 279; 1985 a. 83; 1987 a. 179; 1989 a. 64, 359; 1991 a. 85; 1993 a. 81; 1997 a. 38; 2003 a. 144; 2005 a. 172; 2011 a. 183; 2015 a. 55.

10 SECTION 32. 102.13 (2) (b) of the statutes is amended to read:

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

History: 1973 c. 272, 282; 1975 c. 147; 1977 c. 29; 1979 c. 102 s. 236 (3); 1979 c. 278; 1981 c. 92; 1983 a. 98, 279; 1985 a. 83; 1987 a. 179; 1989 a. 64, 359; 1991 a. 85; 1993 a. 81; 1997 a. 38; 2003 a. 144; 2005 a. 172; 2011 a. 183; 2015 a. 55.

21 SECTION 33. 102.13 (3) of the statutes, as affected by 2015 Wisconsin Act 55,
22 is amended to read:

23 102.13 (3) If 2 or more physicians, chiropractors, psychologists, dentists, or
24 podiatrists, or doctors of chiropractic medicine disagree as to the extent of an injured
25 employee's temporary disability, the end of an employee's healing period, an
26 employee's ability to return to work at suitable available employment or the
27 necessity for further treatment or for a particular type of treatment, the department
28 or the division may appoint another physician, chiropractor, psychologist, dentist, or

1 podiatrist, or doctor of chiropractic medicine to examine the employee and render an
 2 opinion as soon as possible. The department or the division shall promptly notify the
 3 parties of this appointment. If the employee has not returned to work, payment for
 4 temporary disability shall continue until the department or the division receives the
 5 opinion. The employer or its insurance carrier, or both, shall pay for the examination
 6 and opinion. The employer or insurance carrier, or both, shall receive appropriate
 7 credit for any overpayment to the employee determined by the department or the
 8 division after receipt of the opinion.

NOTE: NOTE: Sub. (3) is shown as amended eff. 1-1-16 by 2015 Wis. Act 55. Prior to 1-1-16 it reads:NOTE:

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

History: 1973 c. 272, 282; 1975 c. 147; 1977 c. 29; 1979 c. 102 s. 236 (3); 1979 c. 278; 1981 c. 92; 1983 a. 98, 279; 1985 a. 83; 1987 a. 179; 1989 a. 64, 359;
 1991 a. 85; 1993 a. 81; 1997 a. 38; 2003 a. 144; 2005 a. 172; 2011 a. 183; 2015 a. 55.

17 **SECTION 34.** 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, chiropractic
 25 medicine, psychological, dental, or hospital tickets or contracts for medical, surgical,
 26 hospital, or other health care treatment that is required to be furnished by that
 27 employer.

History: 1975 c. 147, 200; 1977 c. 195; 1981 c. 92, 314; 1983 a. 98; 1985 a. 83; 1989 a. 64; 1991 a. 85; 1993 a. 81; 1995 a. 117; 1997 a. 38; 1999 a. 14, 185;
 2001 a. 37; 2003 a. 144; 2005 a. 172; 2007 a. 185; 2009 a. 206; 2011 a. 183; 2015 a. 55.

28 **SECTION 35.** 102.17 (1) (d) 1. of the statutes, as affected by 2015 Wisconsin Act
 29 55, is amended to read:

1 102.17 (1) (d) 1. The contents of certified medical and surgical reports by
2 physicians, podiatrists, doctors of chiropractic medicine, surgeons, dentists,
3 psychologists, physician assistants, advanced practice nurse prescribers, and
4 chiropractors licensed in and practicing in this state, and of certified reports by
5 experts concerning loss of earning capacity under s. 102.44 (2) and (3), presented by
6 a party for compensation constitute prima facie evidence as to the matter contained
7 in those reports, subject to any rules and limitations the division prescribes.
8 Certified reports of physicians, podiatrists, doctors of chiropractic medicine,
9 surgeons, dentists, psychologists, physician assistants, advanced practice nurse
10 prescribers, and chiropractors, wherever licensed and practicing, who have
11 examined or treated the claimant, and of experts, if the practitioner or expert
12 consents to being subjected to cross-examination, also constitute prima facie
13 evidence as to the matter contained in those reports. Certified reports of physicians,
14 podiatrists, doctors of chiropractic medicine, surgeons, psychologists, and
15 chiropractors are admissible as evidence of the diagnosis, necessity of the treatment,
16 and cause and extent of the disability. Certified reports by doctors of dentistry,
17 physician assistants, and advanced practice nurse prescribers are admissible as
18 evidence of the diagnosis and necessity of treatment but not of the cause and extent
19 of disability. Any physician, podiatrist, doctor of chiropractic medicine, surgeon,
20 dentist, psychologist, chiropractor, physician assistant, advanced practice nurse
21 prescriber, or expert who knowingly makes a false statement of fact or opinion in a
22 certified report may be fined or imprisoned, or both, under s. 943.395.

NOTE: NOTE: Subd. 1. is shown as amended eff. 1-1-16 by 2015 Wis. Act 55. Prior to 1-1-16 it reads:NOTE:

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1. The contents of certified medical and surgical reports by physicians, podiatrists, surgeons, dentists, psychologists, physician assistants, advanced practice nurse prescribers, and chiropractors licensed in and practicing in this state, and of certified reports by experts concerning loss of earning capacity under s. 102.44 (2) and (3), presented by a party for compensation constitute prima facie evidence as to the matter contained in those reports, subject to any rules and limitations the department prescribes. Certified reports of physicians, podiatrists, surgeons, dentists, psychologists, physician assistants, advanced practice nurse prescribers, and chiropractors, wherever licensed and practicing, who have examined or treated the claimant, and of experts, if the practitioner or expert consents to being subjected to cross-examination also constitute prima facie evidence as to the matter contained in those reports.

1 Certified reports of physicians, podiatrists, surgeons, psychologists, and chiropractors are admissible as evidence of the diagnosis,
 2 necessity of the treatment, and cause and extent of the disability. Certified reports by doctors of dentistry, physician assistants, and
 3 advanced practice nurse prescribers are admissible as evidence of the diagnosis and necessity of treatment but not of the cause and extent
 4 of disability. Any physician, podiatrist, surgeon, dentist, psychologist, chiropractor, physician assistant, advanced practice nurse
 5 prescriber, or expert who knowingly makes a false statement of fact or opinion in such a certified report may be fined or imprisoned, or
 6 both, under s. 943.395.

History: 1971 c. 148; 1971 c. 213 s. 5; 1973 c. 150, 282; Sup. Ct. Order, 67 Wis. 2d 585, 774 (1975); 1975 c. 147 ss. 20, 54; 1975 c. 199, 200; 1977 c. 29,
 195, 273; 1979 c. 278; 1981 c. 92, 314; 1981 c. 317 s. 2202; 1981 c. 380; 1981 c. 391 s. 211; 1985 a. 83; 1989 a. 64, 139, 359; 1991 a. 85; 1993 a. 81, 492; 1995
 a. 27, 117; 1997 a. 38, 191, 237; 1999 a. 9; 2001 a. 37; 2003 a. 144; 2005 a. 172; 2007 a. 185; 2009 a. 180, 206; 2011 a. 183; 2013 a. 36; 2015 a. 55.

7 **SECTION 36.** 102.17 (1) (d) 2. of the statutes, as affected by 2015 Wisconsin Act

8 55, is amended to read:

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

NOTE: NOTE: Subd. 2. is shown as amended eff. 1-1-16 by 2015 Wis. Act 55. Prior to 1-1-16 it reads:NOTE:

18 2. The record of a hospital or sanatorium in this state that is satisfactory to the department, established by certificate, affidavit, or
 19 testimony of the supervising officer of the hospital or sanatorium, any other person having charge of the record, or a physician, podiatrist,
 20 surgeon, dentist, psychologist, physician assistant, advanced practice nurse prescriber, or chiropractor to be the record of the patient
 21 in question, and made in the regular course of examination or treatment of the patient, constitutes prima facie evidence as to the matter
 22 contained in the record, to the extent that the record is otherwise competent and relevant.

History: 1971 c. 148; 1971 c. 213 s. 5; 1973 c. 150, 282; Sup. Ct. Order, 67 Wis. 2d 585, 774 (1975); 1975 c. 147 ss. 20, 54; 1975 c. 199, 200; 1977 c. 29,
 195, 273; 1979 c. 278; 1981 c. 92, 314; 1981 c. 317 s. 2202; 1981 c. 380; 1981 c. 391 s. 211; 1985 a. 83; 1989 a. 64, 139, 359; 1991 a. 85; 1993 a. 81, 492; 1995
 a. 27, 117; 1997 a. 38, 191, 237; 1999 a. 9; 2001 a. 37; 2003 a. 144; 2005 a. 172; 2007 a. 185; 2009 a. 180, 206; 2011 a. 183; 2013 a. 36; 2015 a. 55.

23 **SECTION 37.** 102.17 (1) (e) of the statutes, as affected by 2015 Wisconsin Act 55,

24 is amended to read:

25 102.17 (1) (e) The division may, with or without notice to any party, cause
 26 testimony to be taken, an inspection of the premises where the injury occurred to be
 27 made, or the time books and payrolls of the employer to be examined by any
 28 examiner, and may direct any employee claiming compensation to be examined by
 29 a physician, chiropractor, psychologist, dentist, or podiatrist, or doctor of chiropractic
 30 medicine. The testimony so taken, and the results of any such inspection or

1 examination, shall be reported to the division for its consideration upon final
2 hearing. All ex parte testimony taken by the division shall be reduced to writing, and
3 any party shall have opportunity to rebut that testimony on final hearing.

NOTE: NOTE: Par. (e) is shown as amended eff. 1-1-16 by 2015 Wis. Act 55. Prior to 1-1-16 it reads:NOTE:

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

History: 1971 c. 148; 1971 c. 213 s. 5; 1973 c. 150, 282; Sup. Ct. Order, 67 Wis. 2d 585, 774 (1975); 1975 c. 147 ss. 20, 54; 1975 c. 199, 200; 1977 c. 29, 195, 273; 1979 c. 278; 1981 c. 92, 314; 1981 c. 317 s. 2202; 1981 c. 380; 1981 c. 391 s. 211; 1985 a. 83; 1989 a. 64, 139, 359; 1991 a. 85; 1993 a. 81, 492; 1995 a. 27, 117; 1997 a. 38, 191, 237; 1999 a. 9; 2001 a. 37; 2003 a. 144; 2005 a. 172; 2007 a. 185; 2009 a. 180, 206; 2011 a. 183; 2013 a. 36; 2015 a. 55.

10 SECTION 38. 102.17 (1) (g) of the statutes, as affected by 2015 Wisconsin Act 55,

11 is amended to read:

12 102.17 (1) (g) Whenever the testimony presented at any hearing indicates a
13 dispute or creates a doubt as to the extent or cause of disability or death, the division
14 may direct that the injured employee be examined, that an autopsy be performed,
15 or that an opinion be obtained without examination or autopsy, by or from an
16 impartial, competent physician, chiropractor, dentist, psychologist or podiatrist, or
17 doctor of chiropractic medicine designated by the division who is not under contract
18 with or regularly employed by a compensation insurance carrier or self-insured
19 employer. The expense of the examination, autopsy, or opinion shall be paid by the
20 employer or, if the employee claims compensation under s. 102.81, from the
21 uninsured employers fund. The report of the examination, autopsy, or opinion shall
22 be transmitted in writing to the division and a copy of the report shall be furnished
23 by the division to each party, who shall have an opportunity to rebut the report on
24 further hearing.

NOTE: NOTE: Par. (g) is shown as amended eff. 1-1-16 by 2015 Wis. Act 55. Prior to 1-1-16 it reads:NOTE:

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

History: 1971 c. 148; 1971 c. 213 s. 5; 1973 c. 150, 282; Sup. Ct. Order, 67 Wis. 2d 585, 774 (1975); 1975 c. 147 ss. 20, 54; 1975 c. 199, 200; 1977 c. 29, 195, 273; 1979 c. 278; 1981 c. 92, 314; 1981 c. 317 s. 2202; 1981 c. 380; 1981 c. 391 s. 211; 1985 a. 83; 1989 a. 64, 139, 359; 1991 a. 85; 1993 a. 81, 492; 1995 a. 27, 117; 1997 a. 38, 191, 237; 1999 a. 9; 2001 a. 37; 2003 a. 144; 2005 a. 172; 2007 a. 185; 2009 a. 180, 206; 2011 a. 183; 2013 a. 36; 2015 a. 55.

1 **SECTION 39.** 102.29 (3) of the statutes is amended to read:

2 102.29 (3) Nothing in this chapter shall prevent an employee from taking the
3 compensation that the employee may be entitled to under this chapter and also
4 maintaining a civil action against any physician, chiropractor, psychologist, dentist,
5 physician assistant, advanced practice nurse prescriber, ~~or podiatrist,~~ or doctor of
6 chiropractic medicine for malpractice.

History: 1975 c. 147 ss. 24, 54; 1977 c. 195; 1979 c. 323 s. 33; 1981 c. 92; 1985 a. 83 s. 44; 1985 a. 332 s. 253; 1987 a. 179; 1989 a. 64; 1995 a. 117, 289; 1997 a. 38; 1999 a. 9, 14; 2001 a. 16, 37; 2003 a. 144; 2005 a. 96, 172, 253; 2007 a. 20 ss. 2645, 9121 (6) (a); 2007 a. 97, 185; 2009 a. 42, 154; 2011 a. 183; s. 2013 a. 165 s. 114; 2015 a. 55.

7 **SECTION 40.** 102.42 (1) of the statutes is amended to read:

8 102.42 (1) TREATMENT OF EMPLOYEE. The employer shall supply such medical,
9 surgical, chiropractic, psychological, podiatric, chiropractic medicine, dental, and
10 hospital treatment, medicines, medical and surgical supplies, crutches, artificial
11 members, appliances, and training in the use of artificial members and appliances,
12 or, at the option of the employee, Christian Science treatment in lieu of medical
13 treatment, medicines, and medical supplies, as may be reasonably required to cure
14 and relieve from the effects of the injury, and to attain efficient use of artificial
15 members and appliances, and in case of the employer's neglect or refusal seasonably
16 to do so, or in emergency until it is practicable for the employee to give notice of injury,
17 the employer shall be liable for the reasonable expense incurred by or on behalf of
18 the employee in providing such treatment, medicines, supplies, and training. When
19 the employer has knowledge of the injury and the necessity for treatment, the
20 employer's failure to tender the necessary treatment, medicines, supplies, and
21 training constitutes such neglect or refusal. The employer shall also be liable for
22 reasonable expense incurred by the employee for necessary treatment to cure and
23 relieve the employee from the effects of occupational disease prior to the time that
24 the employee knew or should have known the nature of his or her disability and its

1 relation to employment, and as to such treatment subs. (2) and (3) shall not apply.
2 The obligation to furnish such treatment and appliances shall continue as required
3 to prevent further deterioration in the condition of the employee or to maintain the
4 existing status of such condition whether or not healing is completed.

History: 1971 c. 61; 1973 c. 150, 282; 1975 c. 147; 1977 c. 195 ss. 24 to 28, 45; 1977 c. 273; 1979 c. 278; 1981 c. 20; 1987 a. 179; 1989 a. 64; 1995 a. 27 ss. 3743m, 3744, 9130 (4); 1997 a. 3, 38; 1999 a. 9; 2001 a. 37; 2003 a. 144; 2005 a. 172; 2007 a. 185; 2015 a. 55.

5 **SECTION 41.** 102.42 (2) (a) of the statutes is amended to read:

6 102.42 (2) (a) When the employer has notice of an injury and its relationship
7 to the employment, the employer shall offer to the injured employee his or her choice
8 of any physician, chiropractor, psychologist, dentist, physician assistant, advanced
9 practice nurse prescriber, or podiatrist licensed, or doctor of chiropractic medicine to
10 practice and practicing in this state for treatment of the injury. By mutual
11 agreement, the employee may have the choice of any qualified practitioner not
12 licensed in this state. In case of emergency, the employer may arrange for treatment
13 without tendering a choice. After the emergency has passed the employee shall be
14 given his or her choice of attending practitioner at the earliest opportunity. The
15 employee has the right to a 2nd choice of attending practitioner on notice to the
16 employer or its insurance carrier. Any further choice shall be by mutual agreement.
17 Partners and clinics are considered to be one practitioner. Treatment by a
18 practitioner on referral from another practitioner is considered to be treatment by
19 one practitioner.

History: 1971 c. 61; 1973 c. 150, 282; 1975 c. 147; 1977 c. 195 ss. 24 to 28, 45; 1977 c. 273; 1979 c. 278; 1981 c. 20; 1987 a. 179; 1989 a. 64; 1995 a. 27 ss. 3743m, 3744, 9130 (4); 1997 a. 3, 38; 1999 a. 9; 2001 a. 37; 2003 a. 144; 2005 a. 172; 2007 a. 185; 2015 a. 55.

20 **SECTION 42.** 102.61 (1g) (c) of the statutes, as affected by 2015 Wisconsin Act
21 55, is amended to read:

22 102.61 (1g) (c) On receiving notice that he or she is eligible to receive vocational
23 rehabilitation services under 29 USC 701 to 797a, an employee shall provide the

1 employer with a written report from a physician, chiropractor, psychologist, or
 2 podiatrist, or doctor of chiropractic medicine stating the employee's permanent work
 3 restrictions. Within 60 days after receiving that report, the employer shall provide
 4 to the employee in writing an offer of suitable employment, a statement that the
 5 employer has no suitable employment for the employee, or a report from a physician,
 6 chiropractor, psychologist, or podiatrist, or doctor of chiropractic medicine showing
 7 that the permanent work restrictions provided by the employee's practitioner are in
 8 dispute and documentation showing that the difference in work restrictions would
 9 materially affect either the employer's ability to provide suitable employment or a
 10 vocational rehabilitation counselor's ability to recommend a rehabilitative training
 11 program. If the employer and employee cannot resolve the dispute within 30 days
 12 after the employee receives the employer's report and documentation, the employer
 13 or employee may request a hearing before the division to determine the employee's
 14 work restrictions. Within 30 days after the division determines the employee's work
 15 restrictions, the employer shall provide to the employee in writing an offer of suitable
 16 employment or a statement that the employer has no suitable employment for the
 17 employee.

NOTE: NOTE: Par. (c) is shown as amended eff. 1-1-16 by 2015 Wis. Act 55. Prior to 1-1-16 it reads:NOTE:

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

History: 1975 c. 147; 1985 a. 83, 135; 1993 a. 370; 1995 a. 27 ss. 3745, 9126 (19), 9130 (4); 1997 a. 3, 112; 2001 a. 37; 2005 a. 172; 2011 a. 183; 2015 a. 55.

29 SECTION 43. 118.15 (3) (a) of the statutes is amended to read:

30 118.15 (3) (a) Any child who is excused by the school board because the child
 31 is temporarily not in proper physical or mental condition to attend a school program

1 but who can be expected to return to a school program upon termination or
2 abatement of the illness or condition. The school attendance officer may request the
3 parent or guardian of the child to obtain a written statement from a licensed
4 physician, doctor of chiropractic medicine, dentist, chiropractor, optometrist,
5 psychologist, physician assistant, or nurse practitioner, as defined in s. 255.06 (1) (d),
6 or certified advanced practice nurse prescriber or Christian Science practitioner
7 living and residing in this state, who is listed in the Christian Science Journal, as
8 sufficient proof of the physical or mental condition of the child. An excuse under this
9 paragraph shall be in writing and shall state the time period for which it is valid, not
10 to exceed 30 days.

History: 1971 c. 40, 125, 154; 1973 c. 89, 243, 319, 332; 1975 c. 39, 199; 1979 c. 221, 298, 300, 355; 1981 c. 20; 1983 a. 512; 1985 a. 29; 1987 a. 36, 285, 399; 1989 a. 31, 336; 1991 a. 39; 1993 a. 223, 399; 1995 a. 27 s. 3945, 9145 (1); 1995 a. 77, 225; 1997 a. 27, 164, 205, 239; 2001 a. 109; 2005 a. 344; 2007 a. 222; 2009 a. 41, 302; 2011 a. 161.

11 **SECTION 44.** 118.29 (1) (e) of the statutes is amended to read:


12 118.29 (1) (e) “Practitioner” means any physician, dentist, optometrist,
13 physician assistant, advanced practice nurse prescriber, ~~or~~ podiatrist, or doctor of
14 chiropractic medicine licensed in any state.

History: 1983 a. 334; 1985 a. 146 s. 8; 1985 a. 218; 1987 a. 14, 399; 1989 a. 56, 102, 105; 1991 a. 103; 1997 a. 164; 1999 a. 56, 126; 2001 a. 16, 83; 2007 a. 130; 2009 a. 160, 302; 2011 a. 86, 260.

15 **SECTION 45.** 146.37 (1g) of the statutes is amended to read:

16 146.37 (1g) Except as provided in s. 153.76, no person acting in good faith who
17 participates in the review or evaluation of the services of health care providers or
18 facilities or the charges for such services conducted in connection with any program
19 organized and operated to help improve the quality of health care, to avoid improper
20 utilization of the services of health care providers or facilities or to determine the
21 reasonable charges for such services, or who participates in the obtaining of health
22 care information under subch. I of ch. 153, is liable for any civil damages as a result
23 of any act or omission by such person in the course of such review or evaluation. Acts

1 and omissions to which this subsection applies include, but are not limited to, acts
2 or omissions by peer review committees or hospital governing bodies in censuring,
3 reprimanding, limiting or revoking hospital staff privileges or notifying the medical
4 examining board or podiatry affiliated credentialing board, or chiropractic medicine
5 affiliated credentialing board under s. 50.36 or taking any other disciplinary action
6 against a health care provider or facility and acts or omissions by a medical director
7 in reviewing the performance of emergency medical technicians or ambulance
8 service providers.

 **History:** 1975 c. 187; 1979 c. 221; 1981 c. 323; 1983 a. 27; 1985 a. 29 s. 3202 (27); 1985 a. 340; 1987 a. 27, 399; 1989 a. 102; 1997 a. 175; 1999 a. 56; 2007 a. 130; 2009 a. 113, 274; 2011 a. 260 s. 81.

9 **SECTION 46.** 146.81 (1) (ev) of the statutes is created to read:

10 146.81 (1) (ev) A doctor of chiropractic medicine licensed under subch. VIII of
11 ch. 448.

12 **SECTION 47.** 146.89 (1) (r) 1. of the statutes is amended to read:

13 146.89 (1) (r) 1. Licensed as a physician under ch. 448, a dentist or dental
14 hygienist under ch. 447, a registered nurse, practical nurse, or nurse-midwife under
15 ch. 441, an optometrist under ch. 449, a physician assistant under ch. 448, a
16 pharmacist under ch. 450, a chiropractor under ch. 446, a podiatrist under subch. IV
17 of ch. 448, a doctor of chiropractic medicine licensed under subch. VIII of ch. 448, or
18 a physical therapist under subch. III of ch. 448.

History: 1989 a. 206; 1991 a. 269; 1993 a. 28, 490; 1995 a. 27 ss. 4378 to 4380, 9126 (19); 1997 a. 27, 57, 67; 1999 a. 23; 2003 a. 92; 2005 a. 188; 2007 a. 20 s. 9121 (6) (a); 2007 a. 201; 2009 a. 93, 134; 2011 a. 32, 216; 2013 a. 241, 344; 2015 a. 55; s. 13.92 (1) (bm) 2., (2) (i).

19 **SECTION 48.** 146.903 (1) (b) of the statutes is amended to read:

20 146.903 (1) (b) “Clinic” means a place, other than a residence or a hospital, that
21 is used primarily for the provision of nursing, medical, podiatric, chiropractic
22 medicine, dental, chiropractic, or optometric care and treatment.

History: 2009 a. 146.

23 **SECTION 49.** 146.997 (1) (d) 4. of the statutes is amended to read:

1 146.997 (1) (d) 4. A physician, podiatrist, doctor of chiropractic medicine,
2 perfusionist, physical therapist, or physical therapist assistant licensed under ch.
3 448.

4 **History:** 1999 a. 176, 186; 2001 a. 38, 70, 74, 89, 105; 2003 a. 33; 2005 a. 22; 2007 a. 20 s. 9121 (6) (a); 2007 a. 130; 2009 a. 165, 355.

4 **SECTION 50.** 155.01 (7) of the statutes is amended to read:

5 155.01 (7) “Health care provider” means a nurse licensed or permitted under
6 ch. 441, a chiropractor licensed under ch. 446, a dentist licensed under ch. 447, a
7 physician, physician assistant, perfusionist, podiatrist, doctor of chiropractic
8 medicine, physical therapist, physical therapist assistant, occupational therapist, or
9 occupational therapy assistant licensed under ch. 448, a person practicing Christian
10 Science treatment, an optometrist licensed under ch. 449, a psychologist licensed
11 under ch. 455, a partnership thereof, a corporation or limited liability company
12 thereof that provides health care services, a cooperative health care association
13 organized under s. 185.981 that directly provides services through salaried
14 employees in its own facility, or a home health agency, as defined in s. 50.49 (1) (a).

15 **History:** 1989 a. 200; 1991 a. 281; 1993 a. 27, 105, 112, 490; 1995 a. 27 ss. 4395, 9126 (19); 1997 a. 35, 67; 1999 a. 9, 180; 2001 a. 70, 89, 105; 2005 a.
22; 2007 a. 20 s. 9121 (6) (a); 2009 a. 28, 165.

15 **SECTION 51.** 180.1901 (1m) (bw) of the statutes is created to read:

16 180.1901 (1m) (bw) Title.

17 **SECTION 52.** 185.981 (1) of the statutes is amended to read:

18 185.981 (1) Cooperative associations may be organized under this chapter
19 without capital stock, primarily to establish and operate in the state or in any county
20 or counties in the state nonprofit plans or programs for health care, including
21 hospital care, for their members and their members’ dependents through contracts

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ch. 448.

1 with physicians, medical societies, chiropractors, optometrists, dentists, dental
2 societies, hospitals, podiatrists, doctors of chiropractic medicine, and others.

History: 1971 c. 40 s. 93; 1971 c. 307 s. 118; 1975 c. 98; 1975 c. 223 s. 28; 1975 c. 224 s. 146; 1975 c. 421; 1981 c. 39 s. 22; 1981 c. 205; 1981 c. 391 s. 210; 1985 a. 29; 1985 a. 30 s. 42; 1987 a. 27 ss. 1917e, 3202 (47) (a); 1987 a. 312 s. 17; 1989 a. 121, 129, 200, 201, 336; 1991 a. 39, 123, 269; 1993 a. 27, 450, 481; 1995 a. 27, 118, 289; 1997 a. 27, 155, 237; 1999 a. 95, 115; 2003 a. 321; 2005 a. 194; 2007 a. 36; 2009 a. 14, 28, 113, 146, 165.

3 **SECTION 53.** 185.981 (2) of the statutes is amended to read:

4 185.981 (2) A cooperative association organized under this section shall
5 operate only on a cooperative nonprofit basis and for the primary purpose of
6 establishing, maintaining, and operating a voluntary nonprofit health, dental, or
7 vision care plan or plans, or for constructing, operating, and maintaining nonprofit
8 hospitals or other facilities whereby health care, including hospital, dental, or vision
9 care, is provided to its members and to other persons or groups of persons who become
10 subscribers to the plans, subject to s. 185.982 (2), under contracts that provide access
11 to medical, surgical, chiropractic, vision, dental, or hospital care, other health care
12 services, appliances, and supplies, by physicians and surgeons licensed and
13 registered under ch. 448, podiatrists licensed under ch. 448, doctors of chiropractic
14 medicine licensed under ch. 448, optometrists licensed under ch. 449, chiropractors
15 licensed under ch. 446, dentists licensed under ch. 447, and other health care
16 providers in their offices, in hospitals, in other facilities, and in the home. Nothing
17 in this subsection precludes a cooperative association organized under this section
18 from owning an interest in other entities for enhancing or improving member
19 services or for investment or other purposes, as long as the association's primary
20 purpose remains as provided in this subsection.

History: 1971 c. 40 s. 93; 1971 c. 307 s. 118; 1975 c. 98; 1975 c. 223 s. 28; 1975 c. 224 s. 146; 1975 c. 421; 1981 c. 39 s. 22; 1981 c. 205; 1981 c. 391 s. 210; 1985 a. 29; 1985 a. 30 s. 42; 1987 a. 27 ss. 1917e, 3202 (47) (a); 1987 a. 312 s. 17; 1989 a. 121, 129, 200, 201, 336; 1991 a. 39, 123, 269; 1993 a. 27, 450, 481; 1995 a. 27, 118, 289; 1997 a. 27, 155, 237; 1999 a. 95, 115; 2003 a. 321; 2005 a. 194; 2007 a. 36; 2009 a. 14, 28, 113, 146, 165.

21 **SECTION 54.** 185.981 (3) of the statutes is amended to read:

22 185.981 (3) No cooperative association organized primarily for the purposes
23 provided in ss. 185.981 to 185.983 shall be prevented from contracting with any

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 doctor of chiropractic medicine with respect to
6 the use of the hospital's facilities by reason of his or her participation in a health care
7 plan of a cooperative.

History: 1971 c. 40 s. 93; 1971 c. 307 s. 118; 1975 c. 98; 1975 c. 223 s. 28; 1975 c. 224 s. 146; 1975 c. 421; 1981 c. 39 s. 22; 1981 c. 205; 1981 c. 391 s. 210; 1985 a. 29; 1985 a. 30 s. 42; 1987 a. 27 ss. 1917e, 3202 (47) (a); 1987 a. 312 s. 17; 1989 a. 121, 129, 200, 201, 336; 1991 a. 39, 123, 269; 1993 a. 27, 450, 481; 1995 a. 27, 118, 289; 1997 a. 27, 155, 237; 1999 a. 95, 115; 2003 a. 321; 2005 a. 194; 2007 a. 36; 2009 a. 14, 28, 113, 146, 165.

8 **SECTION 55.** 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, doctor of chiropractic medicine, 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.

History: 1971 c. 40 s. 93; 1971 c. 307 s. 118; 1975 c. 98; 1975 c. 223 s. 28; 1975 c. 224 s. 146; 1975 c. 421; 1981 c. 39 s. 22; 1981 c. 205; 1981 c. 391 s. 210; 1985 a. 29; 1985 a. 30 s. 42; 1987 a. 27 ss. 1917e, 3202 (47) (a); 1987 a. 312 s. 17; 1989 a. 121, 129, 200, 201, 336; 1991 a. 39, 123, 269; 1993 a. 27, 450, 481; 1995 a. 27, 118, 289; 1997 a. 27, 155, 237; 1999 a. 95, 115; 2003 a. 321; 2005 a. 194; 2007 a. 36; 2009 a. 14, 28, 113, 146, 165.

18 **SECTION 56.** 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 chiropractic medicine, the manner or mode of
22 providing wellness or other services, the relationship of physician, chiropractor,
23 optometrist, dentist, podiatrist, doctor of chiropractic medicine, or other provider

1 and patient, nor the responsibility of physician, chiropractor, optometrist, dentist,
2 podiatrist, doctor of chiropractic medicine, or other provider to patient. Plans may
3 require persons covered to utilize health care providers designated by the
4 cooperative association. The cooperative association may provide health care
5 services directly through providers who are employees of the cooperative association
6 or through agreements with individual providers or groups of providers organized
7 on a group practice or individual practice basis.

8 **History:** 1981 c. 205; 1987 a. 27; 2009 a. 113, 165; 2013 a. 173 s. 33.

8 **SECTION 57.** 185.982 (2) of the statutes is amended to read:

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

17 **History:** 1981 c. 205; 1987 a. 27; 2009 a. 113, 165; 2013 a. 173 s. 33.

17 **SECTION 58.** 252.14 (1) (ar) 4r. of the statutes is created to read:

18 252.14 (1) (ar) 4r. A doctor of chiropractic medicine licensed under subch. VIII
19 of ch. 448.

20 **SECTION 59.** 254.35 (3) (c) of the statutes is amended to read:

21 254.35 (3) (c) For a podiatric, chiropractic medicine, or veterinary site having
22 an ionizing radiation installation, the fee shall be at least \$36 for each site and at
23 least \$44 for each X-ray tube.

24 **History:** 1977 c. 29; 1979 c. 221; 1985 a. 29; 1989 a. 359; 1993 a. 27 s. 229; Stats. 1993 s. 254.35; 1995 a. 27 ss. 6335, 9116 (5); 1999 a. 9.

24 **SECTION 60.** 254.39 (1) of the statutes is amended to read: