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CHIROPRACTIC MEDICINE AFFILIATED  
CREDENTIALING BOARD

**448.98 Definitions.** In this subchapter:

(1) "Affiliated credentialing board" means the chiropractic medicine affiliated credentialing board.

(2) "Doctor of chiropractic medicine" means an individual possessing the degree of doctor of chiropractic medicine and surgery or equivalent degree as determined by the affiliated credentialing board.

~~(3) "Chiropractic medicine" or "chiropractic medicine and surgery" means the integration and application of the practice of chiropractic and the practice of medicine and surgery that is limited to 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.~~

\*\*\*\*NOTE: What is the "application" of the practice of chiropractic and the practice of medicine and surgery? If it essentially means practicing, the definition would be clearer if we were to say the following:

"Chiropractic medicine" or "chiropractic medicine and surgery" means the practice of medicine and surgery that is limited to 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.

Please let me know if you want me to make the above changes to the definition. In either case, note that this definition assumes that, except for the use of a general anesthetic, a person licensed to practice chiropractic medicine can perform any task covered by the definition of the practice of medicine and surgery under s. 448.01 (9) if limited to musculoskeletal conditions and spine-related disorders, including back surgery, etc. Please ensure that "musculoskeletal conditions and spine-related disorders" captures the proper scope of the practice of chiropractic medicine.

(4) "Licensee" means a person who is licensed under s. 448.983.

(5) "Practice of chiropractic" has the meaning given in s. 446.01 (2).

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OR WHO PRACTICES CHIROPRACTIC MEDICINE

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**448.981 License required.** Except as provided in ss. 257.03 and 448.982, no

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person may practice chiropractic medicine, designate himself or herself as a doctor

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of chiropractic medicine, use or assume the title "doctor of chiropractic medicine," or

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append to the person's name the letters "D.C.M.," or any other title, letters, or

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designation that represents or may tend to represent the person as a doctor of

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chiropractic medicine unless the person is a licensee.

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**448.982 Applicability.** This subchapter does not require a license for any of

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the following:

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(1) A person lawfully practicing within the scope of a license, permit,

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registration, or certification granted by this state or the federal government.

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(2) A person assisting a doctor of chiropractic medicine under the direct,

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on-premises supervision of the doctor of chiropractic medicine.

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(3) A student enrolled in a doctor of chiropractic medicine and surgery program

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approved by the affiliated credentialing board under s. 448.984 if the student is

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engaged in activities required under that program.

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(4) A person performing the gratuitous domestic administration of family

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remedies.

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

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emergency.

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**448.983 Licensure of doctors of chiropractic medicine.** (1) The affiliated

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credentialing board shall grant a license as a doctor of chiropractic medicine to a

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person who does all of the following:

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(a) Submits an application for the license to the department on a form provided

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by the department.

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

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

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

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

9 2. That the applicant is a graduate of a master of science degree program in  
10 chiropractic medicine and surgery approved by the affiliated credentialing board  
11 under s. 448.084 and possesses a diploma from that program conferring the degree  
12 of doctor of chiropractic medicine and surgery or equivalent degree as determined by  
13 the affiliated credentialing board. *973 ✓* *NO FF*

x 14 (2) The affiliated credentialing board may waive the requirements under sub  
15 (1) (d) if the applicant is a physician, advanced practice nurse prescriber certified  
16 under s. 441.16 (2), or physician assistant.

x 17 (2) (b) The affiliated credentialing board may waive the requirements under sub.  
18 (1) (d) for an applicant who establishes, to the satisfaction of the affiliated  
19 credentialing board, all of the following:

20 (a) That the applicant is a graduate of a chiropractic medicine school or  
21 program.

22 (b) That the applicant is licensed as a doctor of chiropractic medicine by another  
23 licensing jurisdiction in the United States.

24 (c) That the jurisdiction in which the applicant is licensed required the  
25 applicant to be a graduate of a school or program approved by the licensing

*his subdivision*

1 jurisdiction or of a school or program that the licensing jurisdiction evaluated for  
2 education equivalency.

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

7 (4) The affiliated credentialing board may promulgate rules providing for  
8 various classes of temporary licenses to practice chiropractic medicine.

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

14 **448.084 Education.** The affiliated credentialing board shall approve a master  
15 of science degree program in chiropractic medicine and surgery that is accredited by  
16 the Higher Learning Commission or an equivalent accrediting body, as determined  
17 by the affiliated credentialing board, and that includes all of the following:

18 (1) At least 2 years of instruction, including classroom instruction, in the  
19 following subjects: 60 hours

\*\*\*\*NOTE: It is not clear how many credit hours are being required. Do you want to specify what constitutes two years of instruction?

- 20 (a) Causes of spinal pain and differential diagnosis.
- 21 (b) Case management and coordination of care in spinal pain patients.
- 22 (c) Spinal injuries, correlated with diagnostic imaging.
- 23 (d) Public health issues and epidemiology of spinal pain conditions.

1 (e) Pharmacology.

\*\*\*NOTE: I did not include "I and II" because it is not clear what that would require.  
Do you want to include a minimum number of hours of instruction in pharmacology?  
Let me know what I did

2 (f) Nutrition for musculoskeletal health.

3 (g) Interpreting research and applying evidence in spine care practice.

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

5 (3) An examination in chiropractic medicine and surgery approved by the  
6 affiliated credentialing board. (9735) (3)

7 **448.985 Issuance of license; expiration and renewal; duplicate license.**

8 (1) The department shall issue a certificate of licensure to each person who is  
9 licensed under this subchapter.

10 (2) (a) The renewal date for a license granted under this subchapter, other than  
11 a temporary license granted under rules promulgated under s. 448.983 (4), is  
12 specified under s. 440.08 (2) (a). (9725) (3)

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

15 1. The renewal fee determined by the department under s. 440.03 (9) (a). (975)

16 2. Proof of completion of continuing education requirements in s. 448.988.

17 3. Proof of current licensure by the chiropractic examining board under ch. 446,  
18 unless the affiliated credentialing board waives that requirement under s. 448.983

19 (2) or (3).

20 (3) A licensee whose license is lost, stolen, or destroyed may apply to the  
21 department for a duplicate license. Duplicate license applications shall be submitted  
22 to the department on a form provided by the department and shall be accompanied  
23 by the fee specified under s. 440.05 (7) and an affidavit describing the circumstances

1 of the loss, theft, or destruction of the license. Upon receipt of an application under  
2 this subsection, the department shall issue a duplicate license bearing on its face the  
3 word "duplicate".

4 **448.986 Malpractice liability insurance.** (1) Each licensee shall annually  
5 submit to the affiliated credentialing board evidence satisfactory to the affiliated  
6 credentialing board that the licensee satisfies any of the following:

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

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

11 1. The licensee's principal place of practice is not in this state.

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

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

17 a. At least the minimum amount of malpractice liability insurance coverage  
18 that is required under the laws of the state in which the affiliated credentialing board  
19 determines that the licensee's principal place of practice is located.

20 b. If the licensee is not required under the laws of the state in which the  
21 affiliated credentialing board determines that the licensee's principal place of  
22 practice is located to have in effect a minimum amount of malpractice liability  
23 insurance coverage, at least the minimum amount of malpractice liability insurance  
24 coverage that the affiliated credentialing board determines is necessary to protect  
25 the public.

1 (2) A licensee's principal place of practice is not in this state for purposes of sub.

2 (1) (b) if the affiliated credentialing board determines that, during the following 12

3 months, any of the following applies:

4 (a) More than 50 percent of the licensee's practice will be performed outside this  
5 state.

6 (b) More than 50 percent of the income from the licensee's practice will be  
7 derived from outside this state.

8 (c) More than 50 percent of the licensee's patients will be treated by the licensee  
9 outside this state.

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

13 <sup>B</sup> 9745 ~~448.987~~ **Malpractice.** Except as provided in s. 257.03, a person who practices  
14 chiropractic medicine without a license under s. 448.983 may be liable for  
15 malpractice, and the person's ignorance of a duty ordinarily performed by a doctor  
16 of chiropractic medicine shall not limit his or her liability for an injury arising from  
17 his or her practice of chiropractic medicine.

18 <sup>B</sup> 975 ~~448.988~~ **Continuing education.** (1) (a) 1. The affiliated credentialing board  
19 shall promulgate rules establishing requirements and procedures for licensees to  
20 complete continuing education programs or courses of study in order to qualify for  
21 renewal of a license granted under this subchapter.

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

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

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

7           2. At least 25 of the 50 continuing education hours required under par. (a) shall  
8 include evidence-based pharmacology and ~~procedure-based training.~~ *Medical*

9           (2) The affiliated credentialing board may waive all or part of the requirements  
10 under sub. (1) if the affiliated credentialing board determines that prolonged illness,  
11 disability, or other exceptional circumstances prevented a licensee from completing  
12 the requirements. *9755* *13*

13           **448.989 Fee splitting and billing requirements.** (1) FEE SPLITTING. No  
14 licensee may give or receive, directly or indirectly, to or from any other person any  
15 fee, commission, rebate, or other form of compensation or anything of value for  
16 sending, referring, or otherwise inducing a person to communicate with a licensee  
17 in a professional capacity, or for any professional services not actually rendered  
18 personally by the licensee or at the licensee's direction.

19           (2) SEPARATE BILLING REQUIRED. Except as provided in sub. (4), a licensee who  
20 renders any chiropractic medicine service or assistance, or gives any chiropractic  
21 medicine advice or any similar advice or assistance, to any patient, doctor of  
22 chiropractic medicine, chiropractor, physician, physician assistant, advanced  
23 practice nurse prescriber certified under s. 441.16 (2), partnership, or corporation,  
24 or to any other institution or organization, including a hospital, for which a charge  
25 is made to a patient, shall, except as authorized by Title 18 or Title 19 of the federal



1 Social Security Act, render an individual statement or account of the charge directly  
2 to the patient, distinct and separate from any statement or account by any other  
3 doctor of chiropractic medicine, chiropractor, physician, physician assistant,  
4 advanced practice nurse prescriber, or other person.

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

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

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\*\*\*\*NOTE: How does this interact with s. 446.04 (4)?

15 **448.990** **Disciplinary proceedings and actions.** (1) In this section,  
16 "unprofessional conduct" means an act or attempted act of commission or omission,  
17 as defined by the affiliated credentialing board by rule, or an act by a doctor of  
18 chiropractic medicine otherwise in violation of this subchapter or in violation of ch.  
19 446, 450, or 961.

20 (2) INVESTIGATION; HEARING; ACTION. (a) 1. The affiliated credentialing board  
21 shall investigate allegations of unprofessional conduct and negligence in the practice  
22 of chiropractic medicine, except that the affiliated credentialing board shall refer an  
23 allegation of a violation of ch. 446 to the chiropractic examining board unless the  
24 alleged conduct also involves a violation of this subchapter or ch. 450 or 961.

FOR INVESTIGATION

in which case the affiliated credentialing board and the chiropractic examining board shall consult ~~concurrently~~

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

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

7           4. The affiliated credentialing board may require a person to undergo and may  
8 consider the results of a physical, mental, or professional competency examination  
9 if the affiliated credentialing board believes that the results of the examination may  
10 be useful to the affiliated credentialing board in conducting an investigation under  
11 this paragraph.

12           (b) 1. After an investigation, if the affiliated credentialing board finds that  
13 there is probable cause to believe that a person is guilty of unprofessional conduct  
14 or negligence in the practice of chiropractic medicine, the affiliated credentialing  
15 board shall hold a hearing.

16           2. The affiliated credentialing board may require a person to undergo and may  
17 consider the results of a physical, mental, or professional competency examination  
18 if the affiliated credentialing board believes that the results of the examination may  
19 be useful to the affiliated credentialing board in conducting a hearing under subd.  
20 1.

21           3. A finding by a court that a person has acted negligently in the practice of  
22 chiropractic medicine is conclusive evidence that the person is guilty of that  
23 negligence. A certified copy of the order of a court is presumptive evidence that the  
24 finding of negligence was made.

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

5           (c) 1. After a disciplinary hearing under par. (b), the affiliated credentialing  
6 board may, when it determines that a court has found that a person has been  
7 negligent in the practice of chiropractic medicine or when it finds a person guilty of  
8 unprofessional conduct or negligence in the practice of chiropractic medicine, warn  
9 or reprimand that person, or limit, suspend, or revoke the person's license granted  
10 by the affiliated credentialing board.

11           2. The affiliated credentialing board may condition the removal of limitations  
12 on a license, or the restoration of a suspended or revoked license, upon obtaining  
13 minimum results specified by the affiliated credentialing board on a physical,  
14 mental, or professional competency examination if the affiliated credentialing board  
15 believes that obtaining the minimum results is related to correcting one or more of  
16 the bases upon which the limitation, suspension, or revocation was imposed.

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

19           1. Refrain from engaging in unprofessional conduct.

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

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

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

1           5. Obtain additional training, education or supervision required by the  
2 affiliated credentialing board.

3           6. Cooperate with the affiliated credentialing board.

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

9           (f) The affiliated credentialing board shall comply with rules of procedure for  
10 the investigation, hearing, and action promulgated by the department under s.  
11 440.03 (1).

12           **(3) SUSPENSION PENDING HEARING.** (a) The affiliated credentialing board may  
13 summarily suspend a license granted by the affiliated credentialing board for a  
14 period not to exceed 30 days pending hearing if the affiliated credentialing board has  
15 in its possession evidence establishing probable cause to believe that the licensee has  
16 violated the provisions of this subchapter and that it is necessary to suspend the  
17 license immediately to protect the public health, safety, or welfare. The licensee shall  
18 be granted an opportunity to be heard before the affiliated credentialing board  
19 decides whether probable cause exists.

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

23           (c) If a license has been summarily suspended under par. (a) or (b), the affiliated  
24 credentialing board may, while the hearing is in progress, extend the initial period  
25 of suspension for not more than an additional 30 days, except that if the licensee has

1 caused a delay in the hearing process, the affiliated credentialing board may suspend  
2 the license from the time the hearing is commenced until a final decision is issued  
3 or may delegate such authority to the hearing examiner.

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

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

9 **448.991 Hospital reports.** (1) Within 30 days after receipt of a report under  
10 s. 50.36 (3) (c), the affiliated credentialing board shall notify the licensee, in writing,  
11 of the substance of the report. The licensee and the licensee's authorized  
12 representative may examine the report and may place into the record a statement,  
13 of reasonable length, of the licensee's view of the correctness or relevance of any  
14 information in the report. The licensee may institute an action in circuit court to  
15 amend or expunge any part of the licensee's record related to the report.

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

22 (3) (a) In this subsection, "hospital" has the meaning specified in s. 50.33 (2).

23 (b) Upon the request of a hospital, the affiliated credentialing board shall  
24 provide the hospital with all information relating to a licensee's loss, reduction, or  
25 suspension of staff privileges from other hospitals and all information relating to the

1 licensee's being found guilty of unprofessional conduct or negligence in the practice  
2 of chiropractic medicine under s. 448.990. 976 ✓

3 977 448.992 Injunctive relief. If the affiliated credentialing board has reason to  
4 believe that a person is violating this subchapter or a rule promulgated under this  
5 subchapter, the affiliated credentialing board, the department, the attorney general,  
6 or the district attorney of the proper county may investigate and may, in addition to  
7 all other remedies, bring an action in the name and on behalf of this state to enjoin  
8 the person from the violation.

9 9775 448.993 Penalties; appeal.

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

13 (b) A person who violates s. 448.989 (3) may be fined not more than \$250. 9755 ✓

14 (2) APPEAL. A person aggrieved by an action taken under this subchapter by  
15 the affiliated credentialing board, its officers, or its agents may apply for judicial  
16 review as provided in ch. 227, and shall file notice of such appeal with the affiliated  
17 credentialing board within 30 days. No court of this state may enter an ex parte stay  
18 of an action taken by the affiliated credentialing board under this subchapter.

19 978 448.994 Rules. The affiliated credentialing board shall promulgate all of the  
20 following rules:

21 (1) Rules defining the acts or attempted acts of commission or omission that  
22 constitute unprofessional conduct under s. 448.990 (1). 976 ✓

23 (2) Rules implementing s. 448.995.

24 (3) Rules specifying the requirements for a course of instruction related to  
25 X-ray examinations by persons under the direct supervision of a doctor of

1 chiropractic medicine under s. 462.02 (2) (g). In promulgating the rules, the affiliated  
2 credentialing board shall consult with the radiography examining board and shall  
3 examine laws and rules in other states. The affiliated credentialing board shall  
4 approve courses that meet the requirements set forth in the rules.

\*\*\*NOTE: Subdivision (3) is identical to the rules promulgation requirement for the Podiatry Affiliated Credentialing Board related to X-ray examinations. Please let me know if this should be removed from the draft as it was not specifically included in the drafting instructions. See also s. 462.02 (2) (g), created in the draft.

\*\*\*NOTE: Also, there is no need to authorize the Chiropractic Medicine Affiliated Credentialing Board to promulgate rules implementing the subchapter. The affiliated credentialing board already has that authority under ch. 227.

5 9785 448.995 **Informed consent.** Any doctor of chiropractic medicine who treats

6 a patient shall inform the patient about the availability of reasonable alternate  
7 modes of treatment and about the benefits and risks of these treatments. The  
8 reasonable doctor of chiropractic medicine standard is the standard for informing a  
9 patient under this section. The reasonable doctor of chiropractic medicine standard  
10 requires disclosure only of information that a reasonable doctor of chiropractic  
11 medicine would know and disclose under the circumstances. The doctor of  
12 chiropractic medicine's duty to inform the patient under this section does not require  
13 disclosure of any of the following:

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

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

17 (3) Extremely remote possibilities that might falsely or detrimentally alarm  
18 the patient.

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

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

1 (6) Information about alternate modes of treatment for any condition the  
2 doctor of chiropractic medicine has not included in his or her diagnosis at the time  
3 the doctor of chiropractic medicine informs the patient.

4 SECTION 89. 450.10 (3) (a) 5. of the statutes is amended to read:

5 450.10 (3) (a) 5. A physician, physician assistant, podiatrist, doctor of  
6 chiropractic medicine, physical therapist, physical therapist assistant, occupational  
7 therapist, or occupational therapy assistant licensed under ch. 448.

8 SECTION 90. 450.11 (8) (f) of the statutes is created to read:

9 450.11 (8) (f) The chiropractic medicine affiliated credentialing board, insofar  
10 as this section applies to doctors of chiropractic medicine.

11 SECTION 91. 454.02 (2) (a) of the statutes is amended to read:

12 454.02 (2) (a) Services performed by a person licensed, certified or registered  
13 under the laws of this state as a physician, physician assistant, podiatrist, doctor of  
14 chiropractic medicine, physical therapist, nurse or funeral director if those services  
15 are within the scope of the license, certificate or registration.

16 SECTION 92. 462.02 (2) (g) of the statutes is created to read:

17 462.02 (2) (g) A doctor of chiropractic medicine licensed under s. 448.983 or a  
18 person under the direct supervision of such a doctor of chiropractic medicine, if the  
19 person has successfully completed a course of instruction approved by the  
20 chiropractic ~~medicine affiliated credentialing~~ board related to X-ray examinations  
21 ~~under s. 448.994 (3).~~ examining

22 SECTION 93. 462.04 of the statutes is amended to read:

23 **462.04 Prescription or order required.** A person who holds a license or  
24 limited X-ray machine operator permit under this chapter may not use diagnostic  
25 X-ray equipment on humans for diagnostic purposes unless authorized to do so by



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1 prescription or order of a physician licensed under s. 448.04 (1) (a), a dentist licensed  
2 under s. 447.04 (1), a podiatrist licensed under s. 448.63, a doctor of chiropractic  
3 medicine licensed under s. 448.083, a chiropractor licensed under s. 446.02, an  
4 advanced practice nurse certified under s. 441.16 (2), or a physician assistant  
5 licensed under s. 448.04 (1) (f).

6 SECTION 94. 632.32 (2) (am) of the statutes is amended to read:

7 632.32 (2) (am) "Medical payments coverage" means coverage to indemnify for  
8 medical payments or chiropractic payments or both for the protection of all persons  
9 using the insured motor vehicle from losses resulting from bodily injury or death.  
10 "Medical payments coverage" includes coverage for chiropractic medicine.

11 SECTION 95. 632.64 of the statutes is amended to read:

12 **632.64 Certification of disability.** For the purpose of insurance policies that  
13 they issue, insurers doing a life insurance business in this state shall afford equal  
14 weight to a certification of disability signed by a physician with respect to matters  
15 within the scope of the physician's professional license, to a certification of disability  
16 signed by a chiropractor with respect to matters within the scope of the chiropractor's  
17 professional license, and to a certification of disability signed by a podiatrist with  
18 respect to matters within the scope of the podiatrist's professional license, and to a  
19 certification of a disability signed by a doctor of chiropractic medicine with respect  
20 to matters within the scope of the doctor of chiropractic medicine's professional  
21 license. This section does not require an insurer to treat a certificate of disability as  
22 conclusive evidence of disability.

\*\*\*NOTE: Do you want to create language for doctors of chiropractic medicine that is similar to s. 632.87 (3)? What about s. 632.875?

23 SECTION 96. 632.99 of the statutes is amended to read:

Insert 52-22

1           **632.99 Certifications of disability.** For the purpose of insurance policies  
 2 that they issue, every insurer doing a health or disability insurance business in this  
 3 state shall afford equal weight to a certification of disability signed by a physician  
 4 with respect to matters within the scope of the physician’s professional license, to a  
 5 certification of disability signed by a chiropractor with respect to matters within the  
 6 scope of the chiropractor’s professional license, ~~and~~ to a certification of disability  
 7 signed by a podiatrist with respect to matters within the scope of the podiatrist’s  
 8 professional license, and to a certification of a disability signed by a doctor of  
 9 chiropractic medicine with respect to matters within the scope of the doctor of  
 10 chiropractic medicine’s professional license. This section does not require an insurer  
 11 to treat any certification of disability as conclusive evidence of disability.

12           **SECTION 97.** 655.45 (1) of the statutes is amended to read:

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

INS DEF  
 81-54 + 81-51

\*\*\*\*NOTE: Should payment for services of doctors of chiropractic be included under s. 895.453?

19           **SECTION 98.** 895.48 (1m) (a) (intro.) of the statutes is amended to read:

20           895.48 (1m) (a) (intro.) Except as provided in par. (b), any physician, physician  
 21 assistant, podiatrist, doctor of chiropractic medicine, or athletic trainer licensed  
 22 under ch. 448, chiropractor licensed under ch. 446, dentist licensed under ch. 447,  
 23 emergency medical technician licensed under s. 256.15, first responder certified

1 under s. 256.15 (8), registered nurse licensed under ch. 441, or a massage therapist  
2 or bodywork therapist licensed under ch. 460 who renders voluntary health care to  
3 a participant in an athletic event or contest sponsored by a nonprofit corporation, as  
4 defined in s. 66.0129 (6) (b), a private school, as defined in s. 115.001 (3r), a tribal  
5 school, as defined in s. 115.001 (15m), a public agency, as defined in s. 46.856 (1) (b),  
6 or a school, as defined in s. 609.655 (1) (c), is immune from civil liability for his or her  
7 acts or omissions in rendering that care if all of the following conditions exist:

8 **SECTION 99.** 895.48 (1m) (a) 2. of the statutes is amended to read:

9 895.48 (1m) (a) 2. The physician, podiatrist, doctor of chiropractic medicine,  
10 athletic trainer, chiropractor, dentist, emergency medical technician, first responder,  
11 physician assistant, registered nurse, massage therapist or bodywork therapist does  
12 not receive compensation for the health care, other than reimbursement for  
13 expenses.

14 **SECTION 100.** 905.04 (title) of the statutes is amended to read:

15 **905.04 (title) Physician-patient, registered nurse-patient,**  
16 **chiropractor-patient, psychologist-patient, social worker-patient,**  
17 **marriage and family therapist-patient, podiatrist-patient, doctor of**  
18 **chiropractic medicine-patient, and professional counselor-patient**  
19 **privilege.**

20 **SECTION 101.** 905.04 (1) (b) of the statutes is amended to read:

21 905.04 (1) (b) A communication or information is “confidential” if not intended  
22 to be disclosed to 3rd persons other than those present to further the interest of the  
23 patient in the consultation, examination, or interview, to persons reasonably  
24 necessary for the transmission of the communication or information, or to persons  
25 who are participating in the diagnosis and treatment under the direction of the

1 physician, podiatrist, doctor of chiropractic medicine, registered nurse, chiropractor,  
2 psychologist, social worker, marriage and family therapist or professional counselor,  
3 including the members of the patient's family.

4 **SECTION 102.** 905.04 (1) (bd) of the statutes is created to read:

5 905.04 (1) (bd) "Doctor of chiropractic medicine" means a person licensed under  
6 s. 448.983 or a person reasonably believed by the patient to be a doctor of chiropractic  
7 medicine. 9725 ✓

8 **SECTION 103.** 905.04 (1) (c) of the statutes is amended to read:

9 905.04 (1) (c) "Patient" means an individual, couple, family or group of  
10 individuals who consults with or is examined or interviewed by a physician,  
11 podiatrist, doctor of chiropractic medicine, registered nurse, chiropractor,  
12 psychologist, social worker, marriage and family therapist or professional counselor.

13 **SECTION 104.** 905.04 (2) of the statutes is amended to read:

14 905.04 (2) GENERAL RULE OF PRIVILEGE. A patient has a privilege to refuse to  
15 disclose and to prevent any other person from disclosing confidential  
16 communications made or information obtained or disseminated for purposes of  
17 diagnosis or treatment of the patient's physical, mental or emotional condition,  
18 among the patient, the patient's physician, the patient's podiatrist, the patient's  
19 doctor of chiropractic medicine, the patient's registered nurse, the patient's  
20 chiropractor, the patient's psychologist, the patient's social worker, the patient's  
21 marriage and family therapist, the patient's professional counselor or persons,  
22 including members of the patient's family, who are participating in the diagnosis or  
23 treatment under the direction of the physician, podiatrist, doctor of chiropractic  
24 medicine, registered nurse, chiropractor, psychologist, social worker, marriage and  
25 family therapist or professional counselor.

1           **SECTION 105.** 905.04 (3) of the statutes is amended to read:

2           905.04 (3) WHO MAY CLAIM THE PRIVILEGE. The privilege may be claimed by the  
3 patient, by the patient’s guardian or conservator, or by the personal representative  
4 of a deceased patient. The person who was the physician, podiatrist, doctor of  
5 chiropractic medicine, registered nurse, chiropractor, psychologist, social worker,  
6 marriage and family therapist or professional counselor may claim the privilege but  
7 only on behalf of the patient. The authority so to do is presumed in the absence of  
8 evidence to the contrary.

9           **SECTION 106.** 905.04 (4) (a) of the statutes is amended to read:

10           905.04 (4) (a) *Proceedings for commitment, guardianship, protective services,*  
11 *or protective placement or for control, care, or treatment of a sexually violent person.*  
12 There is no privilege under this rule as to communications and information relevant  
13 to an issue in probable cause or final proceedings to commit the patient for mental  
14 illness under s. 51.20, to appoint a guardian in this state, for court-ordered  
15 protective services or protective placement, for review of guardianship, protective  
16 services, or protective placement orders, or for control, care, or treatment of a  
17 sexually violent person under ch. 980, if the physician, registered nurse, doctor of  
18 chiropractic medicine, chiropractor, psychologist, social worker, marriage and family  
19 therapist, or professional counselor in the course of diagnosis or treatment has  
20 determined that the patient is in need of commitment, guardianship, protective  
21 services, or protective placement or control, care, and treatment as a sexually violent  
22 person.

23           **SECTION 107.** 905.04 (4) (e) 3. of the statutes is amended to read:

24           905.04 (4) (e) 3. There is no privilege in situations where the examination of  
25 the expectant mother of an abused unborn child creates a reasonable ground for an

1 opinion of the physician, registered nurse, doctor of chiropractic medicine,  
2 chiropractor, psychologist, social worker, marriage and family therapist or  
3 professional counselor that the physical injury inflicted on the unborn child was  
4 caused by the habitual lack of self-control of the expectant mother of the unborn  
5 child in the use of alcohol beverages, controlled substances or controlled substance  
6 analogs, exhibited to a severe degree.

7 **SECTION 108.** 949.01 (4) of the statutes is amended to read:

8 949.01 (4) “Medical treatment” includes medical, surgical, dental, optometric,  
9 chiropractic, podiatric, chiropractic medicine, and hospital care; medicines; medical,  
10 dental and surgical supplies; crutches; artificial members; appliances and training  
11 in the use of artificial members and appliances. “Medical treatment” includes any  
12 Christian Science treatment for cure or relief from the effects of injury.

13 **SECTION 109.** 949.04 (3) of the statutes is amended to read:

14 949.04 (3) **MEDICAL AND DENTAL RECORDS.** The applicant shall submit to the  
15 department reports from all physicians, osteopaths, dentists, optometrists,  
16 chiropractors ~~or~~, podiatrists, doctors of chiropractic medicine who treated or  
17 examined the victim at the time of or subsequent to the victim’s injury or death. The  
18 department may also order such other examinations and reports of the victim’s  
19 previous medical and dental history, injury or death as it believes would be of  
20 material aid in its determination.

21 **SECTION 110.** 961.01 (19) (a) of the statutes is amended to read:

22 961.01 (19) (a) A physician, advanced practice nurse, dentist, veterinarian,  
23 podiatrist, doctor of chiropractic medicine, optometrist, scientific investigator or,  
24 subject to s. 448.21 (3), a physician assistant, or other person licensed, registered,  
25 certified or otherwise permitted to distribute, dispense, conduct research with

1 respect to, administer or use in teaching or chemical analysis a controlled substance  
2 in the course of professional practice or research in this state.

3 **SECTION 111. Nonstatutory provisions.**

4 (1) BOARD; STAGGERING OF TERMS. Notwithstanding the length of terms specified  
5 for the members of the chiropractic medicine affiliated credentialing board under  
6 section 15.406 (7) of the statutes, as created by this act, one of the initial members  
7 shall be appointed for a term expiring on July 1, 2017; one of the initial members  
8 shall be appointed for a term expiring on July 1, 2018; one of the initial members  
9 shall be appointed for a term expiring on July 1, 2019; and the remaining initial  
10 member shall be appointed for a term expiring on July 1, 2020.

11 (2) BOARD; CREDENTIALS OF INITIAL MEMBERS. Notwithstanding section 15.406 (7)  
12 (a) of the statutes, as created by this act, the initial members appointed to the  
13 chiropractic medicine affiliated credentialing board under section 15.406 (7) (a) of  
14 the statutes, as created by this act, need not be licensed under subchapter VIII of  
15 chapter 448 of the statutes, as created by this act, but shall be chiropractors licensed  
16 under chapter 446 of the statutes.

17 (END)

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**2015-2016 DRAFTING INSERT  
FROM THE  
LEGISLATIVE REFERENCE BUREAU**

LRB-3787/P2ins  
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**INSERT A**

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

✓ Under the bill, a doctor of chiropractic medicine is an individual who possesses the degree of doctor of chiropractic medicine and surgery or equivalent degree as determined by the affiliated credentialing board or who practices chiropractic medicine. The bill defines "chiropractic medicine" or "chiropractic medicine and surgery" in relevant part as the integration and application of the practice of chiropractic and the practice of medicine and surgery, both as defined under current law, that is limited to conditions of the spine and the musculoskeletal, neuromuscular, and nervous systems.

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

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

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

The bill also treats doctors of chiropractic medicine similar to chiropractors in some respects. For example, the bill requires doctors of chiropractic medicine to refer a patient to a physician if the doctor of chiropractic medicine determines that the patient's condition is beyond the scope of the practice of chiropractic medicine. Also,



INS X

the bill includes insurance coverage parity requirements that closely track the coverage requirements for treatment provided by chiropractors.

The bill requires the affiliated credentialing board to refer an allegation of a doctor of chiropractic medicine's violation of the laws applicable to chiropractors to the Chiropractic Examining Board for investigation, and vice versa. If the alleged conduct involves a violation of the laws applicable to both doctors of chiropractic medicine and chiropractors, the bill requires the two boards to consult concerning the investigation of that alleged conduct. Otherwise, the affiliated credentialing board's authority to investigate misconduct and discipline licensed doctors of chiropractic medicine is typical for that of other similar boards, especially the Podiatry Affiliated Credentialing Board.

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

END INSERT A

INSERT 33-5

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

**SECTION 2.** 446.05 (1) (b) of the statutes is created to read:

446.05 (1) (b) The examining board shall refer an allegation of a violation of ch. VIII of ch. 448 to the chiropractic medicine affiliated credentialing board for investigation, unless the alleged conduct also involves a violation of this chapter, in which case the examining board and the chiropractic medicine affiliated credentialing board shall consult concerning the investigation.

END INSERT 33-5

INSERT 36-8

(3) "Chiropractic medicine" or "chiropractic medicine and surgery" means the integration and application of the practice of chiropractic and the practice of medicine and surgery that is limited to conditions of the spine and of the musculoskeletal, neuromuscular, and nervous systems, but does not include the use

The practice of chiropractic medicine includes prescribing and administering drugs

Violation by

both of the laws applicable to

subch. d

administering

11

1 of a general anesthetic ~~unless administered by or~~ <sup>except</sup> under the direction of a person  
2 licensed to practice medicine and surgery under subch. II.

END INSERT 36-8

2 3

INSERT 37-6

doctor of  
chiropractic  
medicine

3 (7d) (a) A doctor of chiropractic medicine shall evaluate each patient before  
4 commencing treatment of the patient to determine whether the patient has a  
5 condition that is treatable by the practice of chiropractic medicine. The evaluation  
6 shall be based upon an examination that is appropriate to the patient.

7 (b) A doctor of chiropractic medicine shall discontinue the practice of  
8 chiropractic medicine on a patient if, at any time after the evaluation under par. (a)  
9 or during or following treatment of the patient, the doctor of chiropractic medicine  
10 determines or reasonably believes that the patient's condition is not treatable by the  
11 practice of chiropractic medicine, or will not respond to further practice of  
12 chiropractic medicine by the chiropractor, except that a doctor of chiropractic  
13 medicine may provide maintenance, supportive, and wellness care to the patient if  
14 the patient is being treated by another health care professional.

15 (c) A doctor of chiropractic medicine who discontinues the practice of  
16 chiropractic medicine as required in par. (b) shall inform the patient of the reason for  
17 discontinuing the practice of chiropractic medicine and shall refer the patient to a  
18 physician. A doctor of chiropractic medicine may continue to provide maintenance,  
19 supportive, and wellness care to a patient referred under this paragraph who  
20 requests these services from the doctor of chiropractic medicine. A referral under  
21 this paragraph shall describe the doctor of chiropractic medicine's findings. If the  
22 referral is written, the doctor of chiropractic medicine shall provide the patient with

1 a copy and shall maintain a copy in the patient's records. If the referral is oral, the  
2 doctor of chiropractic medicine shall communicate the referral directly to the  
3 physician, shall notify the patient about the referral, and shall make a written record  
4 of the oral referral. The written record of the oral referral shall include the name of  
5 the physician to whom the patient was referred and the date of the referral. The  
6 doctor of chiropractic medicine shall maintain a copy of the written record of the oral  
7 referral in the patient's records.

**END INSERT 37-6**

**INSERT 52-5**

8 **SECTION 3.** 628.46 (2m) (a) of the statutes is amended to read:  
9 628.46 (2m) (a) Notwithstanding subs. (1) and (2) and except as provided in  
10 par. (b), a claim for payment for chiropractic or chiropractic medicine services is  
11 overdue if not paid within 30 days after the insurer receives clinical documentation  
12 from the chiropractor or doctor of chiropractic medicine that the services were  
13 provided unless, within those 30 days, the insurer provides to the insured and to the  
14 chiropractor or doctor of chiropractic medicine the written statement under s.  
15 632.875 (2).

**History:** 1975 c. 375; 1979 c. 109 s. 16; 1979 c. 110 s. 60 (13); 1981 c. 38 s. 24; Stats. 1981 s. 628.46; 2001 a. 16, 65.

**END INSERT 52-5**

**INSERT 52-22**

16 **SECTION 4.** 632.87 (3) (a) (intro.) of the statutes is amended to read:  
17 632.87 (3) (a) (intro.) No policy, plan or contract may exclude coverage for  
18 diagnosis and treatment of a condition or complaint by a licensed chiropractor or  
19 licensed doctor of chiropractic medicine within the scope of the chiropractor's his or

1 her professional license, if the policy, plan or contract covers diagnosis and treatment  
2 of the condition or complaint by a licensed physician or osteopath, even if different  
3 nomenclature is used to describe the condition or complaint. Examination by or  
4 referral from a physician shall not be a condition precedent for receipt of chiropractic  
✓ 5 or chiropractic medicine care under this paragraph. This paragraph does not:

6 **History:** 1975 c. 223, 371, 422; 1981 c. 205; 1983 a. 27; 1985 a. 29; 1987 a. 27; 1991 a. 39, 269; 1995 a. 412; 2005 a. 194; 2009 a. 28.

6 **SECTION 5.** 632.87 (3) (a) 1. of the statutes is amended to read:

7 632.87 (3) (a) 1. Prohibit the application of deductibles or coinsurance  
8 provisions to chiropractic, chiropractic medicine, and physician charges on an equal  
✓ 9 basis.

10 **History:** 1975 c. 223, 371, 422; 1981 c. 205; 1983 a. 27; 1985 a. 29; 1987 a. 27; 1991 a. 39, 269; 1995 a. 412; 2005 a. 194; 2009 a. 28.

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

11 632.87 (3) (a) 2. Prohibit the application of cost containment or quality  
12 assurance measures to chiropractic or chiropractic medicine services in a manner  
13 that is consistent with cost containment or quality assurance measures generally  
✓ 14 applicable to physician services and that is consistent with this section.

15 **History:** 1975 c. 223, 371, 422; 1981 c. 205; 1983 a. 27; 1985 a. 29; 1987 a. 27; 1991 a. 39, 269; 1995 a. 412; 2005 a. 194; 2009 a. 28.

15 **SECTION 7.** 632.87 (3) (b) (intro.) of the statutes is amended to read:

16 632.87 (3) (b) (intro.) No insurer, under a policy, plan or contract covering  
17 diagnosis and treatment of a condition or complaint by a licensed chiropractor or  
18 licensed doctor of chiropractic medicine within the scope of the chiropractor's his or  
19 her professional license, may do any of the following:

20 **History:** 1975 c. 223, 371, 422; 1981 c. 205; 1983 a. 27; 1985 a. 29; 1987 a. 27; 1991 a. 39, 269; 1995 a. 412; 2005 a. 194; 2009 a. 28.

20 **SECTION 8.** 632.87 (3) (b) 1. of the statutes is amended to read:

21 632.87 (3) (b) 1. Restrict or terminate coverage for the treatment of a condition  
22 or a complaint by a licensed chiropractor or licensed doctor of chiropractic medicine  
23 within the scope of the chiropractor's his or her professional license on the basis of

1 other than an examination or evaluation by or a recommendation of a licensed  
2 chiropractor or licensed doctor of chiropractic medicine or a peer review committee  
3 that includes a licensed chiropractor or licensed doctor of chiropractic medicine.

History: 1975 c. 223, 371, 422; 1981 c. 205; 1983 a. 27; 1985 a. 29; 1987 a. 27; 1991 a. 39, 269; 1995 a. 412; 2005 a. 194; 2009 a. 28.

4 **SECTION 9.** 632.87 (3) (b) 2. of the statutes is amended to read:

5 632.87 (3) (b) 2. Refuse to provide coverage to an individual because that  
6 individual has been treated by a chiropractor or doctor of chiropractic medicine.

History: 1975 c. 223, 371, 422; 1981 c. 205; 1983 a. 27; 1985 a. 29; 1987 a. 27; 1991 a. 39, 269; 1995 a. 412; 2005 a. 194; 2009 a. 28.

7 **SECTION 10.** 632.87 (3) (b) 3. of the statutes is amended to read:

8 632.87 (3) (b) 3. Establish underwriting standards that are more restrictive for  
9 chiropractic or chiropractic medicine care than for care provided by other health care  
10 providers.

History: 1975 c. 223, 371, 422; 1981 c. 205; 1983 a. 27; 1985 a. 29; 1987 a. 27; 1991 a. 39, 269; 1995 a. 412; 2005 a. 194; 2009 a. 28.

11 **SECTION 11.** 632.87 (3) (b) 4. of the statutes is amended to read:

12 632.87 (3) (b) 4. Exclude or restrict health care coverage of a health condition  
13 solely because the condition may be treated by a chiropractor or doctor of chiropractic  
14 medicine.

History: 1975 c. 223, 371, 422; 1981 c. 205; 1983 a. 27; 1985 a. 29; 1987 a. 27; 1991 a. 39, 269; 1995 a. 412; 2005 a. 194; 2009 a. 28.

15 **SECTION 12.** 632.875 (1) (am) of the statutes is created to read:

16 632.875 (1) (am) "Doctor of chiropractic medicine" means a person licensed  
17 under s. 448.983. ✓ → 9725 ✓

18 **SECTION 13.** 632.875 (1) (b) of the statutes is amended to read:

19 632.875 (1) (b) "Independent evaluation" means an examination or evaluation  
20 by or recommendation of a chiropractor or doctor of chiropractic medicine or a peer  
21 review committee under s. 632.87 (3) (b) 1.

History: 1995 a. 94; 2001 a. 16; 2007 a. 20.

22 **SECTION 14.** 632.875 (1) (c) of the statutes is amended to read:

1           632.875 (1) (c) "Patient" means a person whose treatment by a chiropractor or  
2           doctor of chiropractic medicine is the subject of an independent evaluation.

3           History: 1995 a. 94; 2001 a. 16; 2007 a. 20.

3           **SECTION 15.** 632.875 (1) (dm) of the statutes is created to read:

4           632.875 (1) (dm) "Treating doctor of chiropractic medicine" means a doctor of  
5           chiropractic medicine who is treating a patient and whose treatment of the patient  
6           is the subject of an independent evaluation.

7           **SECTION 16.** 632.875 (2) (intro.) of the statutes is amended to read:

8           632.875 (2) (intro.) If, on the basis of an independent evaluation, an insurer  
9           restricts or terminates a patient's coverage for the treatment of a condition or  
10          complaint by a chiropractor or doctor of chiropractic medicine acting within the scope  
11          of his or her license and the restriction or termination of coverage results in the  
12          patient becoming liable for payment for his or her treatment, the insurer shall,  
13          within the time required under s. 628.46 (2m), provide to the patient and to the  
14          treating chiropractor or doctor of chiropractic medicine a written statement that  
15          contains all of the following:

16          History: 1995 a. 94; 2001 a. 16; 2007 a. 20.

16          **SECTION 17.** 632.875 (2) (b) of the statutes is amended to read:

17          632.875 (2) (b) The name of the treating chiropractor or treating doctor of  
18          chiropractic medicine.

19          History: 1995 a. 94; 2001 a. 16; 2007 a. 20.

19          **SECTION 18.** 632.875 (3) (a) of the statutes is amended to read:

20          632.875 (3) (a) In this subsection, "claim" means a patient's claim for coverage,  
21          under a policy, plan or contract covering diagnosis and treatment of a condition or  
22          complaint by a licensed chiropractor or licensed doctor of chiropractic medicine

1 within the scope of the ~~chiropractor's~~ his or her professional license, the restriction  
2 or termination of which coverage is the subject of an independent evaluation.

History: 1995 a. 94; 2001 a. 16; 2007 a. 20.

3 **SECTION 19.** 632.875 (3) (b) of the statutes is amended to read:

4 632.875 (3) (b) A chiropractor or doctor of chiropractic medicine who conducts  
5 an independent evaluation may not be compensated by an insurer based on a  
6 percentage of the dollar amount by which a claim is reduced as a result of the  
7 independent evaluation.

History: 1995 a. 94; 2001 a. 16; 2007 a. 20.

END INSERT 52-22

INSERT 53-18



8 **SECTION 20.** 895.453 (1) (am) of the statutes is created to read:

9 895.453 (1) (am) "Doctor of chiropractic medicine" means a person licensed  
10 under s. 448.083. ✓ → 9725 ✓

11 **SECTION 21.** 895.453 (2) (intro.) of the statutes is amended to read:

12 895.453 (2) (intro.) Notwithstanding s. 803.03, if all of the following conditions  
13 exist, fees for chiropractic or chiropractic medicine services provided to an injured  
14 person shall be paid out of the amount of fees due to his or her attorney under the  
15 contingency fee arrangement made between the person and the attorney:

History: 2011 a. 32.

16 **SECTION 22.** 895.453 (2) (b) of the statutes is amended to read:

17 895.453 (2) (b) The services were provided by a chiropractor or doctor of  
18 chiropractic medicine because of the injuries arising from the motor vehicle accident.

History: 2011 a. 32.

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

20 895.453 (2) (e) Prior to the person's acceptance of the settlement agreement,  
21 the chiropractor or doctor of chiropractic medicine has not been paid for his or her

1 services and has provided written notification to the person's attorney of the services  
2 that were provided to the person.

History: 2011 a. 32.

3 **SECTION 24.** 895.453 (3) of the statutes is amended to read:

4 895.453 (3) Except as provided in sub. (4), if the conditions under sub. (2) are  
5 met, the distribution of the amount due under the contingency fee arrangement shall  
6 be allocated on a pro rata basis between the person's attorney and each chiropractor  
7 and doctor of chiropractic medicine who provided services, based on the percentage  
8 obtained by comparing the outstanding fees owed to the attorney and each  
9 chiropractor and doctor of chiropractic medicine to the aggregate outstanding  
10 attorney and chiropractic fees.

*and chiropractic medicine*

History: 2011 a. 32.

11 **SECTION 25.** 895.453 (4) (a) of the statutes is amended to read:

12 895.453 (4) (a) The chiropractor or doctor of chiropractic medicine is eligible  
13 for payment for the services provided to the person under any health insurance  
14 contract or self-insured health plan.

History: 2011 a. 32.

15 **SECTION 26.** 895.453 (4) (b) of the statutes is amended to read:

16 895.453 (4) (b) The chiropractor or doctor of chiropractic medicine is eligible  
17 for payment for the services provided to the person under any governmental health  
18 plan or program, including Medicaid or Medicare.

History: 2011 a. 32.



STATE OF WISCONSIN - LEGISLATIVE REFERENCE BUREAU

LRB

Research (608-266-0341)

Library (608-266-7040)

Legal (608-266-3561)

LRB

requires ~~each of the~~ affiliated credentialing  
 board and the Chiropractic Examining  
 Board ~~to~~ <sup>each</sup> to refer to  
 the other <sup>board</sup> for investigation an  
 allegation of a violation by a  
 doctor of chiropractic medicine of  
 the laws administered by that other  
 board.

Let's  
 use this  
 Trust!

INS X

INS ABC

and chiropractic medicine

AM



609.70 (title)

**609.70 Chiropractic coverage.** Limited service health organizations, preferred provider plans, and defined network plans are subject to s. 632.87(3).

Yes!  
let's include these

AM



895.453 (title)

IND DEF

**895.453 Payments of chiropractic services from attorney contingency fees.**

and chiropractic medicine

**DRAFTER'S NOTE  
FROM THE  
LEGISLATIVE REFERENCE BUREAU**

LRB-3787/P2dn  
MPG:cjs

*- date -*

Senator Lasee:

Please review this draft carefully to ensure that it is consistent with your intent.

In this redraft, I renumbered the sections in the bill establishing the licensure program for doctors of chiropractic medicine in order to accommodate 2015 Wisconsin Act 116, which creates the interstate medical licensure compact at sections 448.980 and 448.981 of the statutes.

If you have any questions, please do not hesitate to contact me.

Thank you.

Michael Gallagher  
Legislative Attorney  
(608) 267-7511  
michael.gallagher@legis.wisconsin.gov

**DRAFTER'S NOTE  
FROM THE  
LEGISLATIVE REFERENCE BUREAU**

LRB-3787/P2dn  
MPG:cjs

January 19, 2016

Senator Lasee:

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If you have any questions, please do not hesitate to contact me.

Thank you.

Michael Gallagher  
Legislative Attorney  
(608) 267-7511  
michael.gallagher@legis.wisconsin.gov

## Gallagher, Michael

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**From:** Gibbs, Adam  
**Sent:** Thursday, January 21, 2016 9:13 AM  
**To:** Gallagher, Michael  
**Subject:** Draft Changes to LRB 3787/P2

Mike,

Please see the following changes to put into the P3.

1. Page 4, Section 3, lines 16-18: Add a "physician," as defined in Wis. Stat. s. 448.01(5), to the Affiliated Credentialing Board so that the total number of board members is five. ✓
2. Entire draft: Delete all references to "surgery" when referencing "chiropractic medicine." For example, page 37, Section 90, lines 19-25 (definition of "chiropractic medicine"): Delete "surgery" from definition. It is not our intent to have DCMs practice surgery. ✓
3. Page 40, lines 19-21: Delete the language allowing the board to waive the requirements for physicians, APNPs or PAs. Only chiropractors should be allowed to become licensed as a DCM. ✓
4. Page 42, line 6, drafting note: We would like to leave it up to the Medical Collage to determine the minimum number of hours of pharmacology instruction. ✓

Thank you for your help with this. I think we are almost there.

**Adam Gibbs**  
Chief of Staff  
**Senator Frank Lasee**  
1<sup>st</sup> Senate District  
(608) 266-3512