

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

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

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

10 448.21 (1) (f) The practice of spinal medicine within the meaning of s. 448.971
11 (5).

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

13 448.52 (2m) (a) Except as provided in par. (b), a chiropractor licensed under ch.
14 446 or a primary spinal care practitioner under subch. VIII claiming to render
15 physical therapy, if the physical therapy is provided by a physical therapist employed
16 by the chiropractor or primary spinal care practitioner.

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

18 448.52 (2m) (b) A chiropractor licensed under ch. 446 or a doctor of chiropractic
19 licensed under subch. VIII claiming to render physical therapy modality services.

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

21 448.56 (1) WRITTEN REFERRAL. Except as provided in this subsection and s.
22 448.52, a person may practice physical therapy only upon the written referral of a
23 physician, physician assistant, chiropractor, dentist, podiatrist, primary spinal care
24 practitioner, or advanced practice nurse prescriber certified under s. 441.16 (2).
25 Written referral is not required if a physical therapist provides services in schools to

1 children with disabilities, as defined in s. 115.76 (5), pursuant to rules promulgated
2 by the department of public instruction; provides services as part of a home health
3 care agency; provides services to a patient in a nursing home pursuant to the
4 patient's plan of care; provides services related to athletic activities, conditioning, or
5 injury prevention; or provides services to an individual for a previously diagnosed
6 medical condition after informing the individual's physician, physician assistant,
7 chiropractor, dentist, podiatrist, primary spinal care practitioner, or advanced
8 practice nurse prescriber certified under s. 441.16 (2) who made the diagnosis. The
9 examining board may promulgate rules establishing additional services that are
10 excepted from the written referral requirements of this subsection.

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

12 448.56 (1m) (b) The examining board shall promulgate rules establishing the
13 requirements that a physical therapist must satisfy if a physician, physician
14 assistant, chiropractor, dentist, podiatrist, primary spinal care practitioner, or
15 advanced practice nurse prescriber makes a written referral under sub. (1). The
16 purpose of the rules shall be to ensure continuity of care between the physical
17 therapist and the health care practitioner.

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

19 448.956 (1m) Subject to sub. (1) (a), a licensee may provide athletic training
20 to an individual without a referral, except that a licensee may not provide athletic
21 training as described under s. 448.95 (5) (d) or (e) in an outpatient rehabilitation
22 setting unless the licensee has obtained a written referral for the individual from a
23 practitioner licensed or certified under subch. II, III, IV, V, ~~or~~ VII, or VIII of this
24 chapter; under ch. 446; or under s. 441.16 (2).

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

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

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

9 (a) Surgery.

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

12 **448.9715 License required.** (1) Except as provided in ss. 257.03 and
13 448.972, no person may practice spinal medicine, designate himself or herself as a
14 primary spinal care practitioner, use or assume the title “primary spinal care
15 practitioner,” or append to the person’s name the letters “P.S.C.P.,” or any other title,
16 letters, or designation that represents or may tend to represent the person as a
17 primary spinal care practitioner unless the person is a licensee.

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

22 (b) A primary spinal care practitioner shall discontinue the practice of spinal
23 medicine on a patient if, at any time after the evaluation under par. (a) or during or
24 following treatment of the patient, the primary spinal care practitioner determines
25 or reasonably believes that the patient’s condition is not treatable by the practice of

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

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

20 **448.972 Applicability.** This subchapter does not require a license for any of
21 the following:

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

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

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

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

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

8 **448.9725 Licensure of primary spinal care practitioners.** (1) The
9 affiliated credentialing board shall grant a license as a primary spinal care
10 practitioner to a person who does all of the following:

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

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

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

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

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

22 2. That the applicant is a graduate of a master of science degree program in
23 spinal medicine approved by the affiliated credentialing board under s. 448.973 and
24 possesses a diploma from that program conferring the degree of primary spinal care

1 practitioner or equivalent degree as determined by the affiliated credentialing
2 board.

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

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

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

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

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

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

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

24 **448.973 Education.** The affiliated credentialing board shall approve a master
25 of science degree program in spinal medicine that is accredited by the Higher

1 Learning Commission or an equivalent accrediting body, as determined by the
2 affiliated credentialing board, and that includes all of the following:

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

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

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

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

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

9 (e) Pharmacology.

10 (f) Nutrition for musculoskeletal health.

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

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

13 (3) An examination in spinal medicine approved by the affiliated credentialing
14 board.

15 **448.9735 Issuance of license; expiration and renewal; duplicate**
16 **license.** (1) The department shall issue a certificate of licensure to each person who
17 is licensed under this subchapter.

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

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

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

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

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

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

11 **448.974 Malpractice liability insurance.** (1) Each licensee shall annually
12 submit to the affiliated credentialing board evidence satisfactory to the affiliated
13 credentialing board that the licensee satisfies any of the following:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

3 1. Refrain from engaging in unprofessional conduct.

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

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

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

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

12 6. Cooperate with the affiliated credentialing board.

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

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

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

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

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

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

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

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

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

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

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

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

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

19 **448.9775 Penalties; appeal.**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

9 **SECTION 97.** 609.70 (title) of the statutes is amended to read:

10 **609.70 (title) Chiropractic and spinal medicine coverage.**

11 **SECTION 98.** 628.46 (2m) (a) of the statutes is amended to read:

12 628.46 (2m) (a) Notwithstanding subs. (1) and (2) and except as provided in
13 par. (b), a claim for payment for chiropractic or spinal medicine services is overdue
14 if not paid within 30 days after the insurer receives clinical documentation from the
15 chiropractor or primary spinal care practitioner that the services were provided
16 unless, within those 30 days, the insurer provides to the insured and to the
17 chiropractor or primary spinal care practitioner the written statement under s.
18 632.875 (2).

19 **SECTION 99.** 632.32 (2) (am) of the statutes is amended to read:

20 632.32 (2) (am) “Medical payments coverage” means coverage to indemnify for
21 medical payments or chiropractic payments or both for the protection of all persons
22 using the insured motor vehicle from losses resulting from bodily injury or death.
23 “Medical payments coverage” includes coverage for spinal medicine.

24 **SECTION 100.** 632.64 of the statutes is amended to read:

1 **632.64 Certification of disability.** For the purpose of insurance policies that
 2 they issue, insurers doing a life insurance business in this state shall afford equal
 3 weight to a certification of disability signed by a physician with respect to matters
 4 within the scope of the physician's professional license, to a certification of disability
 5 signed by a chiropractor with respect to matters within the scope of the chiropractor's
 6 professional license, and to a certification of disability signed by a podiatrist with
 7 respect to matters within the scope of the podiatrist's professional license, and to a
 8 certification of a disability signed by a primary spinal care specialist with respect to
 9 matters within the scope of the primary spinal care specialist's professional license.
 10 This section does not require an insurer to treat a certificate of disability as
 11 conclusive evidence of disability.

12 **SECTION 101.** 632.87 (3) (a) (intro.) of the statutes is amended to read:

13 632.87 (3) (a) (intro.) No policy, plan or contract may exclude coverage for
 14 diagnosis and treatment of a condition or complaint by a licensed chiropractor or
 15 licensed primary spinal care practitioner within the scope of the chiropractor's his
 16 or her professional license, if the policy, plan or contract covers diagnosis and
 17 treatment of the condition or complaint by a licensed physician or osteopath, even
 18 if different nomenclature is used to describe the condition or complaint.
 19 Examination by or referral from a physician shall not be a condition precedent for
 20 receipt of chiropractic or spinal medicine care under this paragraph. This paragraph
 21 does not:

22 **SECTION 102.** 632.87 (3) (a) 1. of the statutes is amended to read:

23 632.87 (3) (a) 1. Prohibit the application of deductibles or coinsurance
 24 provisions to chiropractic, spinal medicine, and physician charges on an equal basis.

25 **SECTION 103.** 632.87 (3) (a) 2. of the statutes is amended to read:

Practitioner

Practitioners

1 632.87 (3) (a) 2. Prohibit the application of cost containment or quality
2 assurance measures to chiropractic or spinal medicine services in a manner that is
3 consistent with cost containment or quality assurance measures generally
4 applicable to physician services and that is consistent with this section.

5 **SECTION 104.** 632.87 (3) (b) (intro.) of the statutes is amended to read:

6 632.87 (3) (b) (intro.) No insurer, under a policy, plan or contract covering
7 diagnosis and treatment of a condition or complaint by a licensed chiropractor or
8 licensed primary spinal care practitioner within the scope of ~~the chiropractor's~~ his
9 or her professional license, may do any of the following:

10 **SECTION 105.** 632.87 (3) (b) 1. of the statutes is amended to read:

11 632.87 (3) (b) 1. Restrict or terminate coverage for the treatment of a condition
12 or a complaint by a licensed chiropractor or licensed primary spinal care practitioner
13 within the scope of ~~the chiropractor's~~ his or her professional license on the basis of
14 other than an examination or evaluation by or a recommendation of a licensed
15 chiropractor or licensed primary spinal care practitioner or a peer review committee
16 that includes a licensed chiropractor or licensed primary spinal care practitioner.

17 **SECTION 106.** 632.87 (3) (b) 2. of the statutes is amended to read:

18 632.87 (3) (b) 2. Refuse to provide coverage to an individual because that
19 individual has been treated by a chiropractor or primary spinal care practitioner.

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

21 632.87 (3) (b) 3. Establish underwriting standards that are more restrictive for
22 chiropractic or spinal medicine care than for care provided by other health care
23 providers.

24 **SECTION 108.** 632.87 (3) (b) 4. of the statutes is amended to read:

1 632.87 (3) (b) 4. Exclude or restrict health care coverage of a health condition
2 solely because the condition may be treated by a chiropractor or primary spinal care
3 practitioner.

4 **SECTION 109.** 632.875 (1) (am) of the statutes is created to read:

5 632.875 (1) (am) "primary spinal care practitioner" means a person licensed
6 under s. 448.9725. *licensed*

7 **SECTION 110.** 632.875 (1) (b) of the statutes is amended to read:

8 632.875 (1) (b) "Independent evaluation" means an examination or evaluation
9 by or recommendation of a chiropractor or primary spinal care practitioner or a peer
10 review committee under s. 632.87 (3) (b) 1. *licensed*

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

12 632.875 (1) (c) "Patient" means a person whose treatment by a chiropractor or
13 primary spinal care practitioner is the subject of an independent evaluation. *licensed*

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

15 632.875 (1) (dm) "Treating primary spinal care practitioner" means a primary
16 spinal care practitioner who is treating a patient and whose treatment of the patient
17 is the subject of an independent evaluation. *licensed*

18 **SECTION 113.** 632.875 (2) (intro.) of the statutes is amended to read:

19 632.875 (2) (intro.) If, on the basis of an independent evaluation, an insurer
20 restricts or terminates a patient's coverage for the treatment of a condition or
21 complaint by a chiropractor or primary spinal care practitioner acting within the
22 scope of his or her license and the restriction or termination of coverage results in the
23 patient becoming liable for payment for his or her treatment, the insurer shall,
24 within the time required under s. 628.46 (2m), provide to the patient and to the

licensed

1 treating chiropractor or primary spinal care practitioner a written statement that
2 contains all of the following:

3 **SECTION 114.** 632.875 (2) (b) of the statutes is amended to read:

4 632.875 (2) (b) The name of the treating chiropractor or treating primary spinal
5 care practitioner.

6 **SECTION 115.** 632.875 (3) (a) of the statutes is amended to read:

7 632.875 (3) (a) In this subsection, "claim" means a patient's claim for coverage,
8 under a policy, plan or contract covering diagnosis and treatment of a condition or
9 complaint by a licensed chiropractor or licensed primary spinal care practitioner
10 within the scope of the ~~chiropractor's~~ his or her professional license, the restriction
11 or termination of which coverage is the subject of an independent evaluation.

12 **SECTION 116.** 632.875 (3) (b) of the statutes is amended to read:

licensed

13 632.875 (3) (b) A chiropractor or primary spinal care practitioner who conducts
14 an independent evaluation may not be compensated by an insurer based on a
15 percentage of the dollar amount by which a claim is reduced as a result of the
16 independent evaluation.

17 **SECTION 117.** 632.99 of the statutes is amended to read:

18 **632.99 Certifications of disability.** For the purpose of insurance policies
19 that they issue, every insurer doing a health or disability insurance business in this
20 state shall afford equal weight to a certification of disability signed by a physician
21 with respect to matters within the scope of the physician's professional license, to a
22 certification of disability signed by a chiropractor with respect to matters within the
23 scope of the chiropractor's professional license, and to a certification of disability
24 signed by a podiatrist with respect to matters within the scope of the podiatrist's
25 professional license, and to a certification of a disability signed by a primary spinal

1 care practitioner with respect to matters within the scope of the primary spinal care
2 practitioner's professional license. This section does not require an insurer to treat
3 any certification of disability as conclusive evidence of disability.

4 **SECTION 118.** 655.45 (1) of the statutes is amended to read:

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

11 **SECTION 119.** 895.453 (title) of the statutes is amended to read:

12 **895.453 (title) Payments of chiropractic and spinal medicine services**
13 **from attorney contingency fees.**

14 **SECTION 120.** 895.453 (1) (am) of the statutes is created to read:

15 895.453 (1) (am) "Primary spinal care practitioner" means a person licensed
16 under s. 448.9725.

17 **SECTION 121.** 895.453 (2) (intro.) of the statutes is amended to read:

18 895.453 (2) (intro.) Notwithstanding s. 803.03, if all of the following conditions
19 exist, fees for chiropractic or spinal medicine services provided to an injured person
20 shall be paid out of the amount of fees due to his or her attorney under the
21 contingency fee arrangement made between the person and the attorney:

22 **SECTION 122.** 895.453 (2) (b) of the statutes is amended to read:

23 895.453 (2) (b) The services were provided by a chiropractor or primary spinal
24 care practitioner because of the injuries arising from the motor vehicle accident.

25 **SECTION 123.** 895.453 (2) (e) of the statutes is amended to read:

Insurer 59-16

1 895.453 (2) (e) Prior to the person’s acceptance of the settlement agreement,
2 the chiropractor or primary spinal care practitioner has not been paid for his or her
3 services and has provided written notification to the person’s attorney of the services
4 that were provided to the person.

5 **SECTION 124.** 895.453 (3) of the statutes is amended to read:

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

13 **SECTION 125.** 895.453 (4) (a) of the statutes is amended to read:

14 895.453 (4) (a) The chiropractor or primary spinal care practitioner is eligible
15 for payment for the services provided to the person under any health insurance
16 contract or self-insured health plan.

17 **SECTION 126.** 895.453 (4) (b) of the statutes is amended to read:

18 895.453 (4) (b) The chiropractor or primary spinal care practitioner is eligible
19 for payment for the services provided to the person under any governmental health
20 plan or program, including Medicaid or Medicare.

21 **SECTION 127.** 895.48 (1m) (a) (intro.) of the statutes is amended to read:

22 895.48 (1m) (a) (intro.) Except as provided in par. (b), any physician, physician
23 assistant, podiatrist, primary spinal care practitioner, or athletic trainer licensed
24 under ch. 448, chiropractor licensed under ch. 446, dentist licensed under ch. 447,
25 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 128.** 895.48 (1m) (a) 2. of the statutes is amended to read:

9 895.48 **(1m)** (a) 2. The physician, podiatrist, primary spinal care practitioner,
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 129.** 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, primary spinal**
18 **care practitioner-patient, and professional counselor-patient privilege.**

19 **SECTION 130.** 905.04 (1) (b) of the statutes is amended to read:

20 905.04 **(1)** (b) A communication or information is “confidential” if not intended
21 to be disclosed to 3rd persons other than those present to further the interest of the
22 patient in the consultation, examination, or interview, to persons reasonably
23 necessary for the transmission of the communication or information, or to persons
24 who are participating in the diagnosis and treatment under the direction of the
25 physician, podiatrist, primary spinal care practitioner, registered nurse,

1 chiropractor, psychologist, social worker, marriage and family therapist or
2 professional counselor, including the members of the patient's family.

3 **SECTION 131.** 905.04 (1) (bd) of the statutes is created to read:

4 905.04 (1) (bd) "Primary spinal care practitioner" means a person licensed
5 under s. 448.9725 or a person reasonably believed by the patient to be a primary
6 spinal care practitioner.

7 **SECTION 132.** 905.04 (1) (c) of the statutes is amended to read:

8 905.04 (1) (c) "Patient" means an individual, couple, family or group of
9 individuals who consults with or is examined or interviewed by a physician,
10 podiatrist, primary spinal care practitioner, registered nurse, chiropractor,
11 psychologist, social worker, marriage and family therapist or professional counselor.

12 **SECTION 133.** 905.04 (2) of the statutes is amended to read:

13 905.04 (2) GENERAL RULE OF PRIVILEGE. A patient has a privilege to refuse to
14 disclose and to prevent any other person from disclosing confidential
15 communications made or information obtained or disseminated for purposes of
16 diagnosis or treatment of the patient's physical, mental or emotional condition,
17 among the patient, the patient's physician, the patient's podiatrist, the patient's
18 primary spinal care practitioner, the patient's registered nurse, the patient's
19 chiropractor, the patient's psychologist, the patient's social worker, the patient's
20 marriage and family therapist, the patient's professional counselor or persons,
21 including members of the patient's family, who are participating in the diagnosis or
22 treatment under the direction of the physician, podiatrist, primary spinal care
23 practitioner, registered nurse, chiropractor, psychologist, social worker, marriage
24 and family therapist or professional counselor.

25 **SECTION 134.** 905.04 (3) of the statutes is amended to read:

1 905.04 (3) WHO MAY CLAIM THE PRIVILEGE. The privilege may be claimed by the
2 patient, by the patient’s guardian or conservator, or by the personal representative
3 of a deceased patient. The person who was the physician, podiatrist, primary spinal
4 care practitioner, registered nurse, chiropractor, psychologist, social worker,
5 marriage and family therapist or professional counselor may claim the privilege but
6 only on behalf of the patient. The authority so to do is presumed in the absence of
7 evidence to the contrary.

8 **SECTION 135.** 905.04 (4) (a) of the statutes is amended to read:

9 905.04 (4) (a) *Proceedings for commitment, guardianship, protective services,*
10 *or protective placement or for control, care, or treatment of a sexually violent person.*
11 There is no privilege under this rule as to communications and information relevant
12 to an issue in probable cause or final proceedings to commit the patient for mental
13 illness under s. 51.20, to appoint a guardian in this state, for court-ordered
14 protective services or protective placement, for review of guardianship, protective
15 services, or protective placement orders, or for control, care, or treatment of a
16 sexually violent person under ch. 980, if the physician, registered nurse, primary
17 spinal care practitioner, chiropractor, psychologist, social worker, marriage and
18 family therapist, or professional counselor in the course of diagnosis or treatment
19 has determined that the patient is in need of commitment, guardianship, protective
20 services, or protective placement or control, care, and treatment as a sexually violent
21 person.

22 **SECTION 136.** 905.04 (4) (e) 3. of the statutes is amended to read:

23 905.04 (4) (e) 3. There is no privilege in situations where the examination of
24 the expectant mother of an abused unborn child creates a reasonable ground for an
25 opinion of the physician, registered nurse, primary spinal care practitioner,

as defined in s. 448.97(5)

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

6 **SECTION 137.** 949.01 (4) of the statutes is amended to read:

7 949.01 (4) "Medical treatment" includes medical, surgical, dental, optometric,
8 chiropractic, podiatric, spinal medicine, and hospital care; medicines; medical,
9 dental and surgical supplies; crutches; artificial members; appliances and training
10 in the use of artificial members and appliances. "Medical treatment" includes any
11 Christian Science treatment for cure or relief from the effects of injury.

12 **SECTION 138.** 949.04 (3) of the statutes is amended to read:

13 949.04 (3) **MEDICAL AND DENTAL RECORDS.** The applicant shall submit to the
14 department reports from all physicians, osteopaths, dentists, optometrists,
15 chiropractors or, podiatrists, or primary spinal care practitioners who treated or
16 examined the victim at the time of or subsequent to the victim's injury or death. The
17 department may also order such other examinations and reports of the victim's
18 previous medical and dental history, injury or death as it believes would be of
19 material aid in its determination.

20 **SECTION 139.** 961.01 (19) (a) of the statutes is amended to read:

21 961.01 (19) (a) A physician, advanced practice nurse, dentist, veterinarian,
22 podiatrist, primary spinal care practitioner, optometrist, scientific investigator or,
23 subject to s. 448.21 (3), a physician assistant, or other person licensed, registered,
24 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 140. Nonstatutory provisions.**

4 (1) BOARD; STAGGERING OF TERMS. Notwithstanding the length of terms specified
5 for the members of the spinal medicine affiliated credentialing board under section
6 15.406 (7) of the statutes, as created by this act, one of the initial members shall be
7 appointed for a term expiring on July 1, 2017; one of the initial members shall be
8 appointed for a term expiring on July 1, 2018; one of the initial members shall be
9 appointed for a term expiring on July 1, 2019; one of the initial members shall be
10 appointed for a term expiring on July 1, 2020; and the remaining initial member
11 shall be appointed for a term expiring on July 1, 2021.

12 (2) BOARD; CREDENTIALS OF INITIAL MEMBERS. Notwithstanding section 15.406 (7)
13 (a) of the statutes, as created by this act, the initial members appointed to the spinal
14 medicine affiliated credentialing board under section 15.406 (7) (a) of the statutes,
15 as created by this act, need not be licensed under subchapter VIII of chapter 448 of
16 the statutes, as created by this act, but shall be chiropractors licensed under chapter
17 446 of the statutes.

18 (END)

2015-2016 DRAFTING INSERT
FROM THE
LEGISLATIVE REFERENCE BUREAU

LRB-3787/lins
MPG:cjs

1

INSERT 54-8

2 **SECTION 1.** 600.03 (38s) of the statutes is created to read:

3 ✓ 600.03 (38s) "Primary spinal care practitioner" has the meaning given in s.
4 ✓ 448.971 (4).

5 **SECTION 2.** 600.03 (41s) of the statutes is created to read:

6 ✓ 600.03 (41s) "Spinal medicine" has the meaning given in s. 448.971 (5). ✓

END INSERT 54-8

INSERT 59-16

7 **SECTION 3.** ✓ 895.453 (1) (cm) of the statutes is created to read:

8 895.453 (1) (cm) "Spinal medicine" has the meaning given in s. 448.971 (5). ✓

END INSERT 59-16