1	448.956 (4) If a licensee or the consulting physician of the licensee determines
2	that a patient's medical condition is beyond the scope of practice of the licensee, the
3	licensee shall, in accordance with the protocol established under sub. (1) (a), refer the
4	patient to a health care practitioner who is licensed under ch. 446 or 447 or subch.
5	II, III or, IV, or VIII of ch. 448 and who can provide appropriate treatment to the
6	patient.
7	Section 90. Subchapter VIII of chapter 448 [precedes 448.971] of the statutes
8	is created to read:
9	CHAPTER 448
10	SUBCHAPTER VIII
11	CHIROPRACTIC MEDICINE AFFILIATED
12	CREDENTIALING BOARD
13	448.971 Definitions. In this subchapter:
14	(1) "Affiliated credentialing board" means the chiropractic medicine affiliated
15	credentialing board.
16	(2) "Doctor of chiropractic medicine" means an individual possessing the
17	degree of doctor of chiropractic medicine and surgery or equivalent degree as
18	determined by the affiliated credentialing board.
19/	(3) "Chiropractic medicine" or "chiropractic medicine and surgery" means the
20	integration and application of the practice of chiropractic and the practice of
21	medicine and surgery that is limited to conditions of the spine and of the
22)	musculoskeletal, neuromuscular, and nervous systems. The practice of chiropractic
23)	medicine includes prescribing and administering drugs but does not include
(b)	administering a general anesthetic except under the direction of a person licensed
25	to practice medicine and surgery under subch. II.
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H (4)	Surgery 0

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- (4) "Licensee" means a person who is licensed under s. 448.9725.
- (5) "Practice of chiropractic" has the meaning given in s. 446.01 (2).
- 448.9715 License required. (1) Except as provided in ss. 257.03 and 448.972, no person may practice chiropractic medicine, designate himself or herself as a doctor of chiropractic medicine, use or assume the title "doctor of chiropractic medicine," or append to the person's name the letters "D.C.M.," or any other title, letters, or designation that represents or may tend to represent the person as a doctor of chiropractic medicine unless the person is a licensee.
- (2) (a) A doctor of chiropractic medicine shall evaluate each patient before commencing treatment of the patient to determine whether the patient has a condition that is treatable by the practice of chiropractic medicine. The evaluation shall be based upon an examination that is appropriate to the patient.
- (b) A doctor of chiropractic medicine shall discontinue the practice of chiropractic medicine on a patient if, at any time after the evaluation under par. (a) or during or following treatment of the patient, the doctor of chiropractic medicine determines or reasonably believes that the patient's condition is not treatable by the practice of chiropractic medicine, or will not respond to further practice of chiropractic medicine by the doctor of chiropractic medicine, except that a doctor of chiropractic medicine may provide maintenance, supportive, and wellness care to the patient if the patient is being treated by another health care professional.
- (c) A doctor of chiropractic medicine who discontinues the practice of chiropractic medicine as required in par. (b) shall inform the patient of the reason for discontinuing the practice of chiropractic medicine and shall refer the patient to a physician. A doctor of chiropractic medicine may continue to provide maintenance, supportive, and wellness care to a patient referred under this paragraph who

requests these services from the doctor of chiropractic medicine. A referral under
this paragraph shall describe the doctor of chiropractic medicine's findings. If the
referral is written, the doctor of chiropractic medicine shall provide the patient with
a copy and shall maintain a copy in the patient's records. If the referral is oral, the
doctor of chiropractic medicine shall communicate the referral directly to the
physician, shall notify the patient about the referral, and shall make a written record
of the oral referral. The written record of the oral referral shall include the name of
the physician to whom the patient was referred and the date of the referral. The
doctor of chiropractic medicine shall maintain a copy of the written record of the oral
referral in the patient's records.

- **448.972 Applicability.** This subchapter does not require a license for any of the following:
- (1) A person lawfully practicing within the scope of a license, permit, registration, or certification granted by this state or the federal government.
- (2) A person assisting a doctor of chiropractic medicine under the direct, on-premises supervision of the doctor of chiropractic medicine.
- (3) A student enrolled in a doctor of chiropractic medicine and surgery program approved by the affiliated credentialing board under s. 448.973 if the student is engaged in activities required under that program.
- (4) A person performing the gratuitous domestic administration of family remedies.
- (5) A person furnishing medical assistance or first aid at the scene of an emergency.

credentialing board, all of the following:

1	448.9725 Licensure of doctors of chiropractic medicine. (1) The
2	affiliated credentialing board shall grant a license as a doctor of chiropractic
3	medicine to a person who does all of the following:
4	(a) Submits an application for the license to the department on a form provided
5	by the department.
6	(b) Pays the fee specified in s. 440.05 (1).
7	(c) Subject to ss. 111.321, 111.322, and 111.335, submits evidence satisfactory
8	to the affiliated credentialing board that the applicant does not have an arrest or
9	conviction record.
10	(d) Submits evidence satisfactory to the affiliated credentialing board
11	establishing all of the following:
12	1. That the applicant has practiced as a licensed chiropractor in good standing
13	with the chiropractic examining board for at least two years and remains a licensed
14	chiropractor in good standing with the chiropractic examining board under ch. 446.
15	2. That the applicant is a graduate of a master of science degree program in
(16)	chiropractic medicine and surgery approved by the affiliated credentialing board
17	under s. 448.973 and possesses a diploma from that program conferring the degree
18)	of doctor of chiropractic medicine and surgery or equivalent degree as determined by
197	the affiliated credentialing board. The affiliated credentialing board may waive the
20	requirements under this subdivision if the applicant is a physician, advanced
21	practice nurse prescriber certified under s. 441.16 (2), or physician assistant.
22	(2) The affiliated credentialing board may waive the requirements under sub.
23	(1) (d) for an applicant who establishes, to the satisfaction of the affiliated

following subjects:

1	(a) That the applicant is a graduate of a chiropractic medicine school or
2	program.
3	(b) That the applicant is licensed as a doctor of chiropractic medicine by another
4	licensing jurisdiction in the United States.
5	(c) That the jurisdiction in which the applicant is licensed required the
6	applicant to be a graduate of a school or program approved by the licensing
7	jurisdiction or of a school or program that the licensing jurisdiction evaluated for
8	education equivalency.
9	(d) That the applicant has actively practiced chiropractic medicine, under the
10	license issued by the other licensing jurisdiction in the United States, for at least 3
11	years immediately preceding the date of his or her application for a license under this
12	subchapter.
13	(3) The affiliated credentialing board may promulgate rules providing for
14	various classes of temporary licenses to practice chiropractic medicine.
15	(4) If the affiliated credentialing board finds, based upon considerations of
16	public health and safety, that an applicant has not demonstrated adequate
17	education, training, or performance on examinations or in past practice, if any, to
18	qualify for full licensure under sub. (1), the board may grant the applicant a limited
19	license and shall so notify the applicant.
20	448.973 Education. The affiliated credentialing board shall approve a master
21)	of science degree program in chiropractic medicine and surgery that is accredited by
22	the Higher Learning Commission or an equivalent accrediting body, as determined
23	by the affiliated credentialing board, and that includes all of the following:
24	(1) At least 60 hours of instruction, including classroom instruction, in the

1	(a) Causes of spinal pain and differential diagnosis.
2	(b) Case management and coordination of care in spinal pain patients.
3	(c) Spinal injuries, correlated with diagnostic imaging.
4	(d) Public health issues and epidemiology of spinal pain conditions.
5	(e) Pharmacology.
	****Note: Let me know what you want to include for a minimum number of hours of instruction in pharmacology.
6	(f) Nutrition for musculoskeletal health.
7	(g) Interpreting research and applying evidence in spine care practice.
8	(2) At least 500 clinical rotation hours under the supervision of a physician.
9)	(3) An examination in chiropractic medicine and surgery approved by the
LO -	affiliated credentialing board.
11	448.9735 Issuance of license; expiration and renewal; duplicate
12	license. (1) The department shall issue a certificate of licensure to each person who
13	is licensed under this subchapter.
L 4	(2) (a) The renewal date for a license granted under this subchapter, other than
15	a temporary license granted under rules promulgated under s. 448.9725 (3), is
16	specified under s. 440.08 (2) (a).
17	(b) Renewal applications shall be submitted to the department on a form
18	provided by the department and shall be accompanied by all of the following:
19	1. The renewal fee determined by the department under s. 440.03 (9) (a).
20	2. Proof of completion of continuing education requirements in s. 448.975.
21	3. Proof of current licensure by the chiropractic examining board under ch. 446,
22	unless the affiliated credentialing board waives that requirement under s. 448.9725
23	(2).

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- (3) A licensee whose license is lost, stolen, or destroyed may apply to the department for a duplicate license. Duplicate license applications shall be submitted to the department on a form provided by the department and shall be accompanied by the fee specified under s. 440.05 (7) and an affidavit describing the circumstances of the loss, theft, or destruction of the license. Upon receipt of an application under this subsection, the department shall issue a duplicate license bearing on its face the word "duplicate".
- 448.974 Malpractice liability insurance. (1) Each licensee shall annually submit to the affiliated credentialing board evidence satisfactory to the affiliated credentialing board that the licensee satisfies any of the following:
- (a) The licensee has in effect malpractice liability insurance coverage in the amount of at least \$1,000,000 per occurrence and \$1,000,000 for all occurrences in one year.
 - (b) The licensee meets all of the following conditions:
 - 1. The licensee's principal place of practice is not in this state.
- 2. The licensee will not be engaged in the practice of chiropractic medicine in this state for more than 240 hours during the following 12 months.
- 3. The licensee has in effect malpractice liability insurance coverage that covers services provided by the licensee to patients in this state and that is in any of the following amounts:
- a. At least the minimum amount of malpractice liability insurance coverage that is required under the laws of the state in which the affiliated credentialing board determines that the licensee's principal place of practice is located.
- b. If the licensee is not required under the laws of the state in which the affiliated credentialing board determines that the licensee's principal place of

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- Inractice liability
- practice is located to have in effect a minimum amount of malpractice liability insurance coverage, at least the minimum amount of malpractice liability insurance coverage that the affiliated credentialing board determines is necessary to protect the public.
- (2) A licensee's principal place of practice is not in this state for purposes of sub.

 (1) (b) if the affiliated credentialing board determines that, during the following 12 months, any of the following applies:
- (a) More than 50 percent of the licensee's practice will be performed outside this state.
- (b) More than 50 percent of the income from the licensee's practice will be derived from outside this state.
- (c) More than 50 percent of the licensee's patients will be treated by the licensee outside this state.
- (3) The affiliated credentialing board may suspend, revoke, or refuse to issue or renew the license of a person who fails to procure or to submit proof of the malpractice liability insurance coverage required under sub. (1).
- 448.9745 Malpractice. Except as provided in s. 257.03, a person who practices chiropractic medicine without a license under s. 448.9725 may be liable for malpractice, and the person's ignorance of a duty ordinarily performed by a doctor of chiropractic medicine shall not limit his or her liability for an injury arising from his or her practice of chiropractic medicine.
- 448.975 Continuing education. (1) (a) 1. The affiliated credentialing board shall promulgate rules establishing requirements and procedures for licensees to complete continuing education programs or courses of study in order to qualify for renewal of a license granted under this subchapter.

- 2. The rules shall allow for program sponsors, as defined in s. 446.028, to conduct continuing education programs.
 - 3. The rules shall require each licensee to complete at least 50 hours of approved continuing education within each 2-year period immediately preceding the renewal date specified under s. 440.08 (2) (a).
 - (b) 1. A licensee may apply up to 40 of the 50 continuing education hours required under par. (a) toward the continuing education requirements for chiropractors under ch. 446, as determined by the chiropractic examining board.
 - 2. At least 25 of the 50 continuing education hours required under par. (a) shall include evidence–based pharmacology and medical procedures–based training.
 - (2) The affiliated credentialing board may waive all or part of the requirements under sub. (1) if the affiliated credentialing board determines that prolonged illness, disability, or other exceptional circumstances prevented a licensee from completing the requirements.
 - 448.9755 Fee splitting and billing requirements. (1) FEE SPLITTING. No licensee may give or receive, directly or indirectly, to or from any other person any fee, commission, rebate, or other form of compensation or anything of value for sending, referring, or otherwise inducing a person to communicate with a licensee in a professional capacity, or for any professional services not actually rendered personally by the licensee or at the licensee's direction.
 - (2) Separate billing required. Except as provided in sub. (4), a licensee who renders any chiropractic medicine service or assistance, or gives any chiropractic medicine advice or any similar advice or assistance, to any patient, doctor of chiropractic medicine, chiropractor, physician, physician assistant, advanced practice nurse prescriber certified under s. 441.16 (2), partnership, or corporation,

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or to any other institution or organization, including a hospital, for which a charge is made to a patient, shall, except as authorized by Title 18 or Title 19 of the federal Social Security Act, render an individual statement or account of the charge directly to the patient, distinct and separate from any statement or account by any other doctor of chiropractic medicine, chiropractor, physician, physician assistant, advanced practice nurse prescriber, or other person.

- (3) BILLING FOR TESTS PERFORMED BY THE STATE LABORATORY OF HYGIENE. A licensee who charges a patient, other person, or 3rd-party payer for services performed by the state laboratory of hygiene shall identify the actual amount charged by the state laboratory of hygiene and shall restrict charges for those services to that amount.
- (4) BILLING BY ENTITY. If 2 or more licensees form an entity for the practice of chiropractic medicine, the entity may not render a single bill for health care services provided in the name of the entity unless each individual licensed, registered, or certified under this chapter or ch. 446, 449, 450, 455, 457, or 459, who provides services is individually identified on the bill as having rendered those services.
- 448.976 Disciplinary proceedings and actions. (1) In this section, "unprofessional conduct" means an act or attempted act of commission or omission, as defined by the affiliated credentialing board by rule, or an act by a doctor of chiropractic medicine otherwise in violation of this subchapter or in violation of ch. 446, 450, or 961.
- (2) Investigation; Hearing; action. (a) 1. The affiliated credentialing board shall investigate allegations of unprofessional conduct and negligence in the practice of chiropractic medicine. The affiliated credentialing board shall refer an allegation of a violation of ch. 446 to the chiropractic examining board for investigation, unless

- the alleged conduct also involves a violation of this subchapter or ch. 450 or 961, in which case the affiliated credentialing board and the chiropractic examining board shall consult concerning the investigation.
 - 2. The affiliated credentialing board shall investigate information contained in reports filed with the affiliated credentialing board under s. 49.45 (2) (a) 12r., 50.36 (3) (b), 609.17, or 632.715, or under 42 CFR 1001.2005.
 - 3. The affiliated credentialing board may use information contained in a report filed with the affiliated credentialing board under s. 50.36 (3) (c) as the basis of an investigation of a person named in the report.
 - 4. The affiliated credentialing board may require a person to undergo and may consider the results of a physical, mental, or professional competency examination if the affiliated credentialing board believes that the results of the examination may be useful to the affiliated credentialing board in conducting an investigation under this paragraph.
 - (b) 1. After an investigation, if the affiliated credentialing board finds that there is probable cause to believe that a person is guilty of unprofessional conduct or negligence in the practice of chiropractic medicine, the affiliated credentialing board shall hold a hearing.
 - 2. The affiliated credentialing board may require a person to undergo and may consider the results of a physical, mental, or professional competency examination if the affiliated credentialing board believes that the results of the examination may be useful to the affiliated credentialing board in conducting a hearing under subd.

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 - 3. A finding by a court that a person has acted negligently in the practice of chiropractic medicine is conclusive evidence that the person is guilty of that

- negligence. A certified copy of the order of a court is presumptive evidence that the finding of negligence was made.
 - 4. The affiliated credentialing board shall render a decision within 90 days after the date on which a hearing is held under subd. 1. or, if subsequent proceedings are conducted under s. 227.46 (2), within 90 days after the date on which those proceedings are completed.
 - (c) 1. After a disciplinary hearing under par. (b), the affiliated credentialing board may, when it determines that a court has found that a person has been negligent in the practice of chiropractic medicine or when it finds a person guilty of unprofessional conduct or negligence in the practice of chiropractic medicine, warn or reprimand that person, or limit, suspend, or revoke the person's license granted by the affiliated credentialing board.
 - 2. The affiliated credentialing board may condition the removal of limitations on a license, or the restoration of a suspended or revoked license, upon obtaining minimum results specified by the affiliated credentialing board on a physical, mental, or professional competency examination if the affiliated credentialing board believes that obtaining the minimum results is related to correcting one or more of the bases upon which the limitation, suspension, or revocation was imposed.
 - (d) A person whose license under this subchapter is limited shall be permitted to continue practice if the he or she agrees to do all of the following:
 - 1. Refrain from engaging in unprofessional conduct.
 - 2. Appear before the affiliated credentialing board or its officers or agents at such times and places designated by the affiliated credentialing board.
 - 3. Fully disclose to the affiliated credentialing board or its officers or agents the nature of the person's practice and conduct.

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- 4. Fully comply with the limits placed on the person's practice and conduct by the affiliated credentialing board.
 - 5. Obtain additional training, education or supervision required by the affiliated credentialing board.
 - 6. Cooperate with the affiliated credentialing board.
 - (e) Unless a suspended license is revoked during the period of suspension, upon expiration of the period of suspension the affiliated credentialing board shall reinstate the person's license, except that the affiliated credentialing board may, as a condition precedent to the reinstatement of the license, require the person to pass any examination required for the original grant of the license.
 - (f) The affiliated credentialing board shall comply with rules of procedure for the investigation, hearing, and action promulgated by the department under s. 440.03 (1).
 - (3) Suspension pending hearing. (a) The affiliated credentialing board may summarily suspend a license granted by the affiliated credentialing board for a period not to exceed 30 days pending hearing if the affiliated credentialing board has in its possession evidence establishing probable cause to believe that the licensee has violated the provisions of this subchapter and that it is necessary to suspend the license immediately to protect the public health, safety, or welfare. The licensee shall be granted an opportunity to be heard before the affiliated credentialing board decides whether probable cause exists.
 - (b) The affiliated credentialing board may designate any of its officers to exercise the authority to suspend summarily a license, for a period not exceeding 72 hours.

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- (c) If a license has been summarily suspended under par. (a) or (b), the affiliated credentialing board may, while the hearing is in progress, extend the initial period of suspension for not more than an additional 30 days, except that if the licensee has caused a delay in the hearing process, the affiliated credentialing board may suspend the license from the time the hearing is commenced until a final decision is issued or may delegate such authority to the hearing examiner.
- (4) VOLUNTARY SURRENDER. The affiliated credentialing board may negotiate stipulations in consideration for accepting the surrender of a license under s. 440.19.
- (5) RESTORATION OF A LICENSE. The affiliated credentialing board may restore a license that has been voluntarily surrendered or revoked on such terms and conditions as it considers appropriate.
- 448.9765 Hospital reports. (1) Within 30 days after receipt of a report under s. 50.36 (3) (c), the affiliated credentialing board shall notify the licensee, in writing, of the substance of the report. The licensee and the licensee's authorized representative may examine the report and may place into the record a statement, of reasonable length, of the licensee's view of the correctness or relevance of any information in the report. The licensee may institute an action in circuit court to amend or expunge any part of the licensee's record related to the report.
- (2) If the affiliated credentialing board determines that a report submitted under s. 50.36 (3) (c) is without merit or that the licensee has sufficiently improved his or her conduct, the affiliated credentialing board shall remove the report from the licensee's record. If no report about a licensee is filed under s. 50.36 (3) (c) for 2 consecutive years, the licensee may petition the affiliated credentialing board to remove any prior reports not resulting in disciplinary action from his or her record.
 - (3) (a) In this subsection, "hospital" has the meaning specified in s. 50.33 (2).

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- (b) Upon the request of a hospital, the affiliated credentialing board shall provide the hospital with all information relating to a licensee's loss, reduction, or suspension of staff privileges from other hospitals and all information relating to the licensee's being found guilty of unprofessional conduct or negligence in the practice of chiropractic medicine under s. 448.976.
- 448.977 Injunctive relief. If the affiliated credentialing board has reason to believe that a person is violating this subchapter or a rule promulgated under this subchapter, the affiliated credentialing board, the department, the attorney general, or the district attorney of the proper county may investigate and may, in addition to all other remedies, bring an action in the name and on behalf of this state to enjoin the person from the violation.

448.9775 Penalties; appeal.

- (1) PENALTIES. (a) Except as provided in par. (b), a person who violates a provision of this subchapter or a rule promulgated under this subchapter may be fined not more than \$10,000 or imprisoned for not more than 9 months or both.
 - (b) A person who violates s. 448.9755 (3) may be fined not more than \$250.
- (2) APPEAL. A person aggrieved by an action taken under this subchapter by the affiliated credentialing board, its officers, or its agents may apply for judicial review as provided in ch. 227, and shall file notice of such appeal with the affiliated credentialing board within 30 days. No court of this state may enter an ex parte stay of an action taken by the affiliated credentialing board under this subchapter.
- 448.978 Rules. The affiliated credentialing board shall promulgate rules defining the acts or attempted acts of commission or omission that constitute unprofessional conduct under s. 448.976 (1).

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448.9785 Informed consent. Any doctor of chiropractic medicine who treats
a patient shall inform the patient about the availability of reasonable alternate
modes of treatment and about the benefits and risks of these treatments. The
reasonable doctor of chiropractic medicine standard is the standard for informing a
patient under this section. The reasonable doctor of chiropractic medicine standard
requires disclosure only of information that a reasonable doctor of chiropractic
medicine would know and disclose under the circumstances. The doctor of
chiropractic medicine's duty to inform the patient under this section does not require
disclosure of any of the following:

- (1) Detailed technical information that in all probability a patient would not understand.
 - (2) Risks apparent or known to the patient.
- (3) Extremely remote possibilities that might falsely or detrimentally alarm the patient.
- (4) Information in emergencies where failure to provide treatment would be more harmful to the patient than treatment.
 - (5) Information in cases where the patient is incapable of consenting.
- (6) Information about alternate modes of treatment for any condition the doctor of chiropractic medicine has not included in his or her diagnosis at the time the doctor of chiropractic medicine informs the patient.
- Section 91. Subchapter VIII of chapter 448 [precedes 448.980] of the statutes, as created by 2015 Wisconsin Act 116, is renumbered subchapter IX of chapter 448 [precedes 448.980].
 - **SECTION 92.** 450.10 (3) (a) 5. of the statutes is amended to read:

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

Section 93. 450.11 (8) (f) of the statutes is created to read:

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

Section 94. 454.02 (2) (a) of the statutes is amended to read:

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

Section 95. 462.02 (2) (g) of the statutes is created to read:

462.02 (2) (g) A doctor of chiropractic medicine licensed under s. 448.9725 or a person under the direct supervision of such a doctor of chiropractic medicine, if the person has successfully completed a course of instruction approved by the chiropractic examining board related to X-ray examinations.

Section 96. 462.04 of the statutes is amended to read:

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

SECTION 97

SECTION 97. 609.70	(title	of th	e statutes	is	amended	to	read	l:
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609.70 (title) Chiropractic and chiropractic medicine coverage.

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

628.46 (2m) (a) Notwithstanding subs. (1) and (2) and except as provided in par. (b), a claim for payment for chiropractic <u>or chiropractic medicine</u> services is overdue if not paid within 30 days after the insurer receives clinical documentation from the chiropractor <u>or doctor of chiropractic medicine</u> that the services were provided unless, within those 30 days, the insurer provides to the insured and to the chiropractor <u>or doctor of chiropractic medicine</u> the written statement under s. 632.875 (2).

Section 99. 632.32 (2) (am) of the statutes is amended to read:

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

Section 100. 632.64 of the statutes is amended to read:

632.64 Certification of disability. For the purpose of insurance policies that they issue, insurers doing a life insurance business in this state shall afford equal weight to a certification of disability signed by a physician with respect to matters within the scope of the physician's professional license, to a certification of disability signed by a chiropractor with respect to matters within the scope of the chiropractor's professional license, and to a certification of disability signed by a podiatrist with respect to matters within the scope of the podiatrist's professional license, and to a certification of a disability signed by a doctor of chiropractic medicine with respect to matters within the scope of the doctor of chiropractic medicine's professional

1	license. This section does not require an insurer to treat a certificate of disability as
2	conclusive evidence of disability.
3	Section 101. 632.87 (3) (a) (intro.) of the statutes is amended to read:
4	632.87 (3) (a) (intro.) No policy, plan or contract may exclude coverage for
5	diagnosis and treatment of a condition or complaint by a licensed chiropractor or
6	licensed doctor of chiropractic medicine within the scope of the chiropractor's his or
7	her professional license, if the policy, plan or contract covers diagnosis and treatment
8	of the condition or complaint by a licensed physician or osteopath, even if different
9	nomenclature is used to describe the condition or complaint. Examination by or
10	referral from a physician shall not be a condition precedent for receipt of chiropractic
11	or chiropractic medicine care under this paragraph. This paragraph does not:
12	Section 102. 632.87 (3) (a) 1. of the statutes is amended to read:
13	632.87 (3) (a) 1. Prohibit the application of deductibles or coinsurance
14	provisions to chiropractic, chiropractic medicine, and physician charges on an equal
15	basis.
16	SECTION 103. 632.87 (3) (a) 2. of the statutes is amended to read:
17	632.87 (3) (a) 2. Prohibit the application of cost containment or quality
18	assurance measures to chiropractic or chiropractic medicine services in a manner
19	that is consistent with cost containment or quality assurance measures generally
20	applicable to physician services and that is consistent with this section.
21	Section 104. 632.87 (3) (b) (intro.) of the statutes is amended to read:
22	632.87 (3) (b) (intro.) No insurer, under a policy, plan or contract covering
23	diagnosis and treatment of a condition or complaint by a licensed chiropractor or
24	licensed doctor of chiropractic medicine within the scope of the chiropractor's his or

her professional license, may do any of the following:

Section 105. 632.87 (3) (b) 1. of the statutes is amended to read:
632.87 (3) (b) 1. Restrict or terminate coverage for the treatment of a condition
or a complaint by a licensed chiropractor or licensed doctor of chiropractic medicin
within the scope of the chiropractor's his or her professional license on the basis
other than an examination or evaluation by or a recommendation of a license
chiropractor or licensed doctor of chiropractic medicine or a peer review committee
that includes a licensed chiropractor or licensed doctor of chiropractic medicine.
Section 106. 632.87 (3) (b) 2. of the statutes is amended to read:
632.87 (3) (b) 2. Refuse to provide coverage to an individual because the
individual has been treated by a chiropractor or doctor of chiropractic medicine.
SECTION 107. 632.87 (3) (b) 3. of the statutes is amended to read:
632.87 (3) (b) 3. Establish underwriting standards that are more restrictive f
chiropractic or chiropractic medicine care than for care provided by other health ca
providers.
Section 108. 632.87 (3) (b) 4. of the statutes is amended to read:
632.87 (3) (b) 4. Exclude or restrict health care coverage of a health condition
solely because the condition may be treated by a chiropractor or doctor of chiropract
medicine.
SECTION 109. 632.875 (1) (am) of the statutes is created to read:
632.875 (1) (am) "Doctor of chiropractic medicine" means a person license
under s. 448.9725.
Section 110. 632.875 (1) (b) of the statutes is amended to read:
632.875 (1) (b) "Independent evaluation" means an examination or evaluation
by or recommendation of a chiropractor or doctor of chiropractic medicine or a pe
review committee under s. 632.87 (3) (b) 1.

1	SECTION 111. 632.875 (1) (c) of the statutes is amended to read:
2	632.875 (1) (c) "Patient" means a person whose treatment by a chiropractor or
3	doctor of chiropractic medicine is the subject of an independent evaluation.
4	Section 112. 632.875 (1) (dm) of the statutes is created to read:
5	632.875 (1) (dm) "Treating doctor of chiropractic medicine" means a doctor of
6	chiropractic medicine who is treating a patient and whose treatment of the patient
7	is the subject of an independent evaluation.
8	SECTION 113. 632.875 (2) (intro.) of the statutes is amended to read:
9	632.875 (2) (intro.) If, on the basis of an independent evaluation, an insurer
10	restricts or terminates a patient's coverage for the treatment of a condition or
11	complaint by a chiropractor or doctor of chiropractic medicine acting within the scope
12	of his or her license and the restriction or termination of coverage results in the
13	patient becoming liable for payment for his or her treatment, the insurer shall,
14	within the time required under s. 628.46 (2m), provide to the patient and to the
15	treating chiropractor or doctor of chiropractic medicine a written statement that
16	contains all of the following:
17	Section 114. 632.875 (2) (b) of the statutes is amended to read:
18	632.875 (2) (b) The name of the treating chiropractor or treating doctor of
19	chiropractic medicine.
20	Section 115. 632.875 (3) (a) of the statutes is amended to read:
21	632.875 (3) (a) In this subsection, "claim" means a patient's claim for coverage,
22	under a policy, plan or contract covering diagnosis and treatment of a condition or
23	complaint by a licensed chiropractor or licensed doctor of chiropractic medicine
24	within the scope of the chiropractor's his or her professional license, the restriction
25	or termination of which coverage is the subject of an independent evaluation.

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

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

Section 117. 632.99 of the statutes is amended to read:

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

Section 118. 655.45 (1) of the statutes is amended to read:

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

Section 119. 895.453 (title) of the statutes is amended to read:

1	895.453 (title) Payments of chiropractic and chiropractic medicine
2	services from attorney contingency fees.
3	Section 120. 895.453 (1) (am) of the statutes is created to read:
4	895.453 (1) (am) "Doctor of chiropractic medicine" means a person licensed
5	under s. 448.9725.
6	SECTION 121. 895.453 (2) (intro.) of the statutes is amended to read:
7	895.453 (2) (intro.) Notwithstanding s. 803.03, if all of the following conditions
8	exist, fees for chiropractic or chiropractic medicine services provided to an injured
9	person shall be paid out of the amount of fees due to his or her attorney under the
10	contingency fee arrangement made between the person and the attorney:
11	Section 122. 895.453 (2) (b) of the statutes is amended to read:
12	895.453 (2) (b) The services were provided by a chiropractor or doctor of
13	chiropractic medicine because of the injuries arising from the motor vehicle accident.
14	Section 123. 895.453 (2) (e) of the statutes is amended to read:
15	895.453 (2) (e) Prior to the person's acceptance of the settlement agreement,
16	the chiropractor or doctor of chiropractic medicine has not been paid for his or her
17	services and has provided written notification to the person's attorney of the services
18	that were provided to the person.
19	Section 124. 895.453 (3) of the statutes is amended to read:
20	895.453 (3) Except as provided in sub. (4), if the conditions under sub. (2) are
21	met, the distribution of the amount due under the contingency fee arrangement shall
22	be allocated on a pro rata basis between the person's attorney and each chiropractor
23	and doctor of chiropractic medicine who provided services, based on the percentage
24	obtained by comparing the outstanding fees owed to the attorney and each

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chiropractor <u>and doctor of chiropractic medicine</u> to the aggregate outstanding attorney and, chiropractic, <u>and chiropractic medicine</u> fees.

Section 125. 895.453 (4) (a) of the statutes is amended to read:

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

Section 126. 895.453 (4) (b) of the statutes is amended to read:

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

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

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

Section 128. 895.48 (1m) (a) 2. of the statutes is amended to read:

895.48 (1m) (a) 2. The physician, podiatrist, <u>doctor of chiropractic medicine</u>, athletic trainer, chiropractor, dentist, emergency medical technician, first responder,

phy	physician assistant, registered nurse, massage therapist or bodywork therapist does										
not	receive	compensation	for	the	health	care,	other	than	reimbursement	for	
expe	enses.										

Section 129. 905.04 (title) of the statutes is amended to read:

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

Section 130. 905.04 (1) (b) of the statutes is amended to read:

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

Section 131. 905.04 (1) (bd) of the statutes is created to read:

905.04 (1) (bd) "Doctor of chiropractic medicine" means a person licensed under s. 448.9725 or a person reasonably believed by the patient to be a doctor of chiropractic medicine.

Section 132. 905.04 (1) (c) of the statutes is amended to read:

905.04 (1) (c) "Patient" means an individual, couple, family or group of individuals who consults with or is examined or interviewed by a physician,

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podiatrist, <u>doctor of chiropractic medicine</u>, registered nurse, chiropractor, psychologist, social worker, marriage and family therapist or professional counselor.

Section 133. 905.04 (2) of the statutes is amended to read:

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

Section 134. 905.04 (3) of the statutes is amended to read:

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

Section 135. 905.04 (4) (a) of the statutes is amended to read:

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

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

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

Section 137. 949.01 (4) of the statutes is amended to read:

949.01 (4) "Medical treatment" includes medical, surgical, dental, optometric, chiropractic, podiatric, chiropractic medicine, and hospital care; medicines; medical,

dental and surgical supplies; crutches; artificial members; appliances and training in the use of artificial members and appliances. "Medical treatment" includes any Christian Science treatment for cure or relief from the effects of injury.

Section 138. 949.04 (3) of the statutes is amended to read:

949.04 (3) Medical and dental records. The applicant shall submit to the department reports from all physicians, osteopaths, dentists, optometrists, chiropractors or, podiatrists, or doctors of chiropractic medicine who treated or examined the victim at the time of or subsequent to the victim's injury or death. The department may also order such other examinations and reports of the victim's previous medical and dental history, injury or death as it believes would be of material aid in its determination.

Section 139. 961.01 (19) (a) of the statutes is amended to read:

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

Section 140. Nonstatutory provisions.

(1) Board; Staggering of terms. Notwithstanding the length of terms specified for the members of the chiropractic medicine affiliated credentialing board under section 15.406 (7) of the statutes, as created by this act, one of the initial members shall be appointed for a term expiring on July 1, 2017; one of the initial members shall be appointed for a term expiring on July 1, 2018; one of the initial members

shall be appointed for a term expiring on July 1, 2019; and the remaining initial member shall be appointed for a term expiring on July 1, 2020;

(2) Board; Credentials of Initial members. Notwithstanding section 15.406 (7)

(a) of the statutes, as created by this act, the initial members appointed to the chiropractic medicine affiliated credentialing board under section 15.406 (7) (a) of the statutes, as created by this act, need not be licensed under subchapter VIII of chapter 448 of the statutes, as created by this act, but shall be chiropractors licensed under chapter 446 of the statutes.

one of the initial members shall be appointed for a term expiring on July 1, 2020;

Gallagher, Michael

From:

Gibbs, Adam

Sent:

Friday, January 29, 2016 9:19 AM

To:

Gallagher, Michael

Subject:

RE: Draft Changes to LRB 3787/P3

Thank you for checking. Please change "chiropractic" to "spinal" in both.

Both "chiropractic", "physician" and "doctor" (though already more established in statute) make those professions nervous about confusion and branding within their professions. We're hoping to avoid drawing the ire of those groups by choosing an applicable yet unaffiliated name.

I was surprised to learn of the enormity of the naming issue myself.

Adam Gibbs

Chief of Staff

Senator Frank Lasee

1st Senate District (608) 266-3512

From: Gallagher, Michael

Sent: Friday, January 29, 2016 8:21 AM

To: Gibbs, Adam <Adam.Gibbs@legis.wisconsin.gov>

Subject: RE: Draft Changes to LRB 3787/P3

Adam: I'm assuming that we want to keep the board name, "chiropractic medicine affiliated credentialing board," and that we want to keep the name of the practice, "chiropractic medicine," and the definition the same.

One issue, the new title seems narrow in relation to the definition of chiropractic medicine in the draft, which is, in relevant part, 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... Note that only one part of the definition explicitly references the spine. I might instead, suggest, "chiropractic medicine practitioner" or "practitioner of chiropractic medicine," but those may have been rejected because of the use of the word medicine in the title.

In any case, I'll make the changes. The actual title is much less important than the definition of the practice. I just wanted to give my 2 cents on the title.

Mike

Michael P. Gallagher Legislative Attorney Wisconsin Legislative Reference Bureau (608) 267-7511

From: Gibbs, Adam

Sent: Thursday, January 28, 2016 4:53 PM

To: Gallagher, Michael < Michael. Gallagher@legis.wisconsin.gov >

Subject: RE: Draft Changes to LRB 3787/P3

Importance: High

Please change the draft to replace all instances of "doctor of chiropractic medicine" to "primary spine care practitioner".

Several groups raised concerns about the name of the license holder causing patient confusion and we believe this title will be specific.

We are hoping to get the completed P draft back by COB Friday. Thank you!

Adam Gibbs

Chief of Staff

Senator Frank Lasee

1st Senate District (608) 266-3512

From: Gallagher, Michael

Sent: Thursday, January 21, 2016 9:21 AM

To: Gibbs, Adam < Adam. Gibbs@legis.wisconsin.gov >

Subject: RE: Draft Changes to LRB 3787/P2

Got it. These changes look pretty straight forward. I'll get you a /P3.

Michael P. Gallagher Legislative Attorney Wisconsin Legislative Reference Bureau

(608) 267-7511

From: Gibbs, Adam

Sent: Thursday, January 21, 2016 9:13 AM

To: Gallagher, Michael < Michael. Gallagher@legis.wisconsin.gov >

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

1st Senate District

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