2015 DRAFTING REQUEST

Bill

Receiv	red: 11/12/2	2014		I	Received By:	gmalaise	
Wante	d: As time	e permits		S	Same as LRB:		•
For:	Admin	istration-Bud	lget 6-8219	I	By/Representing:	Kirschbaum	
May C	Contact:]	Orafter:	gmalaise	
Subjec	et: Emplo	y Priv - work	er's comp	1	Addl. Drafters:		
]	Extra Copies:	MED	
Reque	t via email: ster's email: n copy (CC) to:	YES sbosta	ıtlanguage@w	vebapps.wi	.gov		
Topic	Kirschbaum		Division funct	ions to OC	I and DHA		
Instru	ictions:						
See at	tached						
Draft	ing History:						
Vers.	<u>Drafted</u>	Reviewed	Typed	<u>Proofed</u>	Submitted	<u>Jacketed</u>	Required
/?	gmalaise 11/28/2014	kfollett 12/9/2014		-			
/P1	gmalaise 1/21/2015		rschluet 12/10/2014		mbarman 12/10/2014		State
/P2	gmalaise 1/28/2015	csicilia 1/28/2015	jmurphy 1/29/2015		mbarman 1/23/2015		State

LRB-0610 1/29/2015 11:01:21 AM Page 2

Vers. Drafted	Reviewed	Typed	Proofed	<u>Submitted</u>	<u>Jacketed</u>	<u>Required</u>
/P3				mbarman 1/29/2015		State
FE Sent For:						

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State

2015 DRAFTING REQUEST

Bill									
Receiv	ved:	11/12/20	014			Received By:	gmalaise		
Wante	ed:	As time	permits			Same as LRB:			
For:		Admini	stration-Bud	get 6-8219		By/Representing:	Kirschbaum		
May C	Contact:					Drafter:	gmalaise		
Subjec	ct:	Employ	Priv - worke	er's comp		Addl. Drafters:			
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Pre To	~	hhaum	BB0209 -						
Topic	:			Division funct	ions to OC	CI and DHA			
Instru	ections:								
See att	tached								
Drafti	ing Histo	ry:							
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/?	gmalais 11/28/20		kfollett 12/9/2014		*****	- -			
/P1	gmalais 1/21/20			rschluet 12/10/2014		mbarman 12/10/2014		State	

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kfollett 1/22/2015 rschluet 1/23/2015

mbarman

1/23/2015

FE Sent For:

<**END>**

2015 DRAFTING REQUEST

Bill							
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Topic	*						
Transf	er of Worker	's Compensation	Division fu	nctions to OCl	and DHA		
Instru	ections:						······································
See at	tached			-			
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Vers.	<u>Drafted</u>	Reviewed	<u>Typed</u>	Proofed	Submitted	<u>Jacketed</u>	Required
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/P1	11/20/2014	19214	rschluet		mbarman		State

FE Sent For:

<**END**>

12/10/2014

2015 DRAFTING REQUEST

Bill								
Receiv	ved: 11	/12/2014			Received By:	gmalaise		
Wante	ed: As	s time permits			Same as LRB:			
For:	A	dministration-Bu	dget 6-8219		By/Representing:	Kirschbaum		
May C	Contact:				Drafter:	gmalaise		
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Topic								
Transf	er of Work	er's Compensation	Division func	tions to OC	I and DHA			
Instru	ctions:							
See att	ached							
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/?	gmalaise 11/28/201	kfollett 4	1P16-F		58			

<**END>**

FE Sent For:

Malaise, Gordon

From:

Hanaman, Cathlene

Sent:

Tuesday, November 11, 2014 9:27 AM Malaise, Gordon; Duchek, Michael

Subject:

FW: Statutory Language Drafting Request - BB0209

From: Bryan.Kirschbaum@wisconsin.gov [mailto:Bryan.Kirschbaum@wisconsin.gov]

Sent: Tuesday, November 11, 2014 9:02 AM

To: Hanaman, Cathlene

Cc: Hynek, Sara - DOA; Kirschbaum, Bryan W - DOA; Connor, Christopher B - DOA

Subject: Statutory Language Drafting Request - BB0209

Biennial Budget: 2015-17

DOA Tracking Code: BB0209

Topic: Transfer Worker's Compensation Functions to Office of Commissioner of Insurance (OCI)

SBO Team: EWD

SBO Analyst: Kirschbaum, Bryan

Phone: 608-266-8219

E-mail: <u>Bryan.Kirschbaum@wisconsin.gov</u>

Agency Acronym: DWD

Agency Number: 445

Priority: Medium

Intent:

Transfer administrative functions of Worker's Compensation Division of the Department of Workforce Development (DWD) to the Office of the Commissioner of Insurance (OCI) and the adjudicative functions associated with Worker's Compensation Division to the Department of Administration's Division of Hearings and Appeals.

Attachments: False

Please send completed drafts to SBOStatlanguage@webapps.wi.gov



State of Misconsin 2015 - 2016 LEGISLATURE SN 11/28 DNOTE



DOA:.....Kirschbaum, BB0209 Transfer of Worker's Compensation Division functions to OCI and DHA

FOR 2015-2017 BUDGET — NOT READY FOR INTRODUCTION

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AN ACT ...; relating to: the budget.

Analysis by the Legislative Reference Bureau EMPLOYMENT

Under current law, DWD performs certain administrative functions relating to worker's compensation. Those administrative functions include enforcement of the requirement that employers are insured for their worker's compensation liability; granting exemptions from that duty to insure to self-insured employers; administering the self-insured employers fund, from which DWD pays benefits to the injured employees of insolvent self-insured employers; administering the uninsured employers fund, from which DWD pays benefits to the injured employees of uninsured employers; and administering the work injury supplemental benefits fund, from which DWD pays supplemental benefits to certain injured employees with permanent total disability. This bill transfers the administrative functions of DWD relating to worker's compensation to OCI.

Under current law, DWD performs certain adjudicatory functions relating to worker's compensation. Those adjudicatory functions include adjudicating disputed worker's compensation claims, adjudicating disputes over the reasonableness of fees charged for health services provided to an injured employee and of the amount charged for prescription drugs dispensed to an injured employee, and disputes over the necessity of treatment provided to an injured employee. This bill transfers the adjudicatory functions of DWD relating to worker's compensation to the Division of Hearings and Appeals in DOA.

X

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

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

Section 1. 15.227 (4) of the statutes is renumbered 15.737 (4) and amended to read:

15.737 (4) Council on worker's compensation. There is created in the department of workforce development office of the commissioner of insurance a council on worker's compensation appointed by the secretary of workforce development commissioner of insurance to consist of a designated employee of the department of workforce development office of the commissioner of insurance as chairperson, 5 representatives of employers, and 5 representatives of employees. The secretary of workforce development commissioner of insurance shall also appoint 3 representatives of insurers authorized to do worker's compensation insurance business in this state as nonvoting members of the council.

History: 1971 c. 271; 1975 c. 147 s. 54; 1975 c. 404, 405; 1977 c. 17, 29, 325; 1979 c. 102, 189; 1979 c. 221 ss. 45, 46m; 181 c. 237, 341; 1983 a. 122, 388; 1985 a. 332; 1987 a. 27, 399; 1989 a. 31, 64; 1991 a. 39, 269, 295; 1993 a. 126, 399; 1995 a. 27 ss. 152 to 165, 9126 (19), 9130 (4); 1995 a. 225; 1997 a. 3, 27, 39; 1999 a. 9, 14; 2001 a. 37; 2009 a. 291.

SECTION 2. 15.227 (11) of the statutes is renumbered 15.737 (11) and amended

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15.737 (11) Self-insurers council. There is created in the department of workforce development of the commissioner of insurance a self-insurers council consisting of 5 members appointed by the secretary of workforce development commissioner of insurance for 3-year terms.

History: 1971 c. 271; 1975 c. 147 s. 54; 1975 c. 404, 405; 1977 c. 17, 29, 325; 1979 c. 102, 189; 1979 c. 221 ss. 45, 46m; 1981 c. 237, 341; 1983 a. 122, 388; 1985 a. 332; 1987 a. 27, 399; 1989 a. 31, 64; 1991 a. 39, 269, 295; 1993 a. 126, 399; 1995 a. 27 ss. 152 to 165, 9126 (19), 9130 (4); 1995 a. 225; 1997 a. 3, 27, 39; 1999 a. 9, 14; 2001 a. 37; 2009 a. 291.

SECTION 3. 15.737 (title) of the statutes is created to read:

15.737 Same; councils.

1	SECTION 4. 10.000 (4) of the statutes is amended to read:
2	16.865 (4) Manage the state employees' worker's compensation program and
3	the statewide self-funded programs to protect the state from losses of and damage
4	to state property and liability and, if retained by the department of workforce
5	development office of the commissioner of insurance under s. 102.65 (3), process,
6	investigate, and pay claims under ss. 102.44 (1), 102.49, 102.59, and 102.66 as
7	provided in s. 102.65 (3).
8	History: 1973 c. 333; 1975 c. 81, 189, 422; 1977 c. 29; 1977 c. 196 s. 130 (3); 1979 c. 34, 221; 1981 c. 20; 1985 a. 29; 1987 a. 399; 1989 a. 125; 1991 a. 39; 1993 a. 16; 1995 a. 27; 2001 a. 16; 2003 a. 33; 2005 a. 74, 335; 2007 a. 20, 97; 2009 a. 28; 2011 a. 7, 10, 183, 229; 2013 a. 20, 165. SECTION 5. 20.145 (6) (title) of the statutes is created to read:
9	20.145 (6) (title) Worker's compensation administration.
	****Note: This Section involves a change in an appropriation that must be reflected in the revised schedule in s. 20.005, stats.
10	SECTION 6. 20.145 (6) (ga) of the statutes is created to read:
11	20.145 (6) (ga) Auxiliary services. All moneys received from fees collected
12	under s. 102.16 (2m) (d) for the delivery of services under s. 102.16 (2m) (f).
	****Note: This Section involves a change in an appropriation that must be reflected in the revised schedule in s. 20.005, stats.
13	SECTION 7. 20.445 (1) (aa) of the statutes is renumbered 20.145 (6) (aa).
	****Note: This Section involves a change in an appropriation that must be reflected in the revised schedule in s. 20.005, stats.
14	SECTION 8. 20.445 (1) (ga) of the statutes is amended to read:
15	20.445 (1) (ga) Auxiliary services. All moneys received from fees collected
16	under ss. 102.16 (2m) (d), 103.005 (15) and 106.09 (7) for the delivery of services
17	under ss. 102.16 (2m) (f), 103.005 (15) and 106.09 and ch. 108.

History: 1971 c. 125 ss. 156, 522 (1); 1971 c. 211, 215; 1971 c. 228 s. 44; 1971 c. 259; 1973 c. 90, 180, 243, 333; 1975 c. 39, 147, 224, 274, 344; 1975 c. 404 ss. 3, 10 (1); 1975 c. 405 ss. 3, 11 (1); 1977 c. 29, 48, 203, 418; 1979 c. 34 ss. 512 to 522, 2102 (25) (a); 1979 c. 189, 221, 309; 1979 c. 329 s. 25 (1); 1979 c. 350 ss. 3, 27 (6); 1979 c. 353, 355; 1981 c. 20, 36, 92, 93, 317, 325, 364; 1983 a. 8; 1983 a. 27 ss. 411 to 425; 1983 a. 98 ss. 1, 31; 1983 a. 192, 384, 388, 410; 1985 a. 17, 29, 153, 313, 332; 1987 a. 27; 1987 a. 38 ss. 2 to 4, 136; 1987 a. 399, 403; 1989 a. 31, 44, 64, 77, 254, 284, 359; 1991 a. 39 ss. 372c, 545r, 545r, 545r, 547, 548, 548g, 548m, 549, 549p, 549p; 1991 a. 85, 89, 269, 315; 1993 a. 16, 126, 243, 437, 491; 1995 a. 27 ss. 772mm, 772mm, 772mm, 778Lm, 778L, 778

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1	SECTION 9. 20.445 (1) (p) of the statutes is renumbered 20.145 (6) (p) and
2	amended to read:
3	20.145 (6) (p) Worker's compensation; federal moneys. All federal moneys
4	received for the worker's compensation activities of the department office, to be used
5	for those purposes.

History: 1971 c. 125 ss. 156, 522 (1); 1971 c. 211, 215; 1971 c. 228 s. 44; 1971 c. 259; 1973 c. 90, 180, 243, 333; 1975 c. 39, 147, 224, 274, 344; 1975 c. 404 ss. 3, 10 (1); 1975 c. 405 ss. 3, 11 (1); 1977 c. 29, 48, 203, 418; 1979 c. 34 ss. 512 to 522, 2102 (25) (a); 1979 c. 189, 221, 309; 1979 c. 329 s. 25 (1); 1979 c. 350 ss. 3, 27 (6); 1979 c. 353, 355; 1981 c. 20, 36, 92, 93, 317, 325, 364; 1983 a. 8; 1983 a. 27 ss. 411 to 425; 1983 a. 98 ss. 1, 31; 1983 a. 192, 384, 388, 410; 1985 a. 17, 29, 153, 313, 332; 1987 a. 27; 1987 a. 38 ss. 2 to 4, 136; 1987 a. 399, 403; 1989 a. 31, 44, 64, 77, 254, 284, 359; 1991 a. 39 ss. 372c, 545r, 545r, 545r, 547, 548, 548g, 548m, 549, 549p, 549p; 1991 a. 85, 89, 269, 315; 1993 a. 16, 126, 243, 437, 491; 1995 a. 27 ss. 772mm, 775p to 778b, 778L, 778L

reflected in the revised schedule in s. 20.005, stats.

Section 10. 20.445 (1) (ra) of the statutes is renumbered 20.145 (6) (ra) and amended to read:

20.145 (6) (ra) Worker's compensation operations fund; administration. From the worker's compensation operations fund, the amounts in the schedule for the administration of the worker's compensation program by the department office and for transfer to the appropriation accounts under par. (rp) and sub. (2) (ra) s. 20.505 All moneys received under ss. 102.28 (2) (b) and 102.75 shall be credited to this appropriation account. From this appropriation, an amount not to exceed \$5,000 may be expended each fiscal year for payment of expenses for travel and research by the council on worker's compensation, the amount in the schedule under par. (rp) shall be transferred to the appropriation account under par. (rp), and the amount in 20.505 (4) (ra) shall be transferred to the the schedule under sub. (2) appropriation account under sub. (2) (ra) s. 20.505 (4) (ra

History: 1971 c. 125 ss. 156, 522 (1); 1971 c. 211, 215; 1971 c. 228 s. 44; 1971 c. 259; 1973 c. 90, 180, 243, 333; 1975 c. 39, 147, 224, 274, 344; 1975 c. 404 ss. 3, 10 (1); 1975 c. 405 ss. 3, 11 (1); 1977 c. 29, 48, 203, 418; 1979 c. 34 ss. 512 to 522, 2102 (25) (a); 1979 c. 189, 221, 309; 1979 c. 329 s. 25 (1); 1979 c. 350 ss. 3, 27 (6); 1979 c. 353, 355; 1981 c. 20, 36, 92, 93, 317, 325, 364; 1983 a. 8; 1983 a. 27 ss. 411 to 425; 1983 a. 98 ss. 1, 31; 1983 a. 192, 384, 388, 410; 1985 a. 17, 29, 153, 313, 332; 1987 a. 27; 1987 a. 38 ss. 2 to 4, 136; 1987 a. 399, 403; 1989 a. 31, 44, 64, 77, 254, 284, 359; 1991 a. 39 ss. 372c, 545r, 545r, 545r, 547, 548, 548g, 548m, 549, 549b, 549g, 549p; 1991 a. 85, 89, 269, 315; 1993 a. 16, 126, 243, 437, 491; 1995 a. 27 ss. 772mm, 772mm, 772mm, 778m, 778c, 778v, 778z to 780m, 781m to 782p, 782u, 841, 842, 849, 850, 854, 855, 858c, 873 to 876, 878, 880, 890 to 896, 962 to 1014c, 9126 (19), 9130 (4); 1995 a. 113 s. 2t; 1995 a. 117, 201, 216, 225, 289; 1995 a. 404 ss. 4, 6 to 8, 10 to 17; 1997 a. 3; 1997 a. 27 ss. 610 to 642m, 722; 1997 a. 35, 38, 39, 105, 112, 191, 235, 236, 237, 252; 1999 a. 9 ss. 270, 458 to 478; 1999 a. 15, 32; 2001 a. 16, 35, 43, 104, 109; 2003 a. 33, 197; 2005 a. 25, 86, 172; 2005 a. 243 s. 265; 2007 a. 20, 59; 2009 a. 28, 180; 2011 a. 32, 123, 183, 198; 2013 a. 9, 20; 2013 a. 36 ss. 6p to 7, 236m; 2013 a. 57, 139.

****NOTE:** This Section involves a change in an appropriation that must be

****NOTE: This Section involves a change in an appropriation that must be reflected in the revised schedule in s. 20.005, stats.

1	Section 11. 20.445 (1) (rb) of the statutes is renumbered 20.145 (6) (rb).
	****Note: This Section involves a change in an appropriation that must be reflected in the revised schedule in s. 20.005, stats.
2	SECTION 12. 20.445 (1) (rp) of the statutes is renumbered 20.145 (6) (rp).
	****Note: This Section involves a change in an appropriation that must be reflected in the revised schedule in s. 20.005, stats.
3	SECTION 13. 20.445 (1) (s) of the statutes is renumbered 20.145 (6) (s).
	****Note: This Section involves a change in an appropriation that must be reflected in the revised schedule in s. 20.005, stats.
4	SECTION 14. 20.445 (1) (sm) of the statutes is renumbered 20.145 (6) (sm) and
5	amended to read:
6	20.145 (6) (sm) Uninsured employers fund; payments. From the uninsured
7	employers fund, a sum sufficient to make the payments under s. 102.81 (1) and to
8	obtain reinsurance under s. 102.81 (2). No moneys may be expended or encumbered
9	under this paragraph until the first day of the first July beginning after the day that
10	the secretary of workforce development commissioner of insurance files the
11	certificate under s. 102.80 (3) (a).
	History: 1971 c. 125 ss. 156, 522 (1); 1971 c. 211, 215; 1971 c. 228 s. 44; 1971 c. 259; 1973 c. 90, 180, 243, 333; 1975 c. 39, 147, 224, 274, 344; 1975 c. 404 ss. 3, 10 (1); 1975 c. 405 ss. 3, 11 (1); 1977 c. 29, 48, 203, 418; 1979 c. 34 ss. 512 to 522, 2102 (25) (a); 1979 c. 189, 221, 309; 1979 c. 329 s. 25 (1); 1979 c. 350 ss. 3, 27 (6); 1979 c. 353, 355; 1981 c. 20, 36, 92, 93, 317, 325, 364; 1983 a. 8; 1983 a. 27 ss. 411 to 425; 1983 a. 98 ss. 1, 31; 1983 a. 192, 384, 388, 410; 1985 a. 17, 29, 153, 313, 332; 1987 a. 27; 1987 a. 38 ss. 2 to 4, 136; 1987 a. 399, 403; 1989 a. 31, 44, 64, 77, 254, 284, 359; 1991 a. 39 ss. 372c, 545r, 545r, 545r, 545r, 548, 548g, 548m, 549, 549g, 549g; 1991 a. 85, 89, 269, 315; 1993 a. 16, 126, 243, 437, 491; 1995 a. 772mm, 772mm, 772mm, 778b, 778b
12	SECTION 15. 20.445 (1) (t) of the statutes is renumbered 20.145 (6) (t).
	****Note: This Section involves a change in an appropriation that must be reflected in the revised schedule in s. 20.005, stats.
13	SECTION 16. 20.445 (2) (ra) of the statutes is renumbered 20.505 (4) (ra) and
14	amended to read:
15	20.505 (4) (ra) Worker's compensation operations fund; worker's compensation
16	activities. From the worker's compensation operations fund, the amounts in the
17	schedule for the worker's compensation activities of the labor and industry review

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1 commission division of hearings and appeals. All moneys transferred from the appropriation account under sub. (1) (rá) s. 20,145 (6) (ra) shall be credited to this 3 appropriation account.

History: 1971 c. 125 ss. 156, 522 (1); 1971 c. 211, 215; 1971 c. 228 s. 44; 1971 c. 259; 1973 c. 90, 180, 243, 333; 1975 c. 39, 147, 224, 274, 344; 1975 c. 404 ss. 3, 10 (1); 1975 c. 405 ss. 3, 11 (1); 1977 c. 29, 48, 203, 418; 1979 c. 34 ss. 512 to 522, 2102 (25) (a); 1979 c. 189, 221, 309; 1979 c. 329 s. 25 (1); 1979 c. 350 ss. 3, 27 (6); 1979 c. 353, 355; 1981 c. 20, 36, 92, 93, 317, 325, 364; 1983 a. 8; 1983 a. 27 ss. 411 to 425; 1983 a. 98 ss. 1, 31; 1983 a. 192, 384, 388, 410; 1985 a. 17, 29, 153, 313, 332; 1987 a. 27; 1987 a. 38 ss. 2 to 4, 136; 1987 a. 399, 403; 1989 a. 31, 44, 64, 77, 254, 284, 359; 1991 a. 39 ss. 372c, 545r, 545r, 545r, 545r, 547, 548, 548g, 548m, 549, 549p, 549p; 1991 a. 85, 89, 269, 315; 1993 a. 16, 126, 243, 437, 491; 1995 a. 27 ss. 772mm, 772mn, 776p to 778b, 778L, 778n, 778q, 778v, 778v to 780m, 781m to 782p, 782u, 841, 842, 849, 850, 854, 855, 858c, 873 to 876, 878, 880, 890 to 896, 962 to 1014c, 9126 (19), 9130 (4); 1995 a. 113 s. 2t; 1995 a. 117, 201, 216, 225, 289; 1995 a. 404 ss. 4, 6 to 8, 10 to 17; 1997 a. 3; 1997 a. 27 ss. 610 to 642m, 722; 1997 a. 35, 38, 39, 105, 112, 191, 235, 236, 237, 252; 1999 a. 9 ss. 270, 458 to 478; 1999 a. 15, 32; 2001 a. 16, 35, 43, 104, 109; 2003 a. 33, 197; 2005 a. 25, 86, 172; 2005 a. 443 s. 265; 2007 a. 20, 59; 2009 a. 28, 180; 2011 a. 32, 123, 183, 198; 2013 a. 9, 20; 2013 a. 36 ss. 6p to 7, 236m; 2013 a. 57, 139.

****NOTE: This SECTION involves a change in an appropriation that must be

reflected in the revised schedule in s. 20,005, stats.

Section 17. 40.63 (6) of the statutes is amended to read:

40.63 (6) Any person entitled to payments under this section who may otherwise be entitled to payments under s. 66.191, 1981 stats, may file with the department and the department of workforce development office of the commissioner of insurance a written election to waive payments due under this section and accept in lieu of the payments under this section payments as may be payable under s. 66.191, 1981 stats., but no person may receive payments under both s. 66.191, 1981 stats., and this section. However any person otherwise entitled to payments under this section may receive the payments, without waiver of any rights under s. 66.191, 1981 stats., during any period as may be required for a determination of the person's rights under s. 66.191, 1981 stats. Upon the final adjudication of the person's rights under s. 66.191, 1981 stats., if waiver is filed under this section, the person shall immediately cease to be entitled to payments under this section and the system shall be reimbursed from the award made under s. 66.191, 1981 stats, for all payments made under this section.

History: 1981 c. 96, 386; 1983 a. 141 s. 20; 1983 a. 191 s. 6; 1983 a. 290; 1985 a. 11; 1985 a. 182 s. 57; 1987 a. 303, 372; 1989 a. 13, 166; 1991 a. 39, 152; 1995 a. 27 s. 19

Section 18. 40.65 (2) (a) of the statutes is amended to read:

40.65 (2) (a) This paragraph applies to participants who first apply for benefits before May 3, 1988. Any person desiring a benefit under this section must apply to

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the department of workforce development office of the commissioner of insurance, which department office shall determine whether the applicant is eligible to receive the benefit and the participant's monthly salary. Appeals from the eligibility decision shall follow the procedures under ss. 102.16 to 102.26. If it is determined that an applicant is eligible, the department of workforce development office of the commissioner of insurance shall notify the department of employee trust funds and shall certify the applicant's monthly salary. If at the time of application for benefits an applicant is still employed in any capacity by the employer in whose employ the disabling injury occurred or disease was contracted, that continued employment shall not affect that applicant's right to have his or her eligibility to receive those benefits determined in proceedings before the department of workforce development division of hearings and appeals in the department of administration or the labor and industry review commission or in proceedings in the courts. The department of workforce development office of the commissioner of insurance may promulgate rules needed to administer this paragraph.

History: 1981 c. 278; 1983 a. 9; 1983 a. 141 s. 20; 1983 a. 191 s. 6; 1983 a. 255; 1985 a. 332 s. 251 (1); 1987 a. 363; 1989 a. 240, 357; 1995 a. 27 s. 9130 (4); 1997 a. 3, 39, 173, 237; 2007 a. 131; 2009 a. 28. 16 **Section 19.** 40.65 (2) (b) 3. of the statutes is amended to read:

40.65 (2) (b) 3. The department shall determine whether or not the applicant is eligible for benefits under this section on the basis of the evidence in subd. 2. An applicant may appeal a determination under this subdivision to the department of workforce development division of hearings and appeals in the department of administration.

History: 1981 c. 278; 1983 a. 9; 1983 a. 141 s. 20; 1983 a. 191 s. 6; 1983 a. 255; 1985 a. 332 s. 251 (1); 1987 a. 363; 1989 a. 240, 357; 1995 a. 27 s. 9130 (4); 1997 a. 3. 22

Section 20. 40.65 (2) (b) 4. of the statutes is amended to read:

1	40.65 (2) (b) 4. In hearing an appeal under subd. 3., the department of
2	workforce development division of hearings and appeals in the department of
3	administration shall follow the procedures under ss. 102.16 to 102.26.
4	History: 1981 c. 278; 1983 a. 9; 1983 a. 141 s. 20; 1983 a. 191 s. 6; 1983 a. 255; 1985 a. 332 s. 251 (1); 1987 a. 363; 1989 a. 240, 357; 1995 a. 27 s. 9130 (4); 1997 a. 3, 39, 173, 237; 2007 a. 131; 2009 a. 28. SECTION 21. 73.0301 (1) (d) 3m. of the statutes is amended to read:
5	73.0301 (1) (d) 3m. A license or certificate issued by the department of
6	workforce development under s. 102.17 (1) (e), 103.275 (2) (b), 103.34 (3) (c), 103.91
7	(1), 103.92 (3), 104.07 (1) or (2), or 105.13 (1).
8	History: 1997 a. 237 ss. 301, 307, 532; 1999 a. 9, 31, 32, 186; 2001 a. 56; 2005 a. 25; 2007 a. 1; 2007 a. 20 ss. 2155 to 2158, 9121 (6) (a); 2007 a. 130, 196; 2009 a. 2, 3, 185, 344, 405; 2011 a. 32; 2013 a. 20, 36; 2013 a. 173 s. 33; 2013 a. 357. SECTION 22. 73.0301 (1) (d) 3p. of the statutes is created to read:
9	73.0301 (1) (d) 3p. A license issued by the division of hearings and appeals in
10	the department of administration under s. 102.17 (1) (c).
11	SECTION 23. 102.01 (2) (a) of the statutes is renumbered 102.01 (2) (af).
12	SECTION 24. 102.01 (2) (ad) of the statutes is created to read:
13	102.01 (2) (ad) "Administrator" means the administrator of the division of
14	hearings and appeals in the department of administration.
15	SECTION 25. 102.01 (2) (ag) of the statutes is amended to read:
16	102.01 (2) (ag) "Commissioner" means a member of the commission the
17	commissioner of insurance.
18	History: 1975 c. 147 ss. 7 to 13, 54; 1975 c. 200; 1979 c. 89, 278; 1981 c. 92; 1983 a. 98, 189; 1985 a. 83; 1987 a) 179; 1989 a. 64; 1995 a. 27 ss. 3737 to 3741, 9130 (4); 1995 a. 117, 417; 1997 a. 3; 1999 a. 9, 14; 2001 a. 37; 2003 a. 139; 2007 a. 20. SECTION 26. 102.01 (2) (ap) of the statutes is repealed.
19	SECTION 27. 102.01 (2) (ar) of the statutes is created to read:
20	102.01 (2) (ar) "Division" means the division of hearings and appeals in the
21	department of administration.

Section 28. 102.01 (2) (bm) of the statutes is amended to read:

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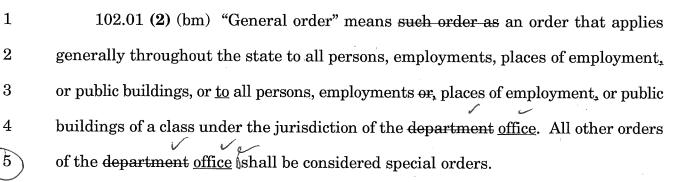
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History: 1975 c. 147 ss. 7 to 13, 54; 1975 c. 200; 1979 c. 89, 278; 1981 c. 92; 1983 a. 98, 189; 1985 a. 83; 1987 a. 179; 1989 a. 64; 1995 a. 27 ss. 3737 to 3741, 9130 (4); 1995 a. 117, 417; 1997 a. 3; 1999 a. 9, 14; 2001 a. 37; 2003 a. 139; 2007 a. 20.

Section 29. 102.01 (2) (dg) of the statutes is created to read:

- 7 102.01 (2) (dg) "Office" means the office of the commissioner.
- 8 **Section 30.** 102.01 (2) (dm) of the statutes is amended to read:
- 102.01 (2) (dm) "Order" means any decision, rule, regulation, direction, requirement, or standard of the department office, or any other determination arrived at or decision made by the department office.

History: 1975 c. 147 ss. 7 to 13, 54; 1975 c. 200; 1979 c. 89, 278; 1981 c. 92; 1983 a. 98, 189; 1985 a. 83; 1987 a. 179; 1989 a. 64; 1995 a. 27 ss. 3737 to 3741, 9130 (4); 1995 a. 117, 417; 1997 a. 3; 1999 a. 9, 14; 2001 a. 37; 2003 a. 139; 2007 a. 20.

SECTION 31. 102.01 (2) (em) of the statutes is repealed.

Section 32. 102.05 (1) of the statutes is amended to read:

102.05 (1) An employer who has had no employee at any time within a continuous period of 2 years shall be deemed considered to have effected withdrawal, which shall be effective on the last day of such that period. An employer who has not usually employed 3 employees and who has not paid wages of at least \$500 for employment in this state in every calendar quarter in a calendar year may file a withdrawal notice with the department office, which withdrawal shall take effect 30 days after the date of such that filing or at such later date as is specified in the notice. If an employer who is subject to this chapter only because the employer elected to become subject to this chapter under sub. (2) cancels or terminates his or her contract for the insurance of compensation under this chapter, that employer is deemed

considered to have effected withdrawal, which shall be effective on the day after the contract is canceled or terminated.

History: 1983 a. 98 s. 31; 1993 a. 81, 492; 1999 a. 14.

Section 33. 102.05 (3) of the statutes is amended to read:

102.05 (3) Any If a person engaged in farming who has become subject to this chapter has not employed 6 or more employees, as defined in s. 102.07 (5), on 20 or more days during the current or previous calendar year, the person may withdraw by filing with the department office a notice of withdrawal, if the person has not employed 6 or more employees as defined by s. 102.07 (5) on 20 or more days during the current or previous calendar year. Such which withdrawal shall be effective take effect 30 days after the date of receipt of the notice by the department, office or at such later date as is specified in the notice. Such A person who withdraws under this subsection may again become subject to this chapter as provided by in s. 102.04 (1) (c) and (e).

History: 1983 a. 98 s. 31; 1993 a. 81, 492; 1999 a. 14.

Section 34. 102.06 of the statutes is amended to read:

102.06 Joint liability of employer and contractor. An employer shall be liable for compensation to an employee of a contractor or subcontractor under the employer who is not subject to this chapter, or who has not complied with the conditions of s. 102.28 (2) in any case where such in which the employer would have been liable for compensation if such the employee had been working directly for the employer, including also work in the erection, alteration, repair, or demolition of improvements or of fixtures upon premises of such the employer which that are used or to be used in the operations of such the employer. The contractor or subcontractor, if subject to this chapter, shall also be liable for such that compensation, but the employee shall not recover compensation for the same injury from more than one

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party. The An employer who becomes liable for who and pays such that compensation may recover the same amount of compensation paid from such that contractor, or subcontractor, or from any other employer for whom the employee was working at the time of the injury, if such that contractor, subcontractor, or other employer was an employer, as defined in s. 102.04. This section does not apply to injuries occurring on or after the first day of the first July beginning after the day that on which the secretary commissioner files the certificate under s. 102.80 (3) (a), except that if the secretary commissioner files the certificate under s. 102.80 (3) (ag) this section does apply to claims for compensation filed on or after the date specified in that certificate.

History: 1975 c. 147 s. 54; 1975 c. 199; 1989 a. 64; 1995 a. 117. **Section 35.** 102.07 (1) (a) of the statutes is amended to read:

102.07 (1) (a) Every person, including all officials, in the service of the state, or of any municipality therein in this state, whether elected or under any appointment, or contract of hire, express or implied, and whether a resident of this state or employed or injured within or without the state. The state and or any municipality may require a bond from a contractor to protect the state or municipality against compensation to employees of such the contractor or employees of a subcontractor under the contractor. This paragraph does not apply beginning on the first day of the first July beginning after the day that on which the secretary commissioner files the certificate under s. 102.80(3)(a), except that if the secretary commissioner files the certificate under s. 102.80 (3) (ag) this paragraph does apply to claims for compensation filed on or after the date specified in that certificate.

History: 1975 c. 147 s. 54; 1975 c. 224; 1977 c. 29; 1979 c. 278; 1981 c. 325; 1983 a. 27, 98; 1985 a. 29, 83, 135; 1985 a. 150 s. 4; 1985 a. 176, 332; 1987 a. 63; 1989 a. 31, 64, 359; 1993 a. 16, 81, 112, 399; 1995 a. 24, 77, 96, 117, 225, 281, 289, 417; 1997 a. 35, 38, 118; 1999 a. 14, 162; 2001 a. 37; 2005 a. 96; 2007 a. 130; 2009 a. 28, 42, 288; 2011 a. 123; 2013 a. 20. 22

Section 36. 102.07 (1) (b) of the statutes is amended to read:

102.07 (1) (b) Every person, including all officials, in the service of the state, or of any municipality therein in this state, whether elected or under any appointment, or contract of hire, express or implied, and whether a resident of this state or employed or injured within or without the state. This paragraph first applies on the first day of the first July beginning after the day that on which the secretary commissioner files the certificate under s. 102.80 (3) (a), except that if the secretary commissioner files the certificate under s. 102.80 (3) (ag) this paragraph does apply to claims for compensation filed on or after the date specified in that certificate.

History: 1975 c. 147 s. 54; 1975 c. 224; 1977 c. 29; 1979 c. 278; 1981 c. 325; 1983 a. 27, 98; 1985 a. 29, 83, 135; 1985 a. 150 s. 4; 1985 a. 176, 332; 1987 a. 63; 1989 a. 31, 64, 359; 1993 a. 16, 81, 112, 399; 1995 a. 24, 77, 96, 117, 225, 281, 289, 417; 1997 a. 35, 38, 118; 1999 a. 14, 162; 2001 a. 37; 2005 a. 96; 2007 a. 130; 2009 a. 28, 42, 288; 2011 a. 123; 2013 a. 20.

Section 37. 102.07 (7) (b) of the statutes is amended to read:

102.07 (7) (b) The department office may issue an order under s. 102.31 (1) (b) permitting the county within which a volunteer fire company or fire department organized under ch. 213, a legally organized rescue squad, an ambulance service provider, as defined in s. 256.01 (3), or a legally organized diving team is organized to assume full liability for the compensation provided under this chapter of all volunteer members of that company, department, squad, provider or team.

Cross-reference: Cross-reference: Cross-reference: See also s. DWD 80.30, Wis. adm. code. Cross-reference:

History: 1975 c. 147 s. 54; 1975 c. 224; 1977 c. 29; 1979 c. 278; 1981 c. 325; 1983 a. 27, 98; 1985 a. 29, 83, 135; 1985 a. 150 s. 4; 1985 a. 176, 332; 1987 a. 63; 1989 a. 31, 64, 359; 1993 a. 16, 81, 112, 399; 1995 a. 24, 77, 96, 117, 225, 281, 289, 417; 1997 a. 35, 38, 118; 1999 a. 14, 162; 2001 a. 37; 2005 a. 96; 2007 a. 130; 2009 a. 28, 42, 288; 2011 a. 123; 2013 a. 20.

SECTION 38. 102.07 (8) (c) of the statutes is amended to read:

102.07 (8) (c) The department office may not admit in evidence any state or federal laws, regulations, documents law, regulation, or document granting operating authority, or licenses license when determining whether an independent contractor meets the conditions specified in par. (b) 1. or 3.

History: 1975 c. 147 s. 54; 1975 c. 224; 1977 c. 29; 1979 c. 278; 1981 c. 325; 1983 a. 27, 98; 1985 a. 29, 83, 135; 1985 a. 150 s. 4; 1985 a. 176, 332; 1987 a. 63; 1989 a. 31, 64, 359; 1993 a. 16, 81, 112, 399; 1995 a. 24, 77, 96, 117, 225, 281, 289, 417; 1997 a. 35, 38, 118; 1999 a. 14, 162; 2001 a. 37; 2005 a. 96; 2007 a. 130; 2009 a. 28, 42, 288; 2011 a. 123; 2013 a. 20,

Section 39. 102.07 (11) of the statutes is amended to read:

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workers who may, at the election of the person for whom the service is being performed, be deemed considered to be employees for the purposes of this chapter. Election shall be by endorsement upon the that person's worker's compensation insurance policy with written notice to the department office. In the case of an employer that is exempt from insuring liability, election shall be by written notice to the department office. The department office shall by rule prescribe the means and manner in which notice of election by the employer is to be provided to the volunteer workers.

History: 1975 c. 147 s. 54; 1975 c. 224; 1977 c. 29; 1979 c. 278; 1981 c. 325; 1983 a. 27, 98; 1985 a. 29, 83, 135; 1985 a. 150 s. 4; 1985 a. 176, 332; 1987 a. 63; 1989 a. 31, 64, 359; 1993 a. 16, 81, 112, 399; 1995 a. 24, 77, 96, 117, 225, 281, 289, 417; 1997 a. 35, 38, 118; 1999 a. 14, 162; 2001 a. 37; 2005 a. 96; 2007 a. 130; 2009 a. 28, 42, 288; 2011 a. 123; 2013 a. 20.

Section 40. 102.076 (2) of the statutes is amended to read:

102.076 (2) If a corporation has not more than 10 stockholders, not more than 2 officers, and no other employees and is not otherwise required under this chapter to have a policy of worker's compensation insurance, an officer of that corporation who elects not to be subject to this chapter shall file a notice of that election with the department office on a form approved by the department office. The election is effective until the officer rescinds it the election by notifying the department office in writing.

History: 1985 a. 83; 1987 a. 115, 179; 1989 a. 64; 1991 a. 85; 1997 a. 38.

Section 41. 102.077 (1) of the statutes is amended to read:

102.077 (1) A school district or a private school, as defined in s. 115.001 (3r), may elect to name as its employee for purposes of this chapter a student described in s. 102.07 (12m) by an endorsement on its policy of worker's compensation insurance or, if the school district or private school is exempt from the duty to insure under s. 102.28 (2), by filing a declaration with the department office in the manner

provided in s. 102.31 (2) (a) naming the student as an employee of the school district or private school for purposes of this chapter. A declaration under this subsection shall list the name of the student to be covered under this chapter, the name and address of the employer that is providing the work training or work experience for that student, and the title, if any, of the work training, work experience, or work study program in which the student is participating.

History: 1995 a. 117; 1997 a. 38; 1999 a. 14; 2001 a. 37.

SECTION 42. 102.077 (2) of the statutes is amended to read:

102.077 (2) A school district or private school may revoke a declaration under sub. (1) by providing written notice to the department office in the manner provided in s. 102.31 (2) (a), the student, and the employer who is providing the work training or work experience for that student. A revocation under this subsection is effective 30 days after the department office receives notice of that revocation.

History: 1981 c. 20; 1995 a. 27 s. 9130 (4); 1997 a. 3.

SECTION 43. 102.08 of the statutes is amended to read:

administration has responsibility for the timely delivery of benefits payable under this chapter to employees of the state and their dependents and other functions of the state as an employer under this chapter. The department of administration may delegate this authority that responsibility to employing departments and agencies and require such reports as it deems considers necessary to accomplish this purpose. The department of administration or its delegated authorities shall file with the department of workforce development office the reports that are required of all employers. The department of workforce development office shall monitor the delivery of benefits payable under this chapter to state employees and their dependents and shall consult with and advise the department of administration in

the manner and at the times necessary to ensure prompt and proper delivery of those benefits.

History: 1995 a. 117; 1997 a. 38; 1999 a. 14; 2001 a. 37.

Section 44. 102.11 (1) (am) 1. of the statutes is amended to read:

102.11 (1) (am) 1. The employee is a member of a class of employees that does the same type of work at the same location and, in the case of an employee in the service of the state, is employed in the same office, department, independent agency, authority, institution, association, society, or other body in state government or, if the department of department of a performance appropriate, in the same subunit of an office, department, independent agency, authority, institution, association, society, or other body in state government.

Section 45. 102.125 of the statutes is amended to read:

self-insured employer has evidence that a claim is false or fraudulent in violation of s. 943.395 and if the insurer or self-insured employer is satisfied that reporting the claim to the department office will not impede its ability to defend the claim, the insurer or self-insured employer shall report the claim to the department office. The department office may require an insurer or self-insured employer to investigate an allegedly false or fraudulent claim and may provide the insurer or self-insured employer with any records of the department office relating to that claim. An insurer or self-insured employer that investigates a claim under this section shall report on the results of that investigation to the department office. If based on the investigation the department office has a reasonable basis to believe that a violation of s. 943.395 has occurred, the department office shall refer the results of the

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1 investigation to the district attorney of the county in which the alleged violation 2 occurred for prosecution.

History: 1993 a. 81; 2001 a. 37. History: 1971 c. 148; 1973 c. 150; 1975 c. 147; 1977 c. 195; 1979 c. 278; 1981 c. 92; 1983 a. 98; 1985 a. 83; 1987 a. 179; 1989 a. 64; 1991 a. 85; 1993 a. 81, 492; 1995 a. 117; 1997 a. 38, 253; 2001 a. 37, 107; 2005 a. 172; 2007 a. 185; 2009 a. 206; 2011 a. 123, 183, 257; 2013 a. 165.

SECTION 46. 102.13 (1) (c) of the statutes is amended to read:

102.13 (1) (c) So long as the employee, after a written request of the employer or insurer which that complies with par. (b), refuses to submit to or in any way obstructs the examination, the employee's right to begin or maintain any proceeding for the collection of compensation is suspended, except as provided in sub. (4). If the employee refuses to submit to the examination after direction by the department division or an examiner, or in any way obstructs the examination, the employee's right to the weekly indemnity which that accrues and becomes payable during the period of that refusal or obstruction, is barred, except as provided in sub. (4).

History: 1973 c. 272, 282; 1975 c. 147; 1977 c. 29; 1979 c. 102 s. 236 (3); 1979 c. 278; 1981 c. 92; 1983 a. 98, 279; 1985 a. 83; 1987 a. 179; 1989 a. 64, 359; 1991 a. 85; 1993 a. 81; 1997 a. 38; 2003 a. 144; 2005 a. 172; 2011 a. 183. **Section 47.** 102.13 (1) (d) 2. of the statutes is amended to read:

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

History: 1973 c, 272, 282; 1975 c, 147; 1977 c, 29; 1979 c, 102 s, 236 (3); 1979 c, 278; 1981 c, 92; 1983 a, 98, 279; 1985 a, 83; 1987 a, 179; 1989 a, 64, 359; 1991 a, 85; 1993 a, 81; 1997 a, 38; 2003 a, 144; 2005 a, 172; 2011 a, 183. **Section 48.** 102.13 (1) (d) 3. of the statutes is amended to read:

102.13 (1) (d) 3. Notwithstanding any statutory provisions except par. (e), any physician, chiropractor, psychologist, dentist, physician assistant, advanced practice nurse prescriber, or podiatrist attending a worker's compensation claimant for any condition or complaint reasonably related to the condition for which the claimant claims compensation may furnish to the employee, employer, worker's

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1 compensation insurer, or the department the office, or the division information and 2 reports relative to a compensation claim.

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

Section 49. 102.13 (1) (f) of the statutes is amended to read:

4 102.13 (1) (f) If an employee claims compensation under s. 102.81 (1), the 5 department office may require the employee to submit to physical or vocational 6 examinations under this subsection.

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

Section 50. 102.13 (2) (a) of the statutes is amended to read:

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

History: 1973 c. 272, 282; 1975 c. 147; 1977 c. 29; 1979 c. 102 s. 236 (3); 1979 c. 278; 1981 c. 92; 1983 a. 98, 279; 1985 a. 83; 1987 a. 179; 1989 a. 64, 359; 1991 a. 85;

Section 51. 102.13 (2) (c) of the statutes is amended to read:

102.13 (2) (c) Except as provided in this paragraph, if an injured employee has a period of temporary disability that exceeds 3 weeks or a permanent disability, if the injured employee has undergone surgery to treat his or her injury, other than surgery to correct a hernia, or if the injured employee sustained an eye injury requiring

medical treatment on 3 or more occasions off the employer's premises, the department office may by rule require the insurer or self-insured employer to submit to the department office a final report of the employee's treating practitioner. The department office may not require an insurer or self-insured employer to submit to the department office a final report of an employee's treating practitioner when the insurer or self-insured employer denies the employee's claim for compensation and the employee does not contest that denial. A treating practitioner may charge a reasonable fee for the completion of the final report, but may not require prepayment of that fee. An insurer or self-insured employer that disputes the reasonableness of a fee charged for the completion of a treatment practitioner's final report may submit that dispute to the department division for resolution under s. 102.16 (2).

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

Section 52. 102.13 (3) of the statutes is amended to read:

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

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1 appropriate credit for any overpayment to the employee determined by the $\mathbf{2}$ department division after receipt of the opinion.

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

Section 53. 102.13 (4) of the statutes is amended to read:

102.13 (4) The rights of employees right of an employee to begin or maintain proceedings for the collection of compensation and to receive weekly indemnities which that accrue and become payable shall not be suspended or barred under sub. (1) when an the employee refuses to submit to a physical examination, upon the request of the employer or worker's compensation insurer or at the direction of the department division or an examiner, which that would require the employee to travel a distance of 100 miles or more from his or her place of residence, unless the employee has claimed compensation for treatment from a practitioner whose office is located 100 miles or more from the employee's place of residence or the department division or examiner determines that any other circumstances warrant the examination. If the employee has claimed compensation for treatment from a practitioner whose office is located 100 miles or more from the employee's place of residence, the employer or insurer may request, or the department division or an examiner may direct, the employee to submit to a physical examination in the area where the employee's treatment practitioner is located.

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

Section 54. 102.13 (5) of the statutes is amended to read:

102.13 (5) The department division may refuse to receive testimony as to conditions determined from an autopsy if it appears that the party offering the testimony had procured the autopsy and had failed to make reasonable effort to notify at least one party in adverse interest or the department division at least 12

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SECTION 54

1 hours before the autopsy of the time and place it at which the autopsy would be 2 performed, or that the autopsy was performed by or at the direction of the coroner 3 or medical examiner or at the direction of the district attorney for purposes not authorized by under ch. 979. The department division may withhold findings until 4 5 an autopsy is held in accordance with its directions.

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

SECTION 55. 102.14 (title) of the statutes is amended to read:

102.14 (title) Jurisdiction of department office; advisory committee.

History: 1975 c. 147 s. 54; 1979 c. 278. **Section 56.** 102.14 (1) of the statutes is amended to read:

- 9 This Except as otherwise provided, this chapter shall be 102.14 (1) 10 administered by the department office.
 - History: 1975 c. 147 s. 54; 1979 c. 278. **Section 57.** 102.14 (2) of the statutes is amended to read:
 - 102.14 (2) The council on worker's compensation shall advise the department office in carrying out the purposes of this chapter. Such council, shall submit its recommendations with respect to amendments to this chapter to each regular session of the legislature, and shall report its views upon any pending bill relating to this chapter to the proper legislative committee. At the request of the chairpersons of the senate and assembly committees on labor, the department office shall schedule a meeting of the council with the members of the senate and assembly committees on labor to review and discuss matters of legislative concern arising under this chapter.

History: 1975 c. 147 s. 54; 1979 c. 278. **Section 58.** 102.15 (1) of the statutes is amended to read:

102.15 (1) Subject to this chapter, the department division may adopt its own 1 $\mathbf{2}$ rules of procedure and may change the same from time to time.

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History: 1977 c. 418; 1989 a. 64. **SECTION 59.** 102.15 (2) of the statutes is amended to read:

4 102.15 (2) The department division may provide by rule the conditions under 5 which transcripts of testimony and proceedings shall be furnished.

History: 1977 c. 418; 1989 a. 64. **SECTION 60.** 102.16 (1) of the statutes is amended to read:

102.16 (1) Any controversy concerning compensation or a violation of sub. (3), including controversies a controversy in which the state may be a party, shall be submitted to the department office under s. 102.17 (1) (a) 1. and processed by the division in the manner and with the effect provided in this chapter. compromise of any claim for compensation may be reviewed and set aside, modified or confirmed by the department within Within one year from after the date the on which a compromise of any claim for compensation is filed with the department, or from division or the date on which an award has been entered, based thereon, or the department may take that action based on a compromise, the division, on its own motion or upon application made within one year that period, may review and set aside, modify, or confirm the compromise. Unless the word "compromise" appears in a stipulation of settlement, the settlement shall not be deemed considered a compromise, and further claim is not barred except as provided in s. 102.17 (4) regardless of whether an award is made. The employer, insurer, or dependent under s. 102.51 (5) shall have equal rights with the employee to have review of a compromise or any other stipulation of settlement reviewed under this subsection.

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Upon petition filed with the department division, the department division may set aside the award or otherwise determine the rights of the parties.

3 Cross-reference: Cross-reference: Cross-reference: See also s. DWD 80.03, Wis. adm. code. Cross-reference: History: 1975 c. 147, 200; 1977 c. 195; 1981 c. 92, 314; 1983 a. 98; 1985 a. 83; 1989 a. 64; 1991 a. 85; 1993 a. 81; 1995 a. 117; 1997 a. 38; 1999 a. 14, 185; 2001 a. 37; 2003 a. 144; 2005 a. 172; 2007 a. 185; 2009 a. 206; 2011 a. 183. 4

Section 61. 102.16 (1m) (a) of the statutes is amended to read:

102.16 (1m) (a) If an insurer or self-insured employer concedes by compromise under sub. (1) or stipulation under s. 102.18 (1) (a) that the insurer or self-insured employer is liable under this chapter for any health services provided to an injured employee by a health service provider, but disputes the reasonableness of the fee charged by the health service provider, the department division may include in its order confirming the compromise or stipulation a determination as to the reasonableness of the fee or the department division may notify, or direct the insurer or self-insured employer to notify, the health service provider under sub. (2) (b) that the reasonableness of the fee is in dispute. The department division shall deny payment of a health service fee that the department division determines under this paragraph to be unreasonable. A health service provider and an insurer or self-insured employer that are parties to a fee dispute under this paragraph are bound by the department's division's determination under this paragraph on the reasonableness of the disputed fee, unless that determination is set aside, reversed, or modified by the department division under sub. (2) (f) or is set aside on judicial review as provided in sub. (2) (f).

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

Section 62. 102.16 (1m) (b) of the statutes is amended to read:

102.16 (1m) (b) If an insurer or self-insured employer concedes by compromise under sub. (1) or stipulation under s. 102.18 (1) (a) that the insurer or self-insured employer is liable under this chapter for any treatment provided to an injured

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employee by a health service provider, but disputes the necessity of the treatment, the department division may include in its order confirming the compromise or stipulation a determination as to the necessity of the treatment or the department division may notify, or direct the insurer or self-insured employer to notify, the health service provider under sub. (2m) (b) that the necessity of the treatment is in dispute. Before determining under this paragraph the necessity of treatment provided to an injured employee, the department division may, but is not required to, obtain the opinion of an expert selected by the department division who is qualified as provided in sub. (2m) (c). The standards promulgated under sub. (2m) (g) shall be applied by an expert and by the department division in rendering an opinion as to, and in determining, necessity of treatment under this paragraph. In cases in which no standards promulgated under sub. (2m) (g) apply, the department division shall find the facts regarding necessity of treatment. The department division shall deny payment for any treatment that the department division determines under this paragraph to be unnecessary. A health service provider and an insurer or self-insured employer that are parties to a dispute under this paragraph over the necessity of treatment are bound by the department's division's determination under this paragraph on the necessity of the disputed treatment, unless that determination is set aside, reversed, or modified by the department division under sub. (2m) (e) or is set aside on judicial review as provided in sub. (2m) (e).

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

Section 63. 102.16 (1m) (c) of the statutes is amended to read:

102.16 (1m) (c) If an insurer or self-insured employer concedes by compromise under sub. (1) or stipulation under s. 102.18 (1) (a) that the insurer or self-insured

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employer is liable under this chapter for the cost of a prescription drug dispensed under s. 102.425 (2) for outpatient use by an injured employee, but disputes the reasonableness of the amount charged for the prescription drug, the department division may include in its order confirming the compromise or stipulation a determination as to the reasonableness of the prescription drug charge or the department division may notify, or direct the insurer or self-insured employer to notify, the pharmacist or practitioner dispensing the prescription drug under s. 102.425 (4m) (b) that the reasonableness of the prescription drug charge is in dispute. The department division shall deny payment of a prescription drug charge that the department division determines under this paragraph to be unreasonable. A pharmacist or practitioner and an insurer or self-insured employer that are parties to a dispute under this paragraph over the reasonableness of a prescription drug charge are bound by the department's division's determination under this paragraph on the reasonableness of the disputed prescription drug charge, unless that determination is set aside, reversed, or modified by the department division under s. 102.425 (4m) (e) or is set aside on judicial review as provided in s. 102.425 (4m) (e).

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

Section 64. 102.16 (2) (a) of the statutes is amended to read:

102.16 (2) (a) Except as provided in this paragraph, the department division has jurisdiction under this subsection, sub. (1m) (a), and s. 102.17 to resolve a dispute between a health service provider and an insurer or self-insured employer over the reasonableness of a fee charged by the health service provider for health services provided to an injured employee who claims benefits under this chapter. A health service provider may not submit a fee dispute to the department division under this

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subsection before all treatment by the health service provider of the employee's injury has ended if the amount in controversy, whether based on a single charge or a combination of charges for one or more days of service, is less than \$25. After all treatment by a health service provider of an employee's injury has ended, the health service provider may submit any fee dispute to the department division, regardless of the amount in controversy. The department division shall deny payment of a health service fee that the department division determines under this subsection to be unreasonable.

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

Section 65. 102.16 (2) (am) of the statutes is amended to read:

102.16 (2) (am) A health service provider and an insurer or self-insured employer that are parties to a fee dispute under this subsection are bound by the department's division's determination under this subsection on the reasonableness of the disputed fee, unless that determination is set aside on judicial review as provided in par. (f).

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

SECTION 66. 102.16 (2) (b) of the statutes is amended to read:

102.16 (2) (b) An insurer or self-insured employer that disputes the reasonableness of a fee charged by a health service provider or the department division under sub. (1m) (a) or s. 102.18 (1) (bg) 1. shall provide reasonable written notice to the health service provider that the fee is being disputed. After receiving reasonable written notice under this paragraph or under sub. (1m) (a) or s. 102.18 (1) (bg) 1. that a health service fee is being disputed, a health service provider may

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1 not collect the disputed fee from, or bring an action for collection of the disputed fee 2 against, the employee who received the services for which the fee was charged.

History: 1975 c. 147, 200; 1977 c. 195; 1981 c. 92, 314; 1983 a. 98; 1985 a. 83; 1989 a. 64; 1991 a. 85; 1993 a. 81; 1995 a. 117; 1997 a. 38; 1999 a. 14, 185; 2001 a. 37; 2003 a. 144; 2005 a. 172; 2007 a. 185; 2009 a. 206; 2011 a. 183. 3

Section 67. 102.16 (2) (c) of the statutes is amended to read:

102.16 (2) (c) After a fee dispute is submitted to the department division, the insurer or self-insured employer that is a party to the dispute shall provide to the department division information on that fee and information on fees charged by other health service providers for comparable services. The insurer or self-insured employer shall obtain the information on comparable fees from a database that is certified by the department division under par. (h). Except as provided in par. (e) 1., if the insurer or self-insured employer does not provide the information required under this paragraph, the department division shall determine that the disputed fee is reasonable and order that it be paid. If the insurer or self-insured employer provides the information required under this paragraph, the department division shall use that information to determine the reasonableness of the disputed fee.

History: 1975 c. 147, 200; 1977 c. 195; 1981 c. 92, 314; 1983 a. 98; 1985 a. 83; 1989 a. 64; 1991 a. 85; 1993 a. 81; 1995 a. 117; 1997 a. 38; 1999 a. 14, 185; 2001 a. 37; 2003 a. 144; 2005 a. 172; 2007 a. 185; 2009 a. 206; 2011 a. 183. 15

Section 68. 102.16 (2) (d) of the statutes is amended to read:

102.16 (2) (d) The department division shall analyze the information provided to the department division under par. (c) according to the criteria provided in this paragraph to determine the reasonableness of the disputed fee. Except as provided in 2011 Wisconsin Act 183, section 30 (2) (b), the department division shall determine that a disputed fee is reasonable and order that the disputed fee be paid if that fee is at or below the mean fee for the health service procedure for which the disputed fee was charged, plus 1.2 standard deviations from that mean, as shown by data from a database that is certified by the department division under par. (h). Except as

provided in 2011 Wisconsin Act 183, section 30 (2) (b), the department division shall determine that a disputed fee is unreasonable and order that a reasonable fee be paid if the disputed fee is above the mean fee for the health service procedure for which the disputed fee was charged, plus 1.2 standard deviations from that mean, as shown by data from a database that is certified by the department division under par. (h), unless the health service provider proves to the satisfaction of the department division that a higher fee is justified because the service provided in the disputed case was more difficult or more complicated to provide than in the usual case.

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

Section 69. 102.16 (2) (e) 1. of the statutes is amended to read:

102.16 (2) (e) 1. Subject to subd. 2., if an insurer or self-insured employer that disputes the reasonableness of a fee charged by a health service provider cannot provide information on fees charged by other health service providers for comparable services because the database to which the insurer or self-insured employer subscribes is not able to provide accurate information for the health service procedure at issue, the department division may use any other information that the department division considers to be reliable and relevant to the disputed fee to determine the reasonableness of the disputed fee.

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

Section 70. 102.16 (2) (e) 2. of the statutes is amended to read:

102.16 (2) (e) 2. Notwithstanding subd. 1., the department division may use only a hospital radiology database that has been certified by the department division under par. (h) to determine the reasonableness of a hospital fee for radiology services.

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

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102.16 (2) (f) Within 30 days after a determination under this subsection, the department division may set aside, reverse, or modify the determination for any reason that the department division considers sufficient. Within 60 days after a determination under this subsection, the department division may set aside, reverse, or modify the determination on grounds of mistake. A health service provider, insurer, or self-insured employer that is aggrieved by a determination of the department division under this subsection may seek judicial review of that determination in the same manner that compensation claims are reviewed under s. 102.23.

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

SECTION 72. 102.16 (2) (h) of the statutes is amended to read:

102.16 (2) (h) The department division shall promulgate rules establishing procedures and requirements for the fee dispute resolution process under this subsection, including rules specifying the standards that health service fee databases must meet for certification under this paragraph. Using those standards, the department division shall certify databases of the health service fees that various health service providers charge. In certifying databases under this paragraph, the department division shall certify at least one database of hospital fees for radiology services, including diagnostic and interventional radiology, diagnostic ultrasound, and nuclear medicine.

Section 73. 102.16 (2m) (a) of the statutes is amended to read:

102.16 (2m) (a) Except as provided in this paragraph, the department division has jurisdiction under this subsection, sub. (1m) (b), and s. 102.17 to resolve a dispute between a health service provider and an insurer or self-insured employer over the

²⁰ Cross-reference: Cross-reference: See also s. DWD 80.72, Wis. adm. eode. Cross-reference: History: 1975 c. 147, 200; 1977 c. 195; 1981 c. 92, 314; 1983 a. 98; 1985 a. 83; 1989 a. 64; 1991 a. 85; 1993 a. 81; 1995 a. 117; 1997 a. 38; 1999 a. 14, 185; 2001 a. 37; 2003 a. 144; 2005 a. 172; 2007 a. 185; 2009 a. 206; 2011 a. 183. 21

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necessity of treatment provided for an injured employee who claims benefits under this chapter. A health service provider may not submit a dispute over necessity of treatment to the department division under this subsection before all treatment by the health service provider of the employee's injury has ended if the amount in controversy, whether based on a single charge or a combination of charges for one or more days of service, is less than \$25. After all treatment by a health service provider of an employee's injury has ended, the health service provider may submit any dispute over necessity of treatment to the department division, regardless of the amount in controversy. The department division shall deny payment for any treatment that the department division determines under this subsection to be unnecessary.

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

Section 74. 102.16 (2m) (am) of the statutes is amended to read:

102.16 (2m) (am) A health service provider and an insurer or self-insured employer that are parties to a dispute under this subsection over the necessity of treatment are bound by the department's division's determination under this subsection on the necessity of the disputed treatment, unless that determination is set aside on judicial review as provided in par. (e).

History: 1975 c. 147, 200; 1977 c. 195; 1981 c. 92, 314; 1983 a. 98; 1985 a. 83; 1989 a. 64; 1991 a. 85; 1993 a. 81; 1995 a. 117; 1997 a. 38; 1999 a. 14, 185; 2001 a. 37; 18

Section 75. 102.16 (2m) (b) of the statutes is amended to read:

102.16 (2m) (b) An insurer or self-insured employer that disputes the necessity of treatment provided by a health service provider or the department division under sub. (1m) (b) or s. 102.18 (1) (bg) 2. shall provide reasonable written notice to the health service provider that the necessity of that treatment is being disputed. After receiving reasonable written notice under this paragraph or under

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1 sub. (1m) (b) or s. 102.18 (1) (bg) 2. that the necessity of treatment is being disputed. $\mathbf{2}$ a health service provider may not collect a fee for that disputed treatment from, or 3 bring an action for collection of the fee for that disputed treatment against, the 4 employee who received the treatment.

History: 1975 c. 147, 200; 1977 c. 195; 1981 c. 92, 314; 1983 a. 98; 1985 a. 83; 1989 a. 64; 1991 a. 85; 1993 a. 81; 1995 a. 117; 1997 a. 38; 1999 a. 14, 185; 2001 a. 37; 2003 a. 144; 2005 a. 172; 2007 a. 185; 2009 a. 206; 2011 a. 183. 5

SECTION 76. 102.16 (2m) (c) of the statutes is amended to read:

102.16 (2m) (c) Before determining under this subsection the necessity of treatment provided for an injured employee who claims benefits under this chapter. the department division shall obtain a written opinion on the necessity of the treatment in dispute from an expert selected by the department division. To qualify as an expert, a person must be licensed to practice the same health care profession as the individual health service provider whose treatment is under review and must either be performing services for an impartial health care services review organization or be a member of an independent panel of experts established by the department division under par. (f). The standards promulgated under par. (g) shall be applied by an expert and by the department division in rendering an opinion as to, and in determining, necessity of treatment under this paragraph. In cases in which no standards promulgated under sub. (2m) (g) apply, the department division shall find the facts regarding necessity of treatment. The department division shall adopt the written opinion of the expert as the department's division's determination on the issues covered in the written opinion, unless the health service provider or the insurer or self-insured employer present clear and convincing written evidence that the expert's opinion is in error.

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102.16 (2m) (d) The department division may charge a party to a dispute over the necessity of treatment provided for an injured employee who claims benefits under this chapter for the full cost of obtaining the written opinion of the expert under par. (c). The department division shall charge the insurer or self-insured employer for the full cost of obtaining the written opinion of the expert for the first dispute that a particular individual health service provider is involved in, unless the department division determines that the individual health service provider's position in the dispute is frivolous or based on fraudulent representations. In a subsequent dispute involving the same individual health service provider, the department division shall charge the losing party to the dispute for the full cost of obtaining the written opinion of the expert.

History: 1975 c. 147, 200; 1977 c. 195; 1981 c. 92, 314; 1983 a. 98; 1985 a. 83; 1989 a. 64; 1991 a. 85; 1993 a. 81; 1995 a. 117; 1997 a. 38; 1999 a. 14, 185; 2001 a. 37; 2003 a. 144; 2005 a. 172; 2007 a. 185; 2009 a. 206; 2011 a. 183. 12 **Section 78.** 102.16 (2m) (e) of the statutes is amended to read:

102.16 (2m) (e) Within 30 days after a determination under this subsection, the department division may set aside, reverse, or modify the determination for any reason that the department division considers sufficient. Within 60 days after a determination under this subsection, the department division may set aside, reverse, or modify the determination on grounds of mistake. A health service provider, insurer, or self-insured employer that is aggrieved by a determination of the department division under this subsection may seek judicial review of that determination in the same manner that compensation claims are reviewed under s. 102.23.

History: 1975 c. 147, 200; 1977 c. 195; 1981 c. 92, 314; 1983 a. 98; 1985 a. 83; 1989 a. 64; 1991 a. 85; 1993 a. 81; 1995 a. 117; 1997 a. 38; 1999 a. 14, 185; 2001 a. 37; 2003 a. 144; 2005 a. 172; 2007 a. 185; 2009 a. 206; 2011 a. 183. 22

Section 79. 102.16 (2m) (f) of the statutes is amended to read:

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102.16 (2m) (f) The department division may contract with an impartial health care services review organization to provide the expert opinions required under par. (c), or establish a panel of experts to provide those opinions, or both. If the department division establishes a panel of experts to provide the expert opinions required under par. (c), the department division may pay the members of that panel a reasonable fee, plus actual and necessary expenses, for their services.

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

Section 80. 102.16 (2m) (g) of the statutes is amended to read:

102.16 (2m) (g) The department division shall promulgate rules establishing procedures and requirements for the necessity of treatment dispute resolution process under this subsection, including rules setting the fees under par. (f) and rules establishing standards for determining the necessity of treatment provided to an injured employee. Before the department division may amend the rules establishing those standards, the department division shall establish an advisory committee under s. 227.13 composed of health care providers providing treatment under s. 102.42 to advise the department division and the council on worker's compensation on amending those rules.

Cross-reference: Cross-reference: Cross-reference: See also s. DWD 80.73 and ch. DWD 81, Wis. adm. code. Cross-reference:

History: 1975 c. 147, 200; 1977 c. 195; 1981 c. 92, 314; 1983 a. 98; 1985 a. 83; 1989 a. 64; 1991 a. 85; 1993 a. 81; 1995 a. 117; 1997 a. 38; 1999 a. 14, 185; 2001 a. 37; 003 a. 144; 2005 a. 172; 2007 a. 185; 2009 a. 206; 2011 a. 183.

Section 81. 102.17 (1) (a) 1. of the statutes is amended to read:

102.17 (1) (a) 1. Upon the filing with the department office by any party in interest of any application in writing stating the general nature of any claim as to which any dispute or controversy may have arisen, the department office shall mail a copy of the application to all other parties in interest and to the administrator, and the insurance carrier and the office shall be considered a party parties in interest.

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The department office or the division may bring in additional parties by service of a copy of the application.

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

Section 82. 102.17 (1) (a) 2. of the statutes is amended to read:

102.17 (1) (a) 2. Subject to subd. 3., the department division shall cause notice of hearing on the application to be given to each interested party, by service of that notice on the interested party personally or by mailing a copy of that notice to the interested party's last–known address at least 10 days before the hearing. If a party in interest is located without this state, and has no post–office address within this state, the copy of the application and copies of all notices shall be filed with the department of financial institutions and shall also be sent by registered or certified mail to the last–known post–office address of the party. Such filing and mailing shall constitute sufficient service, with the same effect as if served upon a party located within this state.

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

Section 83. 102.17 (1) (a) 3. of the statutes is amended to read:

102.17 (1) (a) 3. If a party in interest claims that the employer or insurer has acted with malice or bad faith, as described in s. 102.18 (1) (b) or (bp), that party shall provide written notice stating with reasonable specificity the basis for the claim to the employer, the insurer, the office, and the department division before the department division schedules a hearing on the claim of malice or bad faith.

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

SECTION 84. 102.17 (1) (a) 4. of the statutes is amended to read:

102.17 (1) (a) 4. The hearing may be adjourned in the discretion of the department division, and hearings may be held at such places as the department

division designates, within or without the state. The department division may also arrange to have hearings held by the commission, officer, or tribunal having authority to hear cases arising under the worker's compensation law of any other state, of the District of Columbia, or of any territory of the United States, with the testimony and proceedings at any such hearing to be reported to the department division and to be made part of the record in the case. Any evidence so taken shall be subject to rebuttal upon final hearing before the department division.

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

Section 85. 102.17 (1) (b) of the statutes is amended to read:

division, the department division may direct the parties to appear before an examiner for a conference to consider the clarification of issues, the joining of additional parties, the necessity or desirability of amendments to the pleadings, the obtaining of admissions of fact or of documents, records, reports, and bills which that may avoid unnecessary proof, and such other matters as may aid in disposition of the dispute or controversy. After this that conference the department division may issue an order requiring disclosure or exchange of any information or written material which it that the division considers material to the timely and orderly disposition of the dispute or controversy. If a party fails to disclose or exchange that information within the time stated in the order, the department division may issue an order dismissing the claim without prejudice or excluding evidence or testimony relating to the information or written material. The department division shall provide each party with a copy of any order issued under this paragraph.