1	*-0797/P1.23*Section 201. 25.17 (12) (a) of the statutes is amended to read
2	25.17 (12) (a) The commissioner of insurance secretary of financia
3	institutions, insurance, and professional standards in the investment of the state
4	insurance fund;
5	*-0797/P1.24*Section 202. 25.17 (12) (b) of the statutes is amended to read
6	25.17 (12) (b) The commissioner of insurance secretary of financia
7	institutions, insurance, and professional standards, the state treasurer, the
8	secretary of state and the attorney general in the investment of the life fund;
9	*-0906/P1.33*Section 203. 25.185 (1) (a) of the statutes is amended to read
10	25.185 (1) (a) "Disabled veteran-owned financial adviser" means a financial
11	adviser certified by the department of administration under s. 16.283 203.03 (3).
12	*-0906/P1.34*Section 204. 25.185 (1) (b) of the statutes is amended to read
13	25.185 (1) (b) "Disabled veteran-owned investment firm" means an
14	investment firm certified by the department of administration under s. 16.283
15	<u>203.03</u> (3).
16	*-0906/P1.35*Section 205. 25.185 (1) (c) of the statutes is amended to read
17	25.185 (1) (c) "Minority financial adviser" means a financial adviser certified
18	by the department of administration under s. 16.287 203.07 (2).
19	*-0906/P1.36*Section 206. 25.185 (1) (d) of the statutes is amended to read
20	25.185 (1) (d) "Minority investment firm" means an investment firm certified
21	by the department of administration under s. 16.287 203.07 (2).
22	*-0799/P1.25*Section 207. 25.40 (1) (a) 2. of the statutes is amended to read
23	25.40 (1) (a) 2. Other revenues specified in ch. 218 derived from the issuance
24	of licenses under the authority of the division of banking department of financial

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institutions, insurance, and professional standards which shall be paid into the general fund.

\*-0800/P1.99\*Section 208. 25.43 (3) of the statutes is amended to read:

25.43 (3) Except for the purpose of investment as provided in s. 25.17 (2) (d), the environmental improvement fund may be used only for the purposes authorized under ss. 20.320 (1) (r), (s), (sm), (t), and (x), and (2) (s) and (x) and (3) (q), 20.370 (4) (mt), (mx), and (nz), (8) (mr), and (9) (mt), (mx), and (ny), 20.505 (1) (v), (x), and (y), 281.58, 281.59, 281.60, 281.61, and 281.62.

\*-0799/P1.26\*Section 209. 34.01 (2) (a) of the statutes is amended to read:

34.01 (2) (a) Any loss of public moneys, which have been deposited in a designated public depository in accordance with this chapter, resulting from the failure of any public depository to repay to any public depositor the full amount of its deposit because the office of credit unions, administrator of federal credit unions, U.S. comptroller of the currency, federal home loan bank board, U.S. office of thrift supervision, federal deposit insurance corporation, resolution trust corporation, or division of banking department of financial institutions, insurance, and professional standards has taken possession of the public depository or because the public depository has, with the consent and approval of the office of credit unions, administrator of federal credit unions, U.S. office of thrift supervision, federal deposit insurance corporation, resolution trust corporation, or division of banking department of financial institutions, insurance, and professional standards, adopted a stabilization and readjustment plan or has sold a part or all of its assets to another credit union, bank, savings bank, or savings and loan association which has agreed to pay a part or all of the deposit liability on a deferred payment basis or because the depository is prevented from paying out old deposits because of rules of the office of

credit unions, administrator of federal credit unions, U.S. comptroller of the
currency, federal home loan bank board, U.S. office of thrift supervision, federal
deposit insurance corporation, resolution trust corporation, or division of banking
department of financial institutions, insurance, and professional standards.
*-0799/P1.27*Section 210. 34.03 (3) of the statutes is amended to read:
34.03 (3) Take such action as the division department deems necessary or

34.03 (3) Take such action as the division department deems necessary or appropriate for the protection, collection, compromise or settlement of any claim against or in favor of the appropriation under s. 20.144 (1) 20.142 (2) (a).

\*-0799/P1.28\*Section 211. 34.03 (4) of the statutes is amended to read:

34.03 (4) Exercise all powers reasonably necessary and proper to the full and complete performance of the division's department's functions under this chapter, including but not limited to ordinary powers granted corporations.

\*-0799/P1.29\*Section 212. 34.08 of the statutes is amended to read:

- **34.08** Payment of losses. (1) Except as provided in sub. (2), the appropriation in s. 20.144 (1) 20.142 (2) (a) shall be used to repay public depositors for losses until the appropriation is exhausted.
- (2) Payments under sub. (1) shall be made in the order in which satisfactory proofs of loss are received by the division of banking department of financial institutions, insurance, and professional standards. The payment made to any public depositor for all losses of the public depositor in any individual public depository may not exceed \$400,000 above the amount of deposit insurance provided by an agency of the United States at the public depository that experienced the loss. Upon a satisfactory proof of loss, the division of banking department of financial institutions, insurance, and professional standards shall direct the department of administration to draw its warrant payable from the appropriation under s. 20.144

- (1) 20.142 (2) (a) and the secretary of administration shall pay the warrant under s. 16.401 (4) in favor of the public depositor that has submitted the proof of loss.
  - (3) Losses become fixed as of the date of loss. A public depositor experiencing a loss shall, within 60 days of the loss, assign its interest in the deposit, to the extent of the amount paid under this section, to the division of banking department of financial institutions, insurance, and professional standards. Upon failure to make the assignment, the public depositor shall forfeit its right to payment under this section. Any recovery made by the division of banking department of financial institutions, insurance, and professional standards under the assignment shall be repaid to the appropriation under s. 20.144 (1) 20.142 (2) (a).

\*-0799/P1.30\*Section 213. 34.10 of the statutes is amended to read:

34.10 Reorganization and stabilization of financial institutions. Whenever the office of credit unions, administrator of federal credit unions, U.S. comptroller of the currency, federal home loan bank board, U.S. office of thrift supervision, federal deposit insurance corporation, resolution trust corporation, or division of banking department of financial institutions, insurance, and professional standards has taken charge of a credit union, bank, savings bank, or savings and loan association with a view of restoring its solvency, pursuant to law, or with a view of stabilizing and readjusting the structure of any national or state credit union, bank, savings bank, or savings and loan association located in this state, and has approved a reorganization plan or a stabilization and readjustment agreement entered into between the credit union, bank, savings bank, or savings and loan association and depositors and unsecured creditors, or when a credit union, bank, savings bank, or savings and loan association, with the approval of the office of credit unions, administrator of federal credit unions, U.S. comptroller of the currency, federal home

loan bank board, U.S. office of thrift supervision, federal deposit insurance
corporation, resolution trust corporation, or division of banking department of
financial institutions, insurance, and professional standards proposes to sell its
assets to another credit union, bank, savings bank, or savings and loan association
which agrees to assume a part or all of the deposit liability of such selling credit
union, bank, savings bank, or savings and loan association and to pay the same on
a deferred payment basis, the governing board of the public depositor may, on the
approval of the division of banking department of financial institutions, insurance,
and professional standards, join in the execution of any reorganization plan, or any
stabilization and readjustment agreement, or any depositor's agreement relative to
a proposed sale of assets if, in its judgment and that of the division of banking
department of financial institutions, insurance, and professional standards, the
reorganization plan or stabilization and readjustment agreement or proposed sale
of assets is in the best interest of all persons concerned. The joining in any
reorganization plan, or any stabilization and readjustment agreement, or any
proposed sale of assets which meets the approval of the division of banking
department of financial institutions, insurance, and professional standards does not
waive any rights under this chapter.
*-0906/P1.37*Section 214. 36.34 (1) (a) 3. of the statutes is amended to read:

\*-0906/P1.37\*SECTION 214. 36.34 (1) (a) 3. of the statutes is amended to read 36.34 (1) (a) 3. Is a Hispanic, as defined in s. 16.287 203.07 (1) (d).

\*-0906/P1.38\*Section 215. 38.04 (8) (a) of the statutes is amended to read:

38.04 (8) (a) In this subsection, "minority group member" has the meaning given in s. 16.287 203.07 (1) (f).

\*-0906/P1.39\*Section 216. 38.26 (1) of the statutes is amended to read:

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	38.26 (1)	In	this	section,	"minority	student"	means	a	student	enrolled	l in	a
distr	ict school v	who	is a	minority	group mer	nber, as d	efined i	n s	s. <del>16.287</del>	<u>203.07</u> (	<b>1</b> ) (1	f).

\*-0799/P1.31\*Section 217. 38.50 (5) of the statutes is amended to read:

38.50 (5) EMPLOYEES, QUARTERS. The board shall employ a person to perform the duties of an executive secretary and any other persons under the classified service that may be necessary to carry out the board's responsibilities. The person performing the duties of the executive secretary shall be in charge of the administrative functions of the board. The board shall, to the maximum extent practicable, keep its office with the technical college system board department of financial institutions, insurance, and professional standards.

\*\*\*\*NOTE: I did not renumber s. 38.50 to locate the provision outside ch. 38. Do you want me to do so? If so, in which chapter would you like the provision located?

\*-0799/P1.32\*Section 218. 38.50 (10) (a) of the statutes is amended to read:

38.50 (10) (a) Authority. All proprietary schools shall be examined and approved by the board before operating in this state. Approval shall be granted to schools meeting the criteria established by the board for a period not to exceed one year. No school may advertise in this state unless approved by the board. All approved schools shall submit quarterly reports, including information on enrollment, number of teachers and their qualifications, course offerings, number of graduates, number of graduates successfully employed, and such other information as the board considers necessary. If a school closure results in losses to students, parents, or sponsors, the board may authorize the full or partial payment of those losses from the appropriation under s. 20.292 (2) 20.142 (9) (gm).

\*-0799/P1.33\*Section 219. 38.50 (11) (d) of the statutes is amended to read:

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38.50 (11) (d) The board or association shall preserve a student record that
comes into the possession of the board or association under par. (b) 1. or 2. and shall
keep the student record confidential as provided under 20 USC 1232g and 34 CFR
part 99. A student record in the possession of the board is not open to public
inspection or copying under s. 19.35 (1). Upon request of the person who is the subject
of a student record or an authorized representative of that person, the board or
association shall provide a copy of the student record to the requester. The board or
association may charge a fee for providing a copy of a student record. The fee shall
be based on the administrative cost of taking possession of, preserving, and providing
the copy of the student record. All fees collected by the board under this paragraph
shall be credited to the appropriation account under s. $20.292(2) 20.142(9)$ (i).
*-0799/P1.34*Section 220. 38.50 (13) (d) of the statutes is amended to read:
38.50 (13) (d) The board may charge a fee for evaluating an educational
institution under par. (a) 2. e. in an amount that is sufficient to cover all costs that
the board incurs in evaluating the institution. All fees collected by the board under
this paragraph shall be credited to the appropriation account under s. 20.292 (2)
20.142 (9) (g).
*-0906/P1.40*Section 221. 39.40 (1) (c) of the statutes is amended to read:
39.40 (1) (c) A Hispanic, as defined in s. $16.287 203.07$ (1) (d).
*-0906/P1.41*Section 222. 39.44 (1) (a) 3. of the statutes is amended to read:
39.44 (1) (a) 3. Is a Hispanic, as defined in s. $16.287 203.07$ (1) (d).
*-0797/P1.25*Section 223. 40.55 (1) of the statutes is amended to read:
40.55 (1) Except as provided in sub. (5), the state shall offer, through the group

insurance board, to eligible employees under s. 40.02 (25) (bm) and to state

annuitants long-term care insurance policies which have been filed with the office

of the commissioner of insurance department of financial institutions, insurance, and professional standards and which have been approved for offering under contracts established by the group insurance board. The state shall also allow an eligible employee or a state annuitant to purchase those policies for his or her spouse, domestic partner, or parent.

## \*-0872/P1.19\*Section 224. 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 of employee trust funds and the department of workforce development financial institutions, insurance, and professional standards 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.

## \*-0872/P1.20\*Section 225. 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 the department of workforce development financial institutions, insurance, and professional standards, which department 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
financial institutions, insurance, and professional standards 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 financial
institutions, insurance, and professional standards may promulgate rules needed to
administer this paragraph.

\*-0872/P1.21\*Section 226. 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.

\*-0872/P1.22\*Section 227. 40.65 (2) (b) 4. of the statutes is amended to read: 40.65 (2) (b) 4. In hearing an appeal under subd. 3., the department of workforce development division of hearings and appeals in the department of administration shall follow the procedures under ss. 102.16 to 102.26.

\*-0906/P1.42\*Section 228. 41.53 (1) (h) of the statutes is amended to read:

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1	41.53 (1) (h) Annually, award an amount equal to at least $5%$ of all state and
2	federal funds received by the board in that year for grants to artists and arts
3	organizations to artists who are minority group members and arts groups composed
4	principally of minority group members. In this paragraph, "minority group member"
5	has the meaning specified in s. $16.287 \ \underline{203.07} \ (1) \ (f)$ .
6	*-0906/P1.43*Section 229. 42.09 (3) (b) of the statutes is amended to read:
7	42.09 (3) (b) The board shall develop policies encouraging each private person
8	entering into an agreement with the board under this subsection to agree that his
9	or her goal shall be to ensure that at least $25\%$ of the employees hired to perform
10	construction work in connection with state fair park facilities or to perform
11	professional services in connection with the construction or development of those
12	facilities will be minority group members, as defined in s. $16.287 \pm 203.07$ (1) (f), and
13	that at least $5\%$ of the employees hired to perform construction work in connection
14	with state fair park facilities or to perform professional services in connection with
15	the construction or development of those facilities will be women.
16	*-0797/P1.26*Section 230. 45.44 (1) (a) 14. of the statutes is amended to read:
17	45.44 (1) (a) 14. A license, certification, certification card, or permit issued
18	under s. <del>252.23, 252.24,</del> 254.176, 254.178, 254.20, 254.71, and 256.15.
19	*-0797/P1.27*Section 231. 45.44 (1) (b) of the statutes is amended to read:
20	45.44 (1) (b) "Licensing agency" means the department of agriculture, trade
21	and consumer protection; the department of children and families; the department

, trade and consumer protection; the department of children and families; the department of financial institutions; the department of health services; the department of natural resources; the department of public instruction; the department of revenue; the department of safety and professional services financial institutions, insurance, and professional standards and its examining boards and affiliated credentialing

1	boards; the department of transportation; the department of workforce development;
2	the board of commissioners of public lands; or the government accountability board;
3	or the office of the commissioner of insurance.

\*-0799/P1.35\*SECTION 232. 45.44 (1) (b) of the statutes is amended to read:

45.44 (1) (b) "Licensing agency" means the department of agriculture, trade and consumer protection; the department of children and families; the department of financial institutions, insurance, and professional standards and its examining boards and affiliated credentialing boards; the department of health services; the department of natural resources; the department of public instruction; the department of revenue; the department of safety and professional services and its examining boards and affiliated credentialing boards; the department of transportation; the department of workforce development; the board of commissioners of public lands; or the government accountability board; or the office of the commissioner of insurance.

\*-0800/P1.100\*Section 233. 45.44 (1) (b) of the statutes is amended to read:

45.44 (1) (b) "Licensing agency" means the department of agriculture, trade and consumer protection; the department of children and families; the department of financial institutions; the department of health services; the department of natural resources; the department of public instruction; the department of revenue; the department of safety and professional services financial institutions, insurance, and professional standards and its examining boards and affiliated credentialing boards; the department of transportation; the department of workforce development; the board of commissioners of public lands; or the government accountability board; or the office of the commissioner of insurance.

<sup>\*-0797/</sup>P1.28\*Section 234. 46.284 (3m) of the statutes is amended to read:

...:...

## SECTION 234

1	46.284 (3m) PERMIT REQUIRED. A care management organization that is
2	described under s. 600.01 (1) (b) 10. a., to which s. 600.01 (1) (b) 10. b. does not apply
3	and that is certified under sub. (3) shall apply for a permit with the office of the
4	commissioner of insurance department of financial institutions, insurance, and
5_	professional standards under ch. 648.
6	*-0797/P1.29*Section 235. 46.29 (3) (e) of the statutes is amended to read:
7	46.29 (3) (e) The secretary of safety and professional services financial
8	institutions, insurance, and professional standards.
9	*-0800/P1.101*SECTION 236. 46.29 (3) (e) of the statutes is amended to read:
10	46.29 (3) (e) The secretary of safety and professional services financial
11	institutions, insurance, and professional standards.
12	*-0797/P1.30*Section 237. 46.29 (3) (f) of the statutes is repealed.
13	*-0800/P1.102*Section 238. 46.29 (3) (f) of the statutes is repealed.
14	*-0800/P1.103*Section 239. 46.90 (5m) (br) 5. of the statutes is amended to
15	read:
16	46.90 (5m) (br) 5. Refer the case to the department of safety and professional
17	services financial institutions, insurance, and professional standards if the financial
18	exploitation, neglect, self-neglect, or abuse involves an individual who is required
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	to be registered under s. 202.13 or 202.14 or to hold a credential, as defined in s.
20	to be registered under s. 202.13 or 202.14 or to hold a credential, as defined in s. 440.01 (2) (a), under chs. 440 to 460.
20	440.01 (2) (a), under chs. 440 to 460.
20 21	440.01 (2) (a), under chs. 440 to 460.  *-0800/P1.104*Section 240. 46.90 (5m) (br) 5g. of the statutes is repealed.

49.45 (12) MACHINE-READABLE MEDICAL ASSISTANCE CARDS. If the commissioner
of insurance promulgates rules are promulgated under s. 601.57 (2) establishing a
health insurance identification card system and its computerized support system,
the department shall develop a plan to coordinate a system of machine-readable
identification cards for medical assistance recipients with the those systems
established by the commissioner and shall submit the plan to the governor, and to
the legislature under s. 13.172 (2), before issuing a request for proposals <del>under par.</del>
(c). (c) The department shall request proposals for a system of machine-readable
identification cards for medical assistance recipients and a computerized support
system for the cards that will accept and respond to electronically conveyed requests
from health care providers for information related to medical assistance recipients,
such as eligibility, coverages and authorizations. The request for proposals shall
specify that the systems are to be operating by January 1, 1997.

\*-0797/P1.33\*SECTION 243. 49.45 (31) (b) 5. of the statutes is amended to read: 49.45 (31) (b) 5. The Before July 1, 2015, the commissioner of insurance, or on or after July 1, 2015, the department of financial institutions, insurance, and professional standards, certifies to the department of health services that the policy meets the criteria under subds. 2. to 4.

\*-0797/P1.34\*Section 244. 49.45 (31) (c) 1. of the statutes is amended to read: 49.45 (31) (c) 1. The department of health services and the office of the commissioner of insurance department of financial institutions, insurance, and professional standards shall approve a training program for individuals who sell long-term care insurance policies in the state to ensure that those individuals understand the relation of long-term care insurance to the Medical Assistance program and are able to explain to consumers the protections offered by long-term

1	care insurance and how this type of insurance relates to private and public financing
2	of long-term care.
3	*-0797/P1.35*Section 245. 49.475 (4) (c) of the statutes is amended to read
4	49.475 (4) (c) If an insurer fails to comply with par. (a) or (b), the department
5	of health services may notify the commissioner of insurance department of financial
6	institutions, insurance, and professional standards, and the commissioner of
7	insurance department of financial institutions, insurance, and professional
8	standards may initiate enforcement proceedings against the insurer under s. 601.41
9	(4) (a).
10	*-0797/P1.36*Section 246. 49.857 (1) (d) 4. of the statutes is amended to read
11	49.857 (1) (d) 4. A certification, license, training permit, registration, approval
12	or certificate issued under s. 49.45 (2) (a) 11., <del>252.23 (2), 252.24 (2),</del> 254.176 (1) or (3)
13	(a), 254.178 (2) (a), 254.20 (2), (3) or (4), 254.47 (1), 254.64 (1) (a) or (b), 254.71 (2),
14	<del>255.08 (2),</del> or 256.15 (5) (a) or (b), (6g) (a), or (8) (a).
15	*-0800/P1.105*Section 247. 55.043 (4) (b) 5. of the statutes is amended to
16	read:
17	55.043 (4) (b) 5. Refer the case to the department of safety and professional
18	services financial institutions, insurance, and professional standards if the financial
19	exploitation, neglect, self-neglect, or abuse involves an individual who is required
20	to be registered under s. 202.13 or 202.14 or to hold a credential, as defined in s.
21	440.01 (2) (a), under chs. 440 to 460.
22	*-0800/P1.106*Section 248. 55.043 (4) (b) 5g. of the statutes is repealed.
23	*-0906/P1.44*Section 249. 59.57 (1) (b) of the statutes is amended to read:
24	59.57 (1) (b) If a county with a population of 500,000 or more appropriates
25	money under par. (a) to fund nonprofit agencies, the county shall have a goal of

1	expending 20% of the money appropriated for this purpose to fund a nonprofit agency
2	that is actively managed by minority group members, as defined in s. $16.287 203.07$
3	(1) (f), and that principally serves minority group members.
$\sqrt{4}$	*-0797/P1.37*SECTION 250. 66.1309 (1) (b) (intro.) and 1. of the statutes are
5	consolidated, renumbered 66.1309 (1) (b) and amended to read:
6	66.1309 (1) (b) "Conservator" means any of the following: 1. The division of
7	banking the department of financial institutions, insurance, and professional
8	standards as conservator, liquidator, or rehabilitator of any person, partnership, or
9	corporation, and persons, partnerships, and or corporations organized under or
10	subject to the provisions of the banking law.
11	*-0799/P1.36*Section 251. 66.1309 (1) (b) (intro.) and 1. of the statutes are
12	consolidated, renumbered 66.1309 (1) (b) and amended to read:
13	66.1309 (1) (b) "Conservator" means any of the following: 1. The division of
14	banking the department of financial institutions, insurance, and professional
15	standards as conservator, liquidator, or rehabilitator of any person, partnership, or
16	corporation, and persons, partnerships, and corporations organized under or subject
17	to the provisions of the banking law.
2	****Note: The last clause of this provision ("and persons, partnerships, and corporations organized under or subject to the provisions of the banking law") seems to be redundant and have no legal effect, but we did not strike this language out of concern that there could be unintended consequences in doing so.
18	*-0797/P1.38*Section 252. 66.1309 (1) (b) 2. of the statutes is repealed.
19	*-0799/P1.37*Section 253. 66.1309 (1) (b) 2. of the statutes is repealed.
20	*-0797/P1.39*Section 254. 66.1317 (2) (a) 4. of the statutes is amended to
21	read:
22	66.1317 (2) (a) 4. The division of banking department of financial institutions,
23	insurance, and professional standards as conservator, liquidator, or rehabilitator of

1	any person, partnership, or corporation, and persons, partnerships, or corporations
2	organized under or subject to chs. 600 to 646.

- 3 \*-0799/P1.38\*SECTION 255. 66.1317 (2) (a) 4. of the statutes is amended to read:
  - 66.1317 (2) (a) 4. The division of banking department of financial institutions, insurance, and professional standards as conservator, liquidator or rehabilitator of any person, partnership or corporation and persons, partnerships or corporations organized under or subject to chs. 600 to 646.
    - \*-0797/P1.40\*Section 256. 66.1317 (2) (a) 5. of the statutes is repealed.
    - \*-0799/P1.39\*Section 257. 66.1317 (2) (a) 5. of the statutes is repealed.
    - \*-0800/P1.107\*Section 258. 67.12 (12) (a) of the statutes is amended to read:
  - 67.12 (12) (a) Any municipality may issue promissory notes as evidence of indebtedness for any public purpose, as defined in s. 67.04 (1) (b), including but not limited to paying any general and current municipal expense, and refunding any municipal obligations, including interest on them. Each note, plus interest if any, shall be repaid within 10 years after the original date of the note, except that notes issued under this section for purposes of ss. 119.498, 145.245 (12m), 2013 stats., 281.58, 281.59, 281.60, 281.61, and 292.72, issued to raise funds to pay a portion of the capital costs of a metropolitan sewerage district, or issued by a 1st class city or a county having a population of 500,000 or more, to pay unfunded prior service liability with respect to an employee retirement system, shall be repaid within 20 years after the original date of the note.
  - \*-0800/P1.108\*Section 259. 71.07 (5j) (a) 2d. of the statutes is amended to read:

71.07 (5j) (a) 2d. "Diesel replacement renewable fuel" includes biodiesel and
any other fuel derived from a renewable resource that meets all of the applicable
requirements of the American Society for Testing and Materials for that fuel and that
the department of commerce or the department of safety and professional services
financial institutions, insurance, and professional standards designates by rule as
a diesel replacement renewable fuel.
*-0800/P1.109*Section 260. 71.07 (5j) (a) 2m. of the statutes is amended to
read:
71.07 (5j) (a) 2m. "Gasoline replacement renewable fuel" includes ethanol and
any other fuel derived from a renewable resource that meets all of the applicable
requirements of the American Society for Testing and Materials for that fuel and that
the department of commerce or the department of safety and professional services
financial institutions, insurance, and professional standards designates by rule as
a gasoline replacement renewable fuel.
* $-0800/P1.110*Section 261. 71.07 (5j) (c) 3. of the statutes is amended to read:$
71.07 (5j) (c) 3. The department of commerce or the department of safety and
professional services financial institutions, insurance, and professional standards
shall establish standards to adequately prevent, in the distribution of conventional
fuel to an end user, the inadvertent distribution of fuel containing a higher
percentage of renewable fuel than the maximum percentage established by the
federal environmental protection agency for use in conventionally-fueled engines.
*-0799/P1.40*Section 262. 71.26 (1) (d) of the statutes is amended to read:
71.26 (1) (d) Bank in liquidation. Income of any bank placed in the hands of
the division of banking department of financial institutions, insurance, and

professional standards for liquidation under s. 220.08, if the tax levied, assessed or

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collected under this chapter on account of such bank diminishes the assets thereof
so that full payment of all depositors cannot be made. Whenever the division of
banking department of financial institutions, insurance, and professional standards
certifies to the department of revenue that the tax or any part thereof levied and
assessed under this chapter against any such bank will so diminish the assets
thereof that full payment of all depositors cannot be made, the department of
revenue shall cancel and abate such tax or part thereof, together with any penalty
thereon. This paragraph shall apply to unpaid taxes which were levied and assessed
subsequent to the time the bank was taken over by the division of banking
department of financial institutions, insurance, and professional standards.

\*-0800/P1.111\*SECTION 263. 71.28 (5j) (a) 2d. of the statutes is amended to read:

71.28 (5j) (a) 2d. "Diesel replacement renewable fuel" includes biodiesel and any other fuel derived from a renewable resource that meets all of the applicable requirements of the American Society for Testing and Materials for that fuel and that the department of commerce or the department of safety and professional services financial institutions, insurance, and professional standards designates by rule as a diesel replacement renewable fuel.

\*-0800/P1.112\*SECTION 264. 71.28 (5j) (a) 2m. of the statutes is amended to read:

71.28 (5j) (a) 2m. "Gasoline replacement renewable fuel" includes ethanol and any other fuel derived from a renewable resource that meets all of the applicable requirements of the American Society for Testing and Materials for that fuel and that the department of commerce or the department of safety and professional services

Т	mancial institutions, insurance, and professional standards designates by rule as
2	a gasoline replacement renewable fuel.
3	*-0800/P1.113*Section 265. 71.28 (5j) (c) 3. of the statutes is amended to read
4	71.28 (5j) (c) 3. The department of commerce or the department of safety and
5	professional services financial institutions, insurance, and professional standards
6	shall establish standards to adequately prevent, in the distribution of conventional
7	fuel to an end user, the inadvertent distribution of fuel containing a higher
8	percentage of renewable fuel than the maximum percentage established by the
9	federal environmental protection agency for use in conventionally-fueled engines.
10	*-0797/P1.41*Section 266. 73.0301 (1) (d) 3. of the statutes is amended to
11	read:
12	73.0301 (1) (d) 3. A license, certificate of approval, provisional license,
13	conditional license, certification, certification card, registration, permit, training
14	permit or approval specified in s. 50.35, 50.49 (6) (a) or (10), 51.038, 51.04, 51.42 (7)
15	(b) 11., 51.421 (3) (a), 51.45 (8), 146.40 (3), (3g), or (3m), 252.23 (2), 252.24 (2),
16	254.176, 254.20 (3), <del>255.08 (2) (a),</del> 256.15 (5) (a) or (b), (6g) (a), (7), or (8) (a) or (f) or
17	343.305 (6) (a) or a permit for operation of a campground specified in s. 254.47 (1).
18	*-0872/P1.23*Section 267. 73.0301 (1) (d) 3m. of the statutes is amended to
19	read:
20	73.0301 (1) (d) 3m. A license or certificate issued by the department of
21	workforce development under s. $\frac{102.17}{(1)(c)}$ , $\frac{103.275}{(2)(b)}$ , $\frac{103.34}{(3)(c)}$ , $\frac{103.91}{(2)(2)}$
22	(1), 103.92 (3), 104.07 (1) or (2), or 105.13 (1).
23	*-0872/P1.24*Section 268. 73.0301 (1) (d) 3p. of the statutes is created to
24	read:

1	73.0301 (1) (d) 3p. A license issued by the division of hearings and appeals in
2	the department of administration under s. 102.17 (1) (c).

\*-0799/P1.41\*Section 269. 73.0301 (1) (d) 6. of the statutes is amended to read:

73.0301 (1) (d) 6. A license or certificate of registration issued by the department of financial institutions, or a division of it, insurance, and professional standards under ss. 138.09, 138.12, 138.14, 202.12 to 202.14, 202.22, 217.06, 218.0101 to 218.0163, 218.02, 218.04, 218.05, 224.72, 224.725, 224.93, or under subch. IV of ch. 551.

\*-0797/P1.42\*Section 270. 73.0301 (1) (e) of the statutes is amended to read:

73.0301 (1) (e) "Licensing department" means the department of administration; the department of agriculture, trade and consumer protection; the board of commissioners of public lands; the department of children and families; the government accountability board; the department of financial institutions, insurance, and professional standards; the department of health services; the department of natural resources; the department of public instruction; the department of safety and professional services; the department of workforce development; the office of the commissioner of insurance; or the department of transportation.

\*-0799/P1.42\*Section 271. 73.0301 (1) (e) of the statutes is amended to read:

73.0301 (1) (e) "Licensing department" means the department of administration; the department of agriculture, trade and consumer protection; the board of commissioners of public lands; the department of children and families; the government accountability board; the department of financial institutions, insurance, and professional standards; the department of health services; the

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department of natural resources; the department of public instruction; the department of safety and professional services; the department of workforce development; the office of the commissioner of insurance; or the department of transportation.

\*-0800/P1.114\*Section 272. 73.0301 (1) (e) of the statutes is amended to read:

73.0301 (1) (e) "Licensing department" means the department of administration; the department of agriculture, trade and consumer protection; the board of commissioners of public lands; the department of children and families; the government accountability board; the department of financial institutions, insurance, and professional standards; the department of health services; the department of natural resources; the department of public instruction; the department of safety and professional services; the department of workforce development; the office of the commissioner of insurance; or the department of transportation.

\*-0797/P1.43\*Section 273. 76.64 of the statutes is amended to read:

76.64 Quarterly installments. Insurers shall pay installments of the total estimated payment under ss. 76.60, 76.63, 76.65, and 76.66 on or before April 15, June 15, September 15, and December 15. Every insurer shall make a return for the preceding calendar year on or before March 1 setting forth the information that the commissioner of insurance department of financial institutions, insurance, and professional standards reasonably requires, on forms prescribed by the commissioner department of financial institutions, insurance, and professional standards. On or before March 1, the insurer shall pay any additional amount due for the preceding calendar year. Overpayment will be credited on the amount due April 15.

1	*-0906/P1.45*Section 274. 84.075 (1c) (a) of the statutes is amended to read
2	84.075 (1c) (a) "Disabled veteran-owned business" means a business certified
3	by the department of administration under s. 16.283 203.03 (3).
4	*-0906/P1.46*Section 275. 84.075 (1c) (b) of the statutes is amended to read:
5	84.075 (1c) (b) "Minority business" means a business certified by the
6	department of administration under s. 16.287 203.07 (2).
7	*-0906/P1.47*Section 276. 84.076 (1) (c) of the statutes is amended to read:
8	84.076 (1) (c) "Minority business" has the meaning given under s. $16.287$ $203.07$
9	(1) (e) 1.
10	*-0906/P1.48*Section 277. 84.076 (1) (d) of the statutes is amended to read:
11	84.076 (1) (d) "Minority group member" has the meaning given under s. 16.287
12	<u>203.07</u> (1) (f).
13	*-0906/P1.49*Section 278. 85.25 (2) (c) 1m. b. of the statutes is amended to
14	read:
15	85.25 (2) (c) 1m. b. It is currently performing a useful business function as
16	defined in s. 16.287 203.07 (1) (h).
17	*-0797/P1.44*Section 279. 100.203 (1) (b) of the statutes is repealed and
18	recreated to read:
19	100.203 (1) (b) "Department" means the department of financial institutions,
20	insurance, and professional standards.
21	*-0797/P1.45*Section 280. 100.203 (1) (d) of the statutes is repealed.
22	*-0797/P1.46*Section 281. 100.203 (2) (a) of the statutes is amended to read:
23	100.203 (2) (a) A person shall register with the office department by filing a
24	form prescribed by the commissioner department before operating as a warrantor or
25	representing to the public that the person is a warrantor.

1	*-0797/P1.47*Section 282. 100.203 (2) (b) 1. of the statutes is amended to
2	read:
3	100.203 (2) (b) 1. Warrantor registration records shall be filed with the office
4	department annually and shall be updated within 30 days of any change.
5	*-0797/P1.48*Section 283. 100.203 (8) (a) (intro.) of the statutes is amended
6	to read:
7	100.203 (8) (a) (intro.) The commissioner department may take necessary and
8	appropriate action to enforce this section and the commissioner's department's rules
9	and orders and to protect warranty holders. If a warrantor violates this section and
10	the commissioner department reasonably believes the violation threatens to render
11	the warrantor insolvent or cause irreparable loss or injury to the property or business
12	of any person located in this state, the commissioner department may issue an order
13	that does any of the following:
14	*-0797/P1.49*Section 284. 100.205 (6) (intro.) of the statutes is amended to
15	read:
16	100.205 (6) (intro.) Every warrantor shall purchase a policy of insurance
17	covering the financial integrity of its warranties. The policy of insurance shall be on
18	a form approved by the commissioner of insurance department of financial
19	institutions, insurance, and professional standards and shall have the following
20	minimum provisions:
21	*-0797/P1.50*Section 285. 100.205 (6) (a) of the statutes is amended to read:
22	100.205 (6) (a) The insurer shall be licensed to do business in this state or shall
23	be an unauthorized foreign insurer, as defined in s. 600.03 (27), accepted by the office
24	of the commissioner of insurance department of financial institutions, insurance,
25	and professional standards for surplus lines insurance in this state.

"-0800/P1.113"SECTION 286. 101.02 (20) (b) of the statutes is amended to read:
101.02 (20) (b) Except as provided in par. (e), the department of safety and
professional services may not issue or renew a license unless each applicant who is
an individual provides the department of safety and professional services with his
or her social security number and each applicant that is not an individual provides
the department of safety and professional services with its federal employer
identification number. The department of safety and professional services may not
disclose the social security number or the federal employer identification number of
an applicant for a license or license renewal except to the department of revenue for
the sole purpose of requesting certifications under s. 73.0301 and to the department
of workforce development for the sole purpose of requesting certifications under s.
108.227.

\*-0800/P1.116\*Section 287. 101.02 (20) (c) of the statutes is amended to read: 101.02 (20) (c) The department of safety and professional services may not issue or renew a license if the department of revenue certifies under s. 73.0301 that the applicant or licensee is liable for delinquent taxes or if the department of workforce development certifies under s. 108.227 that the applicant or licensee is liable for delinquent unemployment insurance contributions.

\*-0800/P1.117\*Section 288. 101.02 (20) (d) of the statutes is amended to read: 101.02 (20) (d) The department of safety and professional services shall revoke a license if the department of revenue certifies under s. 73.0301 that the licensee is liable for delinquent taxes or if the department of workforce development certifies under s. 108.227 that the licensee is liable for delinquent unemployment insurance contributions.

1	*-0800/P1.118*Section 289. 101.02 (20) (e) 1. of the statutes is amended to
2	read:
3	101.02 (20) (e) 1. If an applicant who is an individual does not have a social
4	security number, the applicant, as a condition of applying for or applying to renew
5	a license shall submit a statement made or subscribed under oath or affirmation to
6	the department of safety and professional services that the applicant does not have
7	a social security number. The form of the statement shall be prescribed by the
8	department of children and families.
9	*-0800/P1.119*Section 290. 101.02 (21) (b) of the statutes is amended to read:
10	101.02 (21) (b) As provided in the memorandum of understanding under s.
11	49.857 and except as provided in par. (e), the department of safety and professional
12	services may not issue or renew a license unless the applicant provides the
13	department of safety and professional services with his or her social security number.
14	The department of safety and professional services may not disclose the social
15	security number except that the department of safety and professional services may
16	disclose the social security number of an applicant for a license under par. (a) or a
17	renewal of a license under par. (a) to the department of children and families for the
18	sole purpose of administering s. 49.22.
19	*-0800/P1.120*Section 291. 101.02 (21) (e) 1. of the statutes is amended to
20	read:
21	101.02 (21) (e) 1. If an applicant who is an individual does not have a social
22	security number, the applicant, as a condition of applying for or applying to renew
23	a license shall submit a statement made or subscribed under oath or affirmation to
24	the department of safety and professional services that the applicant does not have

read:

.....

3	*-0800/P1.121*Section 292. 101.12 (1) (intro.) of the statutes is amended to
2	department of children and families.
l	a social security number. The form of the statement shall be prescribed by the

101.12 (1) (intro.) Except for plans that are reviewed by the department of health services under ss. 50.02 (2) (b) and, 50.025, or 50.36 (2), the department shall require the submission of essential drawings, calculations and specifications for public buildings, public structures and places of employment including the following components:

\*\*\*\*Note: The request for this draft included a request to exempt hospices from plan review conducted by DSPS because DHS conducts those reviews under s. 50.92. But s. 50.92 does not authorize or require DSPS to conduct plan reviews. It requires DHS to inspect or investigate a hospice prior to licensing. Consequently, this provision does not include a cross-reference to s. 50.92. Please let me know if you think additional drafting is needed on this issue.

\*-0797/P1.51\*Section 293. 101.14 (2) (f) of the statutes is amended to read:

101.14 (2) (f) Every inspection required under pars. (b) and (c) is subject to the supervision and direction of the department, which shall, after audit, certify to the commissioner of insurance after the expiration of each calendar year each city, village or town where the inspections for the year have been made, and where records have been made and kept on file as required under par. (e).

\*-0800/P1.122\*Section 294. 101.149 (6) (b) of the statutes is amended to read: 101.149 (6) (b) The department shall promulgate rules, in consultation with the department of health services, under which the department of safety and professional services shall authorize certified heating, ventilating, and air conditioning inspectors to conduct regular inspections of sealed combustion units, as required under sub. (5) (c), for carbon monoxide emissions in residential buildings other than hotels, tourist rooming houses, and bed and breakfast establishments.

The rules shall specify conditions under which it may issue orders as specified under sub. (8) (a). The rules may not require the department of safety and professional services to authorize inspection of sealed combustion units during the period in which the sealed combustion units are covered by a manufacturer's warranty against defects.

\*-0800/P1.123\*Section 295. 101.149 (8) (a) of the statutes is amended to read: 101.149 (8) (a) If the department of safety and professional services or the department of health services determines after an inspection of a building under this section or s. 254.74 (1g) that the owner of the building has violated sub. (2) or (3), the respective department shall issue an order requiring the person to correct the violation within 5 days or within such shorter period as the respective department determines is necessary to protect public health and safety. If the person does not correct the violation within the time required, he or she shall forfeit \$50 for each day of violation occurring after the date on which the respective department finds that the violation was not corrected.

\*-0800/P1.124\*Section 296. 101.31 of the statutes is repealed.

\*-0800/P1.125\*Section 297. 101.573 (3) (a) of the statutes is amended to read: 101.573 (3) (a) On or before May 1 in each year, the department shall compile the fire department dues paid by all insurers under s. 601.93 and the dues paid by the state fire fund under sub. (1) and funds remaining under par. (b), withhold .5% and certify to the secretary of administration the proper amount to be paid from the appropriation under s. 20.165 (2) 20.142 (8) (L) to each city, village, or town entitled to fire department dues under s. 101.575. Annually, on or before August 1, the secretary of administration shall pay the amounts certified by the department to the cities, villages and towns eligible under s. 101.575.

*-0797/P1.52*SECTION 298. 101.573 (3) (b) of the statutes is amended to read:
101.573 (3) (b) The amount withheld under par. (a) shall be disbursed to correct
errors of the department or the commissioner of insurance or for payments to cities,
villages, or towns which are first determined to be eligible for payments under par.
(a) after May 1. The department shall certify to the secretary of administration, as
near as is practical, the amount which would have been payable to the municipality
if payment had been properly disbursed under par. (a) on or prior to May 1, except
the amount payable to any municipality first eligible after May 1 shall be reduced
by 1.5% for each month or portion of a month which expires after May 1 and prior
to the eligibility determination. The secretary of administration shall pay the
amount certified to the city, village, or town. The balance of the amount withheld in
a calendar year under par. (a) which is not disbursed under this paragraph shall be
included in the total compiled by the department under par. (a) for the next calendar
year. If errors in payments exceed the amount set aside for error payments,
adjustments shall be made in the distribution for the next year.

\*-0797/P1.53\*Section 299. 101.573 (4) of the statutes is amended to read:

101.573 (4) The department shall transmit to the treasurer of each city, village, and town entitled to fire department dues, a statement of the amount of dues payable to it, and the commissioner of insurance shall furnish to the secretary of administration, upon request, a list of the insurers paying dues under s. 601.93 and the amount paid by each.

\*-0800/P1.126\*Section 300. 101.573 (5) of the statutes is amended to read:

101.573 (5) The department shall promulgate a rule defining "administrative expenses" for purposes of s. 20.165 (2) 20.142 (8) (La).

\*-0800/P1.127\*Section 301. 101.657 (5) of the statutes is amended to read:

1	101.657 (5) From the appropriation under s. 20.165 (2) 20.142 (8) (j), beginning
2	with fiscal year 2005-06, the department shall allocate \$100,000 annually for the
3	contract required under sub. (2) and at least \$600,000 annually for the contract
4	required under sub. (3).
5	*-0800/P1.128*Section 302. 101.935 (2) (e) of the statutes is amended to read:
6	101.935 (2) (e) Section 254.69 (2), as it applies to an agent for the department
7	of health services in the administration of s. 254.47, applies to an agent for the
8	department of safety and professional services in the administration of this section.
9	*-0800/P1.129*Section 303. 101.951 (7) (a) of the statutes is amended to read:
10	101.951 (7) (a) The department-of-safety and professional-services-may, without
11	notice, deny the application for a license within 60 days after receipt thereof by
12	written notice to the applicant, stating the grounds for the denial. Within 30 days
13	after such notice, the applicant may petition the department of administration to
14	conduct a hearing to review the denial, and a hearing shall be scheduled with
15	reasonable promptness. The division of hearings and appeals shall conduct the
16	hearing. This paragraph does not apply to denials of applications for licenses under
17	s. 101.02 (21).
18	* $-0800/P1.130*Section 304. 101.951 (7) (b)$ of the statutes is amended to read:
19	101.951 (7) (b) No license may be suspended or revoked except after a hearing
20	thereon. The department of safety and professional services shall give the licensee
21	at least 5 days' notice of the time and place of the hearing. The order suspending or
22	revoking such license shall not be effective until after 10 days' written notice thereof
23	to the licensee, after such hearing has been had; except that the department of safety
24	and professional services, when in its opinion the best interest of the public or the

trade demands it, may suspend a license upon not less than 24 hours' notice of

...:...:...

1	hearing and with not less than 24 hours' notice of the suspension of the license.
2	Matters involving suspensions and revocations brought before the department of
3	safety and professional services shall be heard and decided upon by the department
4	of administration. The division of hearings and appeals shall conduct the hearing.
5	This paragraph does not apply to licenses that are suspended or revoked under s.
6	101.02 (21).
7	*-0800/P1.131*Section 305. 101.951 (7) (c) of the statutes is amended to read:
8	101.951 (7) (c) The department of safety and professional services may inspect
9	the pertinent books, records, letters and contracts of a licensee. The actual cost of
10	each such examination shall be paid by such licensee so examined within 30 days
11	after demand therefor by the department, and the department may maintain an
12	action for the recovery of such costs in any court of competent jurisdiction.
13	*-0800/P1.132*Section 306. 101.953 (1) (a) of the statutes is amended to read:
14	101.953 (1) (a) A statement that the manufactured home meets those
15	standards prescribed by law or administrative rule of the department of
16	administration or of the department of safety and professional services that are in
17	effect at the time of the manufacture of the manufactured home.
18	*-0800/P1.133*Section 307. 101.973 (8) of the statutes is amended to read:
19	101.973 (8) Deposit the moneys received from the fees under sub. (7) in the
20	appropriation under s. <del>20.165 (2)</del> <u>20.142 (8)</u> (j).
21	*-0872/P1.25*Section 308. 102.01 (2) (a) of the statutes is renumbered 102.01
22	(2) (af).
23	*-0872/P1.26*Section 309. 102.01 (2) (ad) of the statutes is created to read:
24	102.01 (2) (ad) "Administrator" means the administrator of the division of
25	hearings and appeals in the department of administration.

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1	*-0872/P1.27*Section 310. 102.01 (2) (ap) of the statutes is amended to read:
2	102.01 (2) (ap) "Department" means the department of workforce development
3	financial institutions, insurance, and professional standards.

\*-0872/P1.28\*Section 311. 102.01 (2) (ar) of the statutes is created to read: 102.01 (2) (ar) "Division" means the division of hearings and appeals in the department of administration.

\*-0872/P1.29\*Section 312. 102.01 (2) (em) of the statutes is amended to read:
102.01 (2) (em) "Secretary" means the secretary of workforce development
financial institutions, insurance, and professional standards.

\*-0872/P1.30\*Section 313. 102.08 of the statutes is amended to read:

102.08 Administration for state employees. The department of 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 financial institutions, insurance, and professional standards the reports that are required of all employers. The department of workforce development financial institutions, insurance, and professional standards 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.

\*-0872/P1.31\*Section 314. 102.12 of the statutes is amended to read:

102.12 Notice of injury, exception, laches. No claim for compensation may
be maintained unless, within 30 days after the occurrence of the injury or within 30
days after the employee knew or ought to have known the nature of his or her
disability and its relation to the employment, actual notice was received by the
employer or by an officer, manager, or designated representative of an employer. If
no representative has been designated by posters placed in one or more conspicuous
places where notices to employees are customarily posted, then notice received by
any superior is sufficient. Absence of notice does not bar recovery if it is found that
the employer was not misled thereby by that absence. Regardless of whether notice
was received, if no payment of compensation, other than medical treatment or burial
expense, is made, and and if no application is filed with the department within 2
years from after the date of the injury or death, or from or the date the employee or
his or her dependent knew or ought to have known the nature of the disability and
its relation to the employment, the right to compensation therefor for the injury or
<u>death</u> is barred, except that the right to compensation is not barred if the employer
knew or should have known, within the 2-year period, that the employee had
sustained the injury on which the claim is based. Issuance of notice of a hearing on
the department's division's own motion has the same effect for the purposes of this
section as the filing of an application. This section does not affect any claim barred
under s. 102.17 (4).

\*-0872/P1.32\*Section 315. 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).

\*-0872/P1.33\*Section 316. 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.

\*-0872/P1.34\*Section 317. 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 compensation insurer, or the department, or the division information and reports relative to a compensation claim.

\*-0872/P1.35\*Section 318. 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 or 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.

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advanced practice nurse prescriber, hospital, or health care provider shall, within a reasonable time after written request by the employee, employer, worker's compensation insurer, or department, or division, or its representative, provide that person with any information or written material reasonably related to any injury for which the employee claims compensation.

\*-0872/P1.36\*Section 319. 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 may by rule require the insurer or self-insured employer to submit to the department a final report of the employee's treating practitioner. The department may not require an insurer or self-insured employer to submit to the department 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

\*-0872/P1.37\*Section 320. 102.13 (3) of the statutes is amended to read:

that dispute to the department division for resolution under s. 102.16 (2).

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 appropriate credit for any overpayment to the employee determined by the department division after receipt of the opinion.

\*-0872/P1.38\*Section 321. 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

1	direct, the employee to submit to a physical examination in the area where the
2	employee's treatment practitioner is located.
3	*-0872/P1.39*Section 322. 102.13 (5) of the statutes is amended to read:
4	102.13 (5) The department division may refuse to receive testimony as to
5	conditions determined from an autopsy if it appears that the party offering the
6	testimony had procured the autopsy and had failed to make reasonable effort to
7	notify at least one party in adverse interest or the department division at least 12
8	hours before the autopsy of the time and place it at which the autopsy would be
9	performed, or that the autopsy was performed by or at the direction of the coroner
10	or medical examiner or at the direction of the district attorney for purposes not
11	authorized by <u>under</u> ch. 979. The <del>department</del> <u>division</u> may withhold findings until
12	an autopsy is held in accordance with its directions.
13	*-0872/P1.40*Section 323. 102.14 (1) of the statutes is amended to read:
14	102.14 (1) This Except as otherwise provided, this chapter shall be
15	administered by the department.
16	*-0872/P1.41*Section 324. 102.15 (1) of the statutes is amended to read:
17	102.15 (1) Subject to this chapter, the department division may adopt its own
18	rules of procedure and may change the same from time to time.
19	*-0872/P1.42*Section 325. 102.15 (2) of the statutes is amended to read:
20	102.15 (2) The department division may provide by rule the conditions under
21	which transcripts of testimony and proceedings shall be furnished.
22	*-0872/P1.43*Section 326. 102.16 (1) of the statutes is amended to read:
23	102.16 (1) Any controversy concerning compensation or a violation of sub. (3),
24	including controversies a controversy in which the state may be a party, shall be

submitted to the department under s. 102.17 (1) (a) 1. and processed by the division

in the manner and with the effect provided in this chapter. Every 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. Upon petition filed with the department division, the department division may set aside the award or otherwise determine the rights of the parties.

\*-0872/P1.44\*Section 327. 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

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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).

\*-0872/P1.45\*Section 328. 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 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 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

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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).

\*-0872/P1.46\*Section 329. 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 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).	

\*-0872/P1.47\*Section 330. 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 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.

\*-0872/P1.48\*Section 331. 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).

\*-0872/P1.49\*Section 332. 102.16 (2) (b) of the statutes is amended to read:

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

\*-0872/P1.50\*Section 333. 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.

\*-0872/P1.51\*SECTION 334. 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.

\*-0872/P1.52\*Section 335. 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.

\*-0872/P1.53\*SECTION 336. 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.

102.23.

-08/2/F1.34 SECTION 337. 102.16 (2) (1) of the statutes is amended to read:
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.

\*-0872/P1.55\*Section 338. 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.

\*-0872/P1.56\*Section 339. 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 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.

\*-0872/P1.57\*SECTION 340. 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).

\*-0872/P1.58\*Section 341. 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 sub. (1m) (b) or s. 102.18 (1) (bg) 2. that the necessity of treatment is being disputed, a health service provider may not collect a fee for that disputed treatment from, or

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bring an action for collection of the fee for that disputed treatment against, the employee who received the treatment.

\*-0872/P1.59\*Section 342. 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.

\*-0872/P1.60\*Section 343. 102.16 (2m) (d) of the statutes is amended to read:

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.

\*-0872/P1.61\*Section 344. 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.

\*-0872/P1.62\*Section 345. 102.16 (2m) (f) of the statutes is amended to read: 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.

\*-0872/P1.63\*Section 346. 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.

\*-0872/P1.64\*Section 347. 102.16 (4) of the statutes is amended to read:

102.16 (4) The department division has jurisdiction to pass on any question arising out of sub. (3) and has jurisdiction to order the employer to reimburse an employee or other person for any sum deducted from wages or paid by him or her in violation of that subsection. In addition to the penalty provided in s. 102.85 (1), any employer violating sub. (3) shall be liable to an injured employee for the reasonable value of the necessary services rendered to that employee pursuant to under any arrangement made in violation of sub. (3) without regard to that employee's actual disbursements for the same those services.

\*-0872/P1.65\*SECTION 348. 102.17 (1) (a) 1. of the statutes is amended to read:
102.17 (1) (a) 1. Upon the filing with the department 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 shall mail a copy of the application to all other parties in interest and to the administrator, and the insurance carrier and the department shall be considered a party parties in interest.

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

\*-0872/P1.66\*Section 349. 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.

\*-0872/P1.67\*SECTION 350. 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 department, and the department division before the department division schedules a hearing on the claim of malice or bad faith.

\*-0872/P1.68\*Section 351. 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.

\*-0872/P1.69\*Section 352. 102.17 (1) (b) of the statutes is amended to read:

102.17 (1) (b) In any dispute or controversy pending before the department 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.

\*-0872/P1.70\*SECTION 353. 102.17 (1) (c) of the statutes is renumbered 102.17 (1) (c) 1. and amended to read:

102.17 (1) (c) 1. Any party shall have the right to be present at any hearing, in person or by attorney or any other agent, and to present such testimony as may be pertinent to the controversy before the department division. No person, firm, or corporation, other than an attorney at law who is licensed to practice law in the state,

may appear on behalf of any party in interest before the department division or any member or employee of the department division assigned to conduct any hearing, investigation, or inquiry relative to a claim for compensation or benefits under this chapter, unless the person is 18 years of age or older, does not have an arrest or conviction record, subject to ss. 111.321, 111.322 and 111.335, is otherwise qualified, and has obtained from the department division a license with authorization to appear in matters or proceedings before the department division. Except as provided under pars. (cm), (cr), and (ct), the license shall be issued by the department division under rules promulgated by the department division. The department division shall maintain in its office a current list of persons to whom licenses have been issued.

2. Any license issued under subd. 1. may be suspended or revoked by the department division for fraud or serious misconduct on the part of an agent, any license may be denied, suspended, nonrenewed, or otherwise withheld by the department division for failure to pay court-ordered payments as provided in par. (cm) on the part of an agent, and any-license may be denied or revoked if the department of revenue certifies under s. 73.0301 that the applicant or licensee is liable for delinquent taxes or if the department of workforce development determines under par. (ct) s. 108.227 that the applicant or licensee is liable for delinquent unemployment insurance contributions. Before suspending or revoking the license of the agent on the grounds of fraud or misconduct, the department division shall give notice in writing to the agent of the charges of fraud or misconduct and shall give the agent full opportunity to be heard in relation to those charges. In denying, suspending, restricting, refusing to renew, or otherwise withholding a license for failure to pay court-ordered payments as provided in par. (cm), the department