



State of Wisconsin

LEGISLATIVE REFERENCE BUREAU

RESEARCH APPENDIX - **PLEASE DO NOT REMOVE FROM DRAFTING FILE**

Date Transfer Requested: 01/06/2015 (Per: CMH & MPG)

☞ Compile Draft – Appendix A ... Part IV

Appendix A ☞ The 2015 drafting file for LRB–0797

Appendix B ☞ The 2015 drafting file for LRB–0799

Appendix C ☞ The 2015 drafting file for LRB–0800

Appendix D ☞ The 2015 drafting file for LRB–0852

Appendix E ☞ The 2015 drafting file for LRB–0872

Appendix F ☞ The 2015 drafting file for LRB–0906

Appendix G ☞ The 2015 drafting file for LRB–0941

has been copied/added to the drafting file for

2015 LRB–0807

1 and professional standards, after consulting with the department of health services,
2 may prescribe by rule standards for determining whether a transaction is material
3 under this subsection.

History: 2009 a. 28; 2011 a. 257 s. 56.

4 **SECTION 488.** 648.45 (6) (a) 3. of the statutes is amended to read:

5 648.45 (6) (a) 3. No permittee, person attempting to acquire or having control
6 of a permittee, or affiliate of the permittee may enter into a transaction required to
7 be reported to the ~~commissioner~~ department of financial institutions, insurance, and
8 professional standards under this subsection unless the permittee, person, and
9 affiliate report the transaction to the ~~commissioner~~ department of financial
10 institutions, insurance, and professional standards in the form and by the date
11 before the effective date of the transaction that are prescribed by the ~~commissioner~~
12 department of financial institutions, insurance, and professional standards by rule,
13 after consulting with the department of health services. The ~~commissioner~~
14 department of financial institutions, insurance, and professional standards may not
15 require the transaction to be reported earlier than 30 days before the effective date
16 of the transaction.

History: 2009 a. 28; 2011 a. 257 s. 56.

17 **SECTION 489.** 648.45 (6) (b) of the statutes is amended to read:

18 648.45 (6) (b) *Disapproval.* The ~~commissioner~~ department of financial
19 institutions, insurance, and professional standards may, within the period
20 prescribed in par. (a) 3., disapprove any transaction reported under par. (a) if the
21 ~~commissioner~~ department of financial institutions, insurance, and professional
22 standards finds, after consulting with the department, that it would violate the law

1 or would be contrary to the interests of enrollees of the permittee, the department
2 of health services, or the public.

3 History: 2009 a. 28; 2011 a. 257 s. 56.

SECTION 490. 648.45 (6) (c) of the statutes is amended to read:

4 648.45 (6) (c) *Transactions prohibited.* No permittee, person attempting to
5 acquire or having control of the permittee, or affiliate of the permittee may enter into
6 a transaction that is not reported as required under par. (a) or that is disapproved
7 by the ~~commissioner~~ department of financial institutions, insurance, and
8 professional standards under par. (b).

9 History: 2009 a. 28; 2011 a. 257 s. 56.

SECTION 491. 648.45 (6) (d) of the statutes is amended to read:

10 648.45 (6) (d) *Voidable transactions.* If a permittee, person attempting to
11 acquire or having control of the permittee, or affiliate enters into a transaction in
12 violation of this section, the permittee may void the transaction, obtain an
13 injunction, and recover from the person or affiliate the amount necessary to restore
14 the permittee to its condition had the transaction not occurred. The ~~commissioner~~
15 department of financial institutions, insurance, and professional standards may
16 order a permittee to void the transaction, to commence an action against the person
17 or affiliate, or to take other action.

18 History: 2009 a. 28; 2011 a. 257 s. 56.

SECTION 492. 648.45 (6) (e) of the statutes is amended to read:

19 648.45 (6) (e) *Required financial conditions.* The ~~commissioner~~ department of
20 financial institutions, insurance, and professional standards, after consulting with
21 the department of health services, may promulgate rules for determining adequacy
22 of financial condition under this section.

23 History: 2009 a. 28; 2011 a. 257 s. 56.

SECTION 493. 648.45 (6) (f) of the statutes is amended to read:

1 648.45 (6) (f) *Exemption if permittee reports.* Paragraph (a) does not apply to
2 a person attempting to acquire or having control of, or an affiliate of, a permittee, if
3 the permittee reports on behalf of the person or on behalf of the affiliate, and the
4 transaction is not disapproved by the ~~commissioner~~ department of financial
5 institutions, insurance, and professional standards under par. (b).

History: 2009 a. 28; 2011 a. 257 s. 56.

6 **SECTION 494.** 648.45 (7) (a) of the statutes is amended to read:

7 648.45 (7) (a) A permittee may not pay a dividend or distribution, and an
8 affiliate of a permittee may not accept a dividend or distribution, unless the
9 permittee reports the dividend or distribution to the ~~commissioner~~ department of
10 financial institutions, insurance, and professional standards at least 30 days before
11 payment and the ~~commissioner~~ department of financial institutions, insurance, and
12 professional standards does not disapprove the dividend or distribution within that
13 period.

History: 2009 a. 28; 2011 a. 257 s. 56.

14 **SECTION 495.** 648.45 (7) (b) (intro.) of the statutes is amended to read:

15 648.45 (7) (b) (intro.) The ~~commissioner~~ department of financial institutions,
16 insurance, and professional standards, after consulting with the department of
17 health services, may promulgate rules under this section that do any of the following:

History: 2009 a. 28; 2011 a. 257 s. 56.

18 **SECTION 496.** 648.45 (7) (b) 2. of the statutes is amended to read:

19 648.45 (7) (b) 2. Exempt dividends or distributions from the reporting
20 requirement under par. (a) under conditions that the ~~commissioner~~ department of
21 financial institutions, insurance, and professional standards determines will not
22 jeopardize the financial condition of the permittee.

History: 2009 a. 28; 2011 a. 257 s. 56.

23 **SECTION 497.** 648.45 (7) (c) of the statutes is amended to read:

1 648.45 (7) (c) A permittee may declare a dividend or distribution that is
2 conditioned upon the permittee's compliance with this subsection. A declaration of
3 a dividend or distribution under this subsection does not confer rights to the
4 proposed recipient of the dividend or distribution unless this subsection is complied
5 with and is void if the dividend or distribution is disapproved by the ~~commissioner~~
6 department of financial institutions, insurance, and professional standards under
7 par. (a).

8 ^{History: 2009 a. 28; 2011 a. 257 s. 56.}

8 **SECTION 498.** 648.45 (8) (b) of the statutes is amended to read:

9 648.45 (8) (b) An officer or director of a permittee or of an affiliate of a permittee
10 who knows, or reasonably should know, that the permittee or affiliate has entered
11 into a transaction or paid a dividend or distribution that violates this chapter shall
12 report the transaction, dividend, or distribution to the commissioner in writing
13 within 30 days after attaining that knowledge. Section 648.15 (6) applies to a report
14 under this section, and the report is confidential unless the ~~commissioner~~
15 department of financial institutions, insurance, and professional standards finds it
16 necessary to disclose the report for the purpose of enforcing this chapter.

17 ^{History: 2009 a. 28; 2011 a. 257 s. 56.}

17 **SECTION 499.** 648.50 (1) of the statutes is amended to read:

18 648.50 (1) APPROVAL REQUIRED. No proposed plan of merger or other plan for
19 acquisition of control of a permittee may be executed unless the ~~commissioner~~
20 department of financial institutions, insurance, and professional standards, after
21 consulting with the department of health services, approves the plan.

22 ^{History: 2009 a. 28.}

22 **SECTION 500.** 648.50 (2) of the statutes is amended to read:

23 648.50 (2) GROUNDS FOR APPROVAL. The ~~commissioner~~ department of financial
24 institutions, insurance, and professional standards shall approve the plan under

1 this section if the ~~commissioner~~ department of financial institutions, insurance, and
2 professional standards finds, after a hearing, that it would not violate the law or be
3 contrary to the interests of the public, the department of health services, or the
4 enrollees.

History: 2009 a. 28.

5 **SECTION 501.** 648.50 (3) of the statutes is amended to read:

6 648.50 (3) INFORMATION REQUIRED. A permittee shall report to the ~~commissioner~~
7 department of financial institutions, insurance, and professional standards any
8 changes in directors or principal officers after a permit is issued, together with
9 biographical data on the new director or officer that the ~~commissioner~~ department
10 of financial institutions, insurance, and professional standards requires by rule.

History: 2009 a. 28.

11 **SECTION 502.** 648.55 (title) of the statutes is amended to read:

12 **648.55 (title) Commissioner's Department's summary orders.**

History: 2009 a. 28.

13 **SECTION 503.** 648.55 (1) (intro.) of the statutes is amended to read:

14 648.55 (1) (intro.) The ~~commissioner~~ department of financial institutions,
15 insurance, and professional standards, after consulting with the department of
16 health services, may make and serve an order on a permittee, requiring it to stop
17 providing services under the department contract, or to take corrective measures,
18 without notice and before hearing, if it appears to the ~~commissioner~~ department of
19 financial institutions, insurance, and professional standards that irreparable harm
20 to the property or business of the permittee or to the interests of its enrollees or the
21 public, will occur unless the ~~commissioner~~ department of financial institutions,
22 insurance, and professional standards acts with immediate effect and one of the
23 following applies:

History: 2009 a. 28.

1 **SECTION 504.** 648.55 (3) of the statutes is amended to read:

2 648.55 (3) The permittee has the rights provided under s. 601.62. The
3 ~~commissioner~~ department of financial institutions, insurance, and professional
4 standards may serve upon the permittee notice of hearing under the procedures
5 under s. 601.62 simultaneously with service of the order under sub. (1).

History: 2009 a. 28.

6 **SECTION 505.** 648.55 (4) of the statutes is amended to read:

7 648.55 (4) The ~~commissioner~~ department of financial institutions, insurance,
8 and professional standards may keep proceedings under this section confidential.

History: 2009 a. 28.

9 **SECTION 506.** 648.65 (1) of the statutes is amended to read:

10 648.65 (1) IMMUNITY. An enrollee of a care management organization is not
11 liable for health care, service, equipment, or supply charges that are covered under
12 the care management organization's contract with the department of health
13 services.

History: 2009 a. 28.

14 **SECTION 507.** 648.75 (1) of the statutes is amended to read:

15 648.75 (1) DEPOSIT REQUIRED. A permittee shall deposit an amount established
16 by the contract with the department of health services, and not less than \$250,000,
17 using the procedures under s. 601.13.

History: 2009 a. 28.

History: ty", @ "sec" =

History: 2009 a. 28.

History: story", Subcomponent = yes> History: 2009 a. 28.

18 **SECTION 508.** 648.75 (2) (intro.) of the statutes is amended to read:

19 648.75 (2) RELEASE OF DEPOSIT. (intro.) A deposit under this section may be
20 released only with the approval of the ~~commissioner~~ department of financial
21 institutions, insurance, and professional standards, after consulting with the

1 department of health services, by the procedures under s. 601.13 (10) and only in one
2 of the following circumstances:

History: 2009 a. 28.
History: ry", @ "sec" =
History: 2009 a. 28.
History: story", Subcomponent = yes

3 **SECTION 509.** 648.75 (2) (b) of the statutes is amended to read:

4 648.75 (2) (b) To pay creditors of the permittee according to the priority
5 determined by the department of health services if the permittee is insolvent,
6 dissolves, or is subject to an insolvency proceeding, including a bankruptcy
7 proceeding.

History: 2009 a. 28.
History: ry", @ "sec" =
History: 2009 a. 28.
History: story", Subcomponent = yes

8 **SECTION 510.** 648.75 (3) of the statutes is amended to read:

9 648.75 (3) ASSESSMENT. The department of health services may assess an
10 amount from each permittee's deposit for the purpose of funding arrangements for,
11 or to pay expenses related to, services for enrollees of an insolvent or financially
12 hazardous permittee. The department's assessment by the department of health
13 services shall be allocated to each permittee's deposit in an amount that reflects the
14 permittee's proportionate share of projected enrollment in the department's annual
15 contracting period for the department of health services. The ~~commissioner~~
16 department of financial institutions, insurance, and professional standards may
17 authorize release, and the department of administration shall pay to the department
18 of health services the assessed amount for the purposes of this subsection.

History: 2009 a. 28.
History: ry", @ "sec" =
History: 2009 a. 28.
History: story", Subcomponent = yes

19 **SECTION 511.** 648.75 (4) of the statutes is amended to read:

20 648.75 (4) RESTORATION. A permittee shall restore its deposit that is subject to
21 an assessment under sub. (3) within 30 days after the assessment, unless the office

1 department of financial institutions, insurance, and professional standards, after
2 consulting with the department of health services, authorizes a longer period, which
3 shall not exceed 2 years.

History: 2009 a. 28.
History: rj", @"sec" = "648.75"
History: 2009 a. 28.
History: story", Subcomponent = yes> History: 2009 a. 28

4 **SECTION 512.** 648.75 (4) of the statutes is amended to read:

5 648.75 (4) RESTORATION. A permittee shall restore its deposit that is subject to
6 an assessment under sub. (3) within 30 days after the assessment, unless the office
7 department of financial institutions, insurance, and professional standards, after
8 consulting with the department of health services, authorizes a longer period, which
9 shall not exceed 2 years.

History: 2009 a. 28.
History: rj", @"sec" = "648.75"
History: 2009 a. 28.
History: story", Subcomponent = yes> History: 2009 a. 28

10 **SECTION 513.** 648.75 (5) of the statutes is amended to read:

11 648.75 (5) RECOVERY. The department of health services may recover, and may
12 file a claim or bring civil action to recover, from the insolvent or financially hazardous
13 permittee any amount that the department of health services assesses and pays
14 under sub. (3). Any amount recovered shall be restored to each permittee's deposit
15 in the same proportion as the assessment.

History: 2009 a. 28.
History: rj", @"sec" = "648.75"
History: 2009 a. 28.
History: story", Subcomponent = yes> History: 2009 a. 28

16 **SECTION 514.** 655.001 (4) of the statutes is repealed.

17 **SECTION 515.** 655.001 (14) of the statutes is amended to read:

18 655.001 (14) "Self-insurance plan" means a plan approved by the
19 commissioner department of financial institutions, insurance, and professional
20 standards to self-insure health care providers against medical malpractice claims

1 in accordance with this chapter. A “self-insurance plan” may provide coverage to a
2 single health care provider or affiliated health care providers.

History: 1975 c. 37, 79; 1977 c. 26 s. 75; 1977 c. 131; 1977 c. 203 s. 106; Sup. Ct. Order, 88 Wis. 2d xiii (1979); 1979 c. 124, 185, 355; 1983 a. 189 s. 329 (5); 1985 a. 340; 1987 a. 27, 182, 264, 403; 1989 a. 187; 1991 a. 214; 1993 a. 473; 1995 a. 27 s. 9126 (19); 1999 a. 22; 2001 a. 52; 2003 a. 111; 2005 a. 36, 51; 2007 a. 20 s. 9121 (6) (a); 2013 a. 20.

3 **SECTION 516.** 655.002 (2) (intro.) of the statutes is amended to read:

4 655.002 (2) **OPTIONAL PARTICIPATION.** (intro.) All of the following may elect, in
5 the manner designated by the ~~commissioner~~ department of financial institutions,
6 insurance, and professional standards by rule under s. 655.004, to be subject to this
7 chapter:

History: 1987 a. 27; 1991 a. 214; 2005 a. 36, 51; 2009 a. 165.

8 **SECTION 517.** 655.003 (3) of the statutes is amended to read:

9 655.003 (3) Except for a physician or nurse anesthetist who meets the criteria
10 under s. 146.89 (5) (a), a physician or a nurse anesthetist who provides professional
11 services under the conditions described in s. 146.89, with respect to those
12 professional services provided by the physician or nurse anesthetist for which he or
13 she is covered by s. 165.25 and considered an agent of the department of health
14 services, as provided in s. 165.25 (6) (b).

History: 1989 a. 187, 206; 1991 a. 214; 2013 a. 241.

15 **SECTION 518.** 655.004 of the statutes is amended to read:

16 **655.004 Rule-making authority.** The director of state courts, department
17 of health services and ~~commissioner~~ department of financial institutions, insurance,
18 and professional standards may promulgate such rules under ch. 227 as are
19 necessary to enable them to perform their responsibilities under this chapter.

History: 1975 c. 37; Sup. Ct. Order, 88 Wis. 2d xiii (1979); 1987 a. 27; Stats. 1987 s. 655.004; 1989 a. 187 s. 28.

20 **SECTION 519.** 655.015 of the statutes is amended to read:

21 **655.015 Future medical expenses.** If a settlement or judgment under this
22 chapter resulting from an act or omission that occurred on or after May 25, 1995,
23 provides for future medical expense payments in excess of \$100,000, that portion of

1 future medical expense payments in excess of an amount equal to \$100,000 plus an
2 amount sufficient to pay the costs of collection attributable to the future medical
3 expense payments, including attorney fees reduced to present value, shall be paid
4 into the fund. The ~~commissioner~~ department of financial institutions, insurance,
5 and professional standards shall develop by rule a system for managing and
6 disbursing those moneys through payments for these expenses, which shall include
7 a provision for the creation of a separate accounting for each claimant's payments
8 and for crediting each claimant's account with a proportionate share of any interest
9 earned by the fund, based on that account's proportionate share of the fund. The
10 ~~commissioner~~ department of financial institutions, insurance, and professional
11 standards shall promulgate a rule specifying the criteria that shall be used to
12 determine the medical expenses related to the settlement or judgment, taking into
13 consideration developments in the provision of health care. The payments shall be
14 made under the system until either the account is exhausted or the patient dies.

History: 1975 c. 37; 1977 c. 29; 1979 c. 34, 154; 1983 a. 158; 1985 a. 340; 1991 a. 214; 1995 a. 10.

15 **SECTION 520.** 655.019 of the statutes is amended to read:

16 **655.019 Information needed to set fees.** The department of health services
17 shall provide the director of state courts, the ~~commissioner~~ department of financial
18 institutions, insurance, and professional standards and the board of governors with
19 information on hospital bed capacity and occupancy rates as needed to set fees under
20 s. 655.27 (3) or 655.61.

History: 1985 a. 340; 1989 a. 187 s. 28; 1991 a. 214.

21 **SECTION 521.** 655.23 (3) (a) of the statutes is amended to read:

22 **655.23 (3) (a)** Except as provided in par. (d), every health care provider either
23 shall insure and keep insured the health care provider's liability by a policy of health
24 care liability insurance issued by an insurer authorized to do business in this state

1 or shall qualify as a self-insurer. Qualification as a self-insurer is subject to
2 conditions established by the ~~commissioner~~ department of financial institutions,
3 insurance, and professional standards and is valid only when approved by the
4 ~~commissioner~~ department of financial institutions, insurance, and professional
5 standards. The ~~commissioner~~ department of financial institutions, insurance, and
6 professional standards may establish conditions that permit a self-insurer to
7 self-insure for claims that are against employees who are health care practitioners
8 and that are not covered by the fund. An approved self-insurance plan may provide
9 coverage for all affiliated health care providers under a controlling legal entity.

10 Cross-reference: Cross-reference: Cross-reference: See also s. Ins 17.50, Wis. adm. code. Cross-reference:
History: 1975 c. 37, 79, 199; 1977 c. 131; 1983 a. 158; 1985 a. 340; 1989 a. 56 s. 259; 1989 a. 187 ss. 14 to 19, 29; 1989 a. 332; 1991 a. 214; 1993 a. 473; 1997 a. 11; 2005
a. 36; 2013 a. 20.

11 **SECTION 522.** 655.23 (3) (b) of the statutes is amended to read:

12 655.23 (3) (b) Each insurance company issuing health care liability insurance
13 that meets the requirements of sub. (4) to any health care provider shall, at the times
14 prescribed by the ~~commissioner~~ department of financial institutions, insurance, and
15 professional standards, file with the ~~commissioner~~ department of financial
16 institutions, insurance, and professional standards in a form prescribed by the
17 ~~commissioner~~ department of financial institutions, insurance, and professional
18 standards a certificate of insurance on behalf of the health care provider upon
19 original issuance and each renewal.

History: 1975 c. 37, 79, 199; 1977 c. 131; 1983 a. 158; 1985 a. 340; 1989 a. 56 s. 259; 1989 a. 187 ss. 14 to 19, 29; 1989 a. 332; 1991 a. 214; 1993 a. 473; 1997 a. 11; 2005
a. 36; 2013 a. 20.

20 **SECTION 523.** 655.23 (3) (c) of the statutes is amended to read:

21 655.23 (3) (c) Each self-insured health care provider furnishing coverage that
22 meets the requirements of sub. (4) shall, at the times and in the form prescribed by
23 the ~~commissioner~~ department of financial institutions, insurance, and professional
24 standards, file with the ~~commissioner~~ department of financial institutions,

1 insurance, and professional standards a certificate of self-insurance and a separate
2 certificate of insurance for each additional health care provider covered by the
3 self-insured plan.

History: 1975 c. 37, 79, 199; 1977 c. 131; 1983 a. 158; 1985 a. 340; 1989 a. 56 s. 259; 1989 a. 187 ss. 14 to 19, 29; 1989 a. 332; 1991 a. 214; 1993 a. 473; 1997 a. 11; 2005 a. 36; 2013 a. 20.

4 **SECTION 524.** 655.23 (3) (d) of the statutes is amended to read:

5 655.23 (3) (d) If a cash or surety bond furnished by a health care provider for
6 the purpose of insuring and keeping insured the health care provider's liability was
7 approved by the commissioner before April 25, 1990, par. (a) does not apply to the
8 health care provider while the cash or surety bond remains in effect. A cash or surety
9 bond remains in effect unless the ~~commissioner~~ department of financial institutions,
10 insurance, and professional standards, at the request of the health care provider or
11 the surety, approves its cancellation.

History: 1975 c. 37, 79, 199; 1977 c. 131; 1983 a. 158; 1985 a. 340; 1989 a. 56 s. 259; 1989 a. 187 ss. 14 to 19, 29; 1989 a. 332; 1991 a. 214; 1993 a. 473; 1997 a. 11; 2005 a. 36; 2013 a. 20.

12 **SECTION 525.** 655.23 (4) (d) of the statutes is amended to read:

13 655.23 (4) (d) The ~~commissioner~~ department of financial institutions,
14 insurance, and professional standards may promulgate such rules as the
15 ~~commissioner~~ department of financial institutions, insurance, and professional
16 standards considers necessary for the application of the liability limits under par. (b)
17 to reporting years following termination of claims-made coverage, including rules
18 that provide for the use of actuarial equivalents.

History: 1975 c. 37, 79, 199; 1977 c. 131; 1983 a. 158; 1985 a. 340; 1989 a. 56 s. 259; 1989 a. 187 ss. 14 to 19, 29; 1989 a. 332; 1991 a. 214; 1993 a. 473; 1997 a. 11; 2005 a. 36; 2013 a. 20.

19 **SECTION 526.** 655.23 (7) of the statutes is amended to read:

20 655.23 (7) Each health care provider shall comply with this section and with
21 s. 655.27 (3) (a) before exercising any rights or privileges conferred by his or her
22 health care provider's license. The ~~commissioner~~ department of financial
23 institutions, insurance, and professional standards shall notify the board that issued

1 the license of a health care provider that has not complied with this section or with
2 s. 655.27 (3) (a). The board that issued the license may suspend, or refuse to issue
3 or to renew the license of any health care provider violating this section or s. 655.27
4 (3) (a).

History: 1975 c. 37, 79, 199; 1977 c. 131; 1983 a. 158; 1985 a. 340; 1989 a. 56 s. 259; 1989 a. 187 ss. 14 to 19, 29; 1989 a. 332; 1991 a. 214; 1993 a. 473; 1997 a. 11; 2005 a. 36; 2013 a. 20.

5 **SECTION 527.** 655.23 (8) of the statutes is amended to read:

6 655.23 (8) No health care provider who retires or ceases operation after July
7 24, 1975, shall be eligible for the protection provided under this chapter unless proof
8 of financial responsibility for all claims arising out of acts of malpractice occurring
9 after July 24, 1975, is provided to the ~~commissioner~~ department of financial
10 institutions, insurance, and professional standards in the form prescribed by the
11 ~~commissioner~~ department of financial institutions, insurance, and professional
12 standards.

History: 1975 c. 37, 79, 199; 1977 c. 131; 1983 a. 158; 1985 a. 340; 1989 a. 56 s. 259; 1989 a. 187 ss. 14 to 19, 29; 1989 a. 332; 1991 a. 214; 1993 a. 473; 1997 a. 11; 2005 a. 36; 2013 a. 20.

13 **SECTION 528.** 655.24 (1) of the statutes is amended to read:

14 655.24 (1) No insurer may enter into or issue any policy of health care liability
15 insurance until its policy form has been submitted to and approved by the
16 ~~commissioner~~ department of financial institutions, insurance, and professional
17 standards under s. 631.20 (1) (a). The filing of a policy form by any insurer with the
18 ~~commissioner~~ department of financial institutions, insurance, and professional
19 standards for approval shall constitute, on the part of the insurer, a conclusive and
20 unqualified acceptance of all provisions of this chapter, and an agreement by it to be
21 bound hereby as to any policy issued by it to any health care provider.

History: 1975 c. 37; 1977 c. 131; 1985 a. 340; 1989 a. 187; 1991 a. 214; 1999 a. 9.

22 **SECTION 529.** 655.24 (3) of the statutes is amended to read:

1 655.24 (3) A notice of cancellation or nonrenewal that is required under sub.
2 (2) (b) issued to a health care provider who is a natural person must inform the health
3 care provider that his or her license to practice medicine or nursing may be
4 suspended or not renewed if the health care provider has no insurance or insufficient
5 insurance. The insurer shall retain a copy of each notice issued under sub. (2) (b) for
6 not less than 10 years from the date of mailing or delivery of the notice and shall
7 furnish a copy to the ~~commissioner~~ department of financial institutions, insurance,
8 and professional standards upon request.

History: 1975 c. 37; 1977 c. 131; 1985 a. 340; 1989 a. 187; 1991 a. 214; 1999 a. 9.

9 **SECTION 530.** 655.24 (4) of the statutes is amended to read:

10 655.24 (4) The insurer shall, upon termination of a policy of health care liability
11 insurance issued under this chapter by cancellation or nonrenewal, notify the
12 ~~commissioner~~ department of financial institutions, insurance, and professional
13 standards of the termination.

History: 1975 c. 37; 1977 c. 131; 1985 a. 340; 1989 a. 187; 1991 a. 214; 1999 a. 9.

14 **SECTION 531.** 655.26 (1) (intro.) of the statutes is amended to read:

15 655.26 (1) (intro.) In addition to any information required by the ~~commissioner~~
16 department of financial institutions, insurance, and professional standards under s.
17 601.42, by the 15th day of each month, each insurer that writes health care liability
18 insurance in this state and each self-insurer approved under s. 655.23 (3) (a) shall
19 report the following information to the medical examining board and the board of
20 governors on each claim paid during the previous month for damages arising out of
21 the rendering of health care services:

History: 1985 a. 29, 340; 1989 a. 187; 1991 a. 214; 2007 a. 20.

22 **SECTION 532.** 655.26 (2) of the statutes is amended to read:

23 655.26 (2) By the 15th day of each month, the board of governors shall report
24 the information specified in sub. (1) to the medical examining board for each claim

1 paid by the fund or from the appropriation under s. ~~20.145 (2)~~ [✓] 20.142 (4) (a) during
2 the previous month for damages arising out of the rendering of health care services
3 by a health care provider or an employee of a health care provider.

History: 1985 a. 29, 340; 1989 a. 187; 1991 a. 214; 2007 a. 20.

4 **SECTION 533.** 655.27 (2) of the statutes is amended to read:

5 655.27 (2) FUND ADMINISTRATION AND OPERATION. Management of the fund shall
6 be vested with the board of governors. The ~~commissioner~~ [✓] department of financial
7 institutions, insurance, and professional standards shall either provide staff
8 services necessary for the operation of the fund or, with the approval of the board of
9 governors, contract for all or part of these services. Such a contract is subject to ss.
10 16.753 and 16.765, but is otherwise exempt from subch. IV of ch. 16. The
11 ~~commissioner~~ [✓] department of financial institutions, insurance, and professional
12 standards shall adopt rules governing the procedures for creating and implementing
13 these contracts before entering into the contracts. At least annually, the contractor
14 shall report to the ~~commissioner~~ [✓] department of financial institutions, insurance, and
15 professional standards and to the board of governors regarding all expenses incurred
16 and subcontracting arrangements. If the board of governors approves, the contractor
17 may hire legal counsel as needed to provide staff services. The cost of contracting for
18 staff services shall be funded from the appropriation under s. ~~20.145 (2)~~ [✓] 20.142 (4)
19 (u). The fund shall pay to the ~~commissioner~~ [✓] department of financial institutions,
20 insurance, and professional standards amounts charged for organizational support
21 services, which shall be credited to the appropriation account under s. ~~20.145 (1)~~
22 20.142 (3) (g) 2.

History: 1975 c. 37, 79, 199; 1977 c. 29, 131; 1979 c. 34, 194; 1981 c. 20; 1983 a. 27, 158; 1985 a. 340; 1987 a. 27, 186, 247, 399; 1989 a. 102, 187, 332; 1991 a. 214, 315; 1993 a. 473; 1995 a. 10; 2001 a. 65; 2003 a. 111; 2005 a. 36, 410; 2007 a. 20.

23 **SECTION 534.** 655.27 (3) (a) 5. of the statutes is amended to read:

1 655.27 (3) (a) 5. The supplemental appropriation under s. ~~20.145 (2)~~[✓] 20.142 (4)
2 (a) for payment of claims.

History: 1975 c. 37, 79, 199; 1977 c. 29, 131; 1979 c. 34, 194; 1981 c. 20; 1983 a. 27, 158; 1985 a. 340; 1987 a. 27, 186, 247, 399; 1989 a. 102, 187, 332; 1991 a. 214, 315; 1993 a. 473; 1995 a. 10; 2001 a. 65; 2003 a. 111; 2005 a. 36, 410; 2007 a. 20.

3 **SECTION 535.** 655.27 (3) (am) of the statutes is amended to read:

4 655.27 (3) (am) *Assessments for peer review council.* The fund, a mandatory
5 health care liability risk-sharing plan established under s. 619.04, and a private
6 health care liability insurer shall be assessed, as appropriate, fees sufficient to cover
7 the costs of the injured patients and families compensation fund peer review council,
8 including costs of administration, for reviewing claims paid by the fund or from the
9 appropriation under s. ~~20.145 (2)~~[✓] 20.142 (4) (a), by the plan, and by the insurer,
10 respectively, under s. 655.275 (5). The fees shall be set by the ~~commissioner~~
11 department of financial institutions, insurance, and professional standards by rule,
12 after approval by the board of governors, and shall be collected by the ~~commissioner~~
13 department of financial institutions, insurance, and professional standards for
14 deposit in the fund. The costs of the injured patients and families compensation fund
15 peer review council shall be funded from the appropriation under s. ~~20.145 (2)~~[✓] 20.142
16 (4) (um).

History: 1975 c. 37, 79, 199; 1977 c. 29, 131; 1979 c. 34, 194; 1981 c. 20; 1983 a. 27, 158; 1985 a. 340; 1987 a. 27, 186, 247, 399; 1989 a. 102, 187, 332; 1991 a. 214, 315; 1993 a. 473; 1995 a. 10; 2001 a. 65; 2003 a. 111; 2005 a. 36, 410; 2007 a. 20.

17 **SECTION 536.** 655.27 (3) (b) 1. of the statutes is amended to read:

18 655.27 (3) (b) 1. The ~~commissioner~~[✓] department of financial institutions,
19 insurance, and professional standards, after approval by the board of governors,
20 shall by rule set the fees under par. (a). The rule shall provide that fees may be paid
21 annually or in semiannual or quarterly installments. In addition to the prorated
22 portion of the annual fee, semiannual and quarterly installments shall include an
23 amount sufficient to cover interest not earned and administrative costs incurred

1 because the fees were not paid on an annual basis. This paragraph does not impose
2 liability on the board of governors for payment of any part of a fund deficit.

History: 1975 c. 37, 79, 199; 1977 c. 29, 131; 1979 c. 34, 194; 1981 c. 20; 1983 a. 27, 158; 1985 a. 340; 1987 a. 27, 186, 247, 399; 1989 a. 102, 187, 332; 1991 a. 214, 315; 1993 a. 473; 1995 a. 10; 2001 a. 65; 2003 a. 111; 2005 a. 36, 410; 2007 a. 20.

3 **SECTION 537.** 655.27 (3) (b) 2m. of the statutes is amended to read:

4 655.27 (3) (b) 2m. In addition to the fees and payment classifications described
5 under subds. 1. and 2., the ~~commissioner~~ department of financial institutions,
6 insurance, and professional standards, after approval by the board of governors, may
7 by rule establish a separate payment classification for physicians satisfying s.
8 655.002 (1) (b) and a separate fee for nurse anesthetists satisfying s. 655.002 (1) (b)
9 which take into account the loss experience of health care providers for whom
10 Michigan is a principal place of practice.

History: 1975 c. 37, 79, 199; 1977 c. 29, 131; 1979 c. 34, 194; 1981 c. 20; 1983 a. 27, 158; 1985 a. 340; 1987 a. 27, 186, 247, 399; 1989 a. 102, 187, 332; 1991 a. 214, 315; 1993 a. 473; 1995 a. 10; 2001 a. 65; 2003 a. 111; 2005 a. 36, 410; 2007 a. 20.

11 **SECTION 538.** 655.27 (3) (br) 2. of the statutes is amended to read:

12 655.27 (3) (br) 2. The fees assessed for the fiscal year preceding that particular
13 fiscal year, adjusted by the ~~commissioner of~~ department of financial institutions,
14 insurance, and professional standards to reflect changes in the consumer price index
15 for all urban consumers, U.S. city average, for the medical care group, as determined
16 by the U.S. department of labor.

History: 1975 c. 37, 79, 199; 1977 c. 29, 131; 1979 c. 34, 194; 1981 c. 20; 1983 a. 27, 158; 1985 a. 340; 1987 a. 27, 186, 247, 399; 1989 a. 102, 187, 332; 1991 a. 214, 315; 1993 a. 473; 1995 a. 10; 2001 a. 65; 2003 a. 111; 2005 a. 36, 410; 2007 a. 20.

17 **SECTION 539.** 655.27 (3) (c) of the statutes is amended to read:

18 655.27 (3) (c) *Collection and deposit of fees.* Fees under pars. (a) and (b) and
19 future medical expense payments specified for the fund under s. 655.015 shall be
20 collected by the ~~commissioner~~ department of financial institutions, insurance, and
21 professional standards for deposit into the fund in a manner prescribed by the

1 ~~commissioner~~ department of financial institutions, insurance, and professional
2 standards by rule.

History: 1975 c. 37, 79, 199; 1977 c. 29, 131; 1979 c. 34, 194; 1981 c. 20; 1983 a. 27, 158; 1985 a. 340; 1987 a. 27, 186, 247, 399; 1989 a. 102, 187, 332; 1991 a. 214, 315; 1993 a. 473; 1995 a. 10; 2001 a. 65; 2003 a. 111; 2005 a. 36, 410; 2007 a. 20.

3 **SECTION 540.** 655.27 (3) (d) of the statutes is amended to read:

4 655.27 (3) (d) *Rule not effective; fees.* If the rule establishing fees under par.
5 (b) does not take effect prior to June 2 of any fiscal year, the ~~commissioner~~
6 department of financial institutions, insurance, and professional standards may
7 elect to collect fees as established for the previous fiscal year. If the ~~commissioner~~
8 department of financial institutions, insurance, and professional standards so elects
9 and the rule subsequently takes effect, the balance for the fiscal year shall be
10 collected or refunded or the remaining semiannual or quarterly installment
11 payments shall be adjusted except the ~~commissioner~~ department of financial
12 institutions, insurance, and professional standards may elect not to collect, refund
13 or adjust for minimal amounts.

History: 1975 c. 37, 79, 199; 1977 c. 29, 131; 1979 c. 34, 194; 1981 c. 20; 1983 a. 27, 158; 1985 a. 340; 1987 a. 27, 186, 247, 399; 1989 a. 102, 187, 332; 1991 a. 214, 315; 1993 a. 473; 1995 a. 10; 2001 a. 65; 2003 a. 111; 2005 a. 36, 410; 2007 a. 20.

14 **SECTION 541.** 655.27 (3) (e) of the statutes is amended to read:

15 655.27 (3) (e) *Podiatrist fees.* The ~~commissioner~~ department of financial
16 institutions, insurance, and professional standards, after approval by the board of
17 governors, may by rule assess fees against podiatrists for the purpose of paying the
18 fund's portion of medical malpractice claims and expenses resulting from claims
19 against podiatrists based on occurrences before July 1, 1986.

History: 1975 c. 37, 79, 199; 1977 c. 29, 131; 1979 c. 34, 194; 1981 c. 20; 1983 a. 27, 158; 1985 a. 340; 1987 a. 27, 186, 247, 399; 1989 a. 102, 187, 332; 1991 a. 214, 315; 1993 a. 473; 1995 a. 10; 2001 a. 65; 2003 a. 111; 2005 a. 36, 410; 2007 a. 20.

20 **SECTION 542.** 655.27 (4) (a) of the statutes is amended to read:

21 655.27 (4) (a) Moneys shall be withdrawn from the fund, or paid from the
22 appropriation under s. ~~20.145 (2)~~ 20.142 (4) (a), by the ~~commissioner~~ department of

1 financial institutions, insurance, and professional standards only upon vouchers
2 approved and authorized by the board of governors.

History: 1975 c. 37, 79, 199; 1977 c. 29, 131; 1979 c. 34, 194; 1981 c. 20; 1983 a. 27, 158; 1985 a. 340; 1987 a. 27, 186, 247, 399; 1989 a. 102, 187, 332; 1991 a. 214, 315; 1993 a. 473; 1995 a. 10; 2001 a. 65; 2003 a. 111; 2005 a. 36, 410; 2007 a. 20.

3 **SECTION 543.** 655.27 (4) (d) of the statutes is amended to read:

4 655.27 (4) (d) Annually after the close of a fiscal year, the board of governors
5 shall furnish a financial report to the ~~commissioner~~ department of financial
6 institutions, insurance, and professional standards. The report shall be prepared in
7 accordance with accepted accounting procedures and shall include the present value
8 of all claims reserves, including those for incurred but not reported claims as
9 determined by accepted actuarial principles, and such other information as may be
10 required by the ~~commissioner~~ department of financial institutions, insurance, and
11 professional standards. The board of governors shall furnish an appropriate
12 summary of this report to all fund participants.

History: 1975 c. 37, 79, 199; 1977 c. 29, 131; 1979 c. 34, 194; 1981 c. 20; 1983 a. 27, 158; 1985 a. 340; 1987 a. 27, 186, 247, 399; 1989 a. 102, 187, 332; 1991 a. 214, 315; 1993 a. 473; 1995 a. 10; 2001 a. 65; 2003 a. 111; 2005 a. 36, 410; 2007 a. 20.

13 **SECTION 544.** 655.27 (4) (g) of the statutes is amended to read:

14 655.27 (4) (g) The board of governors may cede reinsurance to an insurer
15 authorized to do business in this state under ch. 611, 613, 614 or 618 or pursue other
16 loss funding management to preserve the solvency and integrity of the fund, subject
17 to approval by the ~~commissioner~~ department of financial institutions, insurance, and
18 professional standards. The ~~commissioner~~ department of financial institutions,
19 insurance, and professional standards may prescribe controls over or other
20 conditions on such use of reinsurance or other loss-funding management
21 mechanisms.

History: 1975 c. 37, 79, 199; 1977 c. 29, 131; 1979 c. 34, 194; 1981 c. 20; 1983 a. 27, 158; 1985 a. 340; 1987 a. 27, 186, 247, 399; 1989 a. 102, 187, 332; 1991 a. 214, 315; 1993 a. 473; 1995 a. 10; 2001 a. 65; 2003 a. 111; 2005 a. 36, 410; 2007 a. 20.

22 **SECTION 545.** 655.27 (5) (e) of the statutes is amended to read:

1 655.27 (5) (e) Claims filed against the fund shall be paid in the order received
2 within 90 days after filing unless appealed by the fund. If the amounts in the fund
3 are not sufficient to pay all of the claims, claims received after the funds are
4 exhausted shall be paid from the appropriation under s. ~~20.145 (2)~~ [✓]20.142 (4) (a).

History: 1975 c. 37, 79, 199; 1977 c. 29, 131; 1979 c. 34, 194; 1981 c. 20; 1983 a. 27, 158; 1985 a. 340; 1987 a. 27, 186, 247, 399; 1989 a. 102, 187, 332; 1991 a. 214, 315; 1993 a. 473; 1995 a. 10; 2001 a. 65; 2003 a. 111; 2005 a. 36, 410; 2007 a. 20.

5 **SECTION 546.** 655.275 (5) (a) (intro.) of the statutes is amended to read:

6 655.275 (5) (a) (intro.) The council shall review, within one year of the date of
7 first payment on the claim, each claim that is paid by the fund or from the
8 appropriation under s. ~~20.145 (2)~~ [✓]20.142 (4) (a), by a mandatory health care liability
9 risk-sharing plan established under s. 619.04, by a private health care liability
10 insurer, or by a self-insurer for damages arising out of the rendering of medical care
11 by a health care provider or an employee of the health care provider and shall make
12 recommendations to all of the following:

History: 1985 a. 340; 1989 a. 187; 1991 a. 214, 315; 1999 a. 9; 2003 a. 111; 2007 a. 20, 108.

13 **SECTION 547.** 655.275 (5) (a) 1. of the statutes is amended to read:

14 655.275 (5) (a) 1. The ~~commissioner~~ [✓]department of financial institutions,
15 insurance, and professional standards and the board of governors regarding any
16 adjustments to be made, under s. 655.27 (3) (a) 2m., to fund fees assessed against the
17 health care provider, based on the paid claim.

History: 1985 a. 340; 1989 a. 187; 1991 a. 214, 315; 1999 a. 9; 2003 a. 111; 2007 a. 20, 108.

18 **SECTION 548.** 655.275 (5) (a) 2. of the statutes is amended to read:

19 655.275 (5) (a) 2. The ~~commissioner~~ ^{department of financial institutions,}
20 and the board of governors regarding any ^{insurance, and professional standards}
21 adjustments to be made, under s. 619.04 (5) (b), to premiums assessed against a
22 physician under a mandatory health care liability risk-sharing plan established
23 under s. 619.04, based on the paid claim.

History: 1985 a. 340; 1989 a. 187; 1991 a. 214, 315; 1999 a. 9; 2003 a. 111; 2007 a. 20, 108.

23 **SECTION 549.** 655.275 (7) of the statutes is amended to read:

1 655.275 (7) NOTICE OF RECOMMENDATION. The council shall notify the affected
2 health care provider, in writing, of its recommendations to the ~~commissioner~~
3 department of financial institutions, insurance, and professional standards, the
4 board of governors or a private insurer made under sub. (5). The notice shall inform
5 the health care provider that the health care provider may submit written comments
6 on the council's recommendations to the ~~commissioner~~ department of financial
7 institutions, insurance, and professional standards, the board of governors or the
8 private insurer within a reasonable period of time specified in the notice.

9 **History:** 1985 a. 340; 1989 a. 187; 1991 a. 214, 315; 1999 a. 9; 2003 a. 111; 2007 a. 20, 108.

9 **SECTION 550.** 655.275 (8) of the statutes is amended to read:

10 655.275 (8) PATIENT RECORDS. The council may obtain any information relating
11 to any claim it reviews under this section that is in the possession of the
12 ~~commissioner~~ department of financial institutions, insurance, and professional
13 standards or the board of governors. The council shall keep patient health care
14 records confidential as required by s. 146.82.

15 **History:** 1985 a. 340; 1989 a. 187; 1991 a. 214, 315; 1999 a. 9; 2003 a. 111; 2007 a. 20, 108.

15 **SECTION 551.** 655.275 (10) of the statutes is amended to read:

16 655.275 (10) MEMBERS' AND CONSULTANTS' EXPENSES. Notwithstanding s. 15.09
17 (6), any person serving on the council and any person consulting with the council
18 under sub. (5) (b) shall be paid at a rate established by the ~~commissioner~~ department
19 of financial institutions, insurance, and professional standards by rule.

20 **History:** 1985 a. 340; 1989 a. 187; 1991 a. 214, 315; 1999 a. 9; 2003 a. 111; 2007 a. 20, 108.

20 **SECTION 552.** 655.45 (1) of the statutes is amended to read:

21 655.45 (1) For the quarter beginning on July 1, 1986, and for each quarter
22 thereafter, the director of state courts shall file reports complying with sub. (2) with
23 the medical examining board, the physical therapy examining board, the podiatry
24 affiliated credentialing board, the board of nursing and the department of health

1 services, respectively, regarding health care providers licensed by the respective
2 bodies.

3 **History:** 1985 a. 340; 1989 a. 187 s. 28; 1993 a. 107, 443; 1997 a. 75, 175; 2009 a. 113, 149; 2011 a. 258.

3 **SECTION 553.** 655.465 (2) (c) 2. of the statutes is amended to read:

4 655.465 (2) (c) 2. Except as provided in subds. 4. and 5., if none of the
5 respondents named in the request for mediation is a physician, a health care
6 provider who is licensed to practice in this state in the same health care field as the
7 respondent and who is selected from a list prepared by the department of health
8 services, the department of financial institutions, insurance, and professional
9 standards, or the examining board or affiliated credentialing board that regulates
10 health care providers in that health care field.

11 **History:** 1985 a. 340; 1989 a. 187 s. 28; 1989 a. 359; 1993 a. 107.

11 **SECTION 554.** 655.61 (2) of the statutes is amended to read:

12 655.61 (2) The annual fees under sub. (1) shall be collected in a manner
13 prescribed by rule of the ~~commissioner~~ department of financial institutions,
14 insurance, and professional standards. The ~~commissioner~~ department of financial
15 institutions, insurance, and professional standards shall pay all money collected
16 under sub. (1) into the mediation fund created under s. 655.68.

17 **History:** 1985 a. 340; 1989 a. 187; 1991 a. 214.

17 **SECTION 555.** 813.05 (2) of the statutes is amended to read:

18 813.05 (2) In an action against an insurance company or fraternal benefit
19 society for an injunction or a receiver the ~~commissioner of insurance~~ department of
20 financial institutions, insurance, and professional standards shall be notified.
21 Mailing a copy of such notice addressed to the ~~commissioner of insurance~~ secretary,
22 or department, of financial institutions, insurance, and professional standards at
23 Madison, Wisconsin, shall be sufficient service.

History: Sup. Ct. Order, 67 Wis. 2d 585, 760 (1975); Stats. 1975 s. 813.05.

1 SECTION 556. 895.486 (2) (a) of the statutes is amended to read:

2 895.486 (2) (a) The office of the commissioner of insurance department of
3 financial institutions, insurance, and professional standards.

History: 1995 a. 177.

4 SECTION 557. 895.514 (3) (b) of the statutes is amended to read:

5 895.514 (3) (b) All of the expenses incurred by the authority, or the
6 commissioner, or any agent, employee, or representative of the commissioner, in
7 exercising its duties and powers under ch. 149, 2011 stats., under 2013 Wisconsin Act
8 20, section 9122 (1L), or under 2013 Wisconsin Act 116, section 32 (1) (b), shall be
9 payable only from funds of the authority or from the appropriation under s. 20.145
10 (5) (g), 2013 stats., or s. 20.145 (5) (k), 2013 stats., or from any combination of those
11 payment sources.

NOTE: NOTE: Sub. (3) is shown as created by 2013 Wis. Act 20 and amended by 2013 Wis. Act 116, all eff. 1-1-15. NOTE:
History: 2013 a. 20, 116.

12 SECTION 9118. Nonstatutory provisions; Health Services.

13 (1) TRANSFER OF BODY ART AND TANNING FACILITY REGULATION FUNCTIONS TO THE
14 DEPARTMENT OF FINANCIAL INSTITUTIONS, INSURANCE, AND PROFESSIONAL STANDARDS.

15 (a) *Assets and liabilities.* On the effective date of this paragraph, the assets and
16 liabilities of the department of health services that are primarily related to the
17 regulation of tattooing, body piercing, and tanning under sections 252.23 to 252.25
18 ~~and~~ section 255.08, 2013 stats., become the assets and liabilities of the department
19 of financial institutions, insurance, and professional standards.

20 (b) *Positions and employees.* On the effective date of this paragraph, all
21 positions and all incumbent employees in the classified service of the state civil
22 service holding those positions in the department of health services that are
23 primarily related to the regulation of tattooing, body piercing, and tanning under

24 sections 252.23 to 252.25 and section 255.08, 2013 stats., as determined by the

Handwritten annotations: "and" in a circle with an arrow pointing to "and" in line 18; "of the statute" written next to line 17; "and" in a circle with an arrow pointing to "and" in line 24; "of the statutes," written below line 24.

1 secretary of administration, are transferred to the department of financial
2 institutions, insurance, and professional standards.

3 (c) *Employee status.* Employees transferred under paragraph (b) have all the
4 rights and the same status under subchapter V of chapter 111 and chapter 230 of the
5 statutes in the department of financial institutions, insurance, and professional
6 standards that they enjoyed in the department of health services immediately before
7 the transfer. Notwithstanding section 230.28 (4) of the statutes, no employee so
8 transferred who has attained permanent status in class is required to serve a
9 probationary period.

10 (d) *Tangible personal property.* On the effective date of this paragraph, all
11 tangible personal property, including records, of the department of health services
12 that are primarily related to the regulation of tattooing, body piercing, and tanning
13 under ^{and} sections 252.23 to 252.25 ^{and} ^{move} section 255.08, 2013 stats., as determined by the
14 secretary of administration, is transferred to the department of financial
15 institutions, insurance, and professional standards.

16 (e) *Pending matters.* Any matter pending with the department of health
17 services that is primarily related to the regulation of tattooing, body piercing, and
18 tanning under ^{and} sections 252.23 to 252.25 ^{and} ^{move} section 255.08, 2013 stats., on the
19 effective date of this paragraph is transferred to the department of financial
20 institutions, insurance, and professional standards. All materials submitted to or

21 actions taken by the department of health services that are primarily related to the
22 regulation of tattooing, body piercing, and tanning under ^{and} sections 252.23 to 252.25 ^{of the statutes}
23 ^{and} section 255.08, 2013 stats., are considered as having been submitted to or taken
24 by the department of financial institutions, insurance, and professional standards.

of the 111
statutes

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1 (f) *Contracts*. All contracts entered into by the department of health services
 2 that ~~is~~ primarily related to the regulation of tattooing, body piercing, and tanning
 3 under ~~sections~~ ^{and} 252.23 to 252.25 ^{and} ~~section~~ ^{move} 255.08, 2013 stats., in effect on the
 4 effective date of this paragraph remain in effect and are transferred to the
 5 department of financial institutions, insurance, and professional standards. The
 6 department of financial institutions, insurance, and professional standards shall
 7 carry out any obligations under those contracts unless modified or rescinded by that
 8 department to the extent allowed under the contract.

9 (g) *Rules and orders*. All rules in chapters DHS 161 and DHS 173, Wisconsin
 10 Administrative Code, and any other rules promulgated by the department of health
 11 services that are primarily related to the regulation of tattooing, body piercing, and
 12 tanning under ~~sections~~ ^{and} 252.23 to 252.25 ^{and} ~~section~~ ^{move} 255.08, 2013 stats., in effect on
 13 the effective date of this paragraph remain in effect until their specified expiration
 14 dates or until amended or repealed by the department of financial institutions,
 15 insurance, and professional standards. All orders issued by the department of health
 16 services that are primarily related to the regulation of tattooing, body piercing, and
 17 tanning under ~~sections~~ ^{and} 252.23 to 252.25 ^{and} ~~section~~ ^{move} 255.08, 2013 stats., in effect on
 18 the effective date of this paragraph remain in effect until their specified expiration
 19 dates or until modified or rescinded by the department of financial institutions,
 20 insurance, and professional standards.

21 **SECTION 9122. Nonstatutory provisions; Insurance.**

22 (1) DESIGNATION CHANGES.

23 (a) On the effective date of this paragraph, all of the following apply:

- 24 1. Wherever the term "commissioner" appears in section 100.203 of the statutes
 25 or chapter 424, 600, 601 (excluding sections 601.415 (12), 601.42 (6), 601.57, and

are of the statutes

of the statutes

create auto ref a

1 601.58 of the statutes), 605, 607, 609, 611, 612, 613, 614, 616 (excluding section
2 616.09 (1) (c) 2. of the statutes), 617, 618, 619, 620, 623, 625, 626, 627, 628, 631, 632,
3 633, 635, or 644 of the statutes, as affected by the acts of 2015, the term "department"
4 is substituted.

5 2. Wherever the term "commissioner's" appears in chapter 611, 625, 626, 627,
6 628, 631, or 644 of the statutes, as affected by the acts of 2015, the term
7 "department's" is substituted.

8 3. Wherever the term "commissioner of insurance" appears in chapter 71, 76,
9 or 424 of the statutes, as affected by the acts of 2015, the term "department of
10 financial institutions, insurance, and professional standards" is substituted.

11 4. Wherever the term "office" appears in chapter 609 or 628 of the statutes, as
12 affected by the acts of 2015, the term "department" is substituted.

13 5. Wherever the term "office of the commissioner of insurance" appears in
14 chapter 71 or 76 of the statutes, as affected by the acts of 2015, the term "department
15 of financial institutions, insurance, and professional standards" is substituted.

16 (b) If any statutory provision that is affected by paragraph (a) is also treated
17 by another section of this act, that other treatment of the statutory provision takes
18 place before the change under paragraph (a).

(END)

d-note
↓

Insert 37-13

(title) ✓

SECTION #: Subchapter II of chapter 601 [precedes 601.1] of the statutes is repealed and recreated to read:

(B) →] CHAPTER 601 ← (CAPS)
] SUBCHAPTER II ←

] INSURANCE SUPERVISION OFFICES [(CAPS)
↓
INDUSTRY

(end of insert 37-13)

Insert 42-3

SECTION #: Subchapter III (title) of chapter 601 [precedes 601.31] of the statutes is amended to read:

(B) →] CHAPTER 601 ← (CAPS)
] SUBCHAPTER III ←

(CAPS) → FINANCING THE INSURANCE INDUSTRY
SUPERVISION OFFICE OFFICES
move

(end of insert 42-3)

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

date

LRB-0797/3dn
PJK&TJD:.....

JL

* Regarding the office of the commissioner of insurance, I changed "commissioner" to "department" in some cases and to "secretary" in other cases. Please review to determine if you would like anything changed. Note the nonstatutory provisions that change certain terms to other terms in specified sections and chapters.

Except for changing "commissioner" to "department" or "secretary," I did not change subch. V of ch. 601, which relates to insurance hearings and enforcement procedures. Please review to determine if you want these provisions treated differently. For example, see s. 601.62 (1). Instead of the department taking some action or holding a hearing, do you want the division of hearing and appeals explicitly to act or hold the hearing? There are also many instances throughout the insurance chapters of hearings before the commissioner (new department) takes certain actions. For example, see ss. 612.22 (3) (a) and 619.01 (1) (a). Are these okay?

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DRAFTER'S NOTE
FROM THE
LEGISLATIVE REFERENCE BUREAU

LRB-0797/P1dn
PJK:jld:jf

December 19, 2014

Regarding the Office of the Commissioner of Insurance, I changed "commissioner" to "department" in some cases and to "secretary" in other cases. Please review to determine if you would like anything changed. Note the nonstatutory provisions that change certain terms to other terms in specified sections and chapters.

Except for changing "commissioner" to "department" or "secretary," I did not change subch. V of ch. 601, which relates to insurance hearings and enforcement procedures. Please review to determine if you want these provisions treated differently. For example, see s. 601.62 (1). Instead of the department taking some action or holding a hearing, do you want the division of hearing and appeals explicitly to act or hold the hearing? There are also many instances throughout the insurance chapters of hearings before the commissioner (new department) takes certain actions. For example, see ss. 612.22 (3) (a) and 619.01 (1) (a). Are these okay?

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