



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 E ... 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



State of Wisconsin
2015 - 2016 LEGISLATURE



LRB-0872/P1
GMM:kjf:rs

PRELIMINARY DRAFT - NOT READY FOR INTRODUCTION

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

Analysis by the Legislative Reference Bureau

EMPLOYMENT

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

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

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

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

1 **SECTION 1.** 15.177 (title) of the statutes is created to read:

2 **15.177 (title) Same; councils.**

3 **SECTION 2.** 15.227 (4) of the statutes is renumbered 15.177 (4) and amended
4 to read:

5 15.177 (4) COUNCIL ON WORKER'S COMPENSATION. There is created in the
6 department of ~~workforce development~~ financial institutions, insurance, and
7 professional standards a council on worker's compensation appointed by the
8 secretary of ~~workforce development~~ financial institutions, insurance, and
9 professional standards to consist of a designated employee of the department of
10 ~~workforce development~~ financial institutions, insurance, and professional standards
11 as chairperson, 5 representatives of employers, and 5 representatives of employees.
12 The secretary of ~~workforce development~~ financial institutions, insurance, and
13 professional standards shall also appoint 3 representatives of insurers authorized to
14 do worker's compensation insurance business in this state as nonvoting members of
15 the council.

16 **SECTION 3.** 15.227 (11) of the statutes is renumbered 15.177 (11) and amended
17 to read:

18 15.177 (11) SELF-INSURERS COUNCIL. There is created in the department of
19 ~~workforce development~~ financial institutions, insurance, and professional standards
20 a self-insurers council consisting of 5 members appointed by the secretary of

1 ~~workforce development~~ financial institutions, insurance, and professional standards
2 for 3-year terms.

3 SECTION 4. 16.865 (4) of the statutes is amended to read:

4 16.865 (4) Manage the state employees' worker's compensation program and
5 the statewide self-funded programs to protect the state from losses of and damage
6 to state property and liability and, if retained by the department of ~~workforce~~
7 development financial institutions, insurance, and professional standards under s.
8 102.65 (3), process, investigate, and pay claims under ss. 102.44 (1), 102.49, 102.59,
9 and 102.66 as provided in s. 102.65 (3).

10 SECTION 5. 20.142 (3) (title) of the statutes is created to read:

11 20.142 (3) (title) SUPERVISION OF INSURANCE INDUSTRY SERVICES.

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

12 SECTION 6. 20.142 (3) (ka) of the statutes is created to read:

13 20.142 (3) (ka) *Interagency and intra-agency agreements*. All moneys received
14 through contracts or financial agreements from other state agencies for the provision
15 of services to those state agencies and all moneys received by the department from
16 the department for the provision of services to the department for the purpose of
17 providing the services.

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

18 SECTION 7. 20.445 (1) (aa) of the statutes is renumbered 20.142 (3) (aa).

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

19 SECTION 8. 20.445 (1) (ga) of the statutes is amended to read:

1 20.445 (1) (ga) *Auxiliary services*. All moneys received from fees collected
2 under ss. ~~102.16 (2m) (d)~~, 103.005 (15) and 106.09 (7) for the delivery of services
3 under ss. ~~102.16 (2m) (f)~~, 103.005 (15) and 106.09 and ch. 108.

4 **SECTION 9.** 20.445 (1) (p) of the statutes is renumbered 20.142 (3) (p).

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

5 **SECTION 10.** 20.445 (1) (ra) of the statutes is renumbered 20.142 (3) (ra) and
6 amended to read:

7 20.142 (3) (ra) *Worker's compensation operations fund; administration*. From
8 the worker's compensation operations fund, the amounts in the schedule for the
9 administration of the worker's compensation program by the department and for
10 transfer to the appropriation accounts under par. (rp) and ~~sub. (2) ss. 20.445 (2) (ra)~~
11 and 20.505 (4) (ra). All moneys received under ss. 102.28 (2) (b) and 102.75 shall be
12 credited to this appropriation account. From this appropriation, an amount not to
13 exceed \$5,000 may be expended each fiscal year for payment of expenses for travel
14 and research by the council on worker's compensation, the amount in the schedule
15 under par. (rp) shall be transferred to the appropriation account under par. (rp), and
16 the amount in the schedule under ~~sub. (2) s. 20.445 (2) (ra)~~ shall be transferred to the
17 appropriation account under ~~sub. (2) s. 20.445 (2) (ra)~~, and the amount in the
18 schedule under s. 20.505 (4) (ra) shall be transferred to the appropriation account
19 under s. 20.505 (4) (ra).

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

20 **SECTION 11.** 20.445 (1) (rb) of the statutes is renumbered 20.142 (3) (rb).

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

21 **SECTION 12.** 20.445 (1) (rp) of the statutes is renumbered 20.142 (3) (rp).

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

1 **SECTION 13.** 20.445 (1) (s) of the statutes is renumbered 20.142 (3) (s).

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

2 **SECTION 14.** 20.445 (1) (sm) of the statutes is renumbered 20.142 (3) (sm) and
3 amended to read:

4 20.142 (3) (sm) *Uninsured employers fund; payments.* From the uninsured
5 employers fund, a sum sufficient to make the payments under s. 102.81 (1) and to
6 obtain reinsurance under s. 102.81 (2). No moneys may be expended or encumbered
7 under this paragraph until the first day of the first July beginning after the day that
8 the secretary of ~~workforce development~~ financial institutions, insurance, and
9 professional standards files the certificate under s. 102.80 (3) (a).

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

10 **SECTION 15.** 20.445 (1) (t) of the statutes is renumbered 20.142 (3) (t).

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

11 **SECTION 16.** 20.445 (2) (ra) of the statutes is amended to read:

12 20.445 (2) (ra) *Worker's compensation operations fund; worker's compensation*
13 *activities.* From the worker's compensation operations fund, the amounts in the
14 schedule for the worker's compensation activities of the labor and industry review
15 commission. All moneys transferred from the appropriation account under ~~sub. (1)~~
16 s. 20.142 (3) (ra) shall be credited to this appropriation account.

17 **SECTION 17.** 20.505 (4) (ga) of the statutes is created to read:

18 20.505 (4) (ga) *Auxiliary services.* All moneys received from fees collected
19 under s. 102.16 (2m) (d) for the delivery of services under s. 102.16 (2m) (f).

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

****NOTE: This draft creates s. 20.505 (4) (ga) instead of s. 20.142 (3) (ga) because under the draft DHA, not DFIIPS, collects fees for adjudicating necessity of treatment disputes.

1 **SECTION 18.** 20.505 (4) (ra) of the statutes is created to read:

2 20.505 (4) (ra) *Worker's compensation operations fund; worker's compensation*
3 *activities.* From the worker's compensation operations fund, the amounts in the
4 schedule for the worker's compensation activities of the division of hearings and
5 appeals. All moneys transferred from the appropriation account under s. 20.142 (3)
6 (ra) shall be credited to this appropriation account.

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

7 **SECTION 19.** 40.63 (6) of the statutes is amended to read:

8 40.63 (6) Any person entitled to payments under this section who may
9 otherwise be entitled to payments under s. 66.191, 1981 stats., may file with the
10 department of employee trust funds and the department of ~~workforce development~~
11 financial institutions, insurance, and professional standards a written election to
12 waive payments due under this section and accept in lieu of the payments under this
13 section payments as may be payable under s. 66.191, 1981 stats., but no person may
14 receive payments under both s. 66.191, 1981 stats., and this section. However any
15 person otherwise entitled to payments under this section may receive the payments,
16 without waiver of any rights under s. 66.191, 1981 stats., during any period as may
17 be required for a determination of the person's rights under s. 66.191, 1981 stats.
18 Upon the final adjudication of the person's rights under s. 66.191, 1981 stats., if
19 waiver is filed under this section, the person shall immediately cease to be entitled
20 to payments under this section and the system shall be reimbursed from the award
21 made under s. 66.191, 1981 stats., for all payments made under this section.

22 **SECTION 20.** 40.65 (2) (a) of the statutes is amended to read:

1 40.65 (2) (a) This paragraph applies to participants who first apply for benefits
2 before May 3, 1988. Any person desiring a benefit under this section must apply to
3 the department of ~~workforce development~~ financial institutions, insurance, and
4 professional standards, which department shall determine whether the applicant is
5 eligible to receive the benefit and the participant's monthly salary. Appeals from the
6 eligibility decision shall follow the procedures under ss. 102.16 to 102.26. If it is
7 determined that an applicant is eligible, the department of ~~workforce development~~
8 financial institutions, insurance, and professional standards shall notify the
9 department of employee trust funds and shall certify the applicant's monthly salary.
10 If at the time of application for benefits an applicant is still employed in any capacity
11 by the employer in whose employ the disabling injury occurred or disease was
12 contracted, that continued employment shall not affect that applicant's right to have
13 his or her eligibility to receive those benefits determined in proceedings before the
14 ~~department of workforce development~~ division of hearings and appeals in the
15 department of administration or the labor and industry review commission or in
16 proceedings in the courts. The department of ~~workforce development~~ financial
17 institutions, insurance, and professional standards may promulgate rules needed to
18 administer this paragraph.

19 SECTION 21. 40.65 (2) (b) 3. of the statutes is amended to read:

20 40.65 (2) (b) 3. The department shall determine whether or not the applicant
21 is eligible for benefits under this section on the basis of the evidence in subd. 2. An
22 applicant may appeal a determination under this subdivision to the ~~department of~~
23 ~~workforce development~~ division of hearings and appeals in the department of
24 administration.

25 SECTION 22. 40.65 (2) (b) 4. of the statutes is amended to read:

1 40.65 (2) (b) 4. In hearing an appeal under subd. 3., the ~~department of~~
2 ~~workforce development~~ division of hearings and appeals in the department of
3 administration shall follow the procedures under ss. 102.16 to 102.26.

4 **SECTION 23.** 73.0301 (1) (d) 3m. of the statutes is amended to read:

5 73.0301 (1) (d) 3m. A license or certificate issued by the department of
6 workforce development under s. ~~102.17 (1) (e)~~, 103.275 (2) (b), 103.34 (3) (c), 103.91
7 (1), 103.92 (3), 104.07 (1) or (2), or 105.13 (1).

8 **SECTION 24.** 73.0301 (1) (d) 3p. of the statutes is created to read:

9 73.0301 (1) (d) 3p. A license issued by the division of hearings and appeals in
10 the department of administration under s. 102.17 (1) (c).

11 **SECTION 25.** 102.01 (2) (a) of the statutes is renumbered 102.01 (2) (af).

12 **SECTION 26.** 102.01 (2) (ad) of the statutes is created to read:

13 102.01 (2) (ad) "Administrator" means the administrator of the division of
14 hearings and appeals in the department of administration.

15 **SECTION 27.** 102.01 (2) (ap) of the statutes is amended to read:

16 102.01 (2) (ap) "Department" means the department of ~~workforce development~~
17 financial institutions, insurance, and professional standards.

18 **SECTION 28.** 102.01 (2) (ar) of the statutes is created to read:

19 102.01 (2) (ar) "Division" means the division of hearings and appeals in the
20 department of administration.

21 **SECTION 29.** 102.01 (2) (em) of the statutes is amended to read:

22 102.01 (2) (em) "Secretary" means the secretary of ~~workforce development~~
23 financial institutions, insurance, and professional standards.

24 **SECTION 30.** 102.08 of the statutes is amended to read:

1 **102.08 Administration for state employees.** The department of
2 administration has responsibility for the timely delivery of benefits payable under
3 this chapter to employees of the state and their dependents and other functions of
4 the state as an employer under this chapter. The department of administration may
5 delegate ~~this authority~~ that responsibility to employing departments and agencies
6 and require such reports as it ~~deems~~ considers necessary to accomplish this purpose.
7 The department of administration or its delegated authorities shall file with the
8 department of ~~workforce development~~ financial institutions, insurance, and
9 professional standards the reports that are required of all employers. The
10 department of ~~workforce development~~ financial institutions, insurance, and
11 professional standards shall monitor the delivery of benefits payable under this
12 chapter to state employees and their dependents and shall consult with and advise
13 the department of administration in the manner and at the times necessary to
14 ensure prompt and proper delivery of those benefits.

15 **SECTION 31.** 102.12 of the statutes is amended to read:

16 **102.12 Notice of injury, exception, laches.** No claim for compensation may
17 be maintained unless, within 30 days after the occurrence of the injury or within 30
18 days after the employee knew or ought to have known the nature of his or her
19 disability and its relation to the employment, actual notice was received by the
20 employer or by an officer, manager, or designated representative of an employer. If
21 no representative has been designated by posters placed in one or more conspicuous
22 places where notices to employees are customarily posted, then notice received by
23 any superior is sufficient. Absence of notice does not bar recovery if it is found that
24 the employer was not misled ~~thereby by that absence~~. Regardless of whether notice
25 was received, if no payment of compensation, other than medical treatment or burial

1 expense, is made, ~~and~~ and if no application is filed with the department within 2
2 years ~~from~~ after the date of the injury or death, ~~or from~~ or the date the employee or
3 his or her dependent knew or ought to have known the nature of the disability and
4 its relation to the employment, the right to compensation ~~therefor~~ for the injury or
5 death is barred, except that the right to compensation is not barred if the employer
6 knew or should have known, within the 2-year period, that the employee had
7 sustained the injury on which the claim is based. Issuance of notice of a hearing on
8 the ~~department's~~ division's own motion has the same effect for the purposes of this
9 section as the filing of an application. This section does not affect any claim barred
10 under s. 102.17 (4).

11 **SECTION 32.** 102.13 (1) (c) of the statutes is amended to read:

12 102.13 (1) (c) So long as the employee, after a written request of the employer
13 or insurer ~~which~~ that complies with par. (b), refuses to submit to or in any way
14 obstructs the examination, the employee's right to begin or maintain any proceeding
15 for the collection of compensation is suspended, except as provided in sub. (4). If the
16 employee refuses to submit to the examination after direction by the ~~department~~
17 division or an examiner, or in any way obstructs the examination, the employee's
18 right to the weekly indemnity ~~which~~ that accrues and becomes payable during the
19 period of that refusal or obstruction, is barred, except as provided in sub. (4).

20 **SECTION 33.** 102.13 (1) (d) 2. of the statutes is amended to read:

21 102.13 (1) (d) 2. Any physician, chiropractor, psychologist, dentist, physician
22 assistant, advanced practice nurse prescriber, or podiatrist who attended a worker's
23 compensation claimant for any condition or complaint reasonably related to the
24 condition for which the claimant claims compensation may be required to testify
25 before the ~~department~~ division when the ~~department~~ division so directs.

1 **SECTION 34.** 102.13 (1) (d) 3. of the statutes is amended to read:

2 102.13 (1) (d) 3. Notwithstanding any statutory provisions except par. (e), any
3 physician, chiropractor, psychologist, dentist, physician assistant, advanced
4 practice nurse prescriber, or podiatrist attending a worker's compensation claimant
5 for any condition or complaint reasonably related to the condition for which the
6 claimant claims compensation may furnish to the employee, employer, worker's
7 compensation insurer, ~~or the department,~~ or the division information and reports
8 relative to a compensation claim.

9 **SECTION 35.** 102.13 (2) (a) of the statutes is amended to read:

10 102.13 (2) (a) An employee who reports an injury alleged to be work-related
11 or who files an application for hearing waives any physician-patient,
12 psychologist-patient or chiropractor-patient privilege with respect to any condition
13 or complaint reasonably related to the condition for which the employee claims
14 compensation. Notwithstanding ss. 51.30 and 146.82 and any other law, any
15 physician, chiropractor, psychologist, dentist, podiatrist, physician assistant,
16 advanced practice nurse prescriber, hospital, or health care provider shall, within a
17 reasonable time after written request by the employee, employer, worker's
18 compensation insurer, ~~or department,~~ or division, or its representative, provide that
19 person with any information or written material reasonably related to any injury for
20 which the employee claims compensation.

21 **SECTION 36.** 102.13 (2) (c) of the statutes is amended to read:

22 102.13 (2) (c) Except as provided in this paragraph, if an injured employee has
23 a period of temporary disability that exceeds 3 weeks or a permanent disability, if the
24 injured employee has undergone surgery to treat his or her injury, other than surgery
25 to correct a hernia, or if the injured employee sustained an eye injury requiring

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

12 **SECTION 37.** 102.13 (3) of the statutes is amended to read:

13 102.13 (3) If 2 or more physicians, chiropractors, psychologists, dentists or
14 podiatrists disagree as to the extent of an injured employee's temporary disability,
15 the end of an employee's healing period, an employee's ability to return to work at
16 suitable available employment, or the necessity for further treatment or for a
17 particular type of treatment, the ~~department~~ division may appoint another
18 physician, chiropractor, psychologist, dentist or podiatrist to examine the employee
19 and render an opinion as soon as possible. The ~~department~~ division shall promptly
20 notify the parties of this appointment. If the employee has not returned to work,
21 payment for temporary disability shall continue until the ~~department~~ division
22 receives the opinion. The employer or its insurance carrier or both shall pay for the
23 examination and opinion. The employer or insurance carrier or both shall receive
24 appropriate credit for any overpayment to the employee determined by the
25 ~~department~~ division after receipt of the opinion.

1 **SECTION 38.** 102.13 (4) of the statutes is amended to read:

2 102.13 (4) ~~The rights of employees~~ right of an employee to begin or maintain
3 proceedings for the collection of compensation and to receive weekly indemnities
4 ~~which that~~ accrue and become payable shall not be suspended or barred under sub.
5 (1) when ~~an~~ the employee refuses to submit to a physical examination, upon the
6 request of the employer or worker's compensation insurer or at the direction of the
7 ~~department~~ division or an examiner, ~~which that~~ would require the employee to travel
8 a distance of 100 miles or more from his or her place of residence, unless the employee
9 has claimed compensation for treatment from a practitioner whose office is located
10 100 miles or more from the employee's place of residence or the ~~department~~ division
11 or examiner determines that any other circumstances warrant the examination. If
12 the employee has claimed compensation for treatment from a practitioner whose
13 office is located 100 miles or more from the employee's place of residence, the
14 employer or insurer may request, or the ~~department~~ division or an examiner may
15 direct, the employee to submit to a physical examination in the area where the
16 employee's treatment practitioner is located.

17 **SECTION 39.** 102.13 (5) of the statutes is amended to read:

18 102.13 (5) The ~~department~~ division may refuse to receive testimony as to
19 conditions determined from an autopsy if it appears that the party offering the
20 testimony had procured the autopsy and had failed to make reasonable effort to
21 notify at least one party in adverse interest or the ~~department~~ division at least 12
22 hours before the autopsy of the time and place ~~it~~ at which the autopsy would be
23 performed, or that the autopsy was performed by or at the direction of the coroner
24 or medical examiner or at the direction of the district attorney for purposes not

1 authorized by ~~under~~ ch. 979. The ~~department~~ division may withhold findings until
2 an autopsy is held in accordance with its directions.

3 **SECTION 40.** 102.14 (1) of the statutes is amended to read:

4 102.14 (1) This ~~Except as otherwise provided, this~~ chapter shall be
5 administered by the department.

6 **SECTION 41.** 102.15 (1) of the statutes is amended to read:

7 102.15 (1) Subject to this chapter, the ~~department~~ division may adopt its own
8 rules of procedure and may change the same from time to time.

9 **SECTION 42.** 102.15 (2) of the statutes is amended to read:

10 102.15 (2) The ~~department~~ division may provide by rule the conditions under
11 which transcripts of testimony and proceedings shall be furnished.

12 **SECTION 43.** 102.16 (1) of the statutes is amended to read:

13 102.16 (1) Any controversy concerning compensation or a violation of sub. (3),
14 including ~~controversies~~ a controversy in which the state may be a party, shall be
15 submitted to the department under s. 102.17 (1) (a) 1. and processed by the division
16 in the manner and with the effect provided in this chapter. ~~Every compromise of any~~
17 ~~claim for compensation may be reviewed and set aside, modified or confirmed by the~~
18 ~~department within~~ Within one year ~~from after the date the~~ on which a compromise
19 of any claim for compensation is filed with the ~~department, or from~~ division or the
20 date on which an award has been entered, ~~based thereon, or the department may~~
21 ~~take that action based on a compromise, the division, on its own motion or upon~~
22 application made within one year that period, may review and set aside, modify, or
23 confirm the compromise. Unless the word "compromise" appears in a stipulation of
24 settlement, the settlement shall not be ~~deemed~~ considered a compromise, and
25 further claim is not barred except as provided in s. 102.17 (4) regardless of whether

1 an award is made. The employer, insurer, or dependent under s. 102.51 (5) shall have
2 equal rights with the employee to have review of a compromise or any other
3 stipulation of settlement reviewed under this subsection. Upon petition filed with
4 the ~~department~~ division, the ~~department~~ division may set aside the award or
5 otherwise determine the rights of the parties.

6 **SECTION 44.** 102.16 (1m) (a) of the statutes is amended to read:

7 102.16 (1m) (a) If an insurer or self-insured employer concedes by compromise
8 under sub. (1) or stipulation under s. 102.18 (1) (a) that the insurer or self-insured
9 employer is liable under this chapter for any health services provided to an injured
10 employee by a health service provider, but disputes the reasonableness of the fee
11 charged by the health service provider, the ~~department~~ division may include in its
12 order confirming the compromise or stipulation a determination as to the
13 reasonableness of the fee or the ~~department~~ division may notify, or direct the insurer
14 or self-insured employer to notify, the health service provider under sub. (2) (b) that
15 the reasonableness of the fee is in dispute. The ~~department~~ division shall deny
16 payment of a health service fee that the ~~department~~ division determines under this
17 paragraph to be unreasonable. A health service provider and an insurer or
18 self-insured employer that are parties to a fee dispute under this paragraph are
19 bound by the ~~department's~~ division's determination under this paragraph on the
20 reasonableness of the disputed fee, unless that determination is set aside, reversed,
21 or modified by the ~~department~~ division under sub. (2) (f) or is set aside on judicial
22 review as provided in sub. (2) (f).

23 **SECTION 45.** 102.16 (1m) (b) of the statutes is amended to read:

24 102.16 (1m) (b) If an insurer or self-insured employer concedes by compromise
25 under sub. (1) or stipulation under s. 102.18 (1) (a) that the insurer or self-insured

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

23 **SECTION 46.** 102.16 (1m) (c) of the statutes is amended to read:

24 102.16 (1m) (c) If an insurer or self-insured employer concedes by compromise
25 under sub. (1) or stipulation under s. 102.18 (1) (a) that the insurer or self-insured

1 employer is liable under this chapter for the cost of a prescription drug dispensed
2 under s. 102.425 (2) for outpatient use by an injured employee, but disputes the
3 reasonableness of the amount charged for the prescription drug, the ~~department~~
4 division may include in its order confirming the compromise or stipulation a
5 determination as to the reasonableness of the prescription drug charge or the
6 ~~department~~ division may notify, or direct the insurer or self-insured employer to
7 notify, the pharmacist or practitioner dispensing the prescription drug under s.
8 102.425 (4m) (b) that the reasonableness of the prescription drug charge is in
9 dispute. The ~~department~~ division shall deny payment of a prescription drug charge
10 that the ~~department~~ division determines under this paragraph to be unreasonable.
11 A pharmacist or practitioner and an insurer or self-insured employer that are
12 parties to a dispute under this paragraph over the reasonableness of a prescription
13 drug charge are bound by the ~~department's~~ division's determination under this
14 paragraph on the reasonableness of the disputed prescription drug charge, unless
15 that determination is set aside, reversed, or modified by the ~~department~~ division
16 under s. 102.425 (4m) (e) or is set aside on judicial review as provided in s. 102.425
17 (4m) (e).

18 SECTION 47. 102.16 (2) (a) of the statutes is amended to read:

19 102.16 (2) (a) Except as provided in this paragraph, the ~~department~~ division
20 has jurisdiction under this subsection, sub. (1m) (a), and s. 102.17 to resolve a dispute
21 between a health service provider and an insurer or self-insured employer over the
22 reasonableness of a fee charged by the health service provider for health services
23 provided to an injured employee who claims benefits under this chapter. A health
24 service provider may not submit a fee dispute to the ~~department~~ division under this
25 subsection before all treatment by the health service provider of the employee's

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

8 **SECTION 48.** 102.16 (2) (am) of the statutes is amended to read:

9 102.16 (2) (am) A health service provider and an insurer or self-insured
10 employer that are parties to a fee dispute under this subsection are bound by the
11 ~~department's~~ division's determination under this subsection on the reasonableness
12 of the disputed fee, unless that determination is set aside on judicial review as
13 provided in par. (f).

14 **SECTION 49.** 102.16 (2) (b) of the statutes is amended to read:

15 102.16 (2) (b) An insurer or self-insured employer that disputes the
16 reasonableness of a fee charged by a health service provider or the ~~department~~
17 division under sub. (1m) (a) or s. 102.18 (1) (bg) 1. shall provide reasonable written
18 notice to the health service provider that the fee is being disputed. After receiving
19 reasonable written notice under this paragraph or under sub. (1m) (a) or s. 102.18
20 (1) (bg) 1. that a health service fee is being disputed, a health service provider may
21 not collect the disputed fee from, or bring an action for collection of the disputed fee
22 against, the employee who received the services for which the fee was charged.

23 **SECTION 50.** 102.16 (2) (c) of the statutes is amended to read:

24 102.16 (2) (c) After a fee dispute is submitted to the ~~department~~ division, the
25 insurer or self-insured employer that is a party to the dispute shall provide to the

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

10 **SECTION 51.** 102.16 (2) (d) of the statutes is amended to read:

11 102.16 (2) (d) The ~~department~~ division shall analyze the information provided
12 to the ~~department~~ division under par. (c) according to the criteria provided in this
13 paragraph to determine the reasonableness of the disputed fee. Except as provided
14 in 2011 Wisconsin Act 183, section 30 (2) (b), the ~~department~~ division shall determine
15 that a disputed fee is reasonable and order that the disputed fee be paid if that fee
16 is at or below the mean fee for the health service procedure for which the disputed
17 fee was charged, plus 1.2 standard deviations from that mean, as shown by data from
18 a database that is certified by the ~~department~~ division under par. (h). Except as
19 provided in 2011 Wisconsin Act 183, section 30 (2) (b), the ~~department~~ division shall
20 determine that a disputed fee is unreasonable and order that a reasonable fee be paid
21 if the disputed fee is above the mean fee for the health service procedure for which
22 the disputed fee was charged, plus 1.2 standard deviations from that mean, as shown
23 by data from a database that is certified by the ~~department~~ division under par. (h),
24 unless the health service provider proves to the satisfaction of the ~~department~~

1 division that a higher fee is justified because the service provided in the disputed case
2 was more difficult or more complicated to provide than in the usual case.

3 **SECTION 52.** 102.16 (2) (e) 1. of the statutes is amended to read:

4 102.16 (2) (e) 1. Subject to subd. 2., if an insurer or self-insured employer that
5 disputes the reasonableness of a fee charged by a health service provider cannot
6 provide information on fees charged by other health service providers for comparable
7 services because the database to which the insurer or self-insured employer
8 subscribes is not able to provide accurate information for the health service
9 procedure at issue, the ~~department~~ division may use any other information that the
10 ~~department~~ division considers to be reliable and relevant to the disputed fee to
11 determine the reasonableness of the disputed fee.

12 **SECTION 53.** 102.16 (2) (e) 2. of the statutes is amended to read:

13 102.16 (2) (e) 2. Notwithstanding subd. 1., the ~~department~~ division may use
14 only a hospital radiology database that has been certified by the ~~department~~ division
15 under par. (h) to determine the reasonableness of a hospital fee for radiology services.

16 **SECTION 54.** 102.16 (2) (f) of the statutes is amended to read:

17 102.16 (2) (f) Within 30 days after a determination under this subsection, the
18 ~~department~~ division may set aside, reverse, or modify the determination for any
19 reason that the ~~department~~ division considers sufficient. Within 60 days after a
20 determination under this subsection, the ~~department~~ division may set aside,
21 reverse, or modify the determination on grounds of mistake. A health service
22 provider, insurer, or self-insured employer that is aggrieved by a determination of
23 the ~~department~~ division under this subsection may seek judicial review of that
24 determination in the same manner that compensation claims are reviewed under s.
25 102.23.

1 **SECTION 55.** 102.16 (2) (h) of the statutes is amended to read:

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

11 **SECTION 56.** 102.16 (2m) (a) of the statutes is amended to read:

12 102.16 (2m) (a) Except as provided in this paragraph, the ~~department~~ division
13 has jurisdiction under this subsection, sub. (1m) (b), and s. 102.17 to resolve a dispute
14 between a health service provider and an insurer or self-insured employer over the
15 necessity of treatment provided for an injured employee who claims benefits under
16 this chapter. A health service provider may not submit a dispute over necessity of
17 treatment to the ~~department~~ division under this subsection before all treatment by
18 the health service provider of the employee's injury has ended if the amount in
19 controversy, whether based on a single charge or a combination of charges for one or
20 more days of service, is less than \$25. After all treatment by a health service provider
21 of an employee's injury has ended, the health service provider may submit any
22 dispute over necessity of treatment to the ~~department~~ division, regardless of the
23 amount in controversy. The ~~department~~ division shall deny payment for any
24 treatment that the ~~department~~ division determines under this subsection to be
25 unnecessary.

1 **SECTION 57.** 102.16 (2m) (am) of the statutes is amended to read:

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

7 **SECTION 58.** 102.16 (2m) (b) of the statutes is amended to read:

8 102.16 (2m) (b) An insurer or self-insured employer that disputes the
9 necessity of treatment provided by a health service provider or the ~~department~~
10 division under sub. (1m) (b) or s. 102.18 (1) (bg) 2. shall provide reasonable written
11 notice to the health service provider that the necessity of that treatment is being
12 disputed. After receiving reasonable written notice under this paragraph or under
13 sub. (1m) (b) or s. 102.18 (1) (bg) 2. that the necessity of treatment is being disputed,
14 a health service provider may not collect a fee for that disputed treatment from, or
15 bring an action for collection of the fee for that disputed treatment against, the
16 employee who received the treatment.

17 **SECTION 59.** 102.16 (2m) (c) of the statutes is amended to read:

18 102.16 (2m) (c) Before determining under this subsection the necessity of
19 treatment provided for an injured employee who claims benefits under this chapter,
20 the ~~department~~ division shall obtain a written opinion on the necessity of the
21 treatment in dispute from an expert selected by the ~~department~~ division. To qualify
22 as an expert, a person must be licensed to practice the same health care profession
23 as the individual health service provider whose treatment is under review and must
24 either be performing services for an impartial health care services review
25 organization or be a member of an independent panel of experts established by the

1 ~~department~~ division under par. (f). The standards promulgated under par. (g) shall
2 be applied by an expert and by the ~~department~~ division in rendering an opinion as
3 to, and in determining, necessity of treatment under this paragraph. In cases in
4 which no standards promulgated under sub. (2m) (g) apply, the ~~department~~ division
5 shall find the facts regarding necessity of treatment. The ~~department~~ division shall
6 adopt the written opinion of the expert as the ~~department's~~ division's determination
7 on the issues covered in the written opinion, unless the health service provider or the
8 insurer or self-insured employer present clear and convincing written evidence that
9 the expert's opinion is in error.

10 **SECTION 60.** 102.16 (2m) (d) of the statutes is amended to read:

11 102.16 (2m) (d) The ~~department~~ division may charge a party to a dispute over
12 the necessity of treatment provided for an injured employee who claims benefits
13 under this chapter for the full cost of obtaining the written opinion of the expert
14 under par. (c). The ~~department~~ division shall charge the insurer or self-insured
15 employer for the full cost of obtaining the written opinion of the expert for the first
16 dispute that a particular individual health service provider is involved in, unless the
17 ~~department~~ division determines that the individual health service provider's
18 position in the dispute is frivolous or based on fraudulent representations. In a
19 subsequent dispute involving the same individual health service provider, the
20 ~~department~~ division shall charge the losing party to the dispute for the full cost of
21 obtaining the written opinion of the expert.

22 **SECTION 61.** 102.16 (2m) (e) of the statutes is amended to read:

23 102.16 (2m) (e) Within 30 days after a determination under this subsection, the
24 ~~department~~ division may set aside, reverse, or modify the determination for any
25 reason that the ~~department~~ division considers sufficient. Within 60 days after a

1 determination under this subsection, the ~~department~~ division may set aside,
2 reverse, or modify the determination on grounds of mistake. A health service
3 provider, insurer, or self-insured employer that is aggrieved by a determination of
4 the ~~department~~ division under this subsection may seek judicial review of that
5 determination in the same manner that compensation claims are reviewed under s.
6 102.23.

7 **SECTION 62.** 102.16 (2m) (f) of the statutes is amended to read:

8 102.16 (2m) (f) The ~~department~~ division may contract with an impartial health
9 care services review organization to provide the expert opinions required under par.
10 (c), or establish a panel of experts to provide those opinions, or both. If the
11 ~~department~~ division establishes a panel of experts to provide the expert opinions
12 required under par. (c), the ~~department~~ division may pay the members of that panel
13 a reasonable fee, plus actual and necessary expenses, for their services.

14 **SECTION 63.** 102.16 (2m) (g) of the statutes is amended to read:

15 102.16 (2m) (g) The ~~department~~ division shall promulgate rules establishing
16 procedures and requirements for the necessity of treatment dispute resolution
17 process under this subsection, including rules setting the fees under par. (f) and rules
18 establishing standards for determining the necessity of treatment provided to an
19 injured employee. Before the ~~department~~ division may amend the rules establishing
20 those standards, the ~~department~~ division shall establish an advisory committee
21 under s. 227.13 composed of health care providers providing treatment under s.
22 102.42 to advise the ~~department~~ division and the council on worker's compensation
23 on amending those rules.

24 **SECTION 64.** 102.16 (4) of the statutes is amended to read:

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

9 **SECTION 65.** 102.17 (1) (a) 1. of the statutes is amended to read:

10 102.17 (1) (a) 1. Upon the filing with the department by any party in interest
11 of any application in writing stating the general nature of any claim as to which any
12 dispute or controversy may have arisen, the department shall mail a copy of the
13 application to all other parties in interest and to the administrator, and the
14 insurance carrier and the department shall be considered ~~a party~~ parties in interest.
15 The department or the division may bring in additional parties by service of a copy
16 of the application.

17 **SECTION 66.** 102.17 (1) (a) 2. of the statutes is amended to read:

18 102.17 (1) (a) 2. Subject to subd. 3., the ~~department~~ division shall cause notice
19 of hearing on the application to be given to each interested party, by service of that
20 notice on the interested party personally or by mailing a copy of that notice to the
21 interested party's last-known address at least 10 days before the hearing. If a party
22 in interest is located without this state, and has no post-office address within this
23 state, the copy of the application and copies of all notices shall be filed with the
24 department of financial institutions and shall also be sent by registered or certified
25 mail to the last-known post-office address of the party. Such filing and mailing shall

1 constitute sufficient service, with the same effect as if served upon a party located
2 within this state.

3 **SECTION 67.** 102.17 (1) (a) 3. of the statutes is amended to read:

4 102.17 (1) (a) 3. If a party in interest claims that the employer or insurer has
5 acted with malice or bad faith, as described in s. 102.18 (1) (b) or (bp), that party shall
6 provide written notice stating with reasonable specificity the basis for the claim to
7 the employer, the insurer, the department, and the department division before the
8 department division schedules a hearing on the claim of malice or bad faith.

9 **SECTION 68.** 102.17 (1) (a) 4. of the statutes is amended to read:

10 102.17 (1) (a) 4. The hearing may be adjourned in the discretion of the
11 department division, and hearings may be held at such places as the department
12 division designates, within or without the state. The department division may also
13 arrange to have hearings held by the commission, officer, or tribunal having
14 authority to hear cases arising under the worker's compensation law of any other
15 state, of the District of Columbia, or of any territory of the United States, with the
16 testimony and proceedings at any such hearing to be reported to the department
17 division and to be made part of the record in the case. Any evidence so taken shall
18 be subject to rebuttal upon final hearing before the department division.

19 **SECTION 69.** 102.17 (1) (b) of the statutes is amended to read:

20 102.17 (1) (b) In any dispute or controversy pending before the department
21 division, the department division may direct the parties to appear before an
22 examiner for a conference to consider the clarification of issues, the joining of
23 additional parties, the necessity or desirability of amendments to the pleadings, the
24 obtaining of admissions of fact or of documents, records, reports, and bills which that
25 may avoid unnecessary proof, and such other matters as may aid in disposition of the

1 dispute or controversy. After ~~this~~ that conference the ~~department~~ division may issue
2 an order requiring disclosure or exchange of any information or written material
3 ~~which it~~ that the division considers material to the timely and orderly disposition of
4 the dispute or controversy. If a party fails to disclose or exchange that information
5 within the time stated in the order, the ~~department~~ division may issue an order
6 dismissing the claim without prejudice or excluding evidence or testimony relating
7 to the information or written material. The ~~department~~ division shall provide each
8 party with a copy of any order issued under this paragraph.

9 SECTION 70. 102.17 (1) (c) of the statutes is renumbered 102.17 (1) (c) 1. and
10 amended to read:

11 102.17 (1) (c) 1. Any party shall have the right to be present at any hearing,
12 in person or by attorney or any other agent, and to present such testimony as may
13 be pertinent to the controversy before the ~~department~~ division. No person, firm, or
14 corporation, other than an attorney at law who is licensed to practice law in the state,
15 may appear on behalf of any party in interest before the ~~department~~ division or any
16 member or employee of the ~~department~~ division assigned to conduct any hearing,
17 investigation, or inquiry relative to a claim for compensation or benefits under this
18 chapter, unless the person is 18 years of age or older, does not have an arrest or
19 conviction record, subject to ss. 111.321, 111.322 and 111.335, is otherwise qualified,
20 and has obtained from the ~~department~~ division a license with authorization to
21 appear in matters or proceedings before the ~~department~~ division. Except as provided
22 under pars. (cm), (cr), and (ct), the license shall be issued by the ~~department~~ division
23 under rules promulgated by the ~~department~~ division. The ~~department~~ division shall
24 maintain in its office a current list of persons to whom licenses have been issued.

1 2. Any license issued under subd. 1. may be suspended or revoked by the
2 ~~department~~ division for fraud or serious misconduct on the part of an agent, any
3 license may be denied, suspended, nonrenewed, or otherwise withheld by the
4 ~~department~~ division for failure to pay court-ordered payments as provided in par.
5 (cm) on the part of an agent, and ~~any~~ license may be denied or revoked if the
6 department of revenue certifies under s. 73.0301 that the applicant or licensee is
7 liable for delinquent taxes or if the department of workforce development determines
8 under ~~par. (et)~~ s. 108.227 that the applicant or licensee is liable for delinquent
9 unemployment insurance contributions. Before suspending or revoking the license
10 of the agent on the grounds of fraud or misconduct, the ~~department~~ division shall give
11 notice in writing to the agent of the charges of fraud or misconduct and shall give the
12 agent full opportunity to be heard in relation to those charges. In denying,
13 suspending, restricting, refusing to renew, or otherwise withholding a license for
14 failure to pay court-ordered payments as provided in par. (cm), the ~~department~~
15 division shall follow the procedure provided in a memorandum of understanding
16 entered into under s. 49.857. ~~The license and certificate of authority shall, unless~~

17 3. Unless otherwise suspended or revoked, a license issued under subd. 1. shall
18 be in force from the date of issuance until the June 30 following the date of issuance
19 and may be renewed by the ~~department~~ division from time to time, but each renewed
20 license shall expire on the June 30 following the issuance of the renewed license.

21 **SECTION 71.** 102.17 (1) (cg) 1. of the statutes is amended to read:

22 102.17 (1) (cg) 1. Except as provided in subd. 2m., the ~~department~~ division shall
23 require each applicant for a license under par. (c) who is an individual to provide the
24 ~~department~~ division with the applicant's social security number, and shall require
25 each applicant for a license under par. (c) who is not an individual to provide the

1 ~~department~~ division with the applicant's federal employer identification number,
2 when initially applying for or applying to renew the license.

3 **SECTION 72.** 102.17 (1) (cg) 2. of the statutes is amended to read:

4 102.17 (1) (cg) 2. If an applicant who is an individual fails to provide the
5 applicant's social security number to the ~~department~~ division or if an applicant who
6 is not an individual fails to provide the applicant's federal employer identification
7 number to the ~~department~~ division, the ~~department~~ division may not issue or renew
8 a license under par. (c) to or for the applicant unless the applicant is an individual
9 who does not have a social security number and the applicant submits a statement
10 made or subscribed under oath or affirmation as required under subd. 2m.

11 **SECTION 73.** 102.17 (1) (cg) 2m. of the statutes is amended to read:

12 102.17 (1) (cg) 2m. If an applicant who is an individual does not have a social
13 security number, the applicant shall submit a statement made or subscribed under
14 oath or affirmation to the ~~department~~ division that the applicant does not have a
15 social security number. The form of the statement shall be prescribed by the
16 ~~department~~ division. A license issued in reliance upon a false statement submitted
17 under this subdivision is invalid.

18 **SECTION 74.** 102.17 (1) (cg) 3. of the statutes is amended to read:

19 102.17 (1) (cg) 3. The ~~department of workforce development~~ division may not
20 disclose any information received under subd. 1. to any person except to the
21 department of revenue for the sole purpose of requesting certifications under s.
22 73.0301, the department of workforce development for the sole purpose of requesting
23 certifications under s. 108.227, or the department of children and families for
24 purposes of administering s. 49.22.

25 **SECTION 75.** 102.17 (1) (cm) of the statutes is amended to read:

1 102.17 (1) (cm) The ~~department of workforce development~~ division shall deny,
2 suspend, restrict, refuse to renew, or otherwise withhold a license under par. (c) for
3 failure of the applicant or agent to pay court-ordered payments of child or family
4 support, maintenance, birth expenses, medical expenses, or other expenses related
5 to the support of a child or former spouse or for failure of the applicant or agent to
6 comply, after appropriate notice, with a subpoena or warrant issued by the
7 department of children and families or a county child support agency under s. 59.53
8 (5) and related to paternity or child support proceedings, as provided in a
9 memorandum of understanding entered into under s. 49.857. Notwithstanding par.
10 (c), an action taken under this paragraph is subject to review only as provided in the
11 memorandum of understanding entered into under s. 49.857 and not as provided in
12 ch. 227.

13 **SECTION 76.** 102.17 (1) (cr) of the statutes is amended to read:

14 102.17 (1) (cr) The ~~department~~ division shall deny an application for the
15 issuance or renewal of a license under par. (c), or revoke such a license already issued,
16 if the department of revenue certifies under s. 73.0301 that the applicant or licensee
17 is liable for delinquent taxes. Notwithstanding par. (c), an action taken under this
18 paragraph is subject to review only as provided under s. 73.0301 (5) and not as
19 provided in ch. 227.

20 **SECTION 77.** 102.17 (1) (ct) of the statutes is repealed and recreated to read:

21 102.17 (1) (ct) The division shall deny an application for the issuance or
22 renewal of a license under par. (c), or revoke such a license already issued, if the
23 department of workforce development certifies under s. 108.227 that the applicant
24 or licensee is liable for delinquent unemployment insurance contributions.

1 Notwithstanding par. (c), an action taken under this paragraph is subject to review
2 only as provided under s. 108.227 (5) and not as provided in ch. 227.

3 **SECTION 78.** 102.17 (1) (d) 1. of the statutes is amended to read:

4 102.17 (1) (d) 1. The contents of certified medical and surgical reports by
5 physicians, podiatrists, surgeons, dentists, psychologists, physician assistants,
6 advanced practice nurse prescribers, and chiropractors licensed in and practicing in
7 this state, and of certified reports by experts concerning loss of earning capacity
8 under s. 102.44 (2) and (3), presented by a party for compensation constitute prima
9 facie evidence as to the matter contained in those reports, subject to any rules and
10 limitations the ~~department~~ division prescribes. Certified reports of physicians,
11 podiatrists, surgeons, dentists, psychologists, physician assistants, advanced
12 practice nurse prescribers, and chiropractors, wherever licensed and practicing, who
13 have examined or treated the claimant, and of experts, if the practitioner or expert
14 consents to being subjected to cross-examination, also constitute prima facie
15 evidence as to the matter contained in those reports. Certified reports of physicians,
16 podiatrists, surgeons, psychologists, and chiropractors are admissible as evidence of
17 the diagnosis, necessity of the treatment, and cause and extent of the disability.
18 Certified reports by doctors of dentistry, physician assistants, and advanced practice
19 nurse prescribers are admissible as evidence of the diagnosis and necessity of
20 treatment but not of the cause and extent of disability. Any physician, podiatrist,
21 surgeon, dentist, psychologist, chiropractor, physician assistant, advanced practice
22 nurse prescriber, or expert who knowingly makes a false statement of fact or opinion
23 in such a certified report may be fined or imprisoned, or both, under s. 943.395.

24 **SECTION 79.** 102.17 (1) (d) 2. of the statutes is amended to read:

1 102.17 (1) (d) 2. The record of a hospital or sanatorium in this state that is
2 satisfactory to the ~~department~~ division, established by certificate, affidavit, or
3 testimony of the supervising officer of the hospital or sanatorium, any other person
4 having charge of the record, or a physician, podiatrist, surgeon, dentist, psychologist,
5 physician assistant, advanced practice nurse prescriber, or chiropractor to be the
6 record of the patient in question, and made in the regular course of examination or
7 treatment of the patient, constitutes prima facie evidence as to the matter contained
8 in the record, to the extent that the record is otherwise competent and relevant.

9 **SECTION 80.** 102.17 (1) (d) 3. of the statutes is amended to read:

10 102.17 (1) (d) 3. The ~~department~~ division may, by rule, establish the
11 qualifications of and the form used for certified reports submitted by experts who
12 provide information concerning loss of earning capacity under s. 102.44 (2) and (3).
13 The ~~department~~ division may not admit into evidence a certified report of a
14 practitioner or other expert or a record of a hospital or sanatorium that was not filed
15 with the ~~department~~ division and all parties in interest at least 15 days before the
16 date of the hearing, unless the ~~department~~ division is satisfied that there is good
17 cause for the failure to file the report.

18 **SECTION 81.** 102.17 (1) (d) 4. of the statutes is amended to read:

19 102.17 (1) (d) 4. A report or record described in subd. 1., 2., or 3. that is admitted
20 or received into evidence by the ~~department~~ division constitutes substantial
21 evidence under s. 102.23 (6) as to the matter contained in the report or record.

22 **SECTION 82.** 102.17 (1) (e) of the statutes is amended to read:

23 102.17 (1) (e) The ~~department~~ division may, with or without notice to any party,
24 cause testimony to be taken, an inspection of the premises where the injury occurred
25 to be made, or the time books and payrolls of the employer to be examined by any

1 examiner, and may direct any employee claiming compensation to be examined by
2 a physician, chiropractor, psychologist, dentist, or podiatrist. The testimony so
3 taken, and the results of any such inspection or examination, shall be reported to the
4 ~~department~~ division for its consideration upon final hearing. All ex parte testimony
5 taken by the ~~department~~ division shall be reduced to writing, and any party shall
6 have opportunity to rebut that testimony on final hearing.

7 SECTION 83. 102.17 (1) (f) of the statutes is amended to read:

8 102.17 (1) (f) Sections 804.05 and 804.07 shall not apply to proceedings under
9 this chapter, except as to a witness who is any of the following:

10 1. ~~Who is beyond~~ Beyond reach of the subpoena of the ~~department; or~~ division.

11 2. ~~Who is about~~ About to go out of the state, not intending to return in time for
12 the ~~hearing; or~~ hearing.

13 3. ~~Who is so~~ So sick, infirm, or aged as to make it probable that the witness will
14 not be able to attend the ~~hearing; or~~ hearing.

15 4. ~~Who is a~~ A member of the legislature, if any committee of the ~~same or~~
16 legislature or of the house of which the witness is a member, is in session, provided
17 and the witness waives his or her privilege.

18 SECTION 84. 102.17 (1) (g) of the statutes is amended to read:

19 102.17 (1) (g) Whenever the testimony presented at any hearing indicates a
20 dispute or creates a doubt as to the extent or cause of disability or death, the
21 ~~department~~ division may direct that the injured employee be examined, that an
22 autopsy be performed, or that an opinion be obtained without examination or
23 autopsy, by or from an impartial, competent physician, chiropractor, dentist,
24 psychologist or podiatrist designated by the ~~department~~ division who is not under
25 contract with or regularly employed by a compensation insurance carrier or

1 self-insured employer. The expense of the examination, autopsy, or opinion shall be
2 paid by the employer or, if the employee claims compensation under s. 102.81, from
3 the uninsured employers fund. The report of the examination, autopsy, or opinion
4 shall be transmitted in writing to the ~~department~~ division and a copy of the report
5 shall be furnished by the ~~department~~ division to each party, who shall have an
6 opportunity to rebut ~~such~~ the report on further hearing.

7 **SECTION 85.** 102.17 (1) (h) of the statutes is amended to read:

8 102.17 (1) (h) The contents of certified reports of investigation, made by
9 industrial safety specialists who are employed, contracted, or otherwise secured by
10 the ~~department~~ division and who are available for cross-examination, if served upon
11 the parties 15 days prior to hearing, shall constitute prima facie evidence as to
12 matter contained in those reports. A report described in this paragraph that is
13 admitted or received into evidence by the ~~department~~ division constitutes
14 substantial evidence under s. 102.23 (6) as to the matter contained in the report.

15 **SECTION 86.** 102.17 (2) of the statutes is amended to read:

16 102.17 (2) If the ~~department shall have~~ division has reason to believe that the
17 payment of compensation has not been made, ~~it~~ the division may on its own motion
18 give notice to the parties, in the manner provided for the service of an application,
19 of a time and place when a hearing will be held for the purpose of determining the
20 facts. ~~Such~~ The notice shall contain a statement of the matter to be considered.
21 ~~Thereafter all other~~ All provisions of this chapter governing proceedings on an
22 application shall ~~attach~~ apply, insofar as ~~the same may be~~ applicable, to a proceeding
23 under this subsection. When the ~~department~~ division schedules a hearing on its own
24 motion, the ~~department~~ division does not become a party in interest and is not
25 required to appear at the hearing.

1 **SECTION 87.** 102.17 (2m) of the statutes is amended to read:

2 102.17 (2m) ~~Any~~ The division or any party, including the department, may
3 require any person to produce books, papers, and records at the hearing by personal
4 service of a subpoena upon the person along with a tender of witness fees as provided
5 in ss. 814.67 and 885.06. Except as provided in sub. (2s), the subpoena shall be on
6 a form provided by the ~~department~~ division and shall give the name and address of
7 the party requesting the subpoena.

8 **SECTION 88.** 102.17 (2s) of the statutes is amended to read:

9 102.17 (2s) A party's attorney of record may issue a subpoena to compel the
10 attendance of a witness or the production of evidence. A subpoena issued by an
11 attorney must be in substantially the same form as provided in s. 805.07 (4) and must
12 be served in the manner provided in s. 805.07 (5). The attorney shall, at the time of
13 issuance, send a copy of the subpoena to the ~~appeal tribunal~~ hearing examiner or
14 other representative of the ~~department~~ division responsible for conducting the
15 proceeding.

16 **SECTION 89.** 102.17 (7) (b) of the statutes is amended to read:

17 102.17 (7) (b) Except as provided in par. (c), the ~~department~~ division shall
18 exclude from evidence testimony or certified reports from expert witnesses under
19 par. (a) offered by the party that raises the issue of loss of earning capacity if that
20 party failed to notify the ~~department~~ division and the other parties of interest, at
21 least 60 days before the date of the hearing, of the party's intent to provide the
22 testimony or reports and of the names of the expert witnesses involved. Except as
23 provided in par. (c), the ~~department~~ division shall exclude from evidence testimony
24 or certified reports from expert witnesses under par. (a) offered by a party of interest
25 in response to the party that raises the issue of loss of earning capacity if the

1 responding party failed to notify the ~~department~~ division and the other parties of
2 interest, at least 45 days before the date of the hearing, of the party's intent to provide
3 the testimony or reports and of the names of the expert witnesses involved.

4 **SECTION 90.** 102.17 (7) (c) of the statutes is amended to read:

5 102.17 (7) (c) Notwithstanding the notice deadlines provided in par. (b), the
6 ~~department~~ division may receive in evidence testimony or certified reports from
7 expert witnesses under par. (a) when the applicable notice deadline under par. (b) is
8 not met if good cause is shown for the delay in providing the notice required under
9 par. (b) and if no party is prejudiced by the delay.

10 **SECTION 91.** 102.17 (8) of the statutes is amended to read:

11 102.17 (8) Unless otherwise agreed to by all parties, an injured employee shall
12 file with the ~~department~~ division and serve on all parties at least 15 days before the
13 date of the hearing an itemized statement of all medical expenses and incidental
14 compensation under s. 102.42 claimed by the injured employee. The itemized
15 statement shall include, if applicable, information relating to any travel expenses
16 incurred by the injured employee in obtaining treatment including the injured
17 employee's destination, number of trips, round trip mileage, and meal and lodging
18 expenses. The ~~department~~ division may not admit into evidence any information
19 relating to medical expenses and incidental compensation under s. 102.42 claimed
20 by an injured employee if the injured employee failed to file with the ~~department~~
21 division and serve on all parties at least 15 days before the date of the hearing an
22 itemized statement of the medical expenses and incidental compensation under s.
23 102.42 claimed by the injured employee, unless the ~~department~~ division is satisfied
24 that there is good cause for the failure to file and serve the itemized statement.

25 **SECTION 92.** 102.175 (2) of the statutes is amended to read:

1 102.175 (2) If after a hearing or a prehearing conference the ~~department~~
2 division determines that an injured employee is entitled to compensation but that
3 there remains in dispute only the issue of which of 2 or more parties is liable for that
4 compensation, the ~~department~~ division may order one or more parties to pay
5 compensation in an amount, time, and manner as determined by the ~~department~~
6 division. If the ~~department~~ division later determines that another party is liable for
7 compensation, the ~~department~~ division shall order that other party to reimburse any
8 party that was ordered to pay compensation under this subsection.

9 **SECTION 93.** 102.18 (1) (b) of the statutes is amended to read:

10 102.18 (1) (b) Within 90 days after the final hearing and close of the record, the
11 ~~department~~ division shall make and file its findings upon the ultimate facts involved
12 in the controversy, and its order, which shall state ~~its~~ the division's determination as
13 to the rights of the parties. Pending the final determination of any controversy before
14 it, the ~~department may in its discretion~~ division, after any hearing, ~~may, in its~~
15 discretion, make interlocutory findings, orders, and awards, which may be enforced
16 in the same manner as final awards. The ~~department~~ division may include in any
17 interlocutory or final award or order an order directing the employer or insurer to pay
18 for any future treatment that may be necessary to cure and relieve the employee from
19 the effects of the injury. If the ~~department~~ division finds that the employer or insurer
20 has not paid any amount that the employer or insurer was directed to pay in any
21 interlocutory order or award and that the nonpayment was not in good faith, the
22 ~~department~~ division may include in its final award a penalty not exceeding ~~25%~~ 25
23 percent of each amount that was not paid as directed. When there is a finding that
24 the employee is in fact suffering from an occupational disease caused by the
25 employment of the employer against whom the application is filed, a final award

1 dismissing the application upon the ground that the applicant has suffered no
2 disability from the disease shall not bar any claim the employee may thereafter have
3 for disability sustained after the date of the award.

4 **SECTION 94.** 102.18 (1) (bg) 1. of the statutes is amended to read:

5 102.18 (1) (bg) 1. If the ~~department~~ division finds under par. (b) that an insurer
6 or self-insured employer is liable under this chapter for any health services provided
7 to an injured employee by a health service provider, but that the reasonableness of
8 the fee charged by the health service provider is in dispute, the ~~department~~ division
9 may include in its order under par. (b) a determination as to the reasonableness of
10 the fee or the ~~department~~ division may notify, or direct the insurer or self-insured
11 employer to notify, the health service provider under s. 102.16 (2) (b) that the
12 reasonableness of the fee is in dispute. The ~~department~~ division shall deny payment
13 of a health service fee that the ~~department~~ division determines under this
14 subdivision to be unreasonable. An insurer or self-insured employer and a health
15 service provider that are parties to a fee dispute under this subdivision are bound by
16 the ~~department's~~ division's determination under this subdivision on the
17 reasonableness of the disputed fee, unless that determination is set aside, reversed,
18 or modified by the ~~department~~ division under sub. (3) or by the commission under
19 sub. (3) or (4) or is set aside on judicial review under s. 102.23.

20 **SECTION 95.** 102.18 (1) (bg) 2. of the statutes is amended to read:

21 102.18 (1) (bg) 2. If the ~~department~~ division finds under par. (b) that an
22 employer or insurance carrier is liable under this chapter for any treatment provided
23 to an injured employee by a health service provider, but that the necessity of the
24 treatment is in dispute, the ~~department~~ division may include in its order under par.
25 (b) a determination as to the necessity of the treatment or the ~~department~~ division

1 may notify, or direct the employer or insurance carrier to notify, the health service
2 provider under s. 102.16 (2m) (b) that the necessity of the treatment is in dispute.
3 Before determining under this subdivision the necessity of treatment provided to an
4 injured employee, the ~~department~~ division may, but is not required to, obtain the
5 opinion of an expert selected by the ~~department~~ division who is qualified as provided
6 in s. 102.16 (2m) (c). The standards promulgated under s. 102.16 (2m) (g) shall be
7 applied by an expert in rendering an opinion as to, and in determining, necessity of
8 treatment under this subdivision. In cases in which no standards promulgated
9 under s. 102.16 (2m) (g) apply, the ~~department~~ division shall find the facts regarding
10 necessity of treatment. The ~~department~~ division shall deny payment for any
11 treatment that the ~~department~~ division determines under this subdivision to be
12 unnecessary. An insurer or self-insured employer and a health service provider that
13 are parties to a dispute under this subdivision over the necessity of treatment are
14 bound by the ~~department's~~ division's determination under this subdivision on the
15 necessity of the disputed treatment, unless that determination is set aside, reversed,
16 or modified by the ~~department~~ division under sub. (3) or by the commission under
17 sub. (3) or (4) or is set aside on judicial review under s. 102.23.

18 **SECTION 96.** 102.18 (1) (bg) 3. of the statutes is amended to read:

19 102.18 (1) (bg) 3. If the ~~department~~ division finds under par. (b) that an insurer
20 or self-insured employer is liable under this chapter for the cost of a prescription
21 drug dispensed under s. 102.425 (2) for outpatient use by an injured employee, but
22 that the reasonableness of the amount charged for that prescription drug is in
23 dispute, the ~~department~~ division may include in its order under par. (b) a
24 determination as to the reasonableness of the prescription drug charge or the
25 ~~department~~ division may notify, or direct the insurer or self-insured employer to

1 notify, the pharmacist or practitioner dispensing the prescription drug under s.
2 102.425 (4m) (b) that the reasonableness of the prescription drug charge is in
3 dispute. The ~~department~~ division shall deny payment of a prescription drug charge
4 that the ~~department~~ division determines under this subdivision to be unreasonable.
5 An insurer or self-insured employer and a pharmacist or practitioner that are
6 parties to a dispute under this subdivision over the reasonableness of a prescription
7 drug charge are bound by the ~~department's~~ division's determination under par. (b)
8 on the reasonableness of the disputed prescription drug charge, unless that
9 determination is set aside, reversed, or modified by the ~~department~~ division under
10 sub. (3) or by the commission under sub. (3) or (4) or is set aside on judicial review
11 under s. 102.23.

12 **SECTION 97.** 102.18 (1) (bp) of the statutes is amended to read:

13 102.18 (1) (bp) If the ~~department~~ division determines that the employer or
14 insurance carrier suspended, terminated, or failed to make payments or failed to
15 report an injury as a result of malice or bad faith, the ~~department~~ division may
16 include a penalty in an award to an employee for each event or occurrence of malice
17 or bad faith. ~~This~~ That penalty is the exclusive remedy against an employer or
18 insurance carrier for malice or bad faith. If ~~this~~ the penalty is imposed for an event
19 or occurrence of malice or bad faith that causes a payment that is due an injured
20 employee to be delayed in violation of s. 102.22 (1) or overdue in violation of s. 628.46
21 (1), the ~~department~~ division may not also order an increased payment under s.
22 102.22 (1) or the payment of interest under s. 628.46 (1). The ~~department~~ division
23 may award an amount that ~~it~~ the division considers just, not to exceed the lesser of
24 200 percent of total compensation due or \$30,000 for each event or occurrence of
25 malice or bad faith. The ~~department~~ division may assess the penalty against the

1 employer, the insurance carrier, or both. Neither the employer nor the insurance
2 carrier is liable to reimburse the other for the penalty amount. The ~~department~~
3 division may, by rule, define actions ~~which~~ that demonstrate malice or bad faith.

4 **SECTION 98.** 102.18 (1) (bw) of the statutes is amended to read:

5 102.18 (1) (bw) If an insurer, a self-insured employer, or, if applicable, the
6 uninsured employers fund pays compensation to an employee in excess of its liability
7 and another insurer is liable for all or part of the excess payment, the ~~department~~
8 division may order the insurer ~~or self-insured employer~~ that is liable for that excess
9 payment to reimburse the insurer or self-insured employer that made the excess
10 payment or, if applicable, the uninsured employers fund.

11 **SECTION 99.** 102.18 (1) (c) of the statutes is amended to read:

12 102.18 (1) (c) If 2 or more examiners have conducted a formal hearing on a claim
13 and are unable to agree on the order or award to be issued, the decision shall be the
14 decision of the majority. If the examiners are equally divided on the decision, the
15 ~~department~~ division may appoint an additional examiner who shall review the
16 record and consult with the other examiners concerning their ~~personal~~ impressions
17 of the credibility of the evidence. Findings of fact and an order or award may then
18 be issued by a majority of the examiners.

19 **SECTION 100.** 102.18 (1) (e) of the statutes is amended to read:

20 102.18 (1) (e) Except as provided in s. 102.21, if the ~~department~~ division orders
21 a party to pay an award of compensation, the party shall pay the award no later than
22 21 days after the date on which the order is mailed to the last-known address of the
23 party, unless the party files a petition for review under sub. (3). This paragraph
24 applies to all awards of compensation ordered by the ~~department~~ division, whether

1 the award results from a hearing, the default of a party, or a compromise or
2 stipulation confirmed by the ~~department~~ division.

3 **SECTION 101.** 102.18 (2) of the statutes is amended to read:

4 102.18 (2) The ~~department~~ division shall have and maintain on its staff such
5 examiners as are necessary to hear and decide disputed claims and to assist in the
6 effective ~~administration of adjudication of disputes under~~ this chapter. ~~These~~ Those
7 examiners shall be attorneys and may be designated as administrative law judges.
8 ~~These~~ Those examiners may make findings and orders, and may approve, review, set
9 aside, modify, or confirm stipulations of settlement or compromises of claims for
10 compensation.

11 **SECTION 102.** 102.18 (3) of the statutes is amended to read:

12 102.18 (3) A party in interest may petition the commission for review of an
13 examiner's decision awarding or denying compensation if the ~~department~~ division
14 or commission receives the petition within 21 days after the ~~department~~ division
15 mailed a copy of the examiner's findings and order to the ~~party's last-known address~~
16 addresses of the parties in interest. The commission shall dismiss a petition ~~which~~
17 that is not timely filed unless the petitioner shows probable good cause that the
18 reason for failure to timely file was beyond the petitioner's control. If no petition is
19 filed within 21 days ~~from~~ after the date ~~that~~ on which a copy of the findings or order
20 of the examiner is mailed to the last-known ~~address~~ addresses of the parties in
21 interest, the findings or order shall be considered final unless set aside, reversed, or
22 modified by the examiner within that time. If the findings or order are set aside by
23 the examiner, the status shall be the same as prior to the setting aside of the findings
24 or order ~~set aside~~. If the findings or order are reversed or modified by the examiner,
25 the time for filing a petition commences ~~with~~ on the date ~~that~~ on which notice of

1 reversal or modification is mailed to the last-known ~~address~~ addresses of the parties
2 in interest. The commission shall either affirm, reverse, set aside, or modify the
3 findings or order, in whole or in part, or direct the taking of additional evidence. ~~This~~
4 The commission's action shall be based on a review of the evidence submitted.

5 SECTION 103. 102.18 (4) (c) 3. of the statutes is amended to read:

6 102.18 (4) (c) 3. Remand the case to the ~~department~~ division for further
7 proceedings.

8 SECTION 104. 102.18 (4) (d) of the statutes is amended to read:

9 102.18 (4) (d) While a petition for review by the commission is pending or after
10 entry of an order or award by the commission, but before commencement of an action
11 for judicial review or expiration of the period in which to commence an action for
12 judicial review, the commission shall remand any compromise presented to it to the
13 ~~department~~ division for consideration and approval or rejection pursuant to under
14 s. 102.16 (1). Presentation of a compromise does not affect the period in which to
15 commence an action for judicial review.

16 SECTION 105. 102.18 (5) of the statutes is amended to read:

17 102.18 (5) If it ~~shall appear to the department~~ appears to the division that a
18 mistake may have been made as to cause of injury in the findings, order, or award
19 upon an alleged injury based on accident, when in fact the employee was suffering
20 from an occupational disease, within 3 years after the date of the findings, order, or
21 award the ~~department~~ division may, upon its own motion, with or without hearing,
22 ~~within 3 years from the date of such findings, order or award,~~ set aside ~~such the~~
23 findings, order or award, or the ~~department~~ division may take ~~such that~~ action upon
24 application made within ~~such~~ those 3 years. ~~Thereafter, and after~~ After an
25 opportunity for hearing, the ~~department~~ division may, if in fact the employee is

1 suffering from disease arising out of the employment, make new findings, and a new
2 order or award, or ~~it the division~~ may reinstate the previous findings, order, or award.

3 **SECTION 106.** 102.18 (6) of the statutes is amended to read:

4 102.18 (6) In case of disease arising out of the employment, the ~~department~~
5 division may from time to time review its findings, order, or award, and make new
6 findings, or a new order or award, based on the facts regarding disability or otherwise
7 as ~~they those facts may then appear at the time of the review.~~ This subsection shall
8 not affect the application of the limitation in s. 102.17 (4).

9 **SECTION 107.** 102.21 of the statutes is amended to read:

10 **102.21 Payment of awards by municipalities.** Whenever an award is made
11 ~~by the department~~ under this chapter or s. 66.191, 1981 stats., against any
12 municipality, the person in whose favor ~~it the award~~ is made shall file a certified copy
13 ~~thereof of the award~~ with the municipal clerk. ~~Within 20 days thereafter, unless~~
14 Unless an appeal is taken, such within 20 days after that filing, the municipal clerk
15 shall draw an order on the municipal treasurer for the payment of the award. If upon
16 appeal ~~such the award is affirmed in whole or in part the, the municipal clerk shall~~
17 draw an order for payment shall be drawn of the award within 10 days after a
18 certified copy of ~~such the judgment affirming the award~~ is filed with the ~~proper that~~
19 clerk. ~~If the award or judgment provides for more than one payment is provided for~~
20 ~~in the award or judgment, orders shall be drawn, the municipal clerk shall draw~~
21 orders for payment as the payments become due. No statute relating to the filing of
22 claims against, ~~and or~~ the auditing, allowing, and payment of claims by
23 ~~municipalities shall apply, a municipality applies~~ to the payment of an award or
24 judgment under this section.

25 **SECTION 108.** 102.22 (1) of the statutes is amended to read:

1 102.22 (1) If the employer or his or her insurer inexcusably delays in making
2 the first payment that is due an injured employee for more than 30 days after the day
3 date on which the employee leaves work as a result of an injury and if the amount
4 due is \$500 or more, the payments as to which the delay is found shall be increased
5 by ~~10%~~ 10 percent. If the employer or his or her insurer inexcusably delays in making
6 the first payment that is due an injured employee for more than 14 days after the day
7 date on which the employee leaves work as a result of an injury, the payments as to
8 which the delay is found may be increased by ~~10%~~ 10 percent. If the employer or his
9 or her insurer inexcusably delays for any length of time in making any other payment
10 that is due an injured employee, the payments as to which the delay is found may
11 be increased by ~~10%~~ 10 percent. ~~Where~~ 10 percent. If the delay is chargeable to the employer
12 and not to the insurer, s. 102.62 ~~shall apply~~ applies and the relative liability of the
13 parties shall be fixed and discharged as ~~therein~~ provided in that section. The
14 ~~department~~ division may also order the employer or insurance carrier to reimburse
15 the employee for any finance charges, collection charges, or interest ~~which~~ that the
16 employee paid as a result of the inexcusable delay by the employer or insurance
17 carrier.

18 **SECTION 109.** 102.22 (2) of the statutes is amended to read:

19 102.22 (2) ~~If the sum ordered by the department~~ any sum that the division
20 orders to be paid is not paid when due, that sum shall bear interest at the rate of ~~10%~~
21 10 percent per year. The state is liable for ~~such~~ interest on awards issued against
22 it under this chapter. ~~The department~~ division has jurisdiction to issue an award for
23 payment of ~~such~~ interest under this subsection at any time within one year ~~of~~ after
24 the date of its order, or ~~upon appeal, if the order is appealed, within one year~~ after
25 final court determination. ~~Such interest~~ Interest awarded under this subsection

1 becomes due from the date the examiner's order becomes final or from the date of a
2 decision by the ~~labor and industry review~~ commission, whichever is later.

3 **SECTION 110.** 102.23 (1) (a) of the statutes is amended to read:

4 102.23 (1) (a) The findings of fact made by the commission acting within its
5 powers shall, in the absence of fraud, be conclusive. The order or award granting or
6 denying compensation, either interlocutory or final, whether judgment has been
7 rendered on it the order or award or not, is subject to review only as provided in this
8 section and not under ch. 227 or s. 801.02. Within 30 days after the date of an order
9 or award made by the commission either originally or after the filing of a petition for
10 review with the ~~department~~ division under s. 102.18 any party aggrieved ~~thereby~~ by
11 the order or award may by serving a complaint as provided in par. (b) and filing the
12 summons and complaint with the clerk of the circuit court commence, in circuit court,
13 an action against the commission for the review of the order or award, in which action
14 the adverse party shall also be made a defendant. If the circuit court is satisfied that
15 a party in interest has been prejudiced because of an exceptional delay in the receipt
16 of a copy of any finding or order, it the circuit court may extend the time in which an
17 action may be commenced by an additional 30 days. The proceedings shall be in the
18 circuit court of the county where the plaintiff resides, except that if the plaintiff is
19 a state agency, the proceedings shall be in the circuit court of the county where the
20 defendant resides. The proceedings may be brought in any circuit court if all parties
21 stipulate and that court agrees.

22 **SECTION 111.** 102.23 (2) of the statutes is amended to read:

23 102.23 (2) Upon the trial of ~~any such an~~ an action for review of an order or award
24 the court shall disregard any irregularity or error of the commission or the

1 department division unless it is made to affirmatively appear that the plaintiff was
2 damaged ~~thereby by that irregularity or error.~~

3 SECTION 112. 102.23 (3) of the statutes is amended to read:

4 102.23 (3) The record in any case shall be transmitted to the department
5 division within 5 days after expiration of the time for appeal from the order or
6 judgment of the court, unless an appeal ~~shall be~~ is taken from ~~such that~~ order or
7 judgment.

8 SECTION 113. 102.23 (5) of the statutes is amended to read:

9 102.23 (5) When an action for review involves only the question of liability as
10 between the employer and one or more insurance companies or as between several
11 insurance companies, a party that has been ordered by the department division, the
12 commission, or a court to pay compensation is not relieved from paying compensation
13 as ordered.

14 SECTION 114. 102.24 (2) of the statutes is amended to read:

15 102.24 (2) After the commencement of an action to review any order or award
16 of the commission, the parties may have the record remanded by the court for such
17 time and under such condition as ~~they~~ the parties may provide, for the purpose of
18 having the department division act upon the question of approving or disapproving
19 any settlement or compromise that the parties may desire to have so approved. If
20 approved, the action shall be at an end and judgment may be entered upon the
21 approval as upon an award. If not approved, the division shall immediately return
22 the record ~~shall forthwith be returned~~ to the circuit court and the action shall proceed
23 as if no remand had been made.

24 SECTION 115. 102.25 (1) of the statutes is amended to read:

1 102.25 (1) Any party aggrieved by a judgment entered upon the review of any
2 order or award may appeal ~~therefrom~~ the judgment within the time period specified
3 in s. 808.04 (1). A trial court shall may not require the commission or any party to
4 the action to execute, serve, or file an undertaking under s. 808.07 or to serve, or
5 secure approval of, a transcript of the notes of the stenographic reporter or the tape
6 of the recording machine. The state is a party aggrieved under this subsection if a
7 judgment is entered upon the review confirming any order or award against ~~it~~ the
8 state. At any time before the case is set down for hearing in the court of appeals or
9 the supreme court, the parties may have the record remanded by the court to the
10 ~~department~~ division in the same manner and for the same purposes as provided for
11 remanding from the circuit court to the ~~department~~ division under s. 102.24 (2).

12 **SECTION 116.** 102.26 (2) of the statutes is amended to read:

13 102.26 (2) Unless previously authorized by the ~~department~~ division, no fee may
14 be charged or received for the enforcement or collection of any claim for
15 compensation, nor may any contract for that enforcement or collection be enforceable
16 when that fee, inclusive of all taxable attorney fees paid or agreed to be paid for that
17 enforcement or collection, exceeds 20 percent of the amount at which ~~that~~ the claim
18 is compromised or of the amount awarded, adjudged, or collected, except that in cases
19 of admitted liability in which there is no dispute as to the amount of compensation
20 due and in which no hearing or appeal is necessary, the fee charged may not exceed
21 10 percent, but not to exceed \$250, of the amount at which ~~that~~ the claim is
22 compromised or of the amount awarded, adjudged, or collected. The limitation as to
23 fees shall apply to the combined charges of attorneys, solicitors, representatives, and
24 adjusters who knowingly combine their efforts toward the enforcement or collection
25 of any compensation claim.

1 **SECTION 117.** 102.26 (3) (b) 1. of the statutes is amended to read:

2 102.26 (3) (b) 1. ~~The department may~~ Subject to sub. (2), upon application of
3 any interested party ~~and subject to sub. (2), the division may~~ fix the fee of the
4 claimant's attorney or representative and provide in the award for that fee to be paid
5 directly to the attorney or representative.

6 **SECTION 118.** 102.26 (3) (b) 3. of the statutes is amended to read:

7 102.26 (3) (b) 3. The claimant may request the insurer or self-insured employer
8 to pay any compensation that is due the claimant by depositing the payment directly
9 into an account maintained by the claimant at a financial institution. If the insurer
10 or self-insured employer agrees to the request, the insurer or self-insured employer
11 may deposit the payment by direct deposit, electronic funds transfer, or any other
12 money transfer technique approved by the ~~department~~ division. The claimant may
13 revoke a request under this subdivision at any time by providing appropriate written
14 notice to the insurer or self-insured employer.

15 **SECTION 119.** 102.26 (4) of the statutes is amended to read:

16 102.26 (4) ~~The charging or receiving of~~ Any attorney or other person who
17 charges or receives any fee in violation of this section shall be unlawful, ~~and the~~
18 ~~attorney or other person guilty thereof shall~~ may be required to forfeit double the
19 amount retained by the attorney or other person, ~~the same to~~ which forfeiture shall
20 be collected by the state in an action in debt, upon complaint of the ~~department~~
21 division. Out of the sum recovered the court shall direct payment to the injured party
22 of the amount of the overcharge.

23 **SECTION 120.** 102.28 (3) (c) of the statutes is amended to read:

24 102.28 (3) (c) An employee who has signed a waiver under par. (a) 1. and an
25 affidavit under par. (a) 2., who sustains an injury that, but for that waiver, the

1 employer would be liable for under s. 102.03, who at the time of the injury was a
2 member of a religious sect whose authorized representative has filed an affidavit
3 under par. (a) 3. and an agreement under par. (a) 4., and who as a result of the injury
4 becomes dependent on the religious sect for financial and medical assistance, or the
5 employee's dependent, may request a hearing under s. 102.17 (1) to determine if the
6 religious sect has provided the employee and his or her dependents with a standard
7 of living and medical treatment that are reasonable when compared to the general
8 standard of living and medical treatment for members of the religious sect. If, after
9 hearing, the ~~department~~ division determines that the religious sect has not provided
10 that standard of living or medical treatment, or both, the ~~department~~ division may
11 order the religious sect to provide alternative benefits to that employee or his or her
12 dependent, or both, in an amount that is reasonable under the circumstances, but
13 not in excess of the benefits that the employee or dependent could have received
14 under this chapter but for the waiver under par. (a) 1.

15 **SECTION 121.** 102.28 (4) (c) of the statutes is amended to read:

16 102.28 (4) (c) After a hearing under par. (b), or without a hearing if one is not
17 requested, the ~~department~~ division may issue an order to an employer to cease
18 operations on a finding that the employer is an uninsured employer. If no hearing
19 is requested, the department may issue such an order.

20 **SECTION 122.** 102.28 (4) (d) of the statutes is amended to read:

21 102.28 (4) (d) The department of justice may bring an action in any court of
22 competent jurisdiction for an injunction or other remedy to enforce ~~the department's~~
23 an order to cease operations under par. (c).

24 **SECTION 123.** 102.28 (7) (b) of the statutes is amended to read: