1	<u>leases to</u> the board of regents of the University of Wisconsin System <u>Authority</u> to
2	have an automatic fire sprinkler system installed on each floor at the time the
3	residence hall or dormitory is constructed.
4	*-0971/P5.574*Section 2704. 101.14 (4) (b) 3. c. of the statutes is amended
5	to read:
6	101.14 (4) (b) 3. c. Every residence hall and dormitory over 60 feet in height,
7	the initial construction of which was begun before January 7, 2006, that is owned or
8	operated by an institution of higher education, other than a residence hall or
9	dormitory that is owned or operated by the state leases to the Board of Regents of the
10	University of Wisconsin System Authority, to contain an automatic fire sprinkler
11	system on each floor by January 1, 2014.
12	*-0971/P5.575*Section 2705. 101.14 (4) (b) 3. d. of the statutes is amended
13	to read:
14	101.14 (4) (b) 3. d. Every residence hall and dormitory, the initial construction
15	of which is begun on or after January 7, 2006, that is owned or operated by an
16	institution of higher education, other than a residence hall or dormitory that is
17	owned or operated by the state leases to the Board of Regents of the University of
18	Wisconsin System Authority, to have an automatic fire sprinkler system installed on
19	each floor at the time the residence hall or dormitory is constructed.
20	*-0602/P4.58*Section 2706. 101.149 (1) (ag) of the statutes is amended to
21	read:
22	101.149 (1) (ag) "Bed and breakfast establishment" has the meaning given in
23	s. 254.61 (1) <u>97.01 (1g)</u> .
24	*-0602/P4.59*Section 2707. 101.149 (1) (cm) of the statutes is amended to
25	read:

1	101.149 (1) (cm) "Tourist rooming house" has the meaning given in s. 254.61
2	(6) 97.01 (15k).
3	*-0602/P4.60*Section 2708. 101.149 (5) (c) of the statutes is amended to read:
4	101.149 (5) (c) All of the fuel-burning appliances in the residential building
5	have sealed combustion units that are inspected as provided in the rules
6	promulgated by the department under sub. (6) (b) or in the rules promulgated by the
7	department of health services under s. 254.74 97.625 (1) (am).
8	*-0807/P6.243*Section 2709. 101.149 (6) (b) of the statutes is amended to
9	read:
10	101.149 (6) (b) The department shall promulgate rules, in consultation with
11	the department of health services, under which the department of safety and
12	professional services shall authorize certified heating, ventilating, and air
13	conditioning inspectors to conduct regular inspections of sealed combustion units, as
14	required under sub. (5) (c), for carbon monoxide emissions in residential buildings
15	other than hotels, tourist rooming houses, and bed and breakfast establishments.
16	The rules shall specify conditions under which it may issue orders as specified under
17	sub. (8) (a). The rules may not require the department of safety and professional
18	services to authorize inspection of sealed combustion units during the period in
19	which the sealed combustion units are covered by a manufacturer's warranty against
20	defects. The create gic (use on page) Sopo
21	defects. *-0602/P4.61*SECTION 2710. 101.149 (8) (a) of the statutes, as affected by 2015
22	Wisconsin Act (this act), is amended to read:
23	101.149 (8) (a) If the department or the department of health services
24	agriculture, trade and consumer protection determines after an inspection of a
25	building under this section or s. 254.74 97.625 (1g) that the owner of the building has

Should summer

Swith

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

-853-

****Note: This is reconciled s. 101.149 (8) (a). This Section has been affected by drafts with the following LRB numbers: -0602/P4 and -0807/P6.

*-0807/P6.244*SECTION 2711. 101.149 (8) (a) of the statutes is amended to read:

create air.

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

*-0807/P6.245*Section 2712. 101.31 of the statutes is repealed.

*-0807/P6.246*Section 2713. 101.573 (3) (a) of the statutes is amended to read:

101.573 (3) (a) On or before May 1 in each year, the department shall compile the fire department dues paid by all insurers under s. 601.93 and the dues paid by the state fire fund under sub. (1) and funds remaining under par. (b), withhold .5%

1	and certify to the secretary of administration the proper amount to be paid from the
2	appropriation under s. $20.165(2)20.142(4)(L)$ to each city, village, or town entitled
3	to fire department dues under s. 101.575. Annually, on or before August 1, the
4	secretary of administration shall pay the amounts certified by the department to the
5	cities, villages and towns eligible under s. 101.575.
6	*-0807/P6.247*Section 2714. 101.573 (5) of the statutes is amended to read:
7	101.573 (5) The department shall promulgate a rule defining "administrative
8	expenses" for purposes of s. 20.165 (2) 20.142 (4) (La).
9	*-0602/P4.62*Section 2715. 101.63 (1) (intro.) of the statutes is amended to
10	read:
11	101.63 (1) (intro.) Adopt rules which establish standards for the construction
12	and inspection of one- and 2-family dwellings and components thereof. Where
13	feasible, the standards used shall be those nationally recognized and shall apply to
14	the dwelling and to its electrical, heating, ventilating, air conditioning and other
15	systems, including plumbing, as defined in s. 145.01 (10). No set of rules may be
16	adopted which has not taken into account the conservation of energy in construction
17	and maintenance of dwellings and the costs of specific code provisions to home buyers
18	in relationship to the benefits derived from the provisions. Rules promulgated under
19	this subsection do not apply to a bed and breakfast establishment, as defined under
20	s. 254.61 (1) 97.01 (1g), except that the rules apply to all of the following:
21	*-0602/P4.63*Section 2716. 101.647 (1) (am) of the statutes is amended to
22	read:
23	101.647 (1) (am) Notwithstanding s. 101.61 (1), "dwelling" does not include a

tourist rooming house, as defined in s. 254.61 (6) 97.01 (15k).

1	*-0807/P6.248*Section 2717. 101.654 (1m) (e) of the statutes is amended to
2	read:
3	101.654 (1m) (e) The continuing education approved by the department under
4	par. (b) 1. shall include courses offered by private organizations with whom the
5	department contracts under s. 101.657. The department may approve continuing
6	education courses that are offered by other states.
7	*-0807/P6.249*Section 2718. 101.657 of the statutes is repealed.
8	*-0971/P5.576*Section 2719. 101.66 (1m) (bn) of the statutes is amended to
9	read:
10	101.66 (1m) (bn) A person may not provide a written certification under par.
11	(b) unless the person has been issued a certificate of accomplishment evidencing
12	certification or recertification under the \underline{a} lumber grading training program under
13	s. 36.25 (48) specified by the department and the person has received the certificate
14	within the 5 years before providing the written certification. The person shall attach
15	to the written certification a copy of his or her certificate of accomplishment.
16	*-0807/P6.250*Section 2720. 101.935 (2) (e) of the statutes is amended to
17	read:
18	101.935 (2) (e) Section 254.69 (2), as it applies to an agent for the department
19	of health services in the administration of s. 254.47, applies to an agent for the
20	department of safety and professional services in the administration of this section.
21	*-0602/P4.64*Section 2721. 101.935 (2) (e) of the statutes, as affected by 2015
22	Wisconsin Act (this act), is amended to read:
23	101.935 (2) (e) Section 254.69 (2) 97.615 (2), as it applies to an agent for the
24	department of health services agriculture, trade and consumer protection in the

administration of s. 254.47 97.67, applies to an agent for the department in the administration of this section.

****Note: This is reconciled s. 101.935 (2) (e). This Section has been affected by drafts with the following LRB numbers: -0602/P3 and -0807/P5.

*-0807/P6.251*SECTION 2722. 101.951 (7) (a) of the statutes is amended to read:

101.951 (7) (a) The department of safety and professional services may, without notice, deny the application for a license within 60 days after receipt thereof by written notice to the applicant, stating the grounds for the denial. Within 30 days after such notice, the applicant may petition the department of administration to conduct a hearing to review the denial, and a hearing shall be scheduled with reasonable promptness. The division of hearings and appeals shall conduct the hearing. This paragraph does not apply to denials of applications for licenses under s. 101.02 (21).

*-0807/P6.252*Section 2723. 101.951 (7) (b) of the statutes is amended to read:

101.951 (7) (b) No license may be suspended or revoked except after a hearing thereon. The department of safety and professional services shall give the licensee at least 5 days' notice of the time and place of the hearing. The order suspending or revoking such license shall not be effective until after 10 days' written notice thereof to the licensee, after such hearing has been had; except that the department of safety and professional services, when in its opinion the best interest of the public or the trade demands it, may suspend a license upon not less than 24 hours' notice of hearing and with not less than 24 hours' notice of the suspension of the license. Matters involving suspensions and revocations brought before the department of

1 safety and professional services shall be heard and decided upon by the department 2 of administration. The division of hearings and appeals shall conduct the hearing. 3 This paragraph does not apply to licenses that are suspended or revoked under s. 4 101.02 (21). 5 *-0807/P6.253*Section 2724. 101.951 (7) (c) of the statutes is amended to 6 read: 7 101.951 (7) (c) The department of safety and professional services may inspect 8 the pertinent books, records, letters and contracts of a licensee. The actual cost of 9 each such examination shall be paid by such licensee so examined within 30 days 10 after demand therefor by the department, and the department may maintain an 11 action for the recovery of such costs in any court of competent jurisdiction. 12 *-0807/P6.254*Section 2725. 101.953 (1) (a) of the statutes is amended to 13 read: 14 101.953 (1) (a) A statement that the manufactured home meets those 15 standards prescribed by law or administrative rule of the department of 16 administration or of the department of safety and professional services that are in 17 effect at the time of the manufacture of the manufactured home. 18 *-0807/P6.255*Section 2726. 101.973 (8) of the statutes is amended to read: 19 101.973 (8) Deposit the moneys received from the fees under sub. (7) in the 20 appropriation under s. 20.165 (2) 20.142 (4) (j). 21 *-0971/P5.577*Section 2727. 101.977 (2) (bn) of the statutes is amended to 22 read: 23 101.977 (2) (bn) A person may not provide a written certification under par. (b) 24 unless the person has been issued a certificate of accomplishment evidencing 25certification or recertification under the a lumber grading training program under

read:

Ţ	s. 36.25 (48) specified by the department and the person has received the certificate
2	within the 5 years before providing the written certification. The person shall attach
3	to the written certification a copy of his or her certificate of accomplishment.
4	*-0610/P3.27*Section 2728. 102.01 (2) (a) of the statutes is renumbered
5	102.01 (2) (af).
6	*-0610/P3.28*Section 2729. 102.01 (2) (ad) of the statutes is created to read:
7	102.01 (2) (ad) "Administrator" means the administrator of the division of
8	hearings and appeals in the department of administration.
9	*-0610/P3.29*Section 2730. 102.01 (2) (ag) of the statutes is amended to read
10	102.01 (2) (ag) "Commissioner" means a member of the commission the
11	commissioner of insurance.
12	*-0610/P3.30*Section 2731. 102.01 (2) (ap) of the statutes is repealed.
13	*-0610/P3.31*Section 2732. 102.01 (2) (ar) of the statutes is created to read
14	102.01 (2) (ar) "Division" means the division of hearings and appeals in the
15	department of administration.
16	*-0610/P3.32*Section 2733. 102.01 (2) (bm) of the statutes is amended to
17	read:
18	102.01 (2) (bm) "General order" means such order as an order that applies
19	generally throughout the state to all persons, employments, places of employment
20	or public buildings, or to all persons, employments or, places of employment, or public
21	buildings of a class under the jurisdiction of the department office. All other orders
22	of the department office shall be considered special orders.
23	*-1461/P2.226*Section 2734. 102.01 (2) (d) of the statutes is amended to

	102.01 (2) (d) "Municipality" includes a county, city, town, village, school
dis	strict, sewer district, drainage district and long-term care district and other public
or	quasi-public corporations.
	*-0610/P3.33*Section 2735. 102.01 (2) (dg) of the statutes is created to read:
·	102.01 (2) (dg) "Office" means the office of the commissioner.
	*-0610/P3.34*Section 2736. 102.01 (2) (dm) of the statutes is amended to
rea	ad:
	102.01 (2) (dm) "Order" means any decision, rule, regulation, direction,
rec	quirement, or standard of the department office, or any other determination

- *-0610/P3.35*Section 2737. 102.01 (2) (em) of the statutes is repealed.
- *-1461/P2.227*Section 2738. 102.04 (1) (a) of the statutes is amended to read:

arrived at or decision made by the department office.

- 102.04 (1) (a) The state, each county, city, town, village, school district, sewer district, drainage district, long-term care district and other public or quasi-public corporations therein.
 - *-0610/P3.36*Section 2739. 102.05 (1) of the statutes is amended to read:
- 102.05 (1) An employer who has had no employee at any time within a continuous period of 2 years shall be deemed considered to have effected withdrawal, which shall be effective on the last day of such that period. An employer who has not usually employed 3 employees and who has not paid wages of at least \$500 for employment in this state in every calendar quarter in a calendar year may file a withdrawal notice with the department office, which withdrawal shall take effect 30 days after the date of such that filing or at such later date as is specified in the notice. If an employer who is subject to this chapter only because the employer elected to become subject to this chapter under sub. (2) cancels or terminates his or her contract

for the insurance of compensation under this chapter, that employer is deemed considered to have effected withdrawal, which shall be effective on the day after the contract is canceled or terminated.

*-0610/P3.37*Section 2740. 102.05 (3) of the statutes is amended to read:

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

*-0610/P3.38*Section 2741. 102.06 of the statutes is amended to read:

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

-861-

*-0610/P3.39*Section 2742. 102.07 (1) (a) of the statutes is amended to read: 102.07 (1) (a) Every person, including all officials, in the service of the state, or of any municipality therein in this state, whether elected or under any appointment, or contract of hire, express or implied, and whether a resident of this state or employed or injured within or without the state. The state and or any municipality may require a bond from a contractor to protect the state or municipality against compensation to employees of such the contractor or employees of a subcontractor under the contractor. This paragraph does not apply beginning on the first day of the first July beginning after the day that on which the secretary commissioner files the certificate under s. 102.80 (3) (a), except that if the secretary commissioner files the certificate under s. 102.80 (3) (ag) this paragraph does apply to claims for compensation filed on or after the date specified in that certificate.

*-0610/P3.40*SECTION 2743. 102.07 (1) (b) of the statutes is amended to read:
102.07 (1) (b) Every person, including all officials, in the service of the state,
or of any municipality therein in this state, whether elected or under any
appointment, or contract of hire, express or implied, and whether a resident of this

state or employed or injured within or without the state. This paragraph first applies
on the first day of the first July beginning after the day that on which the secretary
$\underline{\text{commissioner}}$ files the certificate under s. 102.80 (3) (a), except that if the $\underline{\text{secretary}}$
commissioner files the certificate under s. 102.80 (3) (ag) this paragraph does apply
to claims for compensation filed on or after the date specified in that certificate.

*-0610/P3.41*Section 2744. 102.07 (7) (b) of the statutes is amended to read: 102.07 (7) (b) The department office may issue an order under s. 102.31 (1) (b) permitting the county within which a volunteer fire company or fire department organized under ch. 213, a legally organized rescue squad, an ambulance service provider, as defined in s. 256.01 (3), or a legally organized diving team is organized to assume full liability for the compensation provided under this chapter of all volunteer members of that company, department, squad, provider or team.

*-0610/P3.42*Section 2745. 102.07 (8) (c) of the statutes is amended to read: 102.07 (8) (c) The department office may not admit in evidence any state or federal laws, regulations, documents law, regulation, or document granting operating authority, or licenses license when determining whether an independent contractor meets the conditions specified in par. (b) 1. or 3.

*-0610/P3.43*Section 2746. 102.07 (11) of the statutes is amended to read: 102.07 (11) The department office may by rule prescribe classes of volunteer workers who may, at the election of the person for whom the service is being performed, be deemed considered to be employees for the purposes of this chapter. Election shall be by endorsement upon the that person's worker's compensation insurance policy with written notice to the department office. In the case of an employer that is exempt from insuring liability, election shall be by written notice to the department office. The department office shall by rule prescribe the means and

1	manner in which notice of election by the employer is to be provided to the volunteer
2	workers.
3	*-0921/P1.1*Section 2747. 102.07 (12m) of the statutes is renumbered 102.07
4	(12m) (b) and amended to read:
5	102.07 (12m) (b) A student of a public school, as described in s. 115.01 (1), or
6	a private school, as defined in s. 115.001 (3r), or an institution of higher education,
7	while he or she is engaged in performing services as part of a school work training,
8	work experience, or work study program, and who is not on the payroll of an employer
9	that is providing the work training or work experience or who is not otherwise
10	receiving compensation on which a worker's compensation carrier could assess
11	premiums on that employer, is an employee of a school district or, private school, or
12	institution of higher education that elects under s. 102.077 to name the student as
13	its employee.
14	*-0921/P1.2*Section 2748. 102.07 (12m) (a) of the statutes is created to read:
15	102.07 (12m) (a) In this subsection:
16	1. "Institution of higher education" means an institution within the University
17	of Wisconsin System, a technical college, a tribally controlled college controlled by
18	an Indian tribe that has elected under s. 102.05 (2) to become subject to this chapter,
19	a school approved under s. 38.50, or a private, nonprofit institution of higher
20	education located in this state.
21	2. "Private school" has the meaning given in s. 115.001 (3r).
22	3. "Public school" means a school described in s. 115.01 (1).
23	*-0610/P3.44*Section 2749. 102.076 (2) of the statutes is amended to read:
24	102.076 (2) If a corporation has not more than 10 stockholders, not more than

2 officers, and no other employees and is not otherwise required under this chapter

to have a policy of worker's compensation insurance, an officer of that corporation who elects not to be subject to this chapter shall file a notice of that election with the department office on a form approved by the department office. The election is effective until the officer rescinds it the election by notifying the department office in writing.

*-0921/P1.3*Section 2750. 102.077 (1) of the statutes is amended to read:

102.077 (1) A school district or a, private school, as defined in s. 115.001 (3r), or institution of higher education may elect to name as its employee for purposes of this chapter a student described in s. 102.07 (12m) (b) by an endorsement on its policy of worker's compensation insurance or, if the school district or, private school, or institution of higher education is exempt from the duty to insure under s. 102.28 (2) (a), by filing a declaration with the department in the manner provided in s. 102.31 (2) (a) naming the student as an employee of the school district or, private school, or institution of higher education for purposes of this chapter. A declaration under this subsection shall list the name of the student to be covered under this chapter, the name and address of the employer that is providing the work training or work experience for that student, and the title, if any, of the work training, work experience, or work study program in which the student is participating.

*-0610/P3.45*Section 2751. 102.077 (1) of the statutes, as affected by 2015 Wisconsin Act (this act), is amended to read:

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

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

****NOTE: This is reconciled s. 102.077 (1). This Section has been affected by drafts with the following LRB numbers: -0610/P2 and LRB-0921/P1.

*-0921/P1.4*Section 2752. 102.077 (2) of the statutes is amended to read:

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

*-0610/P3.46*SECTION 2753. 102.077 (2) of the statutes, as affected by 2015 Wisconsin Act (this act), is amended to read:

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

****Note: This is reconciled s.102.077 (2). This Section has been affected by drafts with the following LRB numbers: -0610/P2 and LRB-0921/P1.

*-0610/P3.47*Section 2754. 102.08 of the statutes is amended to read:

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

*-0610/P3.48*SECTION 2755. 102.11 (1) (am) 1. of the statutes is amended to read:

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

*-0610/P3.49*Section 2756. 102.12 of the statutes is amended to read:

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

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

*-0610/P3.50*Section 2757. 102.125 of the statutes is amended to read:

102.125 Fraudulent claims reporting and investigation. If an insurer or self-insured employer has evidence that a claim is false or fraudulent in violation of s. 943.395 and if the insurer or self-insured employer is satisfied that reporting the claim to the department office will not impede its ability to defend the claim, the

insurer or self-insured employer shall report the claim to the department office. The department office may require an insurer or self-insured employer to investigate an allegedly false or fraudulent claim and may provide the insurer or self-insured employer with any records of the department office relating to that claim. An insurer or self-insured employer that investigates a claim under this section shall report on the results of that investigation to the department office. If based on the investigation the department office has a reasonable basis to believe that a violation of s. 943.395 has occurred, the department office shall refer the results of the investigation to the district attorney of the county in which the alleged violation occurred for prosecution.

*-0610/P3.51*Section 2758. 102.13 (1) (c) of the statutes is amended to read:

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

*-0610/P3.52*Section 2759. 102.13 (1) (d) 2. of the statutes is amended to read:

102.13 (1) (d) 2. Any physician, chiropractor, psychologist, dentist, physician assistant, advanced practice nurse prescriber, or podiatrist who attended a worker's compensation claimant for any condition or complaint reasonably related to the

condition for which the claimant claims compensation may be required to testify before the department division when the department division so directs.

*-0610/P3.53*SECTION 2760. 102.13 (1) (d) 3. of the statutes is amended to read:

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

*-0610/P3.54*Section 2761. 102.13 (1) (f) of the statutes is amended to read:
102.13 (1) (f) If an employee claims compensation under s. 102.81 (1), the
department office may require the employee to submit to physical or vocational
examinations under this subsection.

*-0610/P3.55*Section 2762. 102.13 (2) (a) of the statutes is amended to read: 102.13 (2) (a) An employee who reports an injury alleged to be work-related or who files an application for hearing waives any physician-patient, psychologist-patient or chiropractor-patient privilege with respect to any condition or complaint reasonably related to the condition for which the employee claims compensation. Notwithstanding ss. 51.30 and 146.82 and any other law, any physician, chiropractor, psychologist, dentist, podiatrist, physician assistant, advanced practice nurse prescriber, hospital, or health care provider shall, within a reasonable time after written request by the employee, employer, worker's compensation insurer, or department office, or division, or its representative, provide

that person with any information or written material reasonably related to any injury for which the employee claims compensation.

*-0610/P3.56*Section 2763. 102.13 (2) (c) of the statutes is amended to read:

102.13 (2) (c) Except as provided in this paragraph, if an injured employee has a period of temporary disability that exceeds 3 weeks or a permanent disability, if the injured employee has undergone surgery to treat his or her injury, other than surgery to correct a hernia, or if the injured employee sustained an eye injury requiring medical treatment on 3 or more occasions off the employer's premises, the department office may by rule require the insurer or self-insured employer to submit to the department office a final report of the employee's treating practitioner. The department office may not require an insurer or self-insured employer to submit to the department office a final report of an employee's treating practitioner when the insurer or self-insured employer denies the employee's claim for compensation and the employee does not contest that denial. A treating practitioner may charge a reasonable fee for the completion of the final report, but may not require prepayment of that fee. An insurer or self-insured employer that disputes the reasonableness of a fee charged for the completion of a treatment practitioner's final report may submit that dispute to the department office for resolution under s. 102.16 (2).

*-0610/P3.57*Section 2764. 102.13 (3) of the statutes is amended to read:

102.13 (3) If 2 or more physicians, chiropractors, psychologists, dentists or podiatrists disagree as to the extent of an injured employee's temporary disability, the end of an employee's healing period, an employee's ability to return to work at suitable available employment, or the necessity for further treatment or for a particular type of treatment, the department division may appoint another physician, chiropractor, psychologist, dentist or podiatrist to examine the employee

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

and render an opinion as soon as possible. The department division shall promptly notify the parties of this appointment. If the employee has not returned to work, payment for temporary disability shall continue until the department division receives the opinion. The employer or its insurance carrier or both shall pay for the examination and opinion. The employer or insurance carrier or both shall receive appropriate credit for any overpayment to the employee determined by the department division after receipt of the opinion.

*-0610/P3.58*Section 2765. 102.13 (4) of the statutes is amended to read:

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

*-0610/P3.59*Section 2766. 102.13 (5) of the statutes is amended to read:

102.13 (5) The department division may refuse to receive testimony as to
conditions determined from an autopsy if it appears that the party offering the
testimony had procured the autopsy and had failed to make reasonable effort to
notify at least one party in adverse interest or the department division at least 12
hours before the autopsy of the time and place it at which the autopsy would be
performed, or that the autopsy was performed by or at the direction of the coroner
or medical examiner or at the direction of the district attorney for purposes not
authorized by <u>under</u> ch. 979. The <u>department division</u> may withhold findings until
an autopsy is held in accordance with its directions.

*-0610/P3.60*Section 2767. 102.14 (title) of the statutes is amended to read:

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

*-0610/P3.61*Section 2768. 102.14 (1) of the statutes is amended to read:

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

*-0610/P3.62*Section 2769. 102.14 (2) of the statutes is amended to read:

102.14 (2) The council on worker's compensation shall advise the department office in carrying out the purposes of this chapter. Such council, shall submit its recommendations with respect to amendments to this chapter to each regular session of the legislature, and shall report its views upon any pending bill relating to this chapter to the proper legislative committee. At the request of the chairpersons of the senate and assembly committees on labor, the department office shall schedule a meeting of the council with the members of the senate and assembly committees on labor to review and discuss matters of legislative concern arising under this chapter.

*-0610/P3.63*Section 2770. 102.15 (1) of the statutes is amended to read:

102.15 (1) S	Subject to this chapt	er, the department	division may	adopt its own
rules of procedure	e and may change t	he same from time	to time.	

*-0610/P3.64*Section 2771. 102.15 (2) of the statutes is amended to read:

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

*-0610/P3.65*Section 2772. 102.15 (3) of the statutes is amended to read:

down by a stenographic reporter, except that in case of an emergency, as determined by recorded by electronic means. That testimony need not be transcribed, unless the examiner conducting the hearing, testimony may be recorded by a recording machine orders otherwise. The division shall furnish a copy of an electronic recording made under this subsection or a transcript ordered under this subsection to the parties upon payment of any fee required by the division by rule.

*-0610/P3.66*Section 2773. 102.16 (1) of the statutes is amended to read:

102.16 (1) Any controversy concerning compensation or a violation of sub. (3), including controversies a controversy in which the state may be a party, shall be submitted to the department division in the manner and with the effect provided in this chapter. Every compromise of any claim for compensation may be reviewed and set aside, modified or confirmed by the department within Within one year from after the date the on which a compromise of any claim for compensation is filed with the department, or from division or the date on which an award has been entered, based thereon, or the department may take that action based on a compromise, the division, on its own motion or upon application made within one year that period, may review and set aside, modify, or confirm the compromise. Unless the word

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

"compromise" appears in a stipulation of settlement, the settlement shall not be deemed considered a compromise, and further claim is not barred except as provided in s. 102.17 (4) regardless of whether an award is made. The employer, insurer, or dependent under s. 102.51 (5) shall have equal rights with the employee to have review of a compromise or any other stipulation of settlement reviewed under this subsection. Upon petition filed with the department division, the department division may set aside the award or otherwise determine the rights of the parties.

*-0610/P3.67*SECTION 2774. 102.16 (1m) (a) of the statutes is amended to read:

102.16 (1m) (a) If an insurer or self-insured employer concedes by compromise under sub. (1) or stipulation under s. 102.18 (1) (a) that the insurer or self-insured employer is liable under this chapter for any health services provided to an injured employee by a health service provider, but disputes the reasonableness of the fee charged by the health service provider, the department division may include in its order confirming the compromise or stipulation a determination made by the office under sub. (2) as to the reasonableness of the fee or the department, if such a determination has not yet been made, the division may notify, or direct the insurer or self-insured employer to notify, the health service provider under sub. (2) (b) that the reasonableness of the fee is in dispute. The department shall deny payment of a health service fee that the department determines under this paragraph to be unreasonable. A health service provider and an insurer or self-insured employer that are parties to a fee dispute under this paragraph are bound by the department's determination under this paragraph on the reasonableness of the disputed fee, unless that determination is set aside, reversed, or modified by the department under sub. (2) (f) or is set aside on judicial review as provided in sub. (2) (f).

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

*-0610/P3.68*SECTION 2775. 102.16 (1m) (b) of the statutes is amended to read:

102.16 (1m) (b) If an insurer or self-insured employer concedes by compromise under sub. (1) or stipulation under s. 102.18 (1) (a) that the insurer or self-insured employer is liable under this chapter for any treatment provided to an injured employee by a health service provider, but disputes the necessity of the treatment, the department division may include in its order confirming the compromise or stipulation a determination made by the office under sub. (2m) as to the necessity of the treatment or the department, if such a determination has not yet been made, the division may notify, or direct the insurer or self-insured employer to notify, the health service provider under sub. (2m) (b) that the necessity of the treatment is in Before determining under this paragraph the necessity of treatment provided to an injured employee, the department may, but is not required to, obtain the opinion of an expert selected by the department who is qualified as provided in sub. (2m) (c). The standards promulgated under sub. (2m) (g) shall be applied by an expert and by the department in rendering an opinion as to, and in determining, necessity of treatment under this paragraph. In cases in which no standards promulgated under sub. (2m) (g) apply, the department shall find the facts regarding necessity of treatment. The department shall deny payment for any treatment that the department determines under this paragraph to be unnecessary. A health service provider and an insurer or self-insured employer that are parties to a dispute under this paragraph over the necessity of treatment are bound by the department's determination under this paragraph on the necessity of the disputed treatment, unless that determination is set aside, reversed, or modified by the department under sub. (2m) (e) or is set aside on judicial review as provided in sub. (2m) (e).

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

*-0610/P3.69*Section 2776. 102.16 (1m) (c) of the statutes is amended to read:

102.16 (1m) (c) If an insurer or self-insured employer concedes by compromise under sub. (1) or stipulation under s. 102.18 (1) (a) that the insurer or self-insured employer is liable under this chapter for the cost of a prescription drug dispensed under s. 102.425 (2) for outpatient use by an injured employee, but disputes the reasonableness of the amount charged for the prescription drug, the department division may include in its order confirming the compromise or stipulation a determination made by the office under s. 102,425 (4m) as to the reasonableness of the prescription drug charge or the department, if such a determination has not yet been made, the division may notify, or direct the insurer or self-insured employer to notify, the pharmacist or practitioner dispensing the prescription drug under s. 102.425 (4m) (b) that the reasonableness of the prescription drug charge is in dispute. The department shall deny payment of a prescription drug charge that the department determines under this paragraph to be unreasonable. A pharmacist or practitioner and an insurer or self-insured employer that are parties to a dispute under this paragraph over the reasonableness of a prescription drug charge are bound by the department's determination under this paragraph on the reasonableness of the disputed prescription drug charge, unless that determination is set aside, reversed, or modified by the department under s. 102.425 (4m) (e) or is set aside on judicial review as provided in s. 102.425 (4m) (e).

*-0610/P3.70*Section 2777. 102.16 (2) (a) of the statutes is amended to read:

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

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

*-0610/P3.71*Section 2778. 102.16 (2) (am) of the statutes is amended to read:

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

*-0610/P3.72*Section 2779. 102.16 (2) (b) of the statutes is amended to read: 102.16 (2) (b) An insurer or self-insured employer that disputes the reasonableness of a fee charged by a health service provider or the department office under sub. (1m) (a) or s. 102.18 (1) (bg) 1. shall provide reasonable written notice to the health service provider that the fee is being disputed. After receiving reasonable written notice under this paragraph or under sub. (1m) (a) or s. 102.18 (1) (bg) 1. that a health service fee is being disputed, a health service provider may not collect the

 $\mathbf{2}$

disputed fee from, or bring an action for collection of the disputed fee against, the employee who received the services for which the fee was charged.

*-0610/P3.73*Section 2780. 102.16 (2) (c) of the statutes is amended to read:

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

*-0610/P3.74*Section 2781. 102.16 (2) (d) of the statutes is amended to read:

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

17.

if the disputed fee is above the mean fee for the health service procedure for which
the disputed fee was charged, plus 1.2 standard deviations from that mean, as shown
by data from a database that is certified by the department office under par. (h),
unless the health service provider proves to the satisfaction of the department office
that a higher fee is justified because the service provided in the disputed case was
more difficult or more complicated to provide than in the usual case.
*-0610/P3.75*Section 2782. 102.16 (2) (e) 1. of the statutes is amended to
read:
102.16 (2) (e) 1. Subject to subd. 2., if an insurer or self-insured employer that
disputes the reasonableness of a fee charged by a health service provider cannot
provide information on fees charged by other health service providers for comparable
services because the database to which the insurer or self-insured employer
subscribes is not able to provide accurate information for the health service
procedure at issue, the department office may use any other information that the
department office considers to be reliable and relevant to the disputed fee to
determine the reasonableness of the disputed fee.
*-0610/P3.76*Section 2783. 102.16 (2) (e) 2. of the statutes is amended to
read:
102.16 (2) (e) 2. Notwithstanding subd. 1., the department office may use only
a hospital radiology database that has been certified by the department office under
par. (h) to determine the reasonableness of a hospital fee for radiology services.
*-0610/P3.77*Section 2784. 102.16 (2) (f) of the statutes is amended to read:
102.16 (2) (f) Within 30 days after a determination under this subsection, the
department office may set aside, reverse, or modify the determination for any reason

that the department office considers sufficient. Within 60 days after a determination

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

*-0610/P3.78*Section 2785. 102.16 (2) (h) of the statutes is amended to read: 102.16 (2) (h) The department office shall promulgate rules establishing procedures and requirements for the fee dispute resolution process under this subsection, including rules specifying the standards that health service fee databases must meet for certification under this paragraph. Using those standards, the department office shall certify databases of the health service fees that various health service providers charge. In certifying databases under this paragraph, the department office shall certify at least one database of hospital fees for radiology services, including diagnostic and interventional radiology, diagnostic ultrasound, and nuclear medicine.

*-0610/P3.79*SECTION 2786. 102.16 (2m) (a) of the statutes is amended to read:

102.16 (2m) (a) Except as provided in this paragraph, the department office has jurisdiction under this subsection, sub. (1m) (b), and s. 102.17 to resolve a dispute between a health service provider and an insurer or self-insured employer over the necessity of treatment provided for an injured employee who claims benefits under this chapter. A health service provider may not submit a dispute over necessity of treatment to the department office under this subsection before all treatment by the health service provider of the employee's injury has ended if the amount in controversy, whether based on a single charge or a combination of charges for one or

more days of service, is less than \$25. After all treatment by a health service provider
of an employee's injury has ended, the health service provider may submit any
dispute over necessity of treatment to the department office, regardless of the
amount in controversy. The department office shall deny payment for any treatment
that the department office determines under this subsection to be unnecessary.

*-0610/P3.80*Section 2787. 102.16 (2m) (am) of the statutes is amended to read:

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

*-0610/P3.81*Section 2788. 102.16 (2m) (b) of the statutes is amended to read:

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

*-0610/P3.82*SECTION 2789. 102.16 (2m) (c) of the statutes is amended to read:

 $\mathbf{2}$

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

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

*-0610/P3.83*SECTION 2790. 102.16 (2m) (d) of the statutes is amended to read:

102.16 (2m) (d) The department office may charge a party to a dispute over the necessity of treatment provided for an injured employee who claims benefits under this chapter for the full cost of obtaining the written opinion of the expert under par. (c). The department office shall charge the insurer or self-insured employer for the full cost of obtaining the written opinion of the expert for the first dispute that a particular individual health service provider is involved in, unless the department

office determines that the individual health service provider's position in the dispute
is frivolous or based on fraudulent representations. In a subsequent dispute
involving the same individual health service provider, the $\frac{department}{department}$ office shall
charge the losing party to the dispute for the full cost of obtaining the written opinion
of the expert.

*-0610/P3.84*SECTION 2791. 102.16 (2m) (e) of the statutes is amended to read:

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

*-0610/P3.85*Section 2792. 102.16 (2m) (f) of the statutes is amended to read:

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

*-0610/P3.86*Section 2793. 102.16 (2m) (g) of the statutes is amended to read:

SECTION	2793	

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

*-0610/P3.87*Section 2794. 102.16 (4) of the statutes is amended to read:

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

*-0610/P3.88*SECTION 2795. 102.17 (1) (a) 1. of the statutes is amended to read:

102.17 (1) (a) 1. Upon the filing with the department division by any party in interest of any application in writing stating the general nature of any claim as to which any dispute or controversy may have arisen, the department division shall electronically deliver or mail a copy of the application to all other parties in interest,

and the insurance carrier shall be considered a party in interest. The department division may bring in additional parties by service of a copy of the application.

*-0610/P3.89*SECTION 2796. 102.17 (1) (a) 2. of the statutes is amended to read:

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

****Note: This is reconciled s.102.17 (1) (a) 2. This Section has been affected by drafts with the following LRB numbers: -0610/P2 and LRB-0807/P5.

*-0610/P3.90*Section 2797. 102.17 (1) (a) 3. of the statutes is amended to read:

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

*-0610/P3.91*SECTION 2798. 102.17 (1) (a) 4. of the statutes is amended to read:

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

*-0610/P3.92*Section 2799. 102.17 (1) (b) of the statutes is amended to read:

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

to the information or written material. The department division shall provide each party with a copy of any order issued under this paragraph.

*-0610/P3.93*SECTION 2800. 102.17 (1) (c) of the statutes is renumbered 102.17 (1) (c) 1. and amended to read:

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

2. Any license <u>issued under subd. 1.</u> may be suspended or revoked by the department <u>office</u> for fraud or serious misconduct on the part of an agent, <u>any license</u> may be denied, suspended, nonrenewed, or otherwise withheld by the department office for failure to pay court-ordered payments as provided in par. (cm) on the part of an agent, and any license may be denied or revoked if the department of revenue certifies under s. 73.0301 that the applicant or licensee is liable for delinquent taxes or if the department <u>of workforce development</u> determines under par. (ct) s. 108.227

that the applicant or licensee is liable for delinquent unemployment insurance
contributions. Before suspending or revoking the license of the agent on the grounds
of fraud or misconduct, the department office shall give notice in writing to the agent
of the charges of fraud or misconduct and shall give the agent full opportunity to be
heard in relation to those charges. In denying, suspending, restricting, refusing to
renew, or otherwise withholding a license for failure to pay court-ordered payments
as provided in par. (cm), the department office shall follow the procedure provided
in a memorandum of understanding entered into under s. 49.857. The license and
certificate of authority shall, unless

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

*-0610/P3.94*SECTION 2801. 102.17 (1) (cg) 1. of the statutes is amended to read:

102.17 (1) (cg) 1. Except as provided in subd. 2m., the department office shall require each applicant for a license under par. (c) who is an individual to provide the department office with the applicant's social security number, and shall require each applicant for a license under par. (c) who is not an individual to provide the department office with the applicant's federal employer identification number, when initially applying for or applying to renew the license.

*-0610/P3.95*SECTION 2802. 102.17 (1) (cg) 2. of the statutes is amended to read:

102.17 (1) (cg) 2. If an applicant who is an individual fails to provide the applicant's social security number to the department office or if an applicant who is

not an individual fails to provide the applicant's federal employer identification
number to the department office, the department office may not issue or renew a
license under par. (c) to or for the applicant unless the applicant is an individual who
does not have a social security number and the applicant submits a statement made
or subscribed under oath or affirmation as required under subd. 2m.
*-0610/P3.96*Section 2803. 102.17 (1) (cg) 2m. of the statutes is amended to
read:
102.17 (1) (cg) 2m. If an applicant who is an individual does not have a social
security number, the applicant shall submit a statement made or subscribed under
oath or affirmation to the department office that the applicant does not have a social
security number. The form of the statement shall be prescribed by the department
office. A license issued in reliance upon a false statement submitted under this
subdivision is invalid.
*-0610/P3.97*Section 2804. 102.17 (1) (cg) 3. of the statutes is amended to
read:
102.17 (1) (cg) 3. The department of workforce development office may not
disclose any information received under subd. 1. to any person except to the
department of revenue for the sole purpose of requesting certifications under s.
73.0301, the department of workforce development for the sole purpose of requesting
certifications under s. 108.227, or the department of children and families for
purposes of administering s. 49.22.
*-0610/P3.98*Section 2805. 102.17 (1) (cm) of the statutes is amended to
read:
102.17 (1) (cm) The department of workforce development office shall deny,

suspend, restrict, refuse to renew, or otherwise withhold a license under par. (c) for

failure of the applicant or agent to pay court-ordered payments of child or family support, maintenance, birth expenses, medical expenses, or other expenses related to the support of a child or former spouse or for failure of the applicant or agent to comply, after appropriate notice, with a subpoena or warrant issued by the department of children and families or a county child support agency under s. 59.53 (5) and related to paternity or child support proceedings, as provided in a memorandum of understanding entered into under s. 49.857. Notwithstanding par. (c), an action taken under this paragraph is subject to review only as provided in the memorandum of understanding entered into under s. 49.857 and not as provided in ch. 227.

*-0610/P3.99*Section 2806. 102.17 (1) (cr) of the statutes is amended to read:

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

*-0610/P3.100*Section 2807. 102.17 (1) (ct) of the statutes is repealed and recreated to read:

102.17 (1) (ct) The office shall deny an application for the issuance or renewal of a license under par. (c), or revoke such a license already issued, if the department of workforce development certifies under s. 108.227 that the applicant or licensee is liable for delinquent unemployment insurance contributions. Notwithstanding par. (c), an action taken under this paragraph is subject to review only as provided under s. 108.227 (5) and not as provided in ch. 227.

 $\mathbf{2}$

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

*-0610/P3.101*SECTION 2808. 102.17 (1) (d) 1. of the statutes is amended to read:

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

*-0610/P3.102*Section 2809. 102.17 (1) (d) 2. of the statutes is amended to read:

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

*-0610/P3.103*Section 2810. 102.17 (1) (d) 3. of the statutes is amended to read:

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

*-0610/P3.104*Section 2811. 102.17 (1) (d) 4. of the statutes is amended to read:

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

*-0610/P3.105*Section 2812. 102.17 (1) (e) of the statutes is amended to read:

102.17 (1) (e) The department division may, with or without notice to any party,				
cause testimony to be taken, an inspection of the premises where the injury occurred				
to be made, or the time books and payrolls of the employer to be examined by any				
examiner, and may direct any employee claiming compensation to be examined by				
a physician, chiropractor, psychologist, dentist, or podiatrist. The testimony so				
taken, and the results of any such inspection or examination, shall be reported to the				
department division for its consideration upon final hearing. All ex parte testimony				
taken by the department division shall be reduced to writing, and any party shall				
have opportunity to rebut that testimony on final hearing.				
*-0610/P3.106*Section 2813. 102.17 (1) (f) of the statutes is amended to read:				

- 102.17 (1) (f) Sections 804.05 and 804.07 shall not apply to proceedings under this chapter, except as to a witness who is any of the following:
 - 1. Who is beyond Beyond reach of the subpoena of the department; or division.
- 2. Who is about About to go out of the state, not intending to return in time for the hearing; or hearing.
- 3. Who is so So sick, infirm, or aged as to make it probable that the witness will not be able to attend the hearing; or hearing.
- 4. Who is a A member of the legislature, if any committee of the same or legislature or of the house of which the witness is a member, is in session, provided and the witness waives his or her privilege.
- *-0610/P3.107*Section 2814. 102.17 (1) (g) of the statutes is amended to read: 102.17 (1) (g) Whenever the testimony presented at any hearing indicates a dispute or creates a doubt as to the extent or cause of disability or death, the department division may direct that the injured employee be examined, that an autopsy be performed, or that an opinion be obtained without examination or

autopsy, by or from an impartial, competent physician, chiropractor, dentist, psychologist or podiatrist designated by the department division who is not under contract with or regularly employed by a compensation insurance carrier or self-insured employer. The expense of the examination, autopsy, or opinion shall be paid by the employer or, if the employee claims compensation under s. 102.81, from the uninsured employers fund. The report of the examination, autopsy, or opinion shall be transmitted in writing to the department division and a copy of the report shall be furnished by the department division to each party, who shall have an opportunity to rebut such the report on further hearing.

*-0610/P3.108*Section 2815. 102.17 (1) (h) of the statutes is amended to read:

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

*-0610/P3.109*Section 2816. 102.17 (2) of the statutes is amended to read:

102.17 (2) If the department shall have division has reason to believe that the payment of compensation has not been made, it the division may on its own motion give notice to the parties, in the manner provided for the service of an application, of a time and place when a hearing will be held for the purpose of determining the facts. Such The notice shall contain a statement of the matter to be considered. Thereafter all other All provisions of this chapter governing proceedings on an

application shall attach apply, insofar as the same may be applicable, to a proceeding under this subsection. When the department division schedules a hearing on its own motion, the department division does not become a party in interest and is not required to appear at the hearing.

*-0610/P3.110*Section 2817. 102.17 (2m) of the statutes is amended to read: 102.17 (2m) Any The division or any party, including the department office, may require any person to produce books, papers, and records at the hearing by personal service of a subpoena upon the person along with a tender of witness fees as provided in ss. 814.67 and 885.06. Except as provided in sub. (2s), the subpoena shall be on a form provided by the department division and shall give the name and address of the party requesting the subpoena.

*-0610/P3.111*Section 2818. 102.17 (2s) of the statutes is amended to read: 102.17 (2s) A party's attorney of record may issue a subpoena to compel the attendance of a witness or the production of evidence. A subpoena issued by an attorney must be in substantially the same form as provided in s. 805.07 (4) and must be served in the manner provided in s. 805.07 (5). The attorney shall, at the time of issuance, send a copy of the subpoena to the appeal tribunal hearing examiner or other representative of the department division responsible for conducting the proceeding.

*-0610/P3.112*Section 2819. 102.17 (7) (b) of the statutes is amended to read:
102.17 (7) (b) Except as provided in par. (c), the department division shall exclude from evidence testimony or certified reports from expert witnesses under par. (a) offered by the party that raises the issue of loss of earning capacity if that party failed to notify the department division and the other parties of interest, at

least 60 days before the date of the hearing, of the party's intent to provide the

testimony or reports and of the names of the expert witnesses involved. Except as provided in par. (c), the department division shall exclude from evidence testimony or certified reports from expert witnesses under par. (a) offered by a party of interest in response to the party that raises the issue of loss of earning capacity if the responding party failed to notify the department division and the other parties of interest, at least 45 days before the date of the hearing, of the party's intent to provide the testimony or reports and of the names of the expert witnesses involved.

*-0610/P3.113*SECTION 2820. 102.17 (7) (c) of the statutes is amended to read: 102.17 (7) (c) Notwithstanding the notice deadlines provided in par. (b), the department division may receive in evidence testimony or certified reports from expert witnesses under par. (a) when the applicable notice deadline under par. (b) is not met if good cause is shown for the delay in providing the notice required under par. (b) and if no party is prejudiced by the delay.

*-0610/P3.114*Section 2821. 102.17 (8) of the statutes is amended to read:

102.17 (8) Unless otherwise agreed to by all parties, an injured employee shall file with the department division and serve on all parties at least 15 days before the date of the hearing an itemized statement of all medical expenses and incidental compensation under s. 102.42 claimed by the injured employee. The itemized statement shall include, if applicable, information relating to any travel expenses incurred by the injured employee in obtaining treatment including the injured employee's destination, number of trips, round trip mileage, and meal and lodging expenses. The department division may not admit into evidence any information relating to medical expenses and incidental compensation under s. 102.42 claimed by an injured employee if the injured employee failed to file with the department division and serve on all parties at least 15 days before the date of the hearing an

itemized statement of the medical expenses and incidental compensation under s. 102.42 claimed by the injured employee, unless the department division is satisfied that there is good cause for the failure to file and serve the itemized statement.

*-0610/P3.115*Section 2822. 102.175 (2) of the statutes is amended to read: 102.175 (2) If after a hearing or a prehearing conference the department division determines that an injured employee is entitled to compensation but that there remains in dispute only the issue of which of 2 or more parties is liable for that compensation, the department division may order one or more parties to pay compensation in an amount, time, and manner as determined by the department division. If the department division later determines that another party is liable for compensation, the department division shall order that other party to reimburse any party that was ordered to pay compensation under this subsection.

*-0610/P3.116*Section 2823. 102.18 (1) (b) of the statutes is amended to read: 102.18 (1) (b) Within 90 days after the final hearing and close of the record, the department division shall make and file its findings upon the ultimate facts involved in the controversy, and its order, which shall state its the division's determination as to the rights of the parties. Pending the final determination of any controversy before it, the department may in its discretion division, after any hearing, may, in its discretion, make interlocutory findings, orders, and awards, which may be enforced in the same manner as final awards. The department division may include in any interlocutory or final award or order an order directing the employer or insurer to pay for any future treatment that may be necessary to cure and relieve the employee from the effects of the injury. If the department division finds that the employer or insurer has not paid any amount that the employer or insurer was directed to pay in any interlocutory order or award and that the nonpayment was not in good faith, the

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

department division may include in its final award a penalty not exceeding 25% 25 percent of each amount that was not paid as directed. When there is a finding that the employee is in fact suffering from an occupational disease caused by the employment of the employer against whom the application is filed, a final award dismissing the application upon the ground that the applicant has suffered no disability from the disease shall not bar any claim the employee may thereafter have for disability sustained after the date of the award.

*-0610/P3.117*SECTION 2824. 102.18 (1) (bg) 1. of the statutes is amended to read:

102.18 (1) (bg) 1. If the department division finds under par. (b) that an insurer or self-insured employer is liable under this chapter for any health services provided to an injured employee by a health service provider, but that the reasonableness of the fee charged by the health service provider is in dispute, the department division may include in its order under par. (b) a determination made by the office under s. 102.16 (2) as to the reasonableness of the fee or the department, if such a determination has not yet been made, the division may notify, or direct the insurer or self-insured employer to notify, the health service provider under s. 102.16(2)(b) that the reasonableness of the fee is in dispute. The department shall deny payment of a health service fee that the department determines under this subdivision to be unreasonable. An insurer or self-insured employer and a health service provider that are parties to a fee dispute under this subdivision are bound by the department's determination under this subdivision on the reasonableness of the disputed fee, unless that determination is set aside, reversed, or modified by the department under sub. (3) or by the commission under sub. (3) or (4) or is set aside on judicial review under s. 102.23.

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

*-0610/P3.118*SECTION 2825. 102.18 (1) (bg) 2. of the statutes is amended to read:

102.18 (1) (bg) 2. If the department division finds under par. (b) that an employer or insurance carrier is liable under this chapter for any treatment provided to an injured employee by a health service provider, but that the necessity of the treatment is in dispute, the department division may include in its order under par. (b) a determination made by the office under s. 102.16 (2m) as to the necessity of the treatment or the department, if such a determination has not yet been made, the division may notify, or direct the employer or insurance carrier to notify, the health service provider under s. 102.16 (2m) (b) that the necessity of the treatment is in dispute. Before determining under this subdivision the necessity of treatment provided to an injured employee, the department may, but is not required to, obtain the opinion of an expert selected by the department who is qualified as provided in s. 102.16 (2m) (c). The standards promulgated under s. 102.16 (2m) (g) shall be applied by an expert in rendering an opinion as to, and in determining, necessity of treatment under this subdivision. In cases in which no standards promulgated under s. 102.16 (2m) (g) apply, the department shall find the facts regarding necessity of treatment. The department shall deny payment for any treatment that the department determines under this subdivision to be unnecessary. An insurer or self-insured employer and a health service provider that are parties to a dispute under this subdivision over the necessity of treatment are bound by the department's determination under this subdivision on the necessity of the disputed treatment. unless that determination is set aside, reversed, or modified by the department division under sub. (3) or by the commission under sub. (3) or (4) or is set aside on judicial review under s. 102.23.

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

*-0610/P3.119*Section 2826.	102.18 (1) (bg) 3.	of the statutes is	amended to
read:			

102.18 (1) (bg) 3. If the department division finds under par. (b) that an insurer or self-insured employer is liable under this chapter for the cost of a prescription drug dispensed under s. 102.425 (2) for outpatient use by an injured employee, but that the reasonableness of the amount charged for that prescription drug is in dispute, the department division may include in its order under par. (b) a determination made by the office under s. 102.425 (4m) as to the reasonableness of the prescription drug charge or the department, if such a determination has not vet been made, the division may notify, or direct the insurer or self-insured employer to notify, the pharmacist or practitioner dispensing the prescription drug under s. 102.425 (4m) (b) that the reasonableness of the prescription drug charge is in dispute. The department shall deny payment of a prescription drug charge that the department determines under this subdivision to be unreasonable. An insurer or self-insured employer and a pharmacist or practitioner that are parties to a dispute under this subdivision over the reasonableness of a prescription drug charge are bound by the department's determination under par. (b) on the reasonableness of the disputed prescription drug charge, unless that determination is set aside, reversed, or modified by the department under sub. (3) or by the commission under sub. (3) or (4) or is set aside on judicial review under s. 102.23.

*-0610/P3.120*Section 2827. 102.18 (1) (bp) of the statutes is amended to read:

102.18 (1) (bp) If the department division determines that the employer or insurance carrier suspended, terminated, or failed to make payments or failed to report an injury as a result of malice or bad faith, the department division may