

	Statute/Rule	Topic	Proposal	Source	Date
1.	102.425	Physician Drug Dispensing	<p>1. Require physician dispensing reimbursements to be based on the original manufacturer's NDC number.</p> <p>2. Restrict health care providers from dispensing medications seven (7) days postdate of injury.</p>	Joe Paduda, President, CompPharma	Letter 11/18/14
2.	<p>1. 102.17 (4)</p> <p>2. DWD 80.32</p> <p>3. No Current Statute/Rule</p> <p>4. DWD ch.81</p> <p>5. No Current Statute/Rule</p>	<p>1. Statute of Limitations</p> <p>2. Minimum PPD Ratings</p> <p>3. Medical Fee Schedule</p> <p>4. Treatment Parameters</p> <p>5. Benchmark Medical Reimbursement</p>	<p>1. The current statute of limitations is too long and should be shortened.</p> <p>2. The minimum ratings for PPD have been in effect for at least 20 years and should be revised.</p> <p>3. A medical fee schedule should be established.</p> <p>4. More enforceable treatment parameters should be established.</p> <p>5. Benchmark reimbursement rates for worker's compensation medical treatment with group health rates.</p>	Tom Schneck, Risk Mgr., American Food Group	WCAC Public Hearing 12/11/14
3.	<p>1. 102.42</p> <p>2. Ch. 626</p>	<p>1. Direct Medical Care</p> <p>2. WC Insurance Premiums</p>	<p>1. Employers should be able to direct employees to obtain treatment from specific health care providers.</p> <p>2. Premium rates for worker's compensation insurance should be reviewed because they have gone up over time and are high.</p>	Troy Brown, Kretz Lumber Company	WCAC Public Hearing 12/11/14

4.	102.44	Supplemental Benefits	The supplemental benefit rate should be regularly increased on a six (6) year lag based on a previous proposal to increase supplemental benefit rates.	Patricia Grillot	WCAC Public Hearing 12/11/14
5.	102.17	Scheduling Hearings	It should not take as much time to have hearings with administrative law judges (ALJs) in worker's compensation cases.	Steve Gard	WCAC Public Hearing 12/11/14
6.	102.42	Medical Cost	There should be a fair pricing structure for medical expense in worker's compensation cases.	Scott A. Mayer, President & CEO, QPS Employment Group	WCAC Public Hearing 12/11/14
7.	No current Statute/Rule	Prevention of Injuries	There should be more focus on prevention of work-related injuries and help for employers with safety training.	Lynn Steffes, Wisconsin Physical Therapy Association	WCAC Public Hearing 12/11/14
8.	1. 102.17 (4) 2.102.52 & DWD 80.32	1. Statute of Limitations 2. PPD Ratings	1. The 12 year statute of limitations is too long and should be shortened. 2. The current PPD ratings need to be revised to conform with modern medicine.	Mike Tomsyck, Kolbe & Kolbe Millwork Co. Inc.	WCAC Public Hearing 12/11/14

9.	<p>1. No Current Statute/Rule</p> <p>2.102.16 (2m) (g) & DWD Ch. 81</p> <p>3. 102.17 (4)</p> <p>4.DWD 80.32</p> <p>5. 102.44</p> <p>6.102.425</p> <p>7. 102.13 (2)(c)</p> <p>8. 102.13 (2)(c)</p> <p>9. No Current Statute/Rule</p> <p>10.102.03 (1) (c) 3</p> <p>11.102.47 (1)</p> <p>12. 102.58</p>	<p>1. Benchmark Medical Reimbursement</p> <p>2. Treatment Parameters</p> <p>3. Statute of Limitations</p> <p>4. Minimum Permanent Partial Disability (PPD) Ratings</p> <p>5. Permanent Total Disability</p> <p>6. Physician Drug Dispensing</p> <p>7. Final Medical Report</p> <p>8. Final Medical Report</p> <p>9. Certification of Readiness</p> <p>10. Employee Well Being Program</p> <p>11. Death Benefits</p> <p>12. Decreased Compensation</p>	<p>1. Establish a system to benchmark medical reimbursement rates to group health rates to bring medical costs in line with other Midwest states.</p> <p>2. Create enforceable treatment parameters to work along with reimbursement rates.</p> <p>3. Reduce the statute of limitations from 12 years to 3 years.</p> <p>4. Eliminate the minimum PPD ratings from the Wisconsin Administrative Code due to improvements in medical technology and outcomes. There should not be payment for permanent disability if there is no medically measurable permanent impairment.</p> <p>5. Cap compensation for permanent total disability (PTD) benefits at full social security retirement age.</p> <p>6. Eliminate or control a physician's ability to dispense pre-packaged medications.</p> <p>7. Establish limits on the amount providers can charge for final medical reports.</p> <p>8. Require final medical reports after 8 weeks of disability instead of 3 weeks.</p> <p>9. Eliminate the Certification of Readiness (COR) process.</p> <p>10. Eliminate the ability for an exempt salaried employee to file a worker's compensation claim for an injury that occurred while voluntarily using a company fitness center.</p> <p>11. End the automatic payment of death benefits in permanent total disability claims where the cause of death is unrelated to the injury.</p> <p>12. Allow a reduction of indemnity benefits up to 50% when the employee violates any federal or state law at time of injury.</p>	Jonathan Van Eyck, Wisconsin Employers for Equitable Worker's Compensation	WCAC Public Hearing 12/11/14
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10.	<p>1.No Current Statute/Rule</p> <p>2. 102.12</p> <p>3. No Current Statute/Rule</p> <p>4. No Current Statute/Rule</p> <p>5.Ch. 626</p> <p>6. No Current Statute/Rule</p> <p>7. 102.16 (2)</p> <p>8. 102.16 (2)</p> <p>9. No Current Statute/Rule</p> <p>10. No Current Statute/ Rule</p>	<p>1. Timely Medical Payments</p> <p>2. Time Limit to Make WC Claim</p> <p>3. Acceptance of Claim</p> <p>4. Workplace Safety</p> <p>5. Experience Rating</p> <p>6.Administrative Fees & Profit</p> <p>7. Database Audit</p> <p>8. Certified Database</p> <p>9.DoctorTraining /Certification</p> <p>10. Workplace Safety</p>	<p>1.Timely payments to providers should be made in all clean claims and include worker's compensation to the current 30 day payment statute in s. 628.46, Stats.</p> <p>2. Shorten the window of time for an injured employee to make a worker's compensation claim (currently 30 days for acute injuries and 2 years for repetitive injuries).</p> <p>3. Require insurance companies to determine work-related liability within 30 days.</p> <p>4. Best safety practices on the part of businesses/employers.</p> <p>5. Financial penalties/increased insurance rates for employers with outlier frequency of worker's compensation cases.</p> <p>6. Cap or limit administrative fees and profit charged by worker's compensation insurers.</p> <p>7. Perform audit of certified databases.</p> <p>8. Allow only one certified database.</p> <p>9. Require training/certification for doctors who assess permanent partial disability.</p> <p>10. Prevent Injuries.</p>	Dr. Jeffrey M. Wilder, Wisconsin Chiropractic Association	WCAC Public Hearing 12/11/14
11.	<p>1.102.42</p> <p>2.No Current Statute/Rule</p>	<p>1.Medical Expense</p> <p>2.Efficiency</p>	<p>1. Need to address high costs for health care services.</p> <p>2. The process should run more smoothly with less paper work.</p>	Pete Aisbet, Integrated Risk Solutions	WCAC Public Hearing 12/11/14

12.	Ch. 102 and DWD 80 & 81		Wisconsin's worker's compensation system has it right with best outcomes, no access to care problems and faster return to work. No law changes are needed.	Kimberly Rowland, One Call Care Management	WCAC Public Hearing 12/11/14
13.	1. No Current Statute/Rule 2. No Current Statute/Rule	1. Timely Medical Payments 2. Stakeholder cooperation	1. Payments to health care providers should be made faster. 2. Cooperation between stakeholders should be encouraged. Additional proposals may be submitted in the future.	Victoria Strobel, Marshfield Clinic	WCAC Public Hearing 12/11/14
14.	102.17 (4)	Statute of Limitations	If the statute of limitations is reduced from 12 years, it should be set at six (6) years for work-related hearing loss claims.	Joseph M. Hulwi, BC-HIS, Quality Hearing Advisors Eau Claire	e-mail message 1/7/15
15.	102.425 (3) (a) 1	Pharmacy Fee Schedule	Amend the language in s. 102.425 (3) (a) 1, Stats., to not name the Drug Topics Red Book, published by Medical Economics Company, Inc., or its successor, as the source or reference for determining the average wholesale price (AWP) for the pharmacy fee schedule and allow the AWP to be determined by a nationally recognized pricing resource.	Kay Morgan, VP Drug Product & Industry Standards, Elsevier Gold Standard	Letter 1/9/15
16.	102.425	Pharmacy Fee Schedule	1. Set reimbursement for physician dispensed medications at a maximum of 112.5% of the original manufacturer's average wholesale price (AWP). 2. Do not require physicians to be subject to strict day limitations on the amount of medications they can dispense.	Jennifer Maurer, Director of Government Affairs, Automated HealthCare Solutions	Letter 1/12/15

17.	<p>1. No Current Statute/Rule</p> <p>2. 102.425</p>	<p>1. Medical Fee Schedule</p> <p>2. Physician Drug Dispensing</p>	<p>1. Establish a medical provider fee schedule based on Medicare's Resource Based Relative Value System (RBRVS) with a uniform conversion factor applicable to all covered services with no special carve-outs.</p> <p>2. Establish a pharmacy fee schedule for physician dispensed drugs based on the average wholesale price (AWP) plus a modest dispensing fee.</p>	<p>Steve Schneider, American Insurance Association (AIA) Mark Johnson, National Association of Mutual Insurance Companies (NAMIC) Jeff Junkas, Property Casualty Insurers Assoc. of America (PCI) Andy Franken, Wisconsin Insurance Alliance (WIA)</p>	<p>Letter 12/23/14</p>
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18.	<p>102.425</p>	<p>Physician Drug Dispensing & Compounding Pharmacies</p>	<p>All medications dispensed through a physician's office and by compounding pharmacies are to be paid at the underlying manufacturer's average wholesale price (AWP) plus a \$3 dispensing fee.</p>	<p>Health Care Provider Advisory Committee Members</p>	<p>Letter 8/4/14</p>
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19.	102.07 & 102.29	WC Insurance Coverage for Fiscal Employment Agencies	Allow all Fiscal Employment Agency (FEA) employers and their employees to be covered under one blanket worker's compensation insurance policy similar to the W-2 law where only the agency is the employer of record for purposes of worker's compensation.	Steve Mercaitis, Vice President, Knapp's Development	Letter 1/21/15
20.	1.102.18 (3) 2.102.18 (4) (b) 3. 102.23 (1)	Appeals to LIRC & Circuit Court	<p>1. Clarify the language of the standard for LIRC to review late appeals. The standard remains the same; the petition (appeal) must be late for a reason beyond the appealing party's control.</p> <p>2. Clarify the time to set aside a decision runs from the date of the LIRC decision.</p> <p>3. Specify the party who files an appeal of a LIRC decision to court shall be named as plaintiff and shall name as defendants LIRC and those persons or entities identified by LIRC in its decision as necessary to be named in the court appeal. A court may join other parties not identified by LIRC if the court determines the other party is necessary and it would not unduly delay the case.</p>	Tracey L. Schwalbe, LIRC, General Counsel	Letter 2/10/15

21.	102.425	Physician Dispensing of Repackaged Drugs	Medical providers should not be reimbursed for more than one (1) office visit for each repackaged drug and the maximum period during which a medical provider, that is not a pharmacy, may receive reimbursement for a repackaged drug begins on the date of injury and ends at the beginning of the eight day after the date of injury.	Steve Schneider, American Insurance Association (AIA) Mark Johnson, National Association of Mutual Insurance Companies (NAMIC) Jeff Junkas, Property Casualty Insurers Assoc. of America (PCI) Andy Franken, Wisconsin Insurance Alliance (WIA)	Letter 3/23/15
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22.	<p>1.102.13 (2) (c) & 80.02 (2) (e) 4</p> <p>2. 102.13 (2) (c) & DWD 80.02 (2) (e) 4</p> <p>3. 102.13 (2) (c) & DWD 80.02 (2) (e) 4</p> <p>4. Senate Bill 21 & Ch. 102</p>	<p>1. Final Treating Practitioner's Report</p> <p>2. Final Treating Practitioner's Report</p> <p>3. Final Treating Practitioner's Report</p> <p>4. Amendments to ch. 102 Contained in Budget Bill</p>	<p>1. Repeal the requirement for worker's compensation insurance carriers and self-insured employers to file a final medical report from a treating practitioner in claims with more than three (3) weeks of disability.</p> <p>2. If the requirement for a final treating practitioner's report is not repealed ease enforcement of the requirement so worker's compensation insurance carriers and self-insured employers do not need to pay high charges with a suggested cap of \$50 per report.</p> <p>3. Encourage compliance by accepting any evidence such as an office note which address permanent disability and the acceptance of a release to full work duties as proof of no permanent disability.</p> <p>4. The WCAC should adopt a resolution opposing the proposed amendments to ch. 102, Wis. Stats., that are contained in the pending Budget Bill to request the Legislature to submit these proposals to the WCAC as part of the current Agreed Bill deliberations.</p>	Attorney William Sachse Jr.	Letter 3/27/15
23.	<p>1.102.42</p> <p>2. DWD80.32</p> <p>3.102.425</p>	<p>1. Medical Expense Payments</p> <p>2. Minimum Permanent Partial Disability (PPD) Ratings.</p> <p>3. Physician Dispensing of Repackaged Drugs</p>	<p>1. Worker's compensation medical costs are too high and there needs to be a better way to control payments to providers whether in the form of a fee schedule or some other benchmarking system.</p> <p>2. Eliminate permanent partial disability (PPD) ratings. There should not be payment for permanent disability if there is no medically measurable permanent impairment.</p> <p>3. A physician's ability to dispense pre-packaged medications needs to be better controlled.</p>	Holly Adams, Human Resources Director, Server Products, Inc.	Letter 4/2/15

24.	<p>1. No Current Statute or Rule</p> <p>2.102.17(1)(d) 1</p>	<p>1.Data Tracking & Analytics</p> <p>2.Time Off Work & Restrictions</p>	<p>1. There should be better tracking of data and analytics for every work related injury case in Wisconsin to better understand the care, functional limitations, and work status of those cases.</p> <p>2. Amend the law to permit qualified providers to determine time off work and return to work restrictions. A qualified provider is an orthopedic specialist in physical therapy who is trained in basic ergonomics.</p>	Tim Thorsen, Spine Sport	e-mail message 4/4/15
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25.	<p>1.No Current Statute or Rue</p> <p>2.102.17 (4)</p> <p>3.102.42</p>	<p>2. Medical Fee Schedule</p> <p>2.Statute of Limitations</p> <p>3.Choice or Treating Practitioner</p>	<p>1. Wisconsin should adopt a worker's compensation medical fee schedule.</p> <p>2. The statute of limitations should be decreased to six (6) years or less.</p> <p>3.Wisconsin employers should be permitted to direct the medical care of injured employees.</p>	Shannon Nienast, General Manager, Wisconsin Homes, Inc.	Letter 4/15/15
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26.	<p>1.No Current Statute or Rule</p> <p>2. 102.175</p> <p>3.102.17 (4)</p>	<p>1.Aggravation Compensability Standards</p> <p>2.Apportionment of PPD</p> <p>3.Statute of Limitations</p>	<p>1. Establish a higher standard for compensability to "substantial" or "major contributing" cause for aggravations of pre-existing conditions.</p> <p>2. Where a work-related injury is superimposed on a pre-existing condition the employee should be entitled to full compensation while the condition is acute and after the condition has stabilized the employee should only be compensated for the permanent disability attributable to the work injury.</p> <p>3.The statute of limitations should be reduced from 12 years to three (3) years.</p>	Scott Manley, Vice President of Government Relations, Wisconsin Manufacturers & Commerce	Letter 4/27/15
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26.	<p>4.DWD 80.32</p> <p>5.102.11</p> <p>6.102.17 (4)</p> <p>7.No Current Statute or Rule</p> <p>8.102.17(1) (a) 2 & 102.17 (8)</p> <p>9.102.03 (1) (C) 3</p> <p>10.102.47 (1)</p> <p>11.102.58</p> <p>12.102.58</p>	<p>4.Minimum PPD Ratings</p> <p>5.Wage Escalation</p> <p>6.End PTD at Full Social Security Retirement Age</p> <p>7.Medical Record Release Authorization</p> <p>8.Notice of Hearings & Medical Expense</p> <p>9.Well-Being Programs in Employer Fitness Center</p> <p>10.Death Benefits</p> <p>11.Deny Compensation for Intoxication</p> <p>12. Decrease Compensation for Law Violation</p>	<p>4. The minimum PPD ratings should be removed.</p> <p>5.The compensation rate should always be based on the an employee's actual earnings at the time of injury.</p> <p>6. Compensation for PTD should end when an employee reached the full Social security retirement age.</p> <p>7. Require any employee who presents a worker's compensation claim to sign any and all medical record release authorizations necessary to allow the employer and insurance carrier to investigate the case.</p> <p>8. All parties should be provided at least 60 days advance notice of any formal hearing for adequate time to investigate and prepare. Any medical expense claimed must be filed at least 60 days before any formal hearing.</p> <p>9. Deny compensability for an employee who was injured while voluntarily using a company fitness center.</p> <p>10. There should be no payment of death benefits in permanent total disability (PTD) claims when the cause of death is unrelated to the employee's injury.</p> <p>11. Deny payment of compensation for indemnity benefits when an employee is intoxicated by alcohol or other drug not medically prescribed at the time of injury. Create a rebuttable presumption that an injury was caused by intoxication if the employee refuses or fails a drug test at the time of injury if the employer has a written drug testing program.</p> <p>12. Compensation for indemnity should be reduced by 50% if the employee was violating any federal or state law at the time of injury.</p>	<p>Scott Manley, Vice President of Government Relations, Wisconsin Manufacturers & Commerce</p>	<p>Letter 4/27/15</p>
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26.	<p>13.102.43 (9)</p> <p>14. 102.43 (5), 102.61 & DWD 80.49</p> <p>15.No Current Statute or Rule</p> <p>16.No Current Statute or Rule</p>	<p>13. Deny TTD When Employee Terminated for Good Cause</p> <p>14. Vocational Rehabilitation Training</p> <p>15.Certification of Readiness</p> <p>16.Secondary Injuries</p>	<p>13. Compensation for temporary total disability (TTD) should be denied when an employee is released to return to work during the healing period and the employee is terminated for good cause. Employees who refuse to return to light duty work within their capacity to perform should be deemed to have voluntarily left the labor force and not eligible for benefits during the refusal.</p> <p>14. Employers should be allowed to contest a claimed vocational rehabilitation training program based on necessity, duration and appropriateness of the retraining plan.</p> <p>15. Eliminate the Certificate of Readiness process and replace it with a scheduling conference with the trial administrative law judge (ALJ).</p> <p>16. Bar worker's compensation eligibility for secondary injuries resulting from purely personal risks.</p>	<p>Scott Manley, Vice President of Government Relations, Wisconsin Manufacturers & Commerce</p>	<p>Letter 4/27/15</p>
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