CR 13-044

ORDER OF THE COMMISSIONER OF INSURANCE AMENDING,

REPEALING AND CREATING A PERMANENT RULE.

Rule No.: Agency 145 – Ch. INS 17.01, 17.28 (3) (c) and (6), Wis. Admin. Code

The Commissioner of Insurance proposes an order to amend s. Ins 17.01 (3) (c) 1., 2., and 3., and 17.28 (3) (c); and, to repeal and recreate s. Ins 17.28 (6), Wis. Admin. Code, relating to the Injured Patients and Families Compensation Fund Annual Fund and Mediation Panel Fees, and ISO code amendments for the fiscal year beginning July 1, 2013, and affecting small business.

The statement of scope for this rule SS 042-13, was approved by the Governor on April 16, 2013, published in Register No. 688, on April 30, 2013, and approved by the Commissioner on May 10, 2013. The notice of hearing was published in Register No. 690 on June 30, 2013. The rule hearing was held on July 23, 2013 and the comment period closed August 6, 2013. The permanent rule was submitted to and approved by the Governor on January 8, 2014. No comments were received from any Legislative committee and all periods for review have passed.

RULE SUMMARY BY THE OFFICE OF THE COMMISSIONER OF INSURANCE (OCI)

1. Statutes interpreted.

ss. 655.27 (3), and 655.61, Wis. Stats.

2. Statutory authority.

ss. 601.41 (3), 655.004, 655.27 (3) (b), and 655.61, Wis. Stats.

3. Explanation of agency authority.

The injured patients and families compensation fund ("fund"), was established by and operated under Ch. 655, Stats. The commissioner of insurance with approval of the board of governors ("board") is required to annually set the fees for the fund and the medical mediation panel by administrative rule. The proposed fees comply with the limitation delineated in s. 655.27 (3) (br), Stats. Section 655.04, Stats., provides that the director of state courts and the commissioner may promulgate rules necessary to enable them to perform their responsibilities under this chapter. Pursuant to s. 655.27 (3) (b), Stats., the commissioner, after approval by the board, shall by rule set the fees to the fund and s. 655.61, Stats., requires the board, by rule, to set the fees charged to health care providers at a level sufficient to provide the necessary revenue to fund the medical mediation panels. Further, s. 601.41 (3), Stats., provides that the commissioner shall have rule-making authority pursuant to s. 227.11 (2), Stats.

4. Related statutes or rules.

None.

5. Plain language analysis.

This proposed rule establishes the fees that participating health care providers must pay to the fund for the fiscal year beginning July 1, 2013. These fees represent a 5% decrease from fees paid for the 2012-2013 fiscal year. The board approved these fees at its meeting on December 19, 2012, based on the recommendation of the board's actuarial and underwriting committee and reports of the fund's actuaries.

The board is also required to promulgate by rule the annual fees for the operation of the injured patients and families compensation medical mediation system, based on the recommendation of the director of state courts. The recommendation of the director of state courts was reviewed by the board's actuarial and underwriting committee. This rule implements the funding level approved by the board on March 20, 2013 by establishing mediation panel fees for the next fiscal year at \$0 for physicians and \$0 per occupied bed for hospitals, representing a decrease of \$22.50 per physician and a decrease of \$4.50 per occupied bed for hospitals from 2012-13 fiscal year mediation panel fees.

Finally this rule includes changes to the Insurance Services Office (ISO) code listing to address corrections to several classification specialties as well as new classification specialties. ISO codes are the numerical designation for a health care provider's specialty and are used to classify the provider for assessment purposes. Errors identified in the ISO codes or specialty narratives for three specialties have been corrected. A third specialty had duplicate listings resulting in the exclusion of another specialty which has now been added. The Doctor of Osteopathy (D.O.) designated ISO codes have been added for two specialties previously listed only under the Doctor of Medicine (M.D.) ISO codes.

6. Summary of, and comparison with, any existing or proposed federal statutes and regulations.

To the fund board's and OCI's knowledge there is no existing or proposed federal regulation that is intended to address fund rates, administration or to fund medical mediation panel activities.

7. Comparison with rules in adjacent states.

To the fund board's and OCI's knowledge there are no similar rules in the adjacent states to compare this rule to as none of adjacent states have a fund created by statute where rates are directed to be established yearly by rule as is true in Wisconsin.

8. Summary of factual data and analytical methodologies.

None. This rule establishes annual fund fees pursuant to the requirements of the above-noted Wisconsin statutes. The recommendation to the board regarding the fund fee and the medical mediation panel assessment is developed and reviewed annually by the fund's actuary and the board's actuarial and underwriting committee. The actuarial and underwriting committee after review and discussion with the fund's actuaries present the information and the actuary's report to the board for consideration. This proposed rule reflects the rates approved by the board at the December 19, 2012 and March 20, 2013 board meetings.

9. Analysis and supporting documentation used to determine effect on small business or in preparation of an economic impact analysis.

This decrease in fund fees will have a positive effect on small businesses in Wisconsin, particularly those that employ physicians and other health care professionals. The mediation panel fee is assessed only on physicians and hospitals, not on corporations or other health care entities that will also benefit from the reduction to zero fees for fiscal year 2014. The fund fee decrease will affect only those small businesses that pay the fund fees and mediation panel fees on behalf of their employed physicians. The fund fee decrease will not have a significant effect nor should it negatively affect the small business's ability to compete with other providers.

10. Effect on small business.

This rule will have little or no effect on small businesses. The decrease contained in the proposed rule will require providers to pay reduced fund fees which will decrease the operational expenses for the providers. The decrease in fees promulgated by this rule should not result in a significant fiscal effect on the private sector.

11. A copy of any comments and opinion prepared by the Board of Veterans Affairs under s. 45.03 (2m), Stats., for rules proposed by the Department of Veterans Affairs.

None.

12. Agency contact person.

A copy of the full text of the proposed rule changes, analysis and fiscal estimate may be obtained from the Web site at: http://oci.wi.gov/ocirules.htm

or by contacting Inger Williams, OCI Services Section, at:

Phone: (608) 264-8110

Email: inger.williams@wisconsin.gov

Address: 125 South Webster St – 2nd Floor, Madison WI 53703-3474

Mail: PO Box 7873, Madison, WI 53707-7873

Text of Rule.

SECTION 1. Ins 17.01 (3) is amended to read:

Ins 17.01 (3) FEE SCHEDULE. The following fee schedule shall be effective July 1, 2011:

- (a) For physicians-- \$25.00\$0.
- (b) For hospitals, per occupied bed-- \$5.00\$0.

SECTION 2. Ins 17.28 (3) (c) 1., 2., and 3., are amended to read:

Ins 17.28 (3) (c) 1. Class 1:

Administrative Medicine

80120

Aerospace Medicine Allergy	80230 80254	
Allergy (D.O.)	84254	
Cardiovascular Disease—no surgery or	80255	
catheterization	00233	
Cardiovascular Disease—no surgery or	84255	
catheterization (D.O.)	04233	
Dermatology—no surgery	80256	
Dermatology—no surgery (D.O.)	84256	
Diabetes—no surgery	80237	
	80238	
Endocrinology—no surgery Endocrinology—no surgery (D.O.)	84238	
	80420	
Family or General Practice—no surgery Family or General Practice—no surgery (D.O.)	84420	
Forensic Medicine—Legal Medicine	80240	
Forensic Medicine—Legal Medicine (D.O.)	84240	
Gastroenterology—no surgery	80241	
Gastroenterology—no surgery (D.O.)	84241	
General Preventive Medicine—no surgery General Preventive Medicine—no surgery (D.O.)	80231 84231	
	80243	
Geriatrics—no surgery Geriatrics—no surgery (D.O.)	84243	
Gynecology—no surgery	80244	
	84244	
Gynecology—no surgery (D.O.) Hematology—no surgery	80245	
Hematology—no surgery Hematology—no surgery (D.O.)	84245	
Hypnosis	80232	
••	80232	
Infectious Diseases—no surgery Infectious Diseases—no surgery (D.O.)	84246	
Internal Medicine—no surgery	80257	
Internal Medicine—no surgery (D.O.)	84257	
Laryngology—no surgery	80258	
Manipulator (D.O.)	84801	
Neoplastic Disease—no surgery	80259	
Nephrology—no surgery	80260	
Nephrology—no surgery (D.O.)	84260	
Neurology—no surgery	80261	
Neurology—no surgery (D.O.)	84261	
Nuclear Medicine	80262	
Nuclear Medicine (D.O.)	84262	
Nutrition	80248	
Occupation Medicine	80233	
Occupation Medicine (D.O.)	84233	
Oncology – no surgery	80302	
Oncology – no surgery (D.O.)	84302	
Ophthalmology—no surgery	80263	
Ophthalmology—no surgery (D.O.)	84263	
Osteopathy—manipulation only	84801	
Otology – no surgery	80247	80264
Otorhinolaryngology—no surgery	80265	<u> </u>
Otorhinolaryngology—no surgery (D.O.)	84265	
, g g,		

Pain Management – no surgery	80208	
Pain Management – no surgery (D.O.)	84208	
Pathology—no surgery	80266	
Pathology—no surgery (D.O.)	84266	
Pediatrics—no surgery	80267	
Pediatrics—no surgery (D.O.)	84267	
Pharmacology—Clinical	80234	
Physiatry—Physical Medicine (D.O.)	84235	
Physiatry—Physical Medicine & Rehabilitation	80235	
Physicians—no surgery	80268	
Physicians—no surgery (D.O.)	84268	
Psychiatry	80249	
Psychiatry—(D.O.)	84249	
Psychoanalysis	80250	
Psychosomatic Medicine	80251	
Psychosomatic Medicine (D.O.)	84251	
Public Health	80236	
Pulmonary Disease—no surgery	80269	
Pulmonary Disease—no surgery (D.O.)	84269	
Radiology—diagnostic	80253	
Radiology—diagnostic (D.O.)	84253	
Radiopaque dye	80449	
Radiopaque dye (D.O.)	84449	
Rheumatology—no surgery	80252	
Rheumatology—no surgery (D.O.)	84252	
Rhinology – no surgery	80264	80247
Shock Therapy	80431	
Shock Therapy (D.O.)	84431	
Shock Therapy—insured	80162	
Urgent Care—Walk-in or After Hours	80424	
Urgent Care—Walk-in or After Hours (D.O.)	84424	
Urology—no surgery	80121	

2. Class 2:

Acupuncture	80437
Acupuncture (D.O.)	84437
Anesthesiology	80151
Anesthesiology (D.O.)	84151
Angiography-Arteriography—catheterization	80422
Angiography-Arteriography—catheterization	84422
(D.O.)	
Broncho-Esophagology	80101
Cardiovascular Disease—minor surgery	80281
Cardiovascular Disease—minor surgery (D.O.)	84281
Colonoscopy-ERCP-Pneu or mech esoph dil	84443
(D.O.)	
Colonoscopy-ERCP-pneu. or mech.	80443
Dermatology—minor surgery	80282
Dermatology – minor surgery (D.O.)	84282

Diabetes – minor surgery DermatologyDiabetes—minor surgery (D.O.)	80271 84282	84271
Emergency Medicine—No Major Surgery	80102	
Emergency Medicine—No Major Surgery (DO)	84102	
Employed Physician or Surgeon	80177	
Employed Physician or Surgeon (D.O.)	84177	
Endocrinology—minor surgery	80272	
Endocrinology—minor surgery (D.O.)	84272	
Family Practice—and general practice minor	80423	
surgery—No OB		
Family Practice—and general practice minor surgery—No OB (D.O.)	84423	
Family or General Practice—including OB	80421	
Family or General Practice – including OB	84421	
(D.O.)	01121	
Gastroenterology—minor surgery	80274	
Gastroenterology—minor surgery (D.O.)	84274	
Geriatrics—minor surgery	80276	
Geriatrics—minor surgery (D.O.)	84276	
Gynecology—minor surgery	80277	
Gynecology—minor surgery (D.O.)	84277	
Hematology—minor surgery	80278	
Hematology—minor surgery (D.O.)	84278	
Hospitalist	80296	
Hospitalist (D.O.)	84296	
Infectious Diseases—minor surgery	80279	
Intensive Care Medicine	80283	
Intensive Care Medicine (D.O.)	84283	
Internal Medicine—minor surgery	80284	
Internal Medicine—minor surgery (D.O.)	84284	
Laparoscopy	80440	
Laparoscopy (D.O.)	84440	
Laryngology—minor surgery	80285	
Myelography – Discogram-Pneumoencephalo	80428	
Myelography-Discogram-Pneumoencephalo (D.O.)	84428	
Needle Biopsy	80446	
Needle Biopsy (D.O.)	84446	
Nephrology—minor surgery	80287	
Neonatology	80298	
Neonatology (D.O.)	84298	
Neoplastic Disease—minor surgery	80286	
Neurology—minor surgery	80288	
Neurology—minor surgery (D.O.)	84288	
Oncology – minor surgery	80301	
Oncology – minor surgery (D.O.)	84301	
Ophthalmology—minor surgery	80289	
Ophthalmology—minor surgery (D.O.)	84289	
Otology – minor surgery	80290	
Otorhinolaryngology—minor surgery	80290	
Otorhinolaryngology—minor surgery (D.O.)	84291	
transfer daily (2.0.)	0.20.	

Pain Management – Basic procedures	80182
Pain Management – Basic procedures (D.O.)	84182
Pathology—minor surgery	80292
Pathology—minor surgery (D.O.)	84292
Pediatrics—minor surgery	80293
Pediatrics—minor surgery (D.O.)	84293
Phlebography-Lymphangeography	80434
Phlebography-Lymphangeography (D.O.)	84434
Physicians—minor surgery	80294
Physicians – minor surgery (D.O.)	84294
Radiation Therapy—lasers	80425
Radiation Therapy—lasers (D.O.)	84425
Radiation Therapy – other than lasers	80165
Radiology—diagnostic-interventional	80280
procedures	
Radiology—diagnostic-interventional	84280
procedures (D.O.)	
Rhinology – minor surgery	80270
Surgery—Colon & Rectal	80115
Surgery —Endocrinology	80103
Surgery—Gastroenterology	80104
Surgery – Gastroenterology (D.O.)	84104
Surgery—General Practice or Family Practice	80117
Surgery—General Practice or Family Practice (D.O.)	84117
Surgery—Geriatrics	80105
Surgery—Neoplastic	80107
Surgery—Nephrology	80108
Surgery—Ophthalmology	80114
Surgery—Ophthalmology (D.O.)	<u>84114</u>
Surgery—Urological	80145
Surgery—Urological (D.O.)	84145

3. Class 3:

Emergency Medicine—includes major surgery	80157
Emergency Medicine—includes major surgery	84157
(D.O.)	
Otology—surgery	80158
Radiation Therapy – employed physician	80163
Radiation Therapy – employed physician (D.O.)	84163
Shock Therapy – employed physician	80161
Shock Therapy – employed physician (D.O.)	84161
Surgery—Abdominal	80166
Surgery – Bariatrics	80476
Surgery – Bariatrics (D.O.)	84476
Surgery—Cardiac	80141
Surgery—Cardiovascular Disease	80150
Surgery—Cardiovascular Disease (D.O.)	84150
Surgery—General	80143

Surgery—General (D.O.) Surgery—Gynecology Surgery—Gynecology (D.O.) Surgery—Hand Surgery—Head & Neck Surgery — Laryngology Surgery—Orthopedic Surgery—Orthopedic (D.O.) Surgery—Otorhinolaryngology-no plastic surgery	84143 80167 84167 80169 80170 80106 80154 84154 80159
Surgery—Plastic Surgery—Plastic (D.O.) Surgery—Plastic-Otorhinolaryngology Surgery—Plastic-Otorhinolaryngology (D.O.) Surgery—Rhinology Surgery—Thoracic Surgery—Thoracic (D.O.) Surgery—Traumatic Surgery—Traumatic (D.O.) Surgery—Vascular Surgery – Vascular (D.O.) Weight Control—Bariatrics	80156 84156 80155 84155 80160 80144 84144 80171 84171 80146 84146 80180

SECTION 3. Ins 17.28 (6) is repealed and recreated to read:

- (6) FEE SCHEDULE. The following fee schedule is in effect from July 1, 2013 to June 30, 2014:
- (a) Except as provided in pars. (b) to (f) and sub. (6e), for a physician for whom this state is a principal place of practice:

Class 1.... \$1,457 Class 3....\$ 5,828

Class 2.... \$2,623 Class 4....\$9,616

(b) For a resident acting within the scope of a residency or fellowship program:

Class 1..... \$ 729 Class 3....\$2,916

Class 2..... \$1,312 Class 4....\$4,811

(c) For a resident practicing part-time outside the scope of a residency or fellowship program:

All classes...... \$874

(d) For a Medical College of Wisconsin, Inc.,	full-time faculty member:
Class 1 \$ 583	Class 3\$2,332
Class 2\$1,049	Class 4\$3,848
(e) For physicians who practice part-time:	
1. For a physician who practices fewer than	n 500 hours during the fiscal year, limited to
office practice and nursing home and house calls	s, and who does not practice obstetrics or
surgery or assist in surgical procedures:\$ 364	
2. For a physician who practices 1040 hours	or less during the fiscal year, including those
who practice fewer than 500 hours during the fisca	al year whose practice is not limited to office
practice, nursing homes or house calls or who	do practice obstetrics, surgery or assist in
surgical procedures:	
Class 1\$ 874	Class 3\$3,496
Class 2\$1,573	Class 4\$5,768
(f) For a physician for whom this state is not a	a principal place of practice:
Class 1\$ 729	Class 3\$2,916
Class 2\$1,312	Class 4\$4,811
(g) For a nurse anesthetist for whom this state	e is a principal place of practice:
	\$ 358
(h) For a nurse anesthetist for whom	this state is not a principal place of
practice:	\$ 179
(i) For a hospital, all of the following fees:	
1. Per occupied bed	\$ 87
2. Per 100 outpatient visits during the	last calendar year for which totals are
available:	\$ 4.35

	(j) For a nursing home, as described under s. 655.002 (1) (j), Stats., that is w	holly ow	/ned
and	operated by a hospital and that has health care liability insurance separate from	n that of	the
hosp	pital by which it is owned and operated:		
	Per occupied bed	\$	17
	(k) For a partnership comprised of physicians or nurse anesthetists, organ	ized for	the
prim	nary purpose of providing the medical services of physicians or nurse anesthetis	sts, all of	f the
follov	wing fees:		
	1. a. If the total number of partners and employed physicians and nurse and	esthetis	ts is
from	າ 2 to 10	\$	51
	b. If the total number of partners and employed physicians and nurse and	esthetist	ts is
from	n 11 to 100	\$	503
	c. If the total number of partners and employed physicians and nurse a	anesthe	tists
exce	eeds 100	\$1	,252
	2. The following fee for each full-time equivalent allied health care professional	al emplo	oyed
by th	he partnership as of the most recent completed survey submitted:		
	Employed Health Care Professionals	Fund Fe	<u>e</u>
	Nurse Practitioners	\$	364
	Advanced Nurse Practitioners		.510
	Nurse Midwives	3	,205
	Advanced Nurse Midwives	3	,351
	Advanced Practice Nurse Prescribers		.510
	Chiropractors		.583
	Dentists		.291
	Oral Surgeons	2	.,186
	Podiatrists-Surgical	6	,192

Optometrists	291
Physician Assistants	291
(L) For a corporation, including a service corporation, with more that	ın one shareholder
organized under ch. 180, Stats., for the primary purpose of providing the m	nedical services of
physicians or nurse anesthetists, all of the following fees:	
1. a. If the total number of shareholders and employed physicians and	nurse anesthetists
is from 2 to 10\$	51
b. If the total number of shareholders and employed physicians and	nurse anesthetists
is from 11 to 100\$ 5	03
c. If the total number of shareholders and employed physicians or	nurse anesthetists
exceeds 100\$1,	252
2. The following fee for each full-time equivalent allied health care prof	essional employed
by the corporation as of the most recent completed survey submitted:	
Employed Health Care Professionals	Fund Fee
Nurse Practitioners	\$ 364
Advanced Nurse Practitioners	510
Nurse Midwives	3,205
Advanced Nurse Midwives	3,351
Advanced Practice Nurse Prescribers	510
Chiropractors	583
Dentists	291
Oral Surgeons	2,186
Podiatrists-Surgical	
	6,192
Optometrists	

(m) For a corporation organized under ch. 181, Stats., for the primary purpose of providing
the medical services of physicians or nurse anesthetists, all of the following fees:
1. a. If the total number of employed physicians and nurse anesthetists is from 1 to
10\$ 51
b. If the total number of employed physicians and nurse anesthetists is from 11 to
100\$ 503
c. If the total number of employed physicians or nurse anesthetists exceeds
100\$1,252
2. The following fee for each full-time equivalent allied health care professional employed
by the corporation as of the most recent completed survey submitted:
Employed Health Care Professionals Fund Fee
Nurse Practitioners\$ 364
Advanced Nurse Practitioners510
Nurse Midwives
Advanced Nurse Midwives
Advanced Practice Nurse Prescribers510
Chiropractors583
Dentists291
Oral Surgeons2,186
Podiatrists-Surgical6,192
Optometrists291
Physician Assistants291
(n) For an operational cooperative sickness care plan as described under s. 655.002 (1)
(f), Stats., all of the following fees:

- 1. Per 100 outpatient visits during the last calendar year for which totals are available......\$0.11 2. 2.5% of the total annual fees assessed against all of the employed physicians. 3. The following fee for each full-time equivalent allied health care professional employed by the operational cooperative sickness plan as of the most recent completed survey submitted: Employed Health Care Professionals Fund Fee Nurse Practitioners......\$ 364 Advanced Nurse Practitioners......510 Advanced Practice Nurse Prescribers......510 Chiropractors583
- (o) For a freestanding ambulatory surgery center, as defined in s. DHS 120.03 (13), per 100 outpatient visits during the last calendar year for which totals are available:

 \$22.73
- (p) For an entity affiliated with a hospital, the greater of \$100 or whichever of the following applies:
- 1. 7.0% of the amount the entity pays as premium for its primary health care liability insurance, if it has occurrence coverage.

- 2. 10.0% of the amount the entity pays as premium for its primary health care liability insurance, if it has claims-made coverage.
- (q) For an organization or enterprise not specified as a partnership or corporation that is organized and operated in this state for the primary purpose of providing the medical services of physicians or nurse anesthetists, all of the following fees:
- 2. The following for each full-time equivalent allied health care professional employed by the organization or enterprise not specified as a partnership, corporation, or an operational cooperative health care plan as of the most recent completed survey submitted:

Employed Health Care Professionals Fund Fee Nurse Practitioners \$ 364 Advanced Nurse Practitioners 510 Nurse Midwives 3,205 Advanced Nurse Midwives 3,351 Advanced Practice Nurse Prescribers 510 Chiropractors 583 Dentists 291 Oral Surgeons 2,186 Podiatrists-Surgical 6,192 Optometrists 291

Physician Assistants	291
SECTION 4. EFFECTIVE DATE. This rule sl	hall take effect on the first day of the month
following publication in the Wisconsin Adminis	strative Register as provided in s. 227.22 (2)
(intro.), Stats.	
Dated at Madison, Wisconsin, this 13th day o	f May, 2014.
Th	eodore K. Nickel
	ommissioner of Insurance

Office of the Commissioner of Insurance Fiscal Estimate

for Section Ins 17.01, 17.28 (3) (c) and (6) relating to Injured Patients and Families Compensation Fund Annual fund and Mediation Panel Fees and ISO code amendments for the fiscal year beginning July 1, 2013 and affecting small business

This rule change will have no significant effect on the private sector as this proposed rule reduces fees to participants in the fund and reduces mediation panel fees to zero. The fund is a segregated account and does not impact state funds. The rule decreases fees and therefore does not have an effect on county, city, village, town, school district, technical college district and sewerage district fiscal liabilities and revenues.

STATE OF WISCONSIN DEPARTMENT OF ADMINISTRATION DOA-2049 (C04/2011)

DIVISION OF EXECUTIVE BUDGET AND FINANCE 101 EAST WILSON STREET, 10TH FLOOR P.O. BOX 7864 MADISON, WI 53707-7864 FAX: (608) 267-0372

ADMINISTRATIVE RULES - FISCAL ESTIMATE

I. Fiscal Estimate Version ☑ Original □ Updated □ Corrected				
Administrative Rule Chapter Title and Number				
INS 1728				
3. Subject				
Injured Patients and Families Compensation Fund Annual fund and Mediation Panel Fees and ISO code amendments for the fiscal year beginning July 1, 2013 and affecting small business				
4. State Fiscal Effect:				
☑ No Fiscal Effect	☐ Increase Existing Revenues		☐ Increase Costs ☑ Yes ☐ No May be possible to absorb within agency's budget. ☐ Decrease Costs	
□ Indeterminate	☐ Decrease Existing Revenues			
5. Fund Sources Affected:			6. Affected Ch. 20, Stats. Appropriations:	
☐ GPR ☐ FED ☐ PRO ☐ PRS ☒ SEG ☐ SEG-S			None	
7. Local Government Fiscal Effect:				
☐ No Fiscal Effect ☐ Increase Revenues ☐ Increase Costs			se Costs	
□ Indeterminate	minate Decrease Revenues Decrea		ase Costs	
8. Local Government Units Affected:				
☐ Towns ☐ Villages ☐ Cities ☐ Counties ☐ School Districts ☐ WTCS Districts ☐ Others: None				
9. Private Sector Fiscal Effect (small businesses only):				
☑ No Fiscal Effect ☐ Increase Revenues			☐ Increase Costs	
☐ Indeterminate ☐ Decrease Revenues			☐ Yes ☒ No May have significant economic impact on a	
☐ Yes ☒ No May have significant substantial number of				
economic impact on a small businesses substantial number of				
small businesses				
10. Types of Small Businesses Affected:				
Small businesses that employ physicians or other health care professionals participating in the Fund.				
11. Fiscal Analysis Summary				
No significant impact. Slight decrease in fund fees and zero medical mediation fees.				
12. Long-Range Fiscal Implications				
None				
13. Name - Prepared by			ephone Number	Date
Julie E. Walsh (60		08) 264-8101	June 5, 2013	
14. Name – Analyst Reviewer Te		ephone Number	Date	
Circohura Constantos Decimos				
		ephone Number 08) 267-3782	Date June 7, 2013	
		100	0, 201 0102	Julio 1, 2013