1995 ENGROSSED ASSEMBLY BILL 36

February 1, 1995 - Printed by direction of Assembly Chief Clerk.

1	$ AN\ ACT \textit{to amend}\ 20.145\ (2)\ (v),\ 655.015,\ 655.017,\ 655.27\ (3)\ (c),\ 655.27\ (5)\ (d), $
2	$893.55\ (4)\ (b)\ and\ 893.55\ (4)\ (d);$ and to create 601.427\ (9) and 893.55\ (4)\ (f)\ of
3	the statutes; relating to: limiting medical malpractice noneconomic damage
4	awards, granting rule-making authority and making an appropriation.

Analysis by the Legislative Reference Bureau

Engrossment information:

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The text of Engrossed 1995 Assembly Bill 36 consists of the following documents adopted in the assembly on January 31, 1995: the bill as affected by Assembly Amendment 1, Assembly Amendment 2, Assembly Amendment 3 (as affected by Assembly Amendment 1 thereto), Assembly Amendment 4, Assembly Amendment 5, Assembly Amendment 6, Assembly Amendment 7, Assembly Amendment 8, Assembly Amendment 12, Assembly Amendment 17, Assembly Amendment 18 and Assembly Amendment 20. In engrossing, the amendments of page 3, lines 7, 13 and 14 of the bill by Assembly Amendment 20 were given effect by amending the language inserted by Assembly Amendment 5 rather than the language in the bill.

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

Section 1g. 20.145 (2) (v) of the statutes is amended to read:

20.145 (2) (v) Operations and benefits. After deducting the amounts appropriated under pars. (u) and (um), the balances of the moneys paid into the

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patients compensation fund under s. 655.27 (3) to carry out the responsibilities of the commissioner of insurance under s. 655.27, to make payments to the investment board under s. 20.536 and, with respect to settlements, patients compensation panel awards and judgments entered into or rendered before June 14, 1986, to pay future medical expenses under s. 655.015.

Section 1j. 601.427 (9) of the statutes is created to read:

- 601.427 (9) Commissioner's report. Within 2 years after the effective date of this subsection [revisor inserts date], and within 2 years thereafter, the commissioner shall submit a report to the legislature in the manner provided under s. 13.172 (2). The reports shall compare the data for the year before the effective date of this subsection [revisor inserts date], with the data for the years after the effective date of this subsection [revisor inserts date], to evaluate the effects that 1995 Wisconsin Act (this act) has had on the following:
 - (a) The number of health care providers practicing in Wisconsin.
 - (b) The fees that health care providers pay under s. 655.27 (3).
- (c) The premiums that health care providers pay for health care liability insurance.

Section 1m. 655.015 of the statutes is amended to read:

under this chapter entered into or rendered before June 14, 1986, resulting from an act or omission that occurred on or after the effective date of this section [revisor inserts date], provides for future medical expense payments in excess of \$25,000 \$100,000, that portion of future medical expense payments in excess of \$25,000 \$100,000 shall be paid into the fund, after deducting the reasonable costs of collection attributable to those future medical expense payments. The commissioner shall

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develop by rule a system for managing and disbursing those moneys through payments for these expenses. The commissioner shall promulgate a rule specifying the criteria that shall be used to determine the medical expenses related to the settlement or judgment, taking into consideration developments in the provision of health care. The payments shall be made under the system until either the amount is exhausted or the patient dies.

Section 2. 655.017 of the statutes is amended to read:

655.017 Limitation on noneconomic damages. The amount of noneconomic damages recoverable by a claimant or plaintiff under this chapter for acts or omissions of a health care provider if the action is filed act or omission occurs on or after June 14, 1986 and before January 1, 1991 the effective date of this section [revisor inserts date], and for acts or omissions of an employe of a health care provider, acting within the scope of his or her employment and providing health care services, for actions filed acts or omissions occurring on or after June 14, 1986 and before January 1, 1991 the effective date of this section [revisor inserts date], is subject to the limit limits under s. 893.55 (4) (d) and (f).

Section 2m. 655.27 (3) (c) of the statutes is amended to read:

655.27 (3) (c) Collection and deposit of fees. Fees under pars. (a) and (b) and future medical expense payments specified for the fund by a settlement, panel award or judgment entered into or rendered before June 14, 1986, under s. 655.015 shall be collected by the commissioner for deposit into the fund in a manner prescribed by the commissioner by rule.

Section 3. 655.27 (5) (d) of the statutes is amended to read:

655.27 **(5)** (d) A person who has recovered a final judgment or a settlement resulting from an act or omission that occurred on or after the effective date of this

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paragraph [revisor inserts date], that is approved by the board of governors against a health care provider, or an employe of a health care provider, that has coverage under the fund may file a claim with the board of governors to recover that portion of such judgment or settlement which is in excess of the limits in s. 655.23 (4) or the maximum liability limit for which the health care provider is insured. whichever limit is greater. In the event the fund incurs liability exceeding \$1,000,000 to any person under a single claim as the result of a settlement, panel award or judgment that is entered into or rendered under this chapter before June 14, 1986 on or after the effective date of this paragraph [revisor inserts date], the fund shall pay not more than, after deducting the reasonable costs of collection attributable to the remaining liability, the full medical expenses each year, plus an amount not to exceed \$500,000 per year that will pay the remaining liability over the person's anticipated lifetime, or until the liability is paid in full. Payments shall be made from money collected and paid into the fund under sub. (3) and from interest earned thereon. For claims subject to the \$500,000 limit a periodic payment made under this paragraph, payments shall be made until the claim has been paid in full. and any attorney fees in connection with such claim shall be similarly prorated except as provided in s. 655.015. Payment of not more than \$500,000 per year includes Periodic payments made under this paragraph include direct or indirect payment or commitment of moneys to or on behalf of any person under a single claim by any funding mechanism. No interest may be paid by the fund on the unpaid portion of any claim filed under this paragraph, except as provided under s. 807.01 (4), 814.04 (4) or 815.05 (8).

Section 4. 893.55 (4) (b) of the statutes is amended to read:

893.55 (4) (b) The total noneconomic damages recoverable under ch. 655 for bodily injury or death, including any action or proceeding based on contribution or indemnification, may not exceed the limit under par. (d) for each occurrence on or after the effective date of this paragraph [revisor inserts date], from all health care providers and all employes of health care providers acting within the scope of their employment and providing health care services who are found negligent and from the patients compensation fund for any action filed on or after June 14, 1986 and before January 1, 1991.

Section 5. 893.55 (4) (d) of the statutes is amended to read:

893.55 (4) (d) The limit on total noneconomic damages for each occurrence under par. (b) on or after the effective date of this paragraph [revisor inserts date], shall be \$1,000,000 for actions filed on or after June 14, 1986, \$350,000 and shall be adjusted by the director of state courts to reflect changes in the consumer price index for all urban consumers, U.S. city average, as determined by the U.S. department of labor, at least annually thereafter, with the adjusted limit to apply to awards subsequent to such adjustments.

Section 6. 893.55 (4) (f) of the statutes is created to read:

893.55 (4) (f) Notwithstanding the limits on noneconomic damages under this subsection, damages recoverable against health care providers and an employe of a health care provider, acting within the scope of his or her employment and providing health care services, for wrongful death are subject to the limit under s. 895.04 (4). If damages in excess of the limit under s. 895.04 (4) are found, the court shall make any reduction required under s. 895.045 and shall award the lesser of the reduced amount or the limit under s. 895.04 (4).