

	Statute/Rule	Topic	Proposal	Source	Date
1.	No Current Statute or Rule	Medical Fee Schedule	Do not create or implement a medical fee schedule in the worker's compensation system in Wisconsin in the upcoming WCAC WC Agreed Upon Bill.	Ed Maher, Vice-President of Operations-Wisconsin, ATI Physical Therapy	Letter 11/20/2018
2.	102.31 (7) & DWD 80.61	Contractor Controlled Insurance Program (Wrap-up)	Amend s. 102.31 (7), Wis. Stats., and s. DWD 80.61 of the Wisconsin Administrative Code to allow a contractor of a wrap-up project to sponsor the worker's compensation policy for work on that project in the same manner that the owner of the project can currently serve in that capacity.	Lynne Grinsell, Assistant Vice President- State Affairs Government & Industry Affairs, Zurich North America	Letter attached to e-mail message 11/27/18
3.	1. 102.14 (2) 2. No Current Statute or Rule 3. No Current Statute or Rule 4. No Current Statute or Rule	1. Worker's Compensation Advisory Council 2. Medical Costs 3. End Date on Permanent Total Disability 4. Restrictions on Physician Dispensing	1. The time-honored Agreed Upon Bill process for developing worker's compensation legislation via the Worker's Compensation Advisory Council (WCAC) should remain intact. 2. Worker's compensation medical costs in Wisconsin are among the highest in the country and this deserves scrutiny. 3. Put an end date on compensation payable for permanent total disability. 4. There should be continued efforts to address the opioid crisis such as heightened restrictions on physician dispensing.	Steve Schneider, American Insurance Association Mark Johnson, National Association of Mutual Insurance Companies Jeff Junkas, Property Casualty Insurers Association of America Andy Franken, Wisconsin Insurance Alliance	Letter 11/30/18
4.	No Current Statute or Rule	Medical Fee Schedule	The WCAC should require the development of a medical fee schedule that approximates the average negotiated price for group health coverage in Wisconsin like that included in the 2017-2018 WCAC WC Agreed Upon Bill.	Brian Dake, Legislative Director, Wisconsin Independent Businesses	Letter 12/3/18

5.	<p>1. 102.57</p> <p>2. No Current Statute or Rule</p> <p>3. 102.32 (6m)</p>	<p>1. 15% Increased Compensation</p> <p>2. Write Offs of Medical Bills by Health Care Providers</p> <p>3. Interest Credit</p>	<p>1. Increase the maximum award for 15% increased compensation from \$15,000 to at least \$25,000. Consideration should also be given to increasing the cap (currently \$15,000) and the percentage of increased benefits (currently 15%) when an injury results in death.</p> <p>2. Develop a law that requires an insurance carrier, upon a finding of liability for the medical care, to pay the health care provider the amount of any bill that has been written off as a result of accepting payment from Medicare or Medicaid with an attorney fee of 20% to be paid on that amount to the successful attorney for producing the additional money for the health care provider.</p> <p>3. Eliminate the interest credit contained in s. 102.32 (6m), Wis. Stats., that allows insurance carriers to reduce payments for permanent partial disability that are paid before scheduled time of payment.</p>	Attorney John B. Edmondson	Letter 12/3/18
6.	<p>1. No Current Statute or Rule</p> <p>2. No Current Statute or Rule</p> <p>3. No Current Statute or Rule</p> <p>4. No Current Statute or Rule</p>	<p>1. Physician Dispensing</p> <p>2. Prescription Drug Formulary</p> <p>3. Limit Morphine Equivalent Dose (MED)</p> <p>4. Drug Compounding</p>	<p>1. The WCAC should address and set parameters around physician dispensing of drugs and where an injured employee may obtain a prescription.</p> <p>2. Establish a prescription drug formulary to lower the cost of drugs while ensuring the quality of care for injured workers.</p> <p>3. To combat the opioid epidemic adopt rules to limit the morphine equivalent dose (MED) in prescribing opioids.</p> <p>4. Establish reimbursement limits per script or per ingredient, capping the total number of ingredients or the total cost per script or require prior authorization.</p>	Julian Roberts, President, American Association of Payers, Administrators and Networks	Letter 12/3/18

7	<p>1.No Current Statute or Rule</p> <p>2. No Current Statute or Rule</p> <p>3. 102.425 (3) (a) 1</p> <p>4. No Current Statute or Rule</p> <p>5.No Current Statute or Rule</p> <p>6. No Current Statute or Rule</p> <p>7. No Current Statute or Rule</p>	<p>1.Limit Opioids for Short Term Use</p> <p>2. Limit Morphine Equivalent Dose (MED) & Supply Limitation</p> <p>3. Average Wholesale Price (AWP) Source</p> <p>4. Limit Charges for Repackaged Drugs</p> <p>5. Reimbursement for Convenience Packs & Kits</p> <p>6. Physician Dispensing Limitation</p> <p>7. Preauthorization for Physician Dispensed & Compounded Medications</p>	<p>1.Limit opioids for short-term use only in the acute phase following severe injury or surgery, at the lowest effective dose of an immediate release opioid for shortest duration possible with treatment to be evaluated weekly.</p> <p>2. Establish a 50 morphine equivalent dose (MED) threshold for treatment of acute and chronic pain and establish a supply limitation of seven (7) days.</p> <p>3. Designate Medi-Span as the average wholesale price (AWP) drug pricing source.</p> <p>4. Create s. 102.425 (3) (am), Wis. Stats., covering charges for repackaged drugs using the same language that was contained in 2014 AB-71 (2013-2014 WCAC WC Agreed Upon Bill).</p> <p>5. Set reimbursement for convenience packs and kits based on the fee schedule rate applicable to the individual products contained in these. Supplies, including but not limited to, gloves, bandages and syringes are considered integral to the package and should not be separately reimbursable.</p> <p>6. Limit physician dispensed medications to a one (1) time seven (7) day supply at the initial visit within the first 10 days of an injury.</p> <p>7. Preauthorization should be required for all physician dispensed and compounded medications.</p>	<p>Tracy Euler, Manager, Advocacy and Compliance, Healthsystems, LLC</p>	<p>Letter 12/3/18</p>
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8.	<p>1. 102.49(5) (c) & 102.58</p> <p>2. 102.49(5) (c) & 102.32 (6m)</p> <p>3. 102.49(5) (c) & 102.32 (6m)</p> <p>4. No Current Statute or Rule</p>	<p>1. Payment to WISBF</p> <p>2. Interest Credit for Advance Payment to WISBF</p> <p>3. Lump Sum Payment to WISBF</p> <p>4. Health Care Provider Billing Statements</p>	<p>1. In situations where an employee violates an employer's alcohol or drug use policy and this is casual to an employee's death, no death benefits are payable to the employee's dependent and the law should be amended to make it clear that no payment of the death benefit is to be made to the state treasurer (Work Injury Supplemental Benefit Fund) when the employee has no dependent(s).</p> <p>2. Authorize an interest credit to be applied for the prepayment of funds to the WISBF.</p> <p>3. Worker's compensation insurance carriers should be given the option to make one (1) lump sum payment of the entire amount due to the WISBF and be eligible for an interest credit for present value considerations.</p> <p>4. Require health care providers to provide billing statements to law firms. The following language is suggested: "All medical providers (including but not limited to hospitals, clinics, outpatient facilities, etc.) are required to provide the insurance company and by request their representatives, including nurse case managers, law firms, etc., a copy of the complete billing statement on either the HCFA or UB40 form without charge and within 30 days of the request. Any provider who refused to submit billing on either the HCFA or UB40 are barred from collection under Chapter 102."</p>	Mr. Andrew J. Franken, President, Wisconsin Insurance Alliance	Letter 3/7/19
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9.	102.315 (2)	WC Insurance Coverage for Employee Leasing Companies & PEOs	Amend the law to allow small and mid-sized businesses that partner with an employee leasing company/ Professional Employer Organization (PEO) to maintain worker's compensation insurance coverage either through the employee leasing company/ PEO or for the client company to elect to assume the responsibility of providing the worker's compensation insurance coverage for leased employees in an arrangement with the employee leasing company/PEO.	Mr. Justin Worrell, TriNet, Senior Regulatory Policy Manager	WCAC Meeting 3/12/19
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