

## PROPOSED ORDER AMENDING, REPEALING AND CREATING A RULE.

### Office of the Commissioner of Insurance

Agency 145 - Ch. INS 17.01 and 17.28 (6), Wis. Admin. Code:

The Commissioner of Insurance proposes an order to amend s. Ins 17.01 (3), 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 for the fiscal year beginning July 1, 2015, and affecting small business.

The statement of scope for this rule SS 029-15, was approved by the Governor on January 15, 2015, published in Register No. 711A4, on March 23, 2015, and approved by the Commissioner on April 6, 2015. This rule was also issued as an Emergency Rule effective June 11, 2015 and numbered EmR1516. The notice of hearing for both EmR1516 and CR 15-046 was published in Register714A3 on June 15, 2015 and held on July 28, 2015. The permanent rule was submitted to and approved by the Governor on October 26, 2015.

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#### ANALYSIS PREPARED 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 OCI's authority to promulgate the proposed rule:**

The injured patients and families compensation fund ("fund"), was established by and operated under Ch. 655, Wis. 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, 2015. These fees represent a 34% decrease from fees paid for the 2014-2015 fiscal year. The board approved

these fees at its meeting on December 17, 2014, 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 18, 2015 by establishing mediation panel fees for the next fiscal year at \$13.50 for physicians and \$2.75 per occupied bed for hospitals, representing an increase from the 2015 fiscal year of \$5.75 per physician and an increase of \$1.25 per occupied bed for hospitals mediation panel fees. These changes in fees reflect the change in fees implemented under authority of an emergency rule.

**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. A summary of the factual data and analytical methodologies that OCI used in support of the proposed rule:**

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 actuaries 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 actuaries report to the board for consideration. This proposed rule reflects the rates approved by the board at the December 17, 2014, and March 18, 2015, board meetings.

**9. Analysis and supporting documentation that OCI used in support of OCI's determination of the rule's 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 incur the slight increase for fiscal year 2016. The proposed rule 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 and mediation panel fee increase 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 of fund fees and slight increase in mediation panel contained in the proposed rule will require providers to pay reduced fund fees which will decrease the operational expenses for the providers which will greatly outweigh the slight increase in mediation panel fees. The increase in mediation panel fees contained in this proposed 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 Julie E. Walsh, Senior Attorney, OCI at:

Phone: (608) 264-8101

Email: Julie.Walsh@wisconsin.gov

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

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

**13. Place where comments are to be submitted and deadline for submission:**

The deadline for submitting comments closed at 4:00 p.m. on August 10, 2015.

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**The proposed rule changes are:**

**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, ~~2013~~ 2015:

(a) For physicians-- ~~\$0~~\$13.50.

(b) For hospitals, per occupied bed-- ~~\$0~~\$2.75.

**SECTION 2. Ins 17.28 (6) is repealed and recreated to read:**

(6) FEE SCHEDULE. The following fee schedule is in effect from July 1, 2015 to June 30, 2016:

(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.... \$865

Class 3...\$ 3,461

Class 2.... \$1,558                      Class 4....\$ 5,711

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

Class 1..... \$ 433                      Class 3....\$ 1,732

Class 2..... \$ 779                      Class 4....\$ 2,858

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

All classes..... \$ 519

(d) For a Medical College of Wisconsin, Inc., full-time faculty member:

Class 1..... \$ 346                      Class 3... . \$ 1,383

Class 2.....\$ 622                      Class 4... . \$ 2,282

(e) For physicians who practice part-time:

1. For a physician who practices fewer than 500 hours during the fiscal year, limited to office practice and nursing home and house calls, and who does not practice obstetrics or surgery or assist in surgical procedures:..\$ 216.

2. For a physician who practices 1040 hours or less during the fiscal year, including those who practice fewer than 500 hours during the fiscal 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.....\$ 519                      Class 3....\$ 2,078

Class 2.....\$ 935                      Class 4....\$ 3,428

(f) For a physician for whom this state is not a principal place of practice:

Class 1.....\$ 433                      Class 3....\$ 1,732

Class 2.....\$ 779                      Class 4....\$ 2,858

(g) For a nurse anesthetist for whom this state is a principal place of practice:

\$ 213

(h) For a nurse anesthetist for whom this state is not a principal place of practice:.....\$ 107

(i) For a hospital, all of the following fees:

1. Per occupied bed.....\$ 52

2. Per 100 outpatient visits during the last calendar year for which totals are available:.....\$ 2.61

(j) For a nursing home, as described under s. 655.002 (1) (j), Stats., that is wholly owned and operated by a hospital and that has health care liability insurance separate from that of the hospital by which it is owned and operated:

Per occupied bed.....\$ 10

(k) For a partnership comprised of physicians or nurse anesthetists, organized 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 partners and employed physicians and nurse anesthetists is from 2 to 10.....\$ 30

b. If the total number of partners and employed physicians and nurse anesthetists is from 11 to 100.....\$ 299

c. If the total number of partners and employed physicians and nurse anesthetists exceeds 100.....\$ 744

2. The following fee for each full-time equivalent allied health care professional employed by the partnership as of the most recent completed survey submitted:

Employed Health Care Professionals

Fund Fee

Nurse Practitioners.....\$ 216

Advanced Nurse Practitioners.....	303
Nurse Midwives.....	1,903
Advanced Nurse Midwives.....	1,990
Advanced Practice Nurse Prescribers.....	303
Chiropractors.....	346
Dentists.....	173
Oral Surgeons.....	1,298
Podiatrists-Surgical.....	3,678
Optometrists.....	173
Physician Assistants.....	173

(L) For a corporation, including a service corporation, with more than one shareholder organized under ch. 180, 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 shareholders and employed physicians and nurse anesthetists is from 2 to 10.....\$ 30
- b. If the total number of shareholders and employed physicians and nurse anesthetists is from 11 to 100.....\$ 299
- c. If the total number of shareholders and employed physicians or nurse anesthetists exceeds 100.....\$ 744

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:

<u>Employed Health Care Professionals</u>	<u>Fund Fee</u>
Nurse Practitioners.....	\$ 216
Advanced Nurse Practitioners.....	303
Nurse Midwives.....	1,903

Advanced Nurse Midwives.....	1,990
Advanced Practice Nurse Prescribers.....	303
Chiropractors.....	346
Dentists.....	173
Oral Surgeons.....	1,298
Podiatrists-Surgical.....	3,678
Optometrists.....	173
Physician Assistants.....	173

(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.....\$ 30
- b. If the total number of employed physicians and nurse anesthetists is from 11 to 100.....\$ 299
- c. If the total number of employed physicians or nurse anesthetists exceeds 100.....\$ 744

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:

<u>Employed Health Care Professionals</u>	<u>Fund Fee</u>
Nurse Practitioners .....	\$ 216
Advanced Nurse Practitioners.....	303
Nurse Midwives.....	1,903
Advanced Nurse Midwives.....	1,990
Advanced Practice Nurse Prescribers.....	303
Chiropractors.....	346

Dentists.....	173
Oral Surgeons.....	1,298
Podiatrists-Surgical.....	3,678
Optometrists.....	173
Physician Assistants .....	173

(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.....\$0.07

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:

<u>Employed Health Care Professionals</u>	<u>Fund Fee</u>
Nurse Practitioners.....	\$ 216
Advanced Nurse Practitioners.....	303
Nurse Midwives.....	1,903
Advanced Nurse Midwives.....	1,990
Advanced Practice Nurse Prescribers.....	303
Chiropractors.....	346
Dentists.....	173
Oral Surgeons.....	1,298
Podiatrists-Surgical.....	3,678
Optometrists.....	173
Physician Assistants.....	173

(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:.....\$13.50

(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:

1. a. If the total number of employed physicians and nurse anesthetists is from 1 to 10.....\$ 30

b. If the total number of employed physicians and nurse anesthetists is from 11 to 100.....\$ 299

c. If the total number of employed physicians or nurse anesthetists exceeds 100.....\$ 744

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:

<u>Employed Health Care Professionals</u>	<u>Fund Fee</u>
Nurse Practitioners.....	\$ 216
Advanced Nurse Practitioners.....	303
Nurse Midwives.....	1,903

Advanced Nurse Midwives.....	1,990
Advanced Practice Nurse Prescribers.....	303
Chiropractors.....	346
Dentists.....	173
Oral Surgeons.....	1,298
Podiatrists-Surgical .....	3,678
Optometrists.....	173
Physician Assistants.....	173

**SECTION 3. EFFECTIVE DATE.** This rule shall take effect on the first day of the month after publication in the Wisconsin Administrative Register, as provided in s. 227.22 (2) (intro.), Stats.

Dated at Madison, Wisconsin, this 2nd day of November, 2015.

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Daniel J. Schwartzer  
Deputy Commissioner

**Office of the Commissioner of Insurance  
Fiscal Estimate**

for Section Ins 17.01, 17.28 (6) relating to Injured Patients and Families  
Compensation Fund Annual fund and Mediation Panel Fees for the fiscal  
year beginning July 1, 2015 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 by 34% from last fiscal year and slightly increases mediation panel fees to \$13.50 for physicians and \$2.70 per hospital bed. The fund is a segregated account and does not impact state funds. The rule decreases fund fees and slightly increases mediation panel fee and therefore will not have an effect on county, city, village, town, school district, technical college district and sewerage district fiscal liabilities and revenues.

## ADMINISTRATIVE RULES – FISCAL ESTIMATE

**1. Fiscal Estimate Version**

Original    Updated    Corrected

**2. Administrative Rule Chapter Title and Number**

**INS 1728**

**3. Subject**

Injured Patients and Families Compensation Fund Annual fund and Mediation Panel Fees for the fiscal year beginning July 1, 2015 and affecting small business

**4. State Fiscal Effect:**

<input checked="" type="checkbox"/> No Fiscal Effect	<input type="checkbox"/> Increase Existing Revenues	<input type="checkbox"/> Increase Costs
<input type="checkbox"/> Indeterminate	<input type="checkbox"/> Decrease Existing Revenues NONE	<input type="checkbox"/> Yes <input type="checkbox"/> No   May be possible to absorb within agency's budget.
		<input type="checkbox"/> Decrease Costs NONE

**5. Fund Sources Affected:**

GPR    FED    PRO    PRS    SEG    SEG-S

**6. Affected Ch. 20, Stats. Appropriations:**

None

**7. Local Government Fiscal Effect:**

<input checked="" type="checkbox"/> No Fiscal Effect	<input type="checkbox"/> Increase Revenues	<input type="checkbox"/> Increase Costs
<input type="checkbox"/> Indeterminate	<input type="checkbox"/> Decrease Revenues	<input type="checkbox"/> Decrease Costs   NONE

**8. Local Government Units Affected:**

Towns    Villages    Cities    Counties    School Districts    WTCS Districts    Others: None

**9. Private Sector Fiscal Effect (small businesses only):**

<input checked="" type="checkbox"/> No Fiscal Effect	<input type="checkbox"/> Increase Revenues	<input type="checkbox"/> Increase Costs
<input type="checkbox"/> Indeterminate	<input checked="" type="checkbox"/> Decrease Revenues	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   May have significant economic impact on a substantial number of small businesses
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   May have significant economic impact on a substantial number of small businesses	<input type="checkbox"/> Decrease Costs

**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. Decease of 34% for fund fees and slight increase for medical mediation fees.

**12. Long-Range Fiscal Implications**

None

13. Name - Prepared by Julie E. Walsh	Telephone Number (608) 264-8101	Date May 8, 2015
14. Name – Analyst Reviewer	Telephone Number	Date
Signature—Secretary or Designee	Telephone Number (608) 267-3782	Date

## EXISTING ADMINISTRATIVE RULES Fiscal Estimate & Economic Impact Analysis

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1. Type of Estimate and Analysis

Repeal     Modification

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2. Administrative Rule Chapter, Title and Number

Agency 145 Ch. Ins 17 Health Care Liability Insurance Patients Compensation Fund ss. 17.01 (3), and 17.28 (6), Wis. Adm. Code.

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3. Date Rule promulgated and/or revised; Date of most recent Evaluation

The Fund fee rule is reviewed annually as required by s. 655.27 (3) (b) 1., Stats. The mediation panel fees are reviewed annually in accordance with s. 655.61, Stats. The director of state courts must annually provide the board of governors of the injured patients and families compensation fund information on the mediation panel fees by February 1st of each year.

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4. Plain Language Analysis of the Rule, its Impact on the Policy Problem that Justified its Creation and Changes in Technology, Economic Conditions or Other Factors Since Promulgation that alter the need for or effectiveness of the Rule.

To establish the annual fees that participating health care providers must pay to the Injured Patients and Families Compensation Fund ("Fund") as required by s. 655.27 (3), Stats., for the fiscal year beginning July 1, 2015. The proposed rule will also establish the mediation panel fees for fiscal year 2016 commencing on July 1, 2015. This rule provides the Fund with appropriate and adequate funding and solvency for future years. This is the main vehicle for achieving and maintaining the Fund's solvency.

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5. Describe the Rule's Enforcement Provisions and Mechanisms

All participating providers as defined by s. 655.002, Stats., are required to pay annual Fund and mediation panel fees as provided by s. 655.23 and 655.27, Stats., in order to use their health care provider's license.

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6. Repealing or Modifying the Rule Will Impact the Following  
(Check All That Apply)

<input type="checkbox"/> State's Economy	<input type="checkbox"/> Specific Businesses/Sectors
<input type="checkbox"/> Local Government Units	<input type="checkbox"/> Public Utility Rate Payers
	<input checked="" type="checkbox"/> Small Businesses

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7. Summary of the Impacts, including Compliance Costs, identifying any Unnecessary Burdens the Rule places on the ability of Small Business to conduct their Affairs.

All health care provider participants in the Fund as set forth in s. 655.002 (1), Stats., will be required to pay a 34% reduced assessment for their medical malpractice coverage under Ch. 655, Stats. The impact is considered to be minimal and in fact is a positive impact to the participants. In addition there is a slight increased fee this fiscal year for mediation panel fees. The increase is \$5.75 per physician and an increase of \$1.25 per occupied bed for hospitals from the prior year's rates.

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8. List of Small Businesses, Organizations and Members of the Public that commented on the Rule and its Enforcement and a Summary of their Comments.

OCI solicited comments generally through publication requesting comments from the public utilizing the OCI website. Additionally OCI solicited comments from businesses, individuals, and local government units related to the implementation and compliance costs. Solicitations were sent to health insurance members of OCI's Health and Life Insurance Advisory Council and interested parties. Members included health insurance companies, health insurance agent representatives, consumer representatives, provider representatives and representatives of small business.

No comments were received.

## EXISTING ADMINISTRATIVE RULES Fiscal Estimate & Economic Impact Analysis

9. Did the Agency consider any of the following Rule Modifications to reduce the Impact of the Rule on Small Businesses in lieu of repeal?

- Less Stringent Compliance or Reporting Requirements
- Less Stringent Schedules or Deadlines for Compliance or Reporting
- Consolidation or Simplification of Reporting Requirements
- Establishment of performance standards in lieu of Design or Operational Standards
- Exemption of Small Businesses from some or all requirements
- Other, describe: The Fund is reducing the annual fees by 34%

10. Fund Sources Affected

- GPR    FED    PRO    PRS    SEG    SEG-S

11. Chapter 20, Stats. Appropriations Affected

None

12. Fiscal Effect of Repealing or Modifying the Rule

- No Fiscal Effect       Increase Existing Revenues       Increase Costs  
 Indeterminate       Decrease Existing Revenues       Could Absorb Within Agency's Budget  
 Decrease Cost

13. Summary of Costs and Benefits of Repealing or Modifying the Rule

The proposed rule will benefit Fund participants by ensuring that fee revenue is adequate to cover anticipated administrative, operating and claims payments costs. The alternatives to this rule would be to establish a Fund fee increase, to maintain current fee amounts or to assess fees lower than the proposed 34% reduction in Fund fees. A greater reduction in fees would leave the Fund with inadequate funding to cover actuarially-based projected costs, while a fee increase or static fee level would present an unnecessary cost to Fund participants. The proposed rule does not significantly impact Wisconsin's economy, productivity, jobs or the overall economic competitiveness of Wisconsin. Wisconsin's health care marketplace is strengthened with an affordable layer of medical malpractice coverage. The Fund has existed in Wisconsin since 1975. Fund participants will benefit from a stable and solvent fund. Additionally, Fund participants should not experience increased compliance costs with the reduction of fund fees even with the inclusion of this year's increased mediation panel fees.

14. Did the Agency prepare a Cost Benefit Analysis (if Yes, attach to form)

- Yes    No

15. Long Range Implications of Repealing or Modifying the Rule

The long-range implication of the rule as proposed will be an adequately funded and solvent Fund.

16. Compare With Approaches Being Used by Federal Government

Federal government does not address this subject matter.

17. Compare With Approaches Being Used by Neighboring States (Illinois, Iowa, Michigan and Minnesota)

None of the neighboring states have a patient compensation fund or a general program of state-sponsored liability insurance for physicians.

18. Contact Name

Kate Ludlum

19. Contact Phone Number

608-264-6232

This document can be made available in alternate formats to individuals with disabilities upon request.



Scott Walker, Governor  
Theodore K. Nickel, Commissioner

Wisconsin.gov

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REPORT ON Section Ins 17.01 and 17.28 (6), Wis. Adm.  
Code, relating to the Injured Patients and Families  
Compensation Fund annual fund and mediation panel fees  
for the fiscal year beginning July 1, 2015 and affecting  
small business

**Clearinghouse Rule No. 15-046**  
Submitted Under s. 227.19 (3), Stats.

(The proposed rule-making order is attached.)

**(a) A detailed statement of basis for the proposed rule and how the rule advances relevant statutory goals or purposes:**

The commissioner of insurance with approval of the board of governors (board) for the injured patients and families compensation fund (fund) is required to annually set the fees for the fund and the medical mediation panel fees by administrative rule. The proposed rule sets the fees to the fund pursuant to s. 655.27 (3) (b), Wis. Stats., and establishes the fees to be charged to health care providers at a level sufficient to provide the necessary revenue to fund the medial mediation panel in accordance with s. 655.61, Wis. Stat. The proposed rule complies with these requirements and does not exceed the statutory authority or original statement of scope. The fees for the fund are based upon the recommendation of the board's actuarial and underwriting committee and reports of the fund's actuaries. The recommended fees for the fund are developed by the board's actuarial firm based upon delineated assumptions and trending data. The amounts of the fees for any fiscal year are calculated to be sufficient to cover liabilities that arise during that fiscal year. The annual fees for the medical mediation panel is based upon the recommendation of the director of state courts, reviewed by the board's investment, finance and audit committee and approved by the board.

**(b) Summary of the public comments and the agency's responses to those comments:**

The fund received no comments at the rule hearing or during the comment period.

**(c) An explanation of any modifications made in proposed rule as a result of public comments or testimony received at a public hearing:**

None.

**(d) Persons who appeared or registered regarding the proposed rule:**

**Appearances for:**

None

**Appearances against:**

None

**Appearances for information:**

None

**Registrations for:**

None

**Registrations against:**

None

**Registrations neither for nor against:**

None

**Letters received:**

None

- (e) An explanation of any changes made to the plain language analysis of the rule under s. 227.14 (2), Stats., or to any fiscal estimate prepared under s. 227.14 (4), Stats.**

A clarification to the change in fees was added as requested by Legislative Council staff.

- (f) The response to the Legislative Council staff recommendations indicating acceptance of the recommendations and a specific reason for rejecting any recommendation:**

All comments were complied with and corrected.

- (g) The response to the report prepared by the small business regulatory review board:**

The small business regulatory review board did not prepare a report.

- (h) Final Regulatory Flexibility Analysis**

A Final Regulatory Flexibility Analysis is Not Required because the rule will not have a significant economic impact on a substantial number of small businesses as the fund fees are significantly decreased and the increase in medical mediation panel fees are low.

**(i) Fiscal Effect**

See fiscal estimate attached to proposed rule.

Attachment: Legislative Council Staff Recommendations



**SCOTT WALKER**  
**OFFICE OF THE GOVERNOR**  
**STATE OF WISCONSIN**

P.O. Box 7863  
MADISON, WI 53707

October 26, 2015

Ted Nickel  
Commissioner  
Office of Commissioner of Insurance  
125 South Webster Street  
Madison, Wisconsin 53703-3474

**RE: Permanent Rule modifying INS 17.01 and 17.28 (6) relating to the Injured Patients and Families Compensation Fund Annual Fund and Mediation Panel Fees for the fiscal year beginning July 1, 2015, and affecting small business**

Dear Commissioner Nickel,

I hereby approve the proposed rule modifying Chapters INS 17.01 and 17.28 (6) of the Wisconsin Administrative Code submitted on September 28, 2015 pursuant to Wisconsin Statutes § 227.185. You may submit the proposed rule to the legislature pursuant to Wisconsin Statutes § 227.19(2).

Sincerely,

Scott Walker  
Governor