



State of Wisconsin / OFFICE OF THE COMMISSIONER OF INSURANCE

Jim Doyle, Governor  
Sean Dilweg, Commissioner

Wisconsin.gov

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REPORT ON Sections Ins 17.01, and 17.28, Wis. Adm.  
Code, relating to f/y 2010 fund fees, provider  
classifications and mediation panel fees

Clearinghouse Rule No 09-004  
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:**

Pursuant to s. 655.27(3)(b) and s. 655.61, Wis. Stat., the commissioner of insurance, with approval of the injured patients & families compensation fund (fund) board of governors (board), is required to establish by administrative rule the annual fees for the fund and for the mediation system operated by the director of state courts. This rule establishes those fees for fiscal year 2009-10.

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

A representative from the Wisconsin Medical Society testified at the public hearing in opposition to the rule and pursuant to 227.18 (3) Wis. Stat., requested argument before the Commissioner of Insurance prior to promulgation of the rule. After review of the Medical Society's submitted comments and hearing record, the Commissioner is proceeding with the rule as drafted in accordance with the directive of the fund's board of governors.

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

Not applicable.

**(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) or to any fiscal estimate prepared under s. 227.14(4).**

None.

**(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, or modifications made except for those comments related to clarification of the classifications included under s. 17.28 (3) (c). The titles of the classifications, as included in the rule, are those supplied by the Insurance Services Offices, Inc., and are presented in the manner and form as used by the primary insurance companies when submitting certificates of insurance based upon their underwriting. Any changes to these titles would result in the primary companies not being able to submit valid certificates of insurance for the providers.

**(g) 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.

**(h) Fiscal Effect**

See fiscal estimate attached to proposed rule.

Attachment: Legislative Council Staff Recommendations