

**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~~ 2013:

(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	80230
Allergy	80254
Allergy (D.O.)	84254
Cardiovascular Disease—no surgery or	80255

catheterization	
Cardiovascular Disease—no surgery or catheterization (D.O.)	84255
Dermatology—no surgery	80256
Dermatology—no surgery (D.O.)	84256
Diabetes—no surgery	80237
Endocrinology—no surgery	80238
Endocrinology—no surgery (D.O.)	84238
Family or General Practice—no surgery	80420
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	80231
General Preventive Medicine—no surgery (D.O.)	84231
Geriatrics—no surgery	80243
Geriatrics—no surgery (D.O.)	84243
Gynecology—no surgery	80244
Gynecology—no surgery (D.O.)	84244
Hematology—no surgery	80245
Hematology—no surgery (D.O.)	84245
Hypnosis	80232
Infectious Diseases—no surgery	80246
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 <u>80264</u>
Otorhinolaryngology—no surgery	80265
Otorhinolaryngology—no surgery (D.O.)	84265
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	<u>80247</u>
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— <u>no surgery</u>	80121	

2. Class 2:

Acupuncture	80437	
Acupuncture (D.O.)	84437	
Anesthesiology	80151	
Anesthesiology (D.O.)	84151	
Angiography-Arteriography—catheterization	80422	
Angiography-Arteriography—catheterization (D.O.)	84422	
Broncho-Esophagology	80101	
Cardiovascular Disease—minor surgery	80281	
Cardiovascular Disease—minor surgery (D.O.)	84281	
Colonoscopy-ERCP-Pneu or mech esoph dil (D.O.)	84443	
Colonoscopy-ERCP-pneu. or mech.	80443	
Dermatology—minor surgery	80282	
Dermatology – minor surgery (D.O.)	84282	
Diabetes – minor surgery	80271	
Dermatology Diabetes—minor surgery (D.O.)	84282	<u>84271</u>
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 surgery—No OB	80423
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 (D.O.)	84421
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	80291
Otorhinolaryngology—minor surgery (D.O.)	84291
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 procedures	80280
Radiology—diagnostic-interventional procedures (D.O.)	84280
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
<u>Surgery—Ophthalmology (D.O.)</u>	<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 (D.O.)	84157
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.)	84143
Surgery—Gynecology	80167
Surgery—Gynecology (D.O.)	84167

Surgery—Hand	80169
Surgery—Head & Neck	80170
Surgery – Laryngology	80106
Surgery—Orthopedic	80154
Surgery—Orthopedic (D.O.)	84154
Surgery—Otorhinolaryngology-no plastic surgery	80159
Surgery—Plastic	80156
Surgery—Plastic (D.O.)	84156
Surgery—Plastic-Otorhinolaryngology	80155
Surgery—Plastic-Otorhinolaryngology (D.O.)	84155
Surgery—Rhinology	80160
Surgery—Thoracic	80144
Surgery—Thoracic (D.O.)	84144
Surgery—Traumatic	80171
<u>Surgery—Traumatic (D.O.)</u>	<u>84171</u>
Surgery—Vascular	80146
Surgery – Vascular (D.O.)	84146
Weight Control—Bariatrics	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
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(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 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:..\$ 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 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.....\$ 874 Class 3....\$3,496

Class 2.....\$1,573 Class 4....\$5,768

(f) For a physician for whom this state is not 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 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 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.....\$ 17

(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.....\$ 51

b. If the total number of partners and employed physicians and nurse anesthetists is from 11 to 100.....\$ 503

c. If the total number of partners and employed physicians and nurse anesthetists exceeds 100.....\$1,252

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:

<u>Employed Health Care Professionals</u>	<u>Fund Fee</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 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.....\$ 51

b. If the total number of shareholders and employed physicians and nurse anesthetists is from 11 to 100.....\$ 503

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 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.....	\$ 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

(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:

<u>Employed Health Care Professionals</u>	<u>Fund Fee</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

(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:

<u>Employed Health Care Professionals</u>	<u>Fund Fee</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

(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:

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 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.....	\$ 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
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SECTION 4. EFFECTIVE DATE. This rule shall take effect on the first day of the month following publication in the Wisconsin Administrative Register as provided in s. 227.22 (2) (intro.), Stats.

Dated at Madison, Wisconsin, this 13th day of May, 2014.

Theodore K. Nickel
Commissioner 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 / OFFICE OF THE COMMISSIONER OF INSURANCE

Scott Walker, Governor
Theodore K. Nickel, Commissioner

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STATE OF WISCONSIN

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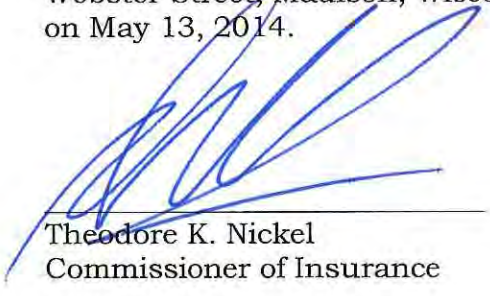
OFFICE OF THE COMMISSIONER OF INSURANCE



I, Theodore K. Nickel, Commissioner of Insurance and custodian of the official records, certify that the annexed rule affecting Section Ins 17.01 (3), 17.28 (3) (c) 1., 2., and 3., and (6), Wis. Adm. Code, 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, is duly approved and adopted by this Office on May 13, 2014.

I further certify that I have compared this copy with the original on file in this Office and that it is a true copy of the original, and the whole of the original.

IN TESTIMONY WHEREOF, I have
hereunto set my hand at 125 South
Webster Street, Madison, Wisconsin,
on May 13, 2014.


Theodore K. Nickel
Commissioner of Insurance