

dination of hospice services and care on behalf of a hospice client and his or her family, if any.

SECTION 1424g. 51.01 (11m) of the statutes is created to read:

51.01 (11m) "Licensed mental health professional" has the meaning given in s. 632.89 (1) (dm).

**Vetoed
In Part**

SECTION 1424m. 51.06 (9) of the statutes is created to read:

51.06 (9) **REPORT ON RELOCATIONS FROM SOUTHERN CENTER.** Annually by October 1, the department shall submit to the members of the joint committee on finance a report on the status of individuals relocated from the southern center for the developmentally disabled to a community setting after the effective date of this subsection [LRB inserts date], that includes all of the following:

(a) An assessment of the impact that relocation has had on the health of individuals relocated in the previous 3 state fiscal years. Factors that the department may use to assess an individual's health status include an individual's weight, changes in medications, preventable hospitalizations and emergency room visits, incidence of chronic disease, and changes in performance of activities of daily living.

(b) A list of each setting in which each individual has lived in the previous 3 state fiscal years.

(c) Information on the involvement that guardians or family members of the individuals have had with the individuals in the previous state fiscal year.

(d) The cause of death for each individual who died in the previous state fiscal year.

SECTION 1424p. 51.06 (10) of the statutes is created to read:

51.06 (10) **RELOCATIONS FROM SOUTHERN CENTER.** (a) The department shall create a form on which a resident of the southern center for the developmentally disabled, or the resident's guardian, may indicate a preference for where the resident would like to live. The department shall make the form available to all residents of the southern center for the developmentally disabled and to their guardians. The department shall maintain the completed form with the resident's treatment records.

(b) The department shall ensure that, if a resident is to be relocated from the southern center for the developmentally disabled, members of the center staff who provide direct care for the resident are consulted in developing a residential placement plan for the resident.

(c) If a resident of the southern center for the developmentally disabled is relocated from the center after the effective date of this paragraph [LRB inserts date], the department shall provide the resident's guardian or, if the resident is a minor and does not have a guardian, the resident's parent information regarding the process for appealing the decision to relocate the resident and the process for filing a grievance regarding the decision.

SECTION 1424y. 51.15 (2) (intro.) of the statutes is amended to read:

51.15 (2) **FACILITIES FOR DETENTION.** (intro.) The law enforcement officer or other person authorized to take a child into custody under ch. 48 or to take a juvenile into custody under ch. 938 shall transport the individual, or cause him or her to be transported, for detention, if the county department of community programs in the county in which the individual was taken into custody approves the need for detention, and for evaluation, diagnosis, and treatment if permitted under sub. (8) to any of the following facilities:

SECTION 1426. 51.22 (1) of the statutes is amended to read:

51.22 (1) Except as provided in s. 51.20 (13) (a) 4. or 5., any person committed under this chapter shall be committed to the county department under s. 51.42 or 51.437 serving the person's county of residence, and such county department shall authorize placement of the person in an appropriate facility for care, custody and treatment according to s. 51.42 (3) (as) ~~+~~ 1r. or 51.437 (4rm) (a).

SECTION 1427. 51.22 (2) of the statutes is amended to read:

51.22 (2) Except for admissions that do not involve the department or a county department under s. 51.42 or 51.437 or a contract between a treatment facility and the department or a county department, admissions under ss. 51.10, 51.13, and 51.45 (10) shall be through the county department under s. 51.42 or 51.437 serving the person's county of residence, or through the department if the person to be admitted is a nonresident of this state. Admissions through a county department under s. 51.42 or 51.437 shall be made in accordance with s. 51.42 (3) (as) ~~+~~ 1r. or 51.437 (4rm) (a). Admissions through the department shall be made in accordance with sub. (3).

SECTION 1427L. 51.30 (1) (ag) of the statutes is amended to read:

51.30 (1) (ag) "Health care provider" has the meaning given in s. 146.81 (1) ~~(a) to (p).~~

SECTION 1427r. 51.30 (1) (b) of the statutes is amended to read:

51.30 (1) (b) "Treatment records" include the registration and all other records that are created in the course of providing services to individuals for mental illness, developmental disabilities, alcoholism, or drug dependence and that are maintained by the department; ~~;~~ by county departments under s. 51.42 or 51.437 and their staffs; ~~and;~~ by treatment facilities; or by psychologists licensed under s. 455.04 (1) or licensed mental health professionals who are not affiliated with a county department or treatment facility. Treatment records do not include notes or records maintained for personal use by an individual providing treatment services for the department, a county department under s. 51.42 or 51.437, or a

treatment facility, if the notes or records are not available to others.

SECTION 1429. 51.30 (4) (b) 20. (intro.) of the statutes is amended to read:

51.30 (4) (b) 20. (intro.) Except with respect to the treatment records of a subject individual who is receiving or has received services for alcoholism or drug dependence, to the spouse, domestic partner under ch. 770, parent, adult child or sibling of a subject individual, if the spouse, domestic partner, parent, adult child or sibling is directly involved in providing care to or monitoring the treatment of the subject individual and if the involvement is verified by the subject individual's physician, psychologist or by a person other than the spouse, domestic partner, parent, adult child or sibling who is responsible for providing treatment to the subject individual, in order to assist in the provision of care or monitoring of treatment. Except in an emergency as determined by the person verifying the involvement of the spouse, domestic partner, parent, adult child or sibling, the request for treatment records under this subdivision shall be in writing, by the requester. Unless the subject individual has been adjudicated incompetent in this state, the person verifying the involvement of the spouse, domestic partner, parent, adult child or sibling shall notify the subject individual about the release of his or her treatment records under this subdivision. Treatment records released under this subdivision are limited to the following:

SECTION 1430. 51.30 (4) (cm) (intro.) of the statutes is amended to read:

51.30 (4) (cm) *Required access to certain information.* (intro.) Notwithstanding par. (a), treatment records of an individual shall, upon request, be released without informed written consent, except as restricted under par. (c), to the parent, child, sibling, ~~or spouse~~, or domestic partner under ch. 770 of an individual who is or was a patient at an inpatient facility; to a law enforcement officer who is seeking to determine whether an individual is on unauthorized absence from the facility; and to mental health professionals who are providing treatment to the individual at the time that the information is released to others. Information released under this paragraph is limited to notice as to whether or not an individual is a patient at the inpatient facility and, if the individual is no longer a patient at the inpatient facility, the facility or other place, if known, at which the individual is located. This paragraph does not apply under any of the following circumstances:

SECTION 1431. 51.30 (4) (cm) 1. of the statutes is amended to read:

51.30 (4) (cm) 1. To the individual's parent, child, sibling, ~~or spouse~~, or domestic partner under ch. 770 who is requesting information, if the individual has specifically requested that the information be withheld from the parent, child, sibling, ~~or spouse~~, or domestic partner.

SECTION 1431d. 51.30 (8) of the statutes is amended to read:

51.30 (8) GRIEVANCES. Failure to comply with any provisions of this section may be processed as a grievance under s. 51.61 (5), except that a grievance resolution procedure option made available to the patient, as required under s. 457.04 (8), applies to failures to comply by a licensed mental health professional who is not affiliated with a county department or treatment facility. However, use of the grievance procedure is not required before bringing any civil action or filing a criminal complaint under this section.

SECTION 1431g. 51.35 (1) (a) of the statutes is amended to read:

51.35 (1) (a) Subject to pars. (b) ~~and~~, (d), ~~and~~ (dm), the department or the county department under s. 51.42 or 51.437 may transfer any patient or resident who is committed to it, or who is admitted to a treatment facility under its supervision or operating under an agreement with it, between treatment facilities or from a treatment facility into the community if the transfer is consistent with reasonable medical and clinical judgment, consistent with s. 51.22 (5), and, if the transfer results in a greater restriction of personal freedom for the patient or resident, in accordance with par. (e). Terms and conditions that will benefit the patient or resident may be imposed as part of a transfer to a less restrictive treatment alternative. A patient or resident who is committed to the department or a county department under s. 51.42 or 51.437 may be required to take medications and receive treatment, subject to the right of the patient or resident to refuse medication and treatment under s. 51.61 (1) (g) and (h), through a community support program as a term or condition of a transfer. The patient or resident shall be informed at the time of transfer of the consequences of violating the terms and conditions of the transfer, including possible transfer back to a treatment facility that imposes a greater restriction on personal freedom of the patient or resident.

SECTION 1431i. 51.35 (1) (d) 1. of the statutes is amended to read:

51.35 (1) (d) 1. Subject to subd. 2. ~~and par. (dm)~~, the department may, without approval of the appropriate county department under s. 51.42 or 51.437, transfer any patient from a state treatment facility or other inpatient facility to an approved treatment facility which is less restrictive of the patient's personal freedom.

SECTION 1431k. 51.35 (1) (dm) of the statutes is created to read:

51.35 (1) (dm) The department may not exercise its authority under par. (a) or (d) 1. to transfer a resident of the southern center for the developmentally disabled to a less restrictive setting unless the resident's guardian or, if the resident is a minor and does not have a guardian, the

SECTION 2429. 146.68 (intro.) of the statutes is amended to read:

146.68 Grant for colonoscopies and other services. (intro.) From the appropriation account under s. 20.435 (5) (1) (dg), the department shall provide \$100,000 in fiscal year 2007-08 and \$75,000 in each subsequent fiscal year to an entity that satisfies the following criteria to provide colonoscopic examinations and to provide services to medical assistance recipients or persons who are eligible for medical assistance:

SECTION 2429b. 146.81 (1) (q) of the statutes is created to read:

146.81 (1) (q) An ambulance service provider, as defined in s. 256.01 (3).

SECTION 2429c. 146.81 (1) (r) of the statutes is created to read:

146.81 (1) (r) An emergency medical technician, as defined in s. 256.01 (5).

SECTION 2429d. 146.81 (1) (s) of the statutes is created to read:

146.81 (1) (s) A first responder, as defined in s. 256.01 (9).

SECTION 2429e. 146.81 (4) of the statutes is amended to read:

146.81 (4) "Patient health care records" means all records related to the health of a patient prepared by or under the supervision of a health care provider, ~~but, and~~ all records made by an ambulance service provider, as defined in s. 256.01 (3), an emergency medical technician, as defined in s. 256.01 (5), or a first responder, as defined in s. 256.01 (9), in administering emergency care procedures to and handling and transporting sick, disabled, or injured individuals. "Patient health care records" includes billing statements and invoices for treatment or services provided by a health care provider and includes health summary forms prepared under s. 302.388 (2). "Patient health care records" does not include those records subject to s. 51.30, reports collected under s. 69.186, records of tests administered under s. 252.15 (2) (a) 7., 343.305, 938.296 (4) or (5) or 968.38 (4) or (5), records related to sales of pseudoephedrine products, as defined in s. 961.01 (20c), that are maintained by pharmacies under s. 961.235, fetal monitor tracings, as defined under s. 146.817 (1), or a pupil's physical health records maintained by a school under s. 118.125. ~~"Patient health care records" also includes health summary forms prepared under s. 302.388 (2).~~

SECTION 2430. 146.81 (5) of the statutes is amended to read:

146.81 (5) "Person authorized by the patient" means the parent, guardian, or legal custodian of a minor patient, as defined in s. 48.02 (8) and (11), the person vested with supervision of the child under s. 938.183 or 938.34 (4d), (4h), (4m), or (4n), the guardian of a patient adjudicated incompetent in this state, the personal representative ~~or~~ spouse, or domestic partner under ch. 770 of a deceased

patient, any person authorized in writing by the patient or a health care agent designated by the patient as a principal under ch. 155 if the patient has been found to be incapacitated under s. 155.05 (2), except as limited by the power of attorney for health care instrument. If no spouse or domestic partner survives a deceased patient, "person authorized by the patient" also means an adult member of the deceased patient's immediate family, as defined in s. 632.895 (1) (d). A court may appoint a temporary guardian for a patient believed incompetent to consent to the release of records under this section as the person authorized by the patient to decide upon the release of records, if no guardian has been appointed for the patient.

SECTION 2431. 146.82 (2) (a) 8. of the statutes is amended to read:

146.82 (2) (a) 8. To the department under s. 255.04 and to the persons specified under s. 255.04 (3). The release of a patient health care record under this subdivision shall be limited to the information prescribed by the department under s. 255.04 (2).

SECTION 2432. 146.82 (2) (a) 18m. of the statutes is amended to read:

146.82 (2) (a) 18m. If the subject of the patient health care records is a child or juvenile who has been placed in a foster home, ~~treatment foster home,~~ group home, residential care center for children and youth, or juvenile correctional facility, including a placement under s. 48.205, 48.21, 938.205, or 938.21, or for whom placement in a foster home, ~~treatment foster home,~~ group home, residential care center for children and youth, or juvenile correctional facility is recommended under s. 48.33 (4), 48.425 (1) (g), 48.837 (4) (c), or 938.33 (3) or (4), to an agency directed by a court to prepare a court report under s. 48.33 (1), 48.424 (4) (b), 48.425 (3), 48.831 (2), 48.837 (4) (c), or 938.33 (1), to an agency responsible for preparing a court report under s. 48.365 (2g), 48.425 (1), 48.831 (2), 48.837 (4) (c), or 938.365 (2g), to an agency responsible for preparing a permanency plan under s. 48.355 (2e), 48.38, 48.43 (1) (c) or (5) (c), 48.63 (4) or (5) (c), 48.831 (4) (e), 938.355 (2e), or 938.38 regarding the child or juvenile, or to an agency that placed the child or juvenile or arranged for the placement of the child or juvenile in any of those placements and, by any of those agencies, to any other of those agencies and, by the agency that placed the child or juvenile or arranged for the placement of the child or juvenile in any of those placements, to the foster parent ~~or treatment foster parent~~ of the child or juvenile or the operator of the group home, residential care center for children and youth, or juvenile correctional facility in which the child or juvenile is placed, as provided in s. 48.371 or 938.371.

SECTION 2433b. 146.83 (1) (intro.) and (a) of the statutes are consolidated, renumbered 146.83 (1d) and amended to read:

146.83 (1d) Except as provided in s. 51.30 or 146.82 (2), any patient ~~or other person authorized by the patient~~

may, upon submitting a statement of informed consent: (a) ~~Inspect, inspect~~ the health care records of a health care provider pertaining to that patient ~~at any time~~. Except as provided in sub. (1g), the health care provider shall make the records available for inspection by the patient or person authorized by the patient during regular business hours, upon reasonable within 21 days after the health care provider receives notice from the patient or person authorized by the patient. A health care provider may not charge a fee for inspection under this subsection.

**Vetoed
In Part**

SECTION 2433c. 146.83 (1) (b) and (c) of the statutes are repealed.

SECTION 2433d. 146.83 (1f) of the statutes is created to read:

146.83 (1f) (a) Except as provided in par. (b), sub. (1g), or s. 51.30 or 146.82 (2), if a patient or a person authorized by the patient requests copies of the patient's health care records, provides informed consent, and pays the applicable fees under par. (c) or (d), the health care provider shall, subject to sub. (1k), provide the patient or person authorized by the patient copies of the requested records within 21 days after receiving the request.

**Vetoed
In Part**

(b) Except as provided in sub. (1g) or s. 51.30 or 146.82 (2), if a patient or a person authorized by the patient requests a copy of a health care provider's report regarding an X-ray of the patient, provides informed consent, and pays the applicable fees under par. (c) or (d), the health care provider shall, subject to sub. (1k), provide the patient or person authorized by the patient a copy of the report or provide the X-ray to another health care provider of the patient's choice within 30 days after receiving the request.

(c) Except as provided in par. (d), a health care provider may charge no more than the total of all of the following that apply for providing copies requested under par. (a) or (b):

1. For paper copies, 35 cents per page.
2. For microfiche or microfilm copies, \$1.25 per page.
3. For a print of an X-ray, \$10 per image.
- 3m. For providing copies in digital or electronic format, a single charge of \$5 for all copies requested.

**Vetoed
In Part**

A health care provider may not charge a fee for the disc or other storage medium on which copies are provided in a digital or electronic format.

4. Actual shipping costs.
5. If the patient or person authorized by the patient requests delivery of the copies within 7 or fewer days after making a request for copies, and the health care provider delivers the copies within that time, a fee equal to 10 percent of the total fees that may be charged under subs. 1. to 4.

(d) 1. If a patient or person authorized by the patient requests copies of the patient's health care records under this subsection for use in appealing a denial of social security disability insurance, under 42 USC 401 to 433,

or supplemental security income, under 42 USC 1381 to 1385, the health care provider may charge the patient or person authorized by the patient no more than the amount that the federal social security administration reimburses the department for copies of patient health care records.

2. Except as provided in sub. (1g), a health care provider may not charge a fee for providing one set of copies of a patient's health care records under this subsection if the patient is eligible for medical assistance, as defined in s. 49.43 (8). A health care provider may require that a patient or person authorized by the patient provide proof that the patient is eligible for medical assistance before providing copies under this subdivision without charge. A health care provider may charge the fees under par. (c) for providing a 2nd or additional set of copies of patient health care records for a patient who is eligible for medical assistance.

SECTION 2433e. 146.83 (1g) of the statutes is created to read:

146.83 (1g) The time limit for making records available for inspection under sub. (1d), the time limits for providing copies of records under sub. (1f) (a) and (b), and the requirement under sub. (1f) (d) 2. to provide one set of copies of records without charge if the patient is eligible for medical assistance do not apply if the health care provider is the department or the department of corrections.

SECTION 2433f. 146.83 (1h) of the statutes is created to read:

146.83 (1h) (a) Except as provided in s. 51.30 or 146.82 (2), if a person other than a patient and other than a person authorized by the patient requests copies of a patient's health care records, provides informed consent, and pays the applicable fees under par. (b) or (c), the health care provider shall, subject to sub. (1k), provide the person making the request copies of the requested records.

(b) Except as provided in par. (c), a health care provider may charge no more than the total of all of the following that apply for providing copies requested under par. (a):

1. For paper copies, 35 cents per page.
2. For microfiche or microfilm copies, \$1.25 per page.
3. For a print of an X-ray, \$10 per image.
- 3m. For providing copies in digital or electronic format, a single charge of \$5 for all copies requested.

**Vetoed
In Part**

A health care provider may not charge a fee for the disc or other storage medium on which copies are provided in a digital or electronic format.

4. For certification of copies, \$5.
5. For processing and handling, a single \$15 charge for all copies requested.
6. Actual shipping costs.
7. If the requester requests delivery of the copies within 7 or fewer days after making a request for copies,

and the health care provider delivers the copies within that time, a fee equal to 10 percent of the total fees that may be charged under subds. 1. to 6.

(c) If the department requests copies of a patient's health care records for use in determining eligibility for social security disability insurance, under 42 USC 401 to 433, or supplemental security income, under 42 USC 1381 to 1385, the health care provider may charge no more than the amount that the federal social security administration reimburses the department for copies of patient health care records.

SECTION 2433h. 146.83 (1k) of the statutes is created to read:

146.83 (1k) Upon the request of the person requesting copies of patient health care records under sub. (1f) or (1h), the health care provider shall provide the copies in a digital or electronic format unless the health care provider's record system does not provide for the creation or transmission of records in a digital or electronic format, in which case the health care provider shall provide the person a written explanation for why the copies cannot be provided in a digital or electronic format. The health care provider may include the written explanation with the production of paper copies of the records if the person chooses to receive paper copies.

SECTION 2433j. 146.83 (1m) (a) of the statutes is renumbered 146.83 (1m).

SECTION 2433L. 146.83 (1m) (b) of the statutes is repealed.

SECTION 2433n. 146.83 (3m) of the statutes is repealed.

SECTION 2433p. 146.84 (2) (a) 1. of the statutes is amended to read:

146.84 (2) (a) 1. Requests or obtains confidential information under s. 146.82 or 146.83 (4) (1d), (1f), or (1h) under false pretenses.

SECTION 2433r. 146.84 (2) (d), (e) and (f) of the statutes are created to read:

146.84 (2) (d) Any health care provider who does not allow inspection of patient health care records under s. 146.83 (1d) within 21 days after receiving notice from a patient or person authorized by the patient is subject to a forfeiture of \$100, plus \$10 for each day after 21 days that the health care provider does not allow inspection.

(e) Any health care provider who does not provide copies of patient health records requested under s. 146.83 (1f) (a) within 21 days after receiving the request is subject to a forfeiture of \$100, plus \$10 for each day after 21 days that the health care provider does not provide the copies.

(f) Any health care provider who does not provide a copy of an X-ray report or provide a copy of an X-ray to another health care provider within 30 days after a patient or person authorized by the patient makes a request for the X-ray report under s. 146.83 (1f) (b) is subject to a forfeiture of \$100, plus \$10 for each day after 30 days that

the health care provider does not provide the copy of the report or provide the X-ray.

Vetoed
In Part

SECTION 2433t. 146.905 (1) of the statutes is amended to read:

146.905 (1) Except as provided in sub. (2), a health care provider, as defined in s. 146.81 (1) (a) to (p), that provides a service or a product to an individual with coverage under a disability insurance policy, as defined in s. 632.895 (1) (a), may not reduce or eliminate or offer to reduce or eliminate coinsurance or a deductible required under the terms of the disability insurance policy.

SECTION 2433v. 146.96 of the statutes is amended to read:

146.96 Uniform claim processing form. Beginning no later than July 1, 2004, every health care provider, as defined in s. 146.81 (1) (a) to (p), shall use the uniform claim processing form developed by the commissioner of insurance under s. 601.41 (9) (b) when submitting a claim to an insurer.

SECTION 2433x. 146.98 of the statutes is created to read:

146.98 Ambulatory surgical center assessment. (1) In this section, "ambulatory surgical center" has the meaning given in 42 CFR 416.2.

(2) The department of revenue may impose an assessment on ambulatory surgical centers in this state that satisfies the requirements under 42 CFR 433.68 for collecting an assessment without incurring a reduction in federal financial participation under the federal Medicaid program. The department shall allocate any assessment imposed under this section among ambulatory surgical centers in proportion to their gross patient revenue.

(3) The department of revenue may do all of the following:

(a) Subject to sub. (2), determine the amount of assessment under this section.

(b) Collect assessments imposed under this section from ambulatory surgical centers.

(c) Require ambulatory surgical centers to provide the department of revenue any data that is required by the department of revenue to determine assessment amounts under this section.

(d) Establish deadlines by which ambulatory surgical centers shall pay assessments required under this section and provide data required under par. (c).

(e) Impose penalties on ambulatory surgical centers that do not comply with requirements under this section or rules promulgated under sub. (5).

(4) The department of revenue shall transfer 99.5 percent of the moneys collected under this section to the Medical Assistance trust fund.

(5) The department of revenue shall promulgate rules for the administration of the assessment under this section.

SECTION 2434. 149.12 (2) (f) 2. h. of the statutes is created to read:

Vetoed
In Part

the rights and obligations of an insurer, transferor, or successor corporation under any insurance contract or related agreement, including all of the following:

1. A preenactment settlement resolving a coverage-related dispute.

2. The right of an insurer to seek payment for applicable deductibles, retrospective premiums, or self-insured retentions.

3. The right of an insurer to seek contribution from a successor corporation for an uninsured or self-insured period or for a period when insurance is uncollectible or unavailable.

(c) Subject to par. (b), to the extent that total gross assets include any liability insurance, a settlement of a dispute concerning the liability insurance coverage entered into by the transferor or successor corporation with the insurer of the transferor before the effective date of this paragraph [LRB inserts date], shall be determinative of the total coverage of the liability insurance for inclusion in the calculation of the transferor's total gross assets.

(5) ADJUSTMENT OF FAIR MARKET VALUE. (a) Except as provided in pars. (b) to (d), the fair market value of the total gross assets at the time of the merger or consolidation with the transferor shall increase annually at a rate equal to the sum of the following:

1. The weekly prime rate for the first week of each calendar year since the merger or consolidation, as reported by the federal reserve board in federal reserve statistical release H. 15.

2. One percent.

(b) The rate under par. (a) may not be compounded.

(c) The adjustment of the fair market value of the total gross assets shall continue as provided in par. (a) until the date that the adjusted fair market value of the total gross assets is first exceeded by the cumulative amounts of successor asbestos-related liabilities paid or committed to be paid by or on behalf of the successor corporation or a predecessor of the successor corporation or by or on behalf of a transferor after the time of the merger or consolidation for which the fair market value of the total gross assets is determined.

(d) No adjustment of the fair market value of total gross assets may be applied to any liability insurance that is included in the definition of total gross assets under sub. (4) (b).

(6) LIBERAL CONSTRUCTION INTENDED. This section shall be liberally construed to effect its purposes with regard to successor corporations.

SECTION 3284. 905.05 (title) of the statutes is amended to read:

905.05 (title) Husband-wife and domestic partner privilege.

SECTION 3285. 905.05 (1), (2) and (3) (a), (b), (c) and (d) of the statutes are amended to read:

905.05 (1) GENERAL RULE OF PRIVILEGE. A person has a privilege to prevent the person's spouse or former spouse or domestic partner or former domestic partner from testifying against the person as to any private communication by one to the other made during their marriage or domestic partnership. As used in this section, "domestic partner" means a domestic partner under ch. 770.

(2) WHO MAY CLAIM THE PRIVILEGE. The privilege may be claimed by the person or by the spouse or domestic partner on the person's behalf. The authority of the spouse or domestic partner to do so is presumed in the absence of evidence to the contrary.

(3) (a) If both spouses or former spouses or domestic partners or former domestic partners are parties to the action.

(b) In proceedings in which one spouse or former spouse or domestic partner or former domestic partner is charged with a crime against the person or property of the other or of a child of either, or with a crime against the person or property of a 3rd person committed in the course of committing a crime against the other.

(c) In proceedings in which a spouse or former spouse or domestic partner or former domestic partner is charged with a crime of pandering or prostitution.

(d) If one spouse or former spouse or domestic partner or former domestic partner has acted as the agent of the other and the private communication relates to matters within the scope of the agency.

SECTION 3285gb. 908.03 (6m) (title) of the statutes is amended to read:

908.03 (6m) (title) HEALTH PATIENT HEALTH CARE PROVIDER RECORDS.

SECTION 3285gc. 908.03 (6m) (a) of the statutes is renumbered 908.03 (6m) (a) (intro.) and amended to read:

908.03 (6m) (a) *Definition.* (intro.) In this subsection, "health:

1. Health care provider" means a ~~massage therapist or bodyworker issued a certificate under ch. 460, a chiropractor licensed under ch. 446, a dentist licensed under ch. 447, a physician assistant licensed under ch. 448, or a health care provider as defined~~ has the meanings given in s. ss. 146.81 (1) and 655.001 (8).

SECTION 3285ge. 908.03 (6m) (a) 2. of the statutes is created to read:

908.03 (6m) (a) 2. "Patient health care records" has the meaning given in s. 146.81 (4).

SECTION 3285gg. 908.03 (6m) (b) of the statutes is amended to read:

908.03 (6m) (b) *Authentication witness unnecessary.* A custodian or other qualified witness required by sub. (6) is unnecessary if the party who intends to offer patient health care provider records into evidence at a trial or

hearing does one of the following at least 40 days before the trial or hearing:

1. Serves upon all appearing parties an accurate, legible and complete duplicate of the patient health care provider records for a stated period certified by the record custodian.

2. Notifies all appearing parties that an accurate, legible and complete duplicate of the patient health care provider records for a stated period certified by the record custodian is available for inspection and copying during reasonable business hours at a specified location within the county in which the trial or hearing will be held.

SECTION 3285gh. 908.03 (6m) (bm) of the statutes is created to read:

908.03 (6m) (bm) *Presumption.* Billing statements or invoices that are patient health care records are presumed to state the reasonable value of the health care services provided and the health care services provided are presumed to be reasonable and necessary to the care of the patient. Any party attempting to rebut the presumption of the reasonable value of the health care services provided may not present evidence of payments made or benefits conferred by collateral sources.

SECTION 3285gi. 908.03 (6m) (c) (intro.) of the statutes is amended to read:

908.03 (6m) (c) *Subpoena limitations.* (intro.) Health Patient health care provider records are subject to subpoena only if one of the following conditions exists:

SECTION 3285gk. 908.03 (6m) (c) 3. of the statutes is amended to read:

908.03 (6m) (c) 3. If upon a properly authorized request of an attorney, the health care provider refuses, fails, or neglects to supply within 2 business days a legible certified duplicate of its records for the fees established under ~~par. (d)~~ s. 146.83 (1f) (c) or (d) or (1h) (b) or (c), whichever are applicable.

SECTION 3285gm. 908.03 (6m) (d) of the statutes is repealed.

SECTION 3285p. 909.02 (11) (title) of the statutes is amended to read:

909.02 (11) (title) HEALTH PATIENT HEALTH CARE PROVIDER RECORDS.

SECTION 3286. 911.01 (4) (c) of the statutes is amended to read:

911.01 (4) (c) *Miscellaneous proceedings.* Proceedings for extradition or rendition; sentencing, granting or revoking probation, modification of a bifurcated sentence under s. 302.113 (9g) 302.1135, adjustment of a bifurcated sentence under s. 973.195 (1r), release to extended supervision under s. 302.113 (2) (b) or 304.06 (1) or discharge under s. 973.01 (4m), issuance of arrest warrants, criminal summonses and search warrants; hearings under s. 980.09 (2); proceedings under s. 971.14 (1) (c); proceedings with respect to pretrial release under ch. 969 except where habeas corpus is utilized with

respect to release on bail or as otherwise provided in ch. 969.

SECTION 3287. 938.02 (6) of the statutes is amended to read:

938.02 (6) "Foster home" means any facility that is operated by a person required to be licensed by s. 48.62 (1) (a) and that provides care and maintenance for no more than 4 juveniles or, if necessary to enable a sibling group to remain together, for no more than 6 juveniles or, if the department of children and families promulgates rules permitting a different number of juveniles, for the number of juveniles permitted under those rules.

SECTION 3288. 938.02 (17q) of the statutes is repealed.

SECTION 3289. 938.207 (1) (c) of the statutes is amended to read:

938.207 (1) (c) A licensed foster home or a licensed treatment foster home if the placement does not violate the conditions of the license.

SECTION 3290. 938.207 (1) (f) of the statutes is amended to read:

938.207 (1) (f) The home of a person not a relative if the person has not had a foster home or treatment foster home license under s. 48.62 refused, revoked, or suspended within the previous 2 years. Such a placement under this paragraph may not exceed 30 days, unless the placement is extended by the court for cause for an additional 30 days.

SECTION 3290n. 938.21 (2) (e) of the statutes is created to read:

938.21 (2) (e) If present at the hearing, the parent shall be requested to provide the names and other identifying information of 3 relatives of the juvenile or family friends 18 years of age or over whose homes the parent requests the court to consider as placements for the juvenile. If the parent does not provide this information at the hearing, the county department shall make a reasonable effort to provide each parent with the opportunity to provide this information.

SECTION 3290p. 938.21 (3) (f) of the statutes is created to read:

938.21 (3) (f) If present at the hearing, the parent shall be requested to provide the names and other identifying information of 3 relatives of the juvenile or family friends 18 years of age or over whose homes the parent requests the court to consider as placements for the juvenile. If the parent does not provide this information at the hearing, the county department shall make a reasonable effort to provide each parent with the opportunity to provide this information.

SECTION 3291. 938.21 (5) (d) 2. of the statutes is amended to read:

938.21 (5) (d) 2. If a hearing is held under subd. 1, at least 10 days before the date of the hearing the court shall notify the juvenile, any parent, guardian, and legal custo-

Vetoed
In Part