



2001 ASSEMBLY BILL 296

April 6, 2001 - Introduced by Representatives BERCEAU, RICHARDS, WASSERMAN, COLON, SINICKI, POCAN, BOCK, MILLER, YOUNG, HEBL, BLACK, KRUG, TRAVIS, BOYLE, SCHOOFF, JOHNSRUD, CARPENTER and TURNER, cosponsored by Senators MOORE, BURKE, RISSER, PLACHE, GEORGE, ERPENBACH and ROSENZWEIG. Referred to Committee on Insurance.

1 **AN ACT to amend** 40.51 (8), 40.51 (8m), 60.23 (25), 66.0137 (4), 111.91 (2) (n),
2 120.13 (2) (g), 185.981 (4t) and 185.983 (1) (intro.); and **to create** 609.73 and
3 632.895 (15) of the statutes; **relating to:** requiring health insurance policies to
4 cover contraceptive articles and services.

Analysis by the Legislative Reference Bureau

This bill requires every health insurance policy (called “disability insurance policy” in the statutes), including managed care plans and health care plans offered by the state, and every self-insured health plan of a school district, county, city, or village, to provide coverage for contraceptive articles and services if the policy or plan covers outpatient health care services, preventive treatments and services, or prescription drugs and devices. Contraceptive articles include: any drug or device that is approved by the federal food and drug administration (FDA), that is prescribed by a licensed health care provider for use to prevent a pregnancy, and that may not be obtained without such a prescription; and any hormonal compound that is taken orally and that is approved by the FDA for use to prevent a pregnancy. A contraceptive article, however, does not include any drug or device that is prescribed for use in terminating the pregnancy of a woman who is known to be pregnant by the prescribing health care provider. Contraceptive services include medical procedures performed to prevent a pregnancy and physical examinations and medical counseling for the prescription or use of a contraceptive article. Specifically excluded from this coverage requirement are health insurance policies that cover only certain specified diseases, limited service health care plans, medicare replacement and

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supplement policies, and long-term care insurance policies. Deductibles and copayments that apply generally to the policy or plan may apply to contraceptive articles and services.

For further information see the *state and local* fiscal estimate, which will be printed as an appendix to this bill.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

1 **SECTION 1.** 40.51 (8) of the statutes is amended to read:

2 40.51 (8) Every health care coverage plan offered by the state under sub. (6)
3 shall comply with ss. 631.89, 631.90, 631.93 (2), 631.95, 632.72 (2), 632.746 (1) to (8)
4 and (10), 632.747, 632.748, 632.83, 632.835, 632.85, 632.853, 632.855, 632.87 (3) to
5 (5), 632.895 (5m) and (8) to ~~(14)~~ (15), and 632.896.

6 **SECTION 2.** 40.51 (8m) of the statutes is amended to read:

7 40.51 (8m) Every health care coverage plan offered by the group insurance
8 board under sub. (7) shall comply with ss. 631.95, 632.746 (1) to (8) and (10), 632.747,
9 632.748, 632.83, 632.835, 632.85, 632.853, 632.855, and 632.895 (11) to ~~(14)~~ (15).

10 **SECTION 3.** 60.23 (25) of the statutes is amended to read:

11 60.23 (25) SELF-INSURED HEALTH PLANS. Provide health care benefits to its
12 officers and employees on a self-insured basis if the self-insured plan complies with
13 ss. 631.89, 631.90, 631.93 (2), 632.746 (10) (a) 2. and (b) 2., 632.747 (3), 632.85,
14 632.853, 632.855, 632.87 (4) and (5), 632.895 (9) and (11) to ~~(14)~~ (15), and 632.896.

15 **SECTION 4.** 66.0137 (4) of the statutes is amended to read:

16 66.0137 (4) SELF-INSURED HEALTH PLANS. If a city, including a 1st class city, or
17 a village provides health care benefits under its home rule power, or if a town
18 provides health care benefits, to its officers and employees on a self-insured basis,
19 the self-insured plan shall comply with ss. 49.493 (3) (d), 631.89, 631.90, 631.93 (2),

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1 632.746 (10) (a) 2. and (b) 2., 632.747 (3), 632.85, 632.853, 632.855, 632.87 (4) and (5),
2 632.895 (9) to ~~(14)~~ (15), 632.896, and 767.25 (4m) (d).

3 **SECTION 5.** 111.91 (2) (n) of the statutes is amended to read:

4 111.91 **(2)** (n) The provision to employees of the health insurance coverage
5 required under s. 632.895 (11) to ~~(14)~~ (15).

6 **SECTION 6.** 120.13 (2) (g) of the statutes is amended to read:

7 120.13 **(2)** (g) Every self-insured plan under par. (b) shall comply with ss.
8 49.493 (3) (d), 631.89, 631.90, 631.93 (2), 632.746 (10) (a) 2. and (b) 2., 632.747 (3),
9 632.85, 632.853, 632.855, 632.87 (4) and (5), 632.895 (9) to ~~(14)~~ (15), 632.896, and
10 767.25 (4m) (d).

11 **SECTION 7.** 185.981 (4t) of the statutes is amended to read:

12 185.981 **(4t)** A sickness care plan operated by a cooperative association is
13 subject to ss. 252.14, 631.17, 631.89, 631.95, 632.72 (2), 632.745 to 632.749, 632.85,
14 632.853, 632.855, 632.87 (2m), (3), (4), and (5), 632.895 (10) to ~~(14)~~ (15), and 632.897
15 (10) and chs. 149 and 155.

16 **SECTION 8.** 185.983 (1) (intro.) of the statutes is amended to read:

17 185.983 **(1)** (intro.) Every such voluntary nonprofit sickness care plan shall be
18 exempt from chs. 600 to 646, with the exception of ss. 601.04, 601.13, 601.31, 601.41,
19 601.42, 601.43, 601.44, 601.45, 611.67, 619.04, 628.34 (10), 631.17, 631.89, 631.93,
20 631.95, 632.72 (2), 632.745 to 632.749, 632.775, 632.79, 632.795, 632.85, 632.853,
21 632.855, 632.87 (2m), (3), (4), and (5), 632.895 (5) and (9) to ~~(14)~~ (15), 632.896, and
22 632.897 (10) and chs. 609, 630, 635, 645, and 646, but the sponsoring association
23 shall:

24 **SECTION 9.** 609.73 of the statutes is created to read:

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1 **609.73 Coverage of contraceptive articles and services.** Managed care
2 plans are subject to s. 632.895 (15).

3 **SECTION 10.** 632.895 (15) of the statutes is created to read:

4 **632.895 (15) CONTRACEPTIVE ARTICLES AND SERVICES.** (a) In this subsection:

5 1. “Contraceptive article” means any of the following:

6 a. A drug, medicine, mixture, preparation, instrument, article, or device of any
7 nature that is approved by the federal food and drug administration for use to
8 prevent a pregnancy, that is prescribed by a licensed health care provider for use to
9 prevent a pregnancy, and that may not be obtained without a prescription from a
10 licensed health care provider. “Contraceptive article” does not include any drug,
11 medicine, mixture, preparation, instrument, article, or device of any nature
12 prescribed for use in terminating the pregnancy of a woman who is known by the
13 prescribing licensed health care provider to be pregnant.

14 b. A hormonal compound that is taken orally and that is approved by the federal
15 food and drug administration for use to prevent a pregnancy.

16 2. “Religious employer” means an entity that satisfies all of the following
17 criteria:

18 a. The inculcation of religious values is the purpose of the entity.

19 b. The entity employs primarily persons who share the religious tenets of the
20 entity.

21 c. The entity serves primarily persons who share the religious tenets of the
22 entity.

23 d. The entity is exempt from filing a federal annual information return under
24 section 6033 (a) (2) (A) (i) and (iii) and (C) (i) of the Internal Revenue Code.

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1 (b) Every disability insurance policy, and every self-insured health plan of a
2 county, city, village, or school district, that provides coverage of outpatient health
3 care services, preventive treatments and services, or prescription drugs and devices
4 shall provide coverage for all of the following:

5 1. Contraceptive articles.

6 2. Medical services, including counseling and physical examinations, for the
7 prescription or use of a contraceptive article or of a procedure to prevent a pregnancy.

8 3. Medical procedures performed to prevent a pregnancy.

9 (c) Coverage under this subsection may be subject to exclusions or limitations,
10 including copayments and deductibles, that apply generally to the benefits that are
11 provided under the policy or self-insured health plan.

12 (d) This subsection does not apply to any of the following:

13 1. A disability insurance policy that covers only certain specified diseases.

14 2. A health care plan offered by a limited service health organization, as defined
15 in s. 609.01 (3), or by a preferred provider plan, as defined in s. 609.01 (4), that is not
16 a managed care plan, as defined in s. 609.01 (3c).

17 3. A medicare replacement policy, a medicare supplement policy, or a long-term
18 care insurance policy.

19 4. A disability insurance policy that is issued to a religious employer, if the
20 religious employer requests that the insurer issuing the policy not provide the
21 coverage specified in par. (b) 1. to 3. on the basis that the articles and services covered
22 are contrary to the religious employer's religious tenets. A religious employer that
23 makes a request under this subdivision shall provide written notice to a prospective
24 insured under the policy, prior to that person's coverage under the policy, that

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1 specifies the articles and services under par. (b) 1. to 3. that will not be covered on
2 the basis of the employer's request.

3 **SECTION 11. Initial applicability.**

4 (1) This act first applies to all of the following:

5 (a) Except as provided in paragraphs (b) and (c), disability insurance policies
6 that are issued or renewed, and self-insured health plans that are established,
7 extended, modified, or renewed, on the effective date of this paragraph.

8 (b) Disability insurance policies covering employees who are affected by a
9 collective bargaining agreement containing provisions inconsistent with this act
10 that are issued or renewed on the earlier of the following:

11 1. The day on which the collective bargaining agreement expires.

12 2. The day on which the collective bargaining agreement is extended, modified,
13 or renewed.

14 (c) Self-insured health plans covering employees who are affected by a
15 collective bargaining agreement containing provisions inconsistent with this act
16 that are established, extended, modified, or renewed on the earlier of the following:

17 1. The day on which the collective bargaining agreement expires.

18 2. The day on which the collective bargaining agreement is extended, modified,
19 or renewed.

20 **SECTION 12. Effective date.**

21 (1) This act takes effect on the first day of the 6th month beginning after
22 publication.

23 (END)