



State of Wisconsin
2001 - 2002 LEGISLATURE

LRB-0875/1
PJK:kmg:km

2001 ASSEMBLY BILL 79

February 1, 2001 - Introduced by Representatives SCHNEIDER, ZIEGELBAUER, GRONEMUS, BOYLE and WILLIAMS. Referred to Committee on Insurance.

1 **AN ACT to amend** 40.51 (8), 185.981 (4t), 185.983 (1) (intro.) and 632.87 (1); and
2 **to create** 111.91 (2) (qm), 609.71 and 632.87 (6) of the statutes; **relating to:**
3 requiring insurers to cover treatment of a condition by an acupuncturist if there
4 is coverage for treatment of the condition by a physician and prohibiting
5 collective bargaining by the state with respect to the requirement.

Analysis by the Legislative Reference Bureau

This bill requires insurers, including health maintenance organizations, preferred provider plans, limited service health organizations, and plans provided by the state, to cover the diagnosis and treatment of a condition by an acupuncturist, within the scope of the acupuncturist's certificate, if diagnosis and treatment of the condition by a physician is covered. Referral to an acupuncturist from a physician is not required for coverage of the acupuncture services.

Current law contains the same coverage requirement for the diagnosis and treatment of a condition or complaint by certain other types of health care providers, including chiropractors, dentists, and optometrists, if there is coverage for the diagnosis and treatment of the condition or complaint by a physician.

The bill also provides that the coverage requirement for acupuncture services under plans provided by the state is not subject to collective bargaining by the state.

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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)~~ (6), 632.895 (5m) and (8) to (14), and 632.896.

6 **SECTION 2.** 111.91 (2) (qm) of the statutes is created to read:

7 111.91 (2) (qm) The requirements related to coverage of acupuncturists'
8 services under s. 632.87 (6).

9 **SECTION 3.** 185.981 (4t) of the statutes is amended to read:

10 185.981 (4t) A sickness care plan operated by a cooperative association is
11 subject to ss. 252.14, 631.17, 631.89, 631.95, 632.72 (2), 632.745 to 632.749, 632.85,
12 632.853, 632.855, 632.87 (2m), ~~(3), (4) and (5)~~ to (6), 632.895 (10) to (14), and 632.897
13 (10) and chs. 149 and 155.

14 **SECTION 4.** 185.983 (1) (intro.) of the statutes is amended to read:

15 185.983 (1) (intro.) Every such voluntary nonprofit sickness care plan shall be
16 exempt from chs. 600 to 646, with the exception of ss. 601.04, 601.13, 601.31, 601.41,
17 601.42, 601.43, 601.44, 601.45, 611.67, 619.04, 628.34 (10), 631.17, 631.89, 631.93,
18 631.95, 632.72 (2), 632.745 to 632.749, 632.775, 632.79, 632.795, 632.85, 632.853,
19 632.855, 632.87 (2m), ~~(3), (4) and (5)~~ to (6), 632.895 (5) and (9) to (14), 632.896, and
20 632.897 (10) and chs. 609, 630, 635, 645, and 646, but the sponsoring association
21 shall:

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1 **SECTION 5.** 609.71 of the statutes is created to read:

2 **609.71 Acupuncture coverage.** Limited service health organizations,
3 preferred provider plans, and managed care plans are subject to s. 632.87 (6).

4 **SECTION 6.** 632.87 (1) of the statutes is amended to read:

5 632.87 (1) No insurer may refuse to provide or pay for benefits for health care
6 services provided by a licensed health care professional who holds a credential, as
7 defined in s. 440.01 (2) (a), on the ground that the services were not rendered by a
8 physician, as defined in s. 990.01 (28), unless the contract clearly excludes services
9 by such practitioners, but no contract or plan may exclude services in violation of sub.
10 (2), (2m), (3), (4) ~~or~~, (5), or (6).

11 **SECTION 7.** 632.87 (6) of the statutes is created to read:

12 632.87 (6) (a) No policy, plan, or contract may exclude coverage for diagnosis
13 or treatment of a condition or complaint by an acupuncturist who is certified under
14 ch. 451, within the scope of the acupuncturist's certificate, if the policy, plan or
15 contract covers diagnosis and treatment of the condition or complaint by a licensed
16 physician or osteopath, even if different nomenclature is used to describe the
17 condition or complaint. This paragraph does not:

18 1. Prohibit the application of deductibles or coinsurance provisions to
19 acupuncturist and physician charges on an equal basis.

20 2. Prohibit the application of cost containment or quality assurance measures
21 to acupuncturist and physician services in a like manner, consistent with this
22 section.

23 (b) No insurer may require an examination by or a referral from a physician
24 as a condition precedent for the receipt of an acupuncturist's services under par. (a).

25 **SECTION 8. Initial applicability.**

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

2 (a) Except as provided in paragraph (b), policies, plans and contracts that are
3 issued or renewed on the effective date of this paragraph.

4 (b) Policies, plans, and contracts covering employees who are affected by a
5 collective bargaining agreement containing provisions inconsistent with this act
6 that are issued or renewed on the earlier of the following:

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

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

10 **SECTION 9. Effective date.**

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

13 (END)