



## 2007 ASSEMBLY BILL 631

December 19, 2007 - Introduced by Representative SCHNEIDER. Referred to Committee on Health and Healthcare Reform.

1     **AN ACT** *to renumber and amend* 632.895 (7); *to amend* 40.51 (8), 40.51 (8m),  
2           66.0137 (4), 120.13 (2) (g), 185.981 (4t) and 185.983 (1) (intro.); and *to create*  
3           111.91 (2) (nm), 609.71, 632.895 (7) (a) and 632.895 (7) (c) of the statutes;  
4           **relating to:** maternity coverage for surrogate mothers.

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### *Analysis by the Legislative Reference Bureau*

Under current law, a group health insurance policy that provides maternity coverage is required to provide maternity coverage for all persons covered under the policy, and that maternity coverage may not be subject to exclusions or limitations that are not applied to other maternity coverage under the policy. This bill provides that every individual or group health insurance policy, and every self-insured governmental or school district health plan, that provides maternity coverage may not exclude maternity coverage for a surrogate mother who has coverage under the policy or plan. A surrogate mother is defined as a pregnant woman who, by agreement, is bearing a child for another woman, either through artificial insemination or by carrying the other woman's implanted fertilized ovum.

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

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

**ASSEMBLY BILL 631****SECTION 1**

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 (6), 632.895 (5m), ~~(7)~~, and (8) to (14), 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 (7) and (11) to (14).

10          **SECTION 3.** 66.0137 (4) of the statutes is amended to read:

11          66.0137 **(4)** SELF-INSURED HEALTH PLANS. If a city, including a 1st class city, or  
12 a village provides health care benefits under its home rule power, or if a town  
13 provides health care benefits, to its officers and employees on a self-insured basis,  
14 the self-insured plan shall comply with ss. 49.493 (3) (d), 631.89, 631.90, 631.93 (2),  
15 632.746 (10) (a) 2. and (b) 2., 632.747 (3), 632.85, 632.853, 632.855, 632.87 (4), (5),  
16 and (6), 632.895 (7) and (9) to (14), 632.896, and 767.513 (4).

17          **SECTION 4.** 111.91 (2) (nm) of the statutes is created to read:

18          111.91 **(2)** (nm) Compliance with the maternity coverage requirements under  
19 s. 632.895 (7).

20          **SECTION 5.** 120.13 (2) (g) of the statutes is amended to read:

21          120.13 **(2)** (g) Every self-insured plan under par. (b) shall comply with ss.  
22 49.493 (3) (d), 631.89, 631.90, 631.93 (2), 632.746 (10) (a) 2. and (b) 2., 632.747 (3),  
23 632.85, 632.853, 632.855, 632.87 (4), (5), and (6), 632.895 (7) and (9) to (14), 632.896,  
24 and 767.513 (4).

25          **SECTION 6.** 185.981 (4t) of the statutes is amended to read:

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1           185.981 (4t) A sickness care plan operated by a cooperative association is  
2 subject to ss. 252.14, 631.17, 631.89, 631.95, 632.72 (2), 632.745 to 632.749, 632.85,  
3 632.853, 632.855, 632.87 (2m), (3), (4), (5), and (6), 632.895 (7) and (10) to (14), and  
4 632.897 (10) and chs. 149 and 155.

5           **SECTION 7.** 185.983 (1) (intro.) of the statutes is amended to read:

6           185.983 (1) (intro.) Every such voluntary nonprofit sickness care plan shall be  
7 exempt from chs. 600 to 646, with the exception of ss. 601.04, 601.13, 601.31, 601.41,  
8 601.42, 601.43, 601.44, 601.45, 611.67, 619.04, 628.34 (10), 631.17, 631.89, 631.93,  
9 631.95, 632.72 (2), 632.745 to 632.749, 632.775, 632.79, 632.795, 632.85, 632.853,  
10 632.855, 632.87 (2m), (3), (4), (5), and (6), 632.895 (5), (7), and (9) to (14), 632.896, and  
11 632.897 (10) and chs. 609, 630, 635, 645 and 646, but the sponsoring association  
12 shall:

13           **SECTION 8.** 609.71 of the statutes is created to read:

14           **609.71 Maternity coverage.** Defined network plans are subject to s. 632.895  
15 (7).

16           **SECTION 9.** 632.895 (7) of the statutes is renumbered 632.895 (7) (b) and  
17 amended to read:

18           632.895 (7) (b) Every group disability insurance policy which that provides  
19 maternity coverage shall provide maternity coverage for all persons covered under  
20 the policy. Coverage Subject to par. (c), coverage required under this subsection  
21 paragraph may not be subject to exclusions or limitations which that are not applied  
22 to other maternity coverage under the policy.

23           **SECTION 10.** 632.895 (7) (a) of the statutes is created to read:

24           632.895 (7) (a) In this subsection:

25           1. "Self-insured health plan" has the meaning given in s. 632.745 (24).

**ASSEMBLY BILL 631****SECTION 10**

1           2. “Surrogate mother” means a pregnant woman who, by agreement, is bearing  
2 a child for another woman, either through artificial insemination or by carrying until  
3 birth the other woman’s surgically implanted fertilized ovum.

4           **SECTION 11.** 632.895 (7) (c) of the statutes is created to read:

5           632.895 (7) (c) A group or individual disability insurance policy, or a  
6 self-insured health plan, that provides maternity coverage may not exclude  
7 maternity coverage for a surrogate mother who is covered under the policy or plan.

8           **SECTION 12. Initial applicability.**

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

10           (a) Except as provided in paragraphs (b) and (c), disability insurance policies  
11 that are issued or renewed, and self-insured governmental or school district health  
12 plans that are established, extended, modified, or renewed, on the effective date of  
13 this paragraph.

14           (b) Disability insurance policies covering employees who are affected by a  
15 collective bargaining agreement containing provisions inconsistent with this act  
16 that are issued 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           (c) Self-insured governmental or school district health plans covering  
21 employees who are affected by a collective bargaining agreement containing  
22 provisions inconsistent with this act that are established, extended, modified, or  
23 renewed on the earlier of the following:

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

