



2023 ASSEMBLY BILL 1129

March 6, 2024 - Introduced by Representatives VANDERMEER, CONSIDINE, ANDRACA, BEHNKE, CONLEY, EMERSON, JACOBSON, JOERS, MOORE OMOKUNDE, SINICKI and SUBECK, cosponsored by Senator ROYS. Referred to Committee on Insurance.

1 **AN ACT** *to amend* 40.51 (8), 40.51 (8m), 66.0137 (4), 120.13 (2) (g) and 185.983
2 (1) (intro.); and *to create* 609.713 and 632.87 (7) of the statutes; **relating to:**
3 compensation of qualified treatment trainees under health insurance policies
4 and plans.

Analysis by the Legislative Reference Bureau

This bill prohibits any health insurance plan from excluding coverage for mental health or behavioral health treatment or services provided by a qualified treatment trainee within the scope of the qualified treatment trainee's education and training if the health insurance policy covers the mental health or behavioral health treatment or services when provided by another health care provider. Further, the bill prohibits health insurance plans from covering mental health or behavioral health treatment or services provided by a qualified treatment trainee at a rate that is lower than the rate paid to another qualified treatment trainee for the same treatment or service under the Medical Assistance program. The Medical Assistance program is a joint federal and state program that provides health services to individuals who have limited financial resources. Qualified treatment trainee is defined under the bill to mean a person with a graduate degree from an accredited institution and course work in professional counseling, marriage and family therapy, or social work or course work that leads to, or is substantially equivalent to course work that leads to, licensure in his or her field of practice and who has not yet completed the applicable supervised practice requirements for licensure in his or her

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field of practice but has completed at least 1,000 hours of clinical training associated with his or her field of practice.

This proposal may contain a health insurance mandate requiring a social and financial impact report under s. 601.423, stats.

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), 632.729, 632.746
4 (1) to (8) and (10), 632.747, 632.748, 632.798, 632.83, 632.835, 632.85, 632.853,
5 632.855, 632.861, 632.867, 632.87 (3) to ~~(6)~~ (7), 632.885, 632.89, 632.895 (5m) and (8)
6 to (17), and 632.896.

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

8 40.51 **(8m)** Every health care coverage plan offered by the group insurance
9 board under sub. (7) shall comply with ss. 631.95, 632.729, 632.746 (1) to (8) and (10),
10 632.747, 632.748, 632.798, 632.83, 632.835, 632.85, 632.853, 632.855, 632.861,
11 632.867, 632.87 (7), 632.885, 632.89, and 632.895 (11) to (17).

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

13 66.0137 **(4)** SELF-INSURED HEALTH PLANS. If a city, including a 1st class city, or
14 a village provides health care benefits under its home rule power, or if a town
15 provides health care benefits, to its officers and employees on a self-insured basis,
16 the self-insured plan shall comply with ss. 49.493 (3) (d), 631.89, 631.90, 631.93 (2),
17 632.729, 632.746 (10) (a) 2. and (b) 2., 632.747 (3), 632.798, 632.85, 632.853, 632.855,
18 632.861, 632.867, 632.87 (4) to ~~(6)~~ (7), 632.885, 632.89, 632.895 (9) to (17), 632.896,
19 and 767.513 (4).

20 **SECTION 4.** 120.13 (2) (g) of the statutes is amended to read:

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1 120.13 (2) (g) Every self-insured plan under par. (b) shall comply with ss.
2 49.493 (3) (d), 631.89, 631.90, 631.93 (2), 632.729, 632.746 (10) (a) 2. and (b) 2.,
3 632.747 (3), 632.798, 632.85, 632.853, 632.855, 632.861, 632.867, 632.87 (4) to ~~(6)~~ (7),
4 632.885, 632.89, 632.895 (9) to (17), 632.896, and 767.513 (4).

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

6 185.983 (1) (intro.) Every voluntary nonprofit health care plan operated by a
7 cooperative association organized under s. 185.981 shall be exempt from chs. 600 to
8 646, with the exception of ss. 601.04, 601.13, 601.31, 601.41, 601.42, 601.43, 601.44,
9 601.45, 611.26, 611.67, 619.04, 623.11, 623.12, 628.34 (10), 631.17, 631.89, 631.93,
10 631.95, 632.72 (2), 632.729, 632.745 to 632.749, 632.775, 632.79, 632.795, 632.798,
11 632.85, 632.853, 632.855, 632.861, 632.867, 632.87 (2) to ~~(6)~~ (7), 632.885, 632.89,
12 632.895 (5) and (8) to (17), 632.896, and 632.897 (10) and chs. 609, 620, 630, 635, 645,
13 and 646, but the sponsoring association shall:

14 **SECTION 6.** 609.713 of the statutes is created to read:

15 **609.713 Qualified treatment trainee coverage.** Limited service health
16 organizations, preferred provider plans, and defined network plans are subject to s.
17 632.87 (7).

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

19 632.87 (7) (a) (intro.) In this subsection:

- 20 1. “Health care provider” has the meaning given in s. 146.81 (1) (a) to (hp).
- 21 2. “Marriage and family therapy” has the meaning given in s. 457.01 (5).
- 22 3. “Professional counseling” has the meaning given in s. 457.01 (6).
- 23 4. “Qualified treatment trainee” means an individual with a graduate degree
24 from an accredited institution and course work in professional counseling, marriage
25 and family therapy, or social work or course work that leads to, or is substantially

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1 equivalent to course work that leads to, licensure in his or her field of practice and
2 who has not yet completed the applicable supervised practice requirements for
3 licensure in his or her field of practice but who has completed at least 1,000 hours
4 of clinical training associated with his or her field of practice.

5 5. "Social work" has the meaning given in s. 457.01 (9).

6 (b) No policy, plan, or contract may exclude coverage for mental health or
7 behavioral health treatment or services provided by a qualified treatment trainee
8 within the scope of the qualified treatment trainee's education and training if the
9 policy, plan, or contract covers the mental health or behavioral health treatment or
10 services when provided by another health care provider.

11 (c) No policy, plan, or contract may cover mental health or behavioral health
12 treatment or services provided by a qualified treatment trainee at a rate that is less
13 than the rate paid to a qualified treatment trainee for the same treatment or service
14 under the Medical Assistance program under subch. IV of ch. 49.

SECTION 8. Initial applicability.

15 (1) For policies and plans containing provisions inconsistent with this act, the
16 act first applies to policy or plan years beginning on the effective date of this
17 subsection, except as provided in sub. (2).

18 (2) For policies and plans that are affected by a collective bargaining agreement
19 containing provisions inconsistent with this act, the act first applies to policy or plan
20 years beginning on the effective date of this subsection or on the day on which the
21 collective bargaining agreement is newly established, extended, modified, or
22 renewed, whichever is later.
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SECTION 9. Effective date.
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