



**ASSEMBLY AMENDMENT 28,  
TO ASSEMBLY SUBSTITUTE AMENDMENT 1,  
TO 1999 ASSEMBLY BILL 133**

June 29, 1999 – Offered by Representative SINICKI.

1 At the locations indicated, amend the substitute amendment as follows:

2 **1.** Page 1404, line 15: after that line insert:

3 “**SECTION 3036c.** 609.05 (2) of the statutes is amended to read:

4 609.05 (2) Subject to s. 609.22 (4) and (4m), a limited service health  
5 organization, preferred provider plan or managed care plan may require an enrollee  
6 to designate a primary provider and to obtain health care services from the primary  
7 provider when reasonably possible.

8 **SECTION 3036f.** 609.05 (3) of the statutes is amended to read:

9 609.05 (3) Except as provided in ss. 609.22 (4m), 609.65 and 609.655, a limited  
10 service health organization, preferred provider plan or managed care plan may  
11 require an enrollee to obtain a referral from the primary provider designated under

1 sub. (2) to another participating provider prior to obtaining health care services from  
2 that participating provider.

3 **SECTION 3036j.** 609.22 (4m) of the statutes is created to read:

4 **609.22 (4m) OBSTETRIC AND GYNECOLOGIC SERVICES.** (a) A managed care plan  
5 that provides coverage of obstetric or gynecologic services may not require a female  
6 enrollee of the managed care plan to obtain a referral for coverage of those services  
7 provided by a participating provider who is a physician licensed under ch. 448 and  
8 who specializes in obstetrics and gynecology, regardless of whether the participating  
9 provider is the enrollee’s primary provider. Notwithstanding sub. (4), the managed  
10 care plan may not require the enrollee to obtain a standing referral under the  
11 procedure established under sub. (4) (a) for coverage of the services specified in this  
12 paragraph.

13 (b) A managed care plan under par. (a) may not do any of the following:

14 1. Penalize or restrict the coverage of a female enrollee on account of her having  
15 obtained obstetric or gynecologic services in the manner provided under par. (a).

16 2. Penalize or restrict the contract of a participating provider on account of his  
17 or her having provided obstetric or gynecologic services in the manner provided  
18 under par. (a).

19 (c) A managed care plan under par. (a) shall provide written notice of the  
20 requirement under par. (a) in every policy or group certificate issued by the managed  
21 care plan and, during each open enrollment period, to every female enrollee and  
22 every female applicant for coverage.”.

23 **2.** Page 1592, line 23: after that line insert:

24 “(1m) REFERRALS FOR OBSTETRIC OR GYNECOLOGIC SERVICES.

