

1999 DRAFTING REQUEST

Assembly Amendment (AA-ASA1-AB133)

Received: 10/01/1999

Received By: kahlepj

Wanted: Today

Identical to LRB:

For: Legislative Fiscal Bureau 6-3847

By/Representing: Zabawa (CM)

This file may be shown to any legislator: NO

Drafter: kahlepj

May Contact:

Alt. Drafters:

Subject: Insurance - health

Extra Copies:

Pre Topic:

LFB:.....Zabawa (CM) -

Topic:

No referrals for ob-gyn services

Instructions:

See Attached

Drafting History:

<u>Vers.</u>	<u>Drafted</u>	<u>Reviewed</u>	<u>Typed</u>	<u>Proofed</u>	<u>Submitted</u>	<u>Jacketed</u>	<u>Required</u>
/?	kahlepj 10/01/1999	wjackson 10/01/1999		_____			
/1			martykr 10/01/1999	_____	lrb_docadmin 10/01/1999		

FE Sent For:

<END>

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/?	kahlepj	1/2 WJ 10/1	km 10	km CJS km 10 km 1			

FE Sent For:

<END>

1 609.05 (3) Except as provided in ss. 609.22 (4m), 609.65 and 609.655, a limited
2 service health organization, preferred provider plan or managed care plan may
3 require an enrollee to obtain a referral from the primary provider designated under
4 sub. (2) to another participating provider prior to obtaining health care services from
5 that participating provider.

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

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

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

17 ~~1. Penalize or restrict the coverage of a female enrollee on account of her having~~ ^{do not}
18 ~~obtained obstetric or gynecologic services in the manner provided under par. (a).~~

19 ~~2. Penalize or restrict the contract of a participating provider on account of his~~ ^{delete}
20 ~~or her having provided obstetric or gynecologic services in the manner provided~~
21 ~~under par. (a).~~

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

(red for Barbara Zabawa)



State of Wisconsin
1999 - 2000 LEGISLATURE

LRBb1887/1

PSK WLj

LFB:.....Zabawa (CM) - No referrals for ob-gyn services

FOR 1999-01 BUDGET - NOT READY FOR INTRODUCTION

ASSEMBLY AMENDMENT,

TO ASSEMBLY SUBSTITUTE AMENDMENT 1,

TO 1999 ASSEMBLY BILL 133

Today
(Fri.)

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

(END)



SDC:.....Walter - Caucus #1839, Prohibit managed care plans from requiring referrals for certain services

FOR 1999-01 BUDGET - NOT READY FOR INTRODUCTION
CAUCUS AMENDMENT

TO ASSEMBLY SUBSTITUTE AMENDMENT 1,
TO 1999 ASSEMBLY BILL 133



- 1 At the locations indicated, amend the substitute amendment as follows:
- 2 1. Page 1404, line 15: after that line insert:
- 3 ^{3035c ©} "SECTION ~~3036~~ 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 ^{3035f ©} SECTION ~~3036~~ 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

1 require an enrollee to obtain a referral from the primary provider designated under
2 sub. (2) to another participating provider prior to obtaining health care services from
3 that participating provider.

4 SECTION ~~3030.~~ ^{3036r} 609.22 (4m) of the statutes is created to read:

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

13 ~~paragraph.~~

- 14 (b) A managed care plan under par. (a) may not do any of the following:
- 15 1. Penalize or restrict the coverage of a female enrollee on account of her having
- 16 obtained obstetric or gynecologic services in the manner provided under par. (a).
- 17 2. Penalize or restrict the contract of a participating provider on account of his
- 18 or her having provided obstetric or gynecologic services in the manner provided
- 19 under par. (a).

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

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

covered obstetric or gynecologic benefits



State of Wisconsin
1999 - 2000 LEGISLATURE

LRBb1887/1
PJK:wj:km

LFB:.....Zabawa (CM) – No referrals for ob-gyn services

FOR 1999-01 BUDGET — NOT READY FOR INTRODUCTION

ASSEMBLY AMENDMENT ,

TO ASSEMBLY SUBSTITUTE AMENDMENT 1,

TO 1999 ASSEMBLY BILL 133

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

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

3 “SECTION 3035c. 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 3035f. 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

1 require an enrollee to obtain a referral from the primary provider designated under
2 sub. (2) to another participating provider prior to obtaining health care services from
3 that participating provider.

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

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

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

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

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

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

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

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

1 (a) Except as provided in paragraph (b), if a policy or certificate that is affected
2 by the treatment of sections 609.05 (2) and (3) and 609.22 (4m) of the statutes
3 contains terms or provisions that are inconsistent with the treatment of sections
4 609.05 (2) and (3) and 609.22 (4m) of the statutes, the treatment of sections 609.05
5 (2) and (3) and 609.22 (4m) of the statutes first applies to that policy or certificate
6 upon renewal.

7 (b) The treatment of sections 609.05 (2) and (3) and 609.22 (4m) of the statutes
8 first applies to policies and group certificates covering employees who are affected by
9 a collective bargaining agreement containing provisions that are inconsistent with
10 the treatment of sections 609.05 (2) and (3) and 609.22 (4m) of the statutes that are
11 issued or renewed on the earlier of the following:

- 12 1. The day on which the collective bargaining agreement expires.
- 13 2. The day on which the collective bargaining agreement is extended, modified
14 or renewed.”.

15

(END)