

**1999 DRAFTING REQUEST**

**Bill**

Received: **03/24/99**

Received By: **kahlepj**

Wanted: **As time permits**

Identical to LRB:

For: **Richard Grobschmidt (608) 266-7505**

By/Representing: **John Sumi**

This file may be shown to any legislator: **NO**

Drafter: **kahlepj**

May Contact:

Alt. Drafters:

Subject: **Insurance - health**

Extra Copies:

**Pre Topic:**

No specific pre topic given

**Topic:**

Require insurance coverage of certain specified immunizations

**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<br>03/24/99 | ygeller<br>03/25/99 |                      | _____          |                          |                          | S&L             |
| /1           |                     |                     | jfrantze<br>03/29/99 | _____          | lrb_docadmin<br>03/29/99 | lrb_docadmin<br>04/14/99 |                 |

FE Sent For:

*04-29-99*

<END>

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|--------------|----------------|-----------------|--------------|----------------|------------------|-----------------|-----------------|
| 1/?          | kahlepj        | 1 3/25 jg       | 3/26         | 3/29           |                  |                 |                 |

FE Sent For:

<END>

3-23

John Sumi

Sen. Grobschmidt

redraft 97 SB 206

as amended by SAI, 2+3  
and AA1

LRB's:

2717/1

immunizations

a0874/1

a0854/1

a0989/1

a1302/1



State of Wisconsin  
1997 - 1998 LEGISLATURE

2596/1  
LRB-27474  
PJK:kaf:amr

JLg

1999 BILL

1997 SENATE BILL 206

WFO -  
check  
auto rebs

May 13, 1997 - Introduced by Senators PLACHE, MOEN, CLAUSING, WINEKE, RUDE, BRESKE and ROSENZWEIG, cosponsored by Representatives HUEBSCH, HANDRICK, KELSO, HANSON, MUSSER, R. YOUNG, SERATTI, CULLEN, TURNER, BLACK, BAUMGART, BOCK, LA FAVE, GRONEMUS, MORRIS-TATUM, STASKUNAS, NOTESTEIN, WASSERMAN, COGGS, MURAT, J. LEHMAN, PLOUFF, HASENOHRL and BALDWIN. Referred to Committee on Health, Human Services, Aging, Corrections, Veterans and Military Affairs.

1 AN ACT to amend 40.51 (8), 40.51 (8m), 60.23 (25), 66.184, 120.13 (2) (g), 185.981  
2 (4t) and 185.983 (1) (intro.); and to create 111.91 (2) (n) and 632.895 (11) of the  
3 statutes; relating to: requiring insurance coverage of certain immunizations  
4 for children.

regenerate  
↓

→ managed care plans,

Generally,

Analysis by the Legislative Reference Bureau

This bill requires every health insurance policy (called "disability insurance policy" in the statutes), including health care plans offered by health maintenance organizations, preferred provider plans, or other plans in the state, and every self-insured health plan of the state or a county, city, town, village or school district, to provide coverage of appropriate and necessary immunizations, specified in the bill, from birth to age 2, for a dependent child of the insured if the policy or plan covers a dependent of the insured. (Under current law, health insurance policies are required to cover a newly born child of the insured, even if the policy did not provide coverage for dependents at the time of the birth.) Coverage of the specified immunizations may not be subject to any deductibles, coinsurance or copayments under the policy or plan. Specifically excluded from this coverage requirement are health insurance policies that cover only certain specified diseases, health care plans offered by limited service health organizations, medicare replacement or supplement policies and long-term care insurance policies.

two

only hospital and surgical charges or

or by preferred provider plans that are not managed care plans

**SENATE BILL 206**

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, as affected by 1995 Wisconsin Act 289, is  
2 amended to read:

3       40.51 (8) Every health care coverage plan offered by the state under sub. (6)  
4 shall comply with ss. 631.89, 631.90, 631.93 (2), 632.72 (2), 632.745 (1) to (3) and (5),  
5 632.747, 632.87 (3) to (5), 632.895 (5m) and (8) to ~~(10)~~ (11) and 632.896.

6       **SECTION 2.** 40.51 (8m) of the statutes, as created by 1995 Wisconsin Act 289,  
7 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. ~~632.745 (1) to (3) and (5) and, 632.747 and~~  
10 632.895 (11).

11       **SECTION 3.** 60.23 (25) of the statutes, as affected by 1995 Wisconsin Act 289,  
12 is amended to read:

13       60.23 (25) SELF-INSURED HEALTH PLANS. Provide health care benefits to its  
14 officers and employes on a self-insured basis if the self-insured plan complies with  
15 ss. 631.89, ~~631.90~~, 631.93 (2), 632.745 (2), (3) and (5) (a) 2. and (b) 2., 632.747 (3),  
16 632.87 (4) and (5), 632.895 (9) and (11) and 632.896.

17       **SECTION 4.** 66.184 of the statutes, as affected by 1995 Wisconsin Act 289, is  
18 amended to read:

19       **66.184 Self-insured health plans.** If a city, including a 1st class city, or a  
20 village provides health care benefits under its home rule power, or if a town provides  
21 health care benefits, to its officers and employes on a self-insured basis, the

**SENATE BILL 206**

1 self-insured plan shall comply with ss. 49.493 (3) (d), 631.89, 631.90, 631.93 (2),  
2 632.745 (2), (3) and (5) (a) 2. and (b) 2., 632.747 (3), 632.87 (4) and (5), 632.895 (9) and  
3 ~~(10)~~ to (11), 632.896, 767.25 (4m) (d) and 767.51 (3m) (d).

4 **SECTION 5.** 111.91 (2) (n) of the statutes is created to read:

5 111.91 (2) (n) The provision to employes of the health insurance coverage  
6 required under s. 632.895 (11).

7 **SECTION 6.** 120.13 (2) (g) of the statutes, as affected by 1995 Wisconsin Act 289,  
8 is amended to read:

9 120.13 (2) (g) Every self-insured plan under par. (b) shall comply with ss.  
10 49.493 (3) (d), 631.89, 631.90, 631.93 (2), 632.745 (2), (3) and (5) (a) 2. and (b) 2.,  
11 632.747 (3), 632.87 (4) and (5), ~~632.895 (9) and (10)~~ to (11), 632.896, 767.25 (4m) (d)  
12 and 767.51 (3m) (d).

13 **SECTION 7.** 185.981 (4t) of the statutes, as affected by 1995 Wisconsin Act 289,  
14 is amended to read:

15 185.981 (4t) A sickness care plan operated by a cooperative association is  
16 subject to ss. 252.14, 631.89, 632.72 (2), 632.745, 632.747, 632.749, 632.87 (2m), (3),  
17 (4) and (5), 632.895 ~~(10)~~ and (11) and 632.897 (10) and ch. 155.

18 **SECTION 8.** 185.983 (1) (intro.) of the statutes, as affected by 1995 Wisconsin Act  
19 289, is amended to read:

20 185.983 (1) (intro.) Every such voluntary nonprofit sickness care plan shall be  
21 exempt from chs. 600 to 646, with the exception of ss. 601.04, 601.13, 601.31, 601.41,  
22 601.42, 601.43, 601.44, 601.45, 611.67, 619.04, 628.34 (10), 631.89, 631.93, 632.72  
23 (2), 632.745, 632.747, 632.749, 632.775, 632.79, 632.795, 632.87 (2m), (3), (4) and (5),  
24 632.895 ~~(5), (9) and (10)~~ and (9) to (11), 632.896 and 632.897 (10), subch. II of ch. 619  
25 and chs. 609, 630, 635, 645 and 646, but the sponsoring association shall:

**BILL**

do  
keep →

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), 632.72 (2), 632.746 (1) to (8) and (10),  
4 632.747, 632.748, 632.85, 632.853, 632.855, 632.87 (3) to (5), 632.895 (5m) and (8) to  
5 ~~(13)~~ (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. 632.746 (1) to (8) and (10), 632.747,  
9 632.748, 632.85, 632.853, 632.855 and 632.895 (11) to ~~(13)~~ (14).

10          **SECTION 3.** 60.23 (25) of the statutes is amended to read:

11          60.23 (25) **SELF-INSURED HEALTH PLANS.** Provide health care benefits to its  
12 officers and employes on a self-insured basis if the self-insured plan complies with  
13 ss. 631.89, 631.90, 631.93 (2), 632.746 (10) (a) 2. and (b) 2., 632.747 (3), 632.85,  
14 632.853, 632.855, 632.87 (4) and (5), 632.895 (9) and (11) to ~~(13)~~ (14) and 632.896.

15          **SECTION 4.** 66.184 of the statutes is amended to read:

16          **66.184 Self-insured health plans.** If a city, including a 1st class city, or a  
17 village provides health care benefits under its home rule power, or if a town provides  
18 health care benefits, to its officers and employes on a self-insured basis, the  
19 self-insured plan shall comply with ss. 49.493 (3) (d), 631.89, 631.90, 631.93 (2),  
20 632.746 (10) (a) 2. and (b) 2., 632.747 (3), 632.85, 632.853, 632.855, 632.87 (4) and (5),



*from* →

LRB-0891/1  
PJK:cmh&jlg:jf  
SECTION 4

**BILL**

1 632.895 (9) to ~~(13)~~ (14) ✓, 632.896, 767.25 (4m) (d), 767.51 (3m) (d) and 767.62 (4) (b)  
2 4.

3 **SECTION 5.** 111.91 (2) (n) of the statutes is amended to read:

4 111.91 (2) (n) The provision to employes of the health insurance coverage  
5 required under s. 632.895 (11) to ~~(13)~~ (14) ✓.

6 **SECTION 6.** 120.13 (2) (g) of the statutes is amended to read:

7 120.13 (2) (g) Every self-insured plan under par. (b) shall comply with ss.  
8 49.493 (3) (d), 631.89, 631.90, 631.93 (2), 632.746 (10) (a) 2. and (b) 2., 632.747 (3),  
9 632.85, 632.853, 632.855, 632.87 (4) and (5), 632.895 (9) to ~~(13)~~ (14), 632.896, 767.25  
10 (4m) (d), 767.51 (3m) (d) and 767.62 (4) (b) 4.

11 **SECTION 7.** 185.981 (4t) of the statutes is amended to read:

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

16 **SECTION 8.** 185.983 (1) (intro.) of the statutes is amended to read:

17 185.983 (1) (intro.) Every such voluntary nonprofit sickness care plan shall be  
18 exempt from chs. 600 to 646, with the exception of ss. 601.04, 601.13, 601.31, 601.41,  
19 601.42, 601.43, 601.44, 601.45, 611.67, 619.04, 628.34 (10), 631.89, 631.93, 632.72  
20 (2), 632.745 to 632.749, 632.775, 632.79, 632.795, 632.85, 632.853, 632.855, 632.87  
21 (2m), (3), (4) and (5), 632.895 (5) and (9) to ~~(13)~~ (14), 632.896 and 632.897 (10) and  
22 chs. 609, 630, 635, 645 and 646, but the sponsoring association shall:

23 **SECTION 9.** ~~609.75~~ <sup>88</sup> of the statutes is created to read:

24 ~~609.75~~ <sup>88</sup> Coverage of ~~inpatient hospital services after a mastectomy~~

25 Managed care plans ~~and preferred provider plans~~ are subject to s. 632.895 (14).

✓ immigrations

SENATE BILL 206

1

SECTION 9. 632.895 (1) of the statutes is created to read:

2

632.895 (1) COVERAGE OF IMMUNIZATIONS. (a) In this subsection:

3

1. "Appropriate and necessary immunizations" means the administration of

4

vaccine that meets the standards approved by the U.S. public health service for such

5

biological products against at least all of the following:

6

a. Diphtheria.

7

b. Pertussis.

8

c. Tetanus.

9

d. Polio.

10

e. Measles.

11

f. Mumps.

12

g. Rubella.

13

h. Any other disease for which immunization is recommended by the state

14

health officer appointed under s. 250.02 (1).

Insert 4-12 ✓

15

2. "Dependent" has the meaning given in s. 630.01(1).

Insert 4-15 ✓

16

(b) Except as provided in par. (d), every disability insurance policy, and every

17

self-insured health plan of the state or a county, city, town, village or school district,

18

that provides coverage for a dependent of the insured shall provide coverage of

19

appropriate and necessary immunizations, from birth to the age of 2 years, for a

20

dependent who is a child of the insured.

21

(c) The coverage required under par. (b) may not be subject to any deductibles,

22

copayments or coinsurance under the policy or plan.

Insert 4-22 ✓

23

(d) This subsection does not apply to any of the following:

24

1. A disability insurance policy that covers only certain specified diseases.

Insert 4-24 ✓ →

SENATE BILL 206

- 1 35. A health care plan offered by a limited service health organization, as defined
- 2 in s. 609.01 (3). *insert 5-2* ✓
- 3 45. A long-term care insurance policy, as defined in s. 600.03 (28g). ✓
- 4 55. A medicare replacement policy, as defined in s. 600.03 (28p). ✓
- 5 65. A medicare supplement policy, as defined in s. 600.03 (28r). ✓

SECTION 10. Initial applicability.

7 (1) *This act* The treatment of sections 40.51 (8) and (8m), 60.23 (25), 66.184, 111.91 (2)

8 (n), 120.13 (2) (g), 185.981 (4t), 185.983 (1) (intro.) and 632.895 (11) of the statutes

9 first applies to all of the following: *a.c.*

10 (a) Except as provided in paragraphs (b) and (c), disability insurance policies

11 that are issued or renewed, and self-insured health plans that are established,

12 extended, modified or renewed, on the effective date of this paragraph. ✓

13 (b) Disability insurance policies covering employes who are affected by a

14 collective bargaining agreement containing provisions inconsistent with this act

15 that are issued or renewed on the earlier of the following:

- 16 1. The day on which the collective bargaining agreement expires.
- 17 2. The day on which the collective bargaining agreement is extended, modified
- 18 or renewed.

19 (c) Self-insured health plans covering employes who are affected by a

20 collective bargaining agreement containing provisions inconsistent with this act

21 that are established, extended, modified or renewed on the earlier of the following:

- 22 1. The day on which the collective bargaining agreement expires.
- 23 2. The day on which the collective bargaining agreement is extended, modified
- 24 or renewed.

SECTION 11. Effective date.

**SENATE BILL 206**

**SECTION 11**

✓  
6th  
↑

1

(1) This act takes effect on the first day of the ~~5th~~ month beginning after  
publication.

2

3

**(END)**



State of Wisconsin  
1997 - 1998 LEGISLATURE

LRBa0874/1  
PJK:jlghmh

SENATE AMENDMENT 1,  
TO 1997 SENATE BILL 206

*Insert 4-12*

~~October 22, 1997 - Offered by Senator MOEN.~~

1 At the locations indicated, amend the bill as follows:

2 1. Page 4, line 12: after that line insert:

3 <sup>e</sup>  
i. Hemophilus influenza B.

4 i. Hepatitis B. <sup>e</sup>

5 2. Page 4, line 13: substitute "j." for "h."

6

(END *ins. 4-12*)

SUBCHAPTER I  
GENERAL PROVISIONS

- 635.01 Scope.
- 635.02 Definitions.
- 635.05 Rate regulation.
- 635.07 Contract termination and renewability.
- 635.09 Prohibited denial of coverage.
- 635.11 Disclosure of rating factors and renewability provisions.
- 635.13 Annual certification of compliance.
- 635.15 Temporary suspension of rate regulation.
- 635.17 Coverage requirements for small employer plans.
- 635.18 Fair marketing standards.

*Insert  
4-15*

SUBCHAPTER II  
SMALL EMPLOYER HEALTH INSURANCE PLAN

- 635.20 Definitions.
- 635.21 Establishment of plan.
- 635.23 Duties of plan board.
- 635.25 Eligibility for participation in plan.
- 635.254 Employer premium contribution.
- 635.26 Guaranteed issue.
- 635.272 Payments to health care providers.
- 635.28 Liability of state and plan board.
- 635.29 Exemption from required coverage.
- 635.31 Chapters 600 to 655 applicable.

~~Cross-references: See definitions in ss. 600.03 and 628.02.~~

~~SUBCHAPTER I  
GENERAL PROVISIONS~~

~~**635.01 Scope.** This subchapter applies to all group health insurance plans, policies or certificates, written on risks or operations in this state, providing coverage for employees of a small employer, or employees of a small employer and the employer, and to individual health insurance policies, written on risks or operations in this state, providing coverage for employees of a small employer, or employees of a small employer and the employer when 3 or more are sold to a small employer.~~

~~History: 1991 a. 39.~~

~~**635.02 Definitions.** In this subchapter:~~

~~(1) "Base premium rate" means the lowest premium rate chargeable under a rating system to small employers with similar case characteristics and the same or similar benefit design characteristics in the same class of business.~~

~~(1c) "Basic health benefit plan" means the small employer health insurance plan under subch. II.~~

~~(1m) "Benefit design characteristics" means covered services, cost sharing, utilization management, managed care networks and other features that differentiate plan or coverage designs.~~

~~(2) "Case characteristics" means the demographic, actuarially based characteristics of the employees of a small employer, and the employer, if covered, such as age, sex, geographic location and occupation, used by a small employer insurer to determine premium rates for a small employer. "Case characteristics" does not include loss or claim history, health status, duration of coverage or other factors related to claim experience.~~

~~(3) "Class of business" means all or a distinct grouping of small employers determined in accordance with rules promulgated by the commissioner under s. 635.05 (4).~~

~~(3c) "Dependent" means a spouse, an unmarried child under the age of 19 years, an unmarried child who is a full-time student under the age of 21 years and who is financially dependent upon the parent, or an unmarried child of any age who is medically certified as disabled and who is dependent upon the parent.~~

~~(3f) "Eligible employee" means an employee who works on a full-time basis and has a normal work week of 30 or more hours. The term includes a sole proprietor, a business owner, including the owner of a farm business, a partner of a partnership, a member of a limited liability company and an independent contractor if the sole proprietor, business owner, partner, member or independent contractor is included as an employee under a health benefit plan~~

~~of a small employer, but the term does not include an employee on a part-time, temporary or substitute basis.~~

~~(3j) "Established geographic service area" means a geographic area within which a small employer insurer provides coverage and that has been approved by the commissioner.~~

~~(3m) "Health benefit plan" means any hospital or medical policy or certificate. "Health benefit plan" does not include accident-only, credit, dental, vision, Medicare supplement, term care, or disability income insurance, coverage that is a supplement to liability insurance, worker's compensation, automobile medical payment insurance, or insurance exempted by rule of the commissioner.~~

~~(4m) "Midpoint rate" means the arithmetic average of the base premium rate and the corresponding highest premium rate.~~

~~(5) "New business premium rate" means the premium rate charged or offered to small employers with similar case characteristics in the same class of business for newly issued health insurance contracts with the same or similar benefit design characteristics.~~

~~(5m) (a) "Qualifying coverage" means benefits provided under any of the following:~~

- ~~1. Medicare or Medicaid.~~
- ~~2. An employer-based health insurance or health care arrangement that provides benefits similar to or exceeding those provided under a basic health benefit plan.~~
- ~~3. An individual health insurance policy that provides benefits similar to or exceeding those provided under a basic health benefit plan, if the policy has been in effect for at least 90 days.~~

~~(b) Notwithstanding par. (a) 2. and 3., "qualifying coverage" does not include a high cost-share health plan, as defined in s. 632.898 (1) (c), that is linked to a medical savings account described in s. 632.898, if any of the following applies:~~

- ~~1. The health benefit plan that is the individual's new coverage and the health benefit plan that is the individual's previous coverage are provided by the same small employer.~~
- ~~2. The health benefit plan that is the individual's new coverage is provided by a small employer that is not the same as the small employer that provided the health benefit plan that was the individual's previous coverage, the small employer that provides the new coverage offers its eligible employees a choice of health benefit plan options that includes a high cost-share health plan defined in s. 632.898 (1) (c), and the individual's new coverage is not a high cost-share health plan.~~

~~NOTE: Sub. (5m) is repealed eff. 5-1-97 by 1995 Wis. Act 289.~~

~~(6) "Rating period" means the period, determined by the small employer insurer, during which a premium rate established by the small employer insurer remains in effect.~~

~~(6m) "Restricted network provision" means a provision in a health benefit plan that conditions the payment of benefits, in whole or in part, on obtaining services or articles from health care providers or suppliers within a network of providers or suppliers.~~

*(end of ins 4-15)*



Insert 4-22

SENATE AMENDMENT 2,  
TO 1997 SENATE BILL 206

October 22, 1997 - Offered by Senator MOEN.

managed  
care  
plan

At the locations indicated, amend the bill as follows:

- 1. Page 4, line 22: after "plan." insert <sup>(MOE)</sup> "This paragraph applies to a ~~health~~ <sup>managed care</sup> maintenance organization, as defined in s. 609.01 <sup>(3c)</sup>, ~~and preferred provider plan~~ as defined in ~~s. 609.01(4)~~ only with respect to appropriate and necessary immunizations provided by ~~selected~~ <sup>participating</sup> providers, as defined in s. 609.01 <sup>(3m)</sup>, ~~of the~~ health maintenance organization or preferred provider plan."

(END of ins. 4-22)



State of Wisconsin  
1997 - 1998 LEGISLATURE

LRBa1302/1  
PJK:jlg:jf

ASSEMBLY AMENDMENT 1,  
TO 1997 SENATE BILL 206

*Ins. 4-24*

January 8, 1998 - Offered by COMMITTEE ON CHILDREN AND FAMILIES.

1 At the locations indicated, amend the bill as follows:

2 1. Page 4, line 24: after that line insert.

*text:  
treat*

3 4 2. ~~2~~ A disability insurance policy that covers only hospital and surgical  
4 charges. *te*

5

(END) *ins. 4-24)*



**1999-2000 DRAFTING INSERT  
FROM THE  
LEGISLATIVE REFERENCE BUREAU**

LRB-2596/?ins  
PJK.....

**INSERT 5-2**

~~ND~~ or by a preferred provider plan, as defined in s. 609.01 (4), that is not a managed care plan, as defined in s. 609.01 (3c) ✓

**(END OF INSERT 5-2)**

**SUBMITTAL  
FORM**

**LEGISLATIVE REFERENCE BUREAU**  
**Legal Section Telephone: 266-3561**  
**5th Floor, 100 N. Hamilton Street**

The attached draft is submitted for your inspection. Please check each part carefully, proofread each word, and sign on the appropriate line(s) below.

**Date:** 3/29/99

**To:** Senator Grobschmidt

**Relating to LRB drafting number:** LRB-2596

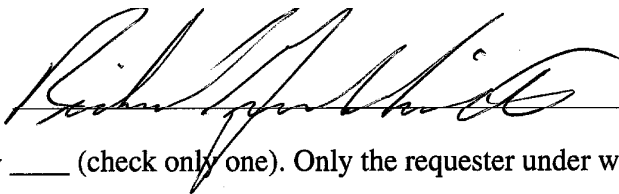
**Topic**

Require insurance coverage of certain specified immunizations

**Subject(s)**

Insurance - health

1. **JACKET** the draft for introduction

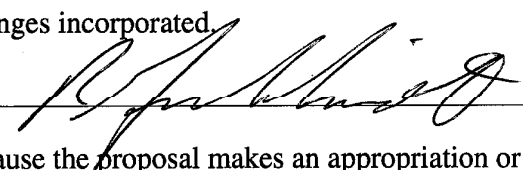


in the **Senate**  or the **Assembly**  (check only one). Only the requester under whose name the drafting request is entered in the LRB's drafting records may authorize the draft to be submitted. Please allow one day for the preparation of the required copies.

2. **REDRAFT.** See the changes indicated or attached \_\_\_\_\_.

A revised draft will be submitted for your approval with changes incorporated.

3. Obtain **FISCAL ESTIMATE NOW**, prior to introduction



If the analysis indicates that a fiscal estimate is required because the proposal makes an appropriation or increases or decreases existing appropriations or state or general local government fiscal liability or revenues, you have the option to request the fiscal estimate prior to introduction. If you choose to introduce the proposal without the fiscal estimate, the fiscal estimate will be requested automatically upon introduction. It takes about 10 days to obtain a fiscal estimate. Requesting the fiscal estimate prior to introduction retains your flexibility for possible redrafting of the proposal.

If you have any questions regarding the above procedures, please call 266-3561. If you have any questions relating to the attached draft, please feel free to call me.

Pamela J. Kahler, Senior Legislative Attorney  
Telephone: (608) 266-2682

CCC

LRB-2596  
RJK

1999 SB-136

# Page 5, line 14: delete "act first applies to"  
and substitute "act".

JLG



State of Wisconsin  
1999-2000 LEGISLATURE

**CORRECTIONS IN:**

**1999 SENATE BILL 136**

Prepared by the Legislative Reference Bureau  
(January 28, 2000)

1. Page 5, line 14: delete "act first applies to" and substitute "act".