

**ASSEMBLY AMENDMENT 27,
TO ASSEMBLY SUBSTITUTE AMENDMENT 1,
TO 2001 SENATE BILL 55**

June 29, 2001 – Offered by Representatives BERCEAU and MILLER.

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

2 **1.** Page 534, line 23: after that line insert:

3 **“SECTION 1398p.** 40.51 (8) of the statutes is amended to read:

4 40.51 **(8)** Every health care coverage plan offered by the state under sub. (6)
5 shall comply with ss. 631.89, 631.90, 631.93 (2), 631.95, 632.72 (2), 632.746 (1) to (8)
6 and (10), 632.747, 632.748, 632.83, 632.835, 632.85, 632.853, 632.855, 632.87 (3) to
7 (5), 632.895 (5m) and (8) to ~~(14)~~ (15), and 632.896.

8 **SECTION 1398q.** 40.51 (8m) of the statutes is amended to read:

9 40.51 **(8m)** Every health care coverage plan offered by the group insurance
10 board under sub. (7) shall comply with ss. 631.95, 632.746 (1) to (8) and (10), 632.747,
11 632.748, 632.83, 632.835, 632.85, 632.853, 632.855, and 632.895 (11) to ~~(14)~~ (15).”.

12 **2.** Page 676, line 9: after that line insert:

1 **“SECTION 2014mn.** 66.0137 (4) of the statutes is amended to read:

2 66.0137 **(4)** SELF-INSURED HEALTH PLANS. If a city, including a 1st class city, or
3 a village provides health care benefits under its home rule power, or if a town
4 provides health care benefits, to its officers and employees on a self-insured basis,
5 the self-insured plan shall comply with ss. 49.493 (3) (d), 631.89, 631.90, 631.93 (2),
6 632.746 (10) (a) 2. and (b) 2., 632.747 (3), 632.85, 632.853, 632.855, 632.87 (4) and (5),
7 632.895 (9) to ~~(14)~~ (15), 632.896₁, and 767.25 (4m) (d).”.

8 **3.** Page 913, line 2: after that line insert:

9 **“SECTION 2615c.** 111.91 (2) (n) of the statutes is amended to read:

10 111.91 **(2)** (n) The provision to employees of the health insurance coverage
11 required under s. 632.895 (11) to ~~(14)~~ (15).”.

12 **4.** Page 924, line 22: after that line insert:

13 **“SECTION 2760d.** 120.13 (2) (g) of the statutes is amended to read:

14 120.13 **(2)** (g) Every self-insured plan under par. (b) shall comply with ss.
15 49.493 (3) (d), 631.89, 631.90, 631.93 (2), 632.746 (10) (a) 2. and (b) 2., 632.747 (3),
16 632.85, 632.853, 632.855, 632.87 (4) and (5), 632.895 (9) to ~~(14)~~ (15), 632.896₁, and
17 767.25 (4m) (d).”.

18 **5.** Page 985, line 20: after that line insert:

19 **“SECTION 2936p.** 185.981 (4t) of the statutes is amended to read:

20 185.981 **(4t)** A sickness care plan operated by a cooperative association is
21 subject to ss. 252.14, 631.17, 631.89, 631.95, 632.72 (2), 632.745 to 632.749, 632.85,
22 632.853, 632.855, 632.87 (2m), (3), (4)₁, and (5), 632.895 (10) to ~~(14)~~ (15), and 632.897
23 (10) and chs. 149 and 155.

24 **SECTION 2936t.** 185.983 (1) (intro.) of the statutes is amended to read:

1 185.983 (1) (intro.) Every such voluntary nonprofit sickness care plan shall be
2 exempt from chs. 600 to 646, with the exception of ss. 601.04, 601.13, 601.31, 601.41,
3 601.42, 601.43, 601.44, 601.45, 611.67, 619.04, 628.34 (10), 631.17, 631.89, 631.93,
4 631.95, 632.72 (2), 632.745 to 632.749, 632.775, 632.79, 632.795, 632.85, 632.853,
5 632.855, 632.87 (2m), (3), (4), and (5), 632.895 (5) and (9) to ~~(14)~~ (15), 632.896, and
6 632.897 (10) and chs. 609, 630, 635, 645, and 646, but the sponsoring association
7 shall:”.

8 **6.** Page 1180, line 21: after that line insert:

9 “**SECTION 3741n.** 609.73 of the statutes is created to read:

10 **609.73 Coverage of contraceptive articles and services.** Managed care
11 plans are subject to s. 632.895 (15).”.

12 **7.** Page 1181, line 12: after that line insert:

13 “**SECTION 3763c.** 632.895 (15) of the statutes is created to read:

14 632.895 (15) CONTRACEPTIVE ARTICLES AND SERVICES. (a) In this subsection:

15 1. “Contraceptive article” means any of the following:

16 a. A drug, medicine, mixture, preparation, instrument, article, or device of any
17 nature that is approved by the federal food and drug administration for use to
18 prevent a pregnancy, that is prescribed by a licensed health care provider for use to
19 prevent a pregnancy, and that may not be obtained without a prescription from a
20 licensed health care provider. “Contraceptive article” does not include any drug,
21 medicine, mixture, preparation, instrument, article, or device of any nature
22 prescribed for use in terminating the pregnancy of a woman who is known by the
23 prescribing licensed health care provider to be pregnant.

1 b. A hormonal compound that is taken orally and that is approved by the federal
2 food and drug administration for use to prevent a pregnancy.

3 2. “Religious employer” means an entity that satisfies all of the following
4 criteria:

5 a. The inculcation of religious values is the purpose of the entity.

6 b. The entity employs primarily persons who share the religious tenets of the
7 entity.

8 c. The entity serves primarily persons who share the religious tenets of the
9 entity.

10 d. The entity is exempt from filing a federal annual information return under
11 section 6033 (a) (2) (A) (i) and (iii) and (C) (i) of the Internal Revenue Code.

12 (b) Every disability insurance policy, and every self-insured health plan of a
13 county, city, village, or school district, that provides coverage of outpatient health
14 care services, preventive treatments and services, or prescription drugs and devices
15 shall provide coverage for all of the following:

16 1. Contraceptive articles.

17 2. Medical services, including counseling and physical examinations, for the
18 prescription or use of a contraceptive article or of a procedure to prevent a pregnancy.

19 3. Medical procedures performed to prevent a pregnancy.

20 (c) Coverage under this subsection may be subject to exclusions or limitations,
21 including copayments and deductibles, that apply generally to the benefits that are
22 provided under the policy or self-insured health plan.

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

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

1 2. A health care plan offered by a limited service health organization, as defined
2 in s. 609.01 (3), or by a preferred provider plan, as defined in s. 609.01 (4), that is not
3 a managed care plan, as defined in s. 609.01 (3c).

4 3. A medicare replacement policy, a medicare supplement policy, or a long-term
5 care insurance policy.

6 4. A disability insurance policy that is issued to a religious employer, if the
7 religious employer requests that the insurer issuing the policy not provide the
8 coverage specified in par. (b) 1. to 3. on the basis that the articles and services covered
9 are contrary to the religious employer’s religious tenets. A religious employer that
10 makes a request under this subdivision shall provide written notice to a prospective
11 insured under the policy, prior to that person’s coverage under the policy, that
12 specifies the articles and services under par. (b) 1. to 3. that will not be covered on
13 the basis of the employer’s request.”.

14 **8.** Page 1399, line 25: after that line insert:

15 “(1e) COVERAGE OF CONTRACEPTIVES. The treatment of sections 40.51 (8) and
16 (8m), 66.0137 (4), 111.91 (2) (n), 120.13 (2) (g), 185.981 (4t), 185.983 (1) (intro.),
17 609.73, and 632.895 (15) of the statutes first applies to all of the following:

18 (a) Except as provided in paragraphs (b) and (c), disability insurance policies
19 that are issued or renewed, and self-insured health plans that are established,
20 extended, modified, or renewed, on the effective date of this paragraph.

21 (b) Disability insurance policies covering employees who are affected by a
22 collective bargaining agreement containing provisions inconsistent with this act
23 that are issued or renewed on the earlier of the following:

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

