



WISCONSIN LEGISLATIVE COUNCIL AMENDMENT MEMO

2007 Assembly Bill 872

Assembly Amendment 1

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Contact: Richard Sweet, Senior Staff Attorney (266-2982)

Assembly Bill 872 requires health care providers to give patients an estimate of charges in specified circumstances, restricts health care provider charges in specified circumstances, requires providers to give to persons without insurance or public coverage information about coverage if they later obtain insurance or become eligible for Medical Assistance, and requires insurers and governmental self-insured health plans to provide specified information to insured persons.

Assembly Amendment 1 modifies the provision of the bill that states that: (1) if a health care provider does not accept patients who are covered by a particular insurer; (2) if a health care service, diagnostic test, or procedure is not covered under a patient's plan; or (3) if the patient's health care plan only covers services of participating providers and the particular health care provider is not a participating provider; the health care provider must accept as payment from the patient the average rate paid by insurers or governmental self-insured health plans for the service, test, or procedure or a rate that is less than that average rate. Assembly Amendment 1 limits this provision to patients who are not insured or do not have public coverage the first time they receive a particular health care service, diagnostic test, or procedure and who, within 90 days after this, obtain from an insurer or a governmental self-insured health plan coverage that is under a contract for not less than one year.

Legislative History

The Assembly Committee on Health and Healthcare Reform recommended adoption of Assembly Amendment 1, and passage of the bill as amended, both by votes of Ayes, 9; Noes, 4.

RNS:jb;ksm