



WISCONSIN LEGISLATIVE COUNCIL AMENDMENT MEMO

2009 Assembly Bill 207

**Assembly Substitute
Amendment 2**

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Assembly Substitute Amendment 2 to Assembly Bill 207 provides that if a health care facility or a health care provider itemizes on a bill a charge for clinic services, the facility or provider must do the following:

- If a patient makes an appointment for a health care facility visit in person or over the telephone, the patient must be notified orally at the time the appointment is made that he or she may receive, in addition to a charge for the services of the provider, a charge for clinic services, which may be on a separate bill.
- If a patient makes an appointment for a health care facility visit electronically, the patient must be notified electronically or in writing within 24 hours of the receipt of the appointment request that the patient may receive, in addition to a charge for the services of the provider, a charge for clinic services, which may be on a separate bill.

The substitute amendment defines the terms “charge for clinic services,” “clinic,” “health care facility,” and “health care provider.”

The above notification is not required in either of the following situations: (1) within the preceding 12 months, the facility or provider provided the patient with a notification regarding a health care facility visit for the same services; or (2) before the patient requested the appointment, the facility or provider provided the patient with a notification for the same services, and the patient had a visit for the same services within the immediately preceding 12 months.

The facility or provider must also, upon request of the patient and before the end of the second business day after the day on which the request is made, provide the patient with a good faith estimate of the charge for clinic services. The facility or provider may charge an actual charge for clinic services that is different from the good faith estimate. In addition, the facility or provider must identify in any bill for the facility visit the charge for clinic services as a “clinic service charge.”

The substitute amendment also requires every health insurance policy and every governmental self-insured health plan to disclose all of the following in any policy, plan, or certificate of coverage: (1) whether the policy or plan covers a charge for clinic services; (2) the extent of, and limitations on, coverage of a charge for clinic services; and (3) whether a patient's payment for all or part of a charge for clinic services counts toward satisfying any deductible amount under the policy or plan.

Legislative History

The Assembly Committee on Public Health recommended adoption of Assembly Substitute Amendment 2 on a vote of Ayes, 7; Noes, 0; and passage of the bill as amended on vote of Ayes, 4; Noes, 3.

RNS:jal