



WISCONSIN LEGISLATIVE COUNCIL AMENDMENT MEMO

2009 Senate Bill 27

**Senate
Amendments 1 and 2**

Memo published: April 21, 2009

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

Senate Bill 27 requires that, with specified exceptions, every disability insurance policy and every governmental self-insured health plan must provide coverage for the cost of hearing aids and cochlear implants that are recommended by a physician or licensed audiologist, in accordance with accepted professional medical or audiological standards, for a covered child who is under 18 years of age and is certified as deaf or hearing impaired by a physician or licensed audiologist. In addition, the policy or plan must cover the cost of treatment related to hearing aids and cochlear implants, including procedures for implantation of cochlear devices, for a child. Coverage of the cost of hearing aids is not required to exceed the cost of one hearing aid per ear per child more often than once every three years.

The bill provides that the required coverage may be subject to any cost-sharing provisions, limitations, or exclusions, other than a preexisting condition exclusion, that generally applies under the policy or plan. With respect to preexisting conditions, an individual disability insurance policy may impose a preexisting condition exclusion that does not exceed one year, with exceptions where time is of the essence for the child to receive cochlear implants and related treatment as a result of the occurrence during that period of any of several specified conditions.

Senate Amendment 1 deletes the language in the bill that relates to individual disability insurance policies imposing a preexisting condition exclusion and that provides exceptions to that provision. Under the amendment, the coverage required under the bill may be subject to any cost-sharing provisions, limitations, or exclusions, other than a preexisting condition exclusion.

Senate Amendment 1 also excludes from the required coverage a disability insurance policy or governmental self-insured plan that provides only limited-scope dental or vision benefits.

Senate Amendment 2 excludes from the required coverage an individual health benefit plan that is not renewable and that has a specified termination date that, including any extensions that the policyholder may elect without the insurer's consent, is less than 12 months after the original effective date.

Legislative History

The Senate Committee on Health, Health Insurance, Privacy, Property Tax Relief, and Revenue recommended adoption of Senate Amendments 1 and 2, both by votes of Ayes, 7; Noes, 0. The committee recommended passage of the bill as amended by a vote of Ayes, 6; Noes, 1.

RNS:jal