

State of Misconsin 1995 - 1996 LEGISLATURE

## ASSEMBLY SUBSTITUTE AMENDMENT 1, TO 1995 ASSEMBLY BILL 383

August 7, 1995 – Offered by Representative WIRCH.

1	AN ACT to amend 40.51 (9), 185.981 (7), 609.05 (2) and 609.05 (3); and to create
2	609.62 of the statutes; <b>relating to:</b> prohibiting referral requirement for limited
3	obstetric or gynecological services.
	The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:
4	<b>SECTION 1.</b> 40.51 (9) of the statutes is amended to read:
5	40.51 (9) Every health maintenance organization and preferred provider plan
6	offered by the state under sub. (6) shall comply with s $\underline{ss. 609.62}$ and $\underline{632.87}$ (2m).
7	<b>SECTION 2.</b> 185.981 (7) of the statutes is amended to read:
8	185.981 (7) Notwithstanding sub. (4) and s. 185.982 (1), a sickness care plan
9	that is operated by a cooperative association and that qualifies as a health
10	maintenance organization, as defined in s. 609.01 (2), is subject to s <u>ss. 609.62 and</u>
11	609.655.
12	<b>SECTION 3.</b> 609.05 (2) of the statutes is amended to read:

1	609.05 (2) A Except as provided in s. 609.62, a health care plan under sub. (1)
<b>2</b>	may require an enrolled participant to designate a primary provider and to obtain
3	health care services from the primary provider when reasonably possible.
4	<b>SECTION 4.</b> 609.05 (3) of the statutes is amended to read:
5	609.05 (3) Except as provided in ss. <u>609.62</u> , 609.65 and 609.655, a health care

plan under sub. (1) may require an enrolled participant to obtain a referral from the
primary provider designated under sub. (2) to another selected provider prior to
obtaining health care services from the other selected provider.

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**SECTION 5.** 609.62 of the statutes is created to read:

10 **609.62** Obstetric and gynecological services. (1) A health maintenance 11 organization, limited service health organization or preferred provider plan shall 12 allow a female enrolled participant to obtain obstetric or gynecological services up 13 to twice a year from a selected provider who is a physician licensed under ch. 448 and 14 who specializes in obstetrics and gynecology without first having obtained a referral 15 to that selected provider, regardless of whether that selected provider is the enrolled 16 participant's primary provider.

(2) A health care plan under sub. (1) shall provide written notice of the
requirement under sub. (1) in each policy or group certificate issued by the health
care plan and, during each open enrollment period, to each female enrolled
participant and each female applicant for coverage.

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(END)