1997 ASSEMBLY BILL 695

January 6, 1998 – Introduced by Representatives Kelso and Underheim, cosponsored by Senators Moen, Burke and Roessler. Referred to Committee on Health.

AN ACT to amend 632.895 (11) (a) (intro.) and 632.895 (12) (b) (intro.); and to create 632.895 (11) (d) and 632.895 (12) (d) of the statutes; relating to: providing exceptions for dental plans from certain mandated coverages.

Analysis by the Legislative Reference Bureau

Under current law, beginning on January 1, 1998, every health insurance policy, and every self-insured plan of the state or a county, city, village, town or school district, that provides coverage of any diagnostic or surgical procedure involving a bone, joint, muscle or tissue must provide coverage for diagnostic procedures and medically necessary surgical or nonsurgical treatment for the correction of temporomandibular disorders. In addition, every health insurance policy, and every self-insured plan of the state or a county, city, village, town or school district, must cover hospital or ambulatory surgery center charges and anesthetics charges that are incurred when dental care is provided in a hospital or ambulatory surgery center to an insured who satisfies certain criteria, such as having a medical condition that requires hospitalization or general anesthesia for dental care. This bill makes exceptions for policies that cover only dental care. Such a policy would not have to provide either type of coverage.

For further information see the *state and local* fiscal estimate, which will be printed as an appendix to this bill.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

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1	Section 1. 632.895 (11) (a) (intro.) of the statutes, as created by 1997 Wisconsin
2	Act 27, is amended to read:
3	632.895 (11) (a) (intro.) Every Except as provided in par. (d), every disability
4	insurance policy, and every self-insured health plan of the state or a county, city,
5	village, town or school district, that provides coverage of any diagnostic or surgical
6	procedure involving a bone, joint, muscle or tissue shall provide coverage for
7	diagnostic procedures and medically necessary surgical or nonsurgical treatment for
8	the correction of temporomandibular disorders if all of the following apply:
9	Section 2. 632.895 (11) (d) of the statutes is created to read:
10	632.895 (11) (d) This subsection does not apply to a disability insurance policy
11	that covers only dental care.
12	Section 3. 632.895 (12) (b) (intro.) of the statutes, as created by 1997 Wisconsin
13	Act 27, is amended to read:
14	632.895 (12) (b) (intro.) Every Except as provided in par. (d), every disability
15	insurance policy, and every self-insured health plan of the state or a county, city,
16	village, town or school district, shall cover hospital or ambulatory surgery center
17	charges incurred, and anesthetics provided, in conjunction with dental care that is
18	provided to a covered individual in a hospital or ambulatory surgery center, if any
19	of the following applies:
20	Section 4. 632.895 (12) (d) of the statutes is created to read:
21	632.895 (12) (d) This subsection does not apply to a disability insurance policy
22	that covers only dental care.
23	Section 5. Initial applicability.
24	(1) This act first applies to all of the following:

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	(a) Except as provided in paragraph (b), disability insurance policies that covered the covered to the covered													over
only	dental	care	and	that	are	issued	or	renewed	on	the	effective	date	of	this
paragraph.														

- (b) Disability insurance policies that cover only dental care, that cover employes who are affected by a collective bargaining agreement containing provisions inconsistent with this act and that are issued or renewed on the earlier of the following:
 - 1. The day on which the collective bargaining agreement expires.
- 2. The day on which the collective bargaining agreement is extended, modified or renewed.

11 (END)