



State of Wisconsin
2017 - 2018 LEGISLATURE

LRB-1884/1
TJD:amn

2017 SENATE BILL 267

May 25, 2017 - Introduced by Senators ERPENBACH, JOHNSON, SHILLING, L. TAYLOR, CARPENTER, RINGHAND, LARSON, RISSER, HANSEN, WIRCH, MILLER and BEWLEY, cosponsored by Representatives RIEMER, KOLSTE, C. TAYLOR, ANDERSON, BARCA, BERCEAU, BILLINGS, BOWEN, BROSTOFF, CONSIDINE, CROWLEY, DOYLE, FIELDS, GENRICH, GOYKE, HEBL, HESSELBEIN, HINTZ, MASON, MEYERS, OHNSTAD, POPE, SARGENT, SHANKLAND, SINICKI, SPREITZER, STUCK, SUBECK, VRUWINK, WACHS, YOUNG, ZAMARRIPA, ZEPNICK and KESSLER. Referred to Committee on Insurance, Housing and Trade.

1 **AN ACT** *to amend* 40.51 (8m), 66.0137 (4), 120.13 (2) (g), 632.895 (8) (d), 632.895
2 (14) (a) 1. i. and j., 632.895 (14) (b), 632.895 (14) (c), 632.895 (14) (d) 3., 632.895
3 (16m) (b), 632.895 (17) (b) 2. and 632.895 (17) (c); and **to create** 609.896,
4 632.895 (13m) and 632.895 (14) (a) 1. k. to o. of the statutes; **relating to:**
5 requiring coverage and prohibiting cost sharing for preventive services under
6 health insurance policies and plans.

Analysis by the Legislative Reference Bureau

This bill requires health insurance policies, known in the bill as disability insurance policies, and governmental self-insured health plans to cover certain preventive services and to provide coverage without subjecting that coverage to deductibles, copayments, or coinsurance. The preventive services for which coverage is required are specified in the bill. The bill also specifies certain instances when cost-sharing amounts may be charged for an office visit associated with a preventive service.

This proposal may contain a health insurance mandate requiring a social and financial impact report under s. 601.423, stats.

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

SENATE BILL 267**SECTION 1**

1 **SECTION 1.** 40.51 (8m) of the statutes is amended to read:

2 40.51 **(8m)** Every health care coverage plan offered by the group insurance
3 board under sub. (7) shall comply with ss. 631.95, 632.746 (1) to (8) and (10), 632.747,
4 632.748, 632.798, 632.83, 632.835, 632.85, 632.853, 632.855, 632.867, 632.885,
5 632.89, and 632.895 ~~(11)~~ (8) and (10) to (17).

6 **SECTION 2.** 66.0137 (4) of the statutes is amended to read:

7 66.0137 **(4)** SELF-INSURED HEALTH PLANS. If a city, including a 1st class city, or
8 a village provides health care benefits under its home rule power, or if a town
9 provides health care benefits, to its officers and employees on a self-insured basis,
10 the self-insured plan shall comply with ss. 49.493 (3) (d), 631.89, 631.90, 631.93 (2),
11 632.746 (10) (a) 2. and (b) 2., 632.747 (3), 632.798, 632.85, 632.853, 632.855, 632.867,
12 632.87 (4), (5), and (6), 632.885, 632.89, 632.895 ~~(9)~~ (8) to (17), 632.896, and 767.513
13 (4).

14 **SECTION 3.** 120.13 (2) (g) of the statutes is amended to read:

15 120.13 **(2)** (g) Every self-insured plan under par. (b) shall comply with ss.
16 49.493 (3) (d), 631.89, 631.90, 631.93 (2), 632.746 (10) (a) 2. and (b) 2., 632.747 (3),
17 632.798, 632.85, 632.853, 632.855, 632.867, 632.87 (4), (5), and (6), 632.885, 632.89,
18 632.895 ~~(9)~~ (8) to (17), 632.896, and 767.513 (4).

19 **SECTION 4.** 609.896 of the statutes is created to read:

20 **609.896 Preventive services.** Defined network plans and preferred provider
21 plans are subject to s. 632.895 (13m).

22 **SECTION 5.** 632.895 (8) (d) of the statutes is amended to read:

23 632.895 **(8)** (d) Coverage is required under this subsection despite whether the
24 woman shows any symptoms of breast cancer. Except as provided in pars. (b), (c), and
25 (e), coverage under this subsection may only be subject to exclusions and limitations,

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1 including deductibles, copayments and restrictions on excessive charges, that are
2 applied to other radiological examinations covered under the disability insurance
3 policy. Coverage under this subsection may not be subject to any deductibles,
4 copayments, or coinsurance.

5 **SECTION 6.** 632.895 (13m) of the statutes is created to read:

6 **632.895 (13m) PREVENTIVE SERVICES.** (a) In this section, “self-insured health
7 plan” has the meaning given in s. 632.85 (1) (c).

8 (b) Every disability insurance policy and every self-insured health plan shall
9 provide coverage for all of the following preventive services:

10 1. Mammography in accordance with sub. (8).

11 2. Genetic breast cancer screening and counseling and preventive medication
12 for adult women at high risk for breast cancer.

13 3. Papanicolaou test for cancer screening for women 21 years of age or older
14 with an intact cervix.

15 4. Human papillomavirus testing for women who have attained the age of 30
16 years but have not attained the age of 66 years.

17 5. Colorectal cancer screening in accordance with sub. (16m).

18 6. Annual tomography for lung cancer screening for adults who have attained
19 the age of 55 years but have not attained the age of 80 years and who have health
20 histories demonstrating a risk for lung cancer.

21 7. Skin cancer screening for individuals who have attained the age of 10 years
22 but have not attained the age of 22 years.

23 8. Counseling for skin cancer prevention for adults who have attained the age
24 of 18 years but have not attained the age of 25 years.

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1 9. Abdominal aortic aneurysm screening for men who have attained the age of
2 65 years but have not attained the age of 75 years and who have ever smoked.

3 10. Hypertension screening for adults and blood pressure testing for adults, for
4 children under the age of 3 years who are at high risk for hypertension, and for
5 children 3 years of age or older.

6 11. Lipid disorder screening for minors 2 years of age or older, high risk women
7 20 years of age or older, men age 20 years of age or older at high risk for lipid
8 disorders, and all men 35 years of age or older.

9 12. Aspirin therapy for cardiovascular health for adults who have attained the
10 age of 55 years but have not attained the age of 80 years and for men who have
11 attained the age of 45 years but have not attained the age of 55 years.

12 13. Behavioral counseling for cardiovascular health for adults who are
13 overweight or obese and who have risk factors for cardiovascular disease.

14 14. Type II diabetes screening for adults with elevated blood pressure.

15 15. Depression screening for minors 11 years of age or older and for adults when
16 follow-up supports are available.

17 16. Hepatitis B screening for minors at high risk for infection and adults at high
18 risk for infection.

19 17. Hepatitis C screening for adults at high risk for infection and one time
20 hepatitis C screening for adults born in 1945 to 1965.

21 18. Obesity screening and management for all minors and adults with a body
22 mass index indicating obesity, counseling and behavioral interventions for obese
23 minors who are 6 years of age or older, and referral for intervention for obesity for
24 adults with a body mass index of 30 kilograms per square meter or higher.

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- 1 19. Osteoporosis screening for all women 65 years of age or older and for women
2 at high risk for osteoporosis under the age of 65 years.
- 3 20. Immunizations in accordance with sub. (14).
- 4 21. Anemia screening for individuals 6 months of age or older and iron
5 supplements for individuals at high risk for anemia and who have attained the age
6 of 6 months but have not attained the age of 12 months.
- 7 22. Fluoride varnish for prevention of tooth decay for minors at the age of
8 eruption of their primary teeth.
- 9 23. Fluoride supplements for prevention of tooth decay for minors 6 months of
10 age or older who do not have fluoride in their water source.
- 11 24. Gonorrhea prophylaxis treatment for newborns.
- 12 25. Health history and physical exams for prenatal visits and for minors.
- 13 26. Length and weight measurements for newborns and height and weight
14 measurements for minors.
- 15 27. Head circumference and weight for length measurements for newborns and
16 minors who have not attained the age of 3 years.
- 17 28. Body mass index for minors 2 years of age or older.
- 18 29. Blood pressure measurements for minors 3 years of age or older and a blood
19 pressure risk assessment at birth.
- 20 30. Risk assessment and referral for oral health issues for minors who have
21 attained the age of 6 months but have not attained the age of 7 years.
- 22 31. Blood screening for newborns and minors who have not attained age 2
23 months.
- 24 32. Screening for critical congenital health defect for newborns.
- 25 33. Lead screenings in accordance with sub. (10).

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1 34. Metabolic and hemoglobin screening and screening for phenylketonuria,
2 sickle cell anemia, and congenital hypothyroidism for minors including newborns.

3 35. Tuberculin skin test based on risk assessment for minors one month of age
4 or older.

5 36. Tobacco counseling and cessation interventions for individuals who are 5
6 years of age or older.

7 37. Vision and hearing screening and assessment for minors including
8 newborns.

9 38. Sexually transmitted infection and human immunodeficiency virus
10 counseling for sexually active minors.

11 39. Risk assessment for sexually transmitted infection for minors who are 10
12 years of age or older and screening for sexually transmitted infection for minors who
13 are 16 years of age or older.

14 40. Alcohol misuse screening and counseling for minors 11 years of age or older.

15 41. Autism screening for minors who have attained the age of 18 months but
16 have not attained the age of 25 months.

17 42. Developmental screening and surveillance for minors including newborns.

18 43. Psychosocial and behavioral assessment for minors including newborns.

19 44. Alcohol misuse screening and counseling for pregnant adults and a risk
20 assessment for all adults.

21 45. Fall prevention and counseling and preventive medication for fall
22 prevention for community-dwelling adults 65 years of age or older.

23 46. Screening and counseling for intimate partner violence for adult women.

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1 47. Well-woman visits for women who have attained the age of 18 years but
2 have not attained the age of 65 years and well-woman visits for recommended
3 preventive services, preconception care, and prenatal care.

4 48. Counseling on, consultations with a trained provider on, and equipment
5 rental for breastfeeding for pregnant and lactating women.

6 49. Folic acid supplement for adult women with reproductive capacity.

7 50. Iron deficiency anemia screening for pregnant and lactating women.

8 51. Preeclampsia preventive medicine for pregnant adult women at high risk
9 for preeclampsia.

10 52. Low-dose aspirin after 12 weeks of gestation for pregnant women at high
11 risk for miscarriage, preeclampsia, or clotting disorders.

12 53. Screenings for hepatitis B and bacteriuria for pregnant women.

13 54. Screening for gonorrhea for pregnant and sexually active females 24 years
14 of age or younger and females older than 24 years of age who are at risk for infection.

15 55. Screening for chlamydia for pregnant and sexually active females 24 years
16 of age and younger and females older than 24 years of age who are at risk for
17 infection.

18 56. Screening for syphilis for pregnant women and adults who are at high risk
19 for infection.

20 57. Human immunodeficiency virus screening for adults who have attained the
21 age of 15 years but have not attained the age of 66 years and individuals at high risk
22 of infection who are younger than 15 years of age or older than 65 years of age.

23 58. All contraceptives and services in accordance with sub. (17).

24 59. Any services not already specified under this paragraph having an A or B
25 rating in current recommendations from the U.S. Preventive Services Task Force.

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1 60. Any preventive services not already specified under this paragraph that are
2 recommended by the federal health resources and services administration's Bright
3 Futures project.

4 61. Any immunizations, not already specified under sub. (14), that are
5 recommended and determined to be for routine use by the Advisory Committee on
6 Immunization Practices.

7 (c) Subject to par. (d), no disability insurance policy and no self-insured health
8 plan may subject the coverage of any of the preventive services under par. (b) to any
9 deductibles, copayments, or coinsurance under the policy or plan.

10 (d) 1. If an office visit and a preventive service specified under par. (b) are billed
11 separately by the health care provider, the disability insurance policy or self-insured
12 health plan may apply deductibles to and impose copayments or coinsurance on the
13 office visit but not on the preventive service.

14 2. If the primary reason for an office visit is not to obtain a preventive service,
15 the disability insurance policy or self-insured health plan may apply deductibles to
16 and impose copayments or coinsurance on the office visit.

17 3. If a preventive service specified under par. (b) is provided by a health care
18 provider that is outside the disability insurance policy's or self-insured health plan's
19 network of providers, the policy or plan may apply deductibles to and impose
20 copayments or coinsurance on the office visit and the preventive service. If a
21 preventive service specified under par. (b) is provided by a health care provider that
22 is outside the disability insurance policy's or self-insured health plan's network of
23 providers because there is no available health care provider in the policy's or plan's
24 network of providers that provides the preventive service, the policy or plan may not
25 apply deductibles to or impose copayments or coinsurance on preventive service.

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1 4. If multiple well-woman visits described under par. (b) 47. are required to
2 fulfill all necessary preventive services and are in accordance with clinical
3 recommendations, the disability insurance policy or self-insured health plan may
4 not apply a deductible or impose a copayment or coinsurance to any of those
5 well-woman visits.

6 **SECTION 7.** 632.895 (14) (a) 1. i. and j. of the statutes are amended to read:

7 632.895 (14) (a) 1. i. Hepatitis A and B.

8 j. Varicella and herpes zoster.

9 **SECTION 8.** 632.895 (14) (a) 1. k. to o. of the statutes are created to read:

10 632.895 (14) (a) 1. k. Human papillomavirus.

11 L. Meningococcal meningitis.

12 m. Pneumococcal pneumonia.

13 n. Influenza.

14 o. Rotavirus.

15 **SECTION 9.** 632.895 (14) (b) of the statutes is amended to read:

16 632.895 (14) (b) Except as provided in par. (d), every disability insurance policy,
17 and every self-insured health plan of the state or a county, city, town, village, or
18 school district, ~~that provides coverage for a dependent of the insured shall provide~~
19 coverage of appropriate and necessary immunizations, ~~from birth to the age of 6~~
20 years, for an insured or plan participant, including a dependent who is a child of the
21 insured or plan participant.

22 **SECTION 10.** 632.895 (14) (c) of the statutes is amended to read:

23 632.895 (14) (c) The coverage required under par. (b) may not be subject to any
24 deductibles, copayments, or coinsurance under the policy or plan. ~~This paragraph~~
25 ~~applies to a defined network plan, as defined in s. 609.01 (1b), only with respect to~~

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1 ~~appropriate and necessary immunizations provided by providers participating, as~~
2 ~~defined in s. 609.01 (3m), in the plan.~~

3 **SECTION 11.** 632.895 (14) (d) 3. of the statutes is amended to read:

4 632.895 (14) (d) 3. A health care plan offered by a limited service health
5 organization, as defined in s. 609.01 (3), ~~or by a preferred provider plan, as defined~~
6 ~~in s. 609.01 (4), that is not a defined network plan, as defined in s. 609.01 (1b).~~

7 **SECTION 12.** 632.895 (16m) (b) of the statutes is amended to read:

8 632.895 (16m) (b) The coverage required under this subsection may be subject
9 to any limitations, or ~~exclusions, or cost-sharing provisions~~ that apply generally
10 under the disability insurance policy or self-insured health plan. The coverage
11 required under this subsection may not be subject to any deductibles, copayments,
12 or coinsurance.

13 **SECTION 13.** 632.895 (17) (b) 2. of the statutes is amended to read:

14 632.895 (17) (b) 2. Outpatient consultations, examinations, procedures, and
15 medical services that are necessary to prescribe, administer, maintain, or remove a
16 contraceptive, ~~if covered for any other drug benefits under the policy or plan~~
17 sterilization procedures, and patient education and counseling for all females with
18 reproductive capacity.

19 **SECTION 14.** 632.895 (17) (c) of the statutes is amended to read:

20 632.895 (17) (c) Coverage under par. (b) may be subject only to the exclusions,
21 and ~~limitations, or cost-sharing provisions~~ that apply generally to the coverage of
22 outpatient health care services, preventive treatments and services, or prescription
23 drugs and devices that is provided under the policy or self-insured health plan. A
24 disability insurance policy or self-insured health plan may not apply a deductible or
25 impose a copayment or coinsurance to at least one of each type of contraceptive

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1 method approved by the federal food and drug administration for which coverage is
2 required under this subsection. The disability insurance policy or self-insured
3 health plan may apply reasonable medical management to a method of contraception
4 to limit coverage under this subsection that is provided without being subject to a
5 deductible, copayment, or coinsurance to prescription drugs without a brand name.
6 The disability insurance policy or self-insured health plan may apply a deductible
7 or impose a copayment or coinsurance for coverage of a contraceptive that is
8 prescribed for a medical need if the services for the medical need would otherwise be
9 subject to a deductible, copayment, or coinsurance.

SECTION 15. Initial applicability.

11 (1) PREVENTIVE SERVICES.

12 (a) For policies and plans containing provisions inconsistent with this act, the
13 act first applies to policy or plan years beginning on January 1 of the year following
14 the year in which this paragraph takes effect, except as provided in paragraph (b).

15 (b) For policies and plans that are affected by a collective bargaining agreement
16 containing provisions inconsistent with this act, this act first applies to policy or plan
17 years beginning on the effective date of this paragraph or on the day on which the
18 collective bargaining agreement is newly established, extended, modified, or
19 renewed, whichever is later.

SECTION 16. Effective date.

21 (1) This act takes effect on the first day of the 4th month beginning after
22 publication.

23 (END)