



## 1995 ASSEMBLY BILL 129

February 14, 1995 - Introduced by Representatives SCHNEIDER, ROBSON, ZIEGELBAUER, BALDUS, BOYLE, NOTESTEIN, R. POTTER, RYBA, WILDER and L. YOUNG. Referred to Committee on Insurance, Securities and Corporate Policy.

1     **AN ACT to amend** 40.51 (8), 185.981 (4t), 185.983 (1) (intro.) and 632.87 (1); and  
2             **to create** 609.71 and 632.87 (6) of the statutes; **relating to:** requiring insurers  
3             to cover treatment of a condition by an acupuncturist if there is coverage for  
4             treatment of the condition by a physician.

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### *Analysis by the Legislative Reference Bureau*

This bill requires insurers, including health maintenance organizations, preferred provider plans, limited service health organizations and plans provided by the state, to cover the diagnosis and treatment of a condition by an acupuncturist, within the scope of the acupuncturist's certificate, if diagnosis and treatment of the condition by a physician is covered. Referral to an acupuncturist from a physician is not required for coverage of the acupuncture services.

Current law contains the same mandated coverage provision for chiropractic services if a condition is covered when treated by a physician, and for optometric services if vision care is covered and the same service or procedure is covered when provided by another health care provider.

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

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

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

1           40.51 (8) Every health care coverage plan offered by the state under sub. (6)  
2 shall comply with ss. 631.89, 631.90, 631.93 (2), 632.72 (2), 632.87 (3) to ~~(5)~~ (6),  
3 632.895 (5m) and (8) to (10) and 632.896.

4           **SECTION 2.** 185.981 (4t) of the statutes is amended to read:

5           185.981 (4t) A sickness care plan operated by a cooperative association is  
6 subject to ss. 252.14, 631.89, 632.72 (2), 632.87 (2m), ~~(3), (4) and (5)~~ to (6), 632.895  
7 (10) and 632.897 (10) and ch. 155.

8           **SECTION 3.** 185.983 (1) (intro.) of the statutes is amended to read:

9           185.983 (1) (intro.) Every such voluntary nonprofit sickness care plan shall be  
10 exempt from chs. 600 to 646, with the exception of ss. 601.04, 601.13, 601.31, 601.41,  
11 601.42, 601.43, 601.44, 601.45, 611.67, 619.04, 628.34 (10), 631.89, 631.93, 632.72  
12 (2), 632.775, 632.79, 632.795, 632.87 (2m), ~~(3), (4) and (5)~~ to (6), 632.895 (5), (9) and  
13 (10), 632.896 and 632.897 (10), subch. II of ch. 619 and chs. 609, 630, 635, 645 and  
14 646, but the sponsoring association shall:

15           **SECTION 4.** 609.71 of the statutes is created to read:

16           **609.71 Acupuncture coverage.** Health maintenance organizations, limited  
17 service health organizations and preferred provider plans are subject to s. 632.87 (6).

18           **SECTION 5.** 632.87 (1) of the statutes is amended to read:

19           632.87 (1) No insurer may refuse to provide or pay for benefits for health care  
20 services provided by a licensed an acupuncturist who is certified or another health  
21 care professional who is licensed on the ground that the services were not rendered  
22 by a physician as defined in s. 990.01 (28), unless the contract clearly excludes  
23 services by such practitioners, but no contract or plan may exclude services in  
24 violation of sub. (2m), (3), (4) ~~or~~ (5) or (6).

25           **SECTION 6.** 632.87 (6) of the statutes is created to read:

