



2001 ASSEMBLY BILL 885

March 4, 2002 - Introduced by Representatives RICHARDS, BERCEAU, PLOUFF, TURNER and WASSERMAN. Referred to Committee on Health.

- 1 **AN ACT to create** 609.40 of the statutes; **relating to:** requiring defined network
2 plans to provide notice regarding reproductive health care services.

Analysis by the Legislative Reference Bureau

This bill requires defined network plans to include a specified statement at the beginning of each provider directory, in any provider directory posted on the defined network plan's website, if any, and in the defined network plan's evidence of coverage and disclosure forms. Defined network plans, which were formerly called managed care plans in the statutes, are defined in current law as health benefit plans that require or provide incentives for enrollees to obtain health care services from providers that are under contract with, or managed, owned, or employed by, the insurer offering the health benefit plan. The statement that defined network plans must include informs enrollees and prospective enrollees that some hospitals and other providers do not provide one or more reproductive health care services that may be covered under the plan, including family planning, contraceptive services, sterilization, infertility treatments, or abortion, and that the enrollee or prospective enrollee should obtain more information before becoming an enrollee or selecting a participating provider. The statement advises the enrollee or prospective enrollee to call a prospective provider or the defined network plan to ensure that he or she can obtain the health care services that he or she needs, and provides the appropriate telephone number of the plan. A defined network plan is not required to provide the

ASSEMBLY BILL 885

statement in a service area in which none of the participating providers limits or restricts any of the reproductive health care services specified in the statement.

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

1 **SECTION 1.** 609.40 of the statutes is created to read:

2 **609.40 Notice regarding reproductive health care services.** (1) Except
3 as provided in subs. (2) and (3), no later than September 1, 2002, every defined
4 network plan shall do all of the following:

5 (a) Include at the beginning of each provider directory, in at least 12-point
6 boldface type, the following statement:

7 NOTICE REGARDING REPRODUCTIVE
8 HEALTH CARE SERVICES

9 SOME HOSPITALS AND OTHER PROVIDERS DO NOT PROVIDE ONE OR
10 MORE OF THE FOLLOWING SERVICES THAT MAY BE COVERED UNDER THE
11 PLAN CONTRACT AND THAT YOU OR A MEMBER OF YOUR FAMILY MIGHT
12 NEED: FAMILY PLANNING; CONTRACEPTIVE SERVICES, INCLUDING
13 EMERGENCY CONTRACEPTION; STERILIZATION, INCLUDING TUBAL
14 LIGATION AT THE TIME OF LABOR AND DELIVERY; INFERTILITY
15 TREATMENTS; OR ABORTION. YOU SHOULD OBTAIN MORE INFORMATION
16 BEFORE YOU ENROLL OR SELECT A PARTICIPATING PROVIDER. CALL
17 YOUR PROSPECTIVE DOCTOR, MEDICAL GROUP, INDEPENDENT
18 PRACTICE ASSOCIATION, OR CLINIC, OR CALL (name of defined network
19 plan) AT (membership services telephone number or other appropriate number
20 that individuals may call for assistance), TO ENSURE THAT YOU CAN OBTAIN
21 THE HEALTH CARE SERVICES THAT YOU NEED.

ASSEMBLY BILL 885

1 (b) Place the statement under par. (a) in a prominent location in any provider
2 directory posted on the defined network plan's Internet website, if any.

3 (c) Include the statement under par. (a) in a conspicuous place in the defined
4 network plan's evidence of coverage and disclosure forms.

5 **(2)** A defined network plan is not required to provide the statement under sub.
6 (1) (a) in any service area of the defined network plan in which none of the plan's
7 participating providers limits or restricts any of the reproductive health care
8 services described in the statement.

9 **(3)** The requirement under sub. (1) does not apply to a medicare supplement
10 policy.

11

(END)