



2023 SENATE BILL 341

June 21, 2023 - Introduced by Senators ROYS, L. JOHNSON, AGARD, HESSELBEIN, LARSON, PFAFF, CARPENTER, SPREITZER, TAYLOR, SMITH and WIRCH, cosponsored by Representatives VINING, DRAKE, ANDRACA, BARE, BILLINGS, CABRERA, CLANCY, CONLEY, CONSIDINE, EMERSON, GOYKE, HAYWOOD, HONG, J. ANDERSON, JACOBSON, JOERS, MOORE OMOKUNDE, MURPHY, MYERS, OHNSTAD, PALMERI, RATCLIFF, SHELTON, SINICKI, SNODGRASS, STUBBS, SHANKLAND, BALDEH and SUBECK. Referred to Committee on Insurance and Small Business.

1 **AN ACT** *to create* 632.895 (14m) of the statutes; **relating to:** coverage of
2 maternity and newborn care under health insurance policies and plans and
3 granting rule-making authority.

Analysis by the Legislative Reference Bureau

This bill requires certain health insurance policies, known in the bill as disability insurance policies, and governmental self-insured health plans to cover the essential health benefit of maternity and newborn care, as specified by the commissioner of insurance by rule. The bill specifies a list of requirements that the commissioner must follow when establishing the maternity and newborn care benefit, including certain limitations on cost sharing. If the maternity or newborn care benefit specified by the commissioner is also subject to its own mandated coverage requirement under current law, the bill requires the disability insurance policy or self-insured health plan to provide coverage under whichever requirement provides the insured or plan participant with more comprehensive coverage.

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:

4 **SECTION 1.** 632.895 (14m) of the statutes is created to read:

SENATE BILL 341**SECTION 1**

1 632.895 (14m) MATERNITY AND NEWBORN CARE; ESSENTIAL HEALTH BENEFIT. (a)

2 In this subsection, “self-insured health plan” has the meaning given in s. 632.85 (1)

3 (c).

4 (b) On a date specified by the commissioner, by rule, every disability insurance

5 policy, except as provided in par. (g), and every self-insured health plan shall provide

6 coverage for the essential health benefit of maternity and newborn care, including

7 benefits, items, and services, as determined by the commissioner, by rule, subject to

8 par. (c).

9 (c) In determining the scope of maternity and newborn care benefits for which
10 coverage is required under par. (b), the commissioner shall do all of the following:

11 1. Conduct a survey of employer-sponsored coverage to determine maternity
12 and newborn care benefits typically covered by employers and ensure that the scope
13 of benefits for which coverage is required under this subsection is equal to the scope
14 of benefits covered under a typical disability insurance policy offered by an employer
15 to its employees.

16 2. Ensure that the maternity and newborn care benefit is provided with no or
17 limited cost-sharing requirements.

18 3. Require that disability insurance policies and self-insured health plans do
19 not, with regards to maternity and newborn care coverage required under par. (b),
20 make coverage decisions, determine reimbursement rates, establish incentive
21 programs, or design benefits in ways that discriminate against individuals because
22 of their disability or expected length of life.

23 (d) The commissioner shall periodically update, by rule, the maternity and
24 newborn care benefits under this subsection to address any gaps in access to
25 coverage.

SENATE BILL 341**SECTION 1**

1 (e) If the maternity or newborn care benefit is also subject to mandated
2 coverage elsewhere under this section and the coverage requirements are not
3 identical, the disability insurance policy or self-insured health plan shall provide
4 coverage under whichever subsection provides the insured or plan participant with
5 more comprehensive coverage of the benefit, item, or service.

6 (f) Nothing in this subsection or rules promulgated under this subsection
7 prohibits a disability insurance policy or a self-insured health plan from providing
8 benefits in excess of the essential health benefit coverage required under this
9 subsection.

10 (g) This subsection does not apply to any disability insurance policy that is
11 described in s. 632.745 (11) (b) 1. to 12.

12

(END)