



## 1995 ASSEMBLY BILL 573

September 25, 1995 – Introduced by Representatives CULLEN, WASSERMAN, URBAN, BOCK, ROBSON, HARSDF, NOTESTEIN, KUNICKI, BELL, GOETSCH, BOYLE, KREUSER, KRUSICK, BALDWIN, CARPENTER, GROBSCHMIDT, WIRCH, RYBA, PLOMBON, KRUG, BLACK and BRANDEMUEHL, cosponsored by Senators ROSENZWEIG, BURKE and MOEN. Referred to Committee on Insurance, Securities and Corporate Policy.

1     **AN ACT to amend** 40.51 (8), 60.23 (25), 66.184, 111.70 (1) (a), 120.13 (2) (g),  
2           185.981 (4t) and 185.983 (1) (intro.); and **to create** 40.51 (8m), 111.70 (4) (n),  
3           111.91 (2) (k) and 632.895 (11) of the statutes; **relating to:** insurance coverage  
4           of hospital or home care after childbirth and granting rule-making authority.

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### *Analysis by the Legislative Reference Bureau*

This bill requires every health insurance policy (called “disability insurance policy” in the statutes), including health care plans offered by health maintenance organizations, preferred provider plans and the state, and every self-insured health plan of the state or a county, city, village, town or school district, to provide coverage of inpatient hospital services or home care visits, or a combination of both, for a specified length of time after the birth of a child if the policy or plan provides maternity coverage. The bill requires coverage of at least 48 hours of inpatient hospital services or home care visits, or a combination of both, after childbirth for mother and child if the child was born by natural childbirth, and coverage of at least 96 hours of inpatient hospital services or home care visits, or a combination of both, after childbirth for mother and child if the child was born by caesarean section. The required coverage may be subject to deductibles or copayments that apply to coverage of other services under the policy or plan. The bill also specifies that for purposes of coverage, the type of services and the length of time that the services are provided are at the discretion of the mother. Insurers and administrators and self-insurers of self-insured health plans are prohibited from taking any adverse action against a health care provider who recommends or orders a hospital stay or home care visits after the birth of a child for the length of time for which coverage is required under the bill. In addition, insurers and administrators of self-insured health plans to which the coverage requirement applies are required to provide notice of the requirement to insureds at the earlier of the commencement or renewal of the insured’s coverage.

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:*

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

2           40.51 **(8)** Every health care coverage plan offered by the state under sub. (6)  
3 shall comply with ss. 631.89, 631.90, 631.93 (2), 632.72 (2), 632.87 (3) to (5), 632.895  
4 (5m) and (8) to ~~(10)~~ (11) and 632.896.

5           **SECTION 2.** 40.51 (8m) of the statutes is created to read:

6           40.51 **(8m)** Every health care coverage plan offered by the group insurance  
7 board under sub. (7) shall comply with s. 632.895 (11).

8           **SECTION 3.** 60.23 (25) of the statutes is amended to read:

9           60.23 **(25)** SELF-INSURED HEALTH PLANS. Provide health care benefits to its  
10 officers and employes on a self-insured basis if the self-insured plan complies with  
11 ss. 631.89, 631.90, 631.93 (2), 632.87 (4) and (5), 632.895 (9) and (11) and 632.896.

12           **SECTION 4.** 66.184 of the statutes is amended to read:

13           **66.184 Self-insured health plans.** If a city, including a 1st class city, or a  
14 village provides health care benefits under its home rule power, or if a town provides  
15 health care benefits, to its officers and employes on a self-insured basis, the  
16 self-insured plan shall comply with ss. 49.493 (3) (d), 631.89, 631.90, 631.93 (2),  
17 632.87 (4) and (5), 632.895 (9) ~~and (10)~~ to (11), 632.896, 767.25 (4m) (d) and 767.51  
18 (3m) (d).

19           **SECTION 5.** 111.70 (1) (a) of the statutes, as affected by 1995 Wisconsin Act 27,  
20 is amended to read:

1           111.70 (1) (a) "Collective bargaining" means the performance of the mutual  
2 obligation of a municipal employer, through its officers and agents, and the  
3 representative of its municipal employes in a collective bargaining unit, to meet and  
4 confer at reasonable times, in good faith, with the intention of reaching an  
5 agreement, or to resolve questions arising under such an agreement, with respect to  
6 wages, hours and conditions of employment, and with respect to a requirement of the  
7 municipal employer for a municipal employe to perform law enforcement and fire  
8 fighting services under s. 61.66, except as provided in sub. (4) (m) and (n) and s. 40.81  
9 (3) and except that a municipal employer shall not meet and confer with respect to  
10 any proposal to diminish or abridge the rights guaranteed to municipal employes  
11 under ch. 164. The duty to bargain, however, does not compel either party to agree  
12 to a proposal or require the making of a concession. Collective bargaining includes  
13 the reduction of any agreement reached to a written and signed document. The  
14 municipal employer shall not be required to bargain on subjects reserved to  
15 management and direction of the governmental unit except insofar as the manner  
16 of exercise of such functions affects the wages, hours and conditions of employment  
17 of the municipal employes in a collective bargaining unit. In creating this subchapter  
18 the legislature recognizes that the municipal employer must exercise its powers and  
19 responsibilities to act for the government and good order of the jurisdiction which it  
20 serves, its commercial benefit and the health, safety and welfare of the public to  
21 assure orderly operations and functions within its jurisdiction, subject to those  
22 rights secured to municipal employes by the constitutions of this state and of the  
23 United States and by this subchapter.

24           **SECTION 6.** 111.70 (4) (n) of the statutes is created to read:

1           111.70 (4) (n) *Health insurance coverage of inpatient hospital services and home*  
2 *care visits after childbirth.* The municipal employer is prohibited from bargaining  
3 collectively with respect to the provision of the health insurance coverage required  
4 under s. 632.895 (11).

5           **SECTION 7.** 111.91 (2) (k) of the statutes is created to read:

6           111.91 (2) (k) The provision to employes of the health insurance coverage  
7 required under s. 632.895 (11).

8           **SECTION 8.** 120.13 (2) (g) of the statutes is amended to read:

9           120.13 (2) (g) Every self-insured plan under par. (b) shall comply with ss.  
10 49.493 (3) (d), 631.89, 631.90, 631.93 (2), 632.87 (4) and (5), 632.895 (9) ~~and (10) to~~  
11 ~~(11)~~, 632.896, 767.25 (4m) (d) and 767.51 (3m) (d).

12           **SECTION 9.** 185.981 (4t) of the statutes is amended to read:

13           185.981 (4t) A sickness care plan operated by a cooperative association is  
14 subject to ss. 252.14, 631.89, 632.72 (2), 632.87 (2m), (3), (4) and (5), 632.895 (10) and  
15 (11) and 632.897 (10) and ch. 155.

16           **SECTION 10.** 185.983 (1) (intro.) of the statutes is amended to read:

17           185.983 (1) (intro.) Every such voluntary nonprofit sickness care plan shall be  
18 exempt from chs. 600 to 646, with the exception of ss. 601.04, 601.13, 601.31, 601.41,  
19 601.42, 601.43, 601.44, 601.45, 611.67, 619.04, 628.34 (10), 631.89, 631.93, 632.72  
20 (2), 632.775, 632.79, 632.795, 632.87 (2m), (3), (4) and (5), 632.895 (5), ~~(9) and (10)~~  
21 and (9) to (11), 632.896 and 632.897 (10), subch. II of ch. 619 and chs. 609, 630, 635,  
22 645 and 646, but the sponsoring association shall:

23           **SECTION 11.** 632.895 (11) of the statutes is created to read:

24           632.895 (11) INPATIENT HOSPITAL SERVICES AND HOME CARE VISITS AFTER  
25 CHILDBIRTH. (a) Every disability insurance policy, and every self-insured health plan

1 of the state or a county, city, village, town or school district, that provides maternity  
2 coverage shall provide coverage for mother and child of the usual and customary  
3 charges for all of the following:

4 1. After the birth of a child by vaginal delivery, inpatient hospital services or  
5 home care visits, or a combination of both, related to the birth of the child for a period  
6 of at least 48 hours.

7 2. After the birth of a child by caesarean section, inpatient hospital services or  
8 home care visits, or a combination of both, related to the birth of the child for a period  
9 of at least 96 hours.

10 (b) For purposes of the coverage required under par. (a), the type of care  
11 provided, whether inpatient hospital services or home care visits or a combination  
12 of both, as well as the length of time that the care is provided, shall be at the  
13 discretion of the mother in consultation with her health care provider.

14 (c) The coverage required under par. (a) may be subject to any copayments or  
15 deductibles that apply generally under the policy or plan to other covered services.

16 (d) An insurer providing coverage under a disability insurance policy described  
17 in par. (a), or an administrator or self-insurer of a self-insured health plan described  
18 in par. (a), may not take any adverse action against a health care provider on the  
19 basis that the health care provider recommended or ordered, on one or more  
20 occasions, inpatient hospital services or home care visits, or a combination of both,  
21 after the birth of a child for the length of time required under par. (a) for coverage  
22 of such services.

23 (e) Every insurer that issues or renews a policy described in par. (a) on or after  
24 the effective date of this paragraph .... [revisor inserts date], shall provide written  
25 notice of the provisions of pars. (a) to (d) and of any rules promulgated under par. (f)

1 to the insureds under the policy at the issuance of a new policy or first renewal of a  
2 policy in effect on the effective date of this paragraph .... [revisor inserts date]. Every  
3 administrator of a self-insured health plan described in par. (a) that is established,  
4 extended, modified or renewed on or after the effective date of this paragraph ....  
5 [revisor inserts date], shall provide written notice of the provisions of pars. (a) to (d)  
6 and of any rules promulgated under par. (f) to the insureds under the plan at the  
7 establishment of a new plan or extension, modification or renewal, whichever occurs  
8 first, of a plan in existence on the effective date of this paragraph .... [revisor inserts  
9 date]. The notice required under this paragraph may be provided as part of any  
10 written policy, group certificate or plan provided to an insured at the same time.

11 (f) The commissioner shall promulgate rules regarding home care visits for  
12 which coverage is required under par. (a) that address all of the following:

- 13 1. Qualifications of persons providing home care visits.
- 14 2. Reasonable and appropriate frequency of visits.
- 15 3. Reasonable and appropriate duration of individual visits.

16 **SECTION 12. Nonstatutory provisions.**

17 (1) The commissioner of insurance shall submit in proposed form the rules  
18 required under section 632.895 (11) (f) of the statutes, as created by this act, to the  
19 legislative council staff under section 227.15 (1) of the statutes no later than the first  
20 day of the 3rd month beginning after the effective date of this subsection.

21 **SECTION 13. Initial applicability.**

22 (1) This act first applies to all of the following:

23 (a) Except as provided in paragraphs (b) and (c), disability insurance policies  
24 that are issued or renewed, and self-insured health plans that are established,  
25 extended, modified or renewed, on the effective date of this paragraph.

1 (b) Disability insurance policies covering employes who are affected by a  
2 collective bargaining agreement containing provisions inconsistent with this act  
3 that are issued or renewed on the earlier of the following:

4 1. The day on which the collective bargaining agreement expires.

5 2. The day on which the collective bargaining agreement is extended, modified  
6 or renewed.

7 (c) Self-insured health plans covering employes who are affected by a collective  
8 bargaining agreement containing provisions inconsistent with this act that are  
9 established, extended, modified or renewed on the earlier of the following:

10 1. The day on which the collective bargaining agreement expires.

11 2. The day on which the collective bargaining agreement is extended, modified  
12 or renewed.

13 **SECTION 14. Effective date.**

14 (1) This act takes effect on the first day of the 5th month beginning after  
15 publication.

16 (END)