



2003 ASSEMBLY BILL 389

June 5, 2003 - Introduced by Representatives RICHARDS, MILLER, BERCEAU, BALOW, BLACK, WASSERMAN, PLOUFF, TAYLOR, ALBERS and SHILLING, cosponsored by Senators RISSER, PLALE and CHVALA. Referred to Committee on Insurance.

- 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

