

1979 Assembly Bill 187

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CHAPTER 75, Laws of 1979

AN ACT to amend 628.33; and to create 632.78 (4) of the statutes, relating to separation of hospital indemnity insurance coverage from required skilled nursing care coverage.

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

SECTION 1. 628.33 of the statutes is amended to read:

628.33 Unfair methods of competition and unfair or deceptive act or practices defined.

It is defined as an unfair method of competition and unfair or deceptive act or practice in the business of insurance to refuse, with respect to all insurance policies issued or renewed after June 16, 1974, to offer inclusion of coverage for services of chiropractors or physicians, as defined in s. 990.01 (28), lawfully rendered in this state when writing a policy providing accident and health benefits for treatment encompassing such services, if the policy provides payment for services performed by such a physician or chiropractor, all at the option of the assured, including policies under plans under s. 148.03 (1). ~~If any such policy filed after January 1, 1976, which provides coverage for hospital care but does not provide coverage for at least 30 days for skilled nursing care to patients upon transfer within 24 hours from a general hospital to a licensed skilled nursing home at a daily rate which does not exceed the daily rate established for such home by the department of health and social services, is deemed to be an unfair method of competition and an unfair and deceptive act. Such skilled nursing care shall be certified as medically necessary by the attending physician and recertified as medically necessary every 7 days, shall not be domiciliary or custodial, shall be continued treatment for the same medical or surgical condition for which the patient had been treated at the hospital and shall not be available to the patient without charge or under a government health care program.~~

SECTION 2. 632.78 (4) of the statutes is created to read:

632.78 (4) SKILLED NURSING CARE. (a) Except as provided in par. (b), every disability insurance policy filed after the effective date of this act (1979) which provides coverage for hospital care shall provide coverage for at least 30 days for skilled nursing care to patients who enter a licensed skilled nursing care facility within 24 hours after discharge from a general hospital. The daily rate payable under this subsection shall not exceed the maximum daily rate established for licensed skilled nursing care facilities by the department of health and social services. The coverage under this subsection shall apply only to skilled nursing care which is certified as medically necessary by the attending physician and is recertified as medically necessary every 7 days. The coverage under this subsection shall apply only to the continued treatment for the same medical or surgical condition for which the insured had been treated at the hospital prior to entry into the skilled nursing care facility. The coverage under this subsection shall not apply to care which is essentially domiciliary or custodial, or to care which is available to the insured without charge or under a governmental health care program.

(b) Paragraph (a) does not apply to any policy which provides benefits in a stated amount for confinement in a hospital, regardless of the hospital expenses actually incurred as a result of confinement in the hospital.
