



## 1995 ASSEMBLY BILL 383

May 23, 1995 - Introduced by Representatives WIRCH, BELL, NOTESTEIN, KRUSICK, LORGE, TURNER and GRONEMUS, cosponsored by Senator ANDREA. Referred to Committee on Health.

1     **AN ACT to amend** 40.51 (9), 185.981 (7), 609.05 (2) and 609.05 (3); and **to create**  
2             609.62 of the statutes; **relating to:** prohibiting referral requirement for  
3             obstetric or gynecological services.

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### *Analysis by the Legislative Reference Bureau*

Under current law, health maintenance organizations, limited service health organizations and preferred provider plans (health care plans) require enrolled participants to obtain health care services from health care providers that are selected by the health care plan (selected providers). A health care plan may require an enrolled participant to designate a primary provider from among its selected providers, obtain health care services from the primary provider whenever reasonably possible and obtain a referral from the primary provider to another selected provider before obtaining services from that other selected provider. This bill provides that a health care plan must allow a female enrolled participant to obtain obstetric or gynecological services from a selected provider who is a physician specializing in obstetrics and gynecology without having first obtained a referral to that selected provider, even if that selected provider is not the woman's primary provider. A health care plan must provide written notice of the requirement in its policies and group certificates and to each female enrolled participant and each female applicant for coverage at open enrollment time.

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

4             **SECTION 1.** 40.51 (9) of the statutes is amended to read:  
5             40.51 (9) Every health maintenance organization and preferred provider plan  
6             offered by the state under sub. (6) shall comply with s ss. 609.62 and 632.87 (2m).

1           **SECTION 2.** 185.981 (7) of the statutes is amended to read:

2           185.981 **(7)** Notwithstanding sub. (4) and s. 185.982 (1), a sickness care plan  
3 that is operated by a cooperative association and that qualifies as a health  
4 maintenance organization, as defined in s. 609.01 (2), is subject to s ss. 609.62 and  
5 609.655.

6           **SECTION 3.** 609.05 (2) of the statutes is amended to read:

7           609.05 **(2)** ~~A~~ Except as provided in s. 609.62, a health care plan under sub. (1)  
8 may require an enrolled participant to designate a primary provider and to obtain  
9 health care services from the primary provider when reasonably possible.

10          **SECTION 4.** 609.05 (3) of the statutes is amended to read:

11          609.05 **(3)** Except as provided in ss. 609.62, 609.65 and 609.655, a health care  
12 plan under sub. (1) may require an enrolled participant to obtain a referral from the  
13 primary provider designated under sub. (2) to another selected provider prior to  
14 obtaining health care services from the other selected provider.

15          **SECTION 5.** 609.62 of the statutes is created to read:

16          **609.62 Obstetric and gynecological services.** **(1)** A health maintenance  
17 organization, limited service health organization or preferred provider plan shall  
18 allow a female enrolled participant to obtain obstetric or gynecological services from  
19 a selected provider who is a physician licensed under ch. 448 and who specializes in  
20 obstetrics and gynecology without first having obtained a referral to that selected  
21 provider, regardless of whether that selected provider is the enrolled participant's  
22 primary provider.

23          **(2)** A health care plan under sub. (1) shall provide written notice of the  
24 requirement under sub. (1) in each policy or group certificate issued by the health

1 care plan and, during each open enrollment period, to each female enrolled  
2 participant and each female applicant for coverage.

3 (END)