

# State of Wisconsin



1997 Assembly Bill 675

Date of enactment: **April 21, 1998**

Date of publication\*: **May 5, 1998**

## 1997 WISCONSIN ACT 155

AN ACT to amend 40.51 (8), 40.51 (8m), 60.23 (25), 66.184, 120.13 (2) (g), 185.981 (4t) and 185.983 (1) (intro.); and to create 111.91 (2) (o) and 632.85 of the statutes; relating to: coverage of, and prohibiting requiring prior authorization for, treatment of an emergency medical condition.

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

**SECTION 1.** 40.51 (8) of the statutes, as affected by 1997 Wisconsin Act 27, section 1324m, is amended to read:

40.51 (8) Every health care coverage plan offered by the state under sub. (6) shall comply with ss. 631.89, 631.90, 631.93 (2), 632.72 (2), 632.746 (1) to (8) and (10), 632.747, 632.748, 632.85, 632.87 (3) to (5), 632.895 (5m) and (8) to (13) and 632.896.

**SECTION 2.** 40.51 (8m) of the statutes, as affected by 1997 Wisconsin Act 27, section 1325m, is amended to read:

40.51 (8m) Every health care coverage plan offered by the group insurance board under sub. (7) shall comply with ss. 632.746 (1) to (8) and (10), 632.747 and, 632.748, 632.85 and 632.895 (11) to (13).

**SECTION 3.** 60.23 (25) of the statutes, as affected by 1997 Wisconsin Act 27, section 2178p, is amended to read:

60.23 (25) SELF-INSURED HEALTH PLANS. Provide health care benefits to its officers and employees on a self-insured basis if the self-insured plan complies with ss. 631.89, 631.90, 631.93 (2), 632.746 (10) (a) 2. and (b) 2., 632.747 (3), 632.85, 632.87 (4) and (5), 632.895 (9) and (11) to (13) and 632.896.

**SECTION 4.** 66.184 of the statutes, as affected by 1997 Wisconsin Act 27, section 2210m, is amended to read:

**66.184 Self-insured health plans.** If a city, including a 1st class city, or a village provides health care benefits under its home rule power, or if a town provides health care benefits, to its officers and employees on a self-insured basis, the self-insured plan shall comply with ss. 49.493 (3) (d), 631.89, 631.90, 631.93 (2), 632.746 (10) (a) 2. and (b) 2., 632.747 (3), 632.85, 632.87 (4) and (5), 632.895 (9) to (13), 632.896, 767.25 (4m) (d) and 767.51 (3m) (d).

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

111.91 (2) (o) The requirements related to coverage of and prior authorization for treatment of an emergency medical condition under s. 632.85.

**SECTION 6.** 120.13 (2) (g) of the statutes, as affected by 1997 Wisconsin Act 27, section 2860f, is amended to read:

120.13 (2) (g) Every self-insured plan under par. (b) shall comply with ss. 49.493 (3) (d), 631.89, 631.90, 631.93 (2), 632.746 (10) (a) 2. and (b) 2., 632.747 (3), 632.85, 632.87 (4) and (5), 632.895 (9) to (13), 632.896, 767.25 (4m) (d) and 767.51 (3m) (d).

**SECTION 7.** 185.981 (4t) of the statutes, as affected by 1997 Wisconsin Act 27, section 3133m, is amended to read:

\* Section 991.11, WISCONSIN STATUTES 1995-96: Effective date of acts. "Every act and every portion of an act enacted by the legislature over the governor's partial veto which does not expressly prescribe the time when it takes effect shall take effect on the day after its date of publication as designated" by the secretary of state [the date of publication may not be more than 10 working days after the date of enactment].

185.981 (4t) A sickness care plan operated by a cooperative association is subject to ss. 252.14, 631.89, 632.72 (2), 632.745 to 632.749, 632.85, 632.87 (2m), (3), (4) and (5), 632.895 (10) to (13) and 632.897 (10) and chs. 149 and 155.

**SECTION 8.** 185.983 (1) (intro.) of the statutes, as affected by 1997 Wisconsin Act 27, section 3134m, is amended to read:

185.983 (1) (intro.) Every such voluntary nonprofit sickness care plan shall be exempt from chs. 600 to 646, with the exception of ss. 601.04, 601.13, 601.31, 601.41, 601.42, 601.43, 601.44, 601.45, 611.67, 619.04, 628.34 (10), 631.89, 631.93, 632.72 (2), 632.745 to 632.749, 632.775, 632.79, 632.795, 632.85, 632.87 (2m), (3), (4) and (5), 632.895 (5) and (9) to (13), 632.896 and 632.897 (10) and chs. 609, 630, 635, 645 and 646, but the sponsoring association shall:

**SECTION 9.** 632.85 of the statutes is created to read:

**632.85 Coverage without prior authorization for treatment of an emergency medical condition.** (1) In this section:

(a) “Emergency medical condition” means a medical condition that manifests itself by acute symptoms of sufficient severity, including severe pain, to lead a prudent layperson who possesses an average knowledge of health and medicine to reasonably conclude that a lack of immediate medical attention will likely result in any of the following:

1. Serious jeopardy to the person’s health or, with respect to a pregnant woman, serious jeopardy to the health of the woman or her unborn child.

2. Serious impairment to the person’s bodily functions.

3. Serious dysfunction of one or more of the person’s body organs or parts.

(b) “Health care plan” has the meaning given in s. 628.36 (2) (a) 1.

(c) “Self-insured health plan” means a self-insured health plan of the state or a county, city, village, town or school district.

(2) If a health care plan or a self-insured health plan provides coverage of any emergency medical services, the health care plan or self-insured health plan shall provide coverage of emergency medical services that are provided in a hospital emergency facility and that are needed to evaluate or stabilize, as defined in section 1867 of the federal Social Security Act, an emergency medical condition.

(3) A health care plan or a self-insured health plan that is required to provide the coverage under sub. (2) may not require prior authorization for the provision or coverage of the emergency medical services specified in sub. (2).

**SECTION 10. Initial applicability.**

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

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

(b) Policies, plans or certificates covering employees who are affected by a collective bargaining agreement containing provisions inconsistent with this act that are issued or renewed on the earlier of the following:

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

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

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

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

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

**SECTION 11. Effective date.**

(1) This act takes effect on the first day of the 6th month beginning after publication.