



## 1997 SENATE BILL 99

February 26, 1997 - Introduced by Senators CLAUSING, MOEN and ROSENZWEIG, cosponsored by Representatives CARPENTER, ROBSON, MUSSER, WASSERMAN, TURNER, R. YOUNG, BLACK, NOTESTEIN, GRONEMUS, L. YOUNG, BAUMGART, BOCK, HASENOHRL, BOYLE and BALDWIN. Referred to Committee on Health, Human Services, Aging, Corrections, Veterans and Military Affairs.

1     **AN ACT to amend** 40.51 (8), 40.51 (8m), 60.23 (25), 66.184, 120.13 (2) (g), 185.981  
2           (4t) and 185.983 (1) (intro.); and **to create** 111.91 (2) (n), 609.86 and 632.895  
3           (11) of the statutes; **relating to:** requiring insurance coverage of preventive  
4           pediatric health care services.

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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, town, village or school district, to provide coverage of preventive pediatric health care services, from birth to age 19, for a dependent child of the insured if the policy or plan covers a dependent. (Under current law, health insurance policies are required to cover a newly born child of the insured, even if the policy did not provide coverage for dependents at the time of the birth.) Under the bill, preventive pediatric health care services include specified immunizations and other services that are in accord with the prevailing medical standards of the American Academy of Pediatrics, such as developmental assessments, sensory screening, laboratory tests and initial dental referrals. Coverage of preventive pediatric health care services may not be subject to any deductibles, coinsurance or copayments. Specifically excluded from this coverage requirement are health insurance policies that cover only certain specified diseases, health care plans offered by limited service health organizations, medicare replacement or supplement policies and long-term care insurance policies.

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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, as affected by 1995 Wisconsin Act 289, is  
2 amended to read:

3           40.51 (8) Every health care coverage plan offered by the state under sub. (6)  
4 shall comply with ss. 631.89, 631.90, 631.93 (2), 632.72 (2), 632.745 (1) to (3) and (5),  
5 632.747, 632.87 (3) to (5), 632.895 (5m) and (8) to ~~(10)~~ (11) and 632.896.

6           **SECTION 2.** 40.51 (8m) of the statutes, as created by 1995 Wisconsin Act 289,  
7 is amended to read:

8           40.51 (8m) Every health care coverage plan offered by the group insurance  
9 board under sub. (7) shall comply with ss. 632.745 (1) to (3) and (5) ~~and~~, 632.747 and  
10 632.895 (11).

11           **SECTION 3.** 60.23 (25) of the statutes, as affected by 1995 Wisconsin Act 289,  
12 is amended to read:

13           60.23 (25) SELF-INSURED HEALTH PLANS. Provide health care benefits to its  
14 officers and employes on a self-insured basis if the self-insured plan complies with  
15 ss. 631.89, 631.90, 631.93 (2), 632.745 (2), (3) and (5) (a) 2. and (b) 2., 632.747 (3),  
16 632.87 (4) and (5), 632.895 (9) and (11) and 632.896.

17           **SECTION 4.** 66.184 of the statutes, as affected by 1995 Wisconsin Act 289, is  
18 amended to read:

19           **66.184 Self-insured health plans.** If a city, including a 1st class city, or a  
20 village provides health care benefits under its home rule power, or if a town provides  
21 health care benefits, to its officers and employes on a self-insured basis, the

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1 self-insured plan shall comply with ss. 49.493 (3) (d), 631.89, 631.90, 631.93 (2),  
2 632.745 (2), (3) and (5) (a) 2. and (b) 2., 632.747 (3), 632.87 (4) and (5), 632.895 (9) and  
3 ~~(10)~~ to (11), 632.896, 767.25 (4m) (d) and 767.51 (3m) (d).

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

5 111.91 (2) (n) The provision to employes of the health insurance coverage  
6 required under s. 632.895 (11).

7 **SECTION 6.** 120.13 (2) (g) of the statutes, as affected by 1995 Wisconsin Act 289,  
8 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), 632.745 (2), (3) and (5) (a) 2. and (b) 2.,  
11 632.747 (3), 632.87 (4) and (5), 632.895 (9) and ~~(10)~~ to (11), 632.896, 767.25 (4m) (d)  
12 and 767.51 (3m) (d).

13 **SECTION 7.** 185.981 (4t) of the statutes, as affected by 1995 Wisconsin Act 289,  
14 is amended to read:

15 185.981 (4t) A sickness care plan operated by a cooperative association is  
16 subject to ss. 252.14, 631.89, 632.72 (2), 632.745, 632.747, 632.749, 632.87 (2m), (3),  
17 (4) and (5), 632.895 (10) and (11) and 632.897 (10) and ch. 155.

18 **SECTION 8.** 185.983 (1) (intro.) of the statutes, as affected by 1995 Wisconsin  
19 Act 289, is amended to read:

20 185.983 (1) (intro.) Every such voluntary nonprofit sickness care plan shall be  
21 exempt from chs. 600 to 646, with the exception of ss. 601.04, 601.13, 601.31, 601.41,  
22 601.42, 601.43, 601.44, 601.45, 611.67, 619.04, 628.34 (10), 631.89, 631.93, 632.72  
23 (2), 632.745, 632.747, 632.749, 632.775, 632.79, 632.795, 632.87 (2m), (3), (4) and (5),  
24 632.895 (5), ~~(9) and (10)~~ and (9) to (11), 632.896 and 632.897 (10), subch. II of ch. 619  
25 and chs. 609, 630, 635, 645 and 646, but the sponsoring association shall:

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1           **SECTION 9.** 609.86 of the statutes is created to read:

2           **609.86 Coverage of preventive pediatric health care services.** Health  
3 maintenance organizations and preferred provider plans are subject to s. 632.895  
4 (11).

5           **SECTION 10.** 632.895 (11) of the statutes is created to read:

6           **632.895 (11) PREVENTIVE PEDIATRIC HEALTH CARE SERVICES.** (a) In this  
7 subsection:

8           1. "Appropriate and necessary immunizations" means the administration of  
9 vaccine that meets the standards approved by the U.S. public health service for such  
10 biological products against at least all of the following:

11           a. Diphtheria.

12           b. Pertussis.

13           c. Tetanus.

14           d. Polio.

15           e. Measles.

16           f. Mumps.

17           g. Rubella.

18           h. Haemophilus influenza B.

19           i. Hepatitis B.

20           j. Any other disease for which immunization is recommended by the American  
21 Academy of Pediatrics.

22           2. "Dependent" has the meaning given in s. 635.02 (3c).

23           3. "Preventive pediatric health care services" includes appropriate and  
24 necessary immunizations and such other services that are in accord with the  
25 prevailing medical standards of the American Academy of Pediatrics as physical

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1 examinations, developmental assessments, sensory screening, anticipatory  
2 guidance, initial dental referral and appropriate laboratory tests.

3 (b) Except as provided in par. (d), every disability insurance policy, and every  
4 self-insured health plan of the state or a county, city, town, village or school district,  
5 that provides coverage for a dependent of the insured shall provide coverage of  
6 preventive pediatric health care services, from birth to the age of 19 years, for a  
7 dependent who is a child of the insured.

8 (c) The coverage required under par. (b) may not be subject to any deductibles,  
9 copayments or coinsurance.

10 (d) This subsection does not apply to any of the following:

- 11 1. A disability insurance policy that covers only certain specified diseases.
- 12 2. A health care plan offered by a limited service health organization, as defined  
13 in s. 609.01 (3).
- 14 3. A long-term care insurance policy, as defined in s. 600.03 (28g).
- 15 4. A medicare replacement policy, as defined in s. 600.03 (28p).
- 16 5. A medicare supplement policy, as defined in s. 600.03 (28r).

17 **SECTION 11. Initial applicability.**

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

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

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

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

