

1999 DRAFTING REQUEST

Bill

Received: **09/24/98**

Received By: **kahlepj**

Wanted: **As time permits**

Identical to LRB: **97-1162 w/a0409/1**

For: **Marlin Schneider (608) 266-0215**

By/Representing: **his office**

This file may be shown to any legislator: **NO**

Drafter: **kahlepj**

May Contact:

Alt. Drafters:

Subject: **Insurance - health**

Extra Copies:

Topic:

Mandate insurance coverage of acupuncture

Instructions:

See Attached

Drafting History:

<u>Vers.</u>	<u>Drafted</u>	<u>Reviewed</u>	<u>Typed</u>	<u>Proofed</u>	<u>Submitted</u>	<u>Jacketed</u>	<u>Required</u>
I?	kahlepj 10/1/98	gilfokm 10/30/98		_____			S&L
/1			jfrantze 11/2/98	_____	lrb-docadmin 11/2/98	lrb-docadmin 11/3/98	

FE Sent For:

01-14-99

<END>

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1?	kahlepj		10/11/2	11/2 KLP			

FE Sent For:

<END>





0318/1
gm

1997 ASSEMBLY BILL 111

February 18, 1997 - Introduced by Representatives SCHNEIDER, ROBSON, ZIEGELBAUER, GRONEMUS, BALDWIN, ~~NOTESTEIN~~, L. YOUNG, BOYLE and VANDER LOOP. Referred to Committee on Consumer Affairs.

WFO: note that this draft is composed of 97-1162/1 and 99-0118/P1

WFO: check accto ref.

regenerate
↓

1 **AN ACT** to amend 40.51 (8), 185.981 (4t), 185.983 (1) (intro.) and 632.87 (1); and
2 to create 111.91 (2) (n), 609.71 and 632.87 (6) of the statutes; **relating to:**
3 requiring insurers to cover treatment of a condition by an acupuncturist if there
4 is coverage for treatment of the condition by a physician and prohibiting
5 collective bargaining ^{by the state} with respect to the requirement.

Analysis by the Legislative Reference Bureau

This bill requires insurers, including health maintenance organizations, preferred provider plans, limited service health organizations and plans provided by the state, to cover the diagnosis and treatment of a condition by an acupuncturist, within the scope of the acupuncturist's certificate, if diagnosis and treatment of the condition by a physician is covered. Referral to an acupuncturist from a physician is not required for coverage of the acupuncture services.

Current law contains the same mandated coverage provision for chiropractic services if a condition is covered when treated by a physician, and for optometric services if vision care is covered and the same service or procedure is covered when provided by another health care provider.

The bill also provides that the coverage requirement for acupuncture services under plans provided by the state is not subject to collective bargaining by the state.

Insert A

FE-SL

note

(79-0118)

For further information see the *state and local* fiscal estimate, which will be printed as an appendix to this bill.

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

(6)

SECTION 1. 40.51 (8) of the statutes 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, 632.853, 632.855, 632.87 (3) to (5), 632.895 (5m) and (8) to (13) and 632.896.

SECTION 2. 40.51 (8m) of the statutes 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, 632.748, 632.85, 632.853, 632.855 and 632.895 (11) to (14).

SECTION 3. 60.23 (25) of the statutes is amended to read:

60.23 (25) SELF-INSURED HEALTH PLANS. Provide health care benefits to its officers and employes on a self-insured basis if the self-insured plan complies with ss. 631.89, 631.90, 631.93 (2), 632.746 (1) and (b) 2., 632.747 (3), 632.85, 632.853, 632.855, 632.87 (5), 632.895 (9) and (13) and 632.896.

SECTION 4. 66.184 of the statutes 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 employes 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, 632.853, 632.855, 632.87 (4) and (5),



PRELIMINARY DRAFT - NOT READY FOR INTRODUCTION

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) (r), 609.86 and 632.895 (14)
3 of the statutes; **relating to:** requiring insurance coverage of preventive
4 pediatric health care services.

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.

1 632.895 (9) to ~~(13)~~ (14), 632.896, 767.25 (4m) (d), 767.51 (3m) (d) and 767.62 (4) (b)

2 4.

3 SECTION 5. 111.91 (2) (r) of the statutes is created to read:

4 111.91 (2) (r) The provision to employes of the health insurance coverage

5 required under s. ~~632.895 (14)~~ → 632.87 (6)

6 SECTION 6. 120.13 (2) (g) of the statutes is amended to read:

7 120.13 (2) (g) Every self-insured plan under par. (b) shall comply with ss.

8 49.493 (3) (d), 631.89, 631.90, 631.93 (2), 632.746 (10) (a) 2. and (b) 2., 632.747 (3),

9 632.85, 632.853, 632.855, 632.87 (4) and (5), 632.895 (9) to ~~(13)~~ (14), 632.896, 767.25

10 ~~(4m) (d), 767.51 (3m) (d) and 767.62 (4) (b) 4.~~

11 SECTION 7. 185.981 (4t) of the statutes is amended to read:

to (6)

12 185.981 (4t) A sickness care plan operated association is

13 subject to ss. 252.14, 631.89, ~~632.749, 632.85, 632.853, 632.855,~~

14 632.87 (2m), ~~(3), (4) and (5), 2.74.895, 632.74, (13) 2.85, 632.897 (10) and chs. 149~~

15 and 155.

16 SECTION 8. 185.983 (1) (intro.) of the statutes is amended to read:

17 185.983 (1) (intro.) Every such voluntary nonprofit sickness care plan shall be

18 exempt from chs. 600 to 646, with the exception of ss. 601.04, 601.13, 601.31, 601.41,

19 601.42, 601.43, 601.44, 601.45, 611.67, 619.04, 628.34 (lo), 631.89, 631.93, 632.72

20 (2), 632.745 to 632.749, 632.775, 632.79, 632.795, 632.85, 632.853, 632.855, 632.87

21 (2m), ~~(3), (4) and (5)~~ ^{to (6)} 632.895 (5) and (9) to ~~(13)~~ ^{stat} 632.896 and 632.897 (10) and

22 chs. 609, 630, 635, 645 and 646, but the sponsoring association shall:

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

24 609.86 Coverage of preventive pediatric health care services. Managed

25 care plans and preferred provider plans are subject to s. 632.895 (14).

1 SECTION 10. 632.855 (14) of the statutes is created to read:

2 632.895 (14) PREVENTIVE PEDIATRIC HEALTH CARE SERVICES. (a) In this
3 subsection:

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

- 7 a. Diphtheria.
- 8 b. Pertussis.
- 9 c. Tetanus.
- 10 d. Polio.
- 11 e. Measles.
- 12 f. Mumps.
- 13 g. Rubella.
- 14 h. Haemophilus influenza B.
- 15 i. Hepatitis B.
- 16 j. Any other disease for which immunization is recommended by the American
17 Academy of Pediatrics.

18 2. "Dependent" means a spouse, an unmarried child under the age of 19 years,
19 an unmarried child who is a full-time student under the age of 21 years and who is
20 financially dependent upon the parent, or an unmarried child of any age who is
21 medically certified as disabled and who is dependent upon the parent.

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

NOTE →

ASSEMBLY BILL 111

add period

and managed care plans

SECTION 5. 609.71 of the statutes is created to read:

609.71 Acupuncture coverage. ~~Health maintenance organizations,~~ limited

service health organizations ^A and preferred provider plans ^A are subject to s. 632.87 (6).

SECTION 6. 632.87 (1) of the statutes is amended to read:

632.87 (1) No insurer may refuse to provide or pay for benefits for health care

services provided by a ~~licensed~~ health care professional ^{insert 3-6} on the ground that the

services were not rendered by a physician ^{as} as defined in s. 990.01 (28), unless the

contract clearly excludes services by such practitioners, but no contract or plan may

exclude services in violation of sub. (2), (2m), (3), (4) ~~or~~, (5) or (6).

SECTION 7. 632.87 (6) of the statutes is created to read:

632.87 (6) (a) No policy, plan or contract may exclude coverage for diagnosis and

treatment of a condition or complaint by an acupuncturist who is certified under ch.

451, within the scope of the acupuncturist's certificate, if the policy, plan or contract

covers diagnosis and treatment of the condition or complaint by a licensed physician

or osteopath, even if different nomenclature is used to describe the condition or

complaint. This paragraph does not:

1. Prohibit the application of deductibles or coinsurance provisions to acupuncturist and physician charges on an equal basis.

2. Prohibit the application of cost containment or quality assurance measures to acupuncturist and physician services in a like manner, consistent with this section.

(b) No insurer may require an examination by or a referral from a physician as a condition precedent for the receipt of an acupuncturist's services under par. (a).

SECTION 8. Initial applicability.

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

ASSEMBLY BILL 111

a.r.
↓

1 (a) Except as provided in paragraph (b), policies, plans and contracts that are
2 issued or renewed on the effective date of this paragraph.

3 (b) Policies, plans and contracts covering employes who are affected by a
4 collective bargaining agreement containing provisions inconsistent with this act
5 that are issued or renewed on the earlier of the following:

- 6 1. The day on which the collective bargaining agreement expires.
- 7 2. The day on which the collective bargaining agreement is extended, modified
- 8 or renewed.

SECTION 9. Effective date.

6th
↑
~~5th~~

9 (1) This act takes effect on the first day of the ~~5th~~ 6th month beginning after
10 publication.

(END)

12

**1999-2000 DRAFTING INSERT
FROM THE
LEGISLATIVE REFERENCE BUREAU**

LRB-0318/ins

PSK

INSERT A

Current law contains the same coverage requirement for the diagnosis and treatment of a condition or complaint by certain other types of health care providers, including chiropractors, dentists and optometrists, if there is coverage for the diagnosis and treatment of the condition or complaint by a physician.

(end of ins A)



ASSEMBLY AMENDMENT 1,
TO 1997 ASSEMBLY BILL 111

Insert 3-6

July 24, 1997 - Offered by Representative SCHNEIDER.

1 At the locations indicated, amend the bill as follows:

2 **1.** Page 3, line 6: delete "licensed" and substitute "licensed".

3 **2.** Page 3, line 6: after "professional" insert "who holds a credential, as defined
4 in s. 440.01 (2) (a)."

5 **3.** Page 3, line 7: after "physician" insert " "

6 (END)

<

6 2

4 1 2 3

**SUBMITTAL
FORM**

**LEGISLATIVE REFERENCE BUREAU
Legal Section Telephone: 266-3561
5th Floor, 100 N. Hamilton Street**

The attached draft is submitted for your inspection. Please check each part carefully, proofread each word, and **sign** on the appropriate line(s) below.

Date: 11/2/98

To: Representative Schneider

Relating to LRB drafting number: LRB-03 18

Topic

Mandate insurance coverage of acupuncture

Subject(s)

Insurance - health

1. JACKET the draft for introduction

MAJ

in the **Senate** or the **Assembly** (check only one). Only the requester under whose name the drafting request is entered in the LRB's drafting records may authorize the draft to be submitted. Please allow one day for the preparation of the required copies.

2. REDRAFT. See the changes indicated or attached _____

A revised draft will be submitted for your approval with changes incorporated.

3. Obtain FISCAL ESTIMATE NOW, prior to introduction _____

If the analysis indicates that a fiscal estimate is required because the proposal makes an appropriation or increases or decreases existing appropriations or state or general local government fiscal liability or revenues, you have the option to request the fiscal estimate prior to introduction. If you choose to introduce the proposal without the fiscal estimate, the fiscal estimate will be requested automatically upon introduction. It takes about 10 days to obtain a fiscal estimate. Requesting the fiscal estimate prior to introduction retains your flexibility for possible redrafting of the proposal.

If you have any questions regarding the above procedures, please call 266-3561. If you have any questions relating to the attached draft, please feel free to call me.

Pamela J. Kahler, Senior Legislative Attorney
Telephone: (608) 266-2682

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