

1999 DRAFTING REQUEST

Bill

Received: 02/16/99

Received By: kahlepj

Wanted: As time permits

Identical to LRB:

For: Sheldon Wasserman (608) 266-7671

By/Representing: Joe Hoey

This file may be shown to any legislator: NO

Drafter: kahlepj

May Contact:

Alt. Drafters:

Subject: Insurance - health

Extra Copies: DAK

Pre Topic:

No specific pre topic given

Topic:

Require insurance coverage of hearing screening for children up to three months of age

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>
/?	kahlepj 02/17/99	chanaman 02/17/99		_____			S&L
/P1			lpaasch 02/18/99	_____	lrb_docadmin 02/18/99		S&L
/1	kahlepj 04/23/99	jgeller 04/23/99	hhagen 04/26/99	_____	lrb_docadmin 04/26/99	lrb_docadmin 04/26/99	

FE Sent For:

4/29/99

<END>

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per Sara

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FE Sent For:		1	4/26	4/24			

<END>

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1?	kahlepj	cmm /p1 2/17	2-17 LR.	2-17 LR. JR	yes		

FE Sent For:

<END>

MEMO

To: Pamela Kahler, Legislative Reference Bureau
From: Joe Hoey, Representative Wasserman's Office
Date: 2/11/99
Re: Newborn Hearing Screening Draft Request

6-7671

Pam,

Here is the copy of the Massachusetts Act that I pulled off of the Internet. If you have any questions, please call and I'll get answers from Sheldon as soon as possible.

Thanks for your help.

Joey

Chapter 243 of the Acts of 1998

AN ACT PROVIDING FOR HEARING SCREENING OF NEWBORNS.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

SECTION 1. Chapter 32A of the General Laws is hereby amended by inserting after section 17E, inserted by section 1 of chapter 140 of the acts of 1998, the following section:-

Section 17F. The commission shall provide to any active or retired employee of the commonwealth who is insured under the group insurance commission coverage for the cost of a newborn hearing screening test to be performed before the newborn infant is discharged from the hospital or birthing center to the care of the parent or guardian or as provided by regulations of the department of public health. Nothing contained in this section shall be construed to abrogate any obligation to provide coverage for a hearing screening test or any other hearing screening test or audiological diagnostic procedure pursuant to any law or regulation of the commonwealth or of the United States or under any of the terms or provisions of any policy, contract or certification.

SECTION 2. Chapter 111 of the General Laws is hereby amended by striking out section 67F, as appearing in the 1996 Official Edition, and inserting in place thereof the following section:-

Section 67F. For the purposes of this section, the words "newborn infant" shall mean an infant under three months of age, and the words "hearing screening test" shall mean a test to detect hearing thresholds of 30 decibels or greater in either ear in the speech frequency range.

A hearing screening test shall be performed on all newborn infants in the commonwealth in the birthing hospital or birthing center, or in the hospital from which the newborn infant is discharged to home. Such test shall be performed before the newborn infant is discharged from the birthing center or hospital to the care of the parent or guardian, or as the department may by regulation provide; provided, however, that such test shall not be performed if the parents or guardian of the newborn infant object to the test based upon the sincerely held religious beliefs of the parent or guardian. The hospital or birthing center shall inform a parent or guardian of the newborn infant and the newborn infant's primary care physician of such infant's failure to pass the test, or if such infant was not successfully tested. Such notification shall occur prior to discharge whenever possible, and in any case no later than ten days following discharge. The hospital or birthing center so informing the parent and physician shall provide information regarding appropriate follow-up for a screening failure or a missed screening.

The cost of providing the newborn hearing screening test shall be a covered benefit reimbursable by all health insurers, except for supplemental policies which only provide coverage for specific diseases, hospital indemnity, Medicare supplement, or other supplemental policies. In the absence of a third party payer, the charges for the newborn hearing screening test shall be paid by the commonwealth.

A newborn infant whose hearing screening test result indicates the need for diagnostic audiological examination shall be offered such examination at a center approved by the department. Such centers shall maintain suitable audiological support, medical and education referral practices in order to receive such approval. If no third party payer is liable for such cost, the commonwealth shall make reimbursement for

the cost of such follow-up diagnostic examinations.

There is hereby established an advisory committee for a statewide newborn hearing screening program consisting of the following members to be appointed by the commissioner: a representative of the health insurance industry; a pediatrician or family practitioner; an otolaryngologist; a neonatologist; a nurse representing newborn nurseries; two audiologists; a teacher of the deaf and hard of hearing; a representative of the commonwealth's early intervention program; a representative of the department; two parents of children who are deaf or hard of hearing; and one deaf and one hard of hearing adult to be designated by the Massachusetts commission for the deaf and hard of hearing. The advisory committee shall advise the department regarding proposed regulations and the validity and cost of screening procedures, and shall recommend standards for appropriate screening methodology based on updated technological developments, methods of recording results and follow-up from the screening program, and methods to facilitate interaction of professions and agencies which participate in follow-up. Members of the advisory committee shall serve without compensation. The advisory committee shall be provided support services by the department.

The advisory committee shall elect a chairman from among its members.

Each hospital and birthing center which provides newborn infant care shall submit to the department for its approval a protocol for newborn hearing screening, including training and supervision of personnel by a licensed audiologist, test protocol, follow-up procedures, quality assurance and program statistics, at the onset of the program, following one full year of operation, prior to any significant changes in protocol, and at intervals specified by the department.

Notwithstanding the requirements of this section for the provision of newborn hearing screening tests, if a birthing center does not have the equipment or ability to conduct such a test, the newborn infant shall be referred to a hospital or birthing center approved by the department for such test in accordance with the provisions of this section.

The department shall promulgate regulations to implement the newborn hearing screening program.

SECTION 3. Chapter 118E of the General Laws is hereby amended by inserting after section 10A the following section:-

Section 10B. The division shall provide coverage for the cost of a newborn hearing screening test to be performed before the newborn infant is discharged from the hospital or birthing center to the care of the parent or guardian or as provided by regulations of the department of public health. Nothing contained in this section shall be construed to abrogate any obligation to provide coverage for a hearing screening test or any other hearing screening test or audiological diagnostic procedure pursuant to any law or regulation of the commonwealth or of the United States or under the terms or provisions of any policy, contract or certificate.

SECTION 4. Section 47C of chapter 175 of the General Laws is hereby amended by adding the following paragraph:-

In addition to such benefits, said policy shall provide coverage for the cost of a newborn hearing screening test to be performed before the newborn infant is discharged from the hospital or birthing center to the care of the parent or guardian or as provided by regulations of the department of public health. Nothing contained in this paragraph shall be construed to abrogate any obligation to provide coverage for a hearing screening test or any other hearing screening test or audiological diagnostic procedure pursuant to any law

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or regulation of the commonwealth or of the United States or under the terms or provisions of any policy or contract.

SECTION 5. Section 8B of chapter 176A of the General Laws is hereby amended by adding the following paragraph:-

In addition to such benefits, any contract as described in this section, shall provide coverage for the cost of a newborn hearing screening test to be performed before the newborn infant is discharged from the hospital or birthing center to the care of the parent or guardian or as provided by regulations of the department of public health. Nothing contained in this paragraph shall be construed to abrogate any obligation to provide coverage for a hearing screening test or any other hearing screening test or audiological diagnostic procedure pursuant to any law or regulation of the commonwealth or of the United States or under the terms or provisions of any contract or certificate.

SECTION 6. Section 4C of chapter 176B of the General Laws is hereby amended by adding the following paragraph:-

In addition to such benefits, any subscription certificate, as described in this section, shall provide coverage for the cost of a newborn hearing screening test to be performed before the newborn infant is discharged from the hospital or birthing center to the care of the parent or guardian or as provided by regulations of the department of public health. Nothing contained in this paragraph shall be construed to abrogate any other obligation to provide coverage for a hearing screening test or any other hearing screening test or audiological diagnostic procedure pursuant to any law of the commonwealth or of the United States or under the terms or provisions of any contract or certificate.

SECTION 7. Chapter 176G of the General Laws is hereby amended by inserting after section 4J, inserted by section 5 of chapter 140 of the acts of 1998, the following section:-

Section 4K. A health maintenance contract shall provide coverage for a newborn hearing screening test to be performed before the newborn infant is discharged from the hospital or birthing center to the care of the parent or guardian, pursuant to regulations of the department of public health. Payment to physician, hospital or other provider for the costs of said test may be pursuant to the terms of a negotiated contract. Nothing contained in this section shall be construed to abrogate any other obligation to provide coverage for a hearing screening test or any other hearing screening test or audiological diagnostic procedure pursuant to any law of the commonwealth or of the United States or under the terms or provisions of any contract or certificate.

Approved August 7, 1998.

Return to:

[List of Laws passed in 1998 Session](#)

[General Court home page](#), or

[Commonwealth of Massachusetts home page](#).

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1999 BILL

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regenerate

hearing screening tests for certain infants

1 AN ACT to amend 40.51 (8), 40.51 (8m), 60.23 (25), 66.184, 111.91 (2) (n), 120.13
 2 (2) (g), 185.981 (4t) and 185.983 (1) (intro.); and to create 609.76 and 632.895
 3 (14) of the statutes; relating to: insurance coverage of hospital services after
 4 a mastectomy.

Insert A
Analysis by the Legislative Reference Bureau

This bill requires health care plans that provide coverage of any inpatient hospital services to provide coverage of at least 48 hours of inpatient hospital services after a mastectomy. If the insured's attending physician certifies that more than 48 hours of inpatient hospital services are necessary due to complications from surgery, the coverage must be provided for the amount of time that the physician certifies is necessary. The coverage requirement applies to both individual and group health insurance policies and plans, including health maintenance organizations, preferred provider plans and cooperative sickness care associations; to health plans offered by the state to its employees, including a self-insured plan; and to self-insured health plans of counties, cities, towns, villages and school districts. The requirement specifically does not apply to limited service health organizations. The requirement may be subject to any limitations, exclusions or cost-sharing provisions that apply generally under the policy or plan.

managed care

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specified diseases

, medicare replacement or supplement policies, long-term care insurance policies or policies covering only certain

BILL

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:

1 **SECTION 1.** 40.51[✓] (8) of the statutes is amended to read:

2 40.51 (8) Every health care coverage plan offered by the state under sub. (6)
3 shall comply with ss. 631.89, 631.90, 631.93 (2), 632.72 (2), 632.746 (1) to (8) and (10),
4 632.747, 632.748, 632.85, 632.853, 632.855, 632.87 (3) to (5), 632.895 (5m) and (8) to
5 ~~(13)~~ [✓] (14) and 632.896.

6 **SECTION 2.** 40.51 (8m)[✓] of the statutes is amended to read:

7 40.51 (8m) Every health care coverage plan offered by the group insurance
8 board under sub. (7) shall comply with ss. 632.746 (1) to (8) and (10), 632.747,
9 632.748, 632.85, 632.853, 632.855 and 632.895 (11) to ~~(13)~~ [✓] (14).

10 **SECTION 3.** 60.23[✓] (25) of the statutes is amended to read:

11 60.23 (25) SELF-INSURED HEALTH PLANS. Provide health care benefits to its
12 officers and employes on a self-insured basis if the self-insured plan complies with
13 ss. 631.89, 631.90, 631.93 (2), 632.746 (10) (a) 2. and (b) 2., 632.747 (3), 632.85,
14 632.853, 632.855, 632.87 (4) and (5), 632.895 (9) and (11) to ~~(13)~~ [✓] (14) and 632.896.

15 **SECTION 4.** 66.184[✓] of the statutes is amended to read:

16 **66.184 Self-insured health plans.** If a city, including a 1st class city, or a
17 village provides health care benefits under its home rule power, or if a town provides
18 health care benefits, to its officers and employes on a self-insured basis, the
19 self-insured plan shall comply with ss. 49.493 (3) (d), 631.89, 631.90, 631.93 (2),
20 632.746 (10) (a) 2. and (b) 2., 632.747 (3), 632.85, 632.853, 632.855, 632.87 (4) and (5),

BILL

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

SECTION 5. 111.91 (2) (n) of the statutes is amended to read:

111.91 (2) (n) The provision to employes of the health insurance coverage required under s. 632.895 (11) to ~~(13)~~ (14).

SECTION 6. 120.13 (2) (g) of the statutes 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, 632.853, 632.855, 632.87 (4) and (5), 632.895 (9) to ~~(13)~~ (14), 632.896, 767.25 (4m) (d), 767.51 (3m) (d) and 767.62 (4) (b) 4.

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

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, 632.853, 632.855, 632.87 (2m), (3), (4) and (5), 632.895 (10) to ~~(13)~~ (14) and 632.897 (10) and chs. 149 and 155.

SECTION 8. 185.983 (1) (intro.) of the statutes 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, 632.853, 632.855, 632.87 (2m), (3), (4) and (5), 632.895 (5) and (9) to ~~(13)~~ (14), 632.896 and 632.897 (10) and chs. 609, 630, 635, 645 and 646, but the sponsoring association shall:

SECTION 9. 609.7~~6~~⁸⁹ of the statutes is created to read:

609.7~~6~~⁸⁹ Coverage of ~~inpatient hospital services after a mastectomy~~

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

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hearing screening tests for certain infants

1999-2000 DRAFTING INSERT
FROM THE
LEGISLATIVE REFERENCE BUREAU

LRB-2239/?ins

.....

Insert for s. 632.895 (14)

SECTION 1. 632.895 (14) of the statutes is created to read:

632.895 (14) HEARING SCREENING TESTS FOR CERTAIN INFANTS. (a) In this section, "hearing screening test" means a test to detect hearing thresholds of 30 decibels or greater in either ear in the speech frequency range.

pars. (c) 1. and (b) Except as provided in ~~par. (d)~~ (d), every disability insurance policy, and every self-insured health plan of the state or a county, city, village, town or school district, shall provide coverage of the cost of a hearing screening test performed on any child who is covered under the policy or plan and who is under 3 months of age when the test is performed.

(c) 1. ~~Notwithstanding par. (b)~~ a disability insurance policy or self-insured health plan need not cover the cost of more than one hearing screening test for any one child.

2. The coverage required under par. (b) may be subject to any limitations, exclusions or cost-sharing provisions that apply generally under the disability insurance policy or self-insured health plan.

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

1. A disability insurance policy that covers only certain specified diseases.
2. A health care plan that is offered by a limited service health organization, as defined in s. 609.01 (3).

3. A health care plan that is offered by a preferred provider plan, as defined in s. 609.01 (4), and that is not a managed care plan, as defined in s. 609.01 (3c).

4. A medicare replacement policy, a medicare supplement policy or a long-term care insurance policy.

(end of ins)



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SECTION 10. 632.895 (14) of the statutes is created to read:

632.895 (14) INPATIENT HOSPITAL SERVICES AFTER A MASTECTOMY. (a) Except as provided in par. (d), every disability insurance policy, and every self-insured health plan of the state or a county, city, village, town or school district, that provides any coverage of inpatient hospital services shall provide coverage of inpatient hospital services for an insured who has undergone the surgical procedure known as a mastectomy for a period of at least 48 hours after the mastectomy was performed.

(b) Notwithstanding par. (a), if the insured's attending physician certifies that the insured requires more than 48 hours of inpatient hospital services following the mastectomy due to complications arising from the surgery, the disability insurance policy or self-insured health plan shall provide coverage of those inpatient hospital services for the period of time that is certified as necessary by the physician.

(c) The coverage required under pars. (a) and (b) may be subject to any limitations, exclusions or cost-sharing provisions that apply generally under the disability insurance policy or self-insured health plan.

(d) This subsection does not apply to a health care plan offered by a limited service health organization, as defined in s. 609.01 (3).

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SECTION 11. Initial applicability.

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

(a) Except as provided in paragraphs (b) and (c), disability insurance policies 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) Disability insurance policies covering employes 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:

(ar.)

1999-2000 DRAFTING INSERT
FROM THE
LEGISLATIVE REFERENCE BUREAU

LRB-2239/?ins

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INSERT A

to cover the cost of at least one hearing screening test performed on a child under three months of age who is covered under the health care plan. A hearing screening test is defined as a test to detect hearing thresholds of 30 decibels or greater in the speech frequency range.

(END OF INSERT A)



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**DRAFTER'S NOTE
FROM THE
LEGISLATIVE REFERENCE BUREAU**

LRB-2239/?dn

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1. Do you want to specify where hearing screening tests must be performed in order to require coverage? Do you want to specify by whom tests must be performed in order to require coverage?

2. I provided that no more than one test per child must be covered. Is this okay?

Pamela J. Kahler
Senior Legislative Attorney
Phone: (608) 266-2682
E-mail: Pam.Kahler@legis.state.wi.us

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**DRAFTER'S NOTE
FROM THE
LEGISLATIVE REFERENCE BUREAU**

LRB-2239/P1dn

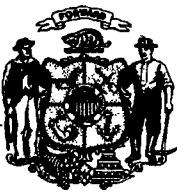
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February 17, 1999

1. Do you want to specify where hearing screening tests must be performed in order to require coverage? Do you want to specify by whom tests must be performed in order to require coverage?

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Pamela J. Kahler
Senior Legislative Attorney
Phone: (608) 266-2682
E-mail: Pam.Kahler@legis.state.wi.us



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PRELIMINARY DRAFT - NOT READY FOR INTRODUCTION

*SOON
(4-23)
(no changes
requested)*

refer cat

1 AN ACT *to amend* 40.51 (8), 40.51 (8m), 60.23 (25), 66.184, 111.91 (2) (n), 120.13
2 (2) (g), 185.981 (4t) and 185.983 (1) (intro.); and *to create* 609.76 and 632.895
3 (14) of the statutes; **relating to:** insurance coverage of hearing screening tests
4 for certain infants.

Analysis by the Legislative Reference Bureau

This bill requires health care plans to cover the cost of at least one hearing screening test performed on a child under three months of age who is covered under the health care plan. A hearing screening test is defined as a test to detect hearing thresholds of 30 decibels or greater in the speech frequency range. The coverage requirement applies to both individual and group health insurance policies and plans, including managed care plans and cooperative sickness care associations; to health plans offered by the state to its employees, including a self-insured plan; and to self-insured health plans of counties, cities, towns, villages and school districts. The requirement specifically does not apply to limited service health organizations, medicare replacement or supplement policies, long-term care insurance policies or policies covering only certain specified diseases. The requirement may be subject to any limitations, exclusions or cost-sharing provisions that apply generally under the policy or plan.

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:

1 **SECTION 1.** 40.51 (8) of the statutes is amended to read:

2 40.51 (8) Every health care coverage plan offered by the state under sub. (6)
3 shall comply with ss. 631.89, 631.90, 631.93 (2), 632.72 (2), 632.746 (1) to (8) and (10),
4 632.747, 632.748, 632.85, 632.853, 632.855, 632.87 (3) to (5), 632.895 (5m) and (8) to
5 ~~(13)~~ (14) and 632.896.

6 **SECTION 2.** 40.51 (8m) of the statutes is amended to read:

7 40.51 (8m) Every health care coverage plan offered by the group insurance
8 board under sub. (7) shall comply with ss. 632.746 (1) to (8) and (10), 632.747,
9 632.748, 632.85, 632.853, 632.855 and 632.895 (11) to ~~(13)~~ (14).

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

11 60.23 (25) SELF-INSURED HEALTH PLANS. Provide health care benefits to its
12 officers and employes on a self-insured basis if the self-insured plan complies with
13 ss. 631.89, 631.90, 631.93 (2), 632.746 (10) (a) 2. and (b) 2., 632.747 (3), 632.85,
14 632.853, 632.855, 632.87 (4) and (5), 632.895 (9) and (11) to ~~(13)~~ (14) and 632.896.

15 **SECTION 4.** 66.184 of the statutes is amended to read:

16 **66.184 Self-insured health plans.** If a city, including a 1st class city, or a
17 village provides health care benefits under its home rule power, or if a town provides
18 health care benefits, to its officers and employes on a self-insured basis, the
19 self-insured plan shall comply with ss. 49.493 (3) (d), 631.89, 631.90, 631.93 (2),
20 632.746 (10) (a) 2. and (b) 2., 632.747 (3), 632.85, 632.853, 632.855, 632.87 (4) and (5),

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) (n) of the statutes is amended to read:

4 111.91 (2) (n) The provision to employes of the health insurance coverage
5 required under s. 632.895 (11) to ~~(13)~~ (14).

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:

12 185.981 (4t) A sickness care plan operated by a cooperative association is
13 subject to ss. 252.14, 631.89, 632.72 (2), 632.745 to 632.749, 632.85, 632.853, 632.855,
14 632.87 (2m), (3), (4) and (5), 632.895 (10) to ~~(13)~~ (14) and 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 (10), 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), 632.895 (5) and (9) to ~~(13)~~ (14), 632.896 and 632.897 (10) and
22 chs. 609, 630, 635, 645 and 646, but the sponsoring association shall:

23 **SECTION 9.** 609.89 of the statutes is created to read:

24 **609.89 Coverage of hearing screening tests for certain infants.**
25 Managed care plans are subject to s. 632.895 (14).

1 **SECTION 10.** 632.895 (14) of the statutes is created to read:

2 632.895 (14) **HEARING SCREENING TESTS FOR CERTAIN INFANTS.** (a) In this section,
3 “hearing screening test” means a test to detect hearing thresholds of 30 decibels or
4 greater in either ear in the speech frequency range.

5 (b) Except as provided in pars. (c) 1. and (d), every disability insurance policy,
6 and every self-insured health plan of the state or a county, city, village, town or school
7 district, shall provide coverage of the cost of a hearing screening test performed on
8 any child who is covered under the policy or plan and who is under 3 months of age
9 when the test is performed.

10 (c) 1. A disability insurance policy or self-insured health plan need not cover
11 the cost of more than one hearing screening test for any one child.

12 2. The coverage required under par. (b) may be subject to any limitations,
13 exclusions or cost-sharing provisions that apply generally under the disability
14 insurance policy or self-insured health plan.

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

16 1. A disability insurance policy that covers only certain specified diseases.

17 2. A health care plan that is offered by a limited service health organization,
18 as defined in s. 609.01 (3).

19 3. A health care plan that is offered by a preferred provider plan, as defined in
20 s. 609.01 (4), and that is not a managed care plan, as defined in s. 609.01 (3c).

21 4. A medicare replacement policy, a medicare supplement policy or a long-term
22 care insurance policy.

23 **SECTION 11. Initial applicability.**

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

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

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

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

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

- 13 1. The day on which the collective bargaining agreement expires.
14 2. The day on which the collective bargaining agreement is extended, modified
15 or renewed.

16 **SECTION 12. Effective date.**

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

19 (END)

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