

## 1999 ASSEMBLY BILL 362

May 24, 1999 – Introduced by Representatives BERCEAU, RICHARDS, BOCK, BLACK, KRUG, JOHNSRUD, WASSERMAN, YOUNG, BOYLE, SCHOOFF, SINICKI, MILLER, POCAN, TRAVIS, TURNER and CARPENTER, cosponsored by Senators MOORE, PLACHE, RISSER and ROSENZWEIG. Referred to Committee on Insurance.

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** 609.73 and 632.895  
3           (14) of the statutes; **relating to:** requiring health insurance policies to cover  
4           contraceptive articles and services.

---

### *Analysis by the Legislative Reference Bureau*

This bill requires every health insurance policy (called “disability insurance policy” in the statutes), including managed care plans and health care plans offered by the state, and every self-insured health plan of a school district, county, city or village, to provide coverage for contraceptive articles and services if the policy or plan covers outpatient health care services. Contraceptive articles include any drug or device that is approved by the federal food and drug administration (FDA) and prescribed by a licensed health care provider for use to prevent a pregnancy and any hormonal compound that is taken orally and approved by the FDA for use to prevent a pregnancy. A contraceptive article, however, does not include any drug or device that is prescribed for use in terminating a pregnancy of a woman who is known to be pregnant by the prescribing health care provider. Contraceptive services include medical procedures performed to prevent a pregnancy and physical examinations and medical counseling for the prescription or use of a contraceptive article. Specifically excluded from this coverage requirement are health insurance policies that cover only certain specified diseases, limited service health care plans, medicare replacement and supplement policies and long-term care insurance policies.

**ASSEMBLY BILL 362**

Deductibles and copayments that apply generally to the policy or plan may apply to contraceptive articles and services.

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),

**ASSEMBLY BILL 362**

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.** 609.73 of the statutes is created to read:

24 **609.73 Coverage of contraceptive articles and services.** Managed care  
25 plans are subject to s. 632.895 (14).

**ASSEMBLY BILL 362**

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

2           632.895 **(14)** CONTRACEPTIVE ARTICLES AND SERVICES. (a) In this subsection,  
3           “contraceptive article” means any drug, medicine, mixture, preparation, instrument,  
4           article or device of any nature that is approved by the federal food and drug  
5           administration for use to prevent a pregnancy and that is prescribed by a licensed  
6           health care provider for use to prevent a pregnancy, or any hormonal compound that  
7           is taken orally and that is approved by the federal food and drug administration for  
8           use to prevent a pregnancy. “Contraceptive article” does not include any drug,  
9           medicine, mixture, preparation, instrument, article or device of any nature  
10          prescribed for use in terminating the pregnancy of a woman who is known by the  
11          prescribing licensed health care provider to be pregnant.

12          (b) Every disability insurance policy, and every self-insured health plan of a  
13          county, city, village or school district, that provides coverage of outpatient health care  
14          services shall provide coverage for all of the following:

15                1. Contraceptive articles.

16                2. Medical services, including counseling and physical examinations, for the  
17          prescription or use of a contraceptive article or of a procedure to prevent a pregnancy.

18                3. Medical procedures performed to prevent a pregnancy.

19          (c) Coverage under this subsection may be subject to exclusions or limitations,  
20          including copayments and deductibles, that apply generally to the benefits that are  
21          provided under the policy or plan.

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

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

**ASSEMBLY BILL 362**

1           2. A health care plan offered by a limited service health organization, as defined  
2 in s. 609.01 (3), or by a preferred provider plan, as defined in s. 609.01 (4), that is not  
3 a managed care plan, as defined in s. 609.01 (3c).

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

**SECTION 11. Initial applicability.**

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

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

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

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

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

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

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

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

**SECTION 12. Effective date.**

**ASSEMBLY BILL 362**

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

3 (END)