1999 DRAFTING REQUEST

Assembly Amendment (AA-ASA(LRBs0139/1)-AB518)

Received: 10/18/1999				Received By: kahlepj				
Wanted: Soon				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 Co	ntact:				Alt. Drafters:			
Subject: Insurance - health				Extra Copies:				
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Draftin	g History:							
Vers.	<u>Drafted</u>	Reviewed	Typed	Proofed	Submitted	Jacketed	Required	
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(b) + \$200 yn the hold a 0767
(3) dræd occes of ABSDO as andt (4) nyrd to mo as andt a0769
5) out 20139/1 as sub to file
50148 (a) 1\$20 fee refundable (b) 1\$200 threbold (c) include direct access stuff from AR 520 (d) would right to ma from AB 520 (3313)



State of Misconsin 1999 - 2000 LEGISLATURE



PRELIMINARY DRAFT NOT READY FOR INTRODUCTION ASSEMBLY AMENDMENT,

TO ASSEMBLY SUBSTITUTE AMENDMENT (LRBs0139/1),

TO 1999 ASSEMBLY BILL 518



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At the locations indicated, amend the substitute amendment as follows:

2 **1.** Page 1, line 8: after "plans" insert ", allowing direct access to specialist providers".

✓ 2. Page 3, line 7: after that line insert:

"Section 7m. 609.05 (3) of the statutes is amended to read:

609.05 (3) Except as provided in ss. 609.22 (4), 609.65 and 609.655, a limited service health organization, preferred provider plan or managed care plan may require an enrollee to obtain a referral from the primary provider designated under sub. (2) to another participating provider prior to obtaining health care services from that participating provider.".

3. Page 4, line 11: after that line insert:

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certificate upon renewal.

1	"Section 17c. $609.22(4)(a)$ 1. of the statutes is repealed and recreated to read:
2	609.22 (4) (a) 1. A managed care plan may not require an enrollee of the
3	managed care plan to obtain a referral for coverage of services provided by a
4	participating provider who is a physician licensed under ch. 448 and who specializes
5	in a particular type of medical practice, regardless of whether the participating
6	provider is the enrollee's primary provider.
7	SECTION 17g. $609.22(4)(a)$ 2. of the statutes is repealed.
8	SECTION 17m. 609.22 (4) (a) 3. of the statutes is amended to read:
9	609.22 (4) (a) 3. A managed care plan must include information regarding
10	referral procedures the reprintmental funder subd. 1. in policies or certificates
11	provided to enrollees and must provide such information to an enrollee or prospective
12	enrollee upon request.".
13	✓ 4. Page 16, line 9: after that line insert:
14	"Section 21m. Initial applicability.
15	(1) Specialist providers under managed care plans.
16	(a) Except as provided in paragraph (b), if a policy or certificate that is affected
17	by the treatment of sections 609.05 (3) and 609.22 (4) (a) 1., 2. and 3. of the statutes
18	contains terms or provisions that are inconsistent with the treatment of sections
19	609.05 (3) and 609.22 (4) (a) $1., 2.$ and $3.$ of the statutes, the treatment of sections
20	609.05 (3) and 609.22 (4) (a) 1., 2. and 3. of the statutes first applies to that policy or

(b) The treatment of sections 609.05 (3) and 609.22 (4) (a) 1., 2. and 3. of the

statutes first applies to policies or group certificates covering employes who are

affected by a collective bargaining agreement containing provisions that are

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1	inconsistent with the treatment of sections 609.05 (3) and 609.22 (4) (a) 1., 2. and 3.
2	of the statutes 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.".

(END)

J- vote

If this overdient adds the direct access provision to the substitute external review arendment to the external review

PIR

DRAFTER'S NOTE FROM THE LEGISLATIVE REFERENCE BUREAU

LRBa0768/1dn PJK:wlj:km

October 19, 1999

This amendment adds the direct access provision to the substitute amendment to the external review bill.

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