1999 DRAFTING REQUEST

Assembly Amendment (AA-ASA1-AB518)

Received: 11/01/1999 Wanted: Today For: Sheldon Wasserman (608) 266-7671 This file may be shown to any legislator: NO May Contact: Subject: Insurance - health				Received By: kahlepj Identical to LRB: By/Representing: Joe Hoey Drafter: kahlepj								
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Require	direct access to	specialist prov	riders									
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State of Misconsin 1999 - 2000 LEGISLATURE

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ASSEMBLY AMENDMENT,

TO ASSEMBLY SUBSTITUTE AMENDMENT / PRESENTATION,

TO 1999 ASSEMBLY BILL 518



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

- 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:
- 12 "Section 17c. 609.22(4)(a) 1. of the statutes is repealed and recreated to read:

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609.22 (4) (a) 1. A managed care plan may not require an enrollee of the managed care plan to obtain a referral for coverage of services provided by a participating provider who is a physician licensed under ch. 448 and who specializes in a particular type of medical practice, regardless of whether the participating provider is the enrollee's primary provider.

SECTION 17g. 609.22 (4) (a) 2. of the statutes is repealed.

SECTION 17m. 609.22 (4) (a) 3. of the statutes is amended to read:

609.22 (4) (a) 3. A managed care plan must include information regarding referral procedures the prohibition under subd. 1, in policies or certificates provided to enrollees and must provide such information to an enrollee or prospective enrollee upon request.".

4. Page 16, line 9: after that line insert:

"Section 21m. Initial applicability.

- (1) SPECIALIST PROVIDERS UNDER MANAGED CARE PLANS.
- (a) Except as provided in paragraph (b), if a policy or certificate that is affected by the treatment of sections 609.05 (3) and 609.22 (4) (a) 1., 2. and 3. of the statutes contains terms or provisions that are inconsistent with the treatment of sections 609.05 (3) and 609.22 (4) (a) 1., 2. and 3. of the statutes, the treatment of sections 609.05 (3) and 609.22 (4) (a) 1., 2. and 3. of the statutes first applies to that policy or certificate upon renewal.
- (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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5	or renewed.".
4	2. The day on which the collective bargaining agreement is extended, modified
3	1. The day on which the collective bargaining agreement expires.
2	of the statutes that are issued or renewed on the earlier of the following:
1	inconsistent with the treatment of sections 609.05 (3) and 609.22 (4) (a) 1., 2. and 3.

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DRAFTER'S NOTE FROM THE LEGISLATIVE REFERENCE BUREAU LRBa0768/1dn
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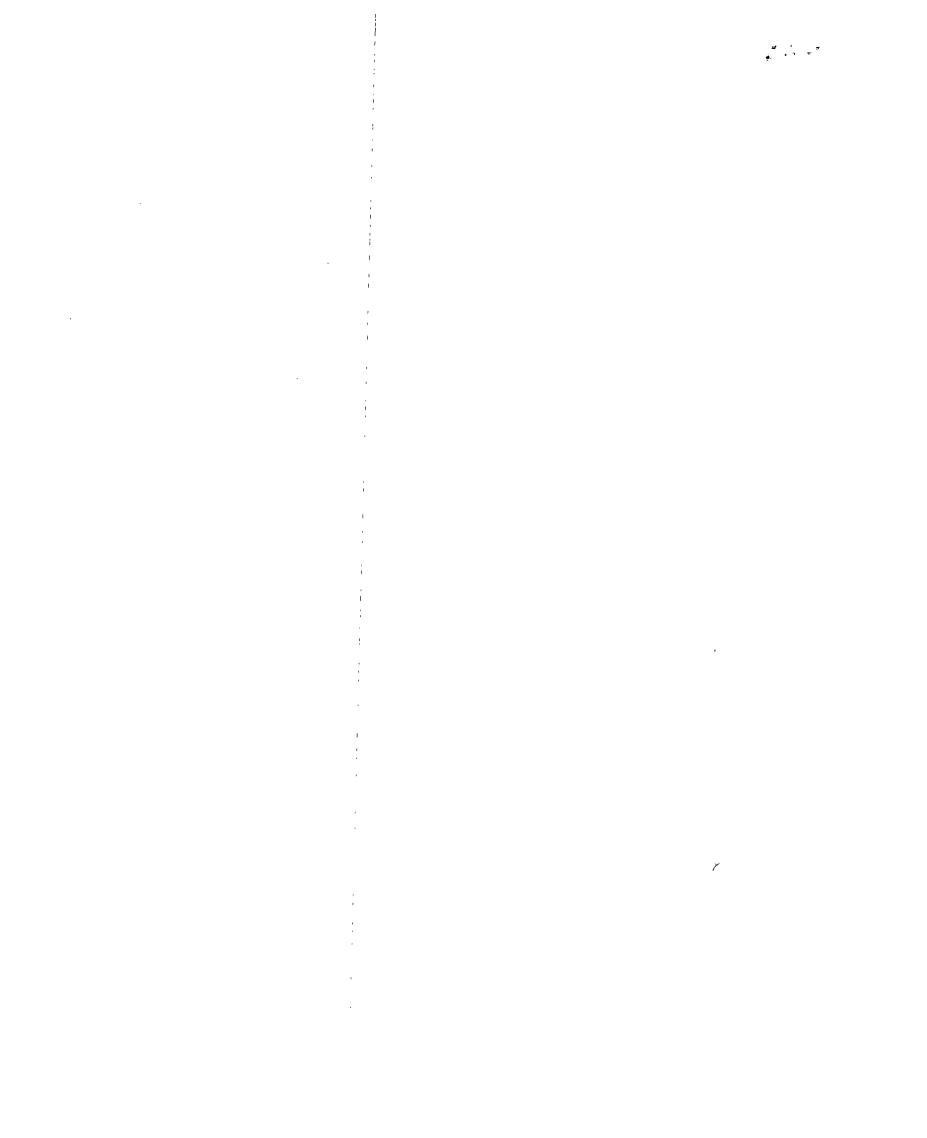
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This amendment adds the direct access provision to the substitute amendment to the external review bill.

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DRAFTER'S NOTE FROM THE LEGISLATIVE REFERENCE BUREAU

LRBa0896/1dn PJK:wlj:jf

November 1, 1999

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

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