1999 DRAFTING REQUEST

Assembly Amendment (AA-ASA1-AB518)

| Received: | 11/03/1999 | | Received By: kahlepj | | | | |
|-------------|-----------------------|------------------------|------------------------------------------------------------------------------|-------------|----------------------------|----------------------------|----------|
| Wanted: | Γoday | | Identical to LRB: | | | | |
| For: Fran | k Urban (60 | 8) 266-9175 | By/Representing: Dismas Becker Drafter: kahlepj Alt. Drafters: | | | | |
| This file 1 | nay be shown | to any legislate | | | | | |
| May Con | tact: | | | | | | |
| Subject: | Insuran | ce - health | Extra Copies: | | | | |
| Pre Topi | c: | | | | | | |
| No specif | ic pre topic gi | ven | | | | | |
| Topic: | | | | | | | |
| Exception | n to internal gr | ievance proced | ure | | | | |
| Instructi | ons: | • | | | | | |
| See Attac | hed | | | | | | |
| Drafting | History: | | | | | | |
| Vers. | Drafted | Reviewed | Typed | Proofed | Submitted | <u>Jacketed</u> | Required |
| /? | kahlepj 11/03/1999 | chanaman 11/03/1999 | | | | | |
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| FE Sent I | For: | | | <end></end> | | | |

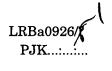
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| Exceptio | n to internal | grievance proce | edure | | | | • |
| Instruct | ions: | | ********* | | | | |
| See Atta | ched | | | | | • | |
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| /? | kahlepj | cont | hh" 3 | KF "/3 | | | |
| FE Sent For: | | 11/3 | | <end></end> | | | |



State of Misconsin 1999 - 2000 LEGISLATURE



cont

PRELIMINARY DRAFT - NOT READY FOR INTRODUCTION ASSEMBLY AMENDMENT,

TO ASSEMBLY SUBSTITUTE AMENDMENT 1, TO 1999 ASSEMBLY BILL 518



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

1. Page 5, line 3: delete "Every" and substitute "Except as provided in sub. (4), every".

2. Page 5, line 3: after that line insert:

"(4) The requirement under this section to establish and use an internal grievance procedure does not apply to an insurer issuing a health benefit plan that is not a limited service health organization, as defined in s. 609.01 (3), a preferred provider plan, as defined in s. 609.01 (4), or a managed care plan, as defined in s. 609.01 (3c), except with respect to treatment, or payment for treatment, was reduced, denied or terminated by the insurer on the basis that the treatment did not meet the health benefit plan's requirements for medical necessity."

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3. Page 7, line 16: after that line insert:

XION S

"3. The insurer does not offer an internal grievance procedure under s. 632.83 because of the exception under s. 632.83 (4).".

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(END)