

1999 DRAFTING REQUEST

Bill

Received: 12/18/98

Received By: kahlepj

Wanted: As time permits

Identical to LRB: 97-2854 (AB 286)

For: Sheldon Wasserman (608) 266-7671

By/Representing: his office

This file may be shown to any legislator: NO

Drafter: kahlepj

May Contact:

Alt. Drafters:

Subject: Insurance - health

Extra Copies:

Topic:

Require health insurance coverage of infertility treatment

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 12/18/98	jgeller 12/29/98		_____			S&L
/1			ismith 12/30/98	_____	lrb-docadmin 12/30/98	lrb-docadmin 01/26/99	

FE Sent For:

10/28/99

<END>

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1?	kahlepj	11 pgt 12/27/98 1 jLg 12/29	IS 12/30	IS/WJ 12/30			

FE Sent For:

<END>



1999 Bill

1997 ASSEMBLY BILL 286

~~Amend~~ WPO - please fix request sheet

WPO - check auto refs

April 11, 1997 - Introduced by Representatives WASSERMAN, VRAKAS, BALDWIN, BLACK, BOCK, MUSSER, OLSEN, REYNOLDS and WARD, cosponsored by Senator GROBSCHMIDT. Referred to Committee on Health.

regenerate

✓ and prohibiting collective bargaining by the state with respect to the requirement

- 1 AN ACT to amend 40.51 (8), 40.51 (8m), 60.23 (25), 66.184, 120.13 (2) (g), 185.983
- 2 (1) (intro.), 185.983 (lm) and 619.14 (3) (q); and to create 49.45 (20m), 111.91
- 3 (2) (n), 185.981 (10), 609.76, 619.14 (4) (n) and 632.893 of the statutes; relating
- 4 to: ^{requiring} insurance coverage of the diagnosis and treatment of infertility.

Analysis by the Legislative Reference Bureau

With certain limitations, this bill requires health care plans that provide maternity coverage to provide coverage of any nonexperimental procedure for the diagnosis or treatment of infertility. Infertility is defined in the bill as the inability to conceive or produce conception after at least one year of unprotected intercourse or the inability to carry a pregnancy to live birth. Nonexperimental procedures are defined in the bill as those that are recognized as safe and effective by the American Society for Reproductive Medicine or the American College of Obstetricians and Gynecologists. Copayments and deductibles for the infertility coverage may not be greater than any copayments or deductibles for the maternity coverage under the health care plan.

The bill imposes a limitation on the coverage requirement as it applies to specified nonexperimental infertility procedures. These procedures, which are defined in the bill, must be covered only if certain conditions are met.

The coverage requirement applies to individual health insurance policies and group health plans, including health maintenance organizations, preferred provider plans and cooperative sickness care associations; to plans offered by the state to its employees; and to self-insured plans of counties, cities, towns, villages and school

three

ASSEMBLY BILL 286

districts. Excluded from the requirement are medicare supplement and replacement policies, long-term care insurance policies, limited service health organization plans, policies issued under the health insurance risk-sharing plan and health care provided to medical assistance recipients.

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, as affected by 1995 Wisconsin Act 289, is
 2 amended to read:
 3 ~~40.51 (8) Every health care coverage plan offered by the state under sub. (6)~~
 4 ~~shall comply with ss. 631.89, 631.90, 631.93 (2), 632.72 (2), 632.745 (1) to (3) and (5),~~
 5 ~~632.747, 632.87 (3) to (5), 632.893, ~~632.895 (5m)~~ and (8) to (10) and 632.896.~~
 6 **SECTION 2.** 40.51 (8m) of the statutes, as created by 1995 Wisconsin Act 289,
 7 is amended to read:
 8 40.51 (8m) Every health care coverage plan offered by the group insurance
 9 board under sub. (7) shall comply with ss. 632.745 (1) to (3) and (5) ~~and~~, 632.747 and
 10 632.893.

Insert 2-10

11 **SECTION 3.** 49.45 (20m) of the statutes is created to read:
 12 49.45 (20m) EXEMPTION FROM INFERTILITY COVERAGE REQUIREMENTS.
 13 Notwithstanding s. 632.755 (lg) (c), an insurer with which the department contracts
 14 under sub. (2) (b) 2. for the provision of health care to medical assistance recipients
 15 is exempt from the infertility coverage requirements of s. 632.893 with ~~regard~~ ^{respect} to
 16 those recipients, their spouses and dependents.

17 ~~**SECTION 4.** 60.23 (25) of the statutes, as affected by 1995 Wisconsin Act 289~~
 18 ~~is amended to read:~~

Insert 2-18

BILL

1 60.23 (25) SELF-INSURED HEALTH PLANS. Provide health care benefits to its
2 officers and employes on a self-insured basis if the self-insured plan complies with
3 ss. 631.89, 631.90, 631.93 (2), 632.745 (2), (3) and (5) (a) 2. and (b) 2., 632.747 (3),
4 632.87 (4) and (5), 632.893, 632.895 (9) and 632.896.

5 **SECTION 5.** 66.184 of the statutes, as affected by 1995 Wisconsin Act 289, is
6 amended to read:

7 **66.184 Self-insured health plans.** If a city, including a 1st class city, or a
8 village provides health care benefits under its home rule power, or if a town provides
9 health care benefits, to its officers and employes on a self-insured basis, the
10 self-insured plan shall comply with ss. 49.493 (3) (d), 631.89, 631.90, 631.93 (2),
11 632.745 (2), (3) and (5) (a) 2. and (b) 2., 632.747 (3), 632.87 (4) and (5), 632.893,
12 632.895 (9) and (10), 632.896, 767.25 (4m) (d) and 767.51 (3m) (d).

13 **SECTION 6.** 111.91 (2) (n) of the statutes is created to read:
14 111.91 (2) (n) The provision to employes of the health insurance coverage
15 required under s. 632.893.

16 **SECTION 7.** 120.13 (2) (g) of the statutes, as affected by 1995 Wisconsin Act 289,
17 is amended to read:

18 120.13 (2) (g) Every self-insured plan under par. (b) shall comply with ss.
19 49.493 (3) (d), 631.89, 631.90, 631.93 (2), 632.745 (2), (3) and (5) (a) 2. and (b) 2.,
20 632.747 (3), 632.87 (4) and (5), 632.893, 632.895 (9) and (10), 632.896, 767.25 (4m)
21 (d) and 767.51 (3m) (d).

22 **SECTION 8.** 185.981 (10) of the statutes is created to read:
23 185.981 (10) A sickness care plan that is operated by a cooperative association
24 and that provides maternity coverage is subject to s. 632.893.

note

1 SECTION 9. 185.983 (1) (intro.) of the statutes, as affected by 1995 Wisconsin
2 Act 289, is amended to read:

3 185.983 (1) (intro.) Every such voluntary nonprofit sickness care plan shall be
4 exempt from chs. 600 to 646, with the exception of ss. 601.04, 601.13, 601.31, 601.41,
5 601.42, 601.43, 601.44, 601.45, 611.67, 619.04, 628.34 (10), 631.89, 631.93, 632.72
6 (2), 632.745, 632.747, 632.749, 632.775, 632.79, 632.795, 632.87 (2m), (3), (4) and (5),
7 632.893, 632.895 (5), (9) and (10), 632.896 and 632.897 (lo), subch. II of ch. 619 and
8 chs. 609, 630, 635, 645 and 646, but the sponsoring association shall:

9 SECTION 10. 185.983 (1m) of the statutes is amended to read:

10 185.983 (1m) In addition to ss. 601.04, 601.31, 632.79 and 632.895 (5), the
11 commissioner of insurance may by rule subject a medicare supplement policy as
12 defined in s. 600.03 (28r), a medicare replacement policy as defined ins. 600.03 (28p)
13 or a long-term care insurance policy as defined in s. 600.03 (28g) sold by a voluntary
14 nonprofit sickness care plan to other provisions of chs. 600 to 646, except the
15 commissioner may not subject a medicare supplement policy, a medicare
16 replacement policy or a long-term care insurance policy to s. 632.893 or 632.895 (8).

managed care plans

17 SECTION 11. 609. ~~74~~ of the statutes is created to read:

18 609. ~~74~~ **Infertility coverage.** Except as provided in s. 49.45 (20m), ~~health~~

19 ~~maintenance organizations~~ and preferred provider plans are subject to s. 632.893.

20 SECTION 12. 619.14 (3) (q) of the statutes is amended to read:

21 619.14 (3) (q) Any other health insurance coverage, only to the extent required
22 under subch. VI of ch. 632 and not excluded under sub. (4).

23 SECTION 13. 619.14 (4) (n) of the statutes is created to read:

24 619.14 (4) (n) Any charge for performing a procedure for the diagnosis or
25 treatment of infertility.

1 SECTION 14. 632.893 of the statutes is created to read:

2 **632.893 Required coverage of diagnosis and treatment of infertility.**

3 (1) DEFINITIONS. In this section:

4 (a) "Disability insurance policy" has the meaning given in s. 632.895(1)(a).

5 (b) "Gamete intrafallopian tube transfer" means a procedure in which a
6 mixture containing both egg and sperm is directly transferred to the fallopian tube,
7 where fertilization occurs.

8 (c) "Infertility" means the inability to conceive or produce conception after
9 engaging in unprotected sexual intercourse over a period of at least one year, or the
10 inability to carry a pregnancy to live birth.

11 (d) "In vitro fertilization" means a procedure in which an egg and sperm are
12 combined in a laboratory dish, where fertilization occurs, and the fertilized and
13 dividing egg is transferred to the uterus or cryopreserved for future use.

14 (e) "Nonexperimental procedure" means a clinical procedure that is recognized
15 as safe and effective by the American Society for Reproductive Medicine or the
16 American College of Obstetricians and Gynecologists.

17 (f) "Zygote intrafallopian tube transfer" means a procedure in which an egg and
18 sperm are combined in a laboratory dish, where fertilization occurs, and the
19 fertilized egg is transferred to the fallopian tube at the pronuclear stage before cell
20 division takes place.

21 (2) REQUIRED COVERAGE. Except as provided in subs. (3) and (5) and s. 49.45
22 (20m), every disability insurance policy, and every self-insured health plan of the
23 state or a county, city, village, town or school district, that provides maternity
24 coverage shall provide coverage of any nonexperimental procedure for the diagnosis
25 and treatment of infertility.

ASSEMBLY BILL 286

SECTION 14

(3) **CONDITIONAL REQUIREMENTS FOR CERTAIN PROCEDURES.** The coverage requirement under sub. (2) applies to in vitro fertilization, gamete intrafallopian tube transfer or zygote intrafallopian tube transfer only if all of the following apply:

(a) The covered individual has tried other less costly and medically appropriate nonexperimental procedures for the treatment of infertility and has been unable to carry a pregnancy to live birth.

(b) The covered individual has undergone fewer than 4 completed oocyte retrievals at any time in connection with any infertility procedure or procedures.

(c) The covered individual has undergone fewer than 2 completed oocyte retrievals at any time in connection with any infertility procedure or procedures after a live birth following a completed oocyte retrieval.

(d) The procedure is performed at a medical facility that conforms to the standards and guidelines of the American Association of Tissue Banks and of either the American Society for Reproductive Medicine or the American College of Obstetricians and Gynecologists.

(4) **COPAYMENTS AND DEDUCTIBLES.** The coverage required under this section may not be subject to copayments or deductibles that are greater than any copayments or deductibles that apply to maternity coverage under the policy or plan.

(5) **EXCLUSION.** This section does not apply to any of the following:

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

(b) A limited service health organization, as defined in s. 609.01(3).

(c) The mandatory health insurance risk-sharing plan under ch. ~~609.01~~

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149, regardless of whether coverage is provided under s. 149.14 or 149.146

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SECTION 15. Initial applicability.

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

(a) Except as provided in paragraphs (b) [✓]and (& disability insurance policies that are issued or renewed, and self-insured health ^{a.r. ↗}plans ^{a.r.} 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:

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

(c) Self-insured health plans covering employes who are affected by a collective bargaining agreement containing provisions inconsistent with this act [✓] that are established, extended, modified 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.

SECTION 16. Effective date.

(1) This act takes effect on the first day of the ~~5th~~ ^{✓ 6th} month beginning after publication.

(END) ✓

1999-2000 DRAFTING INSERT
FROM THE
LEGISLATIVE REFERENCE BUREAU

LRB-1376/?ins

INSERT 2-10

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

40.51 (8) Every health care coverage plan offered by the state under sub. (6) shall comply with ss. 631.89, 631.90, 631.93 (2), 632.72 (2), 632.746 (1) to (8) and (lo), 632.747, 632.748, 632.85, 632.853, 632.855, 632.87 (3) to (5), 632.893, 632.895 (5m) and (8) to (13) and 632.896.

History: 1981 c. 96; 1983 a. 27; 1985 a. 29; 1987 a. 27, 107, 356; 1987 a. 403 s. 256; 1989 a. 31, 93, 121, 129, 182, 201, 336, 359; 1991 a. 39, 70, 113, 152, 269, 315, 1993 a. 450, 481; 1995 a. 289; 1997 a. 27, 155, 202, 237, 252; s. 13.93 (2) (c).

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

40.51 (8m) Every health care coverage plan offered by the group insurance board under sub. (7) shall comply with ss. 632.746 (1) to (8) and (lo), 632.747, 632.748, 632.85, 632.853, 632.855, 632.893 and 632.895 (11) to (13).

NOTE: NOTE: Sub. (8m) is shown as affected by four acts of the 1997 legislature and as merged by the revisor under s. 13.93 (2) (c). NOTE:
History: 1981 c. 96; 1983 a. 27; 1985 a. 29; 1987 a. 27, 107, 356; 1987 a. 403 s. 256; 1989 a. 31, 93, 121, 129, 182, 201, 336, 359; 1991 a. 39, 70, 113, 152, 269, 315, 1993 a. 450, 481; 1995 a. 289; 1997 a. 27, 155, 202, 237, 252; s. 13.93 (2) (c).

(END OF INSERT 2-10)

INSERT 2-18

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

60.23 (25) SELF-INSURED HEALTH PLANS. Provide health care benefits to its officers and employees on a self-insured basis if the self-insured plan complies with ss. 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), 632.893, 632.895 (9) and (11) to (13) and 632.896.

History: 1983 a. 532; 1985 a. 316 s. 25; 1987 a. 205; 1989 a. 121, 197, 276, 359; 1991 a. 28, 296; 1993 a. 105, 246, 456; 1995 a. 27 ss. 3300m, 9116 (5), 1995 a. 77, 201, 289, 448; 1997 a. 27, 111, 155, 237.

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

66.184 Self-insured health plans. If a city, including a 1st class city, or a village provides health care benefits under its home rule power, or if a town provides health care benefits, to its officers and employees on a self-insured basis, the



jus 2-18 contd 293

self-insured plan 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), 632.893, 632.895 (13), 632.896, 767.25 (4m) (d), 767.51 (3m) (d) and 767.62 (4) (b) 4.

History: 1989 a. 201,359; 1991 a. 39,269; 1993 a. ~~246~~, 450, 481,491; 1995 a. 289, 1997 a. 27, 155, 191, 237.

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 ~~ss.~~ ss. 632.893 and 632.895 (11) to (13).

History: 1971 c. 270; 1975 c. 39,224; 1977 c. 196; 1979 c. 221; 1983 a. 27; 1985 a. 42; 1987 a. 27, 287, 331; 1989 a. 13, 31, 323; 1991 a. 269,289; 1995 a. 27,289; 1995 a. 302 s. 48; 1997 a. 27, 35, 155, 237.

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), 632.893, 632.895 (9) to (13), 632.896, 767.25 (4m) (d), 767.51 (3m) (d) and 767.62 (4) (b) 4.

History: 1973 c. 94,290; 1975 c. 115,321; 1977 c. 206, 211, 418, 429; 1979 c. 20, 202, 221, 301, 355; 1981 c. 96, 314, 335; 1983 a. 27, 193, 207, 339, 370, 518, 538; 1985 a. 29 ss. 1725c to 1726m, 1731.1985 a. 101, 135,211; 1985 a. 218 ss. 12, 13, 22; 1985 a. 332; 1987 a. 88, 187; 1989 a. 31, 201, 336, 359; 1991 a. 39, 226, 269; 1993 a. 16, 27, 284, 334, 399, 450, 481, 491; 1995 a. 27 ss. 4024.9126 (19), 9145 (1); 1995 a. 29, 32, 33, 65, 75, 225, 235, 289, 439; 1997 a. 27, 155, 164, 191, 237, 335.

SECTION 7. 149.14 (3) (q) of the statutes is amended to read:

149.14 (3) (q) Any other health insurance coverage, only to the extent required under subch. VI of ch. 632 and not excluded under sub. (4).

History: 1979 c. 313; 1981 c. 39 s. 22; 1981 c. 83; 1981 c. 314 ss. 117,146; 1983 a. 27; 1985 a. 29 s. 3202 (30); 1985 a. 332 s. 253; 1987 a. 27,239; 1989 a. 332; 1991 a. 39,269; 1995 a. 463; 1997 a. 27 ss. 3026c, 4847 to 4859; Stats 1997 s. 149.14; 1997 a. 237.

SECTION 8. 149.14 (4) (n) of the statutes is created to read:

149.14 (4) (n) Any charge for performing a procedure for the diagnosis or treatment of infertility.

SECTION 9. 185.981 (6m) of the statutes is created to read:

185.981 (6m) A sickness care plan that is operated by a cooperative association and that provides maternity coverage is subject to s. 632.893.

SECTION 10. 185.983 (1) (intro.) of the statutes is amended to read:



Aug 2-18 cont'd 3 of 3

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 (lo), 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), 632.893, 632.895 (5) and (9) to (13), 632.896 and 632.897 (10) and chs. 609, 630, 635, 645 and 646, but the sponsoring association shall:

History: 1975 c. 98; 1975 c. 224 s. 146; 1975 c. 352; 1975 c. 422 s. 163; 1977 c. 339; 1979 c. 89; 1981 c. 20; 1981 c. 39 s. 22; 1981 c. 82; 1981 c. 391 s. 210; 1983 a. 189 s. 329 (25); 1983 a. 396; 1985 a. 29 ss. 2060d to 2060r, 3202 (30); 1987 a. 27,325; 1989 a. 23, 31, 129, 200, 201, 336, 359; 1991 a. 9, 189, 250, 269, 315; 1993 a. 450,481, 482; 1995 a. 289; 1997 a. 27,237.

SECTION 11. 185.983 (1m) of the statutes is amended to read:

185.983 (1m) In addition to ss. 601.04, 601.31, 632.79 and 632.895 (5), the commissioner of insurance may by rule subject a medicare supplement policy as defined in s. 600.03 (28r), a medicare replacement policy as defined in s. 600.03 (28p) or a long-term care insurance policy as defined in s. 600.03 (28g) sold by a voluntary nonprofit sickness care plan to other provisions of chs. 600 to 646, except the commissioner may not subject a medicare supplement policy, a medicare replacement policy or a long-term care insurance policy to s. 632.893 or 632.895 (8).

History: 1975 c. 98; 1975 c. 224 s. 146; 1975 c. 352; 1975 c. 422 s. 163; 1977 c. 339; 1979 c. 89; 1981 c. 20; 1981 c. 39 s. 22; 1981 c. 82; 1981 c. 391 s. 210; 1983 a. 189 s. 329 (25); 1983 a. 396; 1985 a. 29 ss. 2060d to 2060r, 3202 (30); 1987 a. 27,325; 1989 a. 23, 31, 129, 200, 201, 336, 359; 1991 a. 9, 189, 250, 269, 315; 1993 a. 450,481, 482; 1995 a. 289; 1997 a. 27,237.

(ENDOFINSERT 2-18)

**SUBMITTAL
FORM**

**LEGISLATIVE REFERENCE BUREAU
Legal Section Telephone: 266-3561
5th Floor, 100 N. Hamilton Street**

The attached draft is submitted for your inspection. Please check each part carefully, proofread each word, and **sign** on the appropriate line(s) below.

Date: 12/30/98

To: Representative Wasserman

Relating to LRB drafting number: LRB-1376

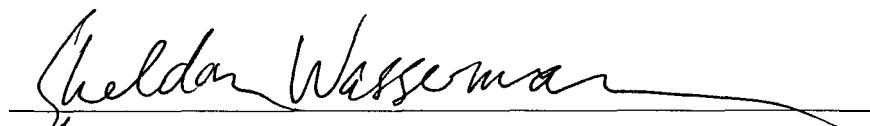
Topic

Require health insurance coverage of infertility treatment

Subject(s)

Insurance - health

1. JACKET the draft for introduction



in the Senate or the **Assembly** (check only one). Only the requester under whose name the drafting request is entered in the LRB's drafting records may authorize the draft to be submitted. Please allow one day for the preparation of the required copies.

2. **REDRAFT.** See the changes indicated or attached _____

A revised draft will be submitted for your approval with changes incorporated.

3. Obtain **FISCAL ESTIMATE NOW, prior** to introduction _____

If the analysis indicates that a fiscal estimate is required because the proposal makes an appropriation or increases or decreases existing appropriations or state or general local government fiscal liability or revenues, you have the option to request the fiscal estimate prior to introduction. If you choose to introduce the proposal without the fiscal estimate, the fiscal estimate will be requested automatically upon introduction. It takes about 10 days to obtain a fiscal estimate. Requesting the fiscal estimate prior to introduction retains your flexibility for possible redrafting of the proposal.

If you have any questions regarding the above procedures, please call 266-3561. If you have any questions relating to the attached draft, please feel free to call me.

Pamela J. Kahler, Senior Legislative Attorney
Telephone: (608) 266-2682