

**1999 DRAFTING REQUEST**

**Bill**

Received: **01/27/2000**

Received By: **kahlepj**

Wanted: **As time permits**

Identical to LRB:

For: **Peter Bock (608) 26643580**

By/Representing: **his office**

This file may be shown to any legislator: **NO**

Drafter: **kahlepj**

May Contact:

Alt. Drafters:

Subject: **Insurance - health**

Extra Copies:

**Pre Topic:**

No specific pre topic given

**Topic:**

Health insurance coverage of nervous and mental disorders, alcoholism and other drug abuse problems

**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>Reaired</u>
I?	kahlepj 01/27/2000	jgeller 01/28/2000		_____			S&L
/1			martykr 01/31/2000	_____	lrb-docadmin 01/31/2000	lrb-docadmin 02/10/2000	

FE Sent For:

<END>

2/23/00

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1/?	kahlepj	1/28 jg	1/31	HH 2/1/31			

FE Sent For:

<END>

1-27

for Book

do companion to SB 308 (LRB-2896/1)

"mental health parity"



State of Wisconsin  
1999 - 2000 LEGISLATURE

4418/1  
LRB-2896/1  
PJK/jlg/km  
stays  
e

1999 ASSEMBLY BILL

**1999 SENATE BILL 308**

December 22, 1999 – Introduced by Senators PANZER, ROBSON, ROSENZWEIG, RISSER, DARLING, WIRCH, RUDE, ERPENBACH, GROBSCHMIDT, ROESSLER, PLACHE, HUELSMAN, BAUMGART, MOORE, CLAUSING and BURKE, cosponsored by Representatives BOCK, KLUSMAN, WASSERMAN, KAUFERT, KELSO, RILEY, HANDRICK, BERCEAU, SUDER, YOUNG, OTT, BLACK, MUSSER, GRONEMUS, HASENOHRL, WAUKAU, LA FAVE, MILLER, LEIBHAM, RICHARDS, J. LEHMAN, WILLIAMS, TURNER, RYBA, KESTELL and SCHNEIDER. Referred to Committee on Health, Utilities, Veterans and Military Affairs.

regenerate ↓

1 AN ACT to repeal 632.89 (1) (em), 632.89 (2) (a) 2., 632.89 (2) (b), 632.89 (2) (c)  
2 2., 632.89 (2) (d) 2., 632.89 (2) (dm) 2. and **632.89** (3m); to renumber **632.89**  
3 (2m) and 632.89 (5); to renumber and amend **632.89 (2)** (a) 1., 632.89 (2) (c)  
4 1., 632.89 (2) (d) 1., 632.89 (2) (dm) 1. and **632.89** (2) (e); to amend 40.51 (8),  
5 40.51 (8m), 46.10 (8) (d), 46.10 (14) (a), 60.23 (25), 66.184, 120.13 (2) (g), 185.981  
6 (4t), 185.983 (1) (intro.), 301.12 (8) (d), 301.12 (14) (a), 632.89 (title), 632.89 (2)  
7 (title) and 632.89 (5) (title); and to create 111.91 (2) (r), 609.86, 632.89 (1) (b),  
8 632.89 (1) (er), 632.89 (3) and 632.89 (5) (a) (title) of the statutes; relating to:  
9 health insurance coverage of nervous and mental disorders, alcoholism and  
10 other drug abuse problems.

**Analysis by the Legislative Reference Bureau**

Under current law, a group health insurance policy (called a “disability insurance policy” in the statutes) that provides coverage of any inpatient hospital services must provide coverage of inpatient hospital services for the treatment of nervous and mental disorders and alcoholism and other drug abuse problems in the minimum amount of \$7,000, minus ~~payment of up to 10%~~ or the expenses of 30

→ any applicable cost sharing at the level charged under the policy,

**SENATE BILL 308**

days of inpatient services, whichever is less. If a group health insurance policy provides coverage of any outpatient hospital services, it must provide coverage of outpatient hospital services for the treatment of nervous and mental disorders and alcoholism and other drug abuse problems in the minimum amount of \$2,000~~minus copayment of up to 20%~~. If a group health insurance policy provides coverage of any inpatient or outpatient hospital services, it must provide coverage of transitional services for the treatment of nervous and mental disorders and alcoholism and other drug abuse problems in the minimum amount of \$3,000~~minus copayment of up to 20%~~. (Transitional services are services, specified by rule by the commissioner of insurance, that are provided in a less restrictive manner than inpatient services but in a more intensive manner than outpatient services.) If a group health insurance policy provides coverage for both inpatient and outpatient hospital services, the total coverage for all types of treatment for nervous and mental disorders and alcoholism and other drug abuse problems need not exceed \$7,000 in a policy year.

This bill removes the specified minimum amounts of coverage that a group health insurance policy must provide for the treatment of nervous and mental disorders and alcoholism and other drug abuse problems but retains the requirements with respect to providing the coverage. Except for group plans offered by limited service health organizations, the bill specifically applies the requirements to all types of group health benefit plans, including managed care plans, insurance plans offered by the state and self-insured health plans of the state and municipalities.

In addition, the bill imposes a new requirement that the coverage under group health benefit plans and self-insured health plans for the treatment of nervous and mental disorders and alcoholism and other drug abuse problems must be the same as the coverage under those plans for the treatment of physical conditions. This requirement applies to such coverage components as deductibles, copayments, annual and lifetime limits and medical necessity definitions. The bill does not require individual health benefit plans to cover the treatment of nervous or mental disorders or alcoholism or other drug abuse problems but, if an individual health benefit plan does cover the treatment of any of those conditions, the individual health benefit plan must provide the same coverage for that treatment as it does for the treatment of physical conditions.

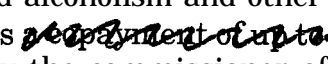
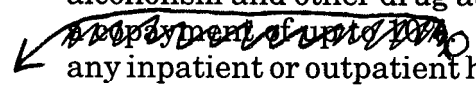
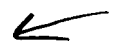
For further information *see* the **state and local** fiscal estimate, which will be printed as an appendix to this bill.

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***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 (lo),

any applicable cost sharing at the level charged under the policy



**SENATE BILL 308**

1 632.747, 632.748, 632.85, 632.853, 632.855, 632.87 (3) to ~~(5), 632.89, 632.895~~(5m)  
2 and (8) to (13) and 632.896.

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

4 40.51 **(8m)** Every health care coverage plan offered by the group insurance  
5 board under sub. (7) shall comply with ss. 632.746 (1) to (8) and (10), 632.747,  
6 632.748, 632.85, 632.853, 632.855, 632.89 and 632.895 (11) to (13).

7 **SECTION 3.** 46.10 (8) (d) of the statutes is amended to read:

8 46.10 (8) (d) After due regard to the case and to a spouse and minor children  
9 who are lawfully dependent on the property for support, compromise or waive any  
10 portion of any claim of the state or county for which a person specified under sub. (2)  
11 is liable, but not any claim payable by an insurer under s. 632.89 (2) or ~~(2m)~~ (4m) or  
12 by any other 3rd party.

13 **SECTION 4.** 46.10 (14) (a) of the statutes is amended to read:

14 46.10 (14) (a) Except as provided in pars. (b) and (c), liability of a person  
15 specified in sub. (2) or s. 46.03 (18) for inpatient care and maintenance of persons  
16 under 18 years of age at community mental health centers, a county mental health  
17 complex under s. 51.08, the centers for the developmentally disabled, Mendota  
18 mental health institute and Winnebago mental health institute or care and  
19 maintenance of persons under 18 years of age in residential, nonmedical facilities  
20 such as group homes, foster homes, treatment foster homes, child caring institutions  
21 and juvenile correctional institutions is determined in accordance with the  
22 cost-based fee established under s. 46.03 (18). The department shall bill the liable  
23 person up to any amount of liability not paid by an insurer under s. 632.89 (2) or ~~(2m)~~  
24 (4m) or by other 3rd party benefits, subject to rules which include formulas governing  
25 ability to pay promulgated by the department under s. 46.03 (18). Any liability of the

**SENATE BILL 308**

**SECTION 4**

1 patient not payable by any other person terminates when the patient reaches age 18,  
2 unless the liable person has prevented payment by any act or omission.

3 **SECTION 5.** 60.23 (25) of the statutes is amended to read:

4 60.23 (25) **SELF-INSURED HEALTH PLANS.** Provide health care benefits to its  
5 officers and employes on a self-insured basis if the self-insured plan complies with  
6 ss. 631.89, 631.90, 631.93 (2), 632.746 (10) (a) 2. and (b) 2., 632.747 (3), 632.85,  
7 632.853, 632.855, 632.87 (4) and (5), 632.89, 632.895 (9) and (11) to (13) and 632.896.

8 **SECTION 6.** 66.184 of the statutes is amended to read: ✓

9 **66.184 Self-insured health plans.** If a city, including a 1st class city, or a  
10 village provides health care benefits under its home rule power, or if a town provides  
11 health care benefits, to its officers and employes on a self-insured basis, the  
12 self-insured plan shall comply with ss. 49.493 (3) (d), 631.89, 631.90, 631.93 (2),  
13 632.746 (10) (a) 2. and (b) 2., 632.747 (3), 632.85, 632.853, 632.855, 632.87 (4) and (5),  
14 632.89, 632.895 (9) to (13), 632.896, 767.25 (4m) (d), 767.51 (3m) (d) and 767.62 (4)  
15 (b) 4.

Insert 4-15

16 **SECTION 7.** 111.91 (2) (f) <sup>A</sup> of the statutes is created to read:

17 111.91 (2) (f) <sup>A</sup> The requirements under s. 632.89 related to coverage of  
18 treatment for nervous and mental disorders and alcoholism and other drug abuse  
19 problems.

20 **SECTION 8.** 120.13 (2) (g) of the statutes is amended to read:

21 ~~120.13 (2) (g) Every self-insured plan under par. (b) shall comply with ss.~~  
22 ~~49.493 (3) (d), 631.89, 631.90, 631.93 (2), 632.746 (10) (a) 2. and (b) 2., 632.747 (3),~~  
23 ~~632.85, 632.853, 632.855, 632.87 (4) and (5), 632.89, 632.895 (9) to (13), 632.896,~~  
24 ~~767.25 (4m) (d), 767.51 (3m) (d) and 767.62 (4) (b) 4.~~

25 **SECTION 9.** 185.981 (4t) of the statutes is amended to read:

Insert 4-24



**SENATE BILL 308**

1           185.981 **(4t)** A sickness care plan operated by a cooperative association is  
2 subject to ss. 252.14, 631.89, 632.72 **(2)**, 632.745 to 632.749, 632.85, 632.853, 632.855,  
3 632.87 **(2m)**, **(3)**, **(4)** and **(5)**, 632.89, 632.895 **(10)** to **(13)** and 632.897 **(10)** and chs. 149  
4 and 155.

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

6           185.983 **(1)** (intro.) Every such voluntary nonprofit sickness care plan shall be  
7 exempt from chs. 600 to 646, with the exception of ss. 601.04, 601.13, 601.31, 601.41,  
8 601.42, 601.43, 601.44, 601.45, 611.67, 619.04, 628.34 **(10)**, 631.89, 631.93, 632.72  
9 **(2)**, 632.745 to 632.749, 632.775, 632.79, 632.795, 632.85, 632.853, 632.855, 632.87  
10 **(2m)**, **(3)**, **(4)** and **(5)**, 632.89, 632.895 **(5)** and **(9)** to **(13)**, 632.896 and 632.897 **(10)** and  
11 chs. 609, 630, 635, 645 and 646, but the sponsoring association shall:

12           **SECTION 11.** 301.12 **(8)** **(d)** of the statutes is amended to read:

13           301.12 **(8)** **(d)** After due regard to the case and to a spouse and minor children  
14 who are lawfully dependent on the property for support, compromise or waive any  
15 portion of any claim of the state or county for which a person specified under sub. **(2)**  
16 is liable, but not any claim payable by an insurer under s. 632.89 **(2)** or ~~(2m)~~ (4m) or  
17 by any other 3rd party.

18           **SECTION 12.** 301.12 **(14)** **(a)** of the statutes is amended to read:

19           301.12 **(14)** **(a)** Except as provided in pars. **(b)** and **(c)**, liability of a person  
20 specified in sub. **(2)** or s. 301.03 **(18)** for care and maintenance of persons under 17  
21 years of age in residential, nonmedical facilities such as group homes, foster homes,  
22 treatment foster homes, child caring institutions and juvenile correctional  
23 institutions is determined in accordance with the cost-based fee established under  
24 s. 301.03 **(18)**. The department shall bill the liable person up to any amount of  
25 liability not paid by an insurer under s. 632.89 **(2)** or ~~(2m)~~ (4m) or by other 3rd-party

**SENATE BILL 308****SECTION 12**

1 benefits, subject to rules which include formulas governing ability to pay  
2 promulgated by the department under s. 301.03 (18). Any liability of the resident not  
3 payable by any other person terminates when the resident reaches age 17, unless the  
4 liable person has prevented payment by any act or omission.

5 **SECTION 13.** 609.86 of the statutes is created to read:

6 **609.86 Coverage of alcoholism and other diseases.** Managed care plans  
7 are subject to s. 632.89.

8 **SECTION 14.** 632.89 (title) of the statutes is amended to read:

9 632.89 (title) ~~Required coverage of~~ **Coverage of mental disorders,**  
10 **alcoholism and other diseases.**

11 **SECTION 15.** 632.89 (1) (b) of the statutes is created to read:

12 632.89 (1) (b) "Health benefit plan" has the meaning given in s. 632.745 (11).

13 **SECTION 16.** 632.89 (1) (em) of the statutes is repealed.

14 **SECTION 17.** 632.89 (1) (er) of the statutes is created to read:

15 632.89 (1) (er) "Self-insured health plan" has the meaning given in s. 632.745  
16 (24).

17 **SECTION 18.** 632.89 (2) (title) of the statutes is amended to read:

18 632.89 (2) (title) ~~REQUIRED COVERAGE FOR GROUP PLANS.~~

19 **SECTION 19. 632.89** (2) (a) 1. of the statutes is renumbered 632.89 (2) (a) and  
20 amended to read:

21 632.89 (2) (a) A group ~~or blanket~~ ~~disability insurance policy~~ ~~issued by a non~~  
22 ~~insurer~~ health benefit plan and a self-insured health plan shall provide coverage of  
23 nervous and mental disorders and alcoholism and other drug abuse problems if  
24 required by pars. (c) to (dm) and as provided in pars. ~~(b) (c) to (e) (dm)~~ and sub. (3).

25 **SECTION 20.** 632.89 (2) (a) 2. of the statutes is repealed.

, as affected by 1999 Wisconsin Act 9,

SENATE BILL 308

*as affected by 1999 Wisconsin Act 9,*

1

SECTION 21. 632.89 (2) (b) of the statutes is repealed.

A

2

SECTION 22. 632.89 (2) (c) 1. of the statutes is renumbered 632.89 (2) (c) and

3

amended to read:

4

632.89 (2) (c) ~~Minimum coverage~~ Coverage of inpatient hospital services. If a

5

group or blanket disability insurance policy issued by an insurer health benefit plan

6

or a self-insured health plan provides coverage of any inpatient hospital treatment,

7

the policy plan shall provide coverage for inpatient hospital services for the

8

treatment of conditions under par. (a) ~~1. as provided in subd. 2.~~

9

SECTION 23. 632.89 (2) (c) 2. of the statutes is repealed.

10

SECTION 24. 632.89 (2) (d) 1. of the statutes is renumbered 632.89 (2) (d) and

11

amended to read:

12

632.89 (2) (d) ~~Minimum coverage~~ Coverage of outpatient services. If a grouper

13

blanket disability insurance policy issued by an insurer health benefit plan or a

14

self-insured health plan provides coverage of any outpatient treatment, the policy

15

plan shall provide coverage for outpatient services for the treatment of conditions

16

under par. (a) ~~1. as provided in subd. 2.~~

17

SECTION 25. 632.89 (2) (d) 2. of the statutes is repealed.

18

SECTION 26. 632.89 (2) (dm) 1. of the statutes is renumbered 632.89 (2) (dm)

19

and amended to read:

20

632.89 (2) (dm) ~~Minimum coverage~~ Coverage of transitional treatment

21

arrangements. If a group or blanket disability insurance policy issued by an insurer

22

health benefit plan or a self-insured health plan provides coverage of any inpatient

23

hospital treatment or any outpatient treatment, the policy plan shall provide

24

coverage for transitional treatment arrangements for the treatment of conditions

25

under par. (a) ~~1. as provided in subd. 2.~~

**SENATE BILL 308**

*, as affected by 1999 Wisconsin Act 9*

1

SECTION 27. 632.89 (2) (dm) 2. of the statutes is repealed.

2 SECTION 28. 632.89 (2) (e) of the statutes is renumbered 632.89 (5) (b) and  
3 amended to read:

4 632.89 (5) (b) ~~Exclusion~~ Certain health care plans. This ~~subsection~~ section does  
5 not apply to a health care plan offered by a limited service health organization, as  
6 defined in s. 609.01 (3), or by a preferred provider plan, as defined in s. 609.01 (4),  
7 that is not a managed care plan, as defined in s. 609.01 (3c).

8 SECTION 29. 632.89 (2m) of the statutes is renumbered 632.89 (4m).

9 SECTION 30. 632.89 (3) of the statutes is created to read:

10 632.89 (3) **EQUAL COVERAGE REQUIREMENT.** (a) *Group plans.* A group health  
11 benefit plan or a self-insured health plan that provides coverage for the treatment  
12 of nervous and mental disorders and alcoholism and other drug abuse problems shall  
13 provide the same coverage for that treatment that it provides for the treatment of  
14 physical conditions.

15 (b) *Individual plans.* If an individual health benefit plan provides coverage for  
16 the treatment of nervous or mental disorders or alcoholism or other drug abuse  
17 problems, the individual health benefit plan shall provide the same coverage for that  
18 treatment that it provides for the treatment of physical conditions.

19 (c) *All coverage components.* The requirements under this subsection apply to  
20 all coverage-related components, including rates; exclusions and limitations;  
21 deductibles; copayments; coinsurance; annual and lifetime payment limits;  
22 out-of-pocket limits; out-of-network charges; day, visit or appointment limits;  
23 duration or frequency of coverage; and medical necessity definitions.

24 SECTION 31. 632.89 (3m) of the statutes is repealed.

25 SECTION 32. 632.89 (5) (title) of the statutes is amended to read:

**SENATE BILL 308**

1           632.89 (5) (title) ~~MEDICARE EXCLUSION~~ **EXCLUSIONS.**

2           **SECTION 33.** 632.89 (5) of the statutes is renumbered 632.89 (5) (a).

3           **SECTION 34.** 632.89 (5) (a) (title) of the statutes is created to read:

4           632.89 (5) (a) (title) *Medicare.*

5           **SECTION 35. Initial applicability.**

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

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

10          (b) Health benefit plans covering employees who are affected by a collective  
11          bargaining agreement containing provisions inconsistent with this act that are  
12          issued or renewed on the earlier of the following:

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

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

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

22          **SECTION 36. Effective date.**

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

25

(END)

INSERT 4-15

SECTION 1. 66.184 of the statutes, as affected by 1999 Wisconsin Act 9, 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 employes on a self-insured basis, the 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), 632.89~~5~~32.895 (9) to (13), 632.896 and 767.25 (4m) (d) .

History: 1999 a. 9.

(END OF INSERT 4-15)

INSERT 4-24

SECTION 2. 120.13 (2) (g) of the statutes, as affected by 1999 Wisconsin Act 9, 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), 632.89, 632.895 (9) to (13), 632.896 and **767.25** (4m) (d).

History: 1999 a. 9.

(END OF INSERT 4-24)

**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: 01/31/2000

To: Representative Bock

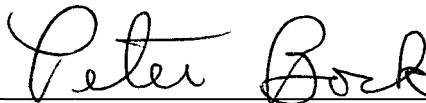
Relating to LRB drafting number: LRB-4418

**Topic**

Health insurance coverage of nervous and mental disorders, alcoholism and other drug abuse problems

**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.

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