

1999 DRAFTING REQUEST

Bill

Received: **01/12/2000**

Received By: **kahlepj**

Wanted: **Soon**

Identical to LRB:

For: **John Lehman (608) 266-0634**

By/Representing: **Tim O'Brien**

This file may be shown to any legislator: NO

Drafter: **kahlepj**

May Contact:

Alt. Drafters:

Subject: **Insurance - health**

Extra Copies: **MDK**

Pre Topic:

No specific pre topic given

Topic:

Require health insurnace policies to cover a certain portion of the cost of hearing aids

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 01/12/2000	wjackson 01/12/2000		_____			S&L
/P1			martykr 01/13/2000	_____	lrb-docadmin 01/13/2000		S&L
/1	kahlepj 01/20/2000	wjackson 01/21/2000	martykr 01/24/2000	_____	lrb_docadmin 01/25/2000	lrb-docadmin 02/03/2000	
			haugeca 01/25/2000	_____			

FE Sent For:

02-29-00

<END>

1999 DRAFTING REQUEST

Bill

Received: **01/12/2000**

Received By: **kahlepj**

Wanted: **Soon**

Identical to LRB:

For: **John Lehman (608) 266-0634**

By/Representing: **Tim O'Brien**

This file may be shown to any legislator: NO

Drafter: **kahlepj**

May Contact:

Alt. Drafters:

Subject: **Insurance - health**

Extra Copies: **MDK**

Pre Topic:

No specific pre topic given

Topic:

Require health insurnace policies to cover a certain portion of the cost of hearing aids

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>
I?	kahlepj 01/12/2000	wjackson 01/12/2000		_____			S&L
/P1			martykr 01/13/2000	_____	lrb-docadmin 01/13/2000		S&L
/1	kahlepj 01/20/2000	wjackson 01/21/2000	martykr 0 1/24/2000 haugeca 0 1/25/2000	_____	lrb-docadmin 0 1/25/2000		

FE Sent For:

<END>

1999 DRAFTING REQUEST

Bill

Received: **01/12/2000**

Received By: **kahlepj**

Wanted: **Soon**

Identical to LRB:

For: John Lehman (608) 266-0634

By/Representing: **Tim O'Brien**

This file may be shown to any legislator: NO

Drafter: **kahlepj**

May Contact:

Alt. Drafters:

Subject: **Insurance - health**

Extra Copies: **MDK**

Pre Topic:

No specific pre topic given

Topic:

Require health insurnace policies to cover a certain portion of the cost of hearing aids

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 01/12/2000	wjackson 01/12/2000		_____			S&L
/P1			martykr 01/13/2000	_____	lrb_docadmin 01/13/2000		

Handwritten notes:
2/21
CH 1-25
5/5

FE Sent For:

<END>

1999 DRAFTING REQUEST

Bill

Received: 01/12/2000

Received By: kahlepj

Wanted: Soon

Identical to LRB:

For: John Lehman (608) 266-0634

By/Representing: Tim O'Brien

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:

Require health insurance policies to cover a certain portion of the cost of hearing aids

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>
I?	kahlepj	/pl 1/12 WLJ	<i>[Signature]</i> 1/13	<i>[Signature]</i>			

FE Sent For:

<END>

BILL
REQUEST FORM

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

Use of this form is optional. It is often better to talk directly with the LRB attorney who will draft the bill.

Use **this** form only for **BILL** drafts. Attach more pages if necessary.

Legislator, agency or other body requesting this draft: Rep. John Lehman

Date: 01-6-99 Person submitting request (name, phone number): Tim 06 3 5

Persons to contact for questions about this draft (names, phone numbers): Same as above

Describe the problem, including any helpful examples.

How do you want to solve the problem?

- Hearing Aids cost are too high and not affordable to many low income & elderly individuals. We seek a bill that would require minimum coverage from insurance companies - See attached Rhode Island bill

Please attach a copy of any correspondence or other material that may help us.

If you know of any statute sections that might be affected, list them or provide a marked-up (not retyped) copy. _____

You may attach a marked-up (not retyped) copy of any LRB draft, or provide its number (e.g., 1999 LRB-2345/1 or 1997 AB-67): _____

Requests are confidential unless stated otherwise.

- May we tell others that we are working on this for you? Yes No
- If yes: Anyone who asks? Yes No Any legislator? Yes No Only the following persons: _____

Do you consider this request urgent? Yes No If yes, please indicate why: Somewhat urgent -

by Jan 1st

Should we give this request priority over any other pending request of this legislator, agency or body? Yes No If yes, sign your name here: _____

Yes No

98H8081*Text of Bills provided by the Joint Committee on Legislative Services*

*Go to [BillTracker](#)
[Disclaimer](#)*

98 -- H 8081

=====
LC00912
=====

**STATE OF RHODE ISLAND
IN GENERAL ASSEMBLY
JANUARY SESSION, A.D. 1998**

—————
A N A C T

**RELATING TO HEALTH INSURANCE COVERAGE MANDATED HEARING
AID COVERAGE**

Introduced By: Representatives Cambio, Jacquard, Garvey and Palangio

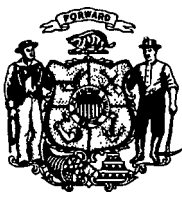
Date Introduced : February 3, 1998

Referred To: Committee on Health, Education and Welfare

It is enacted by the General Assembly as follows:

SECTION 1. Chapter 27- 18 of the General Laws entitled "Accident and Sickness Insurance Policies" is hereby amended by adding thereto the following section:

{ADD 27-18-49. Walk-in medical treatment. -- ADD} {ADD Every individual or group hospital or medical expense insurance policy or individual or group hospital or medical services plan contract delivered, issued for delivery, or renewed in this state on or after January 1, 1999, shall provide coverage for the cost of hearing aids in an amount of at least thirty percent (30%) of the cost of the hearing aid or four hundred dollars (\$400), whichever figure is less. ADD}



PRELIMINARY DRAFT - NOT READY FOR INTRODUCTION

D-note
SOON
(1-12)

gen cat

1

AN ACT...; relating to: health insurance coverage of hearing aids.

Analysis by the Legislative Reference Bureau

Current law requires health insurance policies, called disability insurance policies in the statutes, and self-insured health plans of the state and municipalities to provide coverage of various health care services and medical procedures, including mammograms, breast reconstruction incident to mastectomy, lead poisoning screening and treatment for the correction of temporomandibular disorders. This bill requires a health insurance policy or a self-insured health plan of the state or of a county, city, village or school district to provide coverage of the cost of hearing aids for an insured who is certified as hearing impaired by a physician, a hearing instrument specialist or an audiologist. The minimum coverage amount must be the lesser of (to be provided in a later version). With some exceptions, the coverage requirement applies to all types of health care policies and plans, including managed care plans and plans of cooperative sickness care associations, and to both individual and group policies and plans. The requirement specifically does not apply to policies that cover only certain specified diseases, to limited service health organizations, to long-term care insurance policies or to medicare replacement or supplement policies.⁸

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)^J 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 (10),
4 632.747, 632.748, 632.85, 632.853, 632.855, 632.87 (3) to (5), 632.895 (5m) and (8) to
5 (~~13~~) (14)^J and 632.896.

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

7 40.51 (**8m**) Every health care coverage plan offered by the group insurance
8 board under sub. (7) shall comply with ss. 632.746 (1) to (8) and (lo), 632.747,
9 632.748, 632.85, 632.853, 632.855 and 632.895 (11) to (~~13~~) (14)^J.

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

11 60.23 (25) **SELF-INSURED HEALTH PLANS**. Provide health care benefits to its
12 officers and employes on a self-insured basis if the self-insured plan complies with
13 ss. 631.89, 631.90, 631.93 (2), 632.746 (10) (a) 2. and (b) 2., 632.747 (3), 632.85,
14 632.853, 632.855, 632.87 (4) and (5), 632.895 (9) and (11) to (~~13~~) (14)^J and 632.896.

15 SECTION 4. 66.184^J of the statutes, as affected by 1999 Wisconsin Act 9, is
16 amended to read:

17 **66.184 Self-insured health plans.** If a city, including a 1st class city, or a
18 village provides health care benefits under its home rule power, or if a town provides
19 health care benefits, to its officers and employes on a self-insured basis, the
20 self-insured plan shall comply with ss. 49.493 (3) (d), 631.89, 631.90, 631.93 (2),
21 632.746 (10) (a) 2. and (b) 2., 632.747 (3), 632.85, 632.853, 632.855, 632.87 (4) and (5),
22 632.895 (9) to (~~13~~) (14)^J, 632.896 and 767.25 (4m) (d).

23 SECTION 5. 111.91 (2) (n)^J of the statutes is amended to read:

24 111.91 (2) (n) The provision to employes of the health insurance coverage
25 required under s. 632.895 (11) to (~~13~~) (14)^J.

1 **SECTION 6.** 120.13 (2) (g)[↓] of the statutes, as affected by 1999 Wisconsin Act 9,
2 is amended to read:

3 120.13 (2) (g) Every self-insured plan under par. (b) shall comply with ss.
4 49.493 (3) (d), 631.89, 631.90, 631.93 (2), 632.746 (10) (a) 2. and (b) 2., 632.747 (3),
5 632.85, 632.853, 632.855, 632.87 (4) and (5), 632.895 (9) to ~~(13)~~ (14)[↓], 632.896 and
6 767.25 (4m) (d).

7 **SECTION 7.** 185.981 (4t)[↓] of the statutes is amended to read:

8 185.981 **(4t)** A sickness care plan operated by a cooperative association is
9 subject to ss. 252.14, 631.89, 632.72 (2), 632.745 to 632.749, 632.85, 632.853, 632.855,
10 632.87 (2m), (3), (4) and (5), 632.895 (10) to ~~(13)~~ (14)[↓] and 632.897 (10) and chs. 149
11 and 155.

12 **SECTION 8.** 185.983 (1) (intro.)[↓] of the statutes is amended to read:

13 185.983 **(1)** (intro.) Every such voluntary nonprofit sickness care plan shall be
14 exempt from chs. 600 to 646, with the exception of ss. 601.04, 601.13, 601.31, 601.41,
15 601.42, 601.43, 601.44, 601.45, 611.67, 619.04, 628.34 (10), 631.89, 631.93, 632.72
16 (2), 632.745 to 632.749, 632.775, 632.79, 632.795, 632.85, 632.853, 632.855, 632.87
17 (2m), (3), (4) and (5), 632.895 (5) and (9) to ~~(13)~~ (14), 632.896 and 632.897 (10) and
18 chs. 609, 630, 635, 645 and 646, but the sponsoring association shall:

19 **SECTION 9.** 609.86[↓] of the statutes is created to read:

20 **609.86 Coverage of hearing aids.** Managed care plans are subject to s.
21 632.895 (14)[↓].

22 **SECTION 10.** 632.895 (14)[↓] of the statutes is created to read:

23 632.895 (14) **HEARING AIDS.** (a) Pn this subsection:[↓]

- 24 1. "Hearing aid" has the meaning given in s. 459.01 (2)[↓].
- 25 2. "Physician" has the meaning given in s. 448.01 (5)[↓].

1 (b) Except as provided in par. (d),[✓] and subject to par. (c),[✓] every disability
2 insurance policy, and every self-insured health plan of the state or a county, city,
3 village, town or school district, shall provide coverage of the cost of hearing aids for
4 an insured under the policy or plan who is certified as hearing impaired by a
5 physician, a hearing instrument specialist licensed under subch. I of ch. 459[✓] or an
6 audiologist licensed under subch. II of ch. 459.[✓]

7 (c) The coverage required under par. (b)[✓] shall be in a minimum amount of (to
8 be added in a later version), whichever is less.

****NOTE: See my drafter's note #2.

9 (d) ~~This subsection~~ does not apply to any of the following:

- 10 1. A disability insurance policy that covers only certain specified diseases.
- 11 2. A health care plan that is offered by a limited service health organization,
- 12 as defined in s. 609.01 (3).[✓]
- 13 3. A health care plan that is offered by a preferred provider plan, as defined in
- 14 s. 609.01 (4),[✓] and that is not a managed care plan, as defined in s. 609.01 (3c).[✓]
- 15 4. A long-term care insurance policy, a medicare replacement policy or a
- 16 medicare supplement policy.

17 **SECTION 11. Initial applicability.**

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

19 (a) Except as provided in paragraphs (b)[✓] and (c),[✓] disability insurance policies
20 that are issued or renewed, and self-insured health plans that are established,
21 extended, modified or renewed, on the effective date of this paragraph.[✓]

22 (b) Disability insurance policies covering employees who are affected by a
23 collective bargaining agreement containing provisions inconsistent with this act
24 that are issued or renewed on the earlier of the following:

The coverage requirement under par. (b)[✓]

**DRAFTER'S NOTE
FROM THE
LEGISLATIVE REFERENCE BUREAU**

LRB-4193/dn
PJK...../.....

Wlj

P1

1. Do you want to require coverage of testing and fitting, too, or are these generally covered even when the hearing aids themselves are not?

2. Because of the way in which the Rhode Island law was drafted, I could not tell if the minimum coverage amount for *two* hearing aids was the lesser of: 1) 30% of the cost of both; or 2) \$400 or \$800. What do you want for a minimum coverage amount?

3. You indicated in your description of the problem to be resolved by this bill that hearing aids are often too costly for low-income elderly persons. Does medicare not cover hearing aids? I do not know the answer to that question. I exempted medicare supplement and replacement policies from the requirement under this bill, but that may defeat your purpose to have this coverage for elderly persons. You may want to discuss (or you can authorize me to discuss) this issue with Guenther Ruch at QCI to determine if medicare supplement and replacement policies may provide this coverage. (It is my understanding that they are subject to federal regulations & I do not know if most elderly persons rely on medicare alone, have coverage under medicare supplement or replacement policies in addition to medicare or have coverage under health insurance policies that are not medicare supplement or replacement policies in addition to medicare.)

Pamela J. Kahler
Senior Legislative Attorney
Phone: (608) 266-2682
E-mail: Pam.Kahler@legis.state.wi.us

No # for coverage of health care expenses,

Not Alternative, you could require coverage of the total cost

DRAFTER'S NOTE
FROM THE
LEGISLATIVE REFERENCE BUREAU

LRB-4193/P1dn
PJK:wlj:km

January 13, 2000

1. Do you want to require coverage of testing and fitting, too, or are these generally covered even when the hearing aids themselves are not?

2. Because of the way in which the Rhode Island law was drafted, I could not tell if the minimum coverage amount for two hearing aids was the lesser of: 1) 30% of the cost of both; or 2) \$400 or \$800. What do you want for a minimum coverage amount? Alternatively, you could require coverage of the total cost.

3. You indicated in your description of the problem to be resolved by this bill that hearing aids are often too costly for low-income elderly persons. Does medicare not cover hearing aids? I do not know the answer to that question. I exempted medicare supplement and replacement policies from the requirement under this bill, but that may defeat your purpose to have this coverage for elderly persons. You may want to discuss (or you can authorize me to discuss) this issue with Guenther Ruch at OCI to determine if medicare supplement and replacement policies may provide this coverage. (It is my understanding that they are subject to federal regulations.) I do not know if most elderly persons, for coverage of health care expenses, rely on medicare alone, have coverage under medicare supplement or replacement policies in addition to medicare or have coverage under health insurance policies that are not medicare supplement or replacement policies in addition to medicare.

Pamela J. Kahler
Senior Legislative Attorney
Phone: (608) 266-2682
E-mail: Pam.Kahler@legis.state.wi.us

Kahler, Pam

From: OBrien, Tim
Sent: Tuesday, January 18, 2000 11 :10 AM
To: Kahler, Pam
Subject: RE: Hearing Aid Bill

Thank you

-----Original Message-----

From: **Kahler, Pam**
Sent: Tuesday, January 18, 2000 11 :10 AM
To: OBrien, Tim
Subject: RE: Hearing Aid Bill

There is no way that state legislation can require medicare to cover certain items or services. We can only require private insurance to do so. I will contact Guenther Ruch about whether medicare replacement or supplement policies can be required to cover hearing aids. If they cannot, then we can only require other health insurance policies to do so.

-----Original Message-----

From: OBrien, Tim
Sent: Tuesday, January 18, 2000 11:06 AM
To: Kahler, Pam
Subject: Hearing Aid Bill

Dear Pam,

I was out ill last week so just received your draft on insurance coverage for hearing aids. It is my understanding that Medicare does not cover the cost of hearing aids. Is there some way to require this to happen? Feel free to contact Guenther Ruch about this issue.

I will talk with Representative Lehman tomorrow about the amount of coverage and the cost of fitting and testing. Thanks for your help on this.

Tim O'Brien
Office of Representative John Lehman

*free cost up to 1000
(for a 2)
test & fitting*

LRB-4193

(a) coverage minimum: full cost, up to \$1000

(regardless of whether 1 or 2 aids)

include testing & fitting

42 1833

Guenther Ruck 6-0295



rmis run

~~PRELIMINARY DRAFT - NOT READY FOR INTRODUCTION~~

Dirte

hearing testing and

regenerate

1 AN ACT to amend 40.51 (8), 40.51 (8m), 60.23 (25), 66.184, 111.91 (2) (n), 120.13
2 (2) (g), 185.981 (4t) and 185.983 (1) (intro.); and to create 609.86 and 632.895
3 (14) of the statutes; relating to: health insurance coverage of hearing aids.

Analysis by the Legislative Reference Bureau

Current law requires health insurance policies, called disability insurance policies in the statutes, and self-insured health plans of the state and municipalities to provide coverage of various health care services and medical procedures, including mammograms, breast reconstruction incident to mastectomy, lead poisoning screening and treatment for the correction of temporomandibular disorders. This bill requires a health insurance policy or a self-insured health plan of the state or of a county, city, village or school district to provide coverage of the cost of hearing aids for an insured who is certified as hearing impaired by a physician, ~~hearing~~ ~~instrument specialist~~ or an audiologist. ~~A minimum coverage amount must be the basis of to be provided in a later version.~~ With some exceptions, the coverage requirement applies to all types of health care policies and plans, including managed care plans and plans of cooperative sickness care associations, and to both individual and group policies and plans. The requirement specifically does not apply to policies that cover only certain specified diseases, to limited service health organizations & long-term care insurance policies or to medical replacement or supplement policies.

Insert A-2

Insert A-1

or

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 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 (IO),
4 632.747, 632.748, 632.85, 632.853, 632.855, 632.87 (3) to (5), 632.895 (5m) and (8) to
5 ~~(13)~~ (14) and 632.896.

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

7 40.51 **(8m)** Every health care coverage plan offered by the group insurance
8 board under sub. (7) shall comply with ss. 632.746 (1) to (8) and (10), 632.747,
9 632.748, 632.85, 632.853, 632.855 and 632.895(11) to ~~(13)~~ (14).

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

11 60.23 (25) **SELF-INSURED HEALTH PUNS.** Provide health care benefits to its
12 officers and employes on a self-insured basis if the self-insured plan complies with
13 ss. 631.89, 631.90, 631.93(2), 632.746 (10) (a) 2. and (b) 2., 632.747 (3), 632.85,
14 632.853, 632.855, 632.87 (4) and (5), 632.895 (9) and (11) to ~~(13)~~ (14) and 632.896.

15 **SECTION 4.** 66.184 of the statutes, as affected by 1999 Wisconsin Act 9, is
16 amended to read:

17 66.184 **Self-insured health plans.** If a city, including a 1st class city, or a
18 village provides health care benefits under its home rule power, or if a town provides
19 health care benefits, to its officers and employes on a self-insured basis, the
20 self-insured plan shall comply with ss. 49.493 (3) (d), 631.89, 631.90, 631.93 (2),

1 632.746 (10) (a) 2. and (b) 2., 632.747 (3), 632.85, 632.853, 632.855, 632.87 (4) and (5),
2 632.895 (9) to ~~(13)~~ (14), 632.896 and 767.25 (4m) (d).

3 **SECTION 5.** 111.91 (2) (n) of the statutes is amended to read:

4 111.91 (2) (n) The provision to employes of the health insurance coverage
5 required under s. 632.895 (11) to ~~(13)~~ (14).

6 **SECTION 6.** 120.13 (2) (g) of the statutes, as affected by 1999 Wisconsin Act 9,
7 is amended to read:

8 120.13 (2) (g) Every self-insured plan under par. (b) shall comply with ss.
9 49.493 (3) (d), 631.89, 631.90, 631.93(2), 632.746 (10) (a) 2. and (b) 2., 632.747 (3),
10 632.85, 632.853, 632.855, 632.87 (4) and (5), 632.895 (9) to ~~(13)~~ (14), 632.896 and
11 767.25 (4m) (d).

12 **SECTION 7.** 185.981 (4t) of the statutes is amended to read:

13 185.981 (4t) A sickness care plan operated by a cooperative association is
14 subject to ss. 252.14, 631.89, 632.72(2), 632.745 to 632.749, 632.85, 632.853, 632.855,
15 632.87 (2m), (3), (4) and (5), 632.895 (10) to ~~(13)~~ (14) and 632.897 (10) and chs. 149
16 and 155.

17 **SECTION 8.** 185.983 (1) (intro.) of the statutes is amended to read:

18 185.983 (1) (intro.) Every such voluntary nonprofit sickness care plan shall be
19 exempt from chs. 600 to 646, with the exception of ss. 601.04, 601.13, 601.31, 601.41,
20 601.42, 601.43, 601.44, 601.45, 611.67, 619.04, 628.34 (10), 631.89, 631.93, 632.72
21 (2), 632.745 to 632.749, 632.775, 632.79, 632.795, 632.85, 632.853, 632.855, 632.87
22 (2m), (3), (4) and (5), 632.895 (5) and (9) to ~~(13)~~ (14), 632.896 and 632.897 (10) and
23 chs. 609, 630, 635, 645 and 646, but the sponsoring association shall:

24 **SECTION 9.** 609.86 of the statutes is created to read:

testing and hearing

TESTING AND HEARING

1 **609.86 Coverage of hearing aids.** Managed care plans are subject to s.
2 632.895 (14).

3 **SECTION 10.** 632.895 (14) of the statutes is created to read:

4 632.895 (14) HEARING AIDS. (a) In this subsection:

- 5 1. "Hearing aid" has the meaning given in s. 459.01 (2).
- 6 2. "Physician" has the meaning given in s. 448.01 (5).

7 (b) Except as provided in ~~any other~~ and subject to par. (c), every disability
8 insurance policy, and every self-insured health plan of the state or a county, city,
9 village, town or school district, shall provide coverage of the cost of hearing aids for

10 an insured under the policy or plan who is certified as hearing impaired by a
11 physician, a hearing instrument specialist licensed under subch. I of ch. 459 or an
12 audiologist licensed under subch. II of ch. 459.

13 (c) The coverage required under par. (b) shall be in a minimum amount of (to
14 be added in a later version) whichever is less.

***NOTE: See my drafter's note #2.

Insert 4-14

15 (d) The coverage requirement under par. (b) does not apply to any of the
16 following:

- 17 1. A disability insurance policy that covers only certain specified diseases.
- 18 2. A health care plan that is offered by a limited service health organization,
19 as defined in s. 609.01 (3).
- 20 3. A health care plan that is offered by a preferred provider plan, as defined in
21 s. 609.01 (4), and that is not a managed care plan, as defined in s. 609.01 (3c).

22 4. A long-term care insurance policy, a medicare replacement policy or a
23 medicare supplement policy.

24 **SECTION 11. Initial applicability.**

1 (1) This act ~~if~~ applies to all of the following:

2 (a) Except as provided in paragraphs (b) and (c), disability insurance policies
3 that are issued or renewed, and self-insured health plans that are established,
4 extended, modified or renewed, on the effective date of this paragraph.

5 (b) Disability insurance policies covering employees who are affected by a
6 collective bargaining agreement containing provisions inconsistent with this act
7 that are issued or renewed on the earlier of the following:

8 1. The day on which the collective bargaining agreement expires.

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

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

14 1. The day on which the collective bargaining agreement expires.

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

17 **SECTION 12. Effective date.**

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

20 (END)



D. Vito



1999-2000 DRAFTING INSERT
FROM THE
LEGISLATIVE REFERENCE BUREAU

LRB-4193/lins
PJK:wjt:km

INSERT A-1

no 41 ^{tests performed}
~~the testing of~~ hearing by certain persons, including audiologists and physicians, and
of the cost, up to \$1,000, of

(END OF INSERT A-1)

INSERT A-2

no 41 The cost of fitting the hearing aids and hearing testing for the purpose of fitting the
hearing aids must also be covered if performed by certain persons, including
physicians, hearing instrument specialists and audiologists

(END OF INSERT A-2)

INSERT 4-14

no 41 all of the following:
4 1. The cost of ~~the~~ ^{hearing} testing ~~of hearing~~ ^{performed,} for the purpose of determining whether an
insured under the policy or plan is hearing impaired, ^{keep comma} by a person exempt under s.
459.14 (2) from the requirements of subch. I of ch. 459, an audiologist licensed under
subch. II of ch. 459 or a physician.

4 2. The cost, up to \$1,000, of hearing aids for an insured under the policy or plan
who is certified as hearing impaired by an audiologist licensed under subch. II of ch.
459 or a physician.

4 3. The cost of ~~the~~ ^{hearing} testing ~~of hearing~~ ^{performed} by a person exempt under s. 459.14 (2) from
the requirements of subch. I of ch. 459, a hearing instrument specialist licensed
under subch. I of ch. 459, an audiologist licensed under subch. II of ch. 459 or a
physician for the purpose of fitting the hearing aids under subd. 2., ^{performed} or by a hearing
instrument specialist licensed under subch. I of ch. 459, an audiologist licensed
under subch. II of ch. 459 or a physician for the purpose of selling the hearing aids
under subd. 2.

¶ 4. The cost of fitting the hearing aids under subd. 2. by a hearing instrument specialist licensed under subch. I of ch. 459, an audiologist licensed under subch. II of ch. 459 or a physician.

(END OF INSERT 4-14)

**DRAFTER'S NOTE
FROM THE
LEGISLATIVE REFERENCE BUREAU**

LRB-4193/1dn

PJK: ~~WJ~~

WJ

1. I applied the \$1,000 limit just to the hearing aids, themselves. Let me know if you would prefer to have the limit apply to the total of everything listed in s. 632.895 (14) (b) 1. to 4.

2. The language in s. 632.895 (14) (b) 1. to 4. is rather cumbersome because I tried to include in each subdivision all of the persons who, under the statutes, might be qualified or authorized to perform the function specified. I don't know if physicians ever sell or fit hearing aids. Let me know if you want any changes.

3. I removed the exclusion of long-term care insurance policies, medicare supplement policies and medicare replacement policies. The rule, in general, is that we can require medicare supplement policies to cover certain things but not medicare replacement policies. Federal law preempts state law on what medicare replacement policies must or may cover. If a coverage requirement is preempted by federal law, OCI will not enforce the requirement. Therefore, unless you specifically want to exclude any of the three types of policies, it does no harm not to exclude them. By not excluding them, they will in practice be subject to the coverage requirement to the extent that federal law allows. Let me know if you want any of the three types of policies to be excluded specifically from the coverage requirement in this bill.

Pamela J. Kahler
Senior Legislative Attorney
Phone: (608) 266-2682
E-mail: Pam.Kahler@legis.state.wi.us

DRAFTER'S NOTE
FROM THE
LEGISLATIVE REFERENCE BUREAU

LRB-4193/1dn
PJK:wlj:km

January 21, 2000

1. I applied the \$1,000 limit just to the hearing aids, themselves. Let me know if you would prefer to have the limit apply to the total of everything listed in s. 632.895 (14) (b) 1. to 4.

2. The language in s. 632.895 (14) (b) 1. to 4. is rather cumbersome because I tried to include in each subdivision all of the persons who, under the statutes, might be qualified or authorized to perform the function specified. I don't know if physicians ever sell or fit hearing aids. Let me know if you want any changes.

3. I removed the exclusion of long-term care insurance policies, medicare supplement policies and medicare replacement policies. The rule, in general, is that we can require medicare supplement policies to cover certain things but not medicare replacement policies. Federal law preempts state law on what medicare replacement policies must or may cover. If a coverage requirement is preempted by federal law, OCI will not enforce the requirement. Therefore, unless you specifically want to exclude any of the three types of policies, it does no harm not to exclude them. By not excluding them, they will in practice be subject to the coverage requirement to the extent that federal law allows. Let me know if you want any of the three types of policies to be excluded specifically from the coverage requirement in this bill.

Pamela J. Kahler
Senior Legislative Attorney
Phone: (608) 266-2682
E-mail: Pam.Kahler@legis.state.wi.us

**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: 01/25/2000

To: Representative J. Lehman

Relating to LRB drafting number: LRB-4193

Topic

Require health insurance policies to cover a certain portion of the cost of hearing aids

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