

**1999 DRAFTING REQUEST**

**Bill**

Received: **02/4/99**

Received By: **kahlepj**

Wanted: **As time permits**

Identical to LRB:

For: **Gwendolynne Moore (608) 266-5810**

By/Representing: **Kelly Bablitch**

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 insurance coverage of contraceptive articles and services

**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 02/4/99	wjackson 02/17/99		_____			S&L
/1			jfrantze 02/18/99	_____	lrb_docadmin 02/18/99	lrb_docadmin 03/12/99	

FE Sent For: **6/11/99**

<END>

**1999 DRAFTING REQUEST**

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**Topic:**

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**1999 DRAFTING REQUEST**

**Bill**

Received: **02/4/99**

Received By: **kahlepj**

Wanted: **As time permits**

Identical to LRB:

For: **Gwendolynne Moore (608) 266-5810**

By/Representing: **Kelly Bablitch**

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

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May Contact:

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Require insurance coverage of contraceptive articles and services

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1?	kahlepj	4 wlj 2/17	2/18	2/18			

FE Sent For:

<END>

*State Senator*  
**GWENDOLYNNE MOORE**



**Capitol Office:**  
P. O. Box 7882, Madison, WI 53707-7882  
Phone: (608) 266-5810 Fax: (608) 267-2353  
**District Telephone:** (414) 442 3080  
**Toll-free Legislative Hotline:** 1-800-362-9472  
**E-Mail:** sen.moore@legis.state.wi.us  
**Member:** Joint Finance Committee  
**Board Member:** Wisconsin Housing and  
Economic Development Authority

February 2, 1999

MEMO: Pam Kahler,  
Legislative Drafting Attorney

From: Kelly Bablitch,  
Senator Gwendolynne S. Moore

Re: Drafting Request

Senator Moore would like you to redraft legislation introduced by Representative Becky Young and herself from last session: 1997 Assembly Bill 693 (LRB 0096/2). This legislation required disability insurance policies to cover contraceptive articles and services.

Thank you. Please feel free to contact me at 6-5810 if you have any questions.



State of Wisconsin  
1997-1998 LEGISLATURE

1999 Bill

2123/1  
LRB-0096/2  
PJK:ktg&jlg/jlb  
wlj

1997 ASSEMBLY BILL 693

January 6, 1998 - Introduced by Representatives R. YOUNG, NOTESTEIN, BOCK, BOYLE, L. YOUNG, COGGS and WASSERMAN, cosponsored by Senator MOORE. Referred to Committee on Insurance, Securities and Corporate Policy.

regenerate ↓

1 AN ACT to amend 40.51 (8), 40.51 (8m), 60.23 (25), 66.184, 120.13 (2) (g), 185.981  
2 (4t) and 185.983 (1) (intro.); and to create 111.91 (2) (n) and 632.895 (11) of the  
3 statutes; relating to: requiring ~~disability~~<sup>health</sup> insurance policies to cover  
4 contraceptive articles and services.

Analysis by the Legislative Reference Bureau

This bill requires every health insurance policy (called "disability insurance policy" in the statutes), including health care plans offered by ~~health maintenance organizations, preferred provider plans and~~ the state, and every self-insured health plan of a school district, county, city or village, to provide coverage for contraceptive articles and services if the policy or plan covers outpatient health care services. Contraceptive articles include any drug or device that is approved by the federal food and drug administration (FDA) and prescribed by a licensed health care provider for use to prevent a pregnancy and any hormonal compound that is taken orally and approved by the FDA for use to prevent a pregnancy. A contraceptive article, however, does not include any drug or device that is prescribed for use in terminating a pregnancy of a woman who is known to be pregnant by the prescribing health care provider. Contraceptive services include medical procedures performed to prevent a pregnancy and physical examinations and medical counseling for the prescription or use of a contraceptive article. Specifically excluded from this coverage requirement are health insurance policies that cover only certain specified diseases, health care plans ~~offered by~~ limited service ~~health organizations,~~ medicare replacement and supplement policies and long-term care insurance policies.

managed care plans and

**ASSEMBLY BILL 693**

Deductibles and copayments that apply generally to the policy or plan may apply to contraceptive articles and services.

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), 632.895 (5m) and (8) to ~~(10)~~ (11) 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  
10 632.895 (11).

11           **SECTION 3.** 60.23 (25) of the statutes, as affected by 1995 Wisconsin Act 289,  
12 is amended to read:

13           60.23 (25) SELF-INSURED HEALTH PLANS. Provide health care benefits to its  
14 officers and employes on a self-insured basis if the self-insured plan complies with  
15 ss. 631.89, 631.90, 631.93 (2), 632.745 (2), (3) and (5) (a) 2. and (b) 2., 632.747 (3),  
16 632.87 (4) and (5), 632.895 (9) and (11) and 632.896.

17           **SECTION 4.** 66.184 of the statutes, as affected by 1995 Wisconsin Act 289, is  
18 amended to read:

19           **66.184 Self-insured health plans.** If a city, including a 1st class city, or a  
20 village provides health care benefits under its home rule power, or if a town provides

**ASSEMBLY BILL 693**

1 health care benefits, to its officers and employes on a self-insured basis, the  
2 self-insured plan shall comply with ss. 49.493 (3) (d), 631.89, 631.90, 631.93 (2),  
3 632.745 (2), (3) and (5) (a) 2. and (b) 2., 632.747 (3), 632.87 (4) and (5), 632.895 (9) and  
4 ~~(10)~~ (11), 632.896, 767.25 (4m) (d) and 767.51 (3m) (d).

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

6 111.91 (2) (n) The provision to employes of the health insurance coverage  
7 required under s. 632.895 (11).

8 **SECTION 6.** 120.13 ~~(2)~~ (g) of the statutes, as affected by 1995 Wisconsin Act 289,  
9 is amended to read:

10 120.13 ~~(2)~~ (g) Every self-insured plan under par. (b) shall comply with ss.  
11 49.493 (3) (d), 631.89, 631.90, 631.93 (2), ~~632.745~~ (2), (3) and (5) (a) 2. and (b) 2.,  
12 632.747 (3), 632.87 (4) and (5), 632.895 ~~(9)~~ (11), 632.896, 767.25 (4m) (d)  
13 and 767.51 (3m) (d).

14 **SECTION 7.** 185.981 (4t) of the statutes, as affected by 1995 Wisconsin Act 289,  
15 is amended to read:

16 185.981 (4t) A sickness care plan operated by a cooperative association is  
17 subject to ss. 252.14, 631.89, 632.72 (2), 632.745, 632.747, ~~632.749~~, 632.87 (2m), (3),  
18 (4) and (5), 632.895 (10) and (11) and 632.897 (10) and ch. 155.

19 **SECTION 8.** 185.983 (1) (intro.) of the statutes, as affected by 1995 Wisconsin  
20 Act 289, is amended to read:

21 185.983 (1) (intro.) Every such voluntary nonprofit sickness care plan shall be  
22 exempt from chs. 600 to 646, with the exception of ss. 601.04, 601.13, 601.31, 601.41,  
23 601.42, 601.43, 601.44, 601.45, 611.67, 619.04, 628.34 (10), 631.89, 631.93, 632.72  
24 (2), 632.745, 632.747, ~~632.749~~, 632.775, 632.79, 632.795, ~~632.87~~ (2m), (3), (4) and (5),

*from* →

**BILL**

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:*

SECTION 1. 40.51 (8)<sup>✓</sup> 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 (10), 632.747, 632.748, 632.85, 632.853, 632.855, 632.87 (3) to (5), 632.895 (5m) and (8) to (13) (14)<sup>✓</sup> and 632.896.

SECTION 2. 40.51 (8m)<sup>✓</sup> 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 (10), 632.747, 632.748, 632.85, 632.853, 632.855 and 632.895 (11) to (13) (14)<sup>✓</sup>.

SECTION 3. 60.23 (25)<sup>✓</sup> of the statutes is amended to read:

60.23 (25) SELF-INSURED HEALTH PLANS. Provide health care benefits to its officers and employes 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), 632.895 (9) and (11) to (13) (14)<sup>✓</sup> and 632.896.

SECTION 4. 66.184<sup>✓</sup> 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 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),

Please proof w/ stats.



**BILL**

*from*

1 632.895 (9) to ~~(13)~~ (14)<sup>✓</sup>, 632.896, 767.25 (4m) (d), 767.51 (3m) (d) and 767.62 (4) (b)  
2 4.

3 **SECTION 5.** 111.91 (2) (n)<sup>✓</sup> 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)<sup>✓</sup>.

6 **SECTION 6.** 120.13 (2) (g)<sup>✓</sup> of the statutes is amended to read:

7 120.13 (2) (g) Every self-insured plan under par. (b) shall comply with ss.  
8 49.493 (3) (d), 631.89, 631.90, 631.93 (2), 632.746 (10) (a) 2. and (b) 2., 632.747 (3),  
9 632.85, 632.853, 632.855, 632.87 (4) and (5), 632.895 (9) to ~~(13)~~ (14)<sup>✓</sup>, 632.896, 767.25  
10 (4m) (d), 767.51 (3m) (d) and 767.62 (4) (b) 4.

11 **SECTION 7.** 185.981 (4t)<sup>✓</sup> of the statutes is amended to read:

12 185.981 (4t) A sickness care plan operated by a cooperative association is  
13 subject to ss. 252.14, 631.89, 632.72 (2), 632.745 to 632.749, 632.85, 632.853, 632.855,  
14 632.87 (2m), (3), (4) and (5), 632.895 (10) to ~~(13)~~ (14)<sup>✓</sup> and 632.897 (10) and chs. 149  
15 and 155.

16 **SECTION 8.** 185.983 (1) (intro.)<sup>✓</sup> of the statutes is amended to read:

17 185.983 (1) (intro.) Every such voluntary nonprofit sickness care plan shall be  
18 exempt from chs. 600 to 646, with the exception of ss. 601.04, 601.13, 601.31, 601.41,  
19 601.42, 601.43, 601.44, 601.45, 611.67, 619.04, 628.34 (10), 631.89, 631.93, 632.72  
20 (2), 632.745 to 632.749, 632.775, 632.79, 632.795, 632.85, 632.853, 632.855, 632.87  
21 (2m), (3), (4) and (5), 632.895 (5) and (9) to ~~(13)~~ (14)<sup>✓</sup>, 632.896 and 632.897 (10) and  
22 chs. 609, 630, 635, 645 and 646, but the sponsoring association shall:

23 **SECTION 9.** ~~609.76~~ <sup>609.73<sup>✓</sup></sup> of the statutes is created to read:

24 ~~609.76~~ Coverage of inpatient hospital services after a mastectomy.

25 Managed care plans and preferred provider plans are subject to s. 632.895 (14)<sup>✓</sup>.

Please proof w/ stats.

③  
contraceptive articles and services

②③  
②④  
②⑤

*From*

**ASSEMBLY BILL 693**

1 632.895 (5), (9) and (10) and (9) to (11), 632.896 and 632.897 (10), subch. II of ch. 619  
2 and chs. 609, 630, 635, 645 and 646, but the sponsoring association shall

3 SECTION 9. 632.895 (11) of the statutes is created to read:

4 632.895 (11) CONTRACEPTIVE ARTICLES AND SERVICES. (a) In this subsection,  
5 "contraceptive article" means any drug, medicine, mixture, preparation, instrument,  
6 article or device of any nature that is approved by the federal food and drug  
7 administration for use to prevent a pregnancy and that is prescribed by a licensed  
8 health care provider for use to prevent a pregnancy, or any hormonal compound that  
9 is taken orally and that is approved by the federal food and drug administration for  
10 use to prevent a pregnancy. "Contraceptive article" does not include any drug,  
11 medicine, mixture, preparation, instrument, article or device of any nature  
12 prescribed for use in terminating the pregnancy of a woman who is known by the  
13 prescribing licensed health care provider to be pregnant.

14 (b) Every disability insurance policy, and every self-insured health plan of a  
15 county, city, village or school district, that provides coverage of outpatient health care  
16 services shall provide coverage for all of the following:

- 17 1. Contraceptive articles.
- 18 2. Medical services, including counseling and physical examinations, for the  
19 prescription or use of a contraceptive article or of a procedure to prevent a pregnancy.
- 20 3. Medical procedures performed to prevent a pregnancy.

21 (c) Coverage under this subsection may be subject to exclusions or limitations,  
22 including copayments and deductibles, that apply generally to the benefits that are  
23 provided under the policy or plan.

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

- 25 1. A disability insurance policy that covers only certain specified diseases.

**ASSEMBLY BILL 693**

*from*

- 1           2. A health care plan offered by a limited service health organization, as defined
- 2           in s. 609.01 (3) *or by a preferred provider plan, as defined*
- 3           3. A medicare replacement policy, a medicare supplement policy or a long-term
- 4           care insurance policy.

**SECTION 10. Initial applicability.**

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

7           (a) Except as provided in paragraphs (b) and (c), disability insurance policies

8           that are issued or renewed, and self-insured health plans that are established,

9           extended, modified or renewed, on the effective date of this paragraph.

10          (b) Disability insurance policies covering employes who are affected by a

11          collective bargaining agreement containing provisions inconsistent with this act

12          that are 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 employes 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.

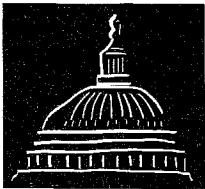
**SECTION 11. Effective date.**

22           (1) This act takes effect on the first day of the ~~31~~ *6th* month beginning after

23           publication.

(END)

*a. 609.01 (4) that is not a managed care plan, as defined in a. 609.01 (3c)*



**Gwendolynne  
MOORE**

WISCONSIN STATE SENATOR

Milwaukee

To: Pam Kahler

- In response to your recent request.
- I thought you might be interested in the enclosed material.
- Please review and contact me.

Thank you! call if  
you have any ?s!

P. O. Box 7882, Madison, WI 53707-7882

Toll-Free Hotline: 1-800-362-9472 (608) 266-5870 Fax (608) 267-2353

ORIGINAL  UPDATED  
 CORRECTED  SUPPLEMENTAL

**FISCAL ESTIMATE**

JA-2048 (R 11/90)

Subject  
Requiring disability insurance policies to cover contraceptive articles and services.

**Fiscal Effect**

State:  No State Fiscal Effect

Check columns below only if bill makes a direct appropriation or affects a sum sufficient appropriation

Increase Costs - May be possible to Absorb Within Agency's Budget  Yes  No

Increase Existing Appropriation  Increase Existing Revenues  
 Decrease Existing Appropriation  Decrease Existing Revenues  
 Create New Appropriation

Decrease Costs

Local:  No local government costs

- 1.  Increase Costs  
 Permissive  Mandatory
- 2.  Decrease Costs  
 Permissive  Mandatory
- 3.  Increase Revenues  
 Permissive  Mandatory
- 4.  Decrease Revenues  
 Permissive  Mandatory

5. Types of Local Government Units Affected:

- Towns  Villages  Cities
- Counties  Others \_\_\_\_\_
- School Districts  VTAE

Districts

**Fund Sources Affected**

GPR  FED  PRO  SEG  SEC-S

Affected Ch. 20 Appropriations

20.515

**Assumptions Used in Arriving at Fiscal Estimate**

AB 693 would require health insurance plans offered by the Group Insurance Board to state and local government employes to provide benefits for contraceptive articles and services if approved by the federal Food and Drug Administration and prescribed by a physician. Currently, the state's plans provide benefits for most contraceptive services and articles, including birth control pills, Depo-provera, diaphragms, and elective sterilizations. However, the bill appears to require coverage for contraceptives not currently covered, including implants (eg. Norplant) and over-the-counter articles approved by the FDA (eg. condoms and contraceptive foam). After consulting with the actuary, the Department expects the cost not to exceed \$0.14 per member per month. This will increase the state's annual premium by \$242,000. (\$0.14 x 12 months x the approximately 150,000 members x the state's contribution of 96% of total cost)

**Long-Range Fiscal Implications**

On-going.

Agency/Prepared by : (Name & Phone No.)  
Department of Employe Trust Funds  
Sandy Drew 267-2929

Authorized Signature/Telephone No.

David Hinrichs

Date

2/18/98

**FISCAL ESTIMATE WORKSHEET**

1997 Session

Detailed Estimate of Annual Fiscal Effect  
DOA-2047(R11/90)

ORIGINAL     UPDATED  
 CORRECTED     SUPPLEMENTAL

LRB or Bill No./Adm. Rule No.  
AB 693

Amendment No.

Subject

Requiring disability insurance policies to cover contraceptive articles and services.

**I. One-time Costs or Revenue Impacts for State and/or Local Government (do not include in annualized fiscal effect):**

NA

**II. Annualized Costs:**

		Annualized fiscal impact on State funds from:	
		Increased Costs	Decreased Costs
<b>A. State Costs by Category</b>			
State Operations-Salaries and Fringes		\$ 242,000.00	\$ -
(FTE Position Changes)		( FTE)	(- FTE)
State Operations - Other Costs			-
Local Assistance			-
Aids to Individuals or Organizations			-
<b>TOTAL State Costs by Category</b>		\$ 242,000.00	\$ -
<b>B. State Costs by Source of Funds</b>			
GPR		\$	\$ -
FED			-
PRO/PRS			-
SEG/SEG-S		\$	-
<b>III. State Revenues-</b> Complete this only when proposal will increase or decrease State Revenues (e.g., tax increase, decrease in license fee, etc.)			
GPR Taxes		\$	\$ -
GPR Earned			-
FED			-
PRO/PRS			-
SEG/SEG-S			-
<b>TOTAL State Revenues</b>		\$	\$ -

**NET ANNUALIZED FISCAL IMPACT**

	<u>STATE</u>	<u>LOCAL</u>
NET CHANGE IN COSTS	\$ 242,000.00	\$ _____
NET CHANGE IN REVENUES	\$ _____	\$ _____

Agency/Prepared by: (Name & Phone No.)  
Department of Employee Trust Funds  
Sandy Drew 267-2929

Authorized Signature/Telephone No.  
*David Annick*

Date  
2/18/98



STEPHEN R. MILLER  
CHIEF

# State of Wisconsin

## LEGISLATIVE REFERENCE BUREAU

100 NORTH HAMILTON STREET  
P. O. BOX 2037  
MADISON, WI 53701-2037

LEGAL SECTION: (608) 266-3561  
LEGAL FAX: (608) 264-8922

REFERENCE SECTION: (608) 266-0341  
REFERENCE FAX: (608) 266-5648

March 15, 1999

## MEMORANDUM

**To:** Senator Gwendolynne Moore

**From:** Pamela J. Kahler, Legislative Attorney

**Subject:** LRB-2123

---

You requested an opinion on whether LRB-2123 requires an insurer to provide coverage for over-the-counter contraceptives, such as condoms and contraceptive foam. The bill requires coverage for "contraceptive articles". Contraceptive articles are defined in the bill, in s. 632.895 (14) (a), as drugs, or other preparations, or devices, or other articles, that are approved by the federal food and drug administration for use to prevent a pregnancy *and that are prescribed* by a licensed health care provider for use to prevent a pregnancy. Thus, a contraceptive that a person obtains over-the-counter without a prescription is not required to be covered.

I see two possible problems with the bill regarding over-the-counter contraceptives. First, it is possible that a health care provider would prescribe a contraceptive for which a prescription is not actually needed. It seems unlikely that this would happen, however, since a health care provider who is authorized to prescribe drugs and devices would presumably know which drugs and devices require a prescription.

Secondly, it is possible that the word "prescribed" could be interpreted to mean "suggested" or "recommended". This, too, seems unlikely to me. However, to correct that problem, the phrase "and that is prescribed" in the definition of contraceptive article could be changed to read "and for which a prescription is required".

I hope this explanation helps you in addressing questions regarding the bill. Don't hesitate to ask if you have any other questions or concerns regarding the bill. My telephone number is 266-2682.

**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:** 2/18/99

**To:** Senator Moore

**Relating to LRB drafting number:** LRB-2123

**Topic**

Require insurance coverage of contraceptive articles and services

**Subject(s)**

Insurance - health

1. **JACKET** the draft for introduction Moore  
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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