

**ASSEMBLY AMENDMENT 7,  
TO ASSEMBLY SUBSTITUTE AMENDMENT 1,  
TO 1999 ASSEMBLY BILL 133**

June 29, 1999 – Offered by Representative WASSERMAN.

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

2 **1.** Page 1404, line 15: after that line insert:

3 “**SECTION 3036c.** 609.05 (3) of the statutes is amended to read:

4 609.05 (3) Except as provided in ss. 609.22 (4), 609.65 and 609.655, a limited  
5 service health organization, preferred provider plan or managed care plan may  
6 require an enrollee to obtain a referral from the primary provider designated under  
7 sub. (2) to another participating provider prior to obtaining health care services from  
8 that participating provider.

9 **SECTION 3036d.** 609.16 of the statutes is created to read:

10 **609.16 Appeals. (1)** After using the procedure under s. 609.15, a grievant may  
11 appeal the decision of a managed care plan under s. 609.15. The appeal shall be made  
12 to a physician who is licensed under ch. 448, who is not a participating provider of

1 the managed care plan and who specializes in the type of medical practice to which  
2 the grievance relates. The decision of the physician hearing the appeal is binding on  
3 the grievant and the managed care plan.

4 (2) A managed care plan must include information regarding the appeal  
5 procedure in policies or certificates provided to enrollees and must provide such  
6 information to an enrollee or prospective enrollee upon request.

7 (3) The commissioner shall promulgate rules for the appeal procedure under  
8 this section, including rules related to how an enrollee requests an appeal and how  
9 the physician hearing the appeal is selected.

10 **SECTION 3036e.** 609.22 (4) (a) 1. of the statutes is repealed and recreated to  
11 read:

12 609.22 (4) (a) 1. A managed care plan may not require an enrollee of the  
13 managed care plan to obtain a referral for coverage of services provided by a  
14 participating provider who is a physician licensed under ch. 448 and who specializes  
15 in a particular type of medical practice, regardless of whether the participating  
16 provider is the enrollee's primary provider.

17 **SECTION 3036f.** 609.22 (4) (a) 2. of the statutes is repealed.

18 **SECTION 3036g.** 609.22 (4) (a) 3. of the statutes is amended to read:

19 609.22 (4) (a) 3. A managed care plan must include information regarding  
20 ~~referral procedures~~ the requirement under subd. 1. in policies or certificates  
21 provided to enrollees and must provide such information to an enrollee or prospective  
22 enrollee upon request.

23 **SECTION 3036h.** 609.39 of the statutes is created to read:

24 **609.39 Right to sue.** Any person may bring an action in tort for negligence,  
25 including an action for medical malpractice, against a managed care plan.”.

1           **2.** Page 1592, line 23: after that line insert:

2           “(3g) SPECIALIST PROVIDERS UNDER MANAGED CARE PLANS.

3           (a) Except as provided in paragraph (b), if a policy or certificate that is affected  
4 by the treatment of sections 609.05 (3) and 609.22 (4) (a) 1., 2. and 3. of the statutes  
5 contains terms or provisions that are inconsistent with the treatment of sections  
6 609.05 (3) and 609.22 (4) (a) 1., 2. and 3. of the statutes, the treatment of sections  
7 609.05 (3) and 609.22 (4) (a) 1., 2. and 3. of the statutes first applies to that policy or  
8 certificate upon renewal.

9           (b) The treatment of sections 609.05 (3) and 609.22 (4) (a) 1., 2. and 3. of the  
10 statutes first applies to policies or group certificates covering employees who are  
11 affected by a collective bargaining agreement containing provisions that are  
12 inconsistent with the treatment of sections 609.05 (3) and 609.22 (4) (a) 1., 2. and 3.  
13 of the statutes that are issued 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           (3h) APPEALS OF DECISIONS OF MANAGED CARE PLANS.

18           (a) The treatment of section 609.16 (1) of the statutes first applies to grievances  
19 arising on September 1, 2000.

20           (b) The treatment of section 609.16 (2) of the statutes first applies to policies  
21 issued or renewed on September 1, 2000.

22           (3i) LAWSUITS AGAINST MANAGED CARE PLANS. The treatment of section 609.39 of  
23 the statutes first applies to injuries or deaths occurring on the effective date of this  
24 subsection.”.

