

## 2001 ASSEMBLY BILL 130

February 15, 2001 – Introduced by Representatives J. LEHMAN, YOUNG, SINICKI, POCAN, TURNER, BOCK, GRONEMUS, WILLIAMS, BERCEAU and BOYLE. Referred to Committee on Health.

1     **AN ACT to amend** 40.51 (8), 40.51 (8m), 60.23 (25), 66.0137 (4), 111.91 (2) (n),  
2           120.13 (2) (g), 185.981 (4t) and 185.983 (1) (intro.); and **to create** 609.86 and  
3           632.895 (15) of the statutes; **relating to:** health insurance coverage of hearing  
4           testing and 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 tests performed by certain persons, including audiologists and physicians, and of the cost, up to \$1,000, of hearing aids for an insured who is certified as hearing impaired by a physician or an audiologist. 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. 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 or to limited service health organizations.

**ASSEMBLY BILL 130**

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), 631.95, 632.72 (2), 632.746 (1) to (8)  
4 and (10), 632.747, 632.748, 632.83, 632.835, 632.85, 632.853, 632.855, 632.87 (3) to  
5 (5), 632.895 (5m) and (8) to ~~(14)~~ (15), 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. 631.95, 632.746 (1) to (8) and (10), 632.747,  
9 632.748, 632.83, 632.835, 632.85, 632.853, 632.855, and 632.895 (11) to ~~(14)~~ (15).

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

11          60.23 **(25)** SELF-INSURED HEALTH PLANS. Provide health care benefits to its  
12 officers and employees 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 ~~(14)~~ (15), and 632.896.

15          **SECTION 4.** 66.0137 (4) of the statutes is amended to read:

16          66.0137 **(4)** SELF-INSURED HEALTH PLANS. If a city, including a 1st class city, or  
17 a village provides health care benefits under its home rule power, or if a town  
18 provides health care benefits, to its officers and employees on a self-insured basis,  
19 the self-insured plan shall comply with ss. 49.493 (3) (d), 631.89, 631.90, 631.93 (2),  
20 632.746 (10) (a) 2. and (b) 2., 632.747 (3), 632.85, 632.853, 632.855, 632.87 (4) and (5),  
21 632.895 (9) to ~~(14)~~ (15), 632.896, and 767.25 (4m) (d).

**ASSEMBLY BILL 130**

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

2           111.91 **(2)** (n) The provision to employees of the health insurance coverage  
3 required under s. 632.895 (11) to ~~(14)~~ (15).

4           **SECTION 6.** 120.13 (2) (g) of the statutes is amended to read:

5           120.13 **(2)** (g) Every self-insured plan under par. (b) shall comply with ss.  
6 49.493 (3) (d), 631.89, 631.90, 631.93 (2), 632.746 (10) (a) 2. and (b) 2., 632.747 (3),  
7 632.85, 632.853, 632.855, 632.87 (4) and (5), 632.895 (9) to ~~(14)~~ (15), 632.896<sub>1</sub> and  
8 767.25 (4m) (d).

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

10           185.981 **(4t)** A sickness care plan operated by a cooperative association is  
11 subject to ss. 252.14, 631.17, 631.89, 631.95, 632.72 (2), 632.745 to 632.749, 632.85,  
12 632.853, 632.855, 632.87 (2m), (3), (4)<sub>1</sub> and (5), 632.895 (10) to ~~(14)~~ (15), and 632.897  
13 (10) and chs. 149 and 155.

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

15           185.983 **(1)** (intro.) Every such voluntary nonprofit sickness care plan shall be  
16 exempt from chs. 600 to 646, with the exception of ss. 601.04, 601.13, 601.31, 601.41,  
17 601.42, 601.43, 601.44, 601.45, 611.67, 619.04, 628.34 (10), 631.17, 631.89, 631.93,  
18 631.95, 632.72 (2), 632.745 to 632.749, 632.775, 632.79, 632.795, 632.85, 632.853,  
19 632.855, 632.87 (2m), (3), (4)<sub>1</sub> and (5), 632.895 (5) and (9) to ~~(14)~~ (15), 632.896<sub>1</sub> and  
20 632.897 (10) and chs. 609, 630, 635, 645<sub>1</sub> and 646, but the sponsoring association  
21 shall:

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

23           **609.86 Coverage of hearing testing and hearing aids.** Managed care  
24 plans are subject to s. 632.895 (15).

25           **SECTION 10.** 632.895 (15) of the statutes is created to read:

**ASSEMBLY BILL 130****SECTION 10**

1           632.895 (15) HEARING TESTING AND HEARING AIDS. (a) In this subsection:

2           1. “Hearing aid” has the meaning given in s. 459.01 (2).

3           2. “Physician” has the meaning given in s. 448.01 (5).

4           (b) Except as provided in par. (c), every disability insurance policy, and every  
5 self-insured health plan of the state or a county, city, village, town, or school district,  
6 shall provide coverage of all of the following:

7           1. The cost of hearing testing performed by a person exempt under s. 459.14 (2)  
8 from the requirements of subch. I of ch. 459, an audiologist licensed under subch. II  
9 of ch. 459, or a physician, for the purpose of determining whether an insured under  
10 the policy or plan is hearing impaired.

11           2. The cost, up to \$1,000, of hearing aids for an insured under the policy or plan  
12 who is certified as hearing impaired by an audiologist licensed under subch. II of ch.  
13 459 or a physician.

14           3. The cost of hearing testing performed by a person exempt under s. 459.14 (2)  
15 from the requirements of subch. I of ch. 459, a hearing instrument specialist licensed  
16 under subch. I of ch. 459, an audiologist licensed under subch. II of ch. 459, or a  
17 physician, for the purpose of fitting the hearing aids under subd. 2., or performed by  
18 a hearing instrument specialist licensed under subch. I of ch. 459, an audiologist  
19 licensed under subch. II of ch. 459, or a physician, for the purpose of selling the  
20 hearing aids under subd. 2.

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

24           (c) The coverage requirement under par. (b) does not apply to any of the  
25 following:

**ASSEMBLY BILL 130**

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

**SECTION 11. Initial applicability.**

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

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

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

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

**SECTION 12. Effective date.**

