

DRAFTER'S NOTE
FROM THE
LEGISLATIVE REFERENCE BUREAU

LRBa1056/1dn
PJK:jld:jf

January 16, 2002

Susan:

1. I have changed the term “managed care plan” to “defined network plan” in this amendment. I assume that is the change made in the budget that Jim Guidry was referring to.

2. You had a question about why AB-674 excepts preferred provider plans from the requirement. The bill does not except all preferred provider plans, only those that are *not* defined network plans. The reason is very technical and has to do with the definition of a defined network plan as a health benefit plan. The definition of “health benefit plan” excludes limited-scope dental or vision benefits (see s. 609.01 (1g) (b) 9.). Thus, a preferred provider plan that only provides dental or vision benefits (as does the state’s dental plan, which is a preferred provider plan) is not a “health benefit plan” or a “defined network plan.” Basically, any preferred provider plan that provides limited benefits is excluded from the broader requirement of covering smoking cessation treatment. It wouldn’t make sense to require those plans to cover something that is completely outside the scope of their usual coverage. That is the reason limited service health organizations also are excluded from the requirement of covering smoking cessation treatment.

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