

**2001 DRAFTING REQUEST**

**Bill**

Received: **01/07/2002**

Received By: **kahlepj**

Wanted: **As time permits**

Identical to LRB:

For: **Jon Richards (608) 266-0650**

By/Representing: **Christy**

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

Drafter: **kahlepj**

May Contact:

Addl. Drafters:

Subject: **Insurance - health**

Extra Copies:

Submit via email: **YES**

Requester's email: **Rep.Richards@legis.state.wi.us**

Carbon copy (CC:) to:

**Pre Topic:**

No specific pre topic given

**Topic:**

Requiring defined network plans to provide a statement regarding reproductive health care 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 01/09/2002	rschluet 01/30/2002		_____			
/1			kfollet 01/30/2002	_____	lrb_docadmin 01/30/2002		
/2	kahlepj	gilfokm	jfrantze	_____	lrb_docadmin	lrb_docadmin	

<u>Vers.</u>	<u>Drafted</u>	<u>Reviewed</u>	<u>Typed</u>	<u>Proofed</u>	<u>Submitted</u>	<u>Jacketed</u>	<u>Required</u>
	02/08/2002	02/08/2002	02/14/2002	_____	02/14/2002	02/20/2002	
				_____		lrb_docadmin	
				_____		02/20/2002	

FE Sent For: *not needed*

<END>

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	02/08/2002	02/08/2002	02/14/2002	_____	02/14/2002		

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/?	kahlepj 01/09/2002	rschlue 01/30/2002		_____			
/1		1/2-2/8 king	kfollet 01/30/2002	_____	lrb_docadmin 01/30/2002		

*Handwritten signatures and dates:*  
2/14  
2/14

FE Sent For:

**<END>**

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/?	kahlepj	<i>[Signature]</i> 1-9-2 1-1/23 <i>[Signature]</i>	<i>[Signature]</i> 1/30	<i>[Signature]</i> 1/30			
FE Sent For:							

<END>

**Assembly Bill No. 525**

**CHAPTER 347**

An act to add Section 1363.02 to, and to add Chapter 2.15 (commencing with Section 1339.80) to Division 2 of, the Health and Safety Code, to add Section 10604.1 to the Insurance Code, and to add Section 14016.8 to the Welfare and Institutions Code, relating to health care coverage.

[Approved by Governor September 7, 2000. Filed with Secretary of State September 8, 2000.]

**LEGISLATIVE COUNSEL'S DIGEST**

**AB 525, Kuehl. Health benefits: reproductive health care.**

Existing law provides for the regulation and licensing of health care service plans by the Department of Managed Care, effective no later than July 1, 2000, or earlier pursuant to an executive order of the Governor. A willful violation of the provisions governing health care service plans is a crime. Existing law provides for the regulation of disability insurers by the Department of Insurance and for administration of the Medi-Cal program by the State Department of Health Services.

This bill would require certain health care service plans, disability insurers, and Medi-Cal managed care plans to provide a specified written statement to recipients of health care services for the purpose of informing them relative to certain reproductive health care issues, as specified.

Because a violation of the bill's requirements with respect to health care service plans would be a crime, this bill would impose a state-mandated local program by creating a new crime.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

*The people of the State of California do enact as follows:*

**SECTION 1.** Chapter 2.15 (commencing with Section 1339.80) is added to Division 2 of the Health and Safety Code, to read:

**CHAPTER 2.15. HOSPITAL AND OTHER PROVIDER REQUIREMENTS FOR DISSEMINATION OF INFORMATION RELATING TO REPRODUCTIVE**



(c) A health care service plan shall not be required to provide the statement described in paragraph (1) of subdivision (b) in a service area in which none of the hospitals, health facilities, clinics, medical groups, or independent practice associations with which it contracts limit or restrict any of the reproductive services described in the statement.

(d) This section shall not apply to specialized health care service plans or Medicare supplement plans.

SEC. 3. Section 10604.1 is added to the Insurance Code, to read:

10604.1. (a) The Legislature finds and declares that the right of every patient to receive basic information necessary to give full and informed consent is a fundamental tenet of good public health policy and has long been the established law of this state. Some hospitals and other providers do not provide a full range of reproductive health services and may prohibit or otherwise not provide sterilization, infertility treatments, abortion, or contraceptive services, including emergency contraception. It is the intent of the Legislature that every patient be given full and complete information about the health care services available to allow patients to make well informed health care decisions.

(b) On or before July 1, 2001, every disability insurer that provides coverage for hospital, medical, or surgical benefits, and which provides a list of network providers to prospective insureds and insureds, shall do both of the following:

(1) Include the following statement, in at least 12-point boldface type, at the beginning of each provider directory:

“Some hospitals and other providers do not provide one or more of the following services that may be covered under your policy and that you or your family member might need: family planning; contraceptive services, including emergency contraception; sterilization, including tubal ligation at the time of labor and delivery; infertility treatments; or abortion. You should obtain more information before you become a policyholder or select a network provider. Call your prospective doctor or clinic, or call the insurer at (insert the insurer’s membership services number or other appropriate number that individuals can call for assistance) to ensure that you can obtain the health care services that you need.”

PPP

(2) Place the statement described in paragraph (1) in a prominent location on any provider directory posted on the insurer’s website, if any, and include this statement in a conspicuous place in the insurer’s evidence of coverage and disclosure forms.

(c) A disability insurer shall not be required to provide the statement described in paragraph (1) of subdivision (b) in a service area in which none of the hospitals, health facilities, clinics, medical groups, or independent practice associations with which it contracts



(5) Require each county organized health system to provide to Medi-Cal beneficiaries the statement described in paragraph (1). This statement shall be provided in writing in at least 12-point boldface type prior to enrollment, prior to selection of a primary care provider, and on an annual basis.

(6) Ensure that the statement described in paragraph (1) is provided to any other Medi-Cal managed care beneficiary who would not receive the statement under the provisions of paragraphs (2) to (5), inclusive. This statement shall be provided in writing in at least 12-point boldface type prior to enrollment, prior to selection of a primary care provider, and on an annual basis.

(c) The requirement to provide the statement described in paragraph (1) of subdivision (b) shall apply to Medi-Cal managed care programs, including, but not limited to, the following programs:

(1) In areas where the department is contracting with persons or entities that are contracting with, or governed, owned, or operated by, either a county board of supervisors or a county special commission, or a county health authority, operating under Article 2.8 (commencing with Section 14087.5) or Article 7 (commencing with Section 14490) of Chapter 8, or Chapter 3 (commencing with Section 101675) of Part 4 of Division 101 of the Health and Safety Code.

(2) In areas specified by the director for expansion of the Medi-Cal managed care program under Section 14087.3, including where the department is contracting with prepaid health plans, including prepaid health plans that are contracting with, governed, owned, or operated by a county board of supervisors, a county special commission or county health authority authorized by Sections 14018.7, 14087.31, 14087.316, 14087.35, 14087.36, 14087.38, and 14087.9605.

(3) Where the department has entered into contracts with prepaid health plans or primary care case management providers pursuant to Article 2.9 (commencing with Section 14088) and Chapter 8 (commencing with Section 14200).

(4) Where the department or the California Medical Assistance Commission has entered into contracts with any persons or entities pursuant to Section 14087.47, Article 2.91 (commencing with Section 14089), or Article 2.97 (commencing with Section 14093).

(d) A Medi-Cal managed care plan shall not be required to provide the statement described in paragraph (1) of subdivision (b) in a service area in which none of the hospitals, health facilities, clinics, medical groups, or independent practice associations with which it contracts limit or restrict any of the reproductive services described in the statement.

(e) This section shall not apply to specialized health care service plans.

SEC. 5. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the



State of Wisconsin  
2001 - 2002 LEGISLATURE

LRB-4583/A

PJK:.....

rs etmg

In 1/09

~~PRELIMINARY DRAFT - NOT READY FOR INTRODUCTION~~

D-vote

gen cat

1 AN ACT ...; relating to: requiring defined network plans to provide notice  
2 regarding reproductive health care services.

***Analysis by the Legislative Reference Bureau***

This bill requires defined network plans to include a specified statement at the beginning of each provider directory, in any provider directory posted on the defined network plan's website, if any, and in the defined network plan's evidence of coverage and disclosure forms. Defined network plans are defined in current law as health benefit plans that require or provide incentives for enrollees to obtain health care services from providers that are under contract with, or managed, owned, or employed by, the insurer offering the health benefit plan. The statement that defined network plans must include informs enrollees and prospective enrollees that some hospitals and other providers do not provide one or more reproductive health care services that may be covered under the plan, including family planning, contraceptive services, sterilization, infertility treatments, or abortion, and that the enrollee or prospective enrollee should obtain more information before becoming an enrollee or selecting a participating provider. The statement advises the enrollee or prospective enrollee to call a prospective provider or the defined network plan to ensure that he or she can obtain the health care services that he or she needs, and provides the appropriate telephone number of the plan. A defined network plan is not required to provide the statement in a service area in which none of the

participating providers limits or restricts any of the reproductive health care services specified in the statement.

*The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:*

SECTION 1. 609.40 of the statutes is created to read:

**609.40 Notice regarding reproductive health care services.** (1) Except as provided in subs. (2) and (3), no later than September 1, 2002, every defined network plan shall do all of the following:

(a) Include at the beginning of each provider directory, in at least 12-point boldface type, the following statement:

**(NOTICE REGARDING REPRODUCTIVE HEALTH CARE SERVICES**

**SOME HOSPITALS AND OTHER PROVIDERS DO NOT PROVIDE**

**ONE OR MORE OF THE FOLLOWING SERVICES THAT MAY BE COVERED**

**UNDER THE PLAN CONTRACT AND THAT YOU OR A MEMBER OF YOUR**

**FAMILY MIGHT NEED:  $\Delta \Delta$  FAMILY PLANNING; CONTRACEPTIVE**

**SERVICES, INCLUDING EMERGENCY CONTRACEPTION;**

**STERILIZATION, INCLUDING TUBAL LIGATION AT THE TIME OF**

**LABOR AND DELIVERY; INFERTILITY TREATMENTS; OR ABORTION.**

**YOU SHOULD OBTAIN MORE INFORMATION BEFORE YOU ENROLL OR**

**SELECT A PARTICIPATING PROVIDER. CALL YOUR PROSPECTIVE**

**DOCTOR, MEDICAL GROUP, INDEPENDENT PRACTICE ASSOCIATION,**

**OR CLINIC, OR CALL .... (name of defined network plan) AT .... (membership**

**services telephone number or other appropriate number that individuals may call for**

**assistance), TO ENSURE THAT YOU CAN OBTAIN THE HEALTH CARE**

**SERVICES THAT YOU NEED.**

Remove bold from both components

No (B)

Center this

No (B)

No (B)

change component props. to "center"

center this below first 3 words



1           (b) Place the statement under par. (a) in a prominent location in any provider  
2 directory posted on the defined network plan’s Internet website, if any.

3           (c) Include the statement under par. (a) in a conspicuous place in the defined  
4 network plan’s evidence of coverage and disclosure forms.

5           (2) A defined network plan is not required to provide the statement under sub.  
6 (1) (a) in any service area of the defined network plan in which none of the plan’s  
7 participating providers limits or restricts any of the reproductive health care  
8 services described in the statement.

9           (3) The requirement under sub. (1) does not apply to a medicare supplement  
10 policy.

11

(END)

*D - note*

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

LRB-4583/fdn

PJK:.....

13 E King  
1

Date

an insured to obtaining

to an insured

I made the notice apply only to defined network plans since other types of health insurance do not limit or provide an incentive to obtain services from any particular provider. The California law also applied to Medi-Cal. I don't know what, if anything, is comparable in Wisconsin. Let me know if you think the notice requirement should apply to any other types of policies, plans, or programs.

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

*Tom Should Look Like This*

participating providers limits or restricts any of the reproductive health care services specified in the statement.

*The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:*

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(a) Include at the beginning of each provider directory, in at least 12-point boldface type, the following statement:

**NOTICE REGARDING REPRODUCTIVE  
HEALTH CARE SERVICES**

**SOME HOSPITALS AND OTHER PROVIDERS DO NOT PROVIDE ONE OR MORE OF THE FOLLOWING SERVICES THAT MAY BE COVERED UNDER THE PLAN CONTRACT AND THAT YOU OR A MEMBER OF YOUR FAMILY MIGHT NEED: FAMILY PLANNING; CONTRACEPTIVE SERVICES, INCLUDING EMERGENCY CONTRACEPTION; STERILIZATION, INCLUDING TUBAL LIGATION AT THE TIME OF LABOR AND DELIVERY; INFERTILITY TREATMENTS; OR ABORTION. YOU SHOULD OBTAIN MORE INFORMATION BEFORE YOU ENROLL OR SELECT A PARTICIPATING PROVIDER. CALL YOUR PROSPECTIVE DOCTOR, MEDICAL GROUP, INDEPENDENT PRACTICE ASSOCIATION, OR CLINIC, OR CALL .... (name of defined network plan) AT .... (membership services telephone number or other appropriate number that individuals may call for assistance), TO ENSURE THAT YOU CAN OBTAIN THE HEALTH CARE SERVICES THAT YOU NEED.**

*The stat. text directs others to use (B), but we don't print it that way for our bills. KO*

*Ready*

*KO*

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

LRB-4583/1dn  
PJK:rs&kmg:kjf

January 30, 2002

I made the notice apply only to defined network plans since other types of health insurance do not limit an insured to obtaining, or provide an incentive to an insured to obtain, services from any particular provider. The California law also applied to Medi-Cal. I don't know what, if anything, is comparable in Wisconsin. Let me know if you think the notice requirement should apply to any other types of policies, plans, or programs.

Pamela J. Kahler  
Senior Legislative Attorney  
Phone: (608) 266-2682  
E-mail: [pam.kahler@legis.state.wi.us](mailto:pam.kahler@legis.state.wi.us)



leave definition in but note (formally  
Christy called man care plans:  
Gwidt the statutes -  
in analysis



## 2001 BILL

only change is in analysis

- 1 AN ACT to create 609.40 of the statutes; relating to: requiring defined network
- 2 plans to provide notice regarding reproductive health care services.

### *Analysis by the Legislative Reference Bureau*

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were  
, which formerly called managed care plans in the statutes,

**BILL**

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7   NOTICE REGARDING REPRODUCTIVE  
8   HEALTH CARE SERVICES

9           SOME HOSPITALS AND OTHER PROVIDERS DO NOT PROVIDE ONE OR  
10 MORE OF THE FOLLOWING SERVICES THAT MAY BE COVERED UNDER THE  
11 PLAN CONTRACT AND THAT YOU OR A MEMBER OF YOUR FAMILY MIGHT  
12 NEED: FAMILY PLANNING; CONTRACEPTIVE SERVICES, INCLUDING  
13 EMERGENCY CONTRACEPTION; STERILIZATION, INCLUDING TUBAL  
14 LIGATION AT THE TIME OF LABOR AND DELIVERY; INFERTILITY  
15 TREATMENTS; OR ABORTION. YOU SHOULD OBTAIN MORE INFORMATION  
16 BEFORE YOU ENROLL OR SELECT A PARTICIPATING PROVIDER. CALL  
17 YOUR PROSPECTIVE DOCTOR, MEDICAL GROUP, INDEPENDENT  
18 PRACTICE ASSOCIATION, OR CLINIC, OR CALL .... (name of defined network  
19 plan) AT .... (membership services telephone number or other appropriate number  
20 that individuals may call for assistance), TO ENSURE THAT YOU CAN OBTAIN  
21 THE HEALTH CARE SERVICES THAT YOU NEED.

**BILL**

1 (b) Place the statement under par. (a) in a prominent location in any provider  
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3 (c) Include the statement under par. (a) in a conspicuous place in the defined  
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6 (1) (a) in any service area of the defined network plan in which none of the plan's  
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8 services described in the statement.

9 (3) The requirement under sub. (1) does not apply to a medicare supplement  
10 policy.

11 (END)

**Basford, Sarah**

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**From:** Vasby, Tara  
**Sent:** Wednesday, February 20, 2002 9:02 AM  
**To:** LRB.Legal  
**Subject:** Draft review: LRB-4583/2 Topic: Requiring defined network plans to provide a statement regarding reproductive health care services

It has been requested by <Vasby, Tara> that the following draft be jacketed for the ASSEMBLY:

Draft review: LRB-4583/2 Topic: Requiring defined network plans to provide a statement regarding reproductive health care services