



State of Wisconsin
2001 - 2002 LEGISLATURE

LRBa1427/2
PJK:hmh:kjf

ASSEMBLY AMENDMENT,
TO 2001 ASSEMBLY BILL 876

Insert 6-15 1802

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At the locations indicated, amend the bill as follows:

1. Page 1, line 10: delete "requiring" and substitute "allowing"
2. Page 6, line 5: delete the material beginning with that line and ending with line 15 and substitute:
 1. Two members who represent small employers, as defined in s. 635.02 (7), and who are selected from a list of nominees submitted by organizations representing small businesses.
 2. Four members who represent small employer insurers, as defined in s. 635.02 (8), and who are selected from a list of nominees submitted by organizations representing health insurers.
 3. One member who is a physician, as defined in s. 448.01 (5), and who is selected from a list of nominees submitted by organizations representing physicians.



Insert 6-15 cont'd 282

1 4. One member who is a nurse, as defined in s. 441.11 (2), who works in an
2 executive position, and who is selected from a list of nominees submitted by
3 organizations representing nurses.

4 5. Two members who represent hospitals, including one member from a rural
5 hospital and one member from an urban hospital, and who are selected from a list
6 of nominees submitted by organizations representing hospitals.

(end of ins 6-15)

7 **3.** Page 6, line 16: delete "4." and substitute "5."

8 **4.** Page 6, line 23: delete "Four" and substitute "Three".

9 **5.** Page 6, line 24: delete lines 24 and 25 and substitute:

10 "3. Three members who represent providers, as defined in s. 635.30 (1) (g), at
11 least one of whom is a physician, as defined in s. 448.01 (5), and at least one of whom
12 represents hospitals."

13 **6.** Page 12, line 2: after "63" insert "days".

14 **7.** Page 13, line 24: after "insurer" insert "that chooses to participate in the
15 program under this section".

16 **8.** Page 14, line 12: delete "2004 and ending with 2008" and substitute "2003
17 and ending with 2007".

18 **9.** Page 14, line 22: after "insurer" insert "that chooses to participate in the
19 program under this section".

20 **10.** Page 14, line 24: after "insurer" insert "that chooses to participate in the
21 program under this section".

22 **11.** Page 15, line 6: after "insurer" insert "that chooses to participate in the
23 program under this section".

**2001-2002 DRAFTING INSERT
FROM THE
LEGISLATIVE REFERENCE BUREAU**

LRBb2413/?ins
JK:.....

Insert Joe 1

1 **1.** Page 62, line 25: after “by” insert “P.L. 106-554 and any subsequent federal
2 law related to Archer medical savings accounts under 26 USC 220,”.

3 **2.** Page 63, line 2: after “by” insert “P.L. 106-554 and any subsequent federal
4 law related to Archer medical savings accounts under 26 USC 220,”.

5 **3.** Page 63, line 8: after “2001,” insert “and as amended by any subsequent
6 federal law related to Archer medical savings accounts under 26 USC 220,”. ✓

7 **4.** Page 63, line 19: after “106-554,” insert “and any subsequent federal law
8 related to Archer medical savings accounts under 26 USC 220,”.

9 **5.** Page 63, line 23: after “2001,” insert “except amendments related to Archer
10 medical savings accounts under 26 USC 220,”. ✓

End of Insert Joe 1

Insert Joe 2

11 **6.** Page 76, line 1: on lines 1 and 3, after “by” insert “P.L. 106-554 and any
12 subsequent federal law related to Archer medical savings accounts under 26 USC
13 220,”. ✓

14 **7.** Page 76, line 9: after “2001,” insert “and as amended by any subsequent
15 federal law related to Archer medical savings accounts under 26 USC 220,”.

16 **8.** Page 76, line 22: after “106-554,” insert “and any subsequent federal law
17 related to Archer medical savings accounts under 26 USC 220,”.

18 **9.** Page 77, line 1: after “2001,” insert “except amendments related to Archer
19 medical savings accounts under 26 USC 220,”. ✓

1 **10.** Page 85, line 25: after “by” insert “P.L. 106–554 and any subsequent
2 federal law related to Archer medical savings accounts under 26 USC 220,”.

3 **11.** Page 86, line 2: after “by” insert “P.L. 106–554 and any subsequent federal
4 law related to Archer medical savings accounts under 26 USC 220,”.

5 **12.** Page 86, line 8: after “2001,” insert “and as amended by any subsequent
6 federal law related to Archer medical savings accounts under 26 USC 220,”.

7 **13.** Page 86, line 19: after “106–554,” insert “and any subsequent federal law
8 related to Archer medical savings accounts under 26 USC 220,”.

9 **14.** Page 86, line 22: after “2001,” insert “except amendments related to
10 Archer medical savings accounts under 26 USC 220,”.

11 **15.** Page 110, line 12: on lines 12 and 14, after “by” insert “P.L. 106–554 and
12 any subsequent federal law related to Archer medical savings accounts under 26
13 USC 220,”.

14 **16.** Page 110, line 22: after “2001,” insert “and as amended by any subsequent
15 federal law related to Archer medical savings accounts under 26 USC 220,”.

16 **17.** Page 111, line 8: after “106–554,” insert “and any subsequent federal law
17 related to Archer medical savings accounts under 26 USC 220,”.

18 **18.** Page 111, line 14: after “2001,” insert “and as amended by any subsequent
19 federal law related to Archer medical savings accounts under 26 USC 220,”.

20 **19.** Page 111, line 25: after “106–554,” insert “and any subsequent federal law
21 related to Archer medical savings accounts under 26 USC 220,”.

22 **20.** Page 112, line 9: after “2001,” insert “and as amended by any subsequent
23 federal law related to Archer medical savings accounts under 26 USC 220,”.

1 **21.** Page 112, line 20: after “106–554,” insert “and any subsequent federal law
2 related to Archer medical savings accounts under 26 USC 220,”.

3 **22.** Page 112, line 23: after “2001,” insert “except amendments related to
4 Archer medical savings accounts under 26 USC 220,”.

5 **23.** Page 123, line 11: on lines 11 and 13, after “by” insert “P.L. 106–554 and
6 any subsequent federal law related to Archer medical savings accounts under 26
7 USC 220,”.

8 **24.** Page 123, line 19: after “2001,” insert “and as amended by any subsequent
9 federal law related to Archer medical savings accounts under 26 USC 220,”.

10 **25.** Page 124, line 7: after “106–554,” insert “and any subsequent federal law
11 related to Archer medical savings accounts under 26 USC 220,”.

12 **26.** Page 124, line ¹²24: after “2001,” insert “except amendments related to
13 Archer medical savings accounts under 26 USC 220,”.

14 **27.** Page 134, line 10: on lines 10 and 12, after “by” insert “P.L. 106–554 and
15 any subsequent federal law related to Archer medical savings accounts under 26
16 USC 220,”.

17 **28.** Page 134, line 18: after “2001,” insert “and as amended by any subsequent
18 federal law related to Archer medical savings accounts under 26 USC 220,”.

19 **29.** Page 135, line 3: after “106–554,” insert “and any subsequent federal law
20 related to Archer medical savings accounts under 26 USC 220,”.

21 **30.** Page 135, line 8: after “2001,” insert “except amendments related to
22 Archer medical savings accounts under 26 USC 220,”.

End of Insert Joe 2

INS
MES P. 106 3

BILL

1 ~~under 26 USC 220, and changes that indirectly affect the provisions applicable to this~~
2 ~~subchapter made by P.L. 106-554 and any subsequent federal law related to Archer~~
3 ~~medical savings accounts under 26 USC 220, apply for Wisconsin purposes at the~~
4 ~~same time as for federal purposes.~~

✓
INSERT
JDE 1
E. Page 66,

line 15: after that line insert:

5 SECTION ~~20~~^{170j} 71.05 (6) (a) 21. of the statutes is created to read:
6 71.05 (6) (a) 21. Any principal that is withdrawn, and any accumulated
7 interest, dividends or other gain that accrues, from an account described under s.
8 632.898 during the taxable year in which a withdrawal occurs from such an account
9 if any amount of the money or other assets in the account is withdrawn for any reason
10 other than the payment of medical care expenses or long-term care expenses for the
11 account holder, his or her spouse and all nonspouse dependents, as defined in s.
12 632.898 (1) (b), except that this subdivision does not apply after the death of the
13 account holder.

14 SECTION ~~21~~^{170m} 71.05 (6) (b) 34. of the statutes is created to read:
15 71.05 (6) (b) 34. Any amount that is deposited by an employer on behalf of that
16 employer's employee, or by a self-employed person on his or her own behalf, in an
17 account described under s. 632.898, up to \$2,000 each year for an individual, up to
18 \$2,000 each year for his or her spouse and up to \$1,000 each year for each nonspouse
19 dependent, as defined in s. 632.898 (1) (b), and any interest, dividends or other gain
20 that accrues in the account if the interest, dividends or other gain is redeposited in
21 the account, if the account is used exclusively to pay the medical care expenses and
22 long-term care expenses of the individual, his or her spouse and each minor
23 dependent. For taxable years beginning after December 31, 2003, the maximum
24 amount of a deposit to an account that is created under this subdivision shall be
25 increased each year by a percentage equal to the percentage change between the U.S.

BILL

INS MES P. 2003

1 consumer price index for all urban consumers, U.S. city average, for the month of
2 August of the previous year and the U.S. consumer price index for all urban
3 consumers, U.S. city average, for the month of August 2002, as determined by the
4 U.S. department of labor. The revised amounts shall be rounded to the nearest whole
5 number or, if the revised amount is not a whole number and is a multiple of \$0.50,
6 such an amount shall be rounded to the next higher whole number. The department
7 of revenue shall adopt by rule the changes in dollar amounts required under this
8 subdivision every year, and incorporate the changes in the income tax forms and
9 instructions.

10 **SECTION 22** ^{170p} 71.07 (5) (a) 9. of the statutes is created to read:

11 71.07 (5) (a) 9. The amount claimed as a deduction for unreimbursed medical
12 care expenses under section 213 (a) of the Internal Revenue Code to the extent that
13 the funds used to pay for the unreimbursed expenses for which the deduction was
14 claimed were withdrawn from an account described under s. 71.05 (6) (b) 34. ^{11.}

15 ~~SECTION 23. 71.22 (4) (i) of the statutes is amended to read:~~

16 ~~71.22 (4) (i) Except as provided in sub. (4m) and ss. 71.26 (2) (b) and (3), 71.34~~
17 ~~(1g) and 71.42 (2), "Internal Revenue Code", for taxable years that begin after~~
18 ~~December 31, 1993, and before January 1, 1995, means the federal Internal~~
19 ~~Revenue Code as amended to December 31, 1993, excluding sections 103, 104, and~~
20 ~~110 of P.L. 102-227 and sections 13113, 13150 (d), 13171 (d), 13174, 13203 (d), and~~
21 ~~13215 of P.L. 103-66, and as amended by P.L. 103-296, P.L. 103-337, P.L. 103-465,~~
22 ~~P.L. 104-7, excluding section 1 of P.L. 104-7, P.L. 104-188, excluding section 1311~~
23 ~~of P.L. 104-188, P.L. 104-191, P.L. 104-193, P.L. 105-34, P.L. 105-206 and, P.L.~~
24 ~~105-277, and P.L. 106-554, and as indirectly affected in the provisions applicable to~~
25 ~~this subchapter by P.L. 99-514, P.L. 100-203, P.L. 100-647 excluding sections 803~~

INSERT JOE 2

BILL

INS MES p. 3 of 3

1 subsequent federal law related to Archer medical savings accounts under 26 USC
 2 220, except that "Internal Revenue Code" does not include section 847 of the federal
 3 Internal Revenue Code. The Internal Revenue Code applies for Wisconsin purposes
 4 at the same time as for federal purposes. Amendments to the federal Internal
 5 Revenue Code enacted after December 31, 1999, do not apply to this paragraph with
 6 respect to taxable years beginning after December 31, 1999, except that changes to
 7 the Internal Revenue Code made by P.L. 106-554 and any subsequent federal law
 8 related to Archer medical savings accounts under 26 USC 220, and changes that
 9 indirectly affect the provisions applicable to this subchapter made by P.L. 106-554
 10 and any subsequent federal law related to Archer medical savings accounts under
 11 26 USC 220, apply for Wisconsin purposes at the same time as for federal purposes.

d. Page 138,

line 9: after that line insert:
SECTION 59. 71.83 (1) (c) of the statutes is renumbered 71.83 (1) (c) 1.
231v

SECTION 59. 71.83 (1) (c) 2. and 3. of the statutes are created to read:
231ve

71.83 (1) (c) 2. Except as provided in subd. 3., if a person is required to add any amount to federal adjusted gross income under s. 71.05 (6) (a) 21., the person shall pay an amount equal to 10% of the amount that is withdrawn from the account that results in a person making a payment under s. 71.05 (6) (a) 21.

3. The penalty under subd. 2. does not apply and up to 25% of the balance in the account described under s. 632.898 may be withdrawn each year if any of the following occurs:

a. The account holder or his or her spouse reaches the age of 59.5 years during the year in which the withdrawal occurs.

b. The balance in the account exceeds \$100,000. *" ←*

~~SECTION 60. 149.12 (1) (intro.) of the statutes is amended to read:~~

END of INS-MES



State of Wisconsin
2001 - 2002 LEGISLATURE

LRBa1409/1
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ASSEMBLY AMENDMENT,
TO 2001 ASSEMBLY BILL 876

Insert 12-21 A 192

508s

1 At the locations indicated, amend the bill as follows:

2 1. Page 2, line 2: after "charges," insert "requiring the commissioner of

3 insurance to develop uniform health insurance application forms,".

4 2. Page 12, line 21: after that line insert:

- 5 SECTION ~~12.21~~ 601.41 (8) of the statutes is created to read:
- 6 601.41 (8) UNIFORM ^{EMPLOYEE (S)} APPLICATION FORM. (a) In this subsection:
- 7 1. "Group health benefit plan" has the meaning given in s. 632.745 (9).
- 8 2. "Small employer" has the meaning given in s. 635.02 (7).
- 9 3. "Small employer insurer" has the meaning given in s. 635.02 (8).

10 (b) ~~The~~ commissioner shall ^{by rule} develop ~~and submit to the first day of the 10th~~

11 ~~month beginning after the effective date of this paragraph. The commissioner shall~~

12 a uniform ^{employee} application form that a small employer insurer must use when a small

In consultation with the life and disability advisory council established by the commissioner, the

insert 12-21A cont'd 2002

1 employer applies for coverage under a group health benefit plan offered by the small
2 employer insurer.

insert 13-19 cont'd (leaf 3)

3 3. Page 13, line 19: after that line insert:

4 "SECTION 19m. 635.10 of the statutes is created to read:

5 **635.10 Uniform application.** Beginning ^{employed} no later than the first day of the
6 13th month beginning after the effective date of this section [revisor inserts date],
7 every small employer insurer shall use the uniform ^{employee} application form developed by
8 the commissioner ^{of rule} under s. 601.41 (8) (b) when a small employer applies for coverage
9 under a group health benefit plan offered by the small employer insurer."
10

The commissioner shall revise the form at least every 2 years.

(end of ins 12-21A)



State of Wisconsin
2001 - 2002 LEGISLATURE

LRBa1425/1
PJK:jld/jf

ASSEMBLY AMENDMENT,
TO 2001 ASSEMBLY BILL 876

1 At the locations indicated, amend the bill as follows:

2 1. Page 2, line 2: after "charges," insert "requiring the commissioner of
3 insurance to develop uniform medical claim processing forms,".

4 2. Page 10, line 24: after that line insert: → 336d

5 "SECTION ~~146.96~~ 146.96 of the statutes is created to read:

6 146.96 Uniform claim processing form. Beginning no later than July 1,
7 2004, every health care provider, as defined in s. 146.81 (1), shall use the uniform
8 claim processing form developed by the commissioner of insurance under s. 601.41
9 (9) (b) when submitting a claim to an insurer."

10 3. Page 12, line 21: after that line insert: → 508t

11 "SECTION ~~601.41~~ 601.41 (9) of the statutes is created to read:

12 601.41 (9) UNIFORM CLAIM PROCESSING FORM. (a) In this subsection, "health care
13 provider" has the meaning given in s. 146.81 (1).

Insert 10-24

Insert 12-216



Insert 12-21 B cont'd

1 (b) If the federal government has not developed by July 1, 2003, a uniform claim
2 processing form that must be used by all health care providers for submitting claims
3 to insurers and by all insurers for processing claims submitted by health care
4 providers, the commissioner shall develop, by no later than December 31, 2003, a
5 uniform claim processing form for that purpose." ←

→ 509cm

6 → " SECTION ~~170~~ 610.65 of the statutes is created to read:

7 **610.65 Uniform claim processing form.** Beginning no later than July 1,
8 2004, every insurer shall use the uniform claim processing form developed by the
9 commissioner under s. 601.41 (9) (b) when processing a claim submitted by a health
10 care provider, as defined in s. 146.81 (1)."
11

MSM

#. Page 221, line 22: after that line insert:



#. Page 221, line 25: after that line insert:

(End of ins 12-21 B)



State of Wisconsin
2001 - 2002 LEGISLATURE

LRBa1514/1
PJK:cjs:kjf

ASSEMBLY AMENDMENT,
TO 2001 ASSEMBLY BILL 876

Insert 13-19

1088

1 At the locations indicated, amend the bill as follows:

2 **1.** Page 13, line 9: delete the material beginning with "who" and ending with
3 "632.83" on line 10.

4 **2.** Page 13, line 10: delete "it".

5 **3.** Page 13, line 17: delete lines 17 to 19 and substitute:

6 **2.** The insurer includes on its explanation of benefits form a statement that
7 the insured may have a right to an independent review after the internal grievance
8 process and that an insured may be entitled to expedited independent review with
9 respect to an urgent matter. The statement shall also include a reference to the
10 section of the policy or certificate that contains the description of the independent
11 review procedure as required under subd. 1. The statement shall provide a toll-free
12 telephone number and website, if appropriate, where consumers may obtain

↓ covered

ens 13-19 contd 2 88

1 additional information regarding internal grievance and independent review
2 processes.

3 3. For any adverse determination or experimental treatment determination for
4 which an explanation of benefits is not provided to the insured, the insurer provides
5 a notice that the insured may have a right to an independent review after the
6 internal grievance process and that an insured may be entitled to expedited,
7 independent review with respect to an urgent matter. The notice shall also include
8 a reference to the section of the policy or certificate that contains the description of
9 the independent review procedure as required under subd. 1. The notice shall
10 provide a toll-free telephone number and website, if appropriate, where consumers
11 may obtain additional information regarding internal grievance and independent
12 review processes. *o*

(END)

Contd

BILL

1 required under this section, how to request the review, and the time within which the
 2 review must be requested. The notice shall include a current listing of independent
 3 review organizations certified under sub. (4). An independent review under this
 4 section may be conducted only by an independent review organization certified
 5 under sub. (4) and selected by the insured.

6 **SECTION 72.** 632.835 (2) (bg) of the statutes is created to read:

7 632.835 (2) (bg) Notwithstanding par. (b), an insurer is not required to provide
 8 the notice under par. (b) to an insured who uses the internal grievance procedure
 9 under s. 632.83 until the insurer sends it notice of the disposition of the internal
 10 grievance if all of the following apply:

11 1. The health benefit plan issued by the insurer contains a description of the
 12 independent review procedure under this section, including an explanation of the
 13 insured's rights under par. (d), how to request the review, the time within which the
 14 review must be requested, and how to obtain a current listing of independent review
 15 organizations certified under sub. (4).

16 2. The insurer includes on its explanation of benefits form a reference to the
 17 section of the policy or certificate that contains the description of the independent
 18 review procedure.

Insert 13-19 cont'd 3089

→ 509 gm

19 **SECTION 73.** 632.898 of the statutes is created to read:

20 **632.898 Medical savings accounts.** (1) In this section:

21 (a) "Account administrator" means any of the following:

22 1. A financial institution, the accounts of which are insured by the Federal
 23 Deposit Insurance Corporation or the national credit union share insurance fund.

24 2. A trust company bank organized under ch. 223.

25 3. An insurer authorized to do business in this state.



BILL

July 13-19 cont'd Top 8

- 1 4. A broker-dealer licensed under subch. III of ch. 551.
- 2 5. A plan administrator licensed under ch. 633.
- 3 6. A certified public accountant licensed to practice in this state.
- 4 7. An employer that has a self-insured health plan.
- 5 8. An employer that participates in the program under this section.

6 (b) "High cost-share health plan" means any health insurance policy,
 7 certificate or contract with deductibles, copayments or other cost-sharing provisions
 8 of at least \$1,500 if the insured's coverage is single or at least \$3,000 if the insured's
 9 coverage is family.

10 (2) (a) An employer that, in providing health insurance coverage for its
 11 employees, offers its employees a choice of health benefit plan options that includes
 12 a high cost-share health plan may establish a medical savings account for an
 13 employee who chooses a high cost-share health plan.

14 (b) The medical savings account shall be established as a separate account in
 15 the employee's name and shall be the employee's property. The account may be
 16 established with any account administrator that is approved by the commissioner to
 17 administer medical savings accounts. The commissioner shall approve an account
 18 administrator to administer medical savings accounts if the account administrator
 19 insures the principal of the medical savings account against loss from any cause,
 20 including loss due to market fluctuation. Whenever an employer establishes a
 21 medical savings account on behalf of an employee, the employer shall notify the
 22 department of revenue, in the manner prescribed by the department of revenue, of
 23 the establishment of the account, the employee's name and social security number,
 24 the name and address of the account administrator and any other information that
 25 the department of revenue may require.



BILL

Ins 13-19 cont'd 5/8

SECT

1 (c) Only an employer under par. (a), whether that employer established the
2 account or is a succeeding employer of an employee for whom a medical savings
3 account has been established, may make deposits in the medical savings account of
4 an employee who chooses a high cost-share health plan. Except as provided in par.

5 (d), such an employer shall deposit in the account the difference between what the
6 employer pays on behalf of the employee, or the employee and his or her dependents,
7 for the high cost-share health plan and what the employer would pay on behalf of
8 the employee, or the employee and his or her dependents, for the most expensive
9 health benefit plan that the employer offers that is not a high cost-share health plan.

10 Except as provided in sub. (4) (a), no other deposits may be made in the account.

11 (d) An employer that establishes a medical savings account on behalf of an
12 employee is not required to deposit in the account more than \$2,000 per year for the
13 employee if the employee's coverage is single, or more than \$2,000 per year for the
14 employee, \$2,000 per year for the employee's spouse or \$1,000 per year for each
15 nonspouse dependent of the employee if the employee's coverage is family. Beginning
16 in 1998, the amounts specified in this paragraph shall be increased each year in the
17 manner provided in s. 71.05 (6) (b) 34.

18 (e) An employee who chooses a high cost-share health plan and for whom a
19 medical savings account is established is not eligible for coverage under a different
20 health benefit plan offered by the employer before the end of the policy term of the
21 high cost-share health plan.

22 (3) (a) A self-employed person who purchases a high cost-share health plan
23 may establish a medical savings account in his or her name. Upon establishing a
24 medical savings account, a self-employed person shall notify the department of
25 revenue, in the manner prescribed by the department of revenue, of the

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BILL

Ins 13-19 contd 688

1 establishment of the account, the self-employed person's name and social security
2 number, the name and address of the account administrator and any other
3 information that the department of revenue may require.

4 (b) Except as provided in par. (c), a self-employed person who establishes a
5 medical savings account shall deposit in the account the difference between what the
6 self-employed person pays for the high cost-share health plan, including coverage
7 for his or her dependents, and what the self-employed person would pay for a more
8 expensive health benefit plan, including coverage for his or her dependents. Except
9 as provided in sub. (4) (b), no other deposits may be made in the account.

10 (c) A self-employed person who establishes a medical savings account is not
11 required to deposit in the account more than \$2,000 per year for himself or herself
12 if the self-employed person's coverage is single, or more than \$2,000 per year for
13 himself or herself, \$2,000 per year for his or her spouse or \$1,000 per year for each
14 nonspouse dependent if the self-employed person's coverage is family. Beginning in
15 1998, the amounts specified in this paragraph shall be increased each year in the
16 manner provided in s. 71.05 (6) (b) 34.

17 (4) (a) If an employee with a medical savings account under this section
18 becomes self-employed and purchases a high cost-share health plan, he or she may
19 make deposits in the account as provided in sub. (3).

20 (b) If a self-employed person with a medical savings account under this section
21 becomes employed by an employer described in sub. (2) (a) and chooses a high
22 cost-share health plan, the employer may make deposits in the account as provided
23 in sub. (2).



BILL

Just 13-19 cont'd 798

1 (5) (a) Amounts deposited in an account under this section and any interest,
2 dividends or other gain that accrues on amounts deposited in the account may be
3 used only for any of the following:

4 1. To pay expenses for medical care, as defined in 26 USC 213 (d) (1) and as
5 limited in 26 USC 213 (b), including amounts treated as paid for medical care under
6 26 USC 213 (d) (2).

7 2. To pay long-term care expenses of the employee or self-employed person or
8 any of the employee's or self-employed person's dependents.

9 3. To purchase a long-term care insurance policy for the employee or
10 self-employed person or any of the employee's or self-employed person's dependents.

11 (b) An employee or self-employed person with a medical savings account shall
12 provide information about the use of the account funds, in the manner prescribed by
13 the department of revenue, in conjunction with the filing of his or her Wisconsin
14 income tax return.

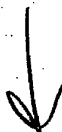
15 (c) Paragraph (a) does not apply after the death of the employee or
16 self-employed person.

17 (6) (a) A person that provides medical care, long-term care or a long-term care
18 insurance policy, the cost of which is to be paid with funds in a medical savings
19 account, shall bill the employee or self-employed person who is the holder of the
20 account directly, rather than billing the account administrator of the medical savings
21 account.

22 (b) The account administrator of a medical savings account shall do all of the
23 following:

24 1. Permit withdrawals from the account at least once a month.

25 2. Issue an account statement to the holder of the account at least quarterly.



insert 12-21A cont'd

1 employer applies for coverage under a group health benefit plan offered by the small
2 employer insurer.

3 ~~3. Page 13 line 19 after that line insert~~

509 jm

4 SECTION ~~12~~ 635.10 of the statutes is created to read:

5 **635.10 Uniform application.** Beginning no later than the first day of the
6 13th month beginning after the effective date of this section ... [revisor inserts date],
7 every small employer insurer shall use the uniform ^{employee} application form developed by
8 the commissioner ^{by rule} under s. 601.41 (8) (b) when a small employer applies for coverage
9 under a group health benefit plan offered by the small employer insurer.

*Insert 13-19 cont'd
878*

10

MM

The commissioner shall revise the
form at least every 2 years.

(end of ins 3-19)



State of Wisconsin
2001 - 2002 LEGISLATURE

LRBa1513/1
PJK:cjs:kjf

ASSEMBLY AMENDMENT 13,
TO 2001 ASSEMBLY BILL 876

March 7, 2002 - Offered by Representative UNDERHEIM.

Insert 14-9

1 At the locations indicated, amend the bill as follows:

2 **1.** Page 1, line 10: delete "requiring" and substitute "allowing".

3 **2.** Page 9, line 15: delete that line.

4 **3.** Page 13, line 24: after "insurer" insert "that chooses to participate in the
5 program under this section".

6 **4.** Page 14, line 9: after "report" insert "In addition, the small employer
7 insurer may in the report limit the covered benefits to which the threshold level
8 applies, which may be costs of one or more types of health care facilities, as defined
9 in s. 146.997 (1) (c), costs of one or more types of health care professionals, as defined
10 in s. 180.1901 (1m), or any combination of those costs".

11 **5.** Page 14, line 11: before "covered" insert "applicable".

12 **6.** Page 14, line 22: on lines 22 and 24, after "insurer" insert "that chooses to
13 participate in the program under this section".

Insert 15-21

1 **7.** Page 15, line 6: after “insurer” insert “that chooses to participate in the
2 program under this section”

3 **8.** Page 15, line 9: after “(a)” insert “, the covered benefits to which the
4 threshold level applies,”.

5 **9.** Page 15, line 15: delete “by rule shall establish” and substitute “shall
6 promulgate a rule determined by the board that establishes”.

7 **10.** Page 15, line 18: delete “commissioner” and substitute “rule”

8 **11.** Page 15, line 19: delete “establish” and substitute “provide for”.

9 **12.** Page 15, line 21: after “(a)” insert ^{no 4} “The rule shall provide that a provider’s
10 charges for which a small employer insurer seeks reimbursement shall be discounted
11 in the same proportion that the provider’s charges bears to the total amount of
12 provider charges for which the small employer insurer seeks reimbursement. The
13 provider discount rates under this paragraph apply only to services for which the
14 commissioner provides reimbursement under sub. (2) (c).”

15 **13.** Page 16, line 6: after “(3) (c) 3.” insert “by small employer insurers that
16 choose to participate in the program under this section.”

17 **14.** Page 18, line 2: delete “, the provider assessments under sub. (3) (a) 3.,”.

18 **15.** Page 18, line 11: delete “assessments under sub. (3) (a) 3. provider”.

19 **16.** Page 18, line 13: delete “2.” and substitute “2.”.

20 **17.** Page 18, line 14: delete that line and substitute “payment rate”.

21 **18.** Page 18, line 15: delete “(b),” and substitute “(b)”.

22 **19.** Page 18, line 18: delete “2.” and substitute “2. or”

Insert 23-24

1 **12.** Page 15, line 16, on lines 16 and 19: after "rates" insert "determined by
2 the board".

3 **13.** Page 15, line 21: after "(a)." insert "The provider discount rates under this
4 paragraph apply only to services for which the commissioner provides
5 reimbursement under sub. (2) (c).".

6 **14.** Page 16, line 6: after "(3) (c) 3." insert "by small employer insurers that
7 choose to participate in the program under this section.".

8 **15.** Page 20, line 7: after "rates" insert "determined by the board".

9 **16.** Page 23, line 13: delete the material beginning with that line and ending
10 with line 24 and substitute:

11 (a) One member representing small employers, one member representing
12 small employer insurers, and one member representing hospitals, for terms expiring
13 on May 1, 2005.

14 (b) Two members representing small employer insurers, and the member who
15 is a physician, for terms expiring on May 1, 2006.

16 (c) One member representing small employers, one member representing small
17 employer insurers, one member representing hospitals, and the member who is a
18 nurse, for terms expiring on May 1, 2007.

19 **17.** Page 24, line 9: delete "Four" and substitute "Three".

20 **18.** Page 24, line 10: delete "2 specified" and substitute "one specified".

21 **19.** Page 24, line 13: delete "Three" and substitute "Four".

22 **20.** Page 24, line 14: delete "and".