

**2001 Jr2 DRAFTING REQUEST**

**Senate Amendment (SA-SSA1-AB1)**

Received: 03/27/2002

Received By: kahlepj

Wanted: Soon

Identical to LRB:

For: Senate Democratic Caucus

By/Representing: Engel

This file may be shown to any legislator: NO

Drafter: kahlepj

May Contact:

Addl. Drafters:

Subject: Insurance - health

Extra Copies:

Submit via email: NO

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**Pre Topic:**

SCC:.....Engel - CN6124, CN6125,

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**Topic:**

Health insurance coverage of contraceptive services and articles and of mental health and drug abuse treatment

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**Instructions:**

See Attached

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**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 03/28/2002	csicilia 03/29/2002		_____			
/1			chanaman 03/29/2002	_____	lrb_docadmin 04/01/2002		

FE Sent For:

<END>

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Health insurance coverage of contraceptive services and articles and of mental health and drug abuse treatment

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/?	kahlepj	1 cjs 3/29 02		_____			

FE Sent For:

<END>

INSURANCE

Contraceptive Coverage

Motion:

Adopt the provisions of LRB 1076/2, requiring health insurance policies to cover contraceptive articles and services.

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Note:

This motion relates to SB 128, the Contraceptive Coverage Equity bill, which passed the State Senate on October 16, 2001.

[Fiscal Effect: \$0]

PJK

CN 6124

62837

Suggested Caucus Positions

INSURANCE

Mental Health Parity

Motion:

Adopt the provisions of LRB 1399/1, relating to health insurance coverage of nervous and mental disorders, alcoholism, and other drug abuse problems.

---

Note:

This motion adopts 2001 SB 157, as passed by the Wisconsin State Senate on October 16, 2001.

[Fiscal effect: \$0]

CN 6/25

PJK

~~62936~~

2001

Date (time) needed SOON

LRB b 2837, 1

*D-note*

**CAUCUS BUDGET AMENDMENT**  
[CAUCUS AMDTS. ONLY]

PJK : gs :

See form **AMENDMENTS — COMPONENTS & ITEMS.**

**CAUCUS AMENDMENT**  
**TO SENATE SUBSTITUTE AMENDMENT 1**  
**TO 2001 SPECIAL SESSION ASSEMBLY BILL 1**

>>FOR CAUCUS SUPERAMENDMENT — NOT FOR INTRODUCTION<<

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

#. Page 32, line 23: *after that line insert:*

#. Page . . . . , line . . . . :

#. Page . . . . , line . . . . :

#. Page . . . . , line . . . . :

#. Page . . . . , line . . . . :

#. Page . . . . , line . . . . :

**SENATE BILL 128**

SMV

supplement policies, and long-term care insurance policies. Deductibles and copayments that apply generally to the policy or plan may apply to contraceptive articles and services.

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 <sup>100hm</sup> 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), <sup>632.89,</sup> 632.895 (5m) and (8) to ~~(14)~~ (15), and 632.896.

6 SECTION <sup>100hp</sup> 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, <sup>632.89,</sup> and 632.895 (11) to ~~(14)~~ (15). )) ←

Insert 2-9

10 "SECTION <sup>150rm</sup> 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), <sup>632.89,</sup> 632.895 (9) and ~~(11)~~ (15), and 632.896.

15 "SECTION 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),

#. Page 48, line 10: after that line insert:

SENATE BILL 128

#. Page 159, line 3: after that line insert:

1 632.746 (10) (a) 2. and (b) 2., 632.747 (3), 632.85, 632.853, 632.855, 632.87 (4) and (5),

2 632.895 (9) to ~~(14)~~ (15), 632.896, and 767.25 (4m) (d). ”

3 “SECTION ~~5~~ <sup>277 gm</sup> 111.91 (2) (n) of the statutes is amended to read:

4 111.91 (2) (n) The provision to employees of the health insurance coverage

5 required under s. 632.895 (11) to ~~(14)~~ (15).

632.89

Insert 3-5

6 “SECTION ~~6~~ <sup>284 fc</sup> 120.13 (2) (g) of the statutes is amended to read:

7 120.13 (2) (g) Every self-insured plan under par. (b) shall comply with ss.

8 49.493 (3) (d), 631.89, 631.90, 631.93 (2), 632.746 (10) (a) 2. and (b) 2., 632.747 (3),

9 632.85, 632.853, 632.855, 632.87 (4) and (5), ~~632.895 (9) to (14)~~ 632.89, and

10 767.25 (4m) (d). ”

11 “SECTION ~~7~~ <sup>346 cm</sup> 185.981 (4t) of the statutes is amended to read:

12 185.981 (4t) A sickness care plan operated by a cooperative association is

13 subject to ss. 252.14, 631.17, 631.89, 631.95, 632.72 (2), 632.745 to 632.749, 632.85,

14 632.853, 632.855, 632.87 (2m), (3), (4), and (5), ~~632.895 (10) to (14)~~ 632.89, and 632.897

15 (10) and chs. 149 and 155.

#. Page 177, line 14: after that line insert:

16 SECTION ~~8~~ <sup>346 dr</sup> 185.983 (1) (intro.) of the statutes is amended to read:

17 185.983 (1) (intro.) Every such voluntary nonprofit sickness care plan shall be

18 exempt from chs. 600 to 646, with the exception of ss. 601.04, 601.13, 601.31, 601.41,

19 601.42, 601.43, 601.44, 601.45, 611.67, 619.04, 628.34 (10), 631.17, 631.89, 631.93,

20 631.95, 632.72 (2), 632.745 to 632.749, 632.775, 632.79, 632.795, 632.85, 632.853,

21 632.855, 632.87 (2m), (3), (4), and (5), ~~632.895 (5) and (9) to (14)~~ 632.89, and

22 632.897 (10) and chs. 609, 630, 635, 645, and 646, but the sponsoring association

23 shall: ”

24 “SECTION ~~9~~ <sup>509 bp</sup> 609.73 of the statutes is created to read:

Insert 3-23

SENATE BILL 128

1           **609.73 Coverage of contraceptive articles and services.** Managed care

2           plans are subject to s. 632.895 (15).

3           ~~SECTION 10.~~ <sup>509sf</sup> 632.895 (15) of the statutes is created to read:

4           **632.895 (15) CONTRACEPTIVE ARTICLES AND SERVICES.** (a) In this subsection:

5           1. "Contraceptive article" means any of the following:

6           a. A drug, medicine, mixture, preparation, instrument, article, or device of any  
7 nature that is approved by the federal food and drug administration for use to  
8 prevent a pregnancy, that is prescribed by a licensed health care provider for use to  
9 prevent a pregnancy, and that may not be obtained without a prescription from a  
10 licensed health care provider. "Contraceptive article" does not include any drug,  
11 medicine, mixture, preparation, instrument, article, or device of any nature  
12 prescribed for use in terminating the pregnancy of a woman who is known by the  
13 prescribing licensed health care provider to be pregnant.

14           b. A hormonal compound that is taken orally and that is approved by the federal  
15 food and drug administration for use to prevent a pregnancy.

16           2. "Religious employer" means an entity that satisfies all of the following  
17 criteria:

18           a. The inculcation of religious values is the purpose of the entity.

19           b. The entity employs primarily persons who share the religious tenets of the  
20 entity.

21           c. The entity serves primarily persons who share the religious tenets of the  
22 entity.

23           d. The entity is exempt from filing a federal annual information return under  
24 section 6033 (a) (2) (A) (i) and (iii) and (C) (i) of the Internal Revenue Code.

Insert 4-2



**SENATE BILL 128**

1 (b) Every disability insurance policy, and every self-insured health plan of a  
2 county, city, village, or school district, that provides coverage of outpatient health  
3 care services, preventive treatments and services, or prescription drugs and devices  
4 shall provide coverage for all of the following:

5 1. Contraceptive articles.

6 2. Medical services, including counseling and physical examinations, for the  
7 prescription or use of a contraceptive article or of a procedure to prevent a pregnancy.

8 3. Medical procedures performed to prevent a pregnancy.

9 (c) Coverage under this subsection may be subject to exclusions or limitations,  
10 including copayments and deductibles, that apply generally to the benefits that are  
11 provided under the policy or self-insured health plan.

12 (d) This subsection does not apply to any of the following:

13 1. A disability insurance policy that covers only certain specified diseases.

14 2. A health care plan offered by a limited service health organization, as defined  
15 in s. 609.01 (3), or by a preferred provider plan, as defined in s. 609.01 (4), that is not  
16 a managed care plan, as defined in s. 609.01 (3c).

17 3. A medicare replacement policy, a medicare supplement policy, or a long-term  
18 care insurance policy.

19 4. A disability insurance policy that is issued to a religious employer, if the  
20 religious employer requests that the insurer issuing the policy not provide the  
21 coverage specified in par. (b) 1. to 3. on the basis that the articles and services covered  
22 are contrary to the religious employer's religious tenets. A religious employer that  
23 makes a request under this subdivision shall provide written notice to a prospective  
24 insured under the policy, prior to that person's coverage under the policy, that

SENATE BILL 128

1 specifies the articles and services under par. (b) 1. to 3. that will not be covered on  
2 the basis of the employer's request. " . ←

3 ~~SECTION 11. Initial applicability.~~

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

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

8 (b) Disability insurance policies covering employees who are affected by a  
9 collective bargaining agreement containing provisions inconsistent with this act  
10 that are issued or renewed on the earlier of the following:

- 11 1. The day on which the collective bargaining agreement expires.
- 12 2. The day on which the collective bargaining agreement is extended, modified,
- 13 or renewed.

14 (c) Self-insured health plans covering employees who are affected by a  
15 collective bargaining agreement containing provisions inconsistent with this act  
16 that are established, extended, modified, or renewed on the earlier of the following:

- 17 1. The day on which the collective bargaining agreement expires.
- 18 2. The day on which the collective bargaining agreement is extended, modified,
- 19 or renewed. " . ←

Insert 6-4  
NIT APP

and health benefit plans

20 ~~SECTION 12. Effective date.~~

21 ~~This act takes~~ effect on the first day of the 6th month beginning after  
22 publication. " .

Insert 6-21

} EFF DATE

D-note

SENATE BILL 157

Insert 2-9 1802

#. Page 33, line 2: after that line insert:

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), 632.89, 632.895 (5m) and (8) to (14), 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, 632.89, and 632.895 (11) to (14).

10 SECTION 3. 46.10 (8) (d) of the statutes is amended to read:

11 46.10 (8) (d) After due regard to the case and to a spouse and minor children  
12 who are lawfully dependent on the property for support, compromise or waive any  
13 portion of any claim of the state or county for which a person specified under sub. (2)  
14 is liable, but not any claim payable by an insurer under s. 632.89 (2) or ~~(2m)~~ (4m) or  
15 by any other 3rd party.

16 SECTION 4. 46.10 (14) (a) of the statutes is amended to read:

17 46.10 (14) (a) Except as provided in pars. (b) and (c), liability of a person  
18 specified in sub. (2) or s. 46.03 (18) for inpatient care and maintenance of persons  
19 under 18 years of age at community mental health centers, a county mental health  
20 complex under s. 51.08, the centers for the developmentally disabled, Mendota  
21 mental health institute, and Winnebago mental health institute or care and  
22 maintenance of persons under 18 years of age in residential, nonmedical facilities  
23 such as group homes, foster homes, treatment foster homes, child caring institutions,  
24 and juvenile correctional institutions is determined in accordance with the  
25 cost-based fee established under s. 46.03 (18). The department shall bill the liable



SENATE BILL 157

Insert 2-9 cont'd 2002

SECTION 4

Insert 2-9

Page 161, line 11: after that line insert: (end of ins. 2-9)

1 person up to any amount of liability not paid by an insurer under s. 632.89 (2) or (2m)  
2 (4m) or by other 3rd party benefits, subject to rules which include formulas governing  
3 ability to pay promulgated by the department under s. 46.03 (18). Any liability of the  
4 patient not payable by any other person terminates when the patient reaches age 18,  
5 unless the liable person has prevented payment by any act or omission. )) ←

6 SECTION 5. 60.23 (25) of the statutes is amended to read: (end of ins. 2-9)  
7 60.23 (25) SELF-INSURED HEALTH PLANS. Provide health care benefits to its  
8 officers and employees on a self-insured basis if the self-insured plan complies with  
9 ss. 631.89, 631.90, 631.93 (2), 632.746 (10) (a) 2. and (b) 2., 632.747 (3), 632.85,  
10 632.853, 632.855, 632.87 (4) and (5), 632.89, 632.895 (9) and (11) to (14), and 632.896.

11 SECTION 6. 66.0137 (4) of the statutes is amended to read:  
12 66.0137 (4) SELF-INSURED HEALTH PLANS. If a city, including a 1st class city, or  
13 a village provides health care benefits under its home rule power, or if a town  
14 provides health care benefits, to its officers and employees on a self-insured basis,  
15 the self-insured plan shall comply with ss. 49.493 (3) (d), 631.89, 631.90, 631.93 (2),  
16 632.746 (10) (a) 2. and (b) 2., 632.747 (3), 632.85, 632.853, 632.855, 632.87 (4) and (5),  
17 632.89, 632.895 (9) to (14), 632.896, and 767.25 (4m) (d).

Insert 3-5

18 SECTION 7. 111.91 (2) (qm) of the statutes is created to read:  
19 111.91 (2) (qm) The requirements under s. 632.89 related to coverage of  
20 treatment for nervous and mental disorders and alcoholism and other drug abuse  
21 problems. )) ←

22 SECTION 8. 120.13 (2) (g) of the statutes is amended to read:  
23 120.13 (2) (g) Every self-insured plan under par. (b) shall comply with ss.  
24 49.493 (3) (d), 631.89, 631.90, 631.93 (2), 632.746 (10) (a) 2. and (b) 2., 632.747 (3),

→ #. Page 161, line 11: after that line insert:  
(end of ins. 3-5)

SENATE BILL 157

5  
Insert 3-23 1 of 2

#. Page 187, line 7: after that line insert:

1 632.85, 632.853, 632.855, 632.87 (4) and (5), 632.89, 632.895 (9) to (14), 632.896, and  
 2 767.25 (4m) (d).

3 SECTION 9. 185.981 (4t) of the statutes is amended to read:  
 4 185.981 (4t) A sickness care plan operated by a cooperative association is  
 5 subject to ss. 252.14, 631.17, 631.89, 631.95, 632.72 (2), 632.745 to 632.749, 632.85,  
 6 632.853, 632.855, 632.87 (2m), (3), (4) and (5), 632.89, 632.895 (10) to (14), and  
 7 632.897 (10) and chs. 149 and 155.

8 SECTION 10. 185.983 (1) (intro.) of the statutes is amended to read:  
 9 185.983 (1) (intro.) Every such voluntary nonprofit sickness care plan shall be  
 10 exempt from chs. 600 to 646, with the exception of ss. 601.04, 601.13, 601.31, 601.41,  
 11 601.42, 601.43, 601.44, 601.45, 611.67, 619.04, 628.34 (10), 631.17, 631.89, 631.93,  
 12 631.95, 632.72 (2), 632.745 to 632.749, 632.775, 632.79, 632.795, 632.85, 632.853,  
 13 632.855, 632.87 (2m), (3), (4) and (5), 632.89, 632.895 (5) and (9) to (14), 632.896, and  
 14 632.897 (10) and chs. 609, 630, 635, 645, and 646, but the sponsoring association  
 15 shall: → 377cm

16 "SECTION ~~9~~. 301.12 (8) (d) of the statutes is amended to read:  
 17 301.12 (8) (d) After due regard to the case and to a spouse and minor children  
 18 who are lawfully dependent on the property for support, compromise or waive any  
 19 portion of any claim of the state or county for which a person specified under sub. (2)  
 20 is liable, but not any claim payable by an insurer under s. 632.89 (2) or ~~(2m)~~ (4m) or  
 21 by any other 3rd party. → 377dm

22 SECTION ~~9~~. 301.12 (14) (a) of the statutes is amended to read:  
 23 301.12 (14) (a) Except as provided in pars. (b) and (c), liability of a person  
 24 specified in sub. (2) or s. 301.03 (18) for care and maintenance of persons under 17  
 25 years of age in residential, nonmedical facilities such as group homes, foster homes,



SENATE BILL 157

282  
line 3-23 cont'd

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

1 treatment foster homes, child caring institutions, and juvenile correctional  
2 institutions is determined in accordance with the cost-based fee established under  
3 s. 301.03 (18). The department shall bill the liable person up to any amount of  
4 liability not paid by an insurer under s. 632.89 (2) or ~~(2m)~~ (4m) or by other 3rd-party  
5 benefits, subject to rules which include formulas governing ability to pay  
6 promulgated by the department under s. 301.03 (18). Any liability of the resident not  
7 payable by any other person terminates when the resident reaches age 17, unless the  
8 liable person has prevented payment by any act or omission." ←

(end of ins 3-23)

9 SECTION ~~13~~ 609.86 of the statutes is created to read:  
10 609.86 Coverage of alcoholism and other diseases. Managed care plans

11 are subject to s. 632.89." → #. Page 221, line 25: after that line insert:

12 "SECTION ~~13~~ 632.89 (title) of the statutes is amended to read:  
13 632.89 (title) ~~Required coverage of~~ Coverage of mental disorders,  
14 alcoholism, and other diseases.

15 SECTION ~~13~~ 632.89 (1) (b) of the statutes is created to read:  
16 632.89 (1) (b) "Health benefit plan" has the meaning given in s. 632.745 (11).

17 SECTION ~~13~~ 632.89 (1) (em) of the statutes is repealed.

18 SECTION ~~13~~ 632.89 (1) (er) of the statutes is created to read:  
19 632.89 (1) (er) "Self-insured health plan" has the meaning given in s. 632.745  
20 (24).

21 SECTION ~~13~~ 632.89 (2) (title) of the statutes is amended to read:  
22 632.89 (2) (title) REQUIRED COVERAGE FOR GROUP PLANS.

23 SECTION ~~13~~ 632.89 (2) (a) I. of the statutes is renumbered 632.89 (2) (a) and  
24 amended to read:

Sheet 4-2 1 of 4



SENATE BILL 157

-7-  
Ins 4-2 contd 2 of 4

1 632.89 (2) (a) *Conditions covered.* A group ~~or blanket disability insurance~~  
2 ~~policy issued by an insurer~~ health benefit plan and a self-insured health plan shall  
3 provide coverage of nervous and mental disorders and alcoholism and other drug  
4 abuse problems if required by pars. (c) to (dm) and as provided in pars. (b) (c) to (e)  
5 (dm) and sub. (3).

6 SECTION ~~20~~ <sup>509pi</sup> 632.89 (2) (a) 2. of the statutes is repealed.

7 SECTION ~~21~~ <sup>509pj</sup> 632.89 (2) (b) of the statutes is repealed.

8 SECTION ~~22~~ <sup>509pk</sup> 632.89 (2) (c) 1. of the statutes is renumbered 632.89 (2) (c) and  
9 amended to read:

10 632.89 (2) (c) ~~Minimum coverage~~ Coverage of inpatient hospital services. If a  
11 ~~group or blanket disability insurance policy issued by an insurer~~ health benefit plan  
12 or a self-insured health plan provides coverage of any inpatient hospital treatment,  
13 the ~~policy~~ plan shall provide coverage for inpatient hospital services for the  
14 treatment of conditions under par. (a) 1. ~~as provided in subd. 2.~~

15 SECTION ~~23~~ <sup>509pl</sup> 632.89 (2) (c) 2. of the statutes is repealed.

16 SECTION ~~24~~ <sup>509pm</sup> 632.89 (2) (d) 1. of the statutes is renumbered 632.89 (2) (d) and  
17 amended to read:

18 632.89 (2) (d) ~~Minimum coverage~~ Coverage of outpatient services. If a group ~~or~~  
19 ~~blanket disability insurance policy issued by an insurer~~ health benefit plan or a  
20 self-insured health plan provides coverage of any outpatient treatment, the ~~policy~~  
21 plan shall provide coverage for outpatient services for the treatment of conditions  
22 under par. (a) 1. ~~as provided in subd. 2.~~

23 SECTION ~~25~~ <sup>509pn</sup> 632.89 (2) (d) 2. of the statutes is repealed.

24 SECTION ~~26~~ <sup>509po</sup> 632.89 (2) (dm) 1. of the statutes is renumbered 632.89 (2) (dm)  
25 and amended to read:



SENATE BILL 157

*Ins 4-2 contd* 304

1           632.89 (2) (dm) ~~Minimum coverage~~ Coverage of transitional treatment  
2 ~~arrangements.~~ If a group or blanket disability insurance policy issued by an insurer  
3 health benefit plan or a self-insured health plan provides coverage of any inpatient  
4 hospital treatment or any outpatient treatment, the ~~policy plan~~ shall provide  
5 coverage for transitional treatment arrangements for the treatment of conditions  
6 under par. (a) ~~1. as provided in subd. 2.~~

7 SECTION ~~27~~ <sup>509pp</sup>. 632.89 (2) (dm) 2. of the statutes is repealed.

8 SECTION ~~28~~ <sup>509pp</sup>. 632.89 (2) (e) of the statutes is renumbered 632.89 (5) (b) and  
9 amended to read:

10           632.89 (5) (b) ~~Exclusion~~ Certain health care plans. This subsection ~~section~~ does  
11 not apply to a health care plan offered by a limited service health organization, as  
12 defined in s. 609.01 (3), or by a preferred provider plan, as defined in s. 609.01 (4),  
13 that is not a managed care plan, as defined in s. 609.01 (3c).

14 SECTION ~~29~~ <sup>509pr</sup>. 632.89 (2m) of the statutes is renumbered 632.89 (4m).

15 SECTION ~~30~~ <sup>509ps</sup>. 632.89 (3) of the statutes is created to read:

16           632.89 (3) EQUAL COVERAGE REQUIREMENT. (a) *Group plans.* A group health  
17 benefit plan or a self-insured health plan that provides coverage for the treatment  
18 of nervous and mental disorders and alcoholism and other drug abuse problems shall  
19 provide the same coverage for that treatment that it provides for the treatment of  
20 physical conditions.

21           (b) *Individual plans.* If an individual health benefit plan provides coverage for  
22 the treatment of nervous or mental disorders or alcoholism or other drug abuse  
23 problems, the individual health benefit plan shall provide the same coverage for that  
24 treatment that it provides for the treatment of physical conditions.





SENATE BILL 157

*Ins 4-2 cont'd 4/7/4*

1 (c) *All coverage components.* The requirements under this subsection apply to  
2 all coverage-related components, including rates; exclusions and limitations;  
3 deductibles; copayments; coinsurance; annual and lifetime payment limits;  
4 out-of-pocket limits; out-of-network charges; day, visit, or appointment limits;  
5 duration or frequency of coverage; and medical necessity definitions.

6 SECTION ~~33~~ <sup>509pt</sup> 632.89 (3m) of the statutes is repealed.

7 SECTION ~~32~~ <sup>509pu</sup> 632.89 (5) (title) of the statutes is amended to read:

8 632.89 (5) (title) ~~MEDICARE EXCLUSION~~ EXCLUSIONS.

9 SECTION ~~33~~ <sup>509pv</sup> 632.89 (5) of the statutes is renumbered 632.89 (5) (a).

10 SECTION ~~34~~ <sup>509pw</sup> 632.89 (5) (a) (title) of the statutes is created to read:

11 632.89 (5) (a) (title) *Medicare.*

12 SECTION 35. **Initial applicability.**  
13 (1) This act first applies to all of the following:  
14 (a) Except as provided in paragraphs (b) and (c), health benefit plans that are  
15 issued or renewed, and self-insured health plans that are established, extended,  
16 modified, or renewed, on the effective date of this paragraph.  
17 (b) Health benefit plans covering employees who are affected by a collective  
18 bargaining agreement containing provisions inconsistent with this act that are  
19 issued 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.  
23 (c) Self-insured health plans covering employees who are affected by a  
24 collective bargaining agreement containing provisions inconsistent with this act  
25 that are established, extended, modified, or renewed on the earlier of the following:

*(cont'd of ins 4-2)*

2001-2002 DRAFTING INSERT  
FROM THE  
LEGISLATIVE REFERENCE BUREAU

LRBb2837/ins  
PJK:.....

INSERT 6-4

1 9 1. Page 436, line 4: after that line insert:

2 4 "~~(1m)~~<sup>1r</sup> CONTRACEPTIVE COVERAGE AND MENTAL HEALTH AND DRUG ABUSE TREATMENT  
3 COVERAGE. The treatment of sections 40.51 (8) and (8m), 46.10 (8) (d) ~~and~~<sup>and</sup> (14) (a),  
4 ~~66.0137 (4), 111.91 (2) (n) and (qm), 120.13 (2) (g), 185.981 (4t), 185.983~~  
5 (1) (intro.), 301.12 (8) (d) and (14) (a), 609.73, 609.86, 632.89 (title), (1) (b), (em), and  
6 (er), (2) (title), (a) 1. and 2., (b), (c) 1. and 2., (d) 1. and 2., (dm) 1. and 2., and (e), (2m),  
7 (3), and (3m) and 632.895 (15) of the statutes, the renumbering of section 632.89 (5)  
8 of the statutes, the amendment of section 632.89 (5) (title) of the statutes, and the  
9 creation of section 632.89 (5) (a) (title) of the statutes first apply to all of the following:

(END OF INSERT 6-4)

INSERT 6-21

10 11 2. Page 446, line 13: after that line insert:

11 4 "~~(1m)~~<sup>1r</sup> CONTRACEPTIVE COVERAGE AND MENTAL HEALTH AND DRUG ABUSE TREATMENT  
12 COVERAGE. The treatment of sections 40.51 (8) and (8m), 46.10 (8) (d) ~~and~~<sup>and</sup> (14) (a),  
13 ~~66.0137 (4), 111.91 (2) (n) and (qm), 120.13 (2) (g), 185.981 (4t), 185.983~~  
14 (1) (intro.), 301.12 (8) (d) and (14) (a), 609.73, 609.86, 632.89 (title), (1) (b), (em), and  
15 (er), (2) (title), (a) 1. and 2., (b), (c) 1. and 2., (d) 1. and 2., (dm) 1. and 2., and (e), (2m),  
16 (3), and (3m) and 632.895 (15) of the statutes, the renumbering of section 632.89 (5)  
17 of the statutes, the amendment of section 632.89 (5) (title) of the statutes, the  
18 creation of section 632.89 (5) (a) (title) of the statutes, and SECTION 9327 (1r) of this  
19 act take

(END OF INSERT 6-21)

WIT  
ADD

EFF  
DATE

1r

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

LRBb2837/1dn

PJK:.....

*ejs*

This amendment combines CN 6124 (SB 128, contraceptive coverage) and CN 6125 (SB 157, mental health parity). Both bills treated many of the same provisions and had the same initial applicability and delayed effective date. To avoid a possibly difficult reconciliation later, I "reconciled" them now. If one of the two bills is not included in the superamendment, I will simply delete the parts that relate to it from the provisions treated by both bills and from the initial applicability and effective date provisions.

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

LRBb2837/1dn  
PJK:cjs:cmh

March 29, 2002

This amendment combines CN 6124 (SB 128, contraceptive coverage) and CN 6125 (SB 157, mental health parity). Both bills treated many of the same provisions and had the same initial applicability and delayed effective date. To avoid a possibly difficult reconciliation later, I "reconciled" them now. If one of the two bills is not included in the superamendment, I will simply delete the parts that relate to it from the provisions treated by both bills and from the initial applicability and effective date provisions.

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State of Wisconsin  
2001 - 2002 LEGISLATURE

January 2002 Special Session

LRBb2837/1  
PJK:cjs:cmh

SCC:.....Engel - CN6124, CN6125, Health insurance coverage of  
contraceptive services and articles and of mental health and drug  
abuse treatment

FOR 2001-03 BUDGET — NOT READY FOR INTRODUCTION

**CAUCUS SENATE AMENDMENT ,  
TO SENATE SUBSTITUTE AMENDMENT 1,  
TO ASSEMBLY BILL 1**

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

2 **1.** Page 32, line 23: after that line insert:

3 “**SECTION 100hm.** 40.51 (8) of the statutes is amended to read:

4 40.51 (8) Every health care coverage plan offered by the state under sub. (6)

5 shall comply with ss. 631.89, 631.90, 631.93 (2), 631.95, 632.72 (2), 632.746 (1) to (8)

6 and (10), 632.747, 632.748, 632.83, 632.835, 632.85, 632.853, 632.855, 632.87 (3) to

7 (5), 632.89, 632.895 (5m) and (8) to ~~(14)~~ (15), and 632.896.

8 **SECTION 100hp.** 40.51 (8m) of the statutes is amended to read:

1           40.51 (8m) Every health care coverage plan offered by the group insurance  
2 board under sub. (7) shall comply with ss. 631.95, 632.746 (1) to (8) and (10), 632.747,  
3 632.748, 632.83, 632.835, 632.85, 632.853, 632.855, 632.89, and 632.895 (11) to (14)  
4 (15).”

5           **2.** Page 33, line 2: after that line insert:

6           **“SECTION 100nc.** 46.10 (8) (d) of the statutes is amended to read:

7           46.10 (8) (d) After due regard to the case and to a spouse and minor children  
8 who are lawfully dependent on the property for support, compromise or waive any  
9 portion of any claim of the state or county for which a person specified under sub. (2)  
10 is liable, but not any claim payable by an insurer under s. 632.89 (2) or ~~(2m)~~ (4m) or  
11 by any other 3rd party.

12           **SECTION 100nj.** 46.10 (14) (a) of the statutes is amended to read:

13           46.10 (14) (a) Except as provided in pars. (b) and (c), liability of a person  
14 specified in sub. (2) or s. 46.03 (18) for inpatient care and maintenance of persons  
15 under 18 years of age at community mental health centers, a county mental health  
16 complex under s. 51.08, the centers for the developmentally disabled, Mendota  
17 mental health institute, and Winnebago mental health institute or care and  
18 maintenance of persons under 18 years of age in residential, nonmedical facilities  
19 such as group homes, foster homes, treatment foster homes, child caring institutions,  
20 and juvenile correctional institutions is determined in accordance with the  
21 cost-based fee established under s. 46.03 (18). The department shall bill the liable  
22 person up to any amount of liability not paid by an insurer under s. 632.89 (2) or ~~(2m)~~  
23 (4m) or by other 3rd party benefits, subject to rules which include formulas governing  
24 ability to pay promulgated by the department under s. 46.03 (18). Any liability of the

1 patient not payable by any other person terminates when the patient reaches age 18,  
2 unless the liable person has prevented payment by any act or omission.”.

3 **3.** Page 48, line 10: after that line insert:

4 “SECTION 150rm. 66.0137 (4) of the statutes is amended to read:

5 66.0137 (4) SELF-INSURED HEALTH PLANS. If a city, including a 1st class city, or  
6 a village provides health care benefits under its home rule power, or if a town  
7 provides health care benefits, to its officers and employees on a self-insured basis,  
8 the self-insured plan shall comply with ss. 49.493 (3) (d), 631.89, 631.90, 631.93 (2),  
9 632.746 (10) (a) 2. and (b) 2., 632.747 (3), 632.85, 632.853, 632.855, 632.87 (4) and (5),  
10 632.89, 632.895 (9) to ~~(14)~~ (15), 632.896, and 767.25 (4m) (d).”.

11 **4.** Page 159, line 3: after that line insert:

12 “SECTION 277gm. 111.91 (2) (n) of the statutes is amended to read:

13 111.91 (2) (n) The provision to employees of the health insurance coverage  
14 required under s. 632.895 (11) to ~~(14)~~ (15).

15 SECTION 277hm. 111.91 (2) (qm) of the statutes is created to read:

16 111.91 (2) (qm) The requirements under s. 632.89 related to coverage of  
17 treatment for nervous and mental disorders and alcoholism and other drug abuse  
18 problems.”.

19 **5.** Page 161, line 11: after that line insert:

20 “SECTION 284fc. 120.13 (2) (g) of the statutes is amended to read:

21 120.13 (2) (g) Every self-insured plan under par. (b) shall comply with ss.  
22 49.493 (3) (d), 631.89, 631.90, 631.93 (2), 632.746 (10) (a) 2. and (b) 2., 632.747 (3),  
23 632.85, 632.853, 632.855, 632.87 (4) and (5), 632.89, 632.895 (9) to ~~(14)~~ (15), 632.896,  
24 and 767.25 (4m) (d).”.

1           **6.** Page 177, line 14: after that line insert:

2           “**SECTION 346cm.** 185.981 (4t) of the statutes is amended to read:

3           185.981 (4t) A sickness care plan operated by a cooperative association is  
4 subject to ss. 252.14, 631.17, 631.89, 631.95, 632.72 (2), 632.745 to 632.749, 632.85,  
5 632.853, 632.855, 632.87 (2m), (3), (4), and (5), 632.89, 632.895 (10) to ~~(14)~~ (15), and  
6 632.897 (10) and chs. 149 and 155.

7           **SECTION 346dr.** 185.983 (1) (intro.) of the statutes is amended to read:

8           185.983 (1) (intro.) Every such voluntary nonprofit sickness care plan shall be  
9 exempt from chs. 600 to 646, with the exception of ss. 601.04, 601.13, 601.31, 601.41,  
10 601.42, 601.43, 601.44, 601.45, 611.67, 619.04, 628.34 (10), 631.17, 631.89, 631.93,  
11 631.95, 632.72 (2), 632.745 to 632.749, 632.775, 632.79, 632.795, 632.85, 632.853,  
12 632.855, 632.87 (2m), (3), (4), and (5), 632.89, 632.895 (5) and (9) to ~~(14)~~ (15), 632.896,  
13 and 632.897 (10) and chs. 609, 630, 635, 645, and 646, but the sponsoring association  
14 shall.”

15           **7.** Page 187, line 7: after that line insert:

16           “**SECTION 377cm.** 301.12 (8) (d) of the statutes is amended to read:

17           301.12 (8) (d) After due regard to the case and to a spouse and minor children  
18 who are lawfully dependent on the property for support, compromise or waive any  
19 portion of any claim of the state or county for which a person specified under sub. (2)  
20 is liable, but not any claim payable by an insurer under s. 632.89 (2) or ~~(2m)~~ (4m) or  
21 by any other 3rd party.

22           **SECTION 377dm.** 301.12 (14) (a) of the statutes is amended to read:

23           301.12 (14) (a) Except as provided in pars. (b) and (c), liability of a person  
24 specified in sub. (2) or s. 301.03 (18) for care and maintenance of persons under 17



1 years of age in residential, nonmedical facilities such as group homes, foster homes,  
2 treatment foster homes, child caring institutions, and juvenile correctional  
3 institutions is determined in accordance with the cost-based fee established under  
4 s. 301.03 (18). The department shall bill the liable person up to any amount of  
5 liability not paid by an insurer under s. 632.89 (2) or ~~(2m)~~ (4m) or by other 3rd-party  
6 benefits, subject to rules which include formulas governing ability to pay  
7 promulgated by the department under s. 301.03 (18). Any liability of the resident not  
8 payable by any other person terminates when the resident reaches age 17, unless the  
9 liable person has prevented payment by any act or omission.”.

10 **8.** Page 221, line 22: after that line insert:

11 “SECTION 509bp. 609.73 of the statutes is created to read:

12 **609.73 Coverage of contraceptive articles and services.** Managed care  
13 plans are subject to s. 632.895 (15).

14 SECTION 509bw. 609.86 of the statutes is created to read:

15 **609.86 Coverage of alcoholism and other diseases.** Managed care plans  
16 are subject to s. 632.89.”.

17 **9.** Page 221, line 25: after that line insert:

18 “SECTION 509pc. 632.89 (title) of the statutes is amended to read:

19 **632.89 (title) Required coverage of Coverage of mental disorders,**  
20 **alcoholism, and other diseases.**

21 SECTION 509pd. 632.89 (1) (b) of the statutes is created to read:

22 632.89 (1) (b) “Health benefit plan” has the meaning given in s. 632.745 (11).

23 SECTION 509pe. 632.89 (1) (em) of the statutes is repealed.

24 SECTION 509pf. 632.89 (1) (er) of the statutes is created to read:

1           632.89 (1) (er) “Self-insured health plan” has the meaning given in s. 632.745  
2 (24).

3           **SECTION 509pg.** 632.89 (2) (title) of the statutes is amended to read:

4           632.89 (2) (title) REQUIRED COVERAGE FOR GROUP PLANS.

5           **SECTION 509ph.** 632.89 (2) (a) 1. of the statutes is renumbered 632.89 (2) (a)  
6 and amended to read:

7           632.89 (2) (a) *Conditions covered.* A group ~~or blanket disability insurance~~  
8 ~~policy issued by an insurer~~ health benefit plan and a self-insured health plan shall  
9 provide coverage of nervous and mental disorders and alcoholism and other drug  
10 abuse problems if required by pars. (c) to (dm) and as provided in pars. ~~(b) (c) to (e)~~  
11 (dm) and sub. (3).

12           **SECTION 509pi.** 632.89 (2) (a) 2. of the statutes is repealed.

13           **SECTION 509pj.** 632.89 (2) (b) of the statutes is repealed.

14           **SECTION 509pk.** 632.89 (2) (c) 1. of the statutes is renumbered 632.89 (2) (c) and  
15 amended to read:

16           632.89 (2) (c) ~~Minimum coverage~~ Coverage of inpatient hospital services. If a  
17 group ~~or blanket disability insurance policy issued by an insurer~~ health benefit plan  
18 or a self-insured health plan provides coverage of any inpatient hospital treatment,  
19 the ~~policy plan~~ shall provide coverage for inpatient hospital services for the  
20 treatment of conditions under par. (a) 1. ~~as provided in subd. 2.~~

21           **SECTION 509pL.** 632.89 (2) (c) 2. of the statutes is repealed.

22           **SECTION 509pm.** 632.89 (2) (d) 1. of the statutes is renumbered 632.89 (2) (d)  
23 and amended to read:

24           632.89 (2) (d) ~~Minimum coverage~~ Coverage of outpatient services. If a group ~~or~~  
25 ~~blanket disability insurance policy issued by an insurer~~ health benefit plan or a

1 self-insured health plan provides coverage of any outpatient treatment, the policy  
2 plan shall provide coverage for outpatient services for the treatment of conditions  
3 under par. (a) ~~1. as provided in subd. 2.~~

4 **SECTION 509pn.** 632.89 (2) (d) 2. of the statutes is repealed.

5 **SECTION 509po.** 632.89 (2) (dm) 1. of the statutes is renumbered 632.89 (2) (dm)  
6 and amended to read:

7 632.89 (2) (dm) ~~Minimum coverage~~ Coverage of transitional treatment  
8 arrangements. If a group or blanket disability insurance policy issued by an insurer  
9 health benefit plan or a self-insured health plan provides coverage of any inpatient  
10 hospital treatment or any outpatient treatment, the policy plan shall provide  
11 coverage for transitional treatment arrangements for the treatment of conditions  
12 under par. (a) ~~1. as provided in subd. 2.~~

13 **SECTION 509pp.** 632.89 (2) (dm) 2. of the statutes is repealed.

14 **SECTION 509pq.** 632.89 (2) (e) of the statutes is renumbered 632.89 (5) (b) and  
15 amended to read:

16 632.89 (5) (b) ~~Exclusion~~ Certain health care plans. This subsection ~~section~~ does  
17 not apply to a health care plan offered by a limited service health organization, as  
18 defined in s. 609.01 (3), or by a preferred provider plan, as defined in s. 609.01 (4),  
19 that is not a managed care plan, as defined in s. 609.01 (3c).

20 **SECTION 509pr.** 632.89 (2m) of the statutes is renumbered 632.89 (4m).

21 **SECTION 509ps.** 632.89 (3) of the statutes is created to read:

22 632.89 (3) EQUAL COVERAGE REQUIREMENT. (a) *Group plans.* A group health  
23 benefit plan or a self-insured health plan that provides coverage for the treatment  
24 of nervous and mental disorders and alcoholism and other drug abuse problems shall

1 provide the same coverage for that treatment that it provides for the treatment of  
2 physical conditions.

3 (b) *Individual plans.* If an individual health benefit plan provides coverage for  
4 the treatment of nervous or mental disorders or alcoholism or other drug abuse  
5 problems, the individual health benefit plan shall provide the same coverage for that  
6 treatment that it provides for the treatment of physical conditions.

7 (c) *All coverage components.* The requirements under this subsection apply to  
8 all coverage-related components, including rates; exclusions and limitations;  
9 deductibles; copayments; coinsurance; annual and lifetime payment limits;  
10 out-of-pocket limits; out-of-network charges; day, visit, or appointment limits;  
11 duration or frequency of coverage; and medical necessity definitions.

12 **SECTION 509pt.** 632.89 (3m) of the statutes is repealed.

13 **SECTION 509pu.** 632.89 (5) (title) of the statutes is amended to read:

14 632.89 (5) (title) ~~MEDICARE EXCLUSION~~ EXCLUSIONS.

15 **SECTION 509pv.** 632.89 (5) of the statutes is renumbered 632.89 (5) (a).

16 **SECTION 509pw.** 632.89 (5) (a) (title) of the statutes is created to read:

17 632.89 (5) (a) (title) *Medicare.*

18 **SECTION 509sf.** 632.895 (15) of the statutes is created to read:

19 632.895 (15) **CONTRACEPTIVE ARTICLES AND SERVICES.** (a) In this subsection:

20 1. “Contraceptive article” means any of the following:

21 a. A drug, medicine, mixture, preparation, instrument, article, or device of any  
22 nature that is approved by the federal food and drug administration for use to  
23 prevent a pregnancy, that is prescribed by a licensed health care provider for use to  
24 prevent a pregnancy, and that may not be obtained without a prescription from a  
25 licensed health care provider. “Contraceptive article” does not include any drug,

1 medicine, mixture, preparation, instrument, article, or device of any nature  
2 prescribed for use in terminating the pregnancy of a woman who is known by the  
3 prescribing licensed health care provider to be pregnant.

4 b. A hormonal compound that is taken orally and that is approved by the federal  
5 food and drug administration for use to prevent a pregnancy.

6 2. “Religious employer” means an entity that satisfies all of the following  
7 criteria:

8 a. The inculcation of religious values is the purpose of the entity.

9 b. The entity employs primarily persons who share the religious tenets of the  
10 entity.

11 c. The entity serves primarily persons who share the religious tenets of the  
12 entity.

13 d. The entity is exempt from filing a federal annual information return under  
14 section 6033 (a) (2) (A) (i) and (iii) and (C) (i) of the Internal Revenue Code.

15 (b) Every disability insurance policy, and every self-insured health plan of a  
16 county, city, village, or school district, that provides coverage of outpatient health  
17 care services, preventive treatments and services, or prescription drugs and devices  
18 shall provide coverage for all of the following:

19 1. Contraceptive articles.

20 2. Medical services, including counseling and physical examinations, for the  
21 prescription or use of a contraceptive article or of a procedure to prevent a pregnancy.

22 3. Medical procedures performed to prevent a pregnancy.

23 (c) Coverage under this subsection may be subject to exclusions or limitations,  
24 including copayments and deductibles, that apply generally to the benefits that are  
25 provided under the policy or self-insured health plan.

1 (d) This subsection does not apply to any of the following:

2 1. A disability insurance policy that covers only certain specified diseases.

3 2. A health care plan offered by a limited service health organization, as defined  
4 in s. 609.01 (3), or by a preferred provider plan, as defined in s. 609.01 (4), that is not  
5 a managed care plan, as defined in s. 609.01 (3c).

6 3. A medicare replacement policy, a medicare supplement policy, or a long-term  
7 care insurance policy.

8 4. A disability insurance policy that is issued to a religious employer, if the  
9 religious employer requests that the insurer issuing the policy not provide the  
10 coverage specified in par. (b) 1. to 3. on the basis that the articles and services covered  
11 are contrary to the religious employer's religious tenets. A religious employer that  
12 makes a request under this subdivision shall provide written notice to a prospective  
13 insured under the policy, prior to that person's coverage under the policy, that  
14 specifies the articles and services under par. (b) 1. to 3. that will not be covered on  
15 the basis of the employer's request.”.

16 **10.** Page 436, line 4: after that line insert:

17 “(1r) CONTRACEPTIVE COVERAGE AND MENTAL HEALTH AND DRUG ABUSE TREATMENT  
18 COVERAGE. The treatment of sections 40.51 (8) and (8m), 46.10 (8) (d) and (14) (a),  
19 66.0137 (4), 111.91 (2) (n) and (qm), 120.13 (2) (g), 185.981 (4t), 185.983 (1) (intro.),  
20 301.12 (8) (d) and (14) (a), 609.73, 609.86, 632.89 (title), (1) (b), (em), and (er), (2)  
21 (title), (a) 1. and 2., (b), (c) 1. and 2., (d) 1. and 2., (dm) 1. and 2., and (e), (2m), (3),  
22 and (3m) and 632.895 (15) of the statutes, the renumbering of section 632.89 (5) of  
23 the statutes, the amendment of section 632.89 (5) (title) of the statutes, and the  
24 creation of section 632.89 (5) (a) (title) of the statutes first apply to all of the following:

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

5 (b) Disability insurance policies and health benefit plans covering employees  
6 who are affected by a collective bargaining agreement containing provisions  
7 inconsistent with this act that are issued or renewed on the earlier of the following:

- 8 1. The day on which the collective bargaining agreement expires.
- 9 2. The day on which the collective bargaining agreement is extended, modified,  
10 or renewed.

11 (c) Self-insured health plans covering employees who are affected by a  
12 collective bargaining agreement containing provisions inconsistent with this act  
13 that are established, extended, modified, 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 **11.** Page 446, line 13: after that line insert:

18 “(1r) CONTRACEPTIVE COVERAGE AND MENTAL HEALTH AND DRUG ABUSE TREATMENT  
19 COVERAGE. The treatment of sections 40.51 (8) and (8m), 46.10 (8) (d) and (14) (a),  
20 66.0137 (4), 111.91 (2) (n) and (qm), 120.13 (2) (g), 185.981 (4t), 185.983 (1) (intro.),  
21 301.12 (8) (d) and (14) (a), 609.73, 609.86, 632.89 (title), (1) (b), (em), and (er), (2)  
22 (title), (a) 1. and 2., (b), (c) 1. and 2., (d) 1. and 2., (dm) 1. and 2., and (e), (2m), (3),  
23 and (3m) and 632.895 (15) of the statutes, the renumbering of section 632.89 (5) of  
24 the statutes, the amendment of section 632.89 (5) (title) of the statutes, the creation

1 of section 632.89 (5) (a) (title) of the statutes, and SECTION 9327 (1r) of this act take  
2 effect on the first day of the 6th month beginning after publication.”

3 (END)