2001 DRAFTING REQUEST

Assembly Amendment (AA-ASA1-SB55)

Received: **06/21/2001**

Received By: **kahlepj**

Wanted: **Soon**

Identical to LRB:

For: **Assembly Republican Caucus 7-4887**

By/Representing: **Hughes**

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

Drafter: **kahlepj**

May Contact:

Addl. Drafters:

Subject: **Insurance - health**

Extra Copies:

Submit via email: **NO**

Requester's email:

Pre Topic:

ARC:.....Hughes - AM22,

Topic:

Require health insurers to pay for all services of anesthesiologists

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Instructions:

See Attached

Drafting History:

Vers.	Drafted	Reviewed	Typed	Proofed	Submitted	Jacketed	Required
/?	kahlepj 06/21/2001	hhagen 06/22/2001		_____ _____			
/1			pgreensl 06/22/2001	_____ _____	lrb_docadmin 06/22/2001		

FE Sent For:

<END>

LRBb1455

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Require health insurers to pay for all services of anesthesiologists

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See Attached

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Vers.	Drafted	Reviewed	Typed	Proofed	Submitted	Jacketed	Required
/?	kahlepj	1 hmh 6/22/01	6/28 PS	6/22 pg/ch			

FE Sent For:

<END>

Budget Amendments 2001 - 2003

#28

Prepared by the Assembly Republican Caucus

Statement of Intent Require payment by health insurers to pay anesthesiologists for all services, regardless of how billed.

Legislator	Urban	**Amendment**	22
Legislator 2		**Pass or Fail**	Pass
Legislator 3		**Spending Cut**	
Legislator 4		**Withdrawn**	
Staff contact	Sara	**Package**	

PJK

Agency Insurance

Summary Wisconsin anesthesiologists are currently having problems with payment for invasive monitoring procedures performed on patients covered by certain insurers. Anesthesiologists bill out their services as two distinct procedures. But because the services are part of a single procedure, certain insurers will only pay for one part of the bill.

This amendment was passed in our budget caucus last time, but was one of the items inadvertently left out during the drafting process, and was subsequently included in AB 655, the budget trailer bill, which never passed.

Fiscal Impact None

Drafting Inst

ARC Analyst Smith

Request # 147

(Rhoades Request #167)

HFS 132.65(7)(b)4 states that an individual resident's supply of drugs shall be placed in a separate, individually labeled container and transferred to the nursing station and placed in a locked cabinet or cart. This supply shall not exceed 4 days for any one resident.

1. This motion creates statutory language to permit prescriptions to be delivered in quantities consisting of no more than a one-month supply at one time, and
2. This motion creates statutory language to include "punch-outs" or "punch-cards" under definition of unit dose packaging

26. Fifth Standard for Emergency Detention and Involuntary Commitment:

Include Assembly Bill 182 (with LRB correction) relating to the elimination of the fifth standard for emergency detention and involuntary commitment.

27. Mental Health Treatment of Minors:

(Skindrud Request # 26)

This motion would permit a minor's parent or guardian to consent to have a minor treated for problems associated with drugs and alcohol without the consent of the minor.

It also allows a minor under 14 years of age to petition the juvenile court for approval of his or her admission to an inpatient facility if the minor's parent or guardian cannot be found.

This proposal builds on a change in the last state budget that permits a minor's parent or guardian to have a minor tested for drugs and alcohol.

According to LFB, this motion will affect GPR and FED; however, it cannot be estimated how much.

The changes in this motion may have the overall effect of increasing the number of minors receiving inpatient treatment for alcohol or other drug abuse. The state's MA program reimburses local providers for certain mental health services for children including treatment for alcohol and other drug abuse. To the extent it increases the number of children receiving care, this motion would increase costs to the MA program. The additional number of children receiving care is unknown and therefore the exact fiscal effect on MA cannot be estimated.

While most indigent children would be eligible to receive treatment through the state's MA program, counties may be responsible for funding treatment for children in some circumstances. Once again, the number of children is unknown and the fiscal effect cannot be estimated.

28. Require Payment by Health Insurers to Pay Anesthesiologists for all Services: PJK

6/455

(Urban Request # 147)

Wisconsin anesthesiologists are currently having problems with payment for invasive monitoring procedures performed on patients covered by certain insurers. Anesthesiologists bill out their services as two distinct procedures. But because the services are part of a single procedure, certain insurers will only pay for one

part of the bill. This motion would require payment by health insurers to pay anesthesiologists for the two distinct services.

29. Dental School Staff Licensing:

An applicant who is invited to serve on the academic staff of a dental school in this state as a member of the faculty shall be granted a faculty license if the applicant does not engage in any of the types of conduct prohibited by ss. 447.07(3)(a)-(o).

Such license shall remain in force only while the holder is serving full-time on the academic staff of a dental school. The holder's license allows practice within educational facilities and as adjunct to teaching functions. Such license shall expire 2 years after its date of granting and may be renewed at the discretion of the Dental Examining Board (DEB). The board may require an applicant for licensure under this subdivision to appear for an interview.

The board may promulgate rules to carry out the purposes of this subdivision.
This reflects an agreement between DEB and Marquette Dental School.

30. Drug and Alcohol Regulation and Licensing:

Require certification for Alcohol and Drug Counselors to Regulation and Licensing, and grant rule-making authority. This will ensure we have counselors who are certified.

31. Prescription Drug Plan:

Eligibility	Age 65 or Older Income less than 185% of FPL* ($15,448/individual or $20, 800/couple)
Enrollment Fee	$25
Co-Payment	$10 for generic $ 20 for brand name
Deductible	$840 per individual [1]
Drugs Covered	Limited to those drugs produced by manufacturers entered into rebate agreements with the state [2]
State Cost	Approximately $44 million
Number Eligible	171,000 individuals
Start Date	July 2002

*FPL – Federal Poverty Level

[1] An approximate 18% discount of prescription drugs would be available to enrollees during their deductible period.

[2] Pharmacist's Reimbursement will be AWP minus 10%

State of Wisconsin
2001 – 2002 LEGISLATURE

LRBb1455/2
PJK:kmh

ARC:.....Hughes – AM22, Require health insurers to pay for all services of anesthesiologists

FOR 2001–03 BUDGET — NOT READY FOR INTRODUCTION

CAUCUS ASSEMBLY AMENDMENT

TO ASSEMBLY SUBSTITUTE AMENDMENT 1,

TO 2001 ~~ASSEMBLY~~ SENATE BILL ~~14~~ 55

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

1. Page 534, line 23: after that line insert:

"**SECTION ~~2~~ 1398p.** 40.51 (8) of the statutes is amended to read:

40.51 **(8)** Every health care coverage plan offered by the state under sub. (6) shall comply with ss. 631.89, 631.90, 631.93 (2), 631.95, 632.72 (2), 632.746 (1) to (8) and (10), 632.747, 632.748, 632.83, 632.835, 632.85, 632.853, 632.855, 632.87 (3) to (5), 632.895 (5m) and (8) to (14) 22 and 632.896. 1398q

NOTE: NOTE: NOTE: Sub. (8) is shown as affected by three acts of the 1999 legislature and as merged by the revisor under s. 13.93 (2) (c).NOTE:
History: 1981 c. 96; 1983 a. 27; 1985 a. 29; 1987 a. 27, 107, 356; 1987 a. 403 s. 256; 1989 a. 31, 93, 121, 129, 182, 201, 336, 359; 1991 a. 39, 70, 113, 152, 269, 315, 1993 a. 450, 481; 1995 a. 289; 1997 a. 27, 155, 202, 237, 252; 1999 a. 32, 95, 115, 155; s. 13.93 (2) (c).

SECTION ~~2~~ 1398q. 40.51 (8m) of the statutes is amended to read:

632.872

632.872,

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

NOTE: NOTE: NOTE: Sub. (8m) is shown as affected by three acts of the 1999 legislature and as merged by the revisor under s. 13.93 (2) (c).NOTE:

History: 1981 c. 96; 1983 a. 27; 1985 a. 29; 1987 a. 27, 107, 356; 1987 a. 403 s. 256; 1989 a. 31, 93, 121, 129, 182, 201, 336, 359; 1991 a. 39, 70, 113, 152, 269, 315, 1993 a. 450, 481; 1995 a. 289; 1997 a. 27, 155, 202, 237, 252; 1999 a. 32, 95, 115, 155; s. 13.93 (2) (c).

2. Page 913, line 2: after that line insert:

2615d

"**SECTION 27.** 111.91 (2) (nm) of the statutes is created to read:

111.91 **(2)** (nm) The prohibition under s. 632.872 related to denying payment for certain procedures.".

3. Page 985, line 20: after that line insert: 2936m

632.872,

"**SECTION 29.** 185.981 (4t) of the statutes is amended to read:

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

2936m

NOTE: NOTE: Sub. (4t) is shown as affected by two acts of the 1999 legislature and as merged by the revisor under s. 13.93 (2) (c).NOTE:

History: 1971 c. 40 s. 93; 1971 c. 307 s. 118; 1975 c. 98; 1975 c. 223 s. 28; 1975 c. 224 s. 146; 1975 c. 421; 1981 c. 39 s. 22; 1981 c. 205; 1981 c. 391 s. 210; 1985 a. 29; 1985 a. 30 s. 42; 1987 a. 27 ss. 1917e, 3202 (47) (a); 1987 a. 312 s. 17; 1989 a. 121, 129, 200, 201, 336; 1991 a. 39, 123, 269; 1993 a. 27, 450, 481; 1995 a. 27, 118, 289; 1997 a. 27, 155, 237; 1999 a. 95, 115; s. 13.93 (2) (c).

"**SECTION 30.** 185.983 (1) (intro.) of the statutes is amended to read:

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

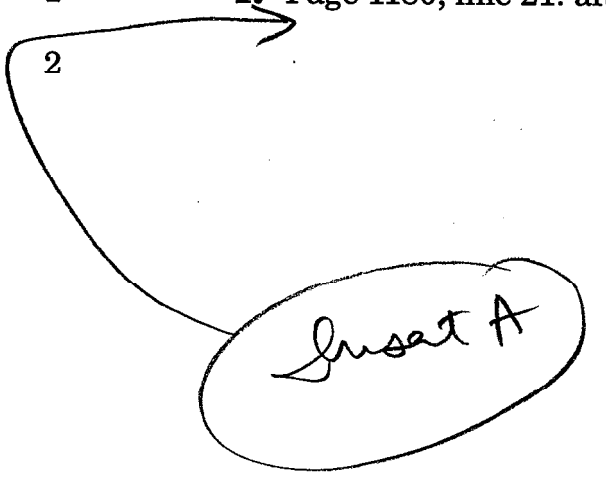
632.872,

NOTE: NOTE: Sub. (1)(intro.) is shown as affected by two acts of the 1999 legislature and as merged by the revisor under s. 13.93 (2) (c).NOTE:

History: 1975 c. 98; 1975 c. 224 s. 146; 1975 c. 352; 1975 c. 422 s. 163; 1977 c. 339; 1979 c. 89; 1981 c. 20; 1981 c. 39 s. 22; 1981 c. 82; 1981 c. 391 s. 210; 1983 a. 189 s. 329 (25); 1983 a. 396; 1985 a. 29 ss. 2060d to 2060r, 3202 (30); 1987 a. 27, 325; 1989 a. 23, 31, 129, 200, 201, 336, 359; 1991 a. 39, 189, 250, 269, 315; 1993 a. 450, 481, 482; 1995 a. 289; 1997 a. 27, 155, 237; 1999 a. 95, 115; s. 13.93 (2) (c).

4. Page 1180, line 21: after that line insert:

(END)



632.747, 632.748, 632.85, 632.853, 632.855, 632.87 (3) to (5), 632.872, 632.895 (5m) and (8) to (13) and 632.896.

SECTION 2. 40.51 (8m) of the statutes is amended to read:

40.51 **(8m)** Every health care coverage plan offered by the group insurance board under sub. (7) shall comply with ss. 632.746 (1) to (8) and (10), 632.747, 632.748, 632.85, 632.853, 632.855, 632.872 and 632.895 (11) to (13).

SECTION 3. 111.91 (2) (nm) of the statutes is created to read:

111.91 **(2)** (nm) The prohibition under s. 632.872 related to denying payment for certain procedures.

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

185.981 **(4t)** A sickness care plan operated by a cooperative association is subject to ss. 252.14, 631.89, 632.72 (2), 632.745 to 632.749, 632.85, 632.853, 632.855, 632.87 (2m), (3), (4) and (5), 632.872, 632.895 (10) to (13) and 632.897 (10) and chs. 149 and 155.

SECTION 5. 185.983 (1) (intro.) of the statutes is amended to read:

185.983 **(1)** (intro.) Every such voluntary nonprofit sickness care plan shall be exempt from chs. 600 to 646, with the exception of ss. 601.04, 601.13, 601.31, 601.41, 601.42, 601.43, 601.44, 601.45, 611.67, 619.04, 628.34 (10), 631.89, 631.93, 632.72 (2), 632.745 to 632.749, 632.775, 632.79, 632.795, 632.85, 632.853, 632.855, 632.87 (2m), (3), (4) and (5), 632.872, 632.895 (5) and (9) to (13), 632.896 and 632.897 (10) and chs. 609, 630, 635, 645 and 646, but the sponsoring association shall:

SECTION 6. 609.795 of the statutes is created to read:

609.795 Prohibiting denial of payment for certain procedures. Limited service health organizations, preferred provider plans, and managed care plans are subject to s. 632.872.

#. Page 1181, line 3: after that line insert:

"SECTION 3760rm. 632.872 of the statutes is created to read:

632.872 Prohibiting denial of payment for certain procedures. (1) In this section:

(a) "Disability insurance policy" has the meaning given in s. 632.895 (1) (a).

(b) "Medicare Part B" means the federal supplementary medical insurance program under 42 USC 1395j to 1395w–2.

(2) An insurer may not deny payment under an individual or group disability insurance policy or a certificate of group disability insurance for a medical or surgical service or procedure on the basis that the service or procedure is an integral component of a 2nd medical or surgical service or procedure unless, under medicare Part B, payment for the first service or procedure is included in the payment for the 2nd service or procedure."

#. Page 1399, line 25: after that line insert:

~~SECTION 9326. Initial applicability; insurance.~~

"(2gm) PROHIBITING DENIAL OF CERTAIN PAYMENTS.

(a) Except as provided in paragraph (b), if a disability insurance policy or group certificate contains terms or provisions that are inconsistent with section 632.872 of the statutes, as created by this act, the treatment of sections 40.51 (8) and (8m), 111.91 (2) (nm), 185.981 (4t), 185.983 (1) (intro.), 609.795 and 632.872 of the statutes first applies to that disability insurance policy or group certificate upon renewal.

(b) The treatment of sections 40.51 (8) and (8m), 111.91 (2) (nm), 185.981 (4t), 185.983 (1) (intro.), 609.795 and 632.872 of the statutes first applies to disability insurance policies or group certificates covering employes who are affected by a collective bargaining agreement containing provisions inconsistent with section 632.872 of the statutes, as created by this act, that are issued or renewed on the earlier of the following:

1. The day on which the collective bargaining agreement expires.

2. The day on which the collective bargaining agreement is extended, modified or renewed.))

(END of insert A)

ARC:.....Hughes – AM22, Require health insurers to pay for all services of anesthesiologists

FOR 2001–03 BUDGET — NOT READY FOR INTRODUCTION

CAUCUS ASSEMBLY AMENDMENT

TO ASSEMBLY SUBSTITUTE AMENDMENT 1,

TO 2001 SENATE BILL 55

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

1. Page 534, line 23: after that line insert:

"**SECTION 1398p.** 40.51 (8) of the statutes is amended to read:

40.51 **(8)** Every health care coverage plan offered by the state under sub. (6) shall comply with ss. 631.89, 631.90, 631.93 (2), 631.95, 632.72 (2), 632.746 (1) to (8) and (10), 632.747, 632.748, 632.83, 632.835, 632.85, 632.853, 632.855, 632.87 (3) to (5), 632.872, 632.895 (5m) and (8) to (14), and 632.896.

SECTION 1398q. 40.51 (8m) of the statutes is amended to read:

40.51 **(8m)** Every health care coverage plan offered by the group insurance board under sub. (7) shall comply with ss. 631.95, 632.746 (1) to (8) and (10), 632.747,

632.748, 632.83, 632.835, 632.85, 632.853, 632.855, 632.872, and 632.895 (11) to (14).".

2. Page 913, line 2: after that line insert:

"**SECTION 2615d.** 111.91 (2) (nm) of the statutes is created to read:

111.91 **(2)** (nm) The prohibition under s. 632.872 related to denying payment for certain procedures.".

3. Page 985, line 20: after that line insert:

"**SECTION 2936n.** 185.981 (4t) of the statutes is amended to read:

185.981 **(4t)** A sickness care plan operated by a cooperative association is subject to ss. 252.14, 631.17, 631.89, 631.95, 632.72 (2), 632.745 to 632.749, 632.85, 632.853, 632.855, 632.87 (2m), (3), (4), and (5), 632.872, 632.895 (10) to (14), and 632.897 (10) and chs. 149 and 155.

SECTION 2936m. 185.983 (1) (intro.) of the statutes is amended to read:

185.983 **(1)** (intro.) Every such voluntary nonprofit sickness care plan shall be exempt from chs. 600 to 646, with the exception of ss. 601.04, 601.13, 601.31, 601.41, 601.42, 601.43, 601.44, 601.45, 611.67, 619.04, 628.34 (10), 631.17, 631.89, 631.93, 631.95, 632.72 (2), 632.745 to 632.749, 632.775, 632.79, 632.795, 632.85, 632.853, 632.855, 632.87 (2m), (3), (4), and (5), 632.872, 632.895 (5) and (9) to (14), 632.896, and 632.897 (10) and chs. 609, 630, 635, 645, and 646, but the sponsoring association shall:".

4. Page 1180, line 21: after that line insert:

"**SECTION 3741m.** 609.795 of the statutes is created to read:

609.795 Prohibiting denial of payment for certain procedures. Limited service health organizations, preferred provider plans, and managed care plans are subject to s. 632.872.".

5. Page 1181, line 3: after that line insert:

"**SECTION 3760rm.** 632.872 of the statutes is created to read:

632.872 Prohibiting denial of payment for certain procedures. **(1)** In this section:

(a) "Disability insurance policy" has the meaning given in s. 632.895 (1) (a).

(b) "Medicare Part B" means the federal supplementary medical insurance program under 42 USC 1395j to 1395w–2.

(2) An insurer may not deny payment under an individual or group disability insurance policy or a certificate of group disability insurance for a medical or surgical service or procedure on the basis that the service or procedure is an integral component of a 2nd medical or surgical service or procedure unless, under medicare Part B, payment for the first service or procedure is included in the payment for the 2nd service or procedure.".

6. Page 1399, line 25: after that line insert:

"(2gm) PROHIBITING DENIAL OF CERTAIN PAYMENTS.

(a) Except as provided in paragraph (b), if a disability insurance policy or group certificate contains terms or provisions that are inconsistent with section 632.872 of the statutes, as created by this act, the treatment of sections 40.51 (8) and (8m), 111.91 (2) (nm), 185.981 (4t), 185.983 (1) (intro.), 609.795, and 632.872 of the statutes first applies to that disability insurance policy or group certificate upon renewal.

(b) The treatment of sections 40.51 (8) and (8m), 111.91 (2) (nm), 185.981 (4t), 185.983 (1) (intro.), 609.795, and 632.872 of the statutes first applies to disability insurance policies or group certificates covering employees who are affected by a collective bargaining agreement containing provisions inconsistent with section 632.872 of the statutes, as created by this act, that are issued or renewed on the earlier of the following:

1. The day on which the collective bargaining agreement expires.

2. The day on which the collective bargaining agreement is extended, modified, or renewed.".

(END)