

DRAFTER'S NOTE
FROM THE
LEGISLATIVE REFERENCE BUREAU

LRB-3344/1dn
PJK:jld:jf

May 24, 2001

I have not amended any statutes in this draft that did not already require diabetes treatment coverage. Under current law, and this draft, insurance plans and policies generally, including those offered by the state and municipalities, and the self-insured plan offered by the state, are required to provide coverage of equipment and supplies for diabetes treatment. Other statutes that are often amended to require the same coverage that is required by an insurance mandate under ch. 632 are the following:

1. Section 40.51 (8m), plans offered by municipalities through the state group insurance board.
2. Section 60.23 (25), self-insured health plans of towns.
3. Section 66.0137 (4), self-insured health plans of cities, villages, and towns.
4. Section 120.13 (2) (g), self-insured health plans of school districts.
5. Sections 185.981 (4t) and 185.983 (1m), sickness care plans operated by cooperative associations.

Let me know if you want any of the sections listed above to be amended to require coverage of equipment and supplies for diabetes treatment or if you have any questions about this.

The initial applicability and effective date provisions are what I use for insurance mandates. Let me know if you want something different.

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