

2003 DRAFTING REQUEST

Bill

Received: **02/07/2003**

Received By: **pkahler**

Wanted: **Soon**

Identical to LRB:

For: **Legislative Council - JLC 6-0922**

By/Representing: **Russ Whitesel**

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

Drafter: **pkahler**

May Contact:

Addl. Drafters:

Subject: **Insurance - health**

Extra Copies:

Submit via email: **YES**

Requester's email: **russ.whitesel@legis.state.wi.us**

Carbon copy (CC:) to:

Pre Topic:

No specific pre topic given

Topic:

Increasing coverage limits under AODA coverage

Instructions:

See Attached

Drafting History:

<u>Vers.</u>	<u>Drafted</u>	<u>Reviewed</u>	<u>Typed</u>	<u>Proofed</u>	<u>Submitted</u>	<u>Jacketed</u>	<u>Required</u>
/?	pkahler 02/07/2003	kgilfoy 02/12/2003	rschluet 02/12/2003	_____			S&L
	pkahler 02/12/2003			_____			
/P1			jfrantze 02/13/2003	_____	lemery 02/13/2003		S&L

<u>Vers.</u>	<u>Drafted</u>	<u>Reviewed</u>	<u>Typed</u>	<u>Proofed</u>	<u>Submitted</u>	<u>Jacketed</u>	<u>Required</u>
/1	pkahler 02/25/2003	kgilfoy 02/25/2003	jfrantze 02/26/2003	_____	amentkow 02/26/2003	lemery 03/12/2003	

FE Sent For:
At intro.

<END>

2003 DRAFTING REQUEST

Bill

Received: **02/07/2003**

Received By: **pkahler**

Wanted: **Soon**

Identical to LRB:

For: **Legislative Council - JLC 6-0922**

By/Representing: **Russ Whitesel**

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

Drafter: **pkahler**

May Contact:

Addl. Drafters:

Subject: **Insurance - health**

Extra Copies:

Submit via email: **YES**

Requester's email: **russ.whitesel@legis.state.wi.us**

Carbon copy (CC:) to:

Pre Topic:

No specific pre topic given

Topic:

Increasing coverage limits under AODA coverage

Instructions:

See Attached

Drafting History:

<u>Vers.</u>	<u>Drafted</u>	<u>Reviewed</u>	<u>Typed</u>	<u>Proofed</u>	<u>Submitted</u>	<u>Jacketed</u>	<u>Required</u>
/?	pkahler 02/07/2003	kgilfoy 02/12/2003	rschluet 02/12/2003	_____			S&L
	pkahler 02/12/2003			_____			
/P1			jfrantze 02/13/2003	_____	lemery 02/13/2003		S&L

*For
Senate
per
Russ*



<u>Vers.</u>	<u>Drafted</u>	<u>Reviewed</u>	<u>Typed</u>	<u>Proofed</u>	<u>Submitted</u>	<u>Jacketed</u>	<u>Required</u>
/1	pkahler 02/25/2003	kgilfoy 02/25/2003	jfrantze 02/26/2003	_____	amentkow 02/26/2003		

FE Sent For:

<END>

2003 DRAFTING REQUEST

Bill

Received: **02/07/2003**

Received By: **pkahler**

Wanted: **Soon**

Identical to LRB:

For: **Legislative Council - JLC 6-0922**

By/Representing: **Russ Whitesel**

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

Drafter: **pkahler**

May Contact:

Addl. Drafters:

Subject: **Insurance - health**

Extra Copies: **KMG**

Submit via email: **YES**

Requester's email: **russ.whitesel@legis.state.wi.us**

Carbon copy (CC:) to:

Pre Topic:

No specific pre topic given

Topic:

Increasing coverage limits under AODA coverage

Instructions:

See Attached

Drafting History:

<u>Vers.</u>	<u>Drafted</u>	<u>Reviewed</u>	<u>Typed</u>	<u>Proofed</u>	<u>Submitted</u>	<u>Jacketed</u>	<u>Required</u>
/?	pkahler 02/07/2003	kgilfoy 02/12/2003	rschluet 02/12/2003	_____			S&L
	pkahler 02/12/2003	<i>1-2/25</i> <i>KMG</i>		_____			
/P1			jfrantze 02/13/2003	_____	lemery 02/13/2003		
			<i>Jb 2/26</i>	<i>J/Pg</i> <i>2/26</i>			

Vers. Drafted Reviewed Typed Proofed Submitted Jacketed Required

FE Sent For:

<END>

2003 DRAFTING REQUEST

Bill

Received: 02/07/2003

Received By: pkahler

Wanted: Soon

Identical to LRB:

For: Legislative Council - JLC 6-0922

By/Representing: Russ Whitesel

This file may be shown to any legislator: NO

Drafter: pkahler

May Contact:

Addl. Drafters:

Subject: Insurance - health

Extra Copies: King

Submit via email: YES

Requester's email: russ.whitesel@legis.state.wi.us

Carbon copy (CC:) to:

Pre Topic:

No specific pre topic given

Topic:

Increasing coverage limits under AODA coverage

Instructions:

See Attached

Drafting History:

<u>Vers.</u>	<u>Drafted</u>	<u>Reviewed</u>	<u>Typed</u>	<u>Proofed</u>	<u>Submitted</u>	<u>Jacketed</u>	<u>Required</u>
1?	pkahler	1/11 - 2/13 King	AC Emberston [Signature]	[Signature]	[Signature]		
			2/2/13	2/13			<END>

FE Sent For:

1 **AN ACT** to amend 632.89 (2) (b), 632.89 (2) (c) 2. b., 632.89 (2) (d) 2. and 632.89 (2)
 2 (dm) 2. of the statutes; **relating to:** increasing the coverage limits for insurance
 3 coverage of nervous or mental health disorders or alcoholism or other drug abuse
 4 problems.

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

JOINT LEGISLATIVE COUNCIL PREFATORY NOTE: This draft was prepared for the joint legislative council’s special committee on mental health parity. This draft increases the coverage limits for insurance policies for nervous and mental disorders and for alcoholism and other drug abuse problems. Specifically, the various coverage amounts would be increased by the amount of change in the federal department of labor, bureau of labor statistics indexed cost-of-living for medical services since the inception of the required coverage amounts. The table below provides information on treatment category, current minimum coverage amount, year of enactment and the proposed coverage amounts based on the increase in the federal cost-of-living for medical coverage “indexed” since the enactment of the coverage amounts.

Treatment	Current Minimum Coverage Amount	Year Enacted	Proposed Coverage Amounts
Inpatient			
Cost-sharing	\$7,000 minus cost-sharing	1985	\$16,800
No cost-sharing	\$6,300	1985	\$15,100
Outpatient			
Cost-sharing	\$2,000 minus cost-sharing	1992	\$3,100
No cost-sharing	\$1,800	1992	\$2,800
Transitional			
Cost-sharing	\$3,000 minus cost-sharing	1992	\$4,600
No cost-sharing	\$2,700	1992	\$4,100
All services	\$7,000	1985	\$16,800

The draft requires the department of health and family services to annually report to the governor and legislature on the change in coverage

limits necessary to conform with the change in the federal consumer price index for medical costs.

The draft also contains a delayed initial applicability provision which states the new coverage amounts will first apply to policies issued, renewed, or modified on the first day of the 13th after the new amounts become law.

1 **SECTION 1.** 632.89 (2) (b) of the statutes is amended to read:

2 632.89 (2) (b) *Minimum coverage of inpatient hospital, outpatient and transitional*
3 *treatment arrangements.* 1. Except as provided in subd. 2., if a group or blanket disability
4 insurance policy issued by an insurer provides coverage of inpatient hospital treatment or
5 outpatient treatment or both, the policy shall provide coverage in every policy year as provided
6 in pars. (c) to (dm), as appropriate, except that the total coverage under the policy for a policy
7 year need not exceed ~~\$7,000~~ 16,800 or the equivalent benefits measured in services rendered.

8 **SECTION 2.** 632.89 (2) (c) 2. b. of the statutes is amended to read:

9 632.89 (2) (c) 2. b. ~~Seven thousand~~ Sixteen thousand eight hundred dollars minus any
10 applicable cost sharing at the level charged under the policy for inpatient hospital services or
11 the equivalent benefits measured in services rendered or, if the policy does not use cost
12 sharing, ~~\$6,300~~ 15,100 in equivalent benefits measured in services rendered.

13 **SECTION 3.** 632.89 (2) (d) 2. of the statutes is amended to read:

14 632.89 (2) (d) 2. Except as provided in par. (b), a policy under subd. 1. shall provide
15 coverage in every policy year for not less than ~~\$2,000~~ 3,100 minus any applicable cost sharing
16 at the level charged under the policy for outpatient services or the equivalent benefits
17 measured in services rendered or, if the policy does not use cost sharing, ~~\$1,800~~ 2,800 in
18 equivalent benefits measured in services rendered.

19 **SECTION 4.** 632.89 (2) (dm) 2. of the statutes is amended to read:

2003-2004 DRAFTING INSERT
FROM THE
LEGISLATIVE REFERENCE BUREAU

LRB-1979/ins^{PI}
PJK:....rs

INSERT A

Under current law, a group health insurance policy (called a "disability insurance policy" in the statutes) that provides coverage of any inpatient hospital services must cover those services for the treatment of nervous and mental disorders and alcoholism and other drug abuse problems in the minimum amount of the lesser of: 1) the expenses of 30 days of inpatient services; or 2) \$7,000 minus the applicable cost sharing under the policy or, if there is no cost sharing under the policy, \$6,300 in equivalent benefits measured in services rendered. If a group health insurance policy provides coverage of any outpatient hospital services, it must cover those services for the treatment of nervous and mental disorders and alcoholism and other drug abuse problems in the minimum amount of \$2,000 minus the applicable cost sharing under the policy or, if there is no cost sharing under the policy, \$1,800 in equivalent benefits measured in services rendered. If a group health insurance policy provides coverage of any inpatient or outpatient hospital services, it must cover the cost of transitional treatment arrangements for the treatment of nervous and mental disorders and alcoholism and other drug abuse problems in the minimum amount of \$3,000 minus the applicable cost sharing under the policy or, if there is no cost sharing under the policy, \$2,700 in equivalent benefits measured in services rendered. Transitional treatment arrangements include (services, specified by rule by the commissioner of insurance, that are provided in a less restrictive manner than inpatient services but in a more intensive manner than outpatient services) If a group health insurance policy provides coverage for both inpatient and outpatient hospital services, the total coverage for all types of treatment for nervous and mental disorders and alcoholism and other drug abuse problems is not required to exceed \$7,000, or the equivalent benefits measured in services rendered, in a policy year.

This bill changes the minimum amount of coverage that must be provided for the treatment of nervous and mental disorders and alcoholism and other drug abuse problems on the basis of the change in the consumer price index for medical services since the coverage amounts in current law were enacted. Inpatient services must be covered in the minimum amount of the lesser of: 1) the expenses of 30 days of inpatient services; or 2) \$16,800 minus the applicable cost sharing or, if there is no cost sharing under the policy, \$15,100 in equivalent benefits measured in services rendered. Outpatient services must be covered in the minimum amount of \$3,100 minus the applicable cost sharing or, if there is no cost sharing under the policy, \$2,800 in equivalent benefits measured in services rendered. Transitional treatment arrangements must be covered in the minimum amount of \$4,600 minus the applicable cost sharing or, if there is no cost sharing under the policy, \$4,100 in equivalent benefits measured in services rendered. The total coverage for all types of treatment for nervous and mental disorders and alcoholism and other drug abuse problems is not required to exceed \$16,800, or the equivalent benefits measured in services rendered, in a policy year. The bill also requires the Department of Health and Family Services to report to the governor and the legislature each year on

revising
changes to

the coverage limits based on the annual change in the consumer price index.

For further information see the *state and local* fiscal estimate, which will be printed as an appendix to this bill.

(END OF INSERT A)

INSERT 2-1 ✓

- 1 SECTION 1. 632.89 (1) (am) of the statutes is created to read:
- 2 632.89 (1) (am) "Consumer price index" means the consumer price index for all
- 3 urban consumers, U.S. city average, as determined by the U.S. department of labor.

(END OF INSERT 2-1)

For further information, see the ^{CS}NOTES provided by the Joint Legislative Council in the bill.

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

LRB-1979/5^{PI}dn

PJK:..rs
King

Russ:

I moved the nonstatutory provision to s. 632.89 (2) (f) [✓] since the reporting requirement is ongoing (we generally use the nonstats. only for requirements that do not extend beyond July 1 of the even-numbered year of the next biennium, i.e., July 1, 2006). I assumed that the report was only for information purposes and that the coverage limits would not actually change without further legislative enactment.

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



State of Wisconsin
2003 - 2004 LEGISLATURE

LRB-1979/2

PJK → ...TS King

PRELIMINARY DRAFT - NOT READY FOR INTRODUCTION

D-note
SOON
(2-12)

gen cat

1

AN ACT ^{gen cat}; relating to: increasing the ~~coverage~~ limits for insurance coverage of

2

nervous or mental health disorders or alcoholism or other drug abuse problems.

Analysis by the Legislative Reference Bureau

Insert A →

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

JOINT LEGISLATIVE COUNCIL PREFATORY NOTE: This ^{treatment for} draft was prepared for the joint legislative council's special committee on mental health parity. This ^{bill} draft increases the coverage limits ^{under group health} for insurance policies for nervous and mental disorders and for alcoholism and other drug abuse problems. Specifically, the various coverage amounts would be increased by the amount of change in the federal department of labor, bureau of labor statistics indexed cost-of-living for medical services since the inception of the required coverage amounts. The table below provides information on treatment category, current minimum coverage amount, year of enactment and the proposed coverage amounts based on the increase in the federal cost-of-living for medical coverage "indexed" since the enactment of the coverage amounts.

LPS: underline and italic

LPS: Change table props: Left indent to 0.55
Right indent to 0.2

<u>Treatment</u>	<u>Current Minimum Coverage Amount</u>	<u>Year Enacted</u>	<u>Proposed Coverage Amounts</u>
<u>Inpatient</u>			
Cost sharing	\$7,000 minus cost sharing	1985	\$16,800
No cost sharing	\$6,300	1985	\$15,100
<u>Outpatient</u>			
Cost sharing	\$2,000 minus cost sharing	1992	\$3,100
No cost sharing	\$1,800	1992	\$2,800
<u>Transitional</u>			
Cost sharing	\$3,000 minus cost sharing	1992	\$4,600
No cost sharing	\$2,700	1992	\$4,100
<u>All services</u>	\$7,000	1985	\$16,800

month beginning

The ~~draft~~ requires the department of health and family services to annually report to the governor and legislature on the change in coverage limits necessary to conform with the change in the federal consumer price index for medical costs.

The ~~draft~~ also contains a delayed initial applicability provision which states the new coverage amounts will first apply to policies issued, renewed, or modified on the first day of the 13th after the ~~new amounts~~ become law.

SECTION 1. 632.89 (2) (b) of the statutes is amended to read:

632.89 (2) (b) ~~Minimum coverage of inpatient hospital, outpatient and transitional treatment arrangements~~

1. Except as provided in subd. 2., if a group or blanket disability insurance policy issued by an insurer provides coverage of inpatient hospital treatment or outpatient treatment or both, the policy shall provide coverage in every policy year as provided in pars. (c) to (dm), as appropriate, except that the total coverage under the policy for a policy year need not exceed ~~\$7,000~~ 16,800 or the equivalent benefits measured in services rendered.

SECTION 2. 632.89 (2) (c) 2. b. of the statutes is amended to read:

632.89 (2) (c) 2. b. ~~Seven thousand~~ Sixteen thousand eight hundred dollars minus any applicable cost sharing at the level charged under the policy for inpatient hospital services or the equivalent benefits measured in services rendered or, if the policy does not use cost sharing, ~~\$6,300~~ 15,100 in equivalent benefits measured in services rendered.

Insert 2-1

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14

strike

1 SECTION 3. 632.89 (2) (d) 2. of the statutes is amended to read:

2 632.89 (2) (d) 2. Except as provided in par. (b), a policy under subd. 1. shall
3 provide coverage in every policy year for not less than ~~\$2,000~~ ^{\$3,100} minus any
4 applicable cost sharing at the level charged under the policy for outpatient services
5 or the equivalent benefits measured in services rendered or, if the policy does not use
6 cost sharing, ~~\$1,800~~ ^{\$2,800} in equivalent benefits measured in services rendered.

7 SECTION 4. 632.89 (2) (dm) 2. of the statutes is amended to read:

8 632.89 (2) (dm) 2. Except as provided in par. (b), a policy under subd. 1. shall
9 provide coverage in every policy year for not less than ~~\$3,000~~ ^{\$4,600} minus any
10 applicable cost sharing at the level charged under the policy for transitional
11 treatment arrangements or the equivalent benefits measured in services rendered
12 or, if the policy does not use cost sharing, ~~\$2,700~~ ^{\$4,100} in equivalent benefits
13 measured in services rendered.

14 SECTION 5. ~~Nonstatutory provisions.~~ CR; 632.89 (2) (f)

Fix component text. to act

15 ~~The~~ The department of health and family services shall report annually to the
16 governor and the legislature on ^{revising} ~~the revised level~~ ^{specific} of the coverage limits in section
17 ~~632.89(2)~~ ^{this subsection} based on the change in the ~~with~~ consumer price index for medical costs.

18 SECTION 6. Initial applicability.

19 (1) This act first applies to a policy issued, renewed, or modified on the first day
20 of the 13th month beginning after publication.

21 (END)

(f) Report on coverage limits.
(I)

D-note

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

LRB-1979/P1dn
PJK:kmg:jf

February 13, 2003

Russ:

I moved the nonstatutory provision to s. 632.89 (2) (f) since the reporting requirement is ongoing (we generally use the nonstats. only for requirements that do not extend beyond July 1 of the even-numbered year of the next biennium, i.e., July 1, 2006). I assumed that the report was only for information purposes and that the coverage limits would not actually change without further legislative enactment.

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

per Russ Whitesel 2-25

replace portion of NOTE (to table language)

with analysis as that portion;

add "also" after "The bill" in para.

after table.



State of Wisconsin
2003 - 2004 LEGISLATURE

LRB-1979/1

PJK:kmg:jf

run

~~PRELIMINARY DRAFT - NOT READY FOR INTRODUCTION~~

by
Fri, 2-28

Gen. Cat.

1 AN ACT to amend §32.89 (2) (b) 1., 632.89 (2) (c) 2. b., 632.89 (2) (d) 2. and 632.89
2 (2) (dm) 2.; and to create 632.89 (1) (am) and 632.89 (2) (f) of the statutes;
3 relating to: increasing the limits for insurance coverage of nervous or mental
4 health disorders or alcoholism or other drug abuse problems.

Analysis by the Legislative Reference Bureau

4 Under current law, a group health insurance policy (called a "disability insurance policy" in the statutes) that provides coverage of any inpatient hospital services must cover those services for the treatment of nervous and mental disorders and alcoholism and other drug abuse problems in the minimum amount of the lesser of: 1) the expenses of 30 days of inpatient services; or 2) \$7,000 minus the applicable cost sharing under the policy or, if there is no cost sharing under the policy, \$6,300 in equivalent benefits measured in services rendered. If a group health insurance policy provides coverage of any outpatient hospital services, it must cover those services for the treatment of nervous and mental disorders and alcoholism and other drug abuse problems in the minimum amount of \$2,000 minus the applicable cost sharing under the policy or, if there is no cost sharing under the policy, \$1,800 in equivalent benefits measured in services rendered. If a group health insurance policy provides coverage of any inpatient or outpatient hospital services, it must cover the cost of transitional treatment arrangements (services, specified by rule by the commissioner of insurance, that are provided in a less restrictive manner than inpatient services but in a more intensive manner than outpatient services) for the treatment of nervous and mental disorders and alcoholism and other drug abuse

fix component
Insert NOTE
LPS:
(make this analysis part of the JLC NOTE)
-w/ NOTE format-



Insert NOTE cont'd

problems in the minimum amount of \$3,000 minus the applicable cost sharing under the policy or, if there is no cost sharing under the policy, \$2,700 in equivalent benefits measured in services rendered. If a group health insurance policy provides coverage for both inpatient and outpatient hospital services, the total coverage for all types of treatment for nervous and mental disorders and alcoholism and other drug abuse problems is not required to exceed \$7,000, or the equivalent benefits measured in services rendered, in a policy year.

→ **Q** This bill changes the minimum amount of coverage that must be provided for the treatment of nervous and mental disorders and alcoholism and other drug abuse problems on the basis of the change in the consumer price index for medical services since the coverage amounts in current law were enacted. Inpatient services must be covered in the minimum amount of the lesser of: 1) the expenses of 30 days of inpatient services; or 2) \$16,800 minus the applicable cost sharing or, if there is no cost sharing under the policy, \$15,100 in equivalent benefits measured in services rendered. Outpatient services must be covered in the minimum amount of \$3,100 minus the applicable cost sharing or, if there is no cost sharing under the policy, \$2,800 in equivalent benefits measured in services rendered. Transitional treatment arrangements must be covered in the minimum amount of \$4,600 minus the applicable cost sharing or, if there is no cost sharing under the policy, \$4,100 in equivalent benefits measured in services rendered. The total coverage for all types of treatment for nervous and mental disorders and alcoholism and other drug abuse problems is not required to exceed \$16,800, or the equivalent benefits measured in services rendered, in a policy year.

The bill also requires the Department of Health and Family Services to report to the governor and the legislature each year on revising the coverage limits based on the annual change in the consumer price index.

For further information, see the NOTE provided by the Joint Legislative Council in the bill.

→ This bill is explained in 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:

JOINT LEGISLATIVE COUNCIL PREFATORY NOTE: This bill was prepared for the joint legislative council's special committee on mental health parity. This bill increases the coverage limits under group health insurance policies for treatment for nervous and mental disorders and for alcoholism and other drug abuse problems. Specifically, the various coverage amounts would be increased by the amount of change in the federal department of labor, bureau of labor statistics indexed cost-of-living for medical services since the inception of the required coverage amounts. The table below provides information on treatment category, current minimum coverage amount, year of enactment and the proposed coverage amounts based on the increase in the federal cost-of-living for medical coverage "indexed" since the enactment of the coverage amounts.

fix comp.

keep in analysis

Insert NOTE

<i>Treatment</i>	<i>Current Minimum Coverage Amount</i>	<i>Year Enacted</i>	<i>Proposed Coverage Amounts</i>
<i>Inpatient</i>			
Cost sharing	\$7,000 minus cost sharing	1985	\$16,800
No cost sharing	\$6,300	1985	\$15,100
<i>Outpatient</i>			
Cost sharing	\$2,000 minus cost sharing	1992	\$3,100
No cost sharing	\$1,800	1992	\$2,800
<i>Transitional</i>			
Cost sharing	\$3,000 minus cost sharing	1992	\$4,600
No cost sharing	\$2,700	1992	\$4,100
<i>All services</i>	\$7,000	1985	\$16,800

The bill ^{also} requires the department of health and family services to annually report to the governor and legislature on the change in coverage limits necessary to conform with the change in the federal consumer price index for medical costs.

The bill also contains a delayed initial applicability provision which states the new coverage amounts will first apply to policies issued, renewed, or modified on the first day of the 13th month beginning after the bill becomes law.

1 **SECTION 1.** 632.89 (1) (am) of the statutes is created to read:

2 632.89 (1) (am) "Consumer price index" means the consumer price index for all
3 urban consumers, U.S. city average, as determined by the U.S. department of labor.

4 **SECTION 2.** 632.89 (2) (b) 1. of the statutes is amended to read:

5 632.89 (2) (b) 1. Except as provided in subd. 2., if a group or blanket disability
6 insurance policy issued by an insurer provides coverage of inpatient hospital
7 treatment or outpatient treatment or both, the policy shall provide coverage in every
8 policy year as provided in pars. (c) to (dm), as appropriate, except that the total
9 coverage under the policy for a policy year need not exceed ~~\$7,000~~ \$16,800 or the
10 equivalent benefits measured in services rendered.

11 **SECTION 3.** 632.89 (2) (c) 2. b. of the statutes is amended to read:

12 632.89 (2) (c) 2. b. ~~Seven thousand~~ Sixteen thousand eight hundred dollars
13 minus any applicable cost sharing at the level charged under the policy for inpatient
14 hospital services or the equivalent benefits measured in services rendered or, if the

1 policy does not use cost sharing, ~~\$6,300~~ \$15,100 in equivalent benefits measured in
2 services rendered.

3 **SECTION 4.** 632.89 (2) (d) 2. of the statutes is amended to read:

4 632.89 (2) (d) 2. Except as provided in par. (b), a policy under subd. 1. shall
5 provide coverage in every policy year for not less than ~~\$2,000~~ \$3,100 minus any
6 applicable cost sharing at the level charged under the policy for outpatient services
7 or the equivalent benefits measured in services rendered or, if the policy does not use
8 cost sharing, ~~\$1,800~~ \$2,800 in equivalent benefits measured in services rendered.

9 **SECTION 5.** 632.89 (2) (dm) 2. of the statutes is amended to read:

10 632.89 (2) (dm) 2. Except as provided in par. (b), a policy under subd. 1. shall
11 provide coverage in every policy year for not less than ~~\$3,000~~ \$4,600 minus any
12 applicable cost sharing at the level charged under the policy for transitional
13 treatment arrangements or the equivalent benefits measured in services rendered
14 or, if the policy does not use cost sharing, ~~\$2,700~~ \$4,100 in equivalent benefits
15 measured in services rendered.

16 **SECTION 6.** 632.89 (2) (f) of the statutes is created to read:

17 632.89 (2) (f) *Report on coverage limits.* The department of health and family
18 services shall report annually to the governor and the legislature on revising the
19 coverage limits specified in this subsection based on the change in the consumer price
20 index for medical costs.

21 **SECTION 7. Initial applicability.**

22 (1) This act first applies to a policy issued, renewed, or modified on the first day
23 of the 13th month beginning after publication.

24

(END)