

2003 SENATE BILL 288

October 21, 2003 – Introduced by Senators ROESSLER and PLALE, cosponsored by Representatives ALBERS, HAHN, HINES, BERCEAU, MUSSER and J. LEHMAN. Referred to Committee on Agriculture, Financial Institutions and Insurance.

1 **AN ACT** *to create* 609.66 of the statutes; **relating to:** defined network plan
2 coverage of prosthetic and orthotic devices.

Analysis by the Legislative Reference Bureau

This bill requires a defined network plan, which is a health insurance plan that requires, or provides incentives for, an enrollee to obtain health care services and devices from participating providers of the health insurance plan, to pay for the total cost of a prosthetic or orthotic device that is provided to an enrollee of the plan by a nonparticipating provider if the cost of the device is not more than the plan would pay for the device had it been provided by a participating provider. This requirement is similar to a provision under current law that requires an employer that offers health insurance coverage to its employees under a health maintenance organization or a preferred provider plan to offer the employees coverage under a point-of-service option plan, which is a health maintenance organization or preferred provider plan that allows an enrollee to obtain health care services from a nonparticipating provider but requires the enrollee to pay the difference between what the nonparticipating provider charges and what the health maintenance organization or preferred provider plan would pay a participating provider for the service or device.

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:

