

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

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July 9, 2003

The requirement in this bill draft applies to defined network plans, which are health maintenance organizations (HMOs) and preferred provider plans (PPPs) that cover comprehensive, rather than limited, services. Do you want to limit the requirement in this bill draft to HMOs, which do not cover services or devices that are provided by nonparticipating providers? PPPs do cover services and devices that are provided by nonparticipating providers, although an enrollee will pay for more of the cost of the service or device than he or she would if the provider were a participating provider.

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