

2003 DRAFTING REQUEST

Bill

Received: **06/27/2003**

Received By: **pkahler**

Wanted: **As time permits**

Identical to LRB:

For: **Carol Roessler (608) 266-5300**

By/Representing: **her office**

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: **Sen.Roessler@legis.state.wi.us**

Carbon copy (CC:) to:

Pre Topic:

No specific pre topic given

Topic:

Coverage by defined network plans of orthotic and prosthetic devices

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 07/01/2003	wjackson 07/09/2003		_____			S&L
/1			pgreensl 07/09/2003	_____	sbasford 07/09/2003	Inorthro 09/22/2003	

FE Sent For: *at intro 10/21*

<END>

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*For Senate
Per Jennifer*

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/?	pkahler	1 Wlj 7/9	7/9 PS	7/9 self			

FE Sent For:

<END>

6-27

Julie - Sen. Roeszle

require defined network plans to cover
prosthetic + orthotic devices provided

by an out-of-network provider if

cost is same or less than cost if

provided by a participating provider



State of Wisconsin
2003 - 2004 LEGISLATURE

LRB-2930/

PJK./:....

WLJ

PRELIMINARY DRAFT - NOT READY FOR INTRODUCTION

D-note

gen cat

1 AN ACT relating to: defined network plan coverage of prosthetic and orthotic
2 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 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.

of the device

FE-SL

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

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SECTION 1. 609.66^v of the statutes is created to read:

609.66 Coverage of prosthetic and orthotic devices. If a defined network plan provides coverage of prosthetic or orthotic devices, the defined network plan shall cover the total cost of a prosthetic or orthotic device that is provided to an enrollee of the defined network plan by a provider that is not a participating provider of the defined network plan if the cost of the prosthetic or orthotic device is not more than the amount that the defined network plan would pay for the device if it had been provided by a participating provider of the defined network plan.

SECTION 2. Initial applicability.

(1) This act first applies to policies, plans, or contracts that are issued or renewed on the effective date of this subsection.

SECTION 3. Effective date.

(1) This act takes effect on the first day of the 6th month beginning after publication.

(END)

D-note

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

LRB-2930/8dn

PJK:.....

Wlj

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.

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

DRAFTER'S NOTE
FROM THE
LEGISLATIVE REFERENCE BUREAU

LRB-2930/1dn
PJK:wlj:pg

July 9, 2003

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

Northrop, Lori

From: Northrop, Lori
Sent: Monday, September 22, 2003 1:05 PM
To: Sen.Roessler
Subject: LRB-2930/1 & 1dn (attached as requested)



03-2930/1



03-2930/1dn