



**WISCONSIN LEGISLATIVE COUNCIL
AMENDMENT MEMO**

2005 Senate Bill 128

**Senate Substitute
Amendment 1**

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2005 Senate Bill 128

2005 Senate Bill 128 changes the minimum amount of coverage that must be provided under a group health insurance policy for the treatment of nervous and mental disorders and alcoholism and other drug abuse problems. The current minimum coverage amounts are: \$7,000 for inpatient treatment (\$6,300 if the policy requires no cost sharing); \$2,000 for outpatient treatment (\$1,800 if the policy requires no cost sharing); and \$3,000 for transitional treatment (\$2,700 if the policy requires no cost sharing). The annual limit on all services is \$7,000. The bill changes these amounts to: \$18,300 for inpatient treatment (\$16,500 if the policy requires no cost sharing); \$3,100 for outpatient treatment (\$2,800 if the policy requires no cost sharing); and \$4,700 for transitional services (\$4,200 if the policy requires no cost sharing), with an annual limit on all services of \$18,300.

Senate Substitute Amendment 1

Senate Substitute Amendment 1 phases in the increases in coverage over a five-year period, beginning in 2007. The increased coverage amounts are as follows:

For **inpatient treatment**: \$9,260 for policies issued or renewed in 2007; \$11,520 for policies issued or renewed in 2008; \$13,780 for policies issued or renewed in 2009; \$16,040 for policies issued or renewed in 2010; and \$18,300 for policies issued or renewed in 2011. If no cost sharing is involved, the amounts are: \$8,340 in 2007; \$10,380 in 2008; \$12,420 in 2009; \$14,460 in 2010; and \$16,500 in 2011.

For **outpatient treatment**: \$2,220 for policies issued or renewed in 2007; \$2,440 for policies issued or renewed in 2008; \$2,660 for policies issued or renewed in 2009; \$2,880 for policies issued or renewed in 2010; and \$3,100 for policies issued or renewed in 2011. If no cost sharing is involved, the amounts are: \$2,000 in 2007; \$2,200 in 2008; \$2,400 in 2009; \$2,600 in 2010; and \$2,800 in 2011.

For **transitional treatment**: \$3,340 for policies issued or renewed in 2007; \$3,680 for policies issued or renewed in 2008; \$4,020 for policies issued or renewed in 2009; \$4,360 for policies issued or renewed in 2010; and \$4,700 for policies issued or renewed in 2011. If no cost sharing is involved, the amounts are: \$3,000 in 2007; \$3,300 in 2008; \$3,600 in 2009; \$3,900 in 2010; and \$4,200 in 2011.

Annual coverage limit for all services: \$9,260 for policies issued or renewed in 2007; \$11,520 for policies issued or renewed in 2008; \$13,780 for policies issued or renewed in 2009; \$16,040 for policies issued or renewed in 2010; and \$18,300 for policies issued or renewed in 2011.

Legislative History

The Senate Committee on Health, Children, Families, Aging and Long-Term Care took executive action on the bill on December 14, 2005. The committee recommended introduction and adoption of Senate Substitute Amendment 1 by a vote of Ayes, 3; Noes, 2; and recommended passage of the bill, as amended, by a vote of Ayes, 5; Noes, 0.

LR:rv