2007 ASSEMBLY BILL 417

- June 21, 2007 Introduced by Representatives Hixson, Jorgensen, Benedict, Berceau, Bies, Black, Boyle, Cullen, Fields, Garthwaite, Grigsby, Gronemus, Hebl, Hubler, Kaufert, Kreuser, Krusick, Mason, Nelson, A. Ott, Parisi, Pocan, Pope-Roberts, Richards, Seidel, Sheridan, Shilling, Sinicki, Soletski, Staskunas, Travis, Turner, Van Akkeren, A. Williams and Young, cosponsored by Senators Robson, Wirch, Breske, Coggs, Decker, Erpenbach, Hansen, Jauch, Kreitlow, Lassa, Lehman, Miller, Plale, Risser, Sullivan, Taylor and Vinehout. Referred to Committee on Insurance.
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 AN ACT to amend 40.51 (8), 40.51 (8m), 66.0137 (4), 111.91 (2) (n), 120.13 (2) (g),
 185.981 (4t) and 185.983 (1) (intro.); and to create 609.87 and 632.895 (15) of

 3
 the statutes; relating to: health insurance coverage of treatment for autism

 4
 spectrum disorders.

Analysis by the Legislative Reference Bureau

This bill requires health insurance policies and self-insured governmental and school district health plans to cover the cost of treatment for an insured for autism, Asperger's syndrome, and pervasive developmental disorder not otherwise specified if the treatment is provided by a psychiatrist, a psychologist, a social worker who is certified or licensed to practice psychotherapy, a paraprofessional working under the supervision of any of those three types of providers, or a professional working under the supervision of an outpatient mental health clinic. The coverage requirement applies to both individual and group health insurance policies and plans, including defined network plans and cooperative sickness care associations; to health care plans offered by the state to its employees, including a self-insured plan; and to self-insured health plans of counties, cities, towns, villages, and school districts. The requirement specifically does not apply to limited-scope benefit plans, medicare replacement or supplement policies, long-term care policies, or policies covering only certain specified diseases. The coverage may be subject to any limitations or exclusions or cost-sharing provisions that apply generally under the policy or plan.

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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:

1	SECTION 1. 40.51 (8) of the statutes is amended to read:
2	40.51 (8) Every health care coverage plan offered by the state under sub. (6)
3	shall comply with ss. 631.89, 631.90, 631.93 (2), 631.95, 632.72 (2), 632.746 (1) to (8)
4	and (10), 632.747, 632.748, 632.83, 632.835, 632.855, 632.853, 632.855, 632.87 (3) to
5	(6), 632.895 (5m) and (8) to (14) <u>(15),</u> and 632.896.
6	SECTION 2. 40.51 (8m) of the statutes is amended to read:
7	40.51 (8m) Every health care coverage plan offered by the group insurance
8	board under sub. (7) shall comply with ss. 631.95, 632.746 (1) to (8) and (10), 632.747,
9	632.748, 632.83, 632.835, 632.85, 632.853, 632.855 <u>,</u> and 632.895 (11) to (14) <u>(15)</u> .
10	SECTION 3. 66.0137 (4) of the statutes is amended to read:
11	66.0137 (4) SELF-INSURED HEALTH PLANS. If a city, including a 1st class city, or
12	a village provides health care benefits under its home rule power, or if a town
13	provides health care benefits, to its officers and employees on a self-insured basis,
14	the self–insured plan shall comply with ss. 49.493 (3) (d), 631.89, 631.90, 631.93 (2),
15	632.746 (10) (a) 2. and (b) 2., 632.747 (3), 632.85, 632.853, 632.855, 632.87 (4), (5),
16	and (6), 632.895 (9) to (14) (15), 632.896, and 767.513 (4).
17	SECTION 4. 111.91 (2) (n) of the statutes is amended to read:
18	111.91 (2) (n) The provision to employees of the health insurance coverage
19	required under s. 632.895 (11) to (14) <u>(15)</u> .
20	SECTION 5. 120.13 (2) (g) of the statutes is amended to read:

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1	120.13 (2) (g) Every self-insured plan under par. (b) shall comply with ss.
2	49.493 (3) (d), 631.89, 631.90, 631.93 (2), 632.746 (10) (a) 2. and (b) 2., 632.747 (3),
3	632.85, 632.853, 632.855, 632.87 (4), (5), and (6), 632.895 (9) to (14) (15), 632.896, and
4	767.513 (4).
5	SECTION 6. 185.981 (4t) of the statutes is amended to read:
6	185.981 (4t) A sickness care plan operated by a cooperative association is
7	subject to ss. 252.14, 631.17, 631.89, 631.95, 632.72 (2), 632.745 to 632.749, 632.85,
8	632.853, 632.855, 632.87 (2m), (3), (4), (5), and (6), 632.895 (10) to (14) (15), and
9	632.897 (10) and chs. 149 and 155.
10	SECTION 7. 185.983 (1) (intro.) of the statutes is amended to read:
11	185.983 (1) (intro.) Every such voluntary nonprofit sickness care plan shall be
12	exempt from chs. 600 to 646, with the exception of ss. 601.04, 601.13, 601.31, 601.41,
13	601.42, 601.43, 601.44, 601.45, 611.67, 619.04, 628.34 (10), 631.17, 631.89, 631.93,
14	631.95, 632.72 (2), 632.745 to 632.749, 632.775, 632.79, 632.795, 632.85, 632.853,
15	632.855, 632.87 (2m), (3), (4), (5), and (6), 632.895 (5) and (9) to (14) (15), 632.896, and
16	632.897 (10) and chs. 609, 630, 635, 645, and 646, but the sponsoring association
17	shall:
18	SECTION 8. 609.87 of the statutes is created to read:
19	609.87 Coverage of treatment for autism spectrum disorders. Defined
20	network plans are subject to s. 632.895 (15).
21	SECTION 9. 632.895 (15) of the statutes is created to read:
22	632.895 (15) TREATMENT FOR AUTISM SPECTRUM DISORDERS. (a) In this subsection,
23	"autism spectrum disorder" means any of the following:
24	1. Autism disorder.

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25 2. Asperger's syndrome.

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1	3. Pervasive developmental disorder not otherwise specified.
2	(b) Except as provided in par. (d), every disability insurance policy, and every
3	self–insured health plan of the state or a county, city, town, village, or school district,
4	shall provide coverage for an insured of treatment for an autism spectrum disorder
5	if the treatment is provided by any of the following:
6	1. A psychiatrist, as defined in s. 146.34 (1) (h).
7	2. A person who practices psychology, as described in s. 455.01 (5).
8	3. A social worker, as defined in s. 252.15 (1) (er), who is certified or licensed
9	to practice psychotherapy, as defined in s. 457.01 (8m).
10	4. A paraprofessional working under the supervision of a provider listed under
11	subds. 1. to 3.
12	5. A professional working under the supervision of an outpatient mental health
13	clinic certified under s. 51.038.
14	(c) The coverage required under par. (b) may be subject to any limitations,
15	exclusions, and cost–sharing provisions that apply generally under the disability
16	insurance policy or self-insured health plan.
17	(d) This subsection does not apply to any of the following:
18	1. A disability insurance policy that covers only certain specified diseases.
19	2. A health care plan offered by a limited service health organization, as defined
20	in s. 609.01 (3), or by a preferred provider plan, as defined in s. 609.01 (4), that is not
21	a defined network plan, as defined in s. 609.01 (1b).
22	3. A long-term care insurance policy.
23	4. A medicare replacement policy or a medicare supplement policy.
24	SECTION 10. Initial applicability.
25	(1) This act first applies to all of the following:

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1	(a) Except as provided in paragraphs (b) and (c), disability insurance policies
2	that are issued or renewed, and self-insured governmental or school district health
3	plans that are established, extended, modified, or renewed, on the effective date of
4	this paragraph.
5	(b) Disability insurance policies covering employees who are affected by a
6	collective bargaining agreement containing provisions inconsistent with this act
7	that are issued or renewed on the earlier of the following:
8	1. The day on which the collective bargaining agreement expires.
9	2. The day on which the collective bargaining agreement is extended, modified,
10	or renewed.
11	(c) Self-insured governmental or school district health plans covering
12	employees who are affected by a collective bargaining agreement containing
13	provisions inconsistent with this act that are established, extended, modified, or
14	renewed on the earlier of the following:
15	1. The day on which the collective bargaining agreement expires.
16	2. The day on which the collective bargaining agreement is extended, modified,
17	or renewed.
18	SECTION 11. Effective date.
19	(1) This act takes effect on the first day of the 7th month beginning after
20	publication.
21	(END)

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