

2007 SENATE BILL 88

March 12, 2007 – Introduced by Senators LASSA and RISSER, cosponsored by Representatives SCHNEIDER, SHERIDAN, BOYLE, POPE-ROBERTS, BERCEAU, SINICKI, HRAYCHUCK, TURNER and SMITH. Referred to Committee on Transportation, Tourism and Insurance.

1 **AN ACT** *to amend* 40.51 (8), 40.51 (8m), 66.0137 (4), 111.91 (2) (n), 120.13 (2) (g),
2 185.981 (4t) and 185.983 (1) (intro.); and *to create* 609.86 and 632.895 (15) of
3 the statutes; **relating to:** requiring health insurance coverage of hearing aids
4 and cochlear implants for infants and young children.

Analysis by the Legislative Reference Bureau

This bill requires health insurance policies and plans to cover the cost of hearing aids or cochlear implants for any child under five years of age who has coverage under the policy or plan and who is certified as deaf or severely hearing impaired by a physician or an audiologist. 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 requirement may be subject to any limitations, 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, 632.85, 632.853, 632.855, 632.87 (3) to
5 (6), 632.895 (5m) and (8) to ~~(14)~~ (15), 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, and 632.895 (11) to ~~(14)~~ (15).

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)~~ (15).

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), 632.896₁ 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), 632.896₁ and
16 632.897 (10) and chs. 609, 630, 635, 645₁ and 646, but the sponsoring association
17 shall:

18 **SECTION 8.** 609.86 of the statutes is created to read:

19 **609.86 Coverage of hearing aids and cochlear implants for infants and**
20 **young children.** Defined 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)** HEARING AIDS AND COCHLEAR IMPLANTS FOR INFANTS AND YOUNG
23 CHILDREN. (a) In this subsection:

24 1. “Hearing aid” has the meaning given in s. 459.01 (2).

25 2. “Physician” has the meaning given in s. 448.01 (5).

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1 (b) Except as provided in par. (d), every disability insurance policy, and every
2 self-insured health plan of the state or a county, city, town, village, or school district,
3 shall provide coverage of the cost of hearing aids or cochlear implants for a child
4 covered under the policy or plan who is under five years of age and who is certified
5 as deaf or severely hearing impaired by a physician or by an audiologist licensed
6 under subch. II of ch. 459.

7 (c) The coverage required under par. (b) may be subject to any limitations,
8 exclusions, or cost-sharing provisions that apply generally under the disability
9 insurance policy or self-insured health plan.

10 (d) This subsection does not apply to any of the following:

11 1. A disability insurance policy that covers only certain specified diseases.

12 2. A health care plan offered by a limited service health organization, as defined
13 in s. 609.01 (3), or by a preferred provider plan, as defined in s. 609.01 (4), that is not
14 a defined network plan, as defined in s. 609.01 (1b).

15 3. A long-term care insurance policy.

16 4. A medicare replacement policy or a medicare supplement policy.

17 **SECTION 10. Initial applicability.**

18 (1) This act first applies to all of the following:

19 (a) Except as provided in paragraphs (b) and (c), disability insurance policies
20 that are issued or renewed, and self-insured health plans that are established,
21 extended, modified, or renewed, on the effective date of this paragraph.

22 (b) Disability insurance policies covering employees who are affected by a
23 collective bargaining agreement containing provisions inconsistent with this act
24 that are issued or renewed on the earlier of the following:

25 1. The day on which the collective bargaining agreement expires.

