

2007 DRAFTING REQUEST

Senate Amendment (SA-SSA1-SB40)

Received: 06/26/2007

Received By: rchampag

Wanted: Today

Identical to LRB:

For: Judith Robson (608) 266-2253

By/Representing: Andy Engels

This file may be shown to any legislator: NO

Drafter: rchampag

May Contact:

Addl. Drafters:

Subject: State Govt - miscellaneous

Extra Copies:

Submit via email: YES

Requester's email: Sen.Robson@legis.wisconsin.gov

Carbon copy (CC:) to:

Pre Topic:

No specific pre topic given

Topic:

Miscellaneous items

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>
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/P1	rchampag 06/26/2007	jdyer 06/26/2007		_____			
/1			pgreensl 06/26/2007	_____	sbasford 06/26/2007	mbarman 06/26/2007	

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Received By: **rchampag**

Identical to LRB:

By/Representing: **Lang**

Drafter: **rchampag**

Addl. Drafters:

Extra Copies:

*Jacket for Senator
Robinson
Per Office
AMH*

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LFB:.....Lang -

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*JACKET FOR ROBINSON
ATTN ANDY ENGELS*

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/?	rchampag	1 <i>Lang</i>	<i>by De PR</i>	<i>by De PR</i>	<i>by De PR</i>		

FE Sent For:

<END>

STATE OF WISCONSIN - LEGISLATIVE REFERENCE BUREAU

LRB

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STATE OF WISCONSIN - LEGISLATIVE REFERENCE BUREAU

LRB

Research (608-266-0341)

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LRB

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SPARCITY AID

b0569

Sorted Item List

<u>Store File Name</u>	<u>Text</u>
b0569.1	Page 317, line 9: after "Biennially," insert "from the conservation fund,".
b0553.1	Page 467, line 8: after that line insert:
b0553.2	Page 476, line 18: after that line insert:
b0405.1	Page 485, line 17: after that line insert:
b0554.1	Page 707, line 9: after that line insert:
b0405.2	Page 832, line 17: after that line insert:
b0405.3	Page 1228, line 17: after that line insert:
b0405.4	Page 1241, line 22: after that line insert:
b0405.5	Page 1274, line 9: after that line insert:
b0405.6	Page 1497, line 21: after that line insert:
b0406.1	Page 1504, line 2: after that line insert:
b0405.7	Page 1504, line 8: after that line insert:
b0406.2	Page 1504, line 8: after that line insert:
b0500.1	Page 1504, line 8: after that line insert:
b0554.2	Page 1658, line 16: after that line insert:
b0405.8	Page 1659, line 3: after that line insert:
b0406.3	Page 1659, line 3: after that line insert:
b0500.2	Page 1659, line 3: after that line insert:
b0405.9	Page 1672, line 1: after that line insert:

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State of Wisconsin
2007 - 2008 LEGISLATURE

LRBb0651/P1
RAC:....pg
1
Call
ALL

NOW

LFB:.....Lang - Miscellaneous items

FOR 2007-09 BUDGET -- NOT READY FOR INTRODUCTION

SENATE AMENDMENT ,

TO SENATE SUBSTITUTE AMENDMENT 1,

TO 2007 SENATE BILL 40

1 At the locations indicated, amend the substitute amendment as follows:

2 1. Page 317, line 9: after "Biennially," insert "from the conservation fund,"

3 2. Page 467, line 8: after that line insert:

4 "SECTION 733mr. 36.27 (3n) (b) 2. of the statutes is amended to read:

5 36.27 (3n) (b) 2. ~~An~~ Except as provided in subd. 2m., an unremarried surviving
6 spouse of an eligible veteran. The remission under this subdivision applies only
7 during the first 10 years after the veteran died.

8 SECTION 733mw. 36.27 (3n) (b) 2m. of the statutes is created to read:

9 36.27 (3n) (b) 2m. An unremarried surviving spouse of an eligible veteran who
10 had a child with the eligible veteran. The remission under this subdivision applies

1 only until 10 years after the youngest child that the spouse had with the eligible
2 veteran reaches or would have reached 18 years of age, or during the first 10 years
3 after the veteran died, whichever is longer.” ✓

4 **3.** Page 476, line 18: after that line insert:

5 ✓ “**SECTION 738mr.** 38.24 (7) (b) 2. of the statutes is amended to read:

6 38.24 (7) (b) 2. An Except as provided in subd. 2m., an unremarried surviving
7 spouse of an eligible veteran. The remission under this subdivision applies only
8 during the first 10 years after the veteran died.

9 **SECTION 738mw.** 38.24 (7) (b) 2m. of the statutes is created to read:

10 38.24 (7) (b) 2m. An unremarried surviving spouse of an eligible veteran who
11 had a child with the eligible veteran. The remission under this subdivision applies
12 only until 10 years after the youngest child that the spouse had with the eligible
13 veteran reaches or would have reached 18 years of age, or during the first 10 years
14 after the veteran died, whichever is longer.” ✓

15 **4.** Page 485, line 17: after that line insert:

16 ✓ “**SECTION 770c.** 40.51 (8) of the statutes is amended to read:

17 40.51 (8) Every health care coverage plan offered by the state under sub. (6)
18 shall comply with ss. 631.89, 631.90, 631.93 (2), 631.95, 632.72 (2), 632.746 (1) to (8)
19 and (10), 632.747, 632.748, 632.83, 632.835, 632.85, 632.853, 632.855, 632.87 (3) to
20 (6), 632.895 (5m) and (8) to ~~(14)~~ (15), and 632.896.

21 **SECTION 770d.** 40.51 (8m) of the statutes is amended to read:

22 40.51 (8m) Every health care coverage plan offered by the group insurance
23 board under sub. (7) shall comply with ss. 631.95, 632.746 (1) to (8) and (10), 632.747,
24 632.748, 632.83, 632.835, 632.85, 632.853, 632.855, and 632.895 (11) to ~~(14)~~ (15).” ✓

1 **5.** Page 707, line 9: after that line insert:

2 ✓“**SECTION 1545t.** 49.45 (22) of the statutes is renumbered 49.45 (22) (intro.) and
3 amended to read:

4 49.45 (22) MEDICAL ASSISTANCE SERVICES PROVIDED BY HEALTH MAINTENANCE
5 ORGANIZATIONS. (intro.) If the department contracts with health maintenance
6 organizations for the provision of medical assistance it shall give do all of the
7 following:

8 (a) Give special consideration to health maintenance organizations that
9 provide or that contract to provide comprehensive, specialized health care services
10 to pregnant teenagers. ~~If the department contracts with health maintenance~~
11 ~~organizations for the provision of medical assistance, the department shall~~
12 ~~determine~~

13 (b) Determine which medical assistance recipients who have attained the age
14 of 2 but have not attained the age of 6 and who are at risk for lead poisoning have
15 not received lead screening from those health maintenance organizations.—The
16 ~~department shall~~ and report annually to the appropriate standing committees of the
17 legislature under s. 13.172 (3) on the percentage of medical assistance recipients
18 under the age of 2 who received a lead screening test in that year provided by a health
19 maintenance organization compared with the percentage that the department set as
20 a goal for that year.

21 ✓**SECTION 1545u.** 49.45 (22) (c) of the statutes is created to read:

22 49.45 (22) (c) 1. Calculate that portion of any increase in the capitation rate
23 paid to each health maintenance organization under this subsection after the
24 effective date of this paragraph [revisor inserts date], if the increase is made to

1 reflect increases in fee-for-service medical assistance payment rates to one or more
2 class of providers.

3 2. Require each health maintenance organization to increase its payments to
4 any class of providers for services to medical assistance recipients in amounts that
5 the department determines are consistent with both the purpose and intent of the
6 fee-for-service rate increase and the objective of reducing unnecessary utilization
7 through managed care, and to amend its contracts with service providers
8 correspondingly.

9 3. Conduct audits to ensure that health maintenance organizations comply
10 with the requirement of this paragraph.” ✓

11 **6.** Page 832, line 17: after that line insert:

12 “**SECTION 1874c.** 66.0137 (4) ✓ of the statutes is amended to read:

13 66.0137 (4) SELF-INSURED HEALTH PLANS. If a city, including a 1st class city, or
14 a village provides health care benefits under its home rule power, or if a town
15 provides health care benefits, to its officers and employees on a self-insured basis,
16 the self-insured plan shall comply with ss. 49.493 (3) (d), 631.89, 631.90, 631.93 (2),
17 632.746 (10) (a) 2. and (b) 2., 632.747 (3), 632.85, 632.853, 632.855, 632.87 (4), (5),
18 and (6), 632.895 (9) to ~~(14)~~ (15), 632.896, and 767.513 (4).”.

19 **7.** Page 1228, line 17: after that line insert:

20 “**SECTION 2680c.** ✓ 111.91 (2) (n) of the statutes is amended to read:

21 111.91 (2) (n) The provision to employees of the health insurance coverage
22 required under s. 632.895 (11) to ~~(14)~~ (15).”.

23 **8.** Page 1241, line 22: after that line insert:

24 “**SECTION 2737p.** 120.13 (2) (g) ✓ of the statutes is amended to read:

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 **9.** Page 1274, line 9: after that line insert:

6 ✓ “**SECTION 2924c.** 185.981 (4t) of the statutes is amended to read:

7 185.981 (4t) A sickness care plan operated by a cooperative association is
8 subject to ss. 252.14, 631.17, 631.89, 631.95, 632.72 (2), 632.745 to 632.749, 632.85,
9 632.853, 632.855, 632.87 (2m), (3), (4), (5), and (6), 632.895 (10) to ~~(14)~~ (15), and
10 632.897 (10) and chs. 149 and 155.

11 **SECTION 2924f.** 185.983 (1) (intro.) of the statutes is amended to read:

12 185.983 (1) (intro.) Every such voluntary nonprofit sickness care plan shall be
13 exempt from chs. 600 to 646, with the exception of ss. 601.04, 601.13, 601.31, 601.41,
14 601.42, 601.43, 601.44, 601.45, 611.67, 619.04, 628.34 (10), 631.17, 631.89, 631.93,
15 631.95, 632.72 (2), 632.745 to 632.749, 632.775, 632.79, 632.795, 632.85, 632.853,
16 632.855, 632.87 (2m), (3), (4), (5), and (6), 632.895 (5) and (9) to ~~(14)~~ (15), 632.896, and
17 632.897 (10) and chs. 609, 630, 635, 645, and 646, but the sponsoring association
18 shall.” ✓

19 **10.** Page 1497, line 21: after that line insert:

20 ✓ “**SECTION 3660c.** 609.87 of the statutes is created to read:

21 **609.87 Coverage of treatment for autism spectrum disorders.** Defined
22 network plans are subject to s. 632.895 (15).” ✓

23 **11.** Page 1504, line 2: after that line insert:

24 ✓ “**SECTION 3677c.** 632.726 of the statutes is created to read:

1 **632.726 Current procedural terminology code changes.** (1) In this
2 section, "current procedural terminology code" means a number established by the
3 American Medical Association that a health care provider puts on a health insurance
4 claim form to describe the services that he or she performed.

5 (2) If an insurer changes a current procedural terminology code that was
6 submitted by a health care provider on a health insurance claim form, the insurer
7 shall include on the explanation of benefits form the reason for the change to the
8 current procedural terminology code and shall cite on the explanation of benefits
9 form the source for the change." ✓

INSERT
↓
move
to
p. 9

10 12. Page 1504, line 8: after that line insert:

11 ~~SECTION 3687r.~~ 632.895 (15) of the statutes is created to read:

12 632.895 (15) TREATMENT FOR AUTISM SPECTRUM DISORDERS. (a) In this subsection,
13 "autism spectrum disorder" means any of the following:

- 14 1. Autism disorder.
- 15 2. Asperger's syndrome.
- 16 3. Pervasive developmental disorder not otherwise specified.

17 (b) Except as provided in par. (d), every disability insurance policy, and every
18 self-insured health plan of the state or a county, city, town, village, or school district,
19 shall provide coverage for an insured of treatment for an autism spectrum disorder
20 if the treatment is provided by any of the following:

- 21 1. A psychiatrist, as defined in s. 146.34 (1) (h).
- 22 2. A person who practices psychology, as described in s. 455.01 (5).
- 23 3. A social worker, as defined in s. 252.15 (1) (er), who is certified or licensed
24 to practice psychotherapy, as defined in s. 457.01 (8m).



- 7 -
INSERT J
CONT

1 4. A speech-language pathologist, as defined in s. 459.20 (4).

2 5. A paraprofessional working under the supervision of a provider listed under
3 subds. 1. to 4.

4 6. A professional working under the supervision of an outpatient mental health
5 clinic certified under s. 51.038.

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

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

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

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

14 3. A long-term care insurance policy.

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

STET

16 **13.** Page 1504, line 8: after that line insert:

17 ✓ ^{3680f ← (B)}
"SECTION ~~3685f~~ 632.857 of the statutes is created to read:

18 **632.857 Explanation required for restriction or termination of**
19 **coverage.** If an insurer restricts or terminates an insured's coverage for the
20 treatment of a condition or complaint and, as a result, the insured becomes liable for
21 payment for all of his or her treatment for the condition or complaint, the insurer
22 shall provide on the explanation of benefits form a detailed explanation of the clinical
23 rationale and of the basis in the policy, plan, or contract or in applicable law for the
24 insurer's restriction or termination of coverage.

③
① ← number

1

SECTION 3685w. 632.875 (2) (g) of the statutes is amended to read:

2

632.875 (2) (g) A reasonable detailed explanation of the ~~factual basis~~ clinical

3

rationale and of the basis in the policy, plan, or contract or in applicable law for the

4

insurer's restriction or termination of coverage. *le*

5

14. Page 1504, line 8: after that line insert:

6

SECTION 3682b. 632.89 (1) (am) of the statutes is created to read:

7

632.89 (1) (am) "Consumer price index" means the consumer price index for all

8

urban consumers, U.S. city average, as determined by the U.S. department of labor.

9

SECTION 3683b. 632.89 (2) (b) 1. of the statutes is amended to read:

10

632.89 (2) (b) 1. Except as provided in subd. 2., if a group or blanket disability

11

insurance policy issued by an insurer provides coverage of inpatient hospital

12

treatment or outpatient treatment or both, the policy shall provide coverage in every

13

policy year as provided in pars. (c) to (dm), as appropriate, except that the total

14

coverage under the policy for a policy year need not exceed ~~\$7,000~~ \$20,250 or the

15

equivalent benefits measured in services rendered.

16

SECTION 3684b. 632.89 (2) (c) 2. b. of the statutes is amended to read:

17

632.89 (2) (c) 2. b. ~~Seven thousand~~ Twenty thousand two hundred fifty dollars

18

minus any applicable cost sharing at the level charged under the policy for inpatient

19

hospital services or the equivalent benefits measured in services rendered or, if the

20

policy does not use cost sharing, ~~\$6,300~~ \$18,250 in equivalent benefits measured in

21

services rendered.

22

SECTION 3685b. 632.89 (2) (d) 2. of the statutes is amended to read:

23

632.89 (2) (d) 2. Except as provided in par. (b), a policy under subd. 1. shall

24

provide coverage in every policy year for not less than ~~\$2,000~~ \$3,450 minus any

1 applicable cost sharing at the level charged under the policy for outpatient services
2 or the equivalent benefits measured in services rendered or, if the policy does not use
3 cost sharing, ~~\$1,800~~ \$3,100 in equivalent benefits measured in services rendered.

4 **SECTION 3686b.** 632.89 (2) (dm) 2. of the statutes is amended to read:

5 632.89 (2) (dm) 2. Except as provided in par. (b), a policy under subd. 1. shall
6 provide coverage in every policy year for not less than ~~\$3,000~~ \$5,200 minus any
7 applicable cost sharing at the level charged under the policy for transitional
8 treatment arrangements or the equivalent benefits measured in services rendered
9 or, if the policy does not use cost sharing, ~~\$2,700~~ \$4,650 in equivalent benefits
10 measured in services rendered.

11 **SECTION 3687b.** 632.89 (2) (f) of the statutes is created to read:

12 632.89 (2) (f) *Report on coverage limits.* The department of health and family
13 services shall report annually to the governor and the legislature on revising the
14 coverage limits specified in this subsection based on the change in the consumer price
15 index for medical costs.

16 **15.** Page 1658, line 16: after that line insert:

17 "(9f) MEDICAL ASSISTANCE PAYMENTS TO HEALTH MAINTENANCE ORGANIZATIONS. The
18 the renumbering and amendment of section 49.45 (22) of the statutes and the
19 creation of 49.45 933) (c) of the statutes first applies to contracts in existence on the
20 effective date of this subsection."

21 **16.** Page 1659, line 3: after that line insert:

22 (2i) COVERAGE OF TREATMENT FOR AUTISM SPECTRUM DISORDERS. The treatment
23 of sections 40.51 (8) and (8m), 66.0137 (4), 111.91 (2) (n), 120.13 (2) (g), 185.981 (4t),

INS
(from p. 6+7)

Page 1646, line 25: delete "\$20,000,000" and substitute "\$21,000,000"

INS
(move to p. 11)



INSERT K
cont

1 185.983 (1) (intro.), 609.87, and 632.895 (15) of the statutes first applies to all of the
2 following:

3 (a) Except as provided in paragraphs (b) and (c), disability insurance policies
4 that are issued or renewed, and self-insured governmental or school district health
5 plans that are established, extended, modified, or renewed, on the effective date of
6 this paragraph.

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

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

11 2. The day on which the collective bargaining agreement is extended, modified,
12 or renewed.

13 (c) Self-insured governmental or school district health plans covering
14 employees who are affected by a collective bargaining agreement containing
15 provisions inconsistent with this act that are established, extended, modified, or
16 renewed on the earlier of the following:

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

18 2. The day on which the collective bargaining agreement is extended, modified,
19 or renewed." ✓ (end ins K)

20 **17.** Page 1659, line 3: after that line insert:

21 "(1f) HEALTH INSURANCE; TREATMENT RESTRICTION OR TERMINATION; CLAIM FORMS.

22 (d) Except as provided in paragraph (b), the treatment of sections 632.726,
23 632.857, and 632.875 (2) (g) of the statutes first applies to claims for insurance
24 coverage that are submitted to an insurer on the effective date of this paragraph.

1 (e) If a health insurance policy or plan that is in effect on the effective date of
 2 this paragraph contains a provision that is inconsistent with the treatment of section
 3 632.726, 632.857, or 632.875 (2) (g) of the statutes, the treatment of section 632.726,
 4 632.857, or 632.875 (2) (g) of the statutes, whichever is applicable, first applies to
 5 that health insurance policy or plan on the date on which it is renewed. *je*

6 ~~18.~~ Page 1659, line 3: after that line insert:

7 *je* (2f) LIMITS FOR MENTAL HEALTH AND DRUG ABUSE COVERAGE. The treatment of
 8 section 632.89 (1) (am) and (2) (b) 1., (c) 2. b., (d) 2., (dm) 2., and (f) of the statutes first
 9 applies to a policy issued, renewed, or modified on the first day of the 13th month
 10 beginning after publication. *je*

→ INSERT K (from p. 9)

11 19. Page 1672, line 1: after that line insert:

12 “(2i) COVERAGE OF TREATMENT FOR AUTISM SPECTRUM DISORDERS. The treatment
 13 of sections 40.51 (8) and (8m), 66.0137 (4), 111.91 (2) (n), 120.13 (2) (g), 185.981 (4t),
 14 185.983 (1) (intro.), 609.87, and 632.895 (15) of the statutes and SECTION 9325 (1) of
 15 this act take effect on the first day of the 7th month beginning after publication.” ✓

16 (END)