December 19, 2007 - Introduced by Representative SCHNEIDER. Referred to Committee on Health and Healthcare Reform.

AN ACT to renumber and amend 632.895 (7); to amend 40.51 (8), 40.51 (8m), 66.0137 (4), 120.13 (2) (g), 185.981 (4t) and 185.983 (1) (intro.); and to create 111.91 (2) (nm), 609.71, 632.895 (7) (a) and 632.895 (7) (c) of the statutes; relating to: maternity coverage for surrogate mothers.

Analysis by the Legislative Reference Bureau

Under current law, a group health insurance policy that provides maternity coverage is required to provide maternity coverage for all persons covered under the policy, and that maternity coverage may not be subject to exclusions or limitations that are not applied to other maternity coverage under the policy. This bill provides that every individual or group health insurance policy, and every self–insured governmental or school district health plan, that provides maternity coverage may not exclude maternity coverage for a surrogate mother who has coverage under the policy or plan. A surrogate mother is defined as a pregnant woman who, by agreement, is bearing a child for another woman, either through artificial insemination or by carrying the other woman’s implanted fertilized ovum.

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:
SECTION 1. 40.51 (8) of the statutes is amended to read:

40.51 (8) Every health care coverage plan offered by the state under sub. (6) shall comply with ss. 631.89, 631.90, 631.93 (2), 631.95, 632.72 (2), 632.746 (1) to (8) and (10), 632.747, 632.748, 632.83, 632.835, 632.85, 632.853, 632.855, 632.87 (3) to (6), 632.895 (5m), (7), and (8) to (14), and 632.896.

SECTION 2. 40.51 (8m) of the statutes is amended to read:

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

SECTION 3. 66.0137 (4) of the statutes is amended to read:

66.0137 (4) SELF-INSURED HEALTH PLANS. If a city, including a 1st class city, or a village provides health care benefits under its home rule power, or if a town provides health care benefits, to its officers and employees on a self-insured basis, the self-insured plan shall comply with ss. 49.493 (3) (d), 631.89, 631.90, 631.93 (2), 632.746 (10) (a) 2. and (b) 2., 632.747 (3), 632.85, 632.853, 632.855, 632.87 (4), (5), and (6), 632.895 (7) and (9) to (14), 632.896, and 767.513 (4).

SECTION 4. 111.91 (2) (nm) of the statutes is created to read:

111.91 (2) (nm) Compliance with the maternity coverage requirements under s. 632.895 (7).

SECTION 5. 120.13 (2) (g) of the statutes is amended to read:

120.13 (2) (g) Every self-insured plan under par. (b) shall comply with ss. 49.493 (3) (d), 631.89, 631.90, 631.93 (2), 632.746 (10) (a) 2. and (b) 2., 632.747 (3), 632.85, 632.853, 632.855, 632.87 (4), (5), and (6), 632.895 (7) and (9) to (14), 632.896, and 767.513 (4).

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

SECTION 7. 185.983 (1) (intro.) of the statutes is amended to read:
185.983 (1) (intro.) Every such voluntary nonprofit sickness care plan shall be
exempt from chs. 600 to 646, with the exception of ss. 601.04, 601.13, 601.31, 601.41,
601.42, 601.43, 601.44, 601.45, 611.67, 619.04, 628.34 (10), 631.17, 631.89, 631.93,
631.95, 632.72 (2), 632.745 to 632.749, 632.775, 632.79, 632.795, 632.85, 632.853,
632.855, 632.87 (2m), (3), (4), (5), and (6), 632.895 (5), (7), and (9) to (14), 632.896, and
632.897 (10) and chs. 609, 630, 635, 645 and 646, but the sponsoring association
shall:

SECTION 8. 609.71 of the statutes is created to read:

609.71 Maternity coverage. Defined network plans are subject to s. 632.895
(7).

SECTION 9. 632.895 (7) of the statutes is renumbered 632.895 (7) (b) and
amended to read:

632.895 (7) (b) Every group disability insurance policy which that provides
maternity coverage shall provide maternity coverage for all persons covered under
the policy. Coverage Subject to par. (c), coverage required under this subsection
paragraph may not be subject to exclusions or limitations which that are not applied
to other maternity coverage under the policy.

SECTION 10. 632.895 (7) (a) of the statutes is created to read:

632.895 (7) (a) In this subsection:

1. “Self–insured health plan” has the meaning given in s. 632.745 (24).
2. “Surrogate mother” means a pregnant woman who, by agreement, is bearing a child for another woman, either through artificial insemination or by carrying until birth the other woman’s surgically implanted fertilized ovum.

SECTION 11. 632.895 (7) (c) of the statutes is created to read:

632.895 (7) (c) A group or individual disability insurance policy, or a self-insured health plan, that provides maternity coverage may not exclude maternity coverage for a surrogate mother who is covered under the policy or plan.

SECTION 12. Initial applicability.

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

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

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

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

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

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

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

SECTION 13. Effective date.

(1) This act takes effect on the first day of the 7th month beginning after publication.

(END)