

State of Misconsin 2009 - 2010 LEGISLATURE

LRBa1218/1 PJK:bjk:ph

ASSEMBLY AMENDMENT 1, TO 2009 ASSEMBLY BILL 512

December 15, 2009 – Offered by Representative PASCH.

1	At the locations indicated, amend the bill as follows:
2	${f 1.}$ Page 1, line 11: after "problems" insert "and granting rule-making
3	authority".
4	2. Page 5, line 22: delete "screening and".
5	3. Page 8, line 7: delete " <u>(2p) and (3)</u> " and substitute " <u>(3) to (3f)</u> ".
6	4. Page 9, line 17: delete lines 17 to 25.
7	5. Page 10, line 1: delete lines 1 to 5.
8	6. Page 10, line 21: delete the material beginning with "and for" and ending
9	with "(2p)" on line 22.
10	7. Page 10, line 22: after that line insert:
11	"SECTION 31m. 632.89 (3c) of the statutes is created to read:

1 632.89 (3c) EXEMPTION FOR COST INCREASE. (a) Notwithstanding sub. (3), a 2 group health benefit plan or a self-insured health plan that provides coverage of the 3 treatment of nervous and mental disorders and alcoholism and other drug abuse 4 problems may elect to be exempt from the requirements under sub. (3) during the 5 plan year following any plan year in which, as a result of the requirements under sub. 6 (3), there is an increase under the plan in the total cost of coverage for the treatment 7 of physical conditions and nervous and mental disorders and alcoholism and other 8 drug abuse problems by a percentage that exceeds either of the following:

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1. Two percent in the first plan year in which the requirements apply.

10 2. One percent in any plan year after the first plan year in which the11 requirements apply.

12 (b) A cost increase specified under par. (a) may not be determined until the 13 group health benefit plan or self-insured health plan has complied with the 14 requirements under sub. (3) for at least the first 6 months of the plan year for which 15 the increase is to be determined. The cost increase shall be determined, and certified, 16 by a qualified actuary, as defined in s. 623.06 (1c). A copy of the actuary's 17 determination, and all underlying documentation that the actuary relied on in 18 making the determination, shall be filed with the commissioner and shall be 19 available for public inspection.

(c) A group health benefit plan or a self-insured health plan that qualifies for
an exemption under par. (a) and elects to be exempt from the requirements under
sub. (3) during a plan year shall promptly notify the commissioner and all enrollees
under the plan. The commissioner shall promulgate rules specifying the information
that must be provided in the notice and the manner in which the notice must be
given.

1 (d) Regardless of a cost increase as specified in par. (a), a group health benefit 2 plan or self-insured health plan may elect to continue to be subject to the 3 requirements under sub. (3). If a group health benefit plan or a self–insured health 4 plan elects to be exempt from the requirements under sub. (3), during the plan year in which it is exempt the group health benefit plan or self-insured health plan shall 5 6 comply with the coverage requirements under s. 632.89 (2) (a) to (dm), 2007 stats. 7 **SECTION 31r.** 632.89 (3f) of the statutes is created to read: 8 632.89 (3f) EXEMPTION FOR SMALL EMPLOYERS. (a) Notwithstanding sub. (3), an 9 employer that provides health care coverage for its employees through a group 10 health benefit plan may elect to be exempt from the requirements under sub. (3) 11 during a plan year if, on the first day of the plan year, the employer will have fewer 12 than 10 eligible employees, as defined in s. 632.745 (5). 13 (b) An employer that qualifies for the exemption under par. (a) and elects to be

exempt from the requirements under sub. (3) during a plan year shall promptly notify the commissioner and all enrollees under the employer's group health benefit plan. During the plan year in which the employer is exempt from the requirements under sub. (3), the group health benefit plan shall comply with the coverage requirements under s. 632.89 (2) (a) to (dm), 2007 stats.

(c) The commissioner shall promulgate rules specifying the information that
must be provided in the notice under par. (b) and the manner in which the notice must
be given.".

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8. Page 11, line 21: after that line insert:

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"SECTION 36m. 632.89 (5) (c) of the statutes is created to read:

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632.89 (5) (c) *Coverage of autism treatment.* This section does not apply to
 coverage of treatment for autism spectrum disorder, as defined in s. 632.895 (12m)
 (a) 1., to which s. 632.895 (12m) applies.".

(END)