

2009 DRAFTING REQUEST**Assembly Amendment (AA-AB75)**Received: **05/26/2009**Received By: **tdodge**Wanted: **As time permits**

Identical to LRB:

For: **Legislative Fiscal Bureau**By/Representing: **Austin**This file may be shown to any legislator: **NO**Drafter: **tdodge**

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Subject: **Insurance - health**

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Carbon copy (CC:) to:

Pre Topic:

LFB:.....Austin -

Topic:

Requiring health insurance policies to cover contraceptives and related services

Instructions:

See attached. Motion 443.

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>
/?	tdodge 05/27/2009	kfollett 05/27/2009		_____			
/1			mduchek 05/27/2009	_____	cduerst 05/27/2009		

FE Sent For:

<END>

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/?	tdodge	11/27 5/27	md 5/27	Jo/Km 5/27			

FE Sent For:

<END>

INSURANCE

Health Insurance Coverage of Contraceptives and Related Services

Motion:

443

Move to modify the bill as follows:

Require every disability insurance policy, and every self-insured health plan of the state or of a county, city, town, village, or school district, that provides coverage of outpatient health care services, preventative treatments and services, or prescription drugs and devices to provide coverage for all of the following:

- a. Contraceptives prescribed by a health care provider, as defined in s. 146.81 of the statutes; and
- b. Outpatient consultations, examinations, procedures, and medical services that are necessary to prescribe, administer, maintain, or remove a contraceptive, if covered for other drug benefits under the policy or plan.

Define "contraceptives" as drugs or devices approved by the federal Food and Drug Administration to prevent pregnancy.

Provide that the coverage described above may be subject only to the exclusions, limitations, or cost-sharing provisions that generally apply to the coverage of outpatient health care services, preventative treatments, and prescription drugs and devices provided under the policy or self-insured health plan.

Provide that this requirement does not apply to the following types of policies: (a) a disability insurance policy that covers only certain specified diseases; (b) a disability insurance policy, or a self-insured health plan of the state or a county, city, town, village, or school district, that provides only limited-scope dental or vision benefits; (c) a health care plan offered by a limited service health organization, or a preferred provider plan that is not a defined network plan; (d) a long-term care insurance policy; or (e) a Medicare replacement or supplement policy.

Provide that these requirements go into effect on the first day of the seventh month beginning after publication.

Provide that these requirements would first apply to all of the following:

a. Disability insurance policies that are issued or renewed, and governmental or school district self-insured health plans that are established, extended, modified, or renewed, on the effective date;

b. Disability insurance policies covering employees who are affected by a collective bargaining agreement containing provisions inconsistent with these requirements that are issued or renewed on the earlier of the day on which the collective bargaining agreement expires, or the day on which the collective bargaining agreement is extended, modified, or renewed; and

c. Governmental or school district self-insured health plans covering employees who are affected by a collective bargaining agreement containing provisions inconsistent with those in the motion, that are established, extended, modified or renewed on the earlier of the following: (1) the day on which the collective bargaining agreement expires; or (2) the day on which the collective bargaining agreement is extended, modified, or renewed.

Note:

Wisconsin statutes require health insurance policies sold in Wisconsin to cover a range of services or benefits. The mandate in this motion would only apply to commercial health insurance policies, and self-insured governmental health plans. It would not apply to self-insured plans provided by private employers, which are governed by federal legislation and are not subject to state regulation. The most recent estimates from the Office of the Commissioner of Insurance place the percentage of Wisconsin's population covered in the commercial market at approximately 28% (and, therefore, subject to this mandate), and the percentage covered by self-insured plans offered by private employers at 38% (and, therefore, not subject to this mandate).

The Department of Employee Trust Funds indicates that the drugs and services that would be included in this mandate are currently provided under the uniform benefits of the state employee healthcare plans. Therefore, no state fiscal effect would be anticipated.



State of Wisconsin
2009 - 2010 LEGISLATURE

LRBb0342/2

TJD:...

In: 5/27/09

RMNR

LFB:.....Austin - Requiring health insurance policies to cover contraceptives
and related services

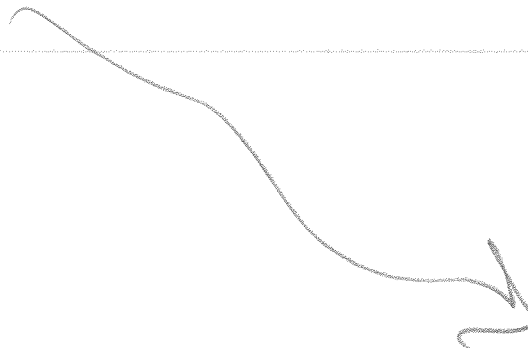
FOR 2009-11 BUDGET -- NOT READY FOR INTRODUCTION

ASSEMBLY AMENDMENT ,

TO 2009 ASSEMBLY BILL 75

1 At the locations indicated, amend the bill as follows:

2 (END)



BILL

covers only certain diseases; certain limited-scope health care plans; a long-term care insurance policy; or a Medicare replacement or supplement policy.

The health insurance policy or self-insured governmental health plan may subject the coverage to only the exclusions, limitations, or cost-sharing provisions that apply generally to coverage of outpatient health care services, preventive treatments and services, or prescription drugs and devices under the policy or plan.

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:

801r #. Page 494, line 23: after that line insert:

1 "SECTION 1. 40.51 (8) of the statutes, as affected by 2009 Wisconsin Act....

2 (Senate Bill 27), is amended to read:

3 40.51 (8) Every health care coverage plan offered by the state under sub. (6)
4 shall comply with ss. 631.89, 631.90, 631.93 (2), 631.95, 632.72 (2), 632.746 (1) to (8)
5 and (10), 632.747, 632.748, 632.83, 632.835, 632.85, 632.853, 632.855, 632.87 (3) to
6 (6), 632.895 (5m) and (8) to (16) (17), and 632.896.

7 "SECTION 2. 40.51 (8m) of the statutes, as affected by 2009 Wisconsin Act....

8 (Senate Bill 27), is amended to read:

9 40.51 (8m) Every health care coverage plan offered by the group insurance
10 board under sub. (7) shall comply with ss. 631.95, 632.746 (1) to (8) and (10), 632.747,
11 632.748, 632.83, 632.835, 632.85, 632.853, 632.855, and 632.895 (11) to (16) (17)."

12 "SECTION 3. 66.0137 (4) of the statutes, as affected by 2009 Wisconsin Act....

13 (Senate Bill 27), is amended to read:

14 66.0137 (4) SELF-INSURED HEALTH PLANS. If a city, including a 1st class city, or
15 a village provides health care benefits under its home rule power, or if a town
16 provides health care benefits, to its officers and employees on a self-insured basis,
17 the self-insured plan shall comply with ss. 49.493 (3) (d), 631.89, 631.90, 631.93 (2),

Page 717, line 8: after that line insert:

BILL

Page 1220, line 4: after that line insert:

1 632.746 (10) (a) 2. and (b) 2., 632.747 (3), 632.85, 632.853, 632.855, 632.87 (4), (5),
 2 and (6), 632.895 (9) to (16) (17), 632.896, and 767.513 (4)."

3 ^{2251w} SECTION 4. 111.91 (2) (n) of the statutes, as affected by 2009 Wisconsin Act

4 (Senate Bill 27), is amended to read:

5 111.91 (2) (n) The provision to employees of the health insurance coverage
 6 required under s. 632.895 (11) to (14) and (16), and (17)."

7 ^{2297d} SECTION 5. 120.13 (2) (g) of the statutes, as affected by 2009 Wisconsin Act

8 (Senate Bill 27), is amended to read:

9 120.13 (2) (g) Every self-insured plan under par. (b) shall comply with ss.
 10 49.493 (3) (d), 631.89, 631.90, 631.93 (2), 632.746 (10) (a) 2. and (b) 2., 632.747 (3),
 11 632.85, 632.853, 632.855, 632.87 (4), (5), and (6), 632.895 (9) to (16) (17), 632.896, and
 12 767.513 (4)."

13 ^{2453p} SECTION 6. 185.981 (4t) of the statutes, as affected by 2009 Wisconsin Act

14 (Senate Bill 27), is amended to read:

15 185.981 (4t) A sickness care plan operated by a cooperative association is
 16 subject to ss. 252.14, 631.17, 631.89, 631.95, 632.72 (2), 632.745 to 632.749, 632.85,
 17 632.853, 632.855, 632.87 (2m), (3), (4), (5), and (6), 632.895 (10) to (16) (17), and
 18 632.897 (10) and chs. 149 and 155.

19 ^{2453r} SECTION 7. 185.983 (1) (intro.) of the statutes, as affected by 2009 Wisconsin

20 Act... (Senate Bill 27), is amended to read:

21 185.983 (1) (intro.) Every such voluntary nonprofit sickness care plan shall be
 22 exempt from chs. 600 to 646, with the exception of ss. 601.04, 601.13, 601.31, 601.41,
 23 601.42, 601.43, 601.44, 601.45, 611.67, 619.04, 628.34 (10), 631.17, 631.89, 631.93,
 24 631.95, 632.72 (2), 632.745 to 632.749, 632.775, 632.79, 632.795, 632.85, 632.853,
 25 632.855, 632.87 (2m), (3), (4), (5), and (6), 632.895 (5) and (9) to (16) (17), 632.896, and

Page 1260, line 10: after that line insert:

Page 1317, line 13: after that line insert:

BILL

SECTION 7

Page 1539, line 2: after that line insert:

1 632.897 (10) and chs. 609, 630, 635, 645, and 646, but the sponsoring association

2 shall: "

3 SECTION 8 609.805 of the statutes is created to read:

4 **609.805 Coverage of contraceptives.** Defined network plans are subject to

5 s. 632.895 (17). "

6 SECTION 9 632.895 (17) of the statutes is created to read:

7 632.895 (17) CONTRACEPTIVES AND SERVICES. (a) In this subsection,

8 "contraceptives" means drugs or devices approved by the federal food and drug

9 administration to prevent pregnancy.

10 (b) Every disability insurance policy, and every self-insured health plan of the

11 state or of a county, city, town, village, or school district, that provides coverage of

12 outpatient health care services, preventive treatments and services, or prescription

13 drugs and devices shall provide coverage for all of the following:

14 1. Contraceptives prescribed by a health care provider, as defined in s. 146.81

15 (1).

16 2. Outpatient consultations, examinations, procedures, and medical services

17 that are necessary to prescribe, administer, maintain, or remove a contraceptive, if

18 covered for any other drug benefits under the policy or plan.

19 (c) Coverage under par. (b) may be subject only to the exclusions, limitations,

20 or cost-sharing provisions that apply generally to the coverage of outpatient health

21 care services, preventive treatments and services, or prescription drugs and devices

22 that is provided under the policy or self-insured health plan.

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

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

Page 1557, line 9: after that line insert:

BILL

2. A disability insurance policy, or a self-insured health plan of the state or a county, city, town, village, or school district, that provides only limited-scope dental or vision benefits.

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

4. A long-term care insurance policy.

5. A Medicare replacement policy or a Medicare supplement policy."

SECTION 10. 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 governmental or school district self-insured 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) Governmental or school district self-insured 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.

The treatment of sections 40.51(8) and (8m), 66.0137(4), 111.91(2)(a), 120.13(2)(g), 185.981(4t), 185.983(1)(intro.), 609.805, 609.806, 609.807, 609.808, 609.809, 609.810, 609.811, 609.812, 609.813, 609.814, 609.815, 609.816, 609.817, 609.818, 609.819, 609.820, 609.821, 609.822, 609.823, 609.824, 609.825, 609.826, 609.827, 609.828, 609.829, 609.830, 609.831, 609.832, 609.833, 609.834, 609.835, 609.836, 609.837, 609.838, 609.839, 609.840, 609.841, 609.842, 609.843, 609.844, 609.845, 609.846, 609.847, 609.848, 609.849, 609.850, 609.851, 609.852, 609.853, 609.854, 609.855, 609.856, 609.857, 609.858, 609.859, 609.860, 609.861, 609.862, 609.863, 609.864, 609.865, 609.866, 609.867, 609.868, 609.869, 609.870, 609.871, 609.872, 609.873, 609.874, 609.875, 609.876, 609.877, 609.878, 609.879, 609.880, 609.881, 609.882, 609.883, 609.884, 609.885, 609.886, 609.887, 609.888, 609.889, 609.890, 609.891, 609.892, 609.893, 609.894, 609.895, 609.896, 609.897, 609.898, 609.899, 609.900, 609.901, 609.902, 609.903, 609.904, 609.905, 609.906, 609.907, 609.908, 609.909, 609.910, 609.911, 609.912, 609.913, 609.914, 609.915, 609.916, 609.917, 609.918, 609.919, 609.920, 609.921, 609.922, 609.923, 609.924, 609.925, 609.926, 609.927, 609.928, 609.929, 609.930, 609.931, 609.932, 609.933, 609.934, 609.935, 609.936, 609.937, 609.938, 609.939, 609.940, 609.941, 609.942, 609.943, 609.944, 609.945, 609.946, 609.947, 609.948, 609.949, 609.950, 609.951, 609.952, 609.953, 609.954, 609.955, 609.956, 609.957, 609.958, 609.959, 609.960, 609.961, 609.962, 609.963, 609.964, 609.965, 609.966, 609.967, 609.968, 609.969, 609.970, 609.971, 609.972, 609.973, 609.974, 609.975, 609.976, 609.977, 609.978, 609.979, 609.980, 609.981, 609.982, 609.983, 609.984, 609.985, 609.986, 609.987, 609.988, 609.989, 609.990, 609.991, 609.992, 609.993, 609.994, 609.995, 609.996, 609.997, 609.998, 609.999, 610.000

Page 1715, line 21: after that line insert:

(c) Coverage of contraceptives.

BILL

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

or renewed."

SECTION 11. Effective date.

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

(END)

Page 1736, line 11: after that line insert:

(CS)
Contraceptive
Coverage.

The treatment of sections 40.51(8) and (8m),
66.0137(4), 111.91(2)(n), 120.13(2)(g), 185.981(4t),
185.983(1)(intro.), 609.805, and 632.895(17)
of the statutes take

and SECTION 9326(9) of this act



State of Wisconsin
2009 - 2010 LEGISLATURE

LRBb0342/1
TJD:kjf:md

LFB:.....Austin – Requiring health insurance policies to cover contraceptives
and related services

FOR 2009-11 BUDGET -- NOT READY FOR INTRODUCTION

ASSEMBLY AMENDMENT ,

TO 2009 ASSEMBLY BILL 75

1 At the locations indicated, amend the bill as follows:

2 **1.** Page 494, line 23: after that line insert:

3 **"SECTION 801r.** 40.51 (8) of the statutes, as affected by 2009 Wisconsin Act 14,
4 is amended to read:

5 40.51 (8) Every health care coverage plan offered by the state under sub. (6)
6 shall comply with ss. 631.89, 631.90, 631.93 (2), 631.95, 632.72 (2), 632.746 (1) to (8)
7 and (10), 632.747, 632.748, 632.83, 632.835, 632.85, 632.853, 632.855, 632.87 (3) to
8 (6), 632.895 (5m) and (8) to ~~(16)~~ (17), and 632.896.

9 **SECTION 801t.** 40.51 (8m) of the statutes, as affected by 2009 Wisconsin Act 14,
10 is amended to read:

1 40.51 (8m) Every health care coverage plan offered by the group insurance
2 board under sub. (7) shall comply with ss. 631.95, 632.746 (1) to (8) and (10), 632.747,
3 632.748, 632.83, 632.835, 632.85, 632.853, 632.855, and 632.895 (11) to ~~(16)~~ (17).”.

4 **2.** Page 717, line 8: after that line insert:

5 “**SECTION 1463w.** 66.0137 (4) of the statutes, as affected by 2009 Wisconsin Act
6 14, is amended to read:

7 66.0137 (4) SELF-INSURED HEALTH PLANS. If a city, including a 1st class city, or
8 a village provides health care benefits under its home rule power, or if a town
9 provides health care benefits, to its officers and employees on a self-insured basis,
10 the self-insured plan shall comply with ss. 49.493 (3) (d), 631.89, 631.90, 631.93 (2),
11 632.746 (10) (a) 2. and (b) 2., 632.747 (3), 632.85, 632.853, 632.855, 632.87 (4), (5),
12 and (6), 632.895 (9) to ~~(16)~~ (17), 632.896, and 767.513 (4).”.

13 **3.** Page 1220, line 4: after that line insert:

14 “**SECTION 2251w.** 111.91 (2) (n) of the statutes, as affected by 2009 Wisconsin
15 Act 14, is amended to read:

16 111.91 (2) (n) The provision to employees of the health insurance coverage
17 required under s. 632.895 (11) to (14) and, ~~(16)~~, and (17).”.

18 **4.** Page 1260, line 10: after that line insert:

19 “**SECTION 2297d.** 120.13 (2) (g) of the statutes, as affected by 2009 Wisconsin
20 Act 14, is amended to read:

21 120.13 (2) (g) Every self-insured plan under par. (b) shall comply with ss.
22 49.493 (3) (d), 631.89, 631.90, 631.93 (2), 632.746 (10) (a) 2. and (b) 2., 632.747 (3),
23 632.85, 632.853, 632.855, 632.87 (4), (5), and (6), 632.895 (9) to ~~(16)~~ (17), 632.896, and
24 767.513 (4).”.

1 **5.** Page 1317, line 13: after that line insert:

2 “**SECTION 2453p.** 185.981 (4t) of the statutes, as affected by 2009 Wisconsin Act
3 14, is amended to read:

4 185.981 (4t) A sickness care plan operated by a cooperative association is
5 subject to ss. 252.14, 631.17, 631.89, 631.95, 632.72 (2), 632.745 to 632.749, 632.85,
6 632.853, 632.855, 632.87 (2m), (3), (4), (5), and (6), 632.895 (10) to ~~(16)~~ (17), and
7 632.897 (10) and chs. 149 and 155.

8 **SECTION 2453r.** 185.983 (1) (intro.) of the statutes, as affected by 2009
9 Wisconsin Act 14, is amended to read:

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

17 **6.** Page 1539, line 2: after that line insert:

18 “**SECTION 3138g.** 609.805 of the statutes is created to read:

19 **609.805 Coverage of contraceptives.** Defined network plans are subject to
20 s. 632.895 (17).”.

21 **7.** Page 1557, line 9: after that line insert:

22 “**SECTION 3198d.** 632.895 (17) of the statutes is created to read:

1 632.895 (17) CONTRACEPTIVES AND SERVICES. (a) In this subsection,
2 “contraceptives” means drugs or devices approved by the federal food and drug
3 administration to prevent pregnancy.

4 (b) Every disability insurance policy, and every self-insured health plan of the
5 state or of a county, city, town, village, or school district, that provides coverage of
6 outpatient health care services, preventive treatments and services, or prescription
7 drugs and devices shall provide coverage for all of the following:

8 1. Contraceptives prescribed by a health care provider, as defined in s. 146.81
9 (1).

10 2. Outpatient consultations, examinations, procedures, and medical services
11 that are necessary to prescribe, administer, maintain, or remove a contraceptive, if
12 covered for any other drug benefits under the policy or plan.

13 (c) Coverage under par. (b) may be subject only to the exclusions, limitations,
14 or cost-sharing provisions that apply generally to the coverage of outpatient health
15 care services, preventive treatments and services, or prescription drugs and devices
16 that is provided under the 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 disability insurance policy, or a self-insured health plan of the state or a
20 county, city, town, village, or school district, that provides only limited-scope dental
21 or vision benefits.

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

25 4. A long-term care insurance policy.

1 5. A Medicare replacement policy or a Medicare supplement policy.”.

2 **8.** Page 1715, line 21: after that line insert:

3 “(9f) COVERAGE OF CONTRACEPTIVES. The treatment of sections 40.51 (8) and
4 (8m), 66.0137 (4), 111.91 (2) (n), 120.13 (2) (g), 185.981 (4t), 185.983 (1) (intro.),
5 609.805, and 632.895 (17) of the statutes first applies to all of the following:

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

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

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

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

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

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

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

23 **9.** Page 1736, line 11: after that line insert:

“(3f) CONTRACEPTIVE COVERAGE. The treatment of sections 40.51 (8) and (8m), 66.0137 (4), 111.91 (2) (n), 120.13 (2) (g), 185.981 (4t), 185.983 (1) (intro.), 609.805, and 632.895 (17) of the statutes and SECTION 9326 (9f) of this act take effect on the first day of the 7th month beginning after publication.”.

(END)