

SENATE BILL 27 (LRB -0932)

An Act to amend 40.51 (8), 40.51 (8m), 66.0137 (4), 111.91 (2) (n), 120.13 (2) (g), 185.981 (4t) and 185.983 (1) (intro.); and to create 609.86 and 632.895 (16) of the statutes; relating to: requiring health insurance coverage of hearing aids and cochlear implants for persons under 18 years of age. (FE)

2009

02-03.	S.	Introduced by Senators Lassa, Hansen, Lehman, Risser, Taylor, Erpenbach, Vinehout, Darling, S. Fitzgerald, Cogg s and Kapanke ; cosponsored by Representatives Cullen, Bernard Schaber, Schneider, Sheridan, Berceau, Hilgenberg, Hraychuck, Vruwink, Mason, Black, Pasch, Sherman, Pocan, Jorgensen, Sinicki, Stone, Krusick, Smith, Seidel, Montgomery, Parisi, Turner, Grigsby, Richards, Zigmunt, A. Williams, Soletski, Hixson and Dexter .	
02-03.	S.	Read first time and referred to committee on Health, Health Insurance, Privacy, Property Tax Relief, and Revenue	48
02-20.	S.	Fiscal estimate received.	
03-17.	S.	Senate amendment 1 offered by Senator Lassa (LRB a0111)	101
03-18.	S.	Public hearing held.	
03-19.	S.	Representative Molepske Jr. added as a cosponsor	104
03-24.	S.	Senate amendment 2 offered by Senator Lassa (LRB a0152)	106
04-14.	S.	Executive action taken.	
04-14.	S.	Report adoption of Senate Amendment 1 recommended by committee on Health, Health Insurance, Privacy, Property Tax Relief, and Revenue, Ayes 7, Noes 0	128
04-14.	S.	Report adoption of Senate Amendment 2 recommended by committee on Health, Health Insurance, Privacy, Property Tax Relief, and Revenue, Ayes 7, Noes 0	128
04-14.	S.	Report passage as amended recommended by committee on Health, Health Insurance, Privacy, Property Tax Relief, and Revenue, Ayes 6, Noes 1	128
04-14.	S.	Available for scheduling.	
04-20.	S.	Placed on calendar 4-23-2009 by committee on Senate Organization	132
04-23.	S.	Read a second time.	
04-23.	S.	Senate amendment 1 adopted .	
04-23.	S.	Senate amendment 2 adopted .	
04-23.	S.	Ordered to a third reading.	
04-23.	S.	Rules suspended.	
04-23.	S.	Read a third time and passed .	
04-23.	S.	Ordered immediately messaged.	
04-23.	A.	Received from Senate.	
04-23.	A.	Read.	
04-23.	A.	Rules suspended and taken up.	
04-23.	A.	Read a second time.	
04-23.	A.	Assembly amendment 1 offered by Representative Ziegelbauer (LRB a0249).	
04-23.	A.	Assembly amendment 1 rejected, Ayes 53, Noes 41.	
04-23.	A.	Assembly amendment 2 offered by Representative Nygren (LRB a0247).	
04-23.	A.	Assembly amendment 2 laid on table, Ayes 50, Noes 46.	
04-23.	A.	Assembly amendment 3 offered by Representative Nygren (LRB a0248).	
04-23.	A.	Assembly amendment 3 laid on table, Ayes 51, Noes 45.	
04-23.	A.	Representative Young added as a cosponsor.	
04-23.	A.	Ordered to a third reading.	
04-23.	A.	Rules suspended.	
04-23.	A.	Read a third time and concurred in , Ayes 80, Noes 16.	
04-23.	A.	Ordered immediately messaged.	
04-23.	S.	Received from Assembly concurred in.	

2009

ENROLLED BILL

09en S B-27

ADOPTED DOCUMENTS:

Orig Engr SubAmdt

09-0932/4 ✓

Amendments to above (if none, write "NONE"):

SA1 - a 0111/1 ✓

SA2 - a 0152/1 ✓

Corrections - show date (if none, write "NONE"):

None

Topic

Rel

4-23-09

Date

J. Miller

Enrolling Drafter



2009 SENATE BILL 27

February 3, 2009 – Introduced by Senators LASSA, HANSEN, LEHMAN, RISSER, TAYLOR, ERPENBACH, VINEHOUT, DARLING, S. FITZGERALD, COGGS and KAPANKE, cosponsored by Representatives CULLEN, BERNARD SCHABER, SCHNEIDER, SHERIDAN, BERCEAU, HILGENBERG, HRAYCHUCK, VRUWINK, MASON, BLACK, PASCH, SHERMAN, POCAN, JORGENSEN, SINICKI, STONE, KRUSICK, SMITH, SEIDEL, MONTGOMERY, PARISI, TURNER, GRIGSBY, RICHARDS, ZIGMUNT, A. WILLIAMS, SOLETSKI, HIXSON and DEXTER. Referred to Committee on Health, Health Insurance, Privacy, Property Tax Relief, and Revenue.

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 (16) of
3 the statutes; **relating to:** requiring health insurance coverage of hearing aids
4 and cochlear implants for persons under 18 years of age.

Analysis by the Legislative Reference Bureau

This bill requires health insurance policies and plans to cover the cost of hearing aids, which include any externally wearable instruments or devices designed to enhance hearing, and cochlear implants, which include any implantable instruments or devices designed to enhance hearing, that are prescribed by a physician or audiologist in accordance with accepted professional medical or audiological standards, for any child under 18 years of age who has coverage under the policy or plan and who is certified as deaf or hearing impaired by a physician or an audiologist. Treatment (defined as services, diagnoses, procedures, surgery, and therapy provided by a health care professional) for such a child that is related to hearing aids and cochlear implants is also required to be covered. Coverage for hearing aids is not required to exceed the cost of one hearing aid per ear per child more often than once every three years. 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

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supplement policies, long-term care policies, or policies covering only certain specified diseases. The required coverage may be subject to any limitations, cost-sharing provisions, or exclusions, other than a preexisting condition exclusion, that apply generally under the policy or plan. An exception is that an individual health insurance policy may impose a preexisting condition exclusion that does not exceed one year with respect to coverage for cochlear implants and related treatment. However, the bill requires an individual health insurance policy that imposes a preexisting condition exclusion to cover the cost of cochlear implants and related treatment during the preexisting condition exclusion period if certain specified medical conditions occur during the period that make time of the essence for a child to receive the implants and related treatment.

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 ~~(5)~~ (6), 632.895 (5m) and (8) to ~~(15)~~ (16), 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 ~~(15)~~ (16).
- 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),

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1 632.746 (10) (a) 2. and (b) 2., 632.747 (3), 632.85, 632.853, 632.855, 632.87 (4), and
2 (5), and (6), 632.895 (9) to ~~(15)~~ (16), 632.896, and ~~767.25 (4m) (d)~~ 767.513 (4).

3 **SECTION 4.** 111.91 (2) (n) of the statutes is amended to read:

4 111.91 (2) (n) The provision to employees of the health insurance coverage
5 required under s. 632.895 (11) to (14) and (16).

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

7 120.13 (2) (g) Every self-insured plan under par. (b) shall comply with ss.
8 49.493 (3) (d), 631.89, 631.90, 631.93 (2), 632.746 (10) (a) 2. and (b) 2., 632.747 (3),
9 632.85, 632.853, 632.855, 632.87 (4) and (5), and (6), 632.895 (9) to ~~(15)~~ (16), 632.896,
10 and ~~767.25 (4m) (d)~~ 767.513 (4).

11 **SECTION 6.** 185.981 (4t) of the statutes is amended to read:

12 185.981 (4t) A sickness care plan operated by a cooperative association is
13 subject to ss. 252.14, 631.17, 631.89, 631.95, 632.72 (2), 632.745 to 632.749, 632.85,
14 632.853, 632.855, 632.87 (2m), (3), (4), and (5), and (6), 632.895 (10) to ~~(15)~~ (16), and
15 632.897 (10) and chs. 149 and 155.

16 **SECTION 7.** 185.983 (1) (intro.) of the statutes is amended to read:

17 185.983 (1) (intro.) Every such voluntary nonprofit sickness care plan shall be
18 exempt from chs. 600 to 646, with the exception of ss. 601.04, 601.13, 601.31, 601.41,
19 601.42, 601.43, 601.44, 601.45, 611.67, 619.04, 628.34 (10), 631.17, 631.89, 631.93,
20 631.95, 632.72 (2), 632.745 to 632.749, 632.775, 632.79, 632.795, 632.85, 632.853,
21 632.855, 632.87 (2m), (3), (4), and (5), and (6), 632.895 (5) and (9) to ~~(15)~~ (16), 632.896,
22 and 632.897 (10) and chs. 609, 630, 635, 645, and 646, but the sponsoring association
23 shall:

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

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SECTION 8

1 **609.86 Coverage of hearing aids, cochlear implants, and related**
2 **treatment for infants and children.** Defined network plans are subject to s.
3 632.895 (16).

4 **SECTION 9.** 632.895 (16) of the statutes is created to read:

5 **632.895 (16) HEARING AIDS, COCHLEAR IMPLANTS, AND RELATED TREATMENT FOR**
6 **INFANTS AND CHILDREN.** (a) In this subsection:

7 1. “Cochlear implant” includes any implantable instrument or device that is
8 designed to enhance hearing.

9 2. “Hearing aid” means any externally wearable instrument or device designed
10 for or offered for the purpose of aiding or compensating for impaired human hearing
11 and any parts, attachments, or accessories of such an instrument or device, except
12 batteries and cords.

13 3. “Physician” has the meaning given in s. 448.01 (5).

14 4. “Self-insured health plan” means a self-insured health plan of the state or
15 a county, city, village, town, or school district.

16 5. “Treatment” means services, diagnoses, procedures, surgery, and therapy ✓
17 provided by a health care professional.

18 (b) 1. ~~Subject to par. (c) and except as provided in par. (d),~~ every disability
19 insurance policy and every self-insured health plan shall provide the following
20 coverages:

21 a. Coverage of the cost of hearing aids and cochlear implants that are
22 prescribed by a physician, or by an audiologist licensed under subch. II of ch. 459, in
23 accordance with accepted professional medical or audiological standards, for a child
24 covered under the policy or plan who is under 18 years of age and who is certified as

INS. SAI-1

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1 deaf or hearing impaired by a physician or by an audiologist licensed under subch.
2 II of ch. 459.

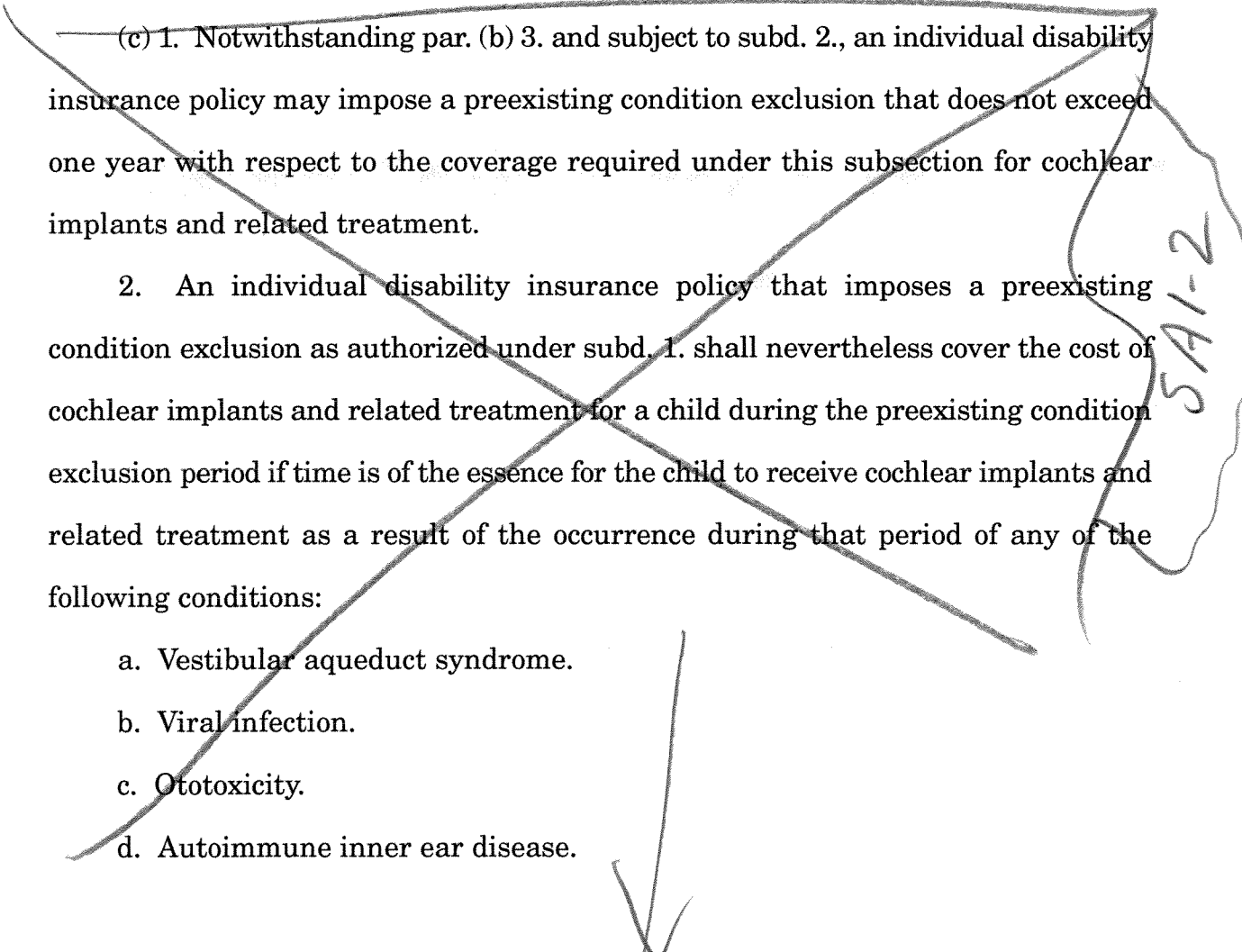
3 b. Coverage of the cost of treatment related to hearing aids and cochlear
4 implants, including procedures for the implantation of cochlear devices, for a child
5 specified in subd. 1. a.

6 2. Coverage of the cost of hearing aids under this subsection is not required to
7 exceed the cost of one hearing aid per ear per child more often than once every 3 years.

8 3. The coverage required under this subsection may be subject to any
9 cost-sharing provisions, limitations, or exclusions, other than a preexisting
10 condition exclusion, that apply generally under the disability insurance policy or
11 self-insured health plan.

12 (c) 1. Notwithstanding par. (b) 3. and subject to subd. 2., an individual disability
13 insurance policy may impose a preexisting condition exclusion that does not exceed
14 one year with respect to the coverage required under this subsection for cochlear
15 implants and related treatment.

16 2. An individual disability insurance policy that imposes a preexisting
17 condition exclusion as authorized under subd. 1. shall nevertheless cover the cost of
18 cochlear implants and related treatment for a child during the preexisting condition
19 exclusion period if time is of the essence for the child to receive cochlear implants and
20 related treatment as a result of the occurrence during that period of any of the
21 following conditions:

- 22 a. Vestibular aqueduct syndrome.
23 b. Viral infection.
24 c. Ototoxicity.
25 d. Autoimmune inner ear disease.
- 

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SECTION 9

1 e. Any other condition with respect to which a failure to intervene would likely
2 negatively impact the child's outcome. INS. SAI-3 ✓

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

4 1. A disability insurance policy that covers only certain specified diseases. INS. SAI-4 ✓

5 INSERT SAI-5 ✓
6 2. A health care plan offered by a limited service health organization, as defined
7 in s. 609.01 (3), or by a preferred provider plan, as defined in s. 609.01 (4), that is not
8 a defined network plan, as defined in s. 609.01 (1b).

9 INSERT SAI-6 ✓
10 3. A long-term care insurance policy.

11 INSERT SAI-7 ✓
12 4. A medicare replacement policy or a medicare supplement policy. INS. SA2-1 ✓

13 **SECTION 10. Initial applicability.**

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

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

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

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

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

24 (c) Governmental self-insured health plans covering employees who are
25 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.



SENATE AMENDMENT 1,
TO 2009 SENATE BILL 27

March 17, 2009 - Offered by Senator LASSA.

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

2 ✓ 1. Page 4, line 18: delete "Subject to par. (c) and except as provided in par. (d)"
3 and substitute "Except as provided in par. (c)". SAI-1 ✓

4 ✓ 2. Page 5, line 12: delete the material beginning with that line and ending with
5 page 6, line 2.

6 ✓ 3. Page 6, line 3: delete "(d)" and substitute "(c)". SAI-3 ✓

7 ✓ 4. Page 6, line 4: after that line insert: SAI-4 ✓

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

11 ✓ 5. Page 6, line 5: delete "2." and substitute "3.". SAI-5 ✓

12 ✓ 6. Page 6, line 8: delete "3." and substitute "4.". SAI-6 ✓

1

✓ 7. Page 6, line 9: delete "4." and substitute "5." ✓

2

(END)

✓
SAI-7



State of Wisconsin
2009 - 2010 LEGISLATURE

LRBa0152/1
PJK:jld:ph

SENATE AMENDMENT 2,
TO 2009 SENATE BILL 27

March 24, 2009 - Offered by Senator LASSA.

SA2-1

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

2 1. Page 6, line 9: after that line insert:

3 "5m. An individual health benefit plan that is not renewable and that has a
4 specified termination date that, including any extensions that the policyholder may
5 elect without the insurer's consent, is less than 12 months after the original effective
6 date."

7

(END)