

2017 DRAFTING REQUEST

Bill

For: **Daniel Riemer (608) 266-1733** Drafter: **tdodge**
 By: **Dave** Secondary Drafters:
 Date: **12/20/2016** May Contact:
 Same as LRB: **-1884**

Submit via email: **YES**
 Requester's email: **Rep.Riemer@legis.wisconsin.gov**
 Carbon copy (CC) to: **tamara.dodge@legis.wisconsin.gov**
Aaron.McKean@legis.wisconsin.gov

Pre Topic:

No specific pre topic given

Topic:

Require health insurance coverage of preventive services without cost sharing

Instructions:

See attached

Drafting History:

<u>Vers.</u>	<u>Drafted</u>	<u>Reviewed</u>	<u>Submitted</u>	<u>Jacketed</u>	<u>Required</u>
/?	tdodge 1/9/2017	anienaja 1/11/2017			
/P1	tdodge 1/19/2017	anienaja 1/20/2017	rmilford 1/11/2017		Insurance
/1			rmilford 1/20/2017	rmilford 5/11/2017	Insurance

FE Sent For: **<END>**

↳ Not Needed



12/19

Dave from Rep. Riemer's office

Require private health insurance plans cover preventive services without any cost-sharing on patients receiving those services

- Requirement applies to all private plans - individual, small group, large group, self-insured

- List no-cost preventative services - see list

& services having "A" or "B" rating in current recommendations of the US Preventative Services Task Force,

immunizations that are recommended and determined to be for routine use by the Advisory Committee on

Immunization Practices & preventative services recommended by the Health Resources & Services Administration's Bright Futures Project

- If office visit & preventive service are billed separately, cost-sharing cannot be charged for preventive service but insurer may still impose cost-sharing for the office visit itself

- If primary reason for the visit is not preventive, patients may have to pay for office visit.

- If service is performed by an out-of-network provider when an in-network provider is available to perform the service, insurers may charge the patient for the office visit & preventive service. If an out-of-network provider is used because there is no in-network provider able to provide the service, then cost-sharing cannot be charged.

- Insurers may not limit coverage to any contraceptive method, but must provide at least one version of each FDA-approved contraceptive method without cost-sharing. Insurers may use reasonable medical management within a method to limit coverage to generic drugs and can impose cost-sharing for patients who have a medical need for contraceptives otherwise subject to cost-sharing.



WISCONSIN LEGISLATIVE REFERENCE BUREAU

Information Services 608-266-0341—Legal Services 608-266-3561



• Multiple well-woman visits may be required to fulfill all necessary preventive services & should be provided without cost-sharing as needed, determined by clinical recommendations.

Table 1: Summary of Selected Preventive Services for Adults Covered by Non-Grandfathered Private Plans without Cost Sharing

Cancer	Chronic Conditions	Immunizations	Health Promotion	Pregnancy-Related**	Reproductive Health
<ul style="list-style-type: none"> • Breast cancer - Mammography (women 40+[†]) - Genetic (BRCA) screening and counseling (women at high risk) - Preventive medication (women at high risk) 	<ul style="list-style-type: none"> • Abdominal aortic aneurysm screening (men 65– 75 who have ever smoked) • Cardiovascular health <ul style="list-style-type: none"> - Hypertension screening - Blood pressure - Lipid disorders screenings (high risk women 20+; at risk men 20– 35; all men 35+) - Aspirin (men 45– 79; women 55– 79) - Behavioral Counseling (overweight or obese adults with CVD risk factors) • Diabetes (Type 2) screening (adults with elevated blood pressure) • Depression screening (adults when follow up supports available) • Hepatitis B screening (adults at high risk for infection) • Hepatitis C screening (high risk adults; one time screening for adults born between 1945 and 1965) • Obesity Screening and Management (all adults via body mass index (BMI)) <ul style="list-style-type: none"> - Referral for intervention for adults ≥ BMI of 30 kg/m² • Osteoporosis screening (all women 65+; high risk women <60) 	<ul style="list-style-type: none"> • Haemophilus influenzae type b (adults 18+ with risk factors) • Hepatitis A (adults with risk factors) • Hepatitis B (adults with risk factors) • HPV (women 18– 26 and men 18– 21 not previously vaccinated; at risk men 22– 26) • Influenza (yearly) • Meningococcal (adults 18+ with risk factors) • Measles, Mumps and Rubella (adults 18– 49; 50+ with risk factors) • Pneumococcal (adults 19– 64 with risk factors; adults 65+) • Td booster, Tdap • Varicella • Zoster (adults 60+) 	<ul style="list-style-type: none"> • Alcohol misuse screening and counseling • Fall Prevention • Counseling and Preventive Medication (community-dwelling adults 65+) • Intimate partner violence screening, counseling[‡] (women) • Tobacco counseling and cessation interventions • Well-woman visits[‡] (women 18– 64; visits for recommended preventive services, preconception care, and/or prenatal care) 	<ul style="list-style-type: none"> • Alcohol misuse screening and counseling • Breastfeeding supports <ul style="list-style-type: none"> - Counseling - Consultations with trained provider[‡] - Equipment rental[‡] • Folic acid supplements (women with reproductive capacity) • Gestational diabetes screenings[‡] (after 24 weeks gestation) • Iron deficiency anemia screening • Preeclampsia preventive medicine (pregnant women at high risk) • Low-dose aspirin (at risk women after 12 weeks of gestation) • Screenings for pregnant women <ul style="list-style-type: none"> - Hepatitis B - Chlamydia (women ≤24 years; older women at risk) - Gonorrhea - Syphilis - Bacteriurea • Tobacco counseling and cessation interventions 	<ul style="list-style-type: none"> • Contraception (all women with reproductive capacity)[‡] * - All FDA-approved contraceptive methods as prescribed - Sterilization procedures - Patient education and counseling - Services related to follow-up, management of side effects, and device removal • Screenings <ul style="list-style-type: none"> - Chlamydia (sexually active women ≤24 years old, older women at risk) - Gonorrhea ((sexually active women ≤24 years old, older women at risk) - Syphilis (adults at high risk) - HIV (adults 15– 65; at risk younger adolescents and older adults) • STI and HIV counseling (adults at high risk; all sexually-active women[‡])

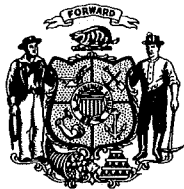
Notes: Unless noted, applicable age for the recommendations is age 18+. Pregnancy-related applies to pregnant women. Age ranges are meant to encompass the broadest range possible. Each service may only be covered for certain age groups or based on risk factors. [†]The ACA defines the recommendations of the USPSTF regarding breast cancer services to “the most current other than those issued in or around November 2009.” Thus, coverage for mammography is guided by the 2002 USPSTF guideline. ^{**}Services in this column apply to all pregnant or lactating women, unless otherwise specified. ^{***}Certain religious employers exempt from this requirement. [‡]Recommendation from HRSA Women’s Preventive Services; coverage for these services without cost sharing in “non-grandfathered” plans began August 1, 2012. Coverage without cost sharing for all other services went into effect Sep. 23, 2010.

Sources: CMS, Affordable Care Act Implementation FAQ’s Set 1.8. CMS, Preventive Health Services for Adults. More information about each of the items in this table, including details on periodicity, age, risk factors, and specific tests and procedures are available at the following websites: USPSTF; ACIP; HRSA Women’s Preventive Services.

Table 2: Summary of Selected Preventive Services for Children Covered by Non-Grandfathered Private Plans without Cost Sharing

Chronic Conditions	Immunizations	Health Promotion	Reproductive Health	Developmental and Behavioral Health
<ul style="list-style-type: none"> • Cardiovascular health - Blood pressure (screening for at risk newborn children - 3 years; children 3 years+) - Lipid disorders screenings (children 2 years+ risk assessment/ screening) • Depression screening (adolescents 11 years+) • Hepatitis B screening (adolescents at high risk for infection) • Skin cancer counseling (children 10 years+) • Obesity <ul style="list-style-type: none"> - Screening (children 2 years+ via body mass index (BMI)) - Counseling and behavioral interventions (obese children 6 years+) 	<ul style="list-style-type: none"> • DTaP (children 2 months- 6 years) • Haemophilus influenzae type b (children 2 months - 4 years) • Hepatitis A (children 1 year+; 2 years+ with risk factors) • Hepatitis B (at birth; then newborn+) • HPV (children 11 years+) • Inactivated Poliovirus (children 2 months+) • Influenza (yearly) (children 6+ months+) • Meningococcal (children 11 years+; 2 months+ with risk factors) • Measles, Mumps and Rubella (children 1 year+) • Pneumococcal <ul style="list-style-type: none"> - Pneumococcal conjugate (children 2 months - 4 years; 5 years+ with risk factors) - Pneumococcal polysaccharide (children 2 years+ with risk factors) • Td booster, Tdap (children 7 years+) • Varicella (children 1 year+) • Rotavirus (children 2 - 6 months) 	<ul style="list-style-type: none"> • Anemia screening, supplements (children 6 months+ iron supplements for high risk 6 - 12 months) • Dental caries prevention <ul style="list-style-type: none"> - Fluoride varnish (infants and children at age of primary teeth eruption) - Fluoride supplements (children 6+ months without fluoride in water source) • Gonorrhea prophylaxis treatment (newborn) • History and physical exams (prenatal+) • Measurements: <ul style="list-style-type: none"> - Length/height and weight (children newborn- adolescence) - Head circumference, weight for length (newborn - 2 years) - Body mass index (BMI) (children 2 years+) - Blood pressure (risk assessment at birth; children 3 years+) • Oral health: risk assessment, referral to dental home (children 6 months - 6 years) • Screenings <ul style="list-style-type: none"> - Blood screening (newborn- 2 months) - Critical congenital health defect (newborn) - Lead screening (children risk assessment and/or test 6 months - 6 years) - Metabolic/hemoglobin, phenylketonuria, sickle cell, congenital hypothyroidism screenings (newborn+) - Tuberculin (children risk assessment 1 month+) • Tobacco counseling and cessation interventions (children 5 years- adolescence) • Vision and hearing screenings/assessment (children newborn+) 	<ul style="list-style-type: none"> • Contraception (all women with reproductive capacity)^{1,*} <ul style="list-style-type: none"> - All FDA-approved contraceptive methods as prescribed - Sterilization procedures - Patient education and counseling - Services related to follow-up, management of side effects, and device removal • STI and HIV counseling (sexually-active adolescents) • Screenings <ul style="list-style-type: none"> - Chlamydia (sexually active females) - Gonorrhea (sexually active females) - HIV (adolescents and at risk children; screening ages 16- 18) - STIs (risk assessment for adolescents; screening ages 16- 18) 	<ul style="list-style-type: none"> • Alcohol misuse screening and counseling (risk assessment adolescents 11 years+) • Autism screening: (infants 18- 24 months) • Developmental screenings and surveillance (newborn+) • Psychosocial/behavioral assessment (newborn+)

Notes: Age ranges are meant to encompass the broadest range possible, up to age 21. Each service may only be covered for certain age groups or based on risk factors. For specific details on recommendations, please consult the websites listed below. *Certain religious employers exempt from this requirement. ¹Recommendation from HRSA Women's Preventive Services; coverage for these services without cost sharing in "non-grandfathered" plans began August 1, 2012. Coverage without cost sharing for all other services went into effect Sep. 23, 2010. **Sources:** CMS, Affordable Care Act Implementation FAQ's Set 1.8. CMS, Preventive Health Services for Children. More information about each of the items in this table, including details on periodicity, age, risk factors, and specific tests and procedures are available at the following websites: [USPSTF](#); [Bright Futures](#) and [American Academy of Pediatrics](#); [ACIP](#); [HRSA Women's Preventive Services](#).



State of Wisconsin
2017 - 2018 LEGISLATURE

LRB-1199(?)
TJD:...
epi
Gunn

Due Wed
1/11

In: 1/9

PRELIMINARY DRAFT - NOT READY FOR INTRODUCTION

SA ✓
Xref ✓
Pwf ✓

Gen. ✓

1

AN ACT ...; relating to: requiring coverage and prohibiting cost-sharing for preventive services under health insurance policies and plans.

2

Analysis by the Legislative Reference Bureau

This bill requires health insurance policies, known in the bill as disability insurance policies, and governmental self-insured health plans to cover certain preventive services and to provide coverage without subjecting that coverage to deductibles, copayments, or coinsurance. The preventive services for which coverage is required are specified in the bill. The bill also specifies certain instances when cost-sharing amounts may be charged for an office visit associated with a preventive service.

This proposal may contain a health insurance mandate requiring a social and financial impact report under s. 601.423, stats.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

3
4
5

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

~~X~~ **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,

1 632.748, 632.798, 632.83, 632.835, 632.85, 632.853, 632.855, 632.867, 632.885,
 2 632.89, and 632.895 ~~(8), (10), and (11)~~ ^{(8) and (10)} to (17).

History: 1981 c. 96; 1983 a. 27; 1985 a. 29; 1987 a. 27, 107, 356; 1987 a. 403 s. 256; 1989 a. 31, 93, 121, 129, 182, 201, 336, 359; 1991 a. 39, 70, 113, 152, 269, 315, 1993 a. 450, 481; 1995 a. 289; 1997 a. 27, 155, 202, 237, 252; 1999 a. 32, 95, 115, 155; 2001 a. 16, 38, 104; 2003 a. 33; 2005 a. 194; 2007 a. 36; 2009 a. 14, 28, 146, 218, 346; 2011 a. 10, 32, 133, 260; 2013 a. 186; 2015 a. 55.

3 **SECTION 2.** 66.0137 (4) of the statutes is amended to read:

4 **66.0137 (4) SELF-INSURED HEALTH PLANS.** If a city, including a 1st class city, or
 5 a village provides health care benefits under its home rule power, or if a town
 6 provides health care benefits, to its officers and employees on a self-insured basis,
 7 the self-insured plan shall comply with ss. 49.493 (3) (d), 631.89, 631.90, 631.93 (2),
 8 632.746 (10) (a) 2. and (b) 2., 632.747 (3), 632.798, 632.85, 632.853, 632.855, 632.867,
 9 632.87 (4), (5), and (6), 632.885, 632.89, 632.895 ~~(8) and (9)~~ ⁽⁸⁾ to (17), 632.896, and
 10 767.513 (4).

History: 1999 a. 9, 115; 1999 a. 150 ss. 34, 303 to 306; Stats. 1999 s. 66.0137; 1999 a. 186 s. 63; 2001 a. 16, 30; 2005 a. 194; 2005 a. 443 s. 265; 2007 a. 20, 36; 2009 a. 14, 28, 146, 180, 218, 276, 285; 2011 a. 260; 2013 a. 20; 2013 a. 116 s. 29; 2013 a. 117 s. 2, 3; 2013 a. 186; 2015 a. 55.

11 **SECTION 3.** 120.13 (2) (g) of the statutes is amended to read:

12 **120.13 (2) (g)** Every self-insured plan under par. (b) shall comply with ss.
 13 49.493 (3) (d), 631.89, 631.90, 631.93 (2), 632.746 (10) (a) 2. and (b) 2., 632.747 (3),
 14 632.798, 632.85, 632.853, 632.855, 632.867, 632.87 (4), (5), and (6), 632.885, 632.89,
 15 632.895 ~~(9)~~ ⁽⁸⁾ to (17), 632.896, and 767.513 (4).

History: 1973 c. 94, 290; 1975 c. 115, 321; 1977 c. 206, 211, 418, 429; 1979 c. 20, 202, 221, 301, 355; 1981 c. 96, 314, 335; 1983 a. 27, 193, 207, 339, 370, 518, 538; 1985 a. 29 ss. 1725e to 1726m, 1731; 1985 a. 101, 135, 211; 1985 a. 218 ss. 12, 13, 22; 1985 a. 332; 1987 a. 88, 187; 1989 a. 31, 201, 336, 359; 1991 a. 39, 226, 269; 1993 a. 16, 27, 284, 334, 399, 450, 481, 491; 1995 a. 27 ss. 4024, 9126 (19), 9145 (1); 1995 a. 29, 32, 33, 65, 75, 225, 235, 289, 439; 1997 a. 27, 155, 164, 191, 237, 335; 1999 a. 9, 19, 73, 83, 115, 128; 1999 a. 150 s. 672; 1999 a. 186; 2001 a. 38, 98, 103, 105; 2003 a. 254; 2005 a. 22, 194, 290, 346; 2005 a. 443 s. 265; 2007 a. 20 ss. 2738, 9121 (6) (a); 2007 a. 36, 70, 97; 2009 a. 14, 28, 76, 146, 185, 208, 218; 2011 a. 105, 162, 168, 258, 260; 2013 a. 186, 306; 2015 a. 55 ss. 3387p, 3389m to 3391c.

16 **SECTION 4.** 609.896 of the statutes is created to read:

17 **609.896 Preventive services.** Defined network plans and preferred provider
 18 plans are subject to s. 632.895 (13m).

19 **SECTION 5.** 632.895 (8) (d) of the statutes is amended to read:

20 632.895 (8) (d) Coverage is required under this subsection despite whether the
 21 woman shows any symptoms of breast cancer. Except as provided in pars. (b), (c) and
 22 (e), coverage under this subsection may only be subject to exclusions and limitations,

1 including deductibles, copayments and restrictions on excessive charges, that are
 2 applied to other radiological examinations covered under the disability insurance
 3 policy. Coverage under this subsection may not be subject to any deductibles,
 4 copayments, or coinsurance.

History: 1981 c. 39 ss. 4 to 12, 18, 20; 1981 c. 85, 99; 1981 c. 314 ss. 122, 123, 125; 1983 a. 36, 429; 1985 a. 29, 56, 311; 1987 a. 195, 327, 403; 1989 a. 129, 201, 229, 316, 332, 359; 1991 a. 32, 45, 123; 1993 a. 443, 450; 1995 a. 27 ss. 7048, 9126 (19); 1995 a. 201, 225; 1997 a. 27, 35, 75, 175, 237; 1999 a. 32, 115; 1999 a. 150 s. 672; 2001 a. 16, 82; 2007 a. 20 s. 9121 (6) (a); 2007 a. 36, 153; 2009 a. 14, 28, 282, 346; 2011 a. 260 s. 80; 2015 a. 55.

5 **SECTION 6. 632.895 (13m)** of the statutes is created to read:

6 **632.895 (13m) PREVENTIVE SERVICES.** (a) In this section, "Self-insured health
 7 plan" has the meaning given in s. 632.85 (1) (c).

8 (b) Every disability insurance policy and every self-insured health plan shall
 9 provide coverage for all of the following preventive services:

10 1. Mammography in accordance with sub. (8).

11 2. Genetic breast cancer screening and counseling and preventive medication
 12 for adult women at high risk for breast cancer.

13 3. Papanicolaou test for cancer screening for women 21 years of age ^{or} and older
 14 with an intact cervix.

15 4. Human papillomavirus testing for women who have attained the age of 30
 16 years but have not attained the age of 66 years.

17 5. Colorectal cancer screening in accordance with sub. (16m).

18 6. Annual tomography for lung cancer screening for adults who have attained
 19 the age of 55 years but have not attained the age of 80 years and who have health
 20 histories demonstrating a risk for lung cancer.

21 7. Skin cancer screening for individuals who have attained the age of 10 years
 22 but who have not attained the age of 22 years.

23 8. Counseling for skin cancer prevention for adults who have attained the age
 24 of 18 years but have not attained the age of 25 years.

1 9. Abdominal aortic aneurysm screening for men who have attained the age of
2 65 years but have not attained the age of 75 years and who have ever smoked.

3 10. Hypertension screening for adults and blood pressure testing for adults, for
4 children 3 years of age ^{or} and older, ^{or} and for children under the age of 3 years who are
5 at high risk for hypertension.

6 11. Lipid disorder screenings for ^{or} a minors 2 years of age or older, high risk
7 women 20 years of age ^{or} and older, men age 20 years of age ^{or} and older at high risk for
8 lipid disorders, and all men 35 years of age ^{or} and older.

9 12. Aspirin therapy for cardiovascular health for adults who have attained the
10 age of 55 years but have not attained the age of 80 years and for men who have
11 attained the age of 45 years but have not attained the age of 55 years.

12 13. Behavioral counseling for cardiovascular health for adults who are
13 overweight or ^{or obese} ~~obess~~ and who have risk factors for cardiovascular disease.

14 14. Type II diabetes screening for adults with elevated blood pressure.

15 15. Depression screening for minors 11 years of age or older and for adults when
16 follow-up supports are available.

17 16. Hepatitis B screening for minors at high risk for infection and adults at high
18 risk for infection.

19 17. Hepatitis C screening for adults at high risk for infection and one time
20 hepatitis C screening for adults born in 1945 to 1965.

21 18. Obesity screening and management for all minors and adults with a body
22 mass index indicating obesity, counseling and behavioral interventions for obese
23 minors who are 6 years of age ^{or} and older, and referral for intervention for obesity for
24 adults with a body mass index of 30 kilograms per square meter or higher.

1 19. Osteoporosis screening for all women 65 years of age or older and for women
2 at high risk for osteoporosis under the age of 60 years.

3 20. Immunizations in accordance with sub. (14).

4 21. Anemia screening for individuals 6 months of age and older and iron
5 supplements for individuals at high risk for anemia and who have attained the age
6 of 6 months but have not attained the age of 12 months.

7 22. Fluoride varnish for prevention of tooth decay for minors at the age of
8 eruption of their primary teeth.

9 23. Fluoride supplements for prevention of tooth decay for minors 6 months of
10 age and older without fluoride in the water source.

11 24. Gonorrhea prophylaxis treatment for newborns.

12 25. Health history and physical exams for prenatal visits and for minors.

13 26. Length and weight measurements for newborns and height and weight
14 measurements for minors.

15 27. Head circumference and weight for length measurements for newborns and
16 minors who have not attained the age of 3 years.

17 28. Body mass index for minors 2 years of age and older.

18 29. Blood pressure measurements for minors 3 years of age and older and a
19 blood pressure risk assessment at birth.

20 30. Risk assessment and referral for oral health issues for minors who have
21 attained the age of 6 months but have not attained the age of 7 years.

22 31. Blood screenings for newborns and minors who have not attained age 2
23 months.

24 32. Screening for critical congenital health defect for newborns.

25 33. Lead screenings in accordance with sub. (10).

1 34. Metabolic and hemoglobin screenings and screenings for phenylketonuria,
2 sickle cell anemia, and congenital hypothyroidism for minors including newborns.

3 35. Tuberculin skin test based on risk assessment for minors ^{one} 1 month of age
4 and older.

5 36. Tobacco counseling and cessation interventions for individuals who are 5
6 years of age ^{or} and older.

7 37. Vision and hearing screenings and assessments for minors including
8 newborns.

9 38. Sexually transmitted infection and human immunodeficiency virus
10 counseling for sexually ^lactive minors.

11 39. Risk assessment for sexually ^ltransmitted infection for minors who are 10
12 years of age ^{or} and older and screening for sexually ^ltransmitted infection for minors
13 who are 16 years of age ^{or} and older.

14 40. Alcohol misuse screening and counseling for minors 11 years of age ^{or} and
15 older.

16 41. Autism screening for minors who have attained the age of 18 months but
17 have not attained the age of 25 months.

18 42. Developmental screenings and surveillance for minors including newborns.

19 43. Psychosocial and behavioral assessment for minors including newborns.

20 44. Alcohol misuse screening and counseling for pregnant adults and a risk
21 assessment for all adults.

22 45. Fall prevention and counseling and preventive medication for fall
23 prevention for community-dwelling adults 65 years of age or older.

24 46. Screening and counseling for intimate partner violence for adult women.

1 47. Well-woman visits for women who have attained the age of 18 years but
2 have not attained the age of 65 years and well-woman visits for recommended
3 preventive services, preconception care, and prenatal care.

4 48. Counseling on, consultations with a trained provider on, and equipment
5 rental for breastfeeding for pregnant and lactating women.

6 49. Folic acid supplement for adult women with reproductive capacity.

7 50. Iron deficiency anemia screening for pregnant and lactating women.

8 51. Preeclampsia preventive medicine for pregnant adult women at high risk
9 for preeclampsia.

10 52. Low-dose aspirin after 12 weeks of gestation for pregnant women at high
11 risk for miscarriage, preeclampsia, or clotting disorders.

12 53. Screenings for hepatitis B and bacteriuria^{pli} for pregnant women.

13 54. Screening for gonorrhea for pregnant and sexually active females 24 years
14 of age and^{or} younger and females older than 24 years of age who are at risk for
15 infection.

16 55. Screening for chlamydia for pregnant and sexually active females 24 years
17 of age and younger and females older than 24 years of age who are at risk for
18 infection.

19 56. Screening for syphilis for pregnant women and adults who are at high risk
20 for infection.

21 57. Human immunodeficiency virus screening for adults who have attained the
22 age of 15 years but have not attained the age of 66 years and individuals at high risk
23 of infection who are younger than 15 years of age or older than 65 years of age.

24 58. All contraceptives and services in accordance with sub. (17).

1 59. Any services not already specified under this paragraph having and A or
2 B rating in current recommendations from the US Preventive Services Task Force.

3 60. Any preventive services not already specified under this paragraph that are
4 recommended by the federal Health Resources and Services Administration's Bright
5 Futures Project.

6 61. Any immunizations, not already specified under (s. 632.895) (14), that are
7 recommended and determined to be for routine use by the Advisory Committee on
8 Immunization Practices.

9 (c) Subject to par. (d), no disability insurance policy and no self-insured health
10 plan may subject the coverage of any of the preventive services under par. (b) to any
11 deductibles, copayments, or coinsurance under the policy or plan.

12 (d) 1. If an office visit and a preventive service specified under par. (b) are billed
13 separately by the health care provider, the disability insurance policy or self-insured
14 health plan may apply deductibles to and impose copayments or coinsurance on the
15 office visit but not on the preventive service.

16 2. If the primary reason for an office visit is not to obtain a preventive service,
17 the disability insurance policy or self-insured health plan may apply deductibles to
18 and impose copayments or coinsurance on the office visit.

19 3. If a preventive service specified under par. (b) is provided by a health care
20 provider that is outside the disability insurance policy's or self-insured health plan's
21 network of providers, the policy or plan may apply deductibles to and impose
22 copayments or coinsurance on the office visit and the preventive service. If a
23 preventive service specified under par. (b) is provided by a health care provider that
24 is outside the disability insurance policy's or self-insured health plan's network of
25 providers because there is no available health care provider in the policy's or plan's

1 network of providers that provides the preventive service, the policy or plan may not
2 apply deductibles to or impose copayments or coinsurance on preventive service.

3 4. If multiple well-woman visits described under par. (b) 47. are required to
4 fulfill all necessary preventive services and are in accordance with clinical
5 recommendations, the disability insurance policy or self-insured health plan may
6 not apply a deductible or impose a copayment or coinsurance to any of those
7 well-woman visits.

8 **SECTION 7.** 632.895 (14) (1) (a) 1. i. and j. of the statutes are amended to read:

9 632.895 (14) (a) 1. i. Hepatitis A and B.

10 j. Varicella and herpes zoster.

History: 1981 c. 39 ss. 4 to 12, 18, 20; 1981 c. 85, 99; 1981 c. 314 ss. 122, 123, 125; 1983 a. 36, 429; 1985 a. 29, 56, 311; 1987 a. 195, 327, 403; 1989 a. 129, 201, 229, 316, 332, 359; 1991 a. 32, 45, 123; 1993 a. 443, 450; 1995 a. 27 ss. 7048, 9126 (19); 1995 a. 201, 225; 1997 a. 27, 35, 75, 175, 237; 1999 a. 32, 115; 1999 a. 150 s. 672; 2001 a. 16, 82; 2007 a. 20 s. 9121 (6) (a); 2007 a. 36, 153; 2009 a. 14, 28, 282, 346; 2011 a. 260 s. 80; 2015 a. 55.

11 **SECTION 8.** 632.895 (14) (a) 1. k. to o. of the statutes are created to read:

12 ~~X~~ 632.895 (14) (a) 1. k. Human papillomavirus.

13 L. Meningococcal meningitis.

14 m. Pneumococcal pneumonia.

15 n. Influenza.

16 o. Rotavirus.

17 **SECTION 9.** 632.895 (14) (b) of the statutes is amended to read:

18 ~~X~~ 632.895 (14) (b) Except as provided in par. (d), every disability insurance policy,

19 and every self-insured health plan of the state or a county, city, town, village or school

20 district, that provides coverage for a dependent of the insured shall provide coverage

21 of appropriate and necessary immunizations, from birth to the age of 6 years, for an

1 insured or plan participant, including a dependent who is a child of the insured or
2 plan participant.

History: 1981 c. 39 ss. 4 to 12, 18, 20; 1981 c. 85, 99; 1981 c. 314 ss. 122, 123, 125; 1983 a. 36, 429; 1985 a. 29, 56, 311; 1987 a. 195, 327, 403; 1989 a. 129, 201, 229, 316, 332, 359; 1991 a. 32, 45, 123; 1993 a. 443, 450; 1995 a. 27 ss. 7048, 9126 (19); 1995 a. 201, 225; 1997 a. 27, 35, 75, 175, 237; 1999 a. 32, 115; 1999 a. 150 s. 672; 2001 a. 16, 82; 2007 a. 20 s. 9121 (6) (a); 2007 a. 36, 153; 2009 a. 14, 28, 282, 346; 2011 a. 260 s. 80; 2015 a. 55.

3 **SECTION 10. 632.895 (14) (c) of the statutes is amended to read:**

4 ~~×~~ **632.895 (14) (c)** The coverage required under par. (b) may not be subject to any
5 deductibles, copayments, or coinsurance under the policy or plan. ~~This paragraph~~
6 ~~applies to a defined network plan, as defined in s. 609.01 (1b), only with respect to~~
7 ~~appropriate and necessary immunizations provided by providers participating, as~~
8 ~~defined in s. 609.01 (3m), in the plan.~~

History: 1981 c. 39 ss. 4 to 12, 18, 20; 1981 c. 85, 99; 1981 c. 314 ss. 122, 123, 125; 1983 a. 36, 429; 1985 a. 29, 56, 311; 1987 a. 195, 327, 403; 1989 a. 129, 201, 229, 316, 332, 359; 1991 a. 32, 45, 123; 1993 a. 443, 450; 1995 a. 27 ss. 7048, 9126 (19); 1995 a. 201, 225; 1997 a. 27, 35, 75, 175, 237; 1999 a. 32, 115; 1999 a. 150 s. 672; 2001 a. 16, 82; 2007 a. 20 s. 9121 (6) (a); 2007 a. 36, 153; 2009 a. 14, 28, 282, 346; 2011 a. 260 s. 80; 2015 a. 55.

9 **SECTION 11. 632.895 (14) (d) 3. of the statutes is amended to read:**

10 ~~×~~ **632.895 (14) (d) 3.** A health care plan offered by a limited service health
11 organization, as defined in s. 609.01 (3), ~~or by a preferred provider plan, as defined~~
12 ~~in s. 609.01 (4), that is not a defined network plan, as defined in s. 609.01 (1b).~~

History: 1981 c. 39 ss. 4 to 12, 18, 20; 1981 c. 85, 99; 1981 c. 314 ss. 122, 123, 125; 1983 a. 36, 429; 1985 a. 29, 56, 311; 1987 a. 195, 327, 403; 1989 a. 129, 201, 229, 316, 332, 359; 1991 a. 32, 45, 123; 1993 a. 443, 450; 1995 a. 27 ss. 7048, 9126 (19); 1995 a. 201, 225; 1997 a. 27, 35, 75, 175, 237; 1999 a. 32, 115; 1999 a. 150 s. 672; 2001 a. 16, 82; 2007 a. 20 s. 9121 (6) (a); 2007 a. 36, 153; 2009 a. 14, 28, 282, 346; 2011 a. 260 s. 80; 2015 a. 55.

13 **SECTION 12. 632.895 (16m) (b) of the statutes is amended to read:**

14 ~~×~~ **632.895 (16m) (b)** The coverage required under this subsection may be subject
15 to any limitations, or exclusions, ~~or cost-sharing provisions~~ that apply generally
16 under the disability insurance policy or self-insured health plan. The coverage
17 required under this subsection may not be subject to any deductibles, copayments,
18 or coinsurance.

History: 1981 c. 39 ss. 4 to 12, 18, 20; 1981 c. 85, 99; 1981 c. 314 ss. 122, 123, 125; 1983 a. 36, 429; 1985 a. 29, 56, 311; 1987 a. 195, 327, 403; 1989 a. 129, 201, 229, 316, 332, 359; 1991 a. 32, 45, 123; 1993 a. 443, 450; 1995 a. 27 ss. 7048, 9126 (19); 1995 a. 201, 225; 1997 a. 27, 35, 75, 175, 237; 1999 a. 32, 115; 1999 a. 150 s. 672; 2001 a. 16, 82; 2007 a. 20 s. 9121 (6) (a); 2007 a. 36, 153; 2009 a. 14, 28, 282, 346; 2011 a. 260 s. 80; 2015 a. 55.

19 **SECTION 13. 632.895 (17) (b) 2. of the statutes is amended to read:**

20 ~~×~~ **632.895 (17) (b) 2.** Outpatient consultations, examinations, procedures, and
21 medical services that are necessary to prescribe, administer, maintain, or remove a

1 ~~contraceptive, if covered for any other drug benefits under the policy or plan~~
2 ~~sterilization procedures, and patient education and counseling for all females with~~
3 ~~reproductive capacity.~~

History: 1981 c. 39 ss. 4 to 12, 18, 20; 1981 c. 85, 99; 1981 c. 314 ss. 122, 123, 125; 1983 a. 36, 429; 1985 a. 29, 56, 311; 1987 a. 195, 327, 403; 1989 a. 129, 201, 229, 316, 332, 359; 1991 a. 32, 45, 123; 1993 a. 443, 450; 1995 a. 27 ss. 7048, 9126 (19); 1995 a. 201, 225; 1997 a. 27, 35, 75, 175, 237; 1999 a. 32, 115; 1999 a. 150 s. 672; 2001 a. 16, 82; 2007 a. 20 s. 9121 (6) (a); 2007 a. 36, 153; 2009 a. 14, 28, 282, 346; 2011 a. 260 s. 80; 2015 a. 55.

4 **SECTION 14. 632.895 (17) (c) of the statutes is amended to read:**

5 ~~× 632.895 (17) (c) Coverage under par. (b) may be subject only to the exclusions,~~
6 ~~and limitations, or cost-sharing provisions that apply generally to the coverage of~~
7 ~~outpatient health care services, preventive treatments and services, or prescription~~
8 ~~drugs and devices that is provided under the policy or self-insured health plan. A~~
9 ~~disability insurance policy or self-insured health plan may not apply a deductible or~~
10 ~~impose a copayment or coinsurance to at least one of each type of contraceptive~~
11 ~~method approved by the federal food and drug administration for which coverage is~~
12 ~~required under this subsection. The disability insurance policy or self-insured~~
13 ~~health plan may apply reasonable medical management to a method of contraception~~
14 ~~to limit coverage under this subsection that is provided without being subject to a~~
15 ~~deductible, copayment, or coinsurance to prescription drugs without a brand name.~~
16 ~~The disability insurance policy of self-insured health plan may apply a deductible~~
17 ~~or impose a copayment or coinsurance for coverage of a contraceptive that is~~
18 ~~prescribed for a medical need if the services for the medical need would otherwise be~~
19 ~~subject to a deductible, copayment, or coinsurance.~~

History: 1981 c. 39 ss. 4 to 12, 18, 20; 1981 c. 85, 99; 1981 c. 314 ss. 122, 123, 125; 1983 a. 36, 429; 1985 a. 29, 56, 311; 1987 a. 195, 327, 403; 1989 a. 129, 201, 229, 316, 332, 359; 1991 a. 32, 45, 123; 1993 a. 443, 450; 1995 a. 27 ss. 7048, 9126 (19); 1995 a. 201, 225; 1997 a. 27, 35, 75, 175, 237; 1999 a. 32, 115; 1999 a. 150 s. 672; 2001 a. 16, 82; 2007 a. 20 s. 9121 (6) (a); 2007 a. 36, 153; 2009 a. 14, 28, 282, 346; 2011 a. 260 s. 80; 2015 a. 55.

20 **SECTION 15. Initial applicability.**

21 (1) PREVENTIVE SERVICES.

SECTION 15

1 (a) For policies and plans containing provisions inconsistent with this act, the
2 act first applies to policy or plan years beginning on January 1 of the year following
3 the year in which this paragraph takes effect, except as provided in paragraph (b).

4 (b) For policies ^{and} or plans that are affected by a collective bargaining agreement
5 containing provisions inconsistent with this act, this act first applies to policy or plan
6 years beginning on the effective date of this paragraph or on the day on which the
7 collective bargaining agreement is newly established, extended, modified, or
8 renewed, whichever is later.

9 **SECTION 16. Effective date.**

10 (1) This act takes effect on the first day of the 4th month beginning after
11 publication.

****NOTE: Typically, we include a delayed effective date to allow time for insurers
and plans to change their contracts. Please advise if you want a different effective date.

12 (END)

author



State of Wisconsin
2017 - 2018 LEGISLATURE

LRB-1199/P1
TJD:amn

In: 1/19

Due Fri 1/20 (H)

PRELIMINARY DRAFT - NOT READY FOR INTRODUCTION

SA

I made no changes

1 **AN ACT to amend** 40.51 (8m), 66.0137 (4), 120.13 (2) (g), 632.895 (8) (d), 632.895
2 (14) (a) 1. i. and j., 632.895 (14) (b), 632.895 (14) (c), 632.895 (14) (d) 3., 632.895
3 (16m) (b), 632.895 (17) (b) 2. and 632.895 (17) (c); and **to create** 609.896,
4 632.895 (13m) and 632.895 (14) (a) 1. k. to o. of the statutes; **relating to:**
5 requiring coverage and prohibiting cost sharing for preventive services under
6 health insurance policies and plans.

Analysis by the Legislative Reference Bureau

This bill requires health insurance policies, known in the bill as disability insurance policies, and governmental self-insured health plans to cover certain preventive services and to provide coverage without subjecting that coverage to deductibles, copayments, or coinsurance. The preventive services for which coverage is required are specified in the bill. The bill also specifies certain instances when cost-sharing amounts may be charged for an office visit associated with a preventive service.

This proposal may contain a health insurance mandate requiring a social and financial impact report under s. 601.423, stats.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

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

2 **40.51 (8m)** Every health care coverage plan offered by the group insurance
3 board under sub. (7) shall comply with ss. 631.95, 632.746 (1) to (8) and (10), 632.747,
4 632.748, 632.798, 632.83, 632.835, 632.85, 632.853, 632.855, 632.867, 632.885,
5 632.89, and 632.895 (11) (8) and (10) to (17).

6 **SECTION 2.** 66.0137 (4) of the statutes 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), 632.798, 632.85, 632.853, 632.855, 632.867,
12 632.87 (4), (5), and (6), 632.885, 632.89, 632.895 (9) (8) to (17), 632.896, and 767.513
13 (4).

14 **SECTION 3.** 120.13 (2) (g) of the statutes is amended to read:

15 **120.13 (2) (g)** Every self-insured plan under par. (b) shall comply with ss.
16 49.493 (3) (d), 631.89, 631.90, 631.93 (2), 632.746 (10) (a) 2. and (b) 2., 632.747 (3),
17 632.798, 632.85, 632.853, 632.855, 632.867, 632.87 (4), (5), and (6), 632.885, 632.89,
18 632.895 (9) (8) to (17), 632.896, and 767.513 (4).

19 **SECTION 4.** 609.896 of the statutes is created to read:

20 **609.896 Preventive services.** Defined network plans and preferred provider
21 plans are subject to s. 632.895 (13m).

22 **SECTION 5.** 632.895 (8) (d) of the statutes is amended to read:

23 **632.895 (8) (d)** Coverage is required under this subsection despite whether the
24 woman shows any symptoms of breast cancer. Except as provided in pars. (b), (c), and
25 (e), coverage under this subsection may only be subject to exclusions and limitations,

1 including deductibles, copayments and restrictions on excessive charges, that are
2 applied to other radiological examinations covered under the disability insurance
3 policy. Coverage under this subsection may not be subject to any deductibles,
4 copayments, or coinsurance.

5 **SECTION 6.** 632.895 (13m) of the statutes is created to read:

6 632.895 (**13m**) PREVENTIVE SERVICES. (a) In this section, “self-insured health
7 plan” has the meaning given in s. 632.85 (1) (c).

8 (b) Every disability insurance policy and every self-insured health plan shall
9 provide coverage for all of the following preventive services:

10 1. Mammography in accordance with sub. (8).

11 2. Genetic breast cancer screening and counseling and preventive medication
12 for adult women at high risk for breast cancer.

13 3. Papanicolaou test for cancer screening for women 21 years of age or older
14 with an intact cervix.

15 4. Human papillomavirus testing for women who have attained the age of 30
16 years but have not attained the age of 66 years.

17 5. Colorectal cancer screening in accordance with sub. (16m).

18 6. Annual tomography for lung cancer screening for adults who have attained
19 the age of 55 years but have not attained the age of 80 years and who have health
20 histories demonstrating a risk for lung cancer.

21 7. Skin cancer screening for individuals who have attained the age of 10 years
22 but have not attained the age of 22 years.

23 8. Counseling for skin cancer prevention for adults who have attained the age
24 of 18 years but have not attained the age of 25 years.

- 1 9. Abdominal aortic aneurysm screening for men who have attained the age of
2 65 years but have not attained the age of 75 years and who have ever smoked.
- 3 10. Hypertension screening for adults and blood pressure testing for adults, for
4 children under the age of 3 years who are at high risk for hypertension, and for
5 children 3 years of age or older.
- 6 11. Lipid disorder screening for minors 2 years of age or older, high risk women
7 20 years of age or older, men age 20 years of age or older at high risk for lipid
8 disorders, and all men 35 years of age or older.
- 9 12. Aspirin therapy for cardiovascular health for adults who have attained the
10 age of 55 years but have not attained the age of 80 years and for men who have
11 attained the age of 45 years but have not attained the age of 55 years.
- 12 13. Behavioral counseling for cardiovascular health for adults who are
13 overweight or obese and who have risk factors for cardiovascular disease.
- 14 14. Type II diabetes screening for adults with elevated blood pressure.
- 15 15. Depression screening for minors 11 years of age or older and for adults when
16 follow-up supports are available.
- 17 16. Hepatitis B screening for minors at high risk for infection and adults at high
18 risk for infection.
- 19 17. Hepatitis C screening for adults at high risk for infection and one time
20 hepatitis C screening for adults born in 1945 to 1965.
- 21 18. Obesity screening and management for all minors and adults with a body
22 mass index indicating obesity, counseling and behavioral interventions for obese
23 minors who are 6 years of age or older, and referral for intervention for obesity for
24 adults with a body mass index of 30 kilograms per square meter or higher.

1 19. Osteoporosis screening for all women 65 years of age or older and for women
2 at high risk for osteoporosis under the age of 65 years.

3 20. Immunizations in accordance with sub. (14).

4 21. Anemia screening for individuals 6 months of age or older and iron
5 supplements for individuals at high risk for anemia and who have attained the age
6 of 6 months but have not attained the age of 12 months.

7 22. Fluoride varnish for prevention of tooth decay for minors at the age of
8 eruption of their primary teeth.

9 23. Fluoride supplements for prevention of tooth decay for minors 6 months of
10 age or older who do not have fluoride in their water source.

11 24. Gonorrhea prophylaxis treatment for newborns.

12 25. Health history and physical exams for prenatal visits and for minors.

13 26. Length and weight measurements for newborns and height and weight
14 measurements for minors.

15 27. Head circumference and weight for length measurements for newborns and
16 minors who have not attained the age of 3 years.

17 28. Body mass index for minors 2 years of age or older.

18 29. Blood pressure measurements for minors 3 years of age or older and a blood
19 pressure risk assessment at birth.

20 30. Risk assessment and referral for oral health issues for minors who have
21 attained the age of 6 months but have not attained the age of 7 years.

22 31. Blood screening for newborns and minors who have not attained age 2
23 months.

24 32. Screening for critical congenital health defect for newborns.

25 33. Lead screenings in accordance with sub. (10).

- 1 34. Metabolic and hemoglobin screening and screening for phenylketonuria,
2 sickle cell anemia, and congenital hypothyroidism for minors including newborns.
- 3 35. Tuberculin skin test based on risk assessment for minors one month of age
4 or older.
- 5 36. Tobacco counseling and cessation interventions for individuals who are 5
6 years of age or older.
- 7 37. Vision and hearing screening and assessment for minors including
8 newborns.
- 9 38. Sexually transmitted infection and human immunodeficiency virus
10 counseling for sexually active minors.
- 11 39. Risk assessment for sexually transmitted infection for minors who are 10
12 years of age or older and screening for sexually transmitted infection for minors who
13 are 16 years of age or older.
- 14 40. Alcohol misuse screening and counseling for minors 11 years of age or older.
- 15 41. Autism screening for minors who have attained the age of 18 months but
16 have not attained the age of 25 months.
- 17 42. Developmental screening and surveillance for minors including newborns.
- 18 43. Psychosocial and behavioral assessment for minors including newborns.
- 19 44. Alcohol misuse screening and counseling for pregnant adults and a risk
20 assessment for all adults.
- 21 45. Fall prevention and counseling and preventive medication for fall
22 prevention for community-dwelling adults 65 years of age or older.
- 23 46. Screening and counseling for intimate partner violence for adult women.

1 47. Well-woman visits for women who have attained the age of 18 years but
2 have not attained the age of 65 years and well-woman visits for recommended
3 preventive services, preconception care, and prenatal care.

4 48. Counseling on, consultations with a trained provider on, and equipment
5 rental for breastfeeding for pregnant and lactating women.

6 49. Folic acid supplement for adult women with reproductive capacity.

7 50. Iron deficiency anemia screening for pregnant and lactating women.

8 51. Preeclampsia preventive medicine for pregnant adult women at high risk
9 for preeclampsia.

10 52. Low-dose aspirin after 12 weeks of gestation for pregnant women at high
11 risk for miscarriage, preeclampsia, or clotting disorders.

12 53. Screenings for hepatitis B and bacteriuria for pregnant women.

13 54. Screening for gonorrhea for pregnant and sexually active females 24 years
14 of age or younger and females older than 24 years of age who are at risk for infection.

15 55. Screening for chlamydia for pregnant and sexually active females 24 years
16 of age and younger and females older than 24 years of age who are at risk for
17 infection.

18 56. Screening for syphilis for pregnant women and adults who are at high risk
19 for infection.

20 57. Human immunodeficiency virus screening for adults who have attained the
21 age of 15 years but have not attained the age of 66 years and individuals at high risk
22 of infection who are younger than 15 years of age or older than 65 years of age.

23 58. All contraceptives and services in accordance with sub. (17).

24 59. Any services not already specified under this paragraph having an A or B
25 rating in current recommendations from the U.S. Preventive Services Task Force.

1 60. Any preventive services not already specified under this paragraph that are
2 recommended by the federal health resources and services administration's Bright
3 Futures project.

4 61. Any immunizations, not already specified under sub. (14), that are
5 recommended and determined to be for routine use by the Advisory Committee on
6 Immunization Practices.

7 (c) Subject to par. (d), no disability insurance policy and no self-insured health
8 plan may subject the coverage of any of the preventive services under par. (b) to any
9 deductibles, copayments, or coinsurance under the policy or plan.

10 (d) 1. If an office visit and a preventive service specified under par. (b) are billed
11 separately by the health care provider, the disability insurance policy or self-insured
12 health plan may apply deductibles to and impose copayments or coinsurance on the
13 office visit but not on the preventive service.

14 2. If the primary reason for an office visit is not to obtain a preventive service,
15 the disability insurance policy or self-insured health plan may apply deductibles to
16 and impose copayments or coinsurance on the office visit.

17 3. If a preventive service specified under par. (b) is provided by a health care
18 provider that is outside the disability insurance policy's or self-insured health plan's
19 network of providers, the policy or plan may apply deductibles to and impose
20 copayments or coinsurance on the office visit and the preventive service. If a
21 preventive service specified under par. (b) is provided by a health care provider that
22 is outside the disability insurance policy's or self-insured health plan's network of
23 providers because there is no available health care provider in the policy's or plan's
24 network of providers that provides the preventive service, the policy or plan may not
25 apply deductibles to or impose copayments or coinsurance on preventive service.

1 4. If multiple well-woman visits described under par. (b) 47. are required to
2 fulfill all necessary preventive services and are in accordance with clinical
3 recommendations, the disability insurance policy or self-insured health plan may
4 not apply a deductible or impose a copayment or coinsurance to any of those
5 well-woman visits.

6 **SECTION 7.** 632.895 (14) (a) 1. i. and j. of the statutes are amended to read:

7 632.895 (14) (a) 1. i. Hepatitis A and B.

8 j. Varicella and herpes zoster.

9 **SECTION 8.** 632.895 (14) (a) 1. k. to o. of the statutes are created to read:

10 632.895 (14) (a) 1. k. Human papillomavirus.

11 L. Meningococcal meningitis.

12 m. Pneumococcal pneumonia.

13 n. Influenza.

14 o. Rotavirus.

15 **SECTION 9.** 632.895 (14) (b) of the statutes is amended to read:

16 632.895 (14) (b) Except as provided in par. (d), every disability insurance policy,
17 and every self-insured health plan of the state or a county, city, town, village, or
18 school district, ~~that provides coverage for a dependent of the insured shall provide~~
19 ~~coverage of appropriate and necessary immunizations, from birth to the age of 6~~
20 ~~years, for an insured or plan participant, including a dependent who is a child of the~~
21 ~~insured or plan participant.~~
insured or plan participant.

22 **SECTION 10.** 632.895 (14) (c) of the statutes is amended to read:

23 632.895 (14) (c) The coverage required under par. (b) may not be subject to any
24 deductibles, copayments, or coinsurance under the policy or plan. ~~This paragraph~~
25 ~~applies to a defined network plan, as defined in s. 609.01 (1b), only with respect to~~

1 ~~appropriate and necessary immunizations provided by providers participating, as~~
2 ~~defined in s. 609.01 (3m), in the plan.~~

3 **SECTION 11.** 632.895 (14) (d) 3. of the statutes is amended to read:

4 632.895 (14) (d) 3. A health care plan offered by a limited service health
5 organization, as defined in s. 609.01 (3), ~~or by a preferred provider plan, as defined~~
6 ~~in s. 609.01 (4), that is not a defined network plan, as defined in s. 609.01 (1b).~~

7 **SECTION 12.** 632.895 (16m) (b) of the statutes is amended to read:

8 632.895 (16m) (b) The coverage required under this subsection may be subject
9 to any limitations, or exclusions, ~~or cost-sharing provisions~~ that apply generally
10 under the disability insurance policy or self-insured health plan. The coverage
11 required under this subsection may not be subject to any deductibles, copayments,
12 or coinsurance.

13 **SECTION 13.** 632.895 (17) (b) 2. of the statutes is amended to read:

14 632.895 (17) (b) 2. Outpatient consultations, examinations, procedures, and
15 medical services that are necessary to prescribe, administer, maintain, or remove a
16 contraceptive, ~~if covered for any other drug benefits under the policy or plan~~
17 sterilization procedures, and patient education and counseling for all females with
18 reproductive capacity.

19 **SECTION 14.** 632.895 (17) (c) of the statutes is amended to read:

20 632.895 (17) (c) Coverage under par. (b) may be subject only to the exclusions,
21 and limitations, ~~or cost-sharing provisions~~ that apply generally to the coverage of
22 outpatient health care services, preventive treatments and services, or prescription
23 drugs and devices that is provided under the policy or self-insured health plan. A
24 disability insurance policy or self-insured health plan may not apply a deductible or
25 impose a copayment or coinsurance to at least one of each type of contraceptive

1 method approved by the federal food and drug administration for which coverage is
2 required under this subsection. The disability insurance policy or self-insured
3 health plan may apply reasonable medical management to a method of contraception
4 to limit coverage under this subsection that is provided without being subject to a
5 deductible, copayment, or coinsurance to prescription drugs without a brand name.
6 The disability insurance policy or self-insured health plan may apply a deductible
7 or impose a copayment or coinsurance for coverage of a contraceptive that is
8 prescribed for a medical need if the services for the medical need would otherwise be
9 subject to a deductible, copayment, or coinsurance.

10 **SECTION 15. Initial applicability.**

11 (1) PREVENTIVE SERVICES.

12 (a) For policies and plans containing provisions inconsistent with this act, the
13 act first applies to policy or plan years beginning on January 1 of the year following
14 the year in which this paragraph takes effect, except as provided in paragraph (b).

15 (b) For policies and plans that are affected by a collective bargaining agreement
16 containing provisions inconsistent with this act, this act first applies to policy or plan
17 years beginning on the effective date of this paragraph or on the day on which the
18 collective bargaining agreement is newly established, extended, modified, or
19 renewed, whichever is later.

20 **SECTION 16. Effective date.**

21 (1) This act takes effect on the first day of the 4th month beginning after
22 publication.

***NOTE: Typically, we include a delayed effective date to allow time for insurers
and plans to change their contracts. Please advise if you want a different effective date.

Milford, Renae

From: Rep.Riemer
Sent: Thursday, May 11, 2017 4:07 PM
To: LRB.Legal
Cc: Dodge, Tamara
Subject: Jacket LRB 1199/1

Please jacket LRB 1199/1 for introduction in the Assembly. Thank you.

--

*David Groshek
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7th Assembly District
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Follow Rep. Riemer on [Facebook](#) and on [Twitter](#).