

1975 Assembly Bill 597

Date published: November 7, 1975

CHAPTER 98, Laws of 1975

AN ACT to amend 185.983 (1) (intro.); and to create 185.981 (6), 200.26 (6m), 204.31 (3) (am) 2, 204.321 (2) (d) 6 and 204.325 of the statutes, relating to mandatory health insurance coverage for newborns.

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

SECTION 1. 185.981 (6) of the statutes is created to read:

185.981 (6) Every cooperative sickness care association organized under this section which provides benefits for dependents of members shall provide coverage for newborn infants as required under s. 204.325.

SECTION 2. 185.983 (1) (intro.) of the statutes is amended to read:

185.983 (1) (intro.) Every such voluntary nonprofit sickness care plan shall be exempt from the state insurance laws, with the exception of ss. 201.045, 204.325 and 601.31 but the sponsoring association shall:

SECTION 3. 200.26 (6m) of the statutes is created to read:

200.26 (6m) **REQUIRED COVERAGE OF DEPENDENTS.** Every contract for sickness care or hospital service issued by an organization subject to this section which provides benefits for dependents of members shall provide coverage for newborn infants as required under s. 204.325. Any contract for sickness care or hospital service issued or renewed after the effective date of this act (1975) shall be interpreted as complying with this subsection. This subsection applies to all such contracts issued or renewed after the effective date of this act (1975).

SECTION 4. 204.31 (3) (am) 2 of the statutes is created to read:

204.31 (3) (am) 2. Newborn infants as required under s. 204.325, if the policy provides benefits for other dependents of the insured. Any policy issued or renewed after the effective date of this act (1975) shall be interpreted as complying with this requirement. This subdivision applies to all policies issued or renewed after the effective date of this act (1975).

SECTION 5. 204.321 (2) (d) 6 of the statutes is created to read:

204.321 (2) (d) 6. Each group accident and sickness policy shall provide coverage for newborn infants as required under s. 204.325, if the policy provides benefits for other dependents of the insured. Any policy issued or renewed after the effective date of this act (1975) shall be interpreted as complying with this requirement. This subdivision applies to all policies issued or renewed after the effective date of this act (1975).

SECTION 6. 204.325 of the statutes is created to read:

204.325 Coverage of newborn infants. (1) No group, blanket, franchise or individual insurance policy or contract of the type of insurance or sickness care plan specified under subch. II of ch. 40, or under ss. 185.981, 200.26, 204.31, 204.32, 204.321, 204.322 or any other statute applicable to health or sickness insurance policies, shall be issued or renewed in this state unless it meets the requirements of this section.

(2) All insurance policies, contracts and sickness plans specified under sub. (1) which provide coverage for a family member of the insured or subscriber shall provide that the health insurance benefits applicable for children shall be payable with respect to a newly born child of the insured or subscriber from the moment of birth.

(3) Coverage for newly born children required under this section shall consider congenital defects and birth abnormalities as an injury or sickness under the insurance policy or sickness plan, and shall cover functional repair or restoration of any body part when necessary to achieve normal body functioning, but shall not cover cosmetic surgery performed only to improve appearance.

(4) If payment of a specific premium or subscription fee is required to provide coverage for a child, the policy or contract may require that notification of the birth of a child and payment of the required premium or fees shall be furnished to the insurer or nonprofit service plan within 60 days after the date of birth. The insurer or nonprofit service plan may refuse to continue coverage beyond the 60-day period if

such notification is not received, unless within one year after the birth of the child the insured makes all past-due payments and in addition pays interest on such payments at the rate of 5-1/2% per annum.

(5) If payment of a specific premium or subscription fee is not required to provide coverage for a child, the policy or contract may request notification of the birth of a child but may not deny or refuse to continue coverage if such notification is not furnished.

SECTION 7. Effective date. This act shall apply to all policies issued or renewed after the effective date of this act and to all policies in existence on June 1, 1976. All policies issued or renewed after June 1, 1976 shall be amended to comply with the requirements of this act.
