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CHAPTER 205 , Laws of 1981

AN ACT to amend 185.981 (1), (2) and (4), 185.982 (1) and (2), 616.09 (1) (a) 2 and 632.87 of the statutes, relating to allowing persons covered by vision care services contracts or plans to choose freely among licensed health care professionals.

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

SECTION 1. 185.981 (1), (2) and (4) of the statutes are amended to read:

185.981 (1) ~~Co-operative~~ Cooperative associations may be organized under this chapter without capital stock, exclusively to establish and operate in the state or in any county or counties therein a nonprofit plan or plans for sickness care, including hospital care, for their members and their dependents through contracts with physicians, medical societies, optometrists, dentists, dental societies, hospitals and others.

(2) Such associations shall operate only on a cooperative nonprofit basis and for the purpose of establishing, maintaining and operating a voluntary nonprofit medical ~~or~~, dental or vision care plan or plans or for constructing, operating and maintaining nonprofit hospitals or other facilities whereby sickness care, including hospital ~~care or~~, dental or vision care, is provided at the expense of such association, its members or both, to such persons or groups of persons as shall become subscribers to such plan, under contracts which will entitle each such subscriber to definite medical, surgical, vision, dental or hospital care, appliances and supplies, by physicians and surgeons licensed and registered under ch. 448, optometrists licensed under ch. 449 and dentists licensed under ch. 447 in their offices, in hospitals, in other facilities and in the home.

(4) No contract by or on behalf of any such ~~co-operative~~ cooperative association shall provide for the payment of any cash, indemnity or other material benefit by that association to the subscriber or ~~his~~ the subscriber's estate on account of death, illness or injury, nor be in any way related to the payment of any such benefit by any other agency, but any such association may stipulate in its plan that it will pay any nonparticipating physician and surgeon, optometrist, dentist or hospital outside of its normal territory for sickness or hospital care rendered any covered member or ~~his~~ a member's covered dependent who is in need of the benefits of such plan when he or she is outside of the territory of such association in which the benefits of such plan are normally available. Any such plan may prescribe monetary limitations with respect to such extraterritorial benefits.

SECTION 2. 185.982 (1) and (2) of the statutes are amended to read:

185.982 (1) No sickness care plan or contract issued thereunder by such ~~co-operative~~ cooperative association shall interfere with the manner or mode of the practice of medicine, optometry or dentistry, the relationship of physician, optometrist or dentist and patient, nor the responsibility of physician, optometrist or dentist to patient. ~~Any person who is covered by any such plan shall be free to choose for sickness care any medical or osteopathic physician or dentist licensed to practice in Wisconsin who has agreed to participate in such plan and abide by its terms, and no such physician or dentist shall be required to participate exclusively in any such plan. Except for professional cause, no such co-operative association shall deny to any duly licensed physician or dentist the opportunity to participate in such a plan who agrees to participate therein according to its terms~~ A plan may require persons covered to utilize health care providers designated by the cooperative association. The cooperative association may provide health care services directly through providers who are employes of the cooperative association or through agreements with individual providers or groups of providers organized on a group practice or individual practice basis. In making such agreements, no plan may refuse to provide coverage for vision care services or procedures provided by an optometrist licensed under ch. 449 within the scope of the practice of optometry, as defined in s. 449.01 (1), if the plan provides coverage for the same services or procedures when provided by another health care provider.

(2) Any ~~co-operative~~ cooperative association operating a voluntary sickness care plan under the provisions of this chapter may pay physicians and surgeons, optometrists or dentists on a salary, per ~~capita~~ person or fee-for-service basis to provide sickness care to members of such association. ~~No such payment shall be made on a percentage basis of~~

~~work done, nor shall any such association retain any part of the physician's or dentist's fee if a fee-for-service payment basis is used to provide members with such sickness care service.~~ Every association shall contract only with its own members for the benefits of any plan which it operates, but any association which operates a hospital may make the facilities thereof available to nonmembers and to nonparticipating physicians, optometrists or dentists.

SECTION 3. 616.09 (1) (a) 2 of the statutes is amended to read:

616.09 (1) (a) 2. Plans authorized under s. 616.06 are subject to chs. 600, 601, 620, 625, 627 and 645, to ss. 610.21, 610.55, 610.57 and 628.34 to 628.39, all as they exist in 1977 stats., to s. 632.87 and to this subchapter except s. 616.08.

SECTION 4. 632.87 of the statutes is amended to read:

632.87 Restrictions on health care services. No insurer may refuse to provide or pay for benefits for health care services provided by a licensed health care professional on the ground that they were not rendered by a physician as defined in s. 990.01 (28), unless the contract clearly excludes services by such practitioners. No insurer may, under a contract or plan covering vision care services or procedures, refuse to provide coverage for vision care services or procedures provided by an optometrist licensed under ch. 449 within the scope of the practice of optometry, as defined in s. 449.01 (1), if the contract or plan includes coverage for the same services or procedures when provided by another health care provider.

SECTION 5. **Initial applicability.** (1) This act applies to all insurance contracts and health care plans delivered or issued for delivery in this state on or after the effective date of this act.

(2) Except as provided in subsection (3), this act shall apply to all insurance contracts and health care plans delivered or issued for delivery in this state prior to the effective date of this act as of the date of renewal or the next anniversary date, whichever is later, but not later than one year after the effective date of this act.

(3) This act does not apply to insurance contracts and health care plans issued prior to the effective date of this act under which the issuer does not have the right to refuse to renew the coverage.

SECTION 6. **Effective date.** This act takes effect on the first day of the 3rd month beginning after publication.