



**ASSEMBLY SUBSTITUTE AMENDMENT 1,
TO 1995 ASSEMBLY BILL 573**

March 21, 1996 - Offered by COMMITTEE ON HEALTH.

1 **AN ACT to amend** 40.51 (8), 60.23 (25), 66.184, 111.70 (1) (a), 120.13 (2) (g),
2 185.981 (4t) and 185.983 (1) (intro.); and **to create** 40.51 (8m), 111.70 (4) (n),
3 111.91 (2) (k) and 632.895 (11) of the statutes; **relating to:** insurance coverage
4 of hospital care, home care visits and follow-up care after childbirth, providing
5 exemptions from emergency rule procedures and granting rule-making
6 authority.

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

7 **SECTION 1.** 40.51 (8) of the statutes is amended to read:
8 40.51 (8) Every health care coverage plan offered by the state under sub. (6)
9 shall comply with ss. 631.89, 631.90, 631.93 (2), 632.72 (2), 632.87 (3) to (5), 632.895
10 (5m) and (8) to ~~(10)~~ (11) and 632.896.

11 **SECTION 2.** 40.51 (8m) of the statutes is created to read:
12 40.51 (8m) Every health care coverage plan offered by the group insurance
13 board under sub. (7) shall comply with s. 632.895 (11).

14 **SECTION 3.** 60.23 (25) of the statutes is amended to read:

1 60.23 (25) SELF-INSURED HEALTH PLANS. Provide health care benefits to its
2 officers and employes on a self-insured basis if the self-insured plan complies with
3 ss. 631.89, 631.90, 631.93 (2), 632.87 (4) and (5), 632.895 (9) and (11) and 632.896.

4 **SECTION 4.** 66.184 of the statutes is amended to read:

5 **66.184 Self-insured health plans.** If a city, including a 1st class city, or a
6 village provides health care benefits under its home rule power, or if a town provides
7 health care benefits, to its officers and employes on a self-insured basis, the
8 self-insured plan shall comply with ss. 49.493 (3) (d), 631.89, 631.90, 631.93 (2),
9 632.87 (4) and (5), 632.895 (9) ~~and (10)~~ to (11), 632.896, 767.25 (4m) (d) and 767.51
10 (3m) (d).

11 **SECTION 5.** 111.70 (1) (a) of the statutes, as affected by 1995 Wisconsin Act 27,
12 is amended to read:

13 111.70 (1) (a) "Collective bargaining" means the performance of the mutual
14 obligation of a municipal employer, through its officers and agents, and the
15 representative of its municipal employes in a collective bargaining unit, to meet and
16 confer at reasonable times, in good faith, with the intention of reaching an
17 agreement, or to resolve questions arising under such an agreement, with respect to
18 wages, hours and conditions of employment, and with respect to a requirement of the
19 municipal employer for a municipal employe to perform law enforcement and fire
20 fighting services under s. 61.66, except as provided in sub. (4) (m) and (n) and s. 40.81
21 (3) and except that a municipal employer shall not meet and confer with respect to
22 any proposal to diminish or abridge the rights guaranteed to municipal employes
23 under ch. 164. The duty to bargain, however, does not compel either party to agree
24 to a proposal or require the making of a concession. Collective bargaining includes
25 the reduction of any agreement reached to a written and signed document. The

1 municipal employer shall not be required to bargain on subjects reserved to
2 management and direction of the governmental unit except insofar as the manner
3 of exercise of such functions affects the wages, hours and conditions of employment
4 of the municipal employes in a collective bargaining unit. In creating this subchapter
5 the legislature recognizes that the municipal employer must exercise its powers and
6 responsibilities to act for the government and good order of the jurisdiction which it
7 serves, its commercial benefit and the health, safety and welfare of the public to
8 assure orderly operations and functions within its jurisdiction, subject to those
9 rights secured to municipal employes by the constitutions of this state and of the
10 United States and by this subchapter.

11 **SECTION 6.** 111.70 (4) (n) of the statutes is created to read:

12 111.70 (4) (n) *Health insurance coverage of inpatient hospital services and home*
13 *care visits after childbirth.* The municipal employer is prohibited from bargaining
14 collectively with respect to the provision of the health insurance coverage required
15 under s. 632.895 (11).

16 **SECTION 7.** 111.91 (2) (k) of the statutes is created to read:

17 111.91 (2) (k) The provision to employes of the health insurance coverage
18 required under s. 632.895 (11).

19 **SECTION 8.** 120.13 (2) (g) of the statutes is amended to read:

20 120.13 (2) (g) Every self-insured plan under par. (b) shall comply with ss.
21 49.493 (3) (d), 631.89, 631.90, 631.93 (2), 632.87 (4) and (5), 632.895 (9) and (10) to
22 (11), 632.896, 767.25 (4m) (d) and 767.51 (3m) (d).

23 **SECTION 9.** 185.981 (4t) of the statutes is amended to read:

1 185.981 ~~(4t)~~ A sickness care plan operated by a cooperative association is
2 subject to ss. 252.14, 631.89, 632.72 (2), 632.87 (2m), (3), (4) and (5), 632.895 (10) and
3 (11) and 632.897 (10) and ch. 155.

4 **SECTION 10.** 185.983 (1) (intro.) of the statutes is amended to read:

5 185.983 **(1)** (intro.) Every such voluntary nonprofit sickness care plan shall be
6 exempt from chs. 600 to 646, with the exception of ss. 601.04, 601.13, 601.31, 601.41,
7 601.42, 601.43, 601.44, 601.45, 611.67, 619.04, 628.34 (10), 631.89, 631.93, 632.72
8 (2), 632.775, 632.79, 632.795, 632.87 (2m), (3), (4) and (5), 632.895 (5), ~~(9) and (10)~~
9 and (9) to (11), 632.896 and 632.897 (10), subch. II of ch. 619 and chs. 609, 630, 635,
10 645 and 646, but the sponsoring association shall:

11 **SECTION 11.** 632.895 (11) of the statutes is created to read:

12 632.895 **(11)** INPATIENT HOSPITAL SERVICES, HOME CARE VISITS AND FOLLOW-UP CARE
13 AFTER CHILDBIRTH. (a) In this subsection, “health care provider” means a physician,
14 as defined in s. 448.01 (5), or a nurse-midwife granted a license under s. 441.15.

15 (am) Every disability insurance policy, and every self-insured health plan of
16 the state or a county, city, village, town or school district, that provides maternity
17 coverage shall provide coverage for mother and child for all of the following:

18 1. After the birth of a child by vaginal delivery, inpatient hospital services
19 related to the birth of the child for the length of time that the inpatient hospital
20 services are provided, as ordered by the mother’s or child’s health care provider.

21 2. If inpatient hospital services are provided for a period of less than 48 hours
22 after the birth of a child by vaginal delivery, at least one home care visit and one
23 postnatal follow-up care contact, as ordered by the mother’s or child’s health care
24 provider, between 72 and 96 hours after the birth.

1 3. If inpatient hospital services are provided for a period of 48 hours or more
2 after the birth of a child by vaginal delivery, at least one postnatal follow-up care
3 contact, as ordered by the mother's or child's health care provider, between 48 and
4 96 hours after the birth unless the mother and child are hospital inpatients during
5 all of that time period.

6 4. After the birth of a child by caesarean section, inpatient hospital services
7 related to the birth of the child, as ordered by the mother's or child's health care
8 provider, for a period of up to 96 hours after the birth.

9 5. If inpatient hospital services are provided for a period of less than 96 hours
10 after the birth of a child by caesarean section, at least one home care visit or postnatal
11 follow-up care contact, as ordered by the mother's or child's health care provider,
12 between the time that the mother and child are no longer hospital inpatients and 96
13 hours after the birth.

14 (b) The length of time for which inpatient hospital services are provided and
15 must be covered under par. (am) shall be based on medical necessity, as determined
16 by the mother's or child's health care provider.

17 (c) The coverage required under par. (am) may be subject to any copayments
18 or deductibles that apply generally under the policy or plan to other covered services.

19 (d) An insurer providing coverage under a disability insurance policy described
20 in par. (am), or an administrator or self-insurer of a self-insured health plan
21 described in par. (am), may not take any adverse action against a health care
22 provider solely on the basis of a determination by the health care provider under par.
23 (b) of the medical necessity for inpatient hospital services after the birth of a child.

24 (e) Every insurer that issues or renews a policy described in par. (am) on or after
25 October 1, 1996, shall provide written notice of the provisions of pars. (a) to (d) and

1 of any rules promulgated under par. (f) to the insureds under the policy at the
2 issuance of a new policy or first renewal of a policy in effect on October 1, 1996. Every
3 administrator of a self-insured health plan described in par. (am) that is established,
4 extended, modified or renewed on or after October 1, 1996, shall provide written
5 notice of the provisions of pars. (a) to (d) and of any rules promulgated under par. (f)
6 to the insureds under the plan at the establishment of a new plan or extension,
7 modification or renewal, whichever occurs first, of a plan in existence on October 1,
8 1996. The notice required under this paragraph may be provided as part of any
9 written policy, group certificate or plan provided to an insured at the same time.

10 (f) On the basis of recommendations of the committee on maternal and infant
11 health care oversight, the department of health and social services shall promulgate
12 rules regarding home care visits and postnatal follow-up care contacts for which
13 coverage is required under par. (am) that address all of the following:

- 14 1. Qualifications of persons providing home care visits.
- 15 2. Qualifications of persons providing postnatal follow-up care contacts.
- 16 3. What types of services constitute postnatal follow-up care contacts.

17 **SECTION 12. Nonstatutory provisions.**

18 (1) The department of health and social services shall submit in proposed form
19 the rules required under section 632.895 (11) (f) of the statutes, as created by this act,
20 to the legislative council staff under section 227.15 (1) of the statutes no later than
21 the first day of the 7th month beginning after the effective date of this subsection.

22 (2) The secretary of health and social services shall appoint a committee on
23 maternal and infant health care oversight under section 15.04 (1) (c) of the statutes
24 to advise the secretary on, and to assist the secretary in developing, the rules

1 required under section 632.895 (11) (f) of the statutes, as created by this act. The
2 committee shall consist of the following members:

3 (a) One representative of perinatal professionals, nominated by the Wisconsin
4 Association for Perinatal Care.

5 (b) One person who is an obstetrician and gynecologist, nominated by the
6 Wisconsin section of the American College of Obstetricians and Gynecologists.

7 (c) One representative of home health nursing professionals, nominated by the
8 Wisconsin Homecare Organization.

9 (d) One registered nurse and one licensed nurse-midwife, nominated by the
10 Wisconsin Nurses Association.

11 (e) One representative of pediatricians, nominated by the Wisconsin chapter
12 of the American Academy of Pediatrics.

13 (f) One representative of hospitals, nominated by the Wisconsin Hospital
14 Association.

15 (g) One representative of the insurance industry, nominated by the Wisconsin
16 Association of HMOs.

17 (h) One representative of clinics, nominated by the Wisconsin Medical Group
18 Management Association.

19 (3) Using the procedure under section 227.24 of the statutes, the department
20 of health and social services may promulgate rules under section 632.895 (11) (f) of
21 the statutes, as created by this act, for the period before the effective date of the
22 permanent rules promulgated under section 632.895 (11) (f) of the statutes, as
23 created by this act, but not to exceed the period authorized under section 227.24 (1)
24 (c) and (2) of the statutes. Notwithstanding section 227.24 (1) and (3) of the statutes,
25 the department is not required to make a finding of emergency.

