LRB-4233/3 PJK:jlg:ijs

1997 ASSEMBLY BILL 675

December 23, 1997 – Introduced by Representatives Johnsrud, Robson, Bock, Wasserman, Brandemuehl, Notestein, R. Young, Musser and Turner, cosponsored by Senators Wineke, Clausing and Panzer. Referred to Committee on Health.

AN ACT to amend 40.51 (8), 40.51 (8m), 60.23 (25), 66.184, 120.13 (2) (g), 185.981 (4t) and 185.983 (1) (intro.); and to create 111.91 (2) (o) and 632.85 of the statutes; relating to: coverage of, and prohibiting requiring prior authorization for, treatment of an emergency medical condition.

Analysis by the Legislative Reference Bureau

This bill requires a health care plan, including any offered by the state to its employes, or a self-insured health plan of the state or a county, city, village, town or school district to provide coverage of health care services or items that are provided in a hospital emergency facility for the treatment of an emergency medical condition if the health care plan or self-insured health plan provides coverage of any emergency medical services. The bill prohibits those health care plans and self-insured health plans from requiring prior authorization for the provision or coverage of health care services or items that are provided in a hospital emergency facility for the treatment of an emergency medical condition. An "emergency medical condition" is defined as a medical condition that has a recent onset and symptoms of such severity that a prudent layperson could reasonably conclude that lack of immediate medical attention will likely result in serious consequences to the person's health, bodily functions or body parts. Current law contains no provisions regarding insurance coverage of emergency medical services.

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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, as affected by 1997 Wisconsin Act 27, $\mathbf{2}$ section 1324m, is amended to read: 3 40.51 (8) Every health care coverage plan offered by the state under sub. (6) 4 shall comply with ss. 631.89, 631.90, 631.93 (2), 632.72 (2), 632.746 (1) to (8) and (10), 5 632.747, 632.748, 632.85, 632.87 (3) to (5), 632.895 (5m) and (8) to (13) and 632.896. 6 **Section 2.** 40.51 (8m) of the statutes, as affected by 1997 Wisconsin Act 27, 7 section 1325m, is amended to read: 8 40.51 (8m) Every health care coverage plan offered by the group insurance 9 board under sub. (7) shall comply with ss. 632.746 (1) to (8) and (10), 632.747 and, 10 632.748, 632.85 and 632.895 (11) to (13). 11 **Section 3.** 60.23 (25) of the statutes, as affected by 1997 Wisconsin Act 27, 12 section 2178p, is amended to read: 13 60.23 (25) Self-insured health plans. Provide health care benefits to its 14 officers and employes on a self-insured basis if the self-insured plan complies with ss. 631.89, 631.90, 631.93 (2), 632.746 (10) (a) 2. and (b) 2., 632.747 (3), 632.85, 632.87 15 16 (4) and (5), 632.895 (9) and (11) to (13) and 632.896. 17 **Section 4.** 66.184 of the statutes, as affected by 1997 Wisconsin Act 27, section 18 2210m, is amended to read:

66.184 Self-insured health plans. If a city, including a 1st class city, or a

village provides health care benefits under its home rule power, or if a town provides

health care benefits, to its officers and employes on a self-insured basis, the

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646, but the sponsoring association shall:

1 self-insured plan shall comply with ss. 49.493 (3) (d), 631.89, 631.90, 631.93 (2), $\mathbf{2}$ 632.746 (10) (a) 2. and (b) 2., 632.747 (3), 632.85, 632.87 (4) and (5), 632.895 (9) to (13), 3 632.896, 767.25 (4m) (d) and 767.51 (3m) (d). 4 **Section 5.** 111.91 (2) (o) of the statutes is created to read: 5 111.91 (2) (o) The requirements related to coverage of and prior authorization 6 for treatment of an emergency medical condition under s. 632.85. 7 **Section 6.** 120.13 (2) (g) of the statutes, as affected by 1997 Wisconsin Act 27, 8 section 2860f, is amended to read: 9 120.13 (2) (g) Every self-insured plan under par. (b) shall comply with ss. 10 49.493 (3) (d), 631.89, 631.90, 631.93 (2), 632.746 (10) (a) 2. and (b) 2., 632.747 (3), 11 632.85, 632.87 (4) and (5), 632.895 (9) to (13), 632.896, 767.25 (4m) (d) and 767.51 12 (3m)(d). 13 **Section 7.** 185.981 (4t) of the statutes, as affected by 1997 Wisconsin Act 27, 14 section 3133m, is amended to read: 15 185.981 (4t) A sickness care plan operated by a cooperative association is 16 subject to ss. 252.14, 631.89, 632.72 (2), 632.745 to 632.749, 632.85, 632.87 (2m), (3), 17 (4) and (5), 632.895 (10) to (13) and 632.897 (10) and chs. 149 and 155. **Section 8.** 185.983 (1) (intro.) of the statutes, as affected by 1997 Wisconsin 18 19 Act 27, section 3134m, is amended to read: 20 185.983 (1) (intro.) Every such voluntary nonprofit sickness care plan shall be 21exempt from chs. 600 to 646, with the exception of ss. 601.04, 601.13, 601.31, 601.41, 22601.42, 601.43, 601.44, 601.45, 611.67, 619.04, 628.34 (10), 631.89, 631.93, 632.72 23 (2), 632.745 to 632.749, 632.775, 632.79, 632.795, 632.85, 632.87 (2m), (3), (4) and (5), 24 632.895 (5) and (9) to (13), 632.896 and 632.897 (10) and chs. 609, 630, 635, 645 and

1	Section 9. 632.85 of the statutes is created to read:
2	632.85 Coverage without prior authorization for treatment of an
3	emergency medical condition. (1) In this section:
4	(a) "Emergency medical condition" means a medical condition of a person that
5	has a recent onset and that manifests itself by symptoms of sufficient severity,
6	including severe pain, to lead a prudent layperson who possesses an average
7	knowledge of health and medicine to reasonably conclude that a lack of immediate
8	medical attention will likely result in any of the following:
9	1. Serious jeopardy to the person's health.
10	2. Serious impairment to the person's bodily functions.
11	3. Serious dysfunction of one or more of the person's body organs or parts.
12	(b) "Health care plan" has the meaning given in s. 628.36 (2) (a) 1.
13	(c) "Self-insured health plan" means a self-insured health plan of the state or
14	a county, city, village, town or school district.
15	(2) If a health care plan or a self-insured health plan provides coverage of any
16	emergency medical services, the health care plan or self-insured health plan shall
17	provide coverage of health care items or services, including a medical screening exam
18	and stabilizing treatment, as defined in section 1867 of the federal Social Security
19	Act, that are provided in a hospital emergency facility for the treatment of an
20	emergency medical condition.
21	(3) A health care plan or a self-insured health plan that is required to provide
22	the coverage under sub. (2) may not require prior authorization for the provision or

SECTION 10. Initial applicability.

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

coverage of the health care items or services specified in sub. (2).

publication.

(a) Except as provided in paragraphs (b) and (c), policies, plans or certificates
that are issued or renewed, and self-insured health plans that are established,
extended, modified or renewed, on the effective date of this paragraph.
(b) Policies, plans or certificates covering employes who are affected by a
collective bargaining agreement containing provisions inconsistent with this act
that are issued or renewed on the earlier of the following:
1. The day on which the collective bargaining agreement expires.
2. The day on which the collective bargaining agreement is extended, modified
or renewed.
(c) Self-insured health plans covering employes who are 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.
2. The day on which the collective bargaining agreement is extended, modified
or renewed.
Section 11. Effective date.
(1) This act takes effect on the first day of the 6th month beginning after

(END)