



1999 ASSEMBLY BILL 316

April 29, 1999 - Introduced by Representatives WASSERMAN and COGGS, cosponsored by Senators BURKE, ROBSON, DARLING, RISSER and CLAUSING. Referred to Committee on Health.

1 **AN ACT to amend** 40.51 (8), 40.51 (8m), 60.23 (25), 66.184, 111.91 (2) (n), 120.13
2 (2) (g), 185.981 (4t) and 185.983 (1) (intro.); and **to create** 609.89 and 632.895
3 (14) of the statutes; **relating to:** insurance coverage of hearing screening tests
4 for certain infants.

Analysis by the Legislative Reference Bureau

This bill requires health care plans to cover the cost of at least one hearing screening test performed on a child under three months of age who is covered under the health care plan. A hearing screening test is defined as a test to detect hearing thresholds of 30 decibels or greater in the speech frequency range. The coverage requirement applies to both individual and group health insurance policies and plans, including managed care plans and cooperative sickness care associations; to health plans offered by the state to its employees, including a self-insured plan; and to self-insured health plans of counties, cities, towns, villages and school districts. The requirement specifically does not apply to limited service health organizations, medicare replacement or supplement policies, long-term care insurance policies or policies covering only certain specified diseases. The requirement may be subject to any limitations, exclusions or cost-sharing provisions that apply generally under the policy or plan.

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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 is amended to read:

2 40.51 (8) Every health care coverage plan offered by the state under sub. (6)
3 shall comply with ss. 631.89, 631.90, 631.93 (2), 632.72 (2), 632.746 (1) to (8) and (10),
4 632.747, 632.748, 632.85, 632.853, 632.855, 632.87 (3) to (5), 632.895 (5m) and (8) to
5 ~~(13)~~ (14) and 632.896.

6 **SECTION 2.** 40.51 (8m) of the statutes is amended to read:

7 40.51 (8m) Every health care coverage plan offered by the group insurance
8 board under sub. (7) shall comply with ss. 632.746 (1) to (8) and (10), 632.747,
9 632.748, 632.85, 632.853, 632.855 and 632.895 (11) to ~~(13)~~ (14).

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

11 60.23 (25) SELF-INSURED HEALTH PLANS. Provide health care benefits to its
12 officers and employes on a self-insured basis if the self-insured plan complies with
13 ss. 631.89, 631.90, 631.93 (2), 632.746 (10) (a) 2. and (b) 2., 632.747 (3), 632.85,
14 632.853, 632.855, 632.87 (4) and (5), 632.895 (9) and (11) to ~~(13)~~ (14) and 632.896.

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

16 **66.184 Self-insured health plans.** If a city, including a 1st class city, or a
17 village provides health care benefits under its home rule power, or if a town provides
18 health care benefits, to its officers and employes on a self-insured basis, the
19 self-insured plan shall comply with ss. 49.493 (3) (d), 631.89, 631.90, 631.93 (2),
20 632.746 (10) (a) 2. and (b) 2., 632.747 (3), 632.85, 632.853, 632.855, 632.87 (4) and (5),

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1 632.895 (9) to ~~(13)~~ (14), 632.896, 767.25 (4m) (d), 767.51 (3m) (d) and 767.62 (4) (b)
2 4.

3 **SECTION 5.** 111.91 (2) (n) of the statutes is amended to read:

4 111.91 **(2)** (n) The provision to employes of the health insurance coverage
5 required under s. 632.895 (11) to ~~(13)~~ (14).

6 **SECTION 6.** 120.13 (2) (g) of the statutes is amended to read:

7 120.13 **(2)** (g) Every self-insured plan under par. (b) shall comply with ss.
8 49.493 (3) (d), 631.89, 631.90, 631.93 (2), 632.746 (10) (a) 2. and (b) 2., 632.747 (3),
9 632.85, 632.853, 632.855, 632.87 (4) and (5), 632.895 (9) to ~~(13)~~ (14), 632.896, 767.25
10 (4m) (d), 767.51 (3m) (d) and 767.62 (4) (b) 4.

11 **SECTION 7.** 185.981 (4t) of the statutes is amended to read:

12 185.981 **(4t)** A sickness care plan operated by a cooperative association is
13 subject to ss. 252.14, 631.89, 632.72 (2), 632.745 to 632.749, 632.85, 632.853, 632.855,
14 632.87 (2m), (3), (4) and (5), 632.895 (10) to ~~(13)~~ (14) and 632.897 (10) and chs. 149
15 and 155.

16 **SECTION 8.** 185.983 (1) (intro.) of the statutes is amended to read:

17 185.983 **(1)** (intro.) Every such voluntary nonprofit sickness care plan shall be
18 exempt from chs. 600 to 646, with the exception of ss. 601.04, 601.13, 601.31, 601.41,
19 601.42, 601.43, 601.44, 601.45, 611.67, 619.04, 628.34 (10), 631.89, 631.93, 632.72
20 (2), 632.745 to 632.749, 632.775, 632.79, 632.795, 632.85, 632.853, 632.855, 632.87
21 (2m), (3), (4) and (5), 632.895 (5) and (9) to ~~(13)~~ (14), 632.896 and 632.897 (10) and
22 chs. 609, 630, 635, 645 and 646, but the sponsoring association shall:

23 **SECTION 9.** 609.89 of the statutes is created to read:

24 **609.89 Coverage of hearing screening tests for certain infants.**

25 Managed care plans are subject to s. 632.895 (14).

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1 **SECTION 10.** 632.895 (14) of the statutes is created to read:

2 **632.895 (14) HEARING SCREENING TESTS FOR CERTAIN INFANTS.** (a) In this section,
3 “hearing screening test” means a test to detect hearing thresholds of 30 decibels or
4 greater in either ear in the speech frequency range.

5 (b) Except as provided in pars. (c) 1. and (d), every disability insurance policy,
6 and every self-insured health plan of the state or a county, city, village, town or school
7 district, shall provide coverage of the cost of a hearing screening test performed on
8 any child who is covered under the policy or plan and who is under 3 months of age
9 when the test is performed.

10 (c) 1. A disability insurance policy or self-insured health plan need not cover
11 the cost of more than one hearing screening test for any one child.

12 2. The coverage required under par. (b) may be subject to any limitations,
13 exclusions or cost-sharing provisions that apply generally under the disability
14 insurance policy or self-insured health plan.

15 (d) This subsection does not apply to any of the following:

16 1. A disability insurance policy that covers only certain specified diseases.

17 2. A health care plan that is offered by a limited service health organization,
18 as defined in s. 609.01 (3).

19 3. A health care plan that is offered by a preferred provider plan, as defined in
20 s. 609.01 (4), and that is not a managed care plan, as defined in s. 609.01 (3c).

21 4. A medicare replacement policy, a medicare supplement policy or a long-term
22 care insurance policy.

23 **SECTION 11. Initial applicability.**

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

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1 (a) Except as provided in paragraphs (b) and (c), disability insurance policies
2 that are issued or renewed, and self-insured health plans that are established,
3 extended, modified or renewed, on the effective date of this paragraph.

4 (b) Disability insurance policies covering employes who are affected by a
5 collective bargaining agreement containing provisions inconsistent with this act
6 that are issued or renewed on the earlier of the following:

7 1. The day on which the collective bargaining agreement expires.

8 2. The day on which the collective bargaining agreement is extended, modified
9 or renewed.

10 (c) Self-insured health plans covering employes who are affected by a collective
11 bargaining agreement containing provisions inconsistent with this act that are
12 established, extended, modified or renewed on the earlier of the following:

13 1. The day on which the collective bargaining agreement expires.

14 2. The day on which the collective bargaining agreement is extended, modified
15 or renewed.

16 **SECTION 12. Effective date.**

17 (1) This act takes effect on the first day of the 6th month beginning after
18 publication.

19 (END)