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1999 SENATE BILL 136

April 28, 1999 - Introduced by Senators Grobschmidt, Clausing, Moen, Rosenzweig, Burke, Darling, Wirch, Robson, Plache and Risser, cosponsored by Representatives Huebsch, Carpenter, Sinicki, Ryba, Bock, Staskunas, Musser, Gronemus, Hahn, Boyle, Black, Young, Pocan, Miller, Plale and Wasserman. Referred to Committee on Insurance, Tourism, Transportation and Corrections.

AN ACT to amend 40.51 (8), 40.51 (8m), 60.23 (25), 66.184, 111.91 (2) (n), 120.13

- (2) (g), 185.981 (4t) and 185.983 (1) (intro.); and to create 609.88 and 632.895
- 3 (14) of the statutes; **relating to:** requiring insurance coverage of certain

immunizations for children.

Analysis by the Legislative Reference Bureau

This bill requires every health insurance policy (called "disability insurance policy" in the statutes), including managed care plans, health care plans offered by the state, and every self-insured health plan of the state or a county, city, town, village or school district, to provide coverage of appropriate and necessary immunizations, specified in the bill, from birth to age two, for a dependent child of the insured if the policy or plan covers a dependent of the insured. (Under current law, health insurance policies are required to cover a newly born child of the insured, even if the policy did not provide coverage for dependents at the time of the birth.) Generally, coverage of the specified immunizations may not be subject to any deductibles, coinsurance or copayments under the policy or plan. Specifically excluded from this coverage requirement are health insurance policies that cover only hospital and surgical charges or only certain specified diseases, health care plans offered by limited service health organizations or by preferred provider plans that are not managed care plans, medicare replacement or supplement policies and long-term care insurance policies.

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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), 632.747, 632.748, 632.85, 632.853, 632.855, 632.87 (3) to (5), 632.895 (5m) and (8) to 4 (13) (14) and 632.896. 5 **Section 2.** 40.51 (8m) of the statutes is amended to read: 6 40.51 (8m) Every health care coverage plan offered by the group insurance 7 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: 60.23 (25) Self-insured health plans. Provide health care benefits to its 11 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

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

self-insured plan shall comply with ss. 49.493 (3) (d), 631.89, 631.90, 631.93 (2),

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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632.895 (14).

632.895 (9) to (13) (14), 632.896, 767.25 (4m) (d), 767.51 (3m) (d) and 767.62 (4) (b) 1 $\mathbf{2}$ 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 (4m) (d), 767.51 (3m) (d) and 767.62 (4) (b) 4. 10 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.** 609.88 of the statutes is created to read:

609.88 Coverage of immunizations. Managed care plans are subject to s.

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dependent who is a child of the insured.

1	Section 10. 632.895 (14) of the statutes is created to read:
2	632.895 (14) COVERAGE OF IMMUNIZATIONS. (a) In this subsection:
3	1. "Appropriate and necessary immunizations" means the administration of
4	vaccine that meets the standards approved by the U.S. public health service for such
5	biological products against at least all of the following:
6	a. Diphtheria.
7	b. Pertussis.
8	c. Tetanus.
9	d. Polio.
10	e. Measles.
11	f. Mumps.
12	g. Rubella.
13	h. Hemophilus influenza B.
14	i. Hepatitis B.
15	2. "Dependent" means a spouse, an unmarried child under the age of 19 years
16	an unmarried child who is a full-time student under the age of 21 years and who is
17	financially dependent upon the parent, or an unmarried child of any age who is
18	medically certified as disabled and who is dependent upon the parent.
19	(b) Except as provided in par. (d), every disability insurance policy, and every
20	self-insured health plan of the state or a county, city, town, village or school district
21	that provides coverage for a dependent of the insured shall provide coverage of
22	appropriate and necessary immunizations, from birth to the age of 2 years, for a

(c) The coverage required under par. (b) may not be subject to any deductibles,

copayments or coinsurance under the policy or plan. This paragraph applies to a

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or renewed.

1	managed care plan, as defined in s. 609.01 (3c), only with respect to appropriate and
2	necessary immunizations provided by providers participating, as defined in s. 609.01
3	(3m), in the plan.
4	(d) This subsection does not apply to any of the following:
5	1. A disability insurance policy that covers only certain specified diseases.
6	2. A disability insurance policy that covers only hospital and surgical charges
7	3. A health care plan offered by a limited service health organization, as defined
8	in s. 609.01 (3), or by a preferred provider plan, as defined in s. 609.01 (4), that is not
9	a managed care plan, as defined in s. 609.01 (3c).
10	4. A long-term care insurance policy, as defined in s. 600.03 (28g).
11	5. A medicare replacement policy, as defined in s. 600.03 (28p).
12	6. A medicare supplement policy, as defined in s. 600.03 (28r).
13	SECTION 11. Initial applicability.
14	(1) This act first applies to first applies to all of the following:
15	(a) Except as provided in paragraphs (b) and (c), disability insurance policies
16	that are issued or renewed, and self-insured health plans that are established,
17	extended, modified or renewed, on the effective date of this paragraph.
18	(b) Disability insurance policies covering employes who are affected by a
19	collective bargaining agreement containing provisions inconsistent with this act
20	that are issued or renewed on the earlier of the following:
21	1. The day on which the collective bargaining agreement expires.
22	2. The day on which the collective bargaining agreement is extended, modified

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(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 12. Effective date.

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

10 (END)