

**ASSEMBLY AMENDMENT 19,
TO ASSEMBLY SUBSTITUTE AMENDMENT 1,
TO 2001 SENATE BILL 55**

June 29, 2001 – Offered by Representatives BOCK, MILLER and BERCEAU.

1 At the locations indicated, amend the substitute amendment as follows:

2 **1.** Page 534, line 23: after that line insert:

3 “**SECTION 1398s.** 40.51 (8) of the statutes is amended to read:

4 40.51 **(8)** Every health care coverage plan offered by the state under sub. (6)
5 shall comply with ss. 631.89, 631.90, 631.93 (2), 631.95, 632.72 (2), 632.746 (1) to (8)
6 and (10), 632.747, 632.748, 632.83, 632.835, 632.85, 632.853, 632.855, 632.87 (3) to
7 (5), 632.89, 632.895 (5m) and (8) to (14), and 632.896.

8 **SECTION 1398t.** 40.51 (8m) of the statutes is amended to read:

9 40.51 **(8m)** Every health care coverage plan offered by the group insurance
10 board under sub. (7) shall comply with ss. 631.95, 632.746 (1) to (8) and (10), 632.747,
11 632.748, 632.83, 632.835, 632.85, 632.853, 632.855, 632.89, and 632.895 (11) to (14).”.

12 **2.** Page 563, line 13: after that line insert:

1 **“SECTION 1491r.** 46.10 (8) (d) of the statutes is amended to read:

2 46.10 **(8)** (d) After due regard to the case and to a spouse and minor children
3 who are lawfully dependent on the property for support, compromise or waive any
4 portion of any claim of the state or county for which a person specified under sub. (2)
5 is liable, but not any claim payable by an insurer under s. 632.89 (2) or ~~(2m)~~ (4m) or
6 by any other 3rd party.”.

7 **3.** Page 563, line 17: after that line insert:

8 **“SECTION 1493b.** 46.10 (14) (a) of the statutes is amended to read:

9 46.10 **(14)** (a) Except as provided in pars. (b) and (c), liability of a person
10 specified in sub. (2) or s. 46.03 (18) for inpatient care and maintenance of persons
11 under 18 years of age at community mental health centers, a county mental health
12 complex under s. 51.08, the centers for the developmentally disabled, Mendota
13 mental health institute, and Winnebago mental health institute or care and
14 maintenance of persons under 18 years of age in residential, nonmedical facilities
15 such as group homes, foster homes, treatment foster homes, child caring institutions,
16 and juvenile correctional institutions is determined in accordance with the
17 cost-based fee established under s. 46.03 (18). The department shall bill the liable
18 person up to any amount of liability not paid by an insurer under s. 632.89 (2) or ~~(2m)~~
19 (4m) or by other 3rd party benefits, subject to rules which include formulas governing
20 ability to pay promulgated by the department under s. 46.03 (18). Any liability of the
21 patient not payable by any other person terminates when the patient reaches age 18,
22 unless the liable person has prevented payment by any act or omission.”.

23 **4.** Page 676, line 9: after that line insert:

24 **“SECTION 2014ms.** 66.0137 (4) of the statutes is amended to read:

1 66.0137 **(4)** SELF-INSURED HEALTH PLANS. If a city, including a 1st class city, or
2 a village provides health care benefits under its home rule power, or if a town
3 provides health care benefits, to its officers and employees on a self-insured basis,
4 the self-insured plan shall comply with ss. 49.493 (3) (d), 631.89, 631.90, 631.93 (2),
5 632.746 (10) (a) 2. and (b) 2., 632.747 (3), 632.85, 632.853, 632.855, 632.87 (4) and (5),
6 632.89, 632.895 (9) to (14), 632.896, and 767.25 (4m) (d).”.

7 **5.** Page 913, line 2: after that line insert:

8 “**SECTION 2615e.** 111.91 (2) (qm) of the statutes is created to read:

9 111.91 **(2)** (qm) The requirements under s. 632.89 related to coverage of
10 treatment for nervous and mental disorders and alcoholism and other drug abuse
11 problems.”.

12 **6.** Page 924, line 22: after that line insert:

13 “**SECTION 2760c.** 120.13 (2) (g) of the statutes is amended to read:

14 120.13 **(2)** (g) Every self-insured plan under par. (b) shall comply with ss.
15 49.493 (3) (d), 631.89, 631.90, 631.93 (2), 632.746 (10) (a) 2. and (b) 2., 632.747 (3),
16 632.85, 632.853, 632.855, 632.87 (4) and (5), 632.89, 632.895 (9) to (14), 632.896, and
17 767.25 (4m) (d).”.

18 **7.** Page 985, line 20: after that line insert:

19 “**SECTION 2936h.** 185.981 (4t) of the statutes is amended to read:

20 185.981 **(4t)** A sickness care plan operated by a cooperative association is
21 subject to ss. 252.14, 631.17, 631.89, 631.95, 632.72 (2), 632.745 to 632.749, 632.85,
22 632.853, 632.855, 632.87 (2m), (3), (4), and (5), 632.89, 632.895 (10) to (14), and
23 632.897 (10) and chs. 149 and 155.

24 **SECTION 2936i.** 185.983 (1) (intro.) of the statutes is amended to read:

1 185.983 (1) (intro.) Every such voluntary nonprofit sickness care plan shall be
2 exempt from chs. 600 to 646, with the exception of ss. 601.04, 601.13, 601.31, 601.41,
3 601.42, 601.43, 601.44, 601.45, 611.67, 619.04, 628.34 (10), 631.17, 631.89, 631.93,
4 631.95, 632.72 (2), 632.745 to 632.749, 632.775, 632.79, 632.795, 632.85, 632.853,
5 632.855, 632.87 (2m), (3), (4), and (5), ~~632.89~~, 632.895 (5) and (9) to (14), 632.896, and
6 632.897 (10) and chs. 609, 630, 635, 645, and 646, but the sponsoring association
7 shall.”.

8 **8.** Page 1070, line 9: after that line insert:

9 “**SECTION 3334r.** 301.12 (8) (d) of the statutes is amended to read:

10 301.12 (8) (d) After due regard to the case and to a spouse and minor children
11 who are lawfully dependent on the property for support, compromise or waive any
12 portion of any claim of the state or county for which a person specified under sub. (2)
13 is liable, but not any claim payable by an insurer under s. 632.89 (2) or ~~(2m)~~ (4m) or
14 by any other 3rd party.

15 **SECTION 3334s.** 301.12 (14) (a) of the statutes is amended to read:

16 301.12 (14) (a) Except as provided in pars. (b) and (c), liability of a person
17 specified in sub. (2) or s. 301.03 (18) for care and maintenance of persons under 17
18 years of age in residential, nonmedical facilities such as group homes, foster homes,
19 treatment foster homes, child caring institutions, and juvenile correctional
20 institutions is determined in accordance with the cost-based fee established under
21 s. 301.03 (18). The department shall bill the liable person up to any amount of
22 liability not paid by an insurer under s. 632.89 (2) or ~~(2m)~~ (4m) or by other 3rd-party
23 benefits, subject to rules which include formulas governing ability to pay
24 promulgated by the department under s. 301.03 (18). Any liability of the resident not

1 payable by any other person terminates when the resident reaches age 17, unless the
2 liable person has prevented payment by any act or omission.”.

3 **9.** Page 1180, line 21: after that line insert:

4 “**SECTION 3741p.** 609.86 of the statutes is created to read:

5 **609.86 Coverage of alcoholism and other diseases.** Managed care plans
6 are subject to s. 632.89.”.

7 **10.** Page 1181, line 3: after that line insert:

8 “**SECTION 3760rp.** 632.89 (title) of the statutes is amended to read:

9 **632.89** (title) ~~Required coverage of~~ **Coverage of mental disorders,**
10 **alcoholism, and other diseases.**

11 **SECTION 3760s.** 632.89 (1) (b) of the statutes is created to read:

12 632.89 (1) (b) “Health benefit plan” has the meaning given in s. 632.745 (11).

13 **SECTION 3761c.** 632.89 (1) (em) of the statutes is repealed.

14 **SECTION 3761d.** 632.89 (1) (er) of the statutes is created to read:

15 632.89 (1) (er) “Self-insured health plan” has the meaning given in s. 632.745
16 (24).

17 **SECTION 3761e.** 632.89 (2) (title) of the statutes is amended to read:

18 632.89 (2) (title) **REQUIRED COVERAGE FOR GROUP PLANS.**

19 **SECTION 3761f.** 632.89 (2) (a) 1. of the statutes is renumbered 632.89 (2) (a) and
20 amended to read:

21 632.89 (2) (a) *Conditions covered.* A group ~~or blanket disability insurance~~
22 ~~policy issued by an insurer~~ **health benefit plan and a self-insured health plan** shall
23 provide coverage of nervous and mental disorders and alcoholism and other drug

1 abuse problems if required by pars. (c) to (dm) and as provided in pars. ~~(b)~~ (c) to (e)
2 (dm) and sub. (3).

3 **SECTION 3761fm.** 632.89 (2) (a) 2. of the statutes is repealed.

4 **SECTION 3761g.** 632.89 (2) (b) of the statutes is repealed.

5 **SECTION 3761gm.** 632.89 (2) (c) 1. of the statutes is renumbered 632.89 (2) (c)
6 and amended to read:

7 632.89 (2) (c) ~~Minimum coverage~~ Coverage of inpatient hospital services. If a
8 group ~~or blanket disability insurance policy issued by an insurer~~ health benefit plan
9 or a self-insured health plan provides coverage of any inpatient hospital treatment,
10 the ~~policy~~ plan shall provide coverage for inpatient hospital services for the
11 treatment of conditions under par. (a) 1. ~~as provided in subd. 2.~~

12 **SECTION 3761h.** 632.89 (2) (c) 2. of the statutes is repealed.

13 **SECTION 3761hm.** 632.89 (2) (d) 1. of the statutes is renumbered 632.89 (2) (d)
14 and amended to read:

15 632.89 (2) (d) ~~Minimum coverage~~ Coverage of outpatient services. If a group ~~or~~
16 ~~blanket disability insurance policy issued by an insurer~~ health benefit plan or a
17 self-insured health plan provides coverage of any outpatient treatment, the ~~policy~~
18 plan shall provide coverage for outpatient services for the treatment of conditions
19 under par. (a) 1. ~~as provided in subd. 2.~~

20 **SECTION 3761i.** 632.89 (2) (d) 2. of the statutes is repealed.

21 **SECTION 3761im.** 632.89 (2) (dm) 1. of the statutes is renumbered 632.89 (2)
22 (dm) and amended to read:

23 632.89 (2) (dm) ~~Minimum coverage~~ Coverage of transitional treatment
24 arrangements. If a group ~~or blanket disability insurance policy issued by an insurer~~
25 health benefit plan or a self-insured health plan provides coverage of any inpatient

1 hospital treatment or any outpatient treatment, the ~~policy plan~~ shall provide
2 coverage for transitional treatment arrangements for the treatment of conditions
3 under par. (a) ~~1. as provided in subd. 2.~~

4 **SECTION 3761j.** 632.89 (2) (dm) 2. of the statutes is repealed.

5 **SECTION 3761jm.** 632.89 (2) (e) of the statutes is renumbered 632.89 (5) (b) and
6 amended to read:

7 632.89 (5) (b) *Exclusion Certain health care plans.* ~~This subsection~~ section does
8 not apply to a health care plan offered by a limited service health organization, as
9 defined in s. 609.01 (3), or by a preferred provider plan, as defined in s. 609.01 (4),
10 that is not a managed care plan, as defined in s. 609.01 (3c).

11 **SECTION 3761k.** 632.89 (2m) of the statutes is renumbered 632.89 (4m).

12 **SECTION 3761km.** 632.89 (3) of the statutes is created to read:

13 632.89 (3) EQUAL COVERAGE REQUIREMENT. (a) *Group plans.* A group health
14 benefit plan or a self-insured health plan that provides coverage for the treatment
15 of nervous and mental disorders and alcoholism and other drug abuse problems shall
16 provide the same coverage for that treatment that it provides for the treatment of
17 physical conditions.

18 (b) *Individual plans.* If an individual health benefit plan provides coverage for
19 the treatment of nervous or mental disorders or alcoholism or other drug abuse
20 problems, the individual health benefit plan shall provide the same coverage for that
21 treatment that it provides for the treatment of physical conditions.

22 (c) *All coverage components.* The requirements under this subsection apply to
23 all coverage-related components, including rates; exclusions and limitations;
24 deductibles; copayments; coinsurance; annual and lifetime payment limits;

1 out-of-pocket limits; out-of-network charges; day, visit, or appointment limits;
2 duration or frequency of coverage; and medical necessity definitions.

3 **SECTION 3761L.** 632.89 (3m) of the statutes is repealed.

4 **SECTION 3761Lm.** 632.89 (5) (title) of the statutes is amended to read:

5 632.89 (5) (title) ~~MEDICARE EXCLUSION~~ EXCLUSIONS.

6 **SECTION 3761m.** 632.89 (5) of the statutes is renumbered 632.89 (5) (a).

7 **SECTION 3761mm.** 632.89 (5) (a) (title) of the statutes is created to read:

8 632.89 (5) (a) (title) *Medicare*.”

9 **11.** Page 1399, line 25: after that line insert:

10 “(1mg) HEALTH INSURANCE COVERAGE OF MENTAL DISORDERS. The treatment of
11 sections 40.51 (8) and (8m), 46.10 (8) (d) and (14) (a), 66.0137 (4), 111.91 (2) (qm),
12 120.13 (2) (g), 185.981 (4t), 185.983 (1) (intro.), 301.12 (8) (d) and (14) (a), 609.86, and
13 632.89 (title), (1) (b), (em), and (er), (2) (title), (a) 1. and 2., (b), (c) 1. and 2., (d) 1. and
14 2., (dm) 1. and 2., and (e), (2m), (3), and (3m) of the statutes, the renumbering of
15 section 632.89 (5) of the statutes, the amendment of section 632.89 (5) (title) of the
16 statutes, and the creation of section 632.89 (5) (a) (title) of the statutes first apply to
17 all of the following:

18 (a) Except as provided in paragraphs (b) and (c), health benefit plans that are
19 issued or renewed, and self-insured health plans that are established, extended,
20 modified, or renewed, on the effective date of this paragraph.

21 (b) Health benefit plans covering employees who are affected by a collective
22 bargaining agreement containing provisions inconsistent with this act that are
23 issued or renewed on the earlier of the following:

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

