FE Sent For:

# 2001 DRAFTING REQUEST

## Assembly Amendment (AA-ASA1-SB55)

Received By: kahlepj
Identical to LRB:
By/Representing: Susan McMurray
Drafter: kahlepj
Addl. Drafters:
Extra Copies:
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lrb_docadmin lrb_docadmin 06/26/2001

# 2001 DRAFTING REQUEST

# Assembly Amendment (AA-ASA1-SB55)

Received: <b>06/21/2001</b>	Received By: kahlepj
Wanted: As time permits	Identical to LRB:
For: Spencer Black (608) 266-7521	By/Representing: Susan McMurray
This file may be shown to any legislator: NO	Drafter: kahlepj
May Contact:	Addl. Drafters:
Subject: Insurance - health	Extra Copies:
Submit via email: YES	
Requester's email: Rep.Black@legis.state.wi.us	
Pre Topic:	
No specific pre topic given	
Topic:	
Number 29; mental health parity (health insurance coverage)	
Instructions:	
See Attached	
Drafting History:	
Vers. Drafted Reviewed Typed Proofed	Submitted Jacketed Required
/? kahlepj kevlewed Typed Proofed  // kahlepj // All followed Typed Proofed  // kahlepj	
FE Sent For:	
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## **Assembly Democrat Budget Amendment Requests**

Request Number:

29

(not LRB number)

Agency:

**DHFS** 

1399/1

**Description:** 

Mental Health Parity

Attachments: SB 157

Cost (if known): NA

Contact person: Susan McMurray, 266-7521, Representative Black's Office



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Date (time) needed

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LRB b 13 26/1

# ADC CAUCUS BUDGET AMENDMENT [ONLY FOR CAUCUS]

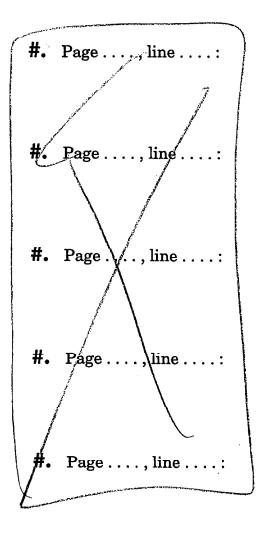
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See form AMENDMENTS — COMPONENTS & ITEMS.

### CAUCUS AMENDMENT TO ASSEMBLY SUBSTITUTE AMENDMENT 1 TO 2001 SENATE BILL 55

>>FOR CAUCUS SUPERAMENDMENT — NOT FOR INTRODUCTION<<

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





(16)

" SECTION . 40.51 (8) of the statutes is amended to read:

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

SECTION 40.51 (8m) of the statutes is amended to read:

40.51 (8m) Every health care coverage plan offered by the group insurance board under sub. (7) shall comply with ss. 631.95, 632.746 (1) to (8) and (10), 632.747, 632.748, 632.83, 632.835, 632.853, 632.855, 632.899, and 632.895 (11) to (14).

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

by any other 3rd party. "For that line insert:

"SECTION A. 46.10 (14) (a) of the statutes is amended to read:

46.10 (14) (a) Except as provided in pars. (b) and (c), liability of a person specified in sub. (2) or s. 46.03 (18) for inpatient care and maintenance of persons under 18 years of age at community mental health centers, a county mental health complex under s. 51.08, the centers for the developmentally disabled, Mendota mental health institute, and Winnebago mental health institute or care and maintenance of persons under 18 years of age in residential, nonmedical facilities such as group homes, foster homes, treatment foster homes, child caring institutions, and juvenile correctional institutions is determined in accordance with the cost-based fee established under s. 46.03 (18). The department shall bill the liable

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person up to any amount of liability not paid by an insurer under s. 632.89 (2) or (2m)

(4m) or by other 3rd party benefits, subject to rules which include formulas governing

ability to pay promulgated by the department under s. 46.03 (18). Any liability of the

patient not payable by any other person terminates when the patient reaches age 18,

unless the liable person has prevented payment by any act or omission.

SECTION 5. 60.23 (25) of the statutes is amended to read:

7 60.23 (25) SELF-INSURED HEALTH PLANS. Provide health care benefits to its

8 officers and employees on a self-insured basis if the self-insured plan complies with

9 ss. 631.89, 631.90, 631.93 (2), 632.746 (10) (a) 2 and (b) 2., 632.747 (8), 632.85,

632.853, 632.855, 632.87 (4) and (5), 632.89, 632.895 (9) and (11) to (14), and 632.896

11) # Page 676, line 9: after that line inset:

11) "SECTION 6. 66.0137 (4) of the statutes is amended to read:

66.0137 (4) 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 employees 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),

(17) 632.89, 632.895 (9) to (14), 632.896, and 767.25 (4m) (d). ".

The page 913, line 2; often that line inset;

(18) "SECTION 7. 111.91 (2) (qm) of the statutes is created to read:

19 111.91 (2) (qm) The requirements under s. 632.89 related to coverage of

20 treatment for nervous and mental disorders and alcoholism and other drug abuse

problems. Page 924, line 22: often that line inset:

(22) SECTION 120.13 (2) (g) of the statutes is amended to read:

23 120.13 (2) (g) Every self-insured plan under par. (b) shall comply with ss.

24 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), 632.89, 632.895 (9) to (14), 632.896, and 1 767.25 (4m) (d) 985, line 20: after that line west = FION . 185.981 (4t) of the statutes is amended to read: (3) 185.981 (4t) A sickness care plan operated by a cooperative association is 5 subject to ss. 252.14, 631.17, 631.89, 631.95, 632.72 (2), 632.745 to 632.749, 632.85, 6 632.853, 632.855, 632.87 (2m), (3), (4), and (5), 632.89, 632.895 (10) to (14), and 632.897 (10) and chs. 149 and 155. SECTION 36. 185.983 (1) (intro.) of the statutes is amended to read: 8) 9 185.983 (1) (intro.) Every such voluntary nonprofit sickness care plan shall be 10 exempt from chs. 600 to 646, with the exception of ss. 601.04, 601.13, 601.31, 601.41, 11 601.42, 601.43, 601.44, 601.45, 611.67, 619.04, 628.34 (10), 631.17, 631.89, 631.93, 631.95, 632.72 (2), 632.745 to 632.749, 632.775, 632.79, 632.795, 632.85, 632.853, 12 632.855, 632.87 (2m), (3), (4), and (5), 632.89, 632.895 (5) and (9) to (14), 632.896, and 13 632.897 (10) and chs. 609, 630, 635, 645, and 646, but the sponsoring association 14 shall: **1**5 ), line 9: after that line inset: 301.12(8)(d) of the statutes is amended to read: /16 17 301.12 (8) (d) After due regard to the case and to a spouse and minor children 18 who are lawfully dependent on the property for support, compromise or waive any 19 portion of any claim of the state or county for which a person specified under sub. (2) 20 is liable, but not any claim payable by an insurer under s. 632.89 (2) or (2m) (4m) or 21 by any other 3rd party. SECTION 301.12 (14) (a) of the statutes is amended to read:  $2\acute{2}$ 23 301.12 (14) (a) Except as provided in pars. (b) and (c), liability of a person 24 specified in sub. (2) or s. 301.03 (18) for care and maintenance of persons under 17 years of age in residential, nonmedical facilities such as group homes, foster homes, 25

1 treatment foster homes, child caring institutions, and juvenile correctional 2 institutions is determined in accordance with the cost-based fee established under 3 s. 301.03 (18). The department shall bill the liable person up to any amount of 4 liability not paid by an insurer under s. 632.89(2) or (2m)(4m) or by other 3rd-party benefits, subject to rules which include formulas governing ability to pay 5 promulgated by the department under s. 301.03 (18). Any liability of the resident not 6 7 payable by any other person terminates when the resident reaches age 17, unless the liable person has prevented payment by any act or omission. 8 " Page 1180 , line 21: after that line inset:
"SECTION \$609.86 of the statutes is created to read: ③ > 37410. 10 609.86 Coverage of alcoholism and other diseases. Managed care plans are subject to s. 632.89. Dject to s. 632.89.

D#, Poge [19], line 3 : afterthat line insert: (11)SECTION 34. 632.89 (title) of the statutes is amended to read: (12)632.89 (title) Required-coverage of Coverage of mental disorders, 13 alcoholism, and other diseases. 14 > 3760s 15 **SECTION 15.** 632.89 (1) (b) of the statutes is created to read: 16 632.89 (1) (b) "Health benefit plan" has the meaning given in s. 632.745 (11). > 3761c SECTION \$632.89 (1) (em) of the statutes is repealed. (17) SECTION \$\frac{1}{4}\$. 632.89 (1) (er) of the statutes is created to read: (18)19 632.89 (1) (er) "Self-insured health plan" has the meaning given in s. 632.745 20 (24).SECTION 3. 632.89 (2) (title) of the statutes is amended to read: (21)22 632.89 (2) (title) REQUIRED COVERAGE FOR GROUP PLANS. 3761+ SECTION 19. 632.89 (2) (a) 1. of the statutes is renumbered 632.89 (2) (a) and (23) 24 amended to read:

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632.89 (2) (a) Conditions covered. A group or blanket disability insurance
policy issued by an insurer health benefit plan and a self-insured health plan shall
provide coverage of nervous and mental disorders and alcoholism and other drug
abuse problems if required by pars. (c) to (dm) and as provided in pars. (b) (c) to (e)
(dm) and sub. (3). 3 761 fm
SECTION 20. 632.89 (2) (a) 2. of the statutes is repealed.
SECTION 20. 632.89 (2) (a) 2. of the statutes is repealed.  SECTION 21. 632.89 (2) (b) of the statutes is repealed.
SECTION 22. 632.89 (2) (c) 1. of the statutes is renumbered 632.89 (2) (c) and
amended to read:
632.89 (2) (c) Minimum coverage Coverage of inpatient hospital services. If a
group <del>or blanket disability insurance policy issued by an insurer</del> <u>health benefit plan</u>
or a self-insured health plan provides coverage of any inpatient hospital treatment,
the policy plan shall provide coverage for inpatient hospital services for the
treatment of conditions under par. (a) 1. as provided in subd. 2.
SECTION 28. 632.89 (2) (c) 2. of the statutes is repealed.
SECTION 24. 632.89 (2) (d) 1. of the statutes is renumbered 632.89 (2) (d) and
amended to read:
632.89 (2) (d) Minimum coverage Coverage of outpatient services. If a group or
blanket disability insurance policy issued by an insurer health benefit plan or a
self-insured health plan provides coverage of any outpatient treatment, the policy
plan shall provide coverage for outpatient services for the treatment of conditions
under par. (a) 1. as provided in subd. 2.
SECTION 25. 632.89 (2) (d) 2. of the statutes is repealed.
SECTION 25. 632.89 (2) (d) 2. of the statutes is repealed.  SECTION 26. 632.89 (2) (dm) 1. of the statutes is renumbered 632.89 (2) (dm)
and amended to read:

632.89 <b>(2)</b> (dm) <i>Minimum coverage Coverage</i> of transitional treatment
arrangements. If a group or blanket disability insurance policy issued by an insurer
health benefit plan or a self-insured health plan provides coverage of any inpatient
hospital treatment or any outpatient treatment, the policy plan shall provide
coverage for transitional treatment arrangements for the treatment of conditions
under par. (a) 1. as provided in subd. 2.

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SECTION 3. 632.89 (2) (dm) 2. of the statutes is repealed.

SECTION 28. 632.89 (2) (e) of the statutes is renumbered 632.89 (5) (b) and amended to read:

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

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SECTION 26. 632.89 (2m) of the statutes is renumbered 632.89 (4m).

SECTION 3. 632.89 (3) of the statutes is created to read:

632.89 (3) Equal coverage requirement. (a) Group plans. A group health benefit plan or a self-insured health plan that provides coverage for the treatment of nervous and mental disorders and alcoholism and other drug abuse problems shall provide the same coverage for that treatment that it provides for the treatment of physical conditions.

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

(c) All coverage components. The requirements under this subsection apply to all coverage—related components, including rates; exclusions and limitations; deductibles; copayments; coinsurance; annual and lifetime payment limits; out—of—pocket limits; out—of—network charges; day, visit, or appointment limits; duration or frequency of coverage; and medical necessity definitions.

6 Section

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

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SECTION 3. 632.89 (5) (title) of the statutes is amended to read:

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632.89 (5) (title) MEDICARE EXCLUSION EXCLUSIONS.

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**SECTION 33.** 632.89 (5) of the statutes is renumbered 632.89 (5) (a).

SECTION SECTION

SECTION 34. 632.89 (5) (a) (title) of the statutes is created to read:

632.89 (5) (a) (title) Medicare.

### Section 35. Initial applicability

7 Dis act first applies to all of the following.

14 (a) Except as provided in paragraphs (b) and (c), health benefit plans 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) Health benefit plans covering employees 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 employees 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:

great 9-13

1	1. The day on which the collective bargaining agreement expires.
2	2. The day on which the collective bargaining agreement is extended, modified,
(3)	or renewed.
4	SECTION 36. Effective dator #. Page 1421, line 4: afterthat
( <u>5</u> )_	effect on the first day of the 6th month beginning after
6)	SECTION 36. Effective dater #, Page 1421, line 4: after that line with the section of the 6th month beginning after inset:
7	(END)
	The state of the s
	the effective date of this subsection
	1 Ove of M

### 2001-2002 DRAFTING INSERT FROM THE LEGISLATIVE REFERENCE BUREAU

### INSERT 9-13

1 Page 1399, line 25: after that line insert:

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

#### (END OF INSERT 9-13)

#### INSERT 10-5

(11) (11) HEALTH INSURANCE COVERAGE OF MENTAL DISORDERS. The treatment of sections 40.51 (8) and (8m), 46.10 (8) (d) and (14) (a), 66.0137, 111.91 (2) (qm), 120.13 (2) (g), 185.981 (4t), 185.983 (1) (intro.), 301.12 (8) (d) and (14) (a), 609.86, and 632.89 (title), (1) (b), (em), and (er), (2) (title), (a) 1. and 2., (b), (c) 1. and 2., (d) 1. and 2., (dm) 1. and 2., and (e), (2m), (3), and (3m) of the statutes, the renumbering of section 632.89 (5) of the statutes, the amendment of section 632.89 (5) (title) of the statutes, the creation of section 632.89 (a) (title) of the statutes, and Section 9327 (1mp) of this act take

#### (END OF INERT 10-5)