State of Wisconsin
1997 – 1998 LEGISLATURE

LRBb3182/1
PJK:jlg:ijs

ASSEMBLY AMENDMENT 10,

TO ASSEMBLY SUBSTITUTE AMENDMENT 1,

TO 1997 ASSEMBLY BILL 768

May 6, 1998 – Offered by Representatives R. POTTER and ROBSON.

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

1. Page 15, line 15: delete "coverage of prescription drugs and devices;".

2. Page 87, line 16: on lines 16 and 22, delete "632.853,".

3. Page 175, line 8: delete "632.853,".

4. Page 179, line 7: delete "632.853,".

5. Page 281, line 15: delete lines 15 to 17.

6. Page 294, line 1: delete "632.853,".

7. Page 316, line 18: delete "632.853,".

8. Page 317, line 1: delete "632.853,".

9. Page 428, line 5: after "medicine" insert ", obstetrics and gynecology".

10. Page 428, line 7: delete the material beginning with "primary care" and ending with "provider," on line 9, and substitute "health care professional".

11. Page 428, line 20: before "(4)" insert "(3) and".

12. Page 431, line 22: delete the material beginning with that line and ending with page 433, line 7, and substitute:

"**(3)** PRIMARY PROVIDERS. Except as provided in sub. (3), a managed care plan shall permit each enrollee to select his or her own primary provider from a list of participating health care professionals. The list shall be updated on an ongoing basis and shall include all of the following:

(a) A sufficient number of health care professionals who are accepting new enrollees.

(b) A sufficient diversity of health care professionals to adequately meet the needs of an enrollee population with varied characteristics, including age, gender, race and health status.

(4) SPECIALIST PROVIDERS. (a) A managed care plan shall establish a system under which an enrollee with a chronic disease or other special needs may select a participating specialist physician as his or her primary provider.

(b) A managed care plan shall allow all enrollees under the plan to have access to specialist physicians on a timely basis when specialty medical care is warranted. An enrollee shall be allowed to choose among participating specialist physicians when a referral is made for specialty care.

(4m) POINT-OF-SERVICE OPTION. A managed care plan shall offer a point–of–service option, under which an enrollee may obtain covered services from a nonparticipating provider of the enrollee's choice. Under the point–of–service

option, the enrollee may be required to pay a reasonable portion of the cost of those services.".

13. Page 434, line 6: after that line insert:

"**SECTION 566cfL.** 609.23 of the statutes is created to read:

609.23 Drugs and devices. (1) COVERAGE. (a) A managed care plan shall provide coverage of any drug or device that is approved for use by the federal food and drug administration and that is determined by a treating participating provider to be medically appropriate and necessary for treatment of an enrollee's condition, regardless of whether the drug or device is prescribed by the treating participating provider for the use for which the drug or device is approved by the federal food and drug administration.

(b) A treating participating provider shall determine the drug therapy that is appropriate for his or her patient.

(c) Prospective review of drug therapy may deny coverage only if any of the following apply:

1. A coverage limitation has been reached with respect to the enrollee.

2. The enrollee has committed fraud with respect to obtaining the drug.

(2) DRUG UTILIZATION REVIEW PROGRAM. (a) A managed care plan shall establish and operate a drug utilization review program. The primary goal of the program shall be to enhance quality of care for enrollees by ensuring appropriate drug therapy.

(b) The program under par. (a) shall include all of the following:

1. Retrospective review of prescription drugs furnished to enrollees.

2. Ongoing periodic examination of data on outpatient prescription drugs to ensure quality therapeutic outcomes for enrollees.

3. An educational outreach program for physicians, pharmacists and enrollees regarding the appropriate use of prescription drugs.

(c) The program under par. (a) shall utilize all of the following:

1. Clinically relevant criteria and standards for drug therapy.

2. Nonproprietary criteria and standards developed and revised through an open, professional consensus process.

3. Interventions that focus on improving therapeutic outcomes.".

14. Page 446, line 18: delete lines 18 to 21.

15. Page 457, line 20: delete the material beginning with that line and ending with page 458, line 2.

16. Page 566, line 12: delete "DRUGS AND DEVICES AND".

17. Page 566, line 14: delete "(p) and".

18. Page 566, line 14: delete "609.83,".

19. Page 566, line 15: delete ", 632.853".

20. Page 577, line 22: delete "DRUGS AND DEVICES AND".

21. Page 577, line 24: delete "(p) and".

22. Page 577, line 24: delete "609.83,".

23. Page 578, line 1: delete ", 632.853".

(END)