



State of Wisconsin  
2001 - 2002 LEGISLATURE

LRBb1862/1  
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**ASSEMBLY AMENDMENT 21,  
TO ASSEMBLY SUBSTITUTE AMENDMENT 1,  
TO 2001 SENATE BILL 55**

June 29, 2001 - Offered by Representative WASSERMAN.

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

2 **1.** Page 903, line 17: after that line insert:

3 **“SECTION 2556e.** 103.10 (4) (am) of the statutes is created to read:

4 103.10 (4) (am) Subject to pars. (b) and (c), an employee who is pregnant may  
5 take up to 9 hours of medical leave during each month of the employee’s pregnancy  
6 for the purpose of receiving prenatal health care check-ups.

7 **SECTION 2556f.** 103.10 (4) (b) of the statutes is amended to read:

8 103.10 (4) (b) No employee may take more than 2 weeks of medical leave under  
9 par. (a) during a 12-month period. No employee may take more than 81 hours of  
10 medical leave under par. (am) in a 12-month period. No employee may take more  
11 than 161 hours of medical leave for any combination of reasons specified in pars. (a)  
12 and (am) during a 12-month period.

1           **SECTION 2556g.** 103.10 (7) (a) (intro.) of the statutes is amended to read:

2           103.10 (7) (a) (intro.) If an employee requests family leave for a reason  
3 described in sub. (3) (b) 3. or requests medical leave under sub. (4) (a), the employer  
4 may require the employee to provide certification, as described in par. (b), issued by  
5 the health care provider or Christian Science practitioner of the child, spouse,  
6 parent, or employee, whichever is appropriate.

7           **SECTION 2556h.** 103.10 (7) (am) of the statutes is created to read:

8           103.10 (7) (am) If an employee requests medical leave under sub. (4) (am), the  
9 employer may require the employee to provide certification issued by the employee's  
10 health care provider or Christian Science practitioner stating that the employee is  
11 pregnant and the date on which the pregnancy commenced and its probable  
12 duration. No employer may require certification under this paragraph stating more  
13 than the information specified in this paragraph.

14           **SECTION 2556i.** 103.10 (7) (b) (intro.) of the statutes is amended to read:

15           103.10 (7) (b) (intro.) No employer may require certification under par. (a)  
16 stating more than the following:".

17           **2.** Page 1180, line 21: after that line insert:

18           “**SECTION 3741c.** 609.05 (3) of the statutes is amended to read:

19           609.05 (3) Except as provided in ss. 609.22 (4), 609.22 (4m), 609.65 and  
20 609.655, a limited service health organization, preferred provider plan or managed  
21 care plan may require an enrollee to obtain a referral from the primary provider  
22 designated under sub. (2) to another participating provider prior to obtaining health  
23 care services from that participating provider.

24           **SECTION 3741e.** 609.16 of the statutes is created to read:

1           **609.16 Appeals. (1)** After using the procedure under s. 632.83, a grievant may  
2 appeal the decision of a managed care plan under s. 632.83 either under this section  
3 or under s. 632.835, if applicable. An appeal under this section shall be made to a  
4 physician who is licensed under ch. 448, who is not a participating provider of the  
5 managed care plan and who specializes in the type of medical practice to which the  
6 grievance relates. The decision of the physician hearing the appeal under this  
7 section is binding on the grievant and the managed care plan.

8           **(2)** A managed care plan must include information regarding the appeal  
9 procedure under this section in policies or certificates provided to enrollees and must  
10 provide such information to an enrollee or prospective enrollee upon request.

11           **(3)** The commissioner shall promulgate rules for the appeal procedure under  
12 this section, including rules related to how an enrollee requests an appeal and how  
13 the physician hearing the appeal is selected.

14           **SECTION 3741g.** 609.22 (4) (a) 1. of the statutes is repealed and recreated to  
15 read:

16           609.22 **(4)** (a) 1. A managed care plan may not require an enrollee of the  
17 managed care plan to obtain a referral for coverage of services provided by a  
18 participating provider who is a physician licensed under ch. 448 and who specializes  
19 in a particular type of medical practice, regardless of whether the participating  
20 provider is the enrollee's primary provider.

21           **SECTION 3741h.** 609.22 (4) (a) 2. of the statutes is repealed.

22           **SECTION 3741i.** 609.22 (4) (a) 3. of the statutes is amended to read:

23           609.22 **(4)** (a) 3. A managed care plan must include information regarding  
24 referral procedures the requirement under subd. 1. in policies or certificates

1 provided to enrollees and must provide such information to an enrollee or prospective  
2 enrollee upon request.

3 **SECTION 3741m.** 609.39 of the statutes is created to read:

4 **609.39 Right to sue.** A person may bring an action in tort against a managed  
5 care plan for a bad faith denial of coverage.”.

6 **3.** Page 1399, line 25: after that line insert:

7 “(1r) SPECIALIST PROVIDERS UNDER MANAGED CARE PLANS.

8 (a) Except as provided in paragraph (b), if a policy or certificate that is affected  
9 by the treatment of sections 609.05 (3) and 609.22 (4) (a) 1., 2., and 3. of the statutes  
10 contains terms or provisions that are inconsistent with the treatment of sections  
11 609.05 (3) and 609.22 (4) (a) 1., 2., and 3. of the statutes, the treatment of sections  
12 609.05 (3) and 609.22 (4) (a) 1., 2., and 3. of the statutes first applies to that policy  
13 or certificate upon renewal.

14 (b) The treatment of sections 609.05 (3) and 609.22 (4) (a) 1., 2., and 3. of the  
15 statutes first applies to policies or group certificates covering employes who are  
16 affected by a collective bargaining agreement containing provisions that are  
17 inconsistent with the treatment of sections 609.05 (3) and 609.22 (4) (a) 1., 2., and  
18 3. of the statutes that are issued or renewed on the earlier of the following:

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

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

22 (1s) APPEALS OF DECISIONS OF MANAGED CARE PLANS.

1 (a) The treatment of section 609.16 (1) of the statutes first applies to grievances  
2 arising on September 1, 2001, or on the effective date of this paragraph, whichever  
3 is later.

4 (b) The treatment of section 609.16 (2) of the statutes first applies to policies  
5 issued or renewed on September 1, 2001, or on the effective date of this paragraph,  
6 whichever is later.

7 (1t) LAWSUITS AGAINST MANAGED CARE PLANS. The treatment of section 609.39 of  
8 the statutes first applies to claims arising on the effective date of this subsection.”.

9 **4.** Page 1414, line 2: after that line insert:

10 “(10q) MEDICAL LEAVE FOR PRENATAL CHECK-UPS. The treatment of section 103.10  
11 (4) (am) and (b) and (7) (a) (intro.), (am), and (b) (intro.) of the statutes first applies  
12 to an employee, as defined in section 103.10 (1) (b) of the statutes, who is affected by  
13 a collective bargaining agreement that contains provisions inconsistent with that  
14 treatment on the day on which the collective bargaining agreement expires or is  
15 extended, modified, or renewed, whichever occurs first.”.

16 **5.** Page 1421, line 4: after that line insert:

17 “(1) APPEALS OF DECISIONS OF MANAGED CARE PLANS. The treatment of section  
18 609.16 (1) and (2) of the statutes takes effect on September 1, 2001, or on the effective  
19 date of this subsection, whichever is later.”.

20 (END)