1995 ASSEMBLY BILL 129

February 14, 1995 - Introduced by Representatives Schneider, Robson, Ziegelbauer, Baldus, Boyle, Notestein, R. Potter, Ryba, Wilder and L. Young. Referred to Committee on Insurance, Securities and Corporate Policy.

AN ACT to amend 40.51 (8), 185.981 (4t), 185.983 (1) (intro.) and 632.87 (1); and to create 609.71 and 632.87 (6) of the statutes; relating to: requiring insurers to cover treatment of a condition by an acupuncturist if there is coverage for treatment of the condition by a physician.

Analysis by the Legislative Reference Bureau

This bill requires insurers, including health maintenance organizations, preferred provider plans, limited service health organizations and plans provided by the state, to cover the diagnosis and treatment of a condition by an acupuncturist, within the scope of the acupuncturist's certificate, if diagnosis and treatment of the condition by a physician is covered. Referral to an acupuncturist from a physician is not required for coverage of the acupuncture services.

Current law contains the same mandated coverage provision for chiropractic services if a condition is covered when treated by a physician, and for optometric services if vision care is covered and the same service or procedure is covered when provided by another health care provider.

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:

SECTION 1. 40.51 (8) of the statutes is amended to read:

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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), 632.72 (2), 632.87 (3) to (5), 632.895 (5m) and (8) to (10) and 632.896. **Section 2.** 185.981 (4t) of the statutes is amended to read: 185.981 (4t) A sickness care plan operated by a cooperative association is subject to ss. 252.14, 631.89, 632.72 (2), 632.87 (2m), (3), (4) and (5) to (6), 632.895 (10) and 632.897 (10) and ch. 155. **Section 3.** 185.983 (1) (intro.) of the statutes is amended to read: 185.983 (1) (intro.) Every such voluntary nonprofit sickness care plan shall be exempt from chs. 600 to 646, with the exception of ss. 601.04, 601.13, 601.31, 601.41, 601.42, 601.43, 601.44, 601.45, 611.67, 619.04, 628.34 (10), 631.89, 631.93, 632.72 (2), 632.775, 632.79, 632.795, 632.87 (2m), (3), (4) and (5) to (6), 632.895 (5), (9) and (10), 632.896 and 632.897 (10), subch. II of ch. 619 and chs. 609, 630, 635, 645 and 646, but the sponsoring association shall: **Section 4.** 609.71 of the statutes is created to read: **609.71** Acupuncture coverage. Health maintenance organizations, limited service health organizations and preferred provider plans are subject to s. 632.87 (6). **Section 5.** 632.87 (1) of the statutes is amended to read: 632.87 (1) No insurer may refuse to provide or pay for benefits for health care services provided by a licensed an acupuncturist who is certified or another health care professional who is licensed on the ground that the services were not rendered by a physician as defined in s. 990.01 (28), unless the contract clearly excludes services by such practitioners, but no contract or plan may exclude services in

Section 6. 632.87 (6) of the statutes is created to read:

violation of sub. (2m), (3), (4) or, (5) or (6).

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632.87 (6) (a) No policy, plan or contract may exclude coverage for diagnosis and
treatment of a condition or complaint by an acupuncturist who is certified under ch.
451, within the scope of the acupuncturist's certificate, if the policy, plan or contract
covers diagnosis and treatment of the condition or complaint by a licensed physician
or osteopath, even if different nomenclature is used to describe the condition or
complaint. This paragraph does not:
1. Prohibit the application of deductibles or coinsurance provisions to
acupuncturist and physician charges on an equal basis

- acupuncturist and physician charges on an equal basis.
- 2. Prohibit the application of cost containment or quality assurance measures to acupuncturist and physician services in a like manner, consistent with this section.
- (b) No insurer may require an examination by or a referral from a physician as a condition precedent for the receipt of an acupuncturist's services under par. (a).

SECTION 7. Initial applicability.

(1) This act first applies to policies, plans or contracts issued or renewed on the first day of the 5th month beginning after publication.

17 (END)