



1995 ASSEMBLY BILL 456

June 26, 1995 - Introduced by Representatives CARPENTER, WASSERMAN, BALDWIN, ROBSON, R. YOUNG, BALDUS, GRONEMUS, NOTESTEIN, GROBSCHMIDT, PLOMBON, BOCK, L. YOUNG, BOYLE, WIRCH, DUEHOLM and R. POTTER, cosponsored by Senator BURKE. Referred to Committee on Health.

1 **AN ACT to amend** 40.51 (8), 60.23 (25), 66.184, 111.70 (1) (a), 120.13 (2) (g),
2 185.981 (4t) and 185.983 (1) (intro.); and **to create** 40.52 (1) (c), 111.70 (4) (m),
3 111.91 (2) (k) and 632.895 (11) of the statutes; **relating to:** requiring insurance
4 coverage of preventive pediatric health care services.

Analysis by the Legislative Reference Bureau

This bill requires every health insurance policy (called “disability insurance policy” in the statutes), including health care plans offered by health maintenance organizations, preferred provider plans and the state, and every self-insured health plan of the state or a county, city, town, village or school district, to provide coverage of preventive pediatric health care services, from birth to age 19, for a dependent child of the insured if the policy or plan covers a dependent. (Under current law, health insurance policies are required to cover a newly born child of the insured, even if the policy did not provide coverage for dependents at the time of the birth.) Under the bill, preventive pediatric health care services include specified immunizations and other services that are in accord with the prevailing medical standards of the American Academy of Pediatrics, such as developmental assessments, sensory screening, laboratory tests and initial dental referrals. Coverage of preventive pediatric health care services may not be subject to any deductibles, coinsurance or copayments. Specifically excluded from this coverage requirement are health insurance policies that cover only certain specified diseases, health care plans offered by limited service health organizations, medicare replacement or supplement policies and long-term care insurance policies.

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:

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

2 40.51 **(8)** Every health care coverage plan offered by the state under sub. (6)
3 shall comply with ss. 631.89, 631.90, 631.93 (2), 632.72 (2), 632.87 (3) to (5), 632.895
4 (5m) and (8) to (10) (11) and 632.896.

5 **SECTION 2.** 40.52 (1) (c) of the statutes is created to read:

6 40.52 **(1)** (c) The coverage required under s. 632.895 (11).

7 **SECTION 3.** 60.23 (25) of the statutes is amended to read:

8 60.23 **(25)** SELF-INSURED HEALTH PLANS. Provide health care benefits to its
9 officers and employes on a self-insured basis if the self-insured plan complies with
10 ss. 631.89, 631.90, 631.93 (2), 632.87 (4) and (5), 632.895 (9) and (11) and 632.896.

11 **SECTION 4.** 66.184 of the statutes is amended to read:

12 **66.184 Self-insured health plans.** If a city, including a 1st class city, or a
13 village provides health care benefits under its home rule power, or if a town provides
14 health care benefits, to its officers and employes on a self-insured basis, the
15 self-insured plan shall comply with ss. 49.493 (3) (d), 631.89, 631.90, 631.93 (2),
16 632.87 (4) and (5), 632.895 (9) and (11), 632.896, 767.25 (4m) (d) and 767.51
17 (3m) (d).

18 **SECTION 5.** 111.70 (1) (a) of the statutes is amended to read:

19 111.70 **(1)** (a) "Collective bargaining" means the performance of the mutual
20 obligation of a municipal employer, through its officers and agents, and the
21 representatives of its employes, to meet and confer at reasonable times, in good faith,

1 with the intention of reaching an agreement, or to resolve questions arising under
2 such an agreement, with respect to wages, hours and conditions of employment, and
3 with respect to a requirement of the municipal employer for a municipal employe to
4 perform law enforcement and fire fighting services under s. 61.66, except as provided
5 in sub. (4) (m) and s. 40.81 (3) and except that a municipal employer shall not meet
6 and confer with respect to any proposal to diminish or abridge the rights guaranteed
7 to municipal employes under ch. 164. The duty to bargain, however, does not compel
8 either party to agree to a proposal or require the making of a concession. Collective
9 bargaining includes the reduction of any agreement reached to a written and signed
10 document. The employer shall not be required to bargain on subjects reserved to
11 management and direction of the governmental unit except insofar as the manner
12 of exercise of such functions affects the wages, hours and conditions of employment
13 of the employes. In creating this subchapter the legislature recognizes that the
14 public employer must exercise its powers and responsibilities to act for the
15 government and good order of the municipality, its commercial benefit and the
16 health, safety and welfare of the public to assure orderly operations and functions
17 within its jurisdiction, subject to those rights secured to public employes by the
18 constitutions of this state and of the United States and by this subchapter.

19 **SECTION 6.** 111.70 (4) (m) of the statutes is created to read:

20 111.70 (4) (m) *Health insurance coverage of preventive pediatric health care*
21 *services.* The municipal employer is prohibited from bargaining collectively with
22 respect to the provision of the health insurance coverage required under s. 632.895
23 (11).

24 **SECTION 7.** 111.91 (2) (k) of the statutes is created to read:

1 111.91 (2) (k) The provision to employes of the health insurance coverage
2 required under s. 632.895 (11).

3 **SECTION 8.** 120.13 (2) (g) of the statutes is amended to read:

4 120.13 (2) (g) Every self-insured plan under par. (b) shall comply with ss.
5 49.493 (3) (d), 631.89, 631.90, 631.93 (2), 632.87 (4) and (5), 632.895 (9) ~~and (10) to~~
6 (11), 632.896, 767.25 (4m) (d) and 767.51 (3m) (d).

7 **SECTION 9.** 185.981 (4t) of the statutes is amended to read:

8 185.981 (4t) A sickness care plan operated by a cooperative association is
9 subject to ss. 252.14, 631.89, 632.72 (2), 632.87 (2m), (3), (4) and (5), 632.895 (10) and
10 (11) and 632.897 (10) and ch. 155.

11 **SECTION 10.** 185.983 (1) (intro.) of the statutes is amended to read:

12 185.983 (1) (intro.) Every such voluntary nonprofit sickness care plan shall be
13 exempt from chs. 600 to 646, with the exception of ss. 601.04, 601.13, 601.31, 601.41,
14 601.42, 601.43, 601.44, 601.45, 611.67, 619.04, 628.34 (10), 631.89, 631.93, 632.72
15 (2), 632.775, 632.79, 632.795, 632.87 (2m), (3), (4) and (5), 632.895 (5), ~~(9) and (10)~~
16 and (9) to (11), 632.896 and 632.897 (10), subch. II of ch. 619 and chs. 609, 630, 635,
17 645 and 646, but the sponsoring association shall:

18 **SECTION 11.** 632.895 (11) of the statutes is created to read:

19 632.895 (11) PREVENTIVE PEDIATRIC HEALTH CARE SERVICES. (a) In this
20 subsection:

21 1. "Appropriate and necessary immunizations" means the administration of
22 vaccine that meets the standards approved by the U.S. public health service for such
23 biological products against at least all of the following:

24 a. Diphtheria.

25 b. Pertussis.

- 1 c. Tetanus.
- 2 d. Polio.
- 3 e. Measles.
- 4 f. Mumps.
- 5 g. Rubella.
- 6 h. Haemophilus influenza type b.
- 7 i. Hepatitis B.
- 8 j. Any other disease for which immunization is recommended by the American
- 9 Academy of Pediatrics.

10 2. "Dependent" has the meaning given in s. 635.02 (3c).

11 3. "Preventive pediatric health care services" includes appropriate and

12 necessary immunizations and such other services that are in accord with the

13 prevailing medical standards of the American Academy of Pediatrics as physical

14 examinations, developmental assessments, sensory screening, anticipatory

15 guidance, initial dental referral and appropriate laboratory tests.

16 (b) Except as provided in par. (d), every disability insurance policy, and every

17 self-insured health plan of the state or a county, city, town, village or school district,

18 that provides coverage for a dependent of the insured shall provide coverage of

19 preventive pediatric health care services, from birth to the age of 19 years, for a

20 dependent who is a child of the insured.

21 (c) The coverage required under par. (b) may not be subject to any deductibles,

22 copayments or coinsurance.

23 (d) This subsection does not apply to any of the following:

- 24 1. A disability insurance policy that covers only certain specified diseases.

