



State of Wisconsin
1999 - 2000 LEGISLATURE

LRB-0318/1
PJK:gm:jf

1999 ASSEMBLY BILL 4

January 14, 1999 - Introduced by Representatives SCHNEIDER, ZIEGELBAUER, BOYLE and BERCEAU. Referred to Committee on Health.

1 **AN ACT to amend** 40.51 (8), 185.981 (4t), 185.983 (1) (intro.) and 632.87 (1); and
2 **to create** 111.91 (2) (r), 609.71 and 632.87 (6) of the statutes; **relating to:**
3 requiring insurers to cover treatment of a condition by an acupuncturist if there
4 is coverage for treatment of the condition by a physician and prohibiting
5 collective bargaining by the state with respect to the requirement.

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 coverage requirement for the diagnosis and treatment of a condition or complaint by certain other types of health care providers, including chiropractors, dentists and optometrists, if there is coverage for the diagnosis and treatment of the condition or complaint by a physician.

The bill also provides that the coverage requirement for acupuncture services under plans provided by the state is not subject to collective bargaining by the state.

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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), 632.746 (1) to (8) and (10),
4 632.747, 632.748, 632.85, 632.853, 632.855, 632.87 (3) to ~~(5)~~ (6), 632.895 (5m) and (8)
5 to ~~(13)~~ (14) and 632.896.

6 **SECTION 2.** 111.91 (2) (r) of the statutes is created to read:

7 111.91 (2) (r) The provision to employes of the health insurance coverage
8 required under s. 632.87 (6).

9 **SECTION 3.** 185.981 (4t) of the statutes is amended to read:

10 185.981 (4t) A sickness care plan operated by a cooperative association is
11 subject to ss. 252.14, 631.89, 632.72 (2), 632.745 to 632.749, 632.85, 632.853, 632.855,
12 632.87 (2m), ~~(3), (4) and (5)~~ to (6), 632.895 (10) to (13) and 632.897 (10) and chs. 149
13 and 155.

14 **SECTION 4.** 185.983 (1) (intro.) of the statutes is amended to read:

15 185.983 (1) (intro.) Every such voluntary nonprofit sickness care plan shall be
16 exempt from chs. 600 to 646, with the exception of ss. 601.04, 601.13, 601.31, 601.41,
17 601.42, 601.43, 601.44, 601.45, 611.67, 619.04, 628.34 (10), 631.89, 631.93, 632.72
18 (2), 632.745 to 632.749, 632.775, 632.79, 632.795, 632.85, 632.853, 632.855, 632.87
19 (2m), ~~(3), (4) and (5)~~ to (6), 632.895 (5) and (9) to (13), 632.896 and 632.897 (10) and
20 chs. 609, 630, 635, 645 and 646, but the sponsoring association shall:

21 **SECTION 5.** 609.71 of the statutes is created to read:

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1 **609.71 Acupuncture coverage.** Limited service health organizations,
2 preferred provider plans and managed care plans are subject to s. 632.87 (6).

3 **SECTION 6.** 632.87 (1) of the statutes is amended to read:

4 632.87 (1) No insurer may refuse to provide or pay for benefits for health care
5 services provided by a licensed health care professional who holds a credential, as
6 defined in s. 440.01 (2) (a), on the ground that the services were not rendered by a
7 physician, as defined in s. 990.01 (28), unless the contract clearly excludes services
8 by such practitioners, but no contract or plan may exclude services in violation of sub.
9 (2), (2m), (3), (4) ~~or~~, (5) or (6).

10 **SECTION 7.** 632.87 (6) of the statutes is created to read:

11 632.87 (6) (a) No policy, plan or contract may exclude coverage for diagnosis and
12 treatment of a condition or complaint by an acupuncturist who is certified under ch.
13 451, within the scope of the acupuncturist's certificate, if the policy, plan or contract
14 covers diagnosis and treatment of the condition or complaint by a licensed physician
15 or osteopath, even if different nomenclature is used to describe the condition or
16 complaint. This paragraph does not:

17 1. Prohibit the application of deductibles or coinsurance provisions to
18 acupuncturist and physician charges on an equal basis.

19 2. Prohibit the application of cost containment or quality assurance measures
20 to acupuncturist and physician services in a like manner, consistent with this
21 section.

22 (b) No insurer may require an examination by or a referral from a physician
23 as a condition precedent for the receipt of an acupuncturist's services under par. (a).

24 **SECTION 8. Initial applicability.**

25 (1) This act first applies to all of the following.

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SECTION 8

1 (a) Except as provided in paragraph (b), policies, plans and contracts that are
2 issued or renewed on the effective date of this paragraph.

3 (b) Policies, plans and contracts covering employes who are affected by a
4 collective bargaining agreement containing provisions inconsistent with this act
5 that are issued or renewed on the earlier of the following:

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

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

9 **SECTION 9. Effective date.**

10 (1) This act takes effect on the first day of the 6th month beginning after
11 publication.

12 (END)