



1999 ASSEMBLY BILL 812

February 29, 2000 – Introduced by Representatives J. LEHMAN, BOCK, POCAN, RYBA, YOUNG, MILLER, BERCEAU, WASSERMAN and WAUKAU. Referred to Committee on Health.

1 **AN ACT to amend** 40.51 (8), 40.51 (8m), 60.23 (25), 66.184, 111.91 (2) (n), 120.13
2 (2) (g), 185.981 (4t) and 185.983 (1) (intro.); and **to create** 609.86 and 632.895
3 (14) of the statutes; **relating to:** health insurance coverage of hearing testing
4 and hearing aids.

Analysis by the Legislative Reference Bureau

Current law requires health insurance policies, called disability insurance policies in the statutes, and self-insured health plans of the state and municipalities to provide coverage of various health care services and medical procedures, including mammograms, breast reconstruction incident to mastectomy, lead poisoning screening and treatment for the correction of temporomandibular disorders. This bill requires a health insurance policy or a self-insured health plan of the state or of a county, city, village or school district to provide coverage of the cost of hearing tests performed by certain persons, including audiologists and physicians, and of the cost, up to \$1,000, of hearing aids for an insured who is certified as hearing impaired by a physician or an audiologist. The cost of fitting the hearing aids and hearing testing for the purpose of fitting the hearing aids must also be covered if performed by certain persons, including physicians, hearing instrument specialists and audiologists. With some exceptions, the coverage requirement applies to all types of health care policies and plans, including managed care plans and plans of cooperative sickness care associations, and to both individual and group policies and plans. The requirement specifically does not apply to policies that cover only certain specified diseases or to limited service health organizations.

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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), 632.895 (5m) and (8) to
5 ~~(13)~~ (14) and 632.896.

6 **SECTION 2.** 40.51 (8m) of the statutes is amended to read:

7 40.51 **(8m)** Every health care coverage plan offered by the group insurance
8 board under sub. (7) shall comply with ss. 632.746 (1) to (8) and (10), 632.747,
9 632.748, 632.85, 632.853, 632.855 and 632.895 (11) to ~~(13)~~ (14).

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

11 60.23 **(25)** SELF-INSURED HEALTH PLANS. Provide health care benefits to its
12 officers and employes on a self-insured basis if the self-insured plan complies with
13 ss. 631.89, 631.90, 631.93 (2), 632.746 (10) (a) 2. and (b) 2., 632.747 (3), 632.85,
14 632.853, 632.855, 632.87 (4) and (5), 632.895 (9) and (11) to ~~(13)~~ (14) and 632.896.

15 **SECTION 4.** 66.184 of the statutes, as affected by 1999 Wisconsin Act 9, is
16 amended to read:

17 **66.184 Self-insured health plans.** If a city, including a 1st class city, or a
18 village provides health care benefits under its home rule power, or if a town provides
19 health care benefits, to its officers and employes on a self-insured basis, the
20 self-insured plan shall comply with ss. 49.493 (3) (d), 631.89, 631.90, 631.93 (2),

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1 632.746 (10) (a) 2. and (b) 2., 632.747 (3), 632.85, 632.853, 632.855, 632.87 (4) and (5),
2 632.895 (9) to ~~(13)~~ (14), 632.896 and 767.25 (4m) (d).

3 **SECTION 5.** 111.91 (2) (n) of the statutes is amended to read:

4 111.91 **(2)** (n) The provision to employes of the health insurance coverage
5 required under s. 632.895 (11) to ~~(13)~~ (14).

6 **SECTION 6.** 120.13 (2) (g) of the statutes, as affected by 1999 Wisconsin Act 9,
7 is amended to read:

8 120.13 **(2)** (g) Every self-insured plan under par. (b) shall comply with ss.
9 49.493 (3) (d), 631.89, 631.90, 631.93 (2), 632.746 (10) (a) 2. and (b) 2., 632.747 (3),
10 632.85, 632.853, 632.855, 632.87 (4) and (5), 632.895 (9) to ~~(13)~~ (14), 632.896 and
11 767.25 (4m) (d).

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

13 185.981 **(4t)** A sickness care plan operated by a cooperative association is
14 subject to ss. 252.14, 631.89, 632.72 (2), 632.745 to 632.749, 632.85, 632.853, 632.855,
15 632.87 (2m), (3), (4) and (5), 632.895 (10) to ~~(13)~~ (14) and 632.897 (10) and chs. 149
16 and 155.

17 **SECTION 8.** 185.983 (1) (intro.) of the statutes is amended to read:

18 185.983 **(1)** (intro.) Every such voluntary nonprofit sickness care plan shall be
19 exempt from chs. 600 to 646, with the exception of ss. 601.04, 601.13, 601.31, 601.41,
20 601.42, 601.43, 601.44, 601.45, 611.67, 619.04, 628.34 (10), 631.89, 631.93, 632.72
21 (2), 632.745 to 632.749, 632.775, 632.79, 632.795, 632.85, 632.853, 632.855, 632.87
22 (2m), (3), (4) and (5), 632.895 (5) and (9) to ~~(13)~~ (14), 632.896 and 632.897 (10) and
23 chs. 609, 630, 635, 645 and 646, but the sponsoring association shall:

24 **SECTION 9.** 609.86 of the statutes is created to read:

ASSEMBLY BILL 812**SECTION 9**

1 **609.86 Coverage of hearing testing and hearing aids.** Managed care
2 plans are subject to s. 632.895 (14).

3 **SECTION 10.** 632.895 (14) of the statutes is created to read:

4 **632.895 (14) HEARING TESTING AND HEARING AIDS.** (a) In this subsection:

5 1. “Hearing aid” has the meaning given in s. 459.01 (2).

6 2. “Physician” has the meaning given in s. 448.01 (5).

7 (b) Except as provided in par. (c), every disability insurance policy, and every
8 self-insured health plan of the state or a county, city, village, town or school district,
9 shall provide coverage of all of the following:

10 1. The cost of hearing testing performed, for the purpose of determining
11 whether an insured under the policy or plan is hearing impaired, by a person exempt
12 under s. 459.14 (2) from the requirements of subch. I of ch. 459, an audiologist
13 licensed under subch. II of ch. 459 or a physician.

14 2. The cost, up to \$1,000, of hearing aids for an insured under the policy or plan
15 who is certified as hearing impaired by an audiologist licensed under subch. II of ch.
16 459 or a physician.

17 3. The cost of hearing testing performed by a person exempt under s. 459.14 (2)
18 from the requirements of subch. I of ch. 459, a hearing instrument specialist licensed
19 under subch. I of ch. 459, an audiologist licensed under subch. II of ch. 459 or a
20 physician for the purpose of fitting the hearing aids under subd. 2., or performed by
21 a hearing instrument specialist licensed under subch. I of ch. 459, an audiologist
22 licensed under subch. II of ch. 459 or a physician for the purpose of selling the hearing
23 aids under subd. 2.

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1 4. The cost of fitting the hearing aids under subd. 2. by a hearing instrument
2 specialist licensed under subch. I of ch. 459, an audiologist licensed under subch. II
3 of ch. 459 or a physician.

4 (c) The coverage requirement under par. (b) does not apply to any of the
5 following:

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

7 2. A health care plan that is offered by a limited service health organization,
8 as defined in s. 609.01 (3).

9 3. A health care plan that is offered by a preferred provider plan, as defined in
10 s. 609.01 (4), and that is not a managed care plan, as defined in s. 609.01 (3c).

11 **SECTION 11. Initial applicability.**

12 (1) This act first applies to all of the following:

13 (a) Except as provided in paragraphs (b) and (c), disability insurance policies
14 that are issued or renewed, and self-insured health plans that are established,
15 extended, modified or renewed, on the effective date of this paragraph.

16 (b) Disability insurance policies covering employes who are affected by a
17 collective bargaining agreement containing provisions inconsistent with this act
18 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 (c) Self-insured health plans covering employes who are affected by a collective
23 bargaining agreement containing provisions inconsistent with this act that are
24 established, extended, modified or renewed on the earlier of the following:

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

