State of Misconsin



1997 Assembly Bill 100

Date of enactment: October 11, 1997 Date of publication*: October 13, 1997

1997 WISCONSIN ACT 27

(Vetoed in Part)

AN ACT relating to: state finances and appropriations, constituting the executive budget act of the 1997 legislature, and making appropriations.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

SECTION 1am. 5.01 (4) (a) of the statutes is amended to read:

5.01 (4) (a) If 2 or more candidates for the same office receive the greatest, but <u>an</u> equal number of votes, the winner shall be chosen by lot in the presence of the board of canvassers charged with the responsibility to determine the election, except as provided in s. 8.17 (4) (b), or in the case of an election for state or national office or municipal judge, if the judge is elected under s. 755.01 (4), or metropolitan sewerage commissioner, if the commissioner is elected under s. 66.23 (11) (am), in the presence of the chairperson of the board.

SECTION Iami. 5.085 of the statutes is repealed.

SECTION Iamt. 6.95 of the statutes is amended to read:

6.95 Voting procedure for challenged electors. Whenever the inspectors under ss. 6.92 to 6.94 receive the vote of a person offering to vote who has been challenged, they shall give the elector a ballot. Before depositing the ballot, the inspectors shall write on the back of the ballot the serial number of the challenged person corresponding to the number kept at the election on the registration or poll list, or other list maintained under s. 6.79. If voting machines are used in the municipality where the

person is voting, the person's vote may be received only upon an absentee ballot furnished by the municipal clerk which shall have the corresponding serial number from the registration or poll list or other list maintained under s. 6.79 written on the back of the ballot before the ballot is deposited. The inspectors shall indicate on the list the reason for the challenge. The challenged ballots shall be counted under s. 5.85 or 7.51. The municipal board of canvassers may decide any challenge when making its canvass under s. 7.53. If the returns are reported under s. 7.60, a challenge may be reviewed by the county board of canvassers. If the returns are reported under s. 7.70, a challenge may be reviewed by the chairperson of the board of state canvassers. The decision of the any board of canvassers or of the chairperson may be appealed under s. 9.01. The standard for disqualification specified in s. 6.325 shall be used to determine the validity of challenged ballots.

SECTION 1m. 7.08 (3) (a) of the statutes is amended to read:

7.08 (3) (a) Be compiled by the board, with the advice of the elections advisory council.

SECTION 1n. 7.70 (3) (a) of the statutes is amended to read:

7.70 (3) (a) The <u>chairperson of the</u> board of state can- vassers shall meet publicly <u>canvass the returns and make</u>

^{*} Section 991.11, WISCONSIN STATUTES 1995-96: Effective date of acts. "Every act and every portion of an act enacted by the legislature over the governor's partial veto which does not expressly prescribe the time when it takes effect shall take effect on the day after its date of publication as designated" by the secretary of state [the date of publication may not be more than 10 working days after the date of enactment].

f. On or accompanying all written materials distributed by or on behalf of the association, including applications, guidelines, promotional or informational materials and periodic publications, the association provides the following written disclaimer:

ATTENTION

This publication is not issued by an insurance company, nor is it offered through an insurance company. This publication does not guarantee or promise that your medical bills will be published or assigned to others for payment. Whether anyone chooses to pay your medical bills is entirely voluntary. This publication should never be considered a substitute for an insurance policy. Whether or not you receive any payments for medical expenses, and whether or not this publication continues to operate, you are responsible for the payment of your own medical bills

g. No payments between subscribers described in subd. 9. c. are made through the association.

SECTION 4794m. 600.01 (2) (b) of the statutes, as affected by 1995 Wisconsin Act 289, is amended to read:

600.01 (2) (b) Group or blanket insurance described in sub. (1) (b) 3. and 4. is not exempt from-s₋ ss. 632.745₅ 632.747 or to 632.749 or ch. 633 or 635.

SECTION 4795. 601.41 (1) of the statutes is amended to read:

601.41 (1) DUTIES. The commissioner shall administer and enforce chs. 153 and 600 to 655 and ss. 59.52 (11) (c), 66.184 and 120.13 (2) (b) to (g) and shall act as promptly as possible under the circumstances on all matters placed before the commissioner.

SECTION 4796. 601.41 (1) of the statutes, as affected by 1997 Wisconsin Act (this act), is amended to read:

601.41 (1) DUTIES. The commissioner shall administer and enforce chs. 600 to 655 and ss. 59.52 (11) (c), 66.184 and, 120.13 (2) (b) to (g), 149.13 and 149.144 and shall act as promptly as possible under the circumstances on all matters placed before the commissioner.

SECTION 4796m. 601.415 (4) of the statutes is repealed.

SECTION 4797. 601.415 (12) of the statutes is created to read:

601.415 (12) HEALTH INSURANCE RISK-SHARING PLAN. The commissioner shall perform the duties specified to be performed by the commissioner in ss. 149.13 and 149.144. The commissioner, or his or her designee, shall serve as a member of the board under s. 149.15.

SECTION 4798. 601.429 of the statutes is repealed. SECTION 4801. 601.64 (1) of the statutes is amended to read:

601.64 (1) INJUNCTIONS AND RESTRAINING ORDERS. The commissioner may commence an action in circuit court in the name of the state to restrain by temporary or permanent injunction or by temporary restraining order any violation of chs. 600 to 655, s. 149.13 or 149.144, any rule promulgated under chs. 600 to 655 or any order is-

sued under s. 601.41 (4). Except as provided in s. 641.20, the commissioner need not show irreparable harm or lack of an adequate remedy at law in an action commenced under this subsection.

SECTION 4802. 601.64 (3) (a) of the statutes is amended to read:

601.64 (3) (a) Restitutionary forfeiture. Whoever violates an effective order issued under s. 601.41 (4) of any insurance statute or rule or s. 149.13 or 149.144 shall forfeit to the state twice the amount of any profit gained from the violation, in addition to any other forfeiture or penalty imposed.

SECTION 4803. 601.64 (3) (c) of the statutes is amended to read:

601.64 (3) (c) Forfeiture for violation of statute or rule. Whoever violates an insurance statute or rule or s. 149.13 or 149.144, intentionally aids a person in violating an insurance statute or rule or s. 149.13 or 149.144 or knowingly permits a person over whom he or she has authority to violate an insurance statute or rule or s. 149.13 or 149.144 shall forfeit to the state not more than \$1,000 for each violation. If the statute or rule imposes a duty to make a report to the commissioner, each week of delay in complying with the duty is a new violation.

SECTION 4804. 601.64 (4) of the statutes is amended to read:

601.64 (4) CRIMINAL PENALTY. Whoever intentionally violates or intentionally permits any person over whom he or she has authority to violate or intentionally aids any person in violating any insurance statute or rule of this state, s. 149.13 or 149.144 or any effective order issued under s. 601.41 (4) may, unless a specific penalty is provided elsewhere in the statutes, be fined not more than \$10,000 if a corporation or if a natural person be fined not more than \$5,000 or imprisoned for not to exceed 3 years or both. Intent has the meaning expressed under s. 939.23.

SECTION 4804b. 609.77 of the statutes is created to read:

609.77 Coverage of breast reconstruction. Health maintenance organizations, limited service health organizations and preferred provider plans are subject to s. 632.895 (13).

SECTION 4804c. 609.78 of the statutes is created to read:

609.78 Coverage of treatment for the correction of temporomandibular disorders. Health maintenance organizations, limited service health organizations and preferred provider plans are subject to s. 632.895 (11).

SECTION 4804e. 609.79 of the statutes is created to read:

609.79 Coverage of hospital and ambulatory surgery center charges and anesthetics for dental care. Health maintenance organizations, limited service health organizations and preferred provider plans are subject to s. 632.895 (12).

- (b) 1. The coverage required under this subsection for nonsurgical treatment includes coverage for prescribed intraoral splint therapy devices.
- 2. The coverage required under this subsection does not include coverage for cosmetic or elective orthodontic care, periodontic care or general dental care.
- (c) The coverage required under this subsection may be subject to any limitations, exclusions or cost—sharing provisions that apply generally under the disability insurance policy or self—insured health plan.

- SECTION 4930u. 632.895 (12) of the statutes is created to read:

632.895 (12) HOSPITAL AND AMBULATORY SURGERY CENTER CHARGES AND ANESTHETICS FOR DENTAL CARE. (a) In this subsection, "ambulatory surgery center" has the meaning given in s. 49.45 (6r) (a) 1.

- (b) Every disability insurance policy, and every self—insured health plan of the state or a county, city, village, town or school district, shall cover hospital or ambulatory surgery center charges incurred, and anesthetics provided, in conjunction with dental care that is provided to a covered individual in a hospital or ambulatory surgery center, if any of the following applies:
 - 1. The individual is a child under the age of 5.
- 2. The individual has a chronic disability that meets all of the conditions under s. 230.04 (9r) (a) 2. a., b. and c.
- The individual has a medical condition that requires hospitalization or general anesthesia for dental care.
- (c) The coverage required under this subsection may be subject to any limitations, exclusions or cost—sharing provisions that apply generally under the disability insurance policy or self–insured plan.

SECTION 4930v. 632.895 (13) of the statutes is created to read:

632.895 (13) BREAST RECONSTRUCTION. (a) Every disability insurance policy, and every self—insured health plan of the state or a county, city, village, town or school district, that provides coverage of the surgical procedure known as a mastectomy shall provide coverage of breast reconstruction of the affected tissue incident to a mastectomy.

(b) The coverage required under par. (a) may be subject to any limitations, exclusions or cost–sharing provisions that apply generally under the disability insurance policy or self–insured health plan.

SECTION 4931m. 632.896 (4) of the statutes, as affected by 1995 Wisconsin Act 289, is amended to read:

632.896 (4) PREEXISTING CONDITIONS. Notwithstanding ss. 632.745 (2) 632.746 and 632.76 (2) (a), a disability insurance policy that is subject to sub. (2) and that is in effect when a court makes a final order granting adoption or when the child is placed for adoption may not exclude or limit coverage of a disease or physical condition of the child on the ground that the disease or physical

condition existed before coverage is required to begin under sub. (3).

SECTION 4932. 632.897 (10) (am) 2. of the statutes is amended to read:

632.897 (10) (am) 2. Provide family coverage under the group policy or individual policy for the individual's child, if eligible for coverage, upon application by the individual, the child's other parent, the department of health and family services workforce development or the county designee child support agency under s. 59.53 (5).

SECTION 4932bm. 632.898 (1), (2), (3), (4), (5) and (6) of the statutes are repealed.

SECTION **4932br.** 632.898 (7) of the statutes is renumbered 632.899 and amended to read:

632.899 (title) Medical savings accounts study. If the federal government enacts legislation providing for a federal income tax exemption for amounts deposited in an a medical savings account established under this section and for any interest, dividends or other gain that accrues in the account if redeposited in the account, the commissioner shall conduct a study, to be completed within 4 years after the enactment of the federal legislation, of individuals and groups that had coverage under a high cost-share health plan, as defined in s. 632.898 (1) (c), 1995 stats., and that terminated that coverage in order to enroll in a health benefit plan that was not a high costshare health plan. If as a result of the study the commissioner determines that s. 632.745 (1) (f) 2. is not necessary for the purpose for which it was intended, the commissioner shall certify that determination to the revisor of statutes. Upon the certification, the revisor of statutes shall publish notice in the Wisconsin administrative register of the determination, the date of the certification and that after 30 days after the date of the certification s. 632.745 (1) (f) 2. is not effective, as defined in s. 632.898 (1) (c), 1995 stats. The commissioner shall submit a report of all findings, conclusions and recommendations to the appropriate standing committees in the manner provided under section 13.172 (3) of the statutes.

SECTION 4932d. Subchapter I (title) of chapter 635 [precedes 635.01] of the statutes is repealed.

SECTION 4932f. 635.01 of the statutes is amended to read:

635.01 Scope. This subchapter chapter applies to all group health insurance plans, policies or certificates, written on risks or operations in this state, providing coverage for employes of a small employer, or employes of a small employer and to individual health insurance policies, written on risks or operations in this state, providing coverage for employes of a small employer, or employes of a small employer and the employer when 3 or more are sold to or through a small employer.

SECTION 4932h. 635.02 (intro.) of the statutes is amended to read: