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 $\begin{array}{c} LRB\text{--}5428/1 \\ TJD\text{:}kjf \end{array}$

2021 ASSEMBLY BILL 803

January 4, 2022 - Introduced by Representatives Vining, Stubbs, Andraca, Bowen, Brostoff, Cabrera, Conley, Considine, Hebl, Hesselbein, Neubauer, Moore Omokunde, Ohnstad, Pope, Shankland, Shelton, Sinicki, Snodgrass, Spreitzer and Subeck, cosponsored by Senators Roys, Johnson, Agard, Carpenter, Larson, Ringhand, Smith and L. Taylor. Referred to Committee on Health.

AN ACT to create 632.895 (14m) of the statutes; relating to: coverage of maternity and newborn care and requiring the exercise of rule-making authority.

Analysis by the Legislative Reference Bureau

This bill requires certain health insurance policies, known in the bill as disability insurance policies, and governmental self-insured health plans to cover the essential health benefit of maternity and newborn care, as specified by the commissioner of insurance by rule. The bill specifies a list of requirements that the commissioner must follow when establishing the maternity and newborn care benefit, including certain limitations on cost sharing. If the maternity or newborn care benefit specified by the commissioner is also subject to its own mandated coverage requirement under current law, the bill requires the disability insurance policy or self-insured health plan to provide coverage under whichever requirement provides the insured or plan participant with more comprehensive coverage.

This proposal may contain a health insurance mandate requiring a social and financial impact report under s. 601.423, stats.

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

Section 1. 632.895 (14m) of the statutes is created to read:

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SECTION	1

- 632.895 (14m) Maternity and newborn care; essential health benefit. (a) In this subsection, "self-insured health plan" has the meaning given in s. 632.85 (1) (c).
- (b) On a date specified by the commissioner, by rule, every disability insurance policy, except as provided in par. (g), and every self-insured health plan shall provide coverage for the essential health benefit of maternity and newborn care, including benefits, items, and services, as determined by the commissioner, by rule, subject to par. (c).
- (c) In determining the scope of maternity and newborn care benefits for which coverage is required under par. (b), the commissioner shall do all of the following:
- 1. Conduct a survey of employer-sponsored coverage to determine maternity and newborn care benefits typically covered by employers and ensure that the scope of benefits for which coverage is required under this subsection is equal to the scope of benefits covered under a typical disability insurance policy offered by an employer to its employees.
- 2. Ensure that the maternity and newborn care benefit is provided with no or limited cost-sharing requirements.
- 3. Require that disability insurance policies and self-insured health plans do not, with regards to maternity and newborn care coverage required under par. (b), make coverage decisions, determine reimbursement rates, establish incentive programs, or design benefits in ways that discriminate against individuals because of their disability or expected length of life.
- (d) The commissioner shall periodically update, by rule, the maternity and newborn care benefits under this subsection to address any gaps in access to coverage.

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- (e) If the maternity or newborn care benefit is also subject to mandated coverage elsewhere under this section and the coverage requirements are not identical, the disability insurance policy or self-insured health plan shall provide coverage under whichever subsection provides the insured or plan participant with more comprehensive coverage of the benefit, item, or service.
- (f) Nothing in this subsection or rules promulgated under this subsection prohibits a disability insurance policy or a self-insured health plan from providing benefits in excess of the essential health benefit coverage required under this subsection.
- (g) This subsection does not apply to any disability insurance policy that is described in s. 632.745 (11) (b) 1. to 12.

12 (END)