

**SUMMARY TABLE-- WISCONSIN**

**PROPOSED LANGUAGE**

Covered Services: To the extent permitted by federal law, any health benefit plan issued, renewed, extended, or modified for delivery in this state, must include at a minimum, immunizations as a covered benefit for all beneficiaries and their dependents, regardless of age according to the most recent schedules recommended by the Advisory Committee on Immunization Practices of the U.S. Department of Health and Human Services.

Cost Sharing Provisions: (A) Health Benefit plans will pay 100% of the charges for the ACIP-Recommended immunizations. For purposes of this paragraph, charges include the cost of the biological product and any costs associated with the administration of such product.(B) Health Benefit Plans subject to this act must explicitly provide these services and these services shall not be subject to any co-payment, coinsurance, deductible, or dollar limit provisions in the health benefit plan.

Network Provisions: (1) Health Benefit plans will cover all ACIP-Recommended immunizations regardless of whether the immunization is obtained in or out of the plan’s network.

ELEMENT	PROPOSED LANGUAGE	ACTUAL LANGUAGE
<b>(1) COVERED ENTITIES</b>	To the extent permitted by federal law, any health benefit plan issued, renewed, extended, or modified for delivery in this state, must include at a minimum, immunizations as a covered benefit for all beneficiaries and their dependents,	<u>632.895 Mandatory coverage . . .</u> (b) Except as provided in par. (d), every disability insurance policy, and every self-insured health plan of the state or a county, city, town, village or school district, that provides coverage for a dependent of the insured shall provide coverage of appropriate and necessary immunizations, from birth to the age of 6 years, for a dependent who is a child of the insured. <u>609.88 Coverage of immunizations</u> Defined network plans are subject to s. 632.895.
<b>(2) COVERED AGE GROUPS</b>	...regardless of age...	<u>632.895 Mandatory coverage . . .</u> (b) Except as provided in par. (d), every disability insurance policy, and every self-insured health plan of the state or a county, city, town, village or school district, that provides coverage for a dependent of the insured shall provide coverage of appropriate and necessary immunizations, from birth to the age of 6 years, for a dependent who is a child of the insured.
<b>(3) FOLLOWS ACIP RECOMMENDATIONS</b>	...according to the most recent schedules recommended by the Advisory Committee on Immunization Practices of the U.S. Department of Health and Human Services.	<u>632.895 Mandatory coverage . . .</u> (14) COVERAGE OF IMMUNIZATIONS. (a) In this subsection: 1. “Appropriate and necessary immunizations” means the administration of vaccine that meets the standards approved by the U.S. public health services for such biological products against at least all of the following: a. Diphtheria. b. Pertussis. c. Tetanus. d. Polio. e. Measles. f. Mumps. g. Rubella. h. Hemophilus influexna B. i. Hepatitis B. j. Varicella.
<b>(4) NETWORKS &amp; PRICING</b>	Health Benefit plans will cover all ACIP-Recommended immunizations regardless of whether the immunization is obtained in or out of the plan’s network.	No state addresses this element.
<b>(5) COPAYMENTS</b>	(A) Health Benefit plans will pay 100% of the charges for the ACIP-Recommended immunizations. For purposes of this paragraph, charges include the cost of the biological product and any costs associated with the administration of such product. (B) Health Benefit Plans subject to this act must explicitly provide these services and these services shall not be subject to any co-payment, coinsurance, deductible, or dollar limit provisions in the health benefit plan.	<u>632.895 Mandatory Coverage . . .</u> (c) The coverage required under par. (b) may not be subject to any deductibles, copayments, or coinsurance under the policy or plan. This paragraph applies to a defined network plan, as defined in s. 609.01 (1b), only with respect to appropriate and necessary immunizations provided by providers participating, as defined in s. 609.01 (3m), in the plan. (d) This subsection does not apply to any of the following: 1. A disability insurance policy that covers only certain specified diseases. 2. A disability insurance policy that covers only hospital and surgical charges.
<b>(6) DEDUCTIBLES</b>	Same as above	Same as above

**WISCONSIN - Elements of a Comprehensive Immunization Coverage Insurance Statute**

**ELEMENT 1: THE COVERAGE IS MANDATED UNDER STATE HEALTH INSURANCE LAWS; COVERED ENTITIES**

**CURRENT LANGUAGE:**

632.895 Mandatory coverage . . .

(b) Except as provided in par. (d), every disability insurance policy, and every self-insured health plan of the state or a county, city, town, village or school district, that provides coverage for a dependent of the insured shall provide coverage of appropriate and necessary immunizations, from birth to the age of 6 years, for a dependent who is a child of the insured.

609.88 Coverage of immunizations

Defined network plans are subject to s. 632.895.

**LIMITATIONS OF CURRENT LANGUAGE:** Wisconsin’s insurance mandate only addresses immunization coverage for children from birth through age 6. Adult immunizations are not discussed in the statute.

**PROPOSED LANGUAGE:**

**To the extent permitted by federal law, any health benefit plan issued, renewed, extended, or modified for delivery in this state, must include at a minimum, immunizations as a covered benefit for all beneficiaries and their dependents,** regardless of age according to the most recent schedules recommended by the Advisory Committee on Immunization Practices of the U.S. Department of Health and Human Services.

**JUSTIFICATION FOR PROPOSED LANGUAGE:** It is important not to leave the interpretation of immunization coverage to the discretion of the insurer. Mandatory coverage signals that the state considers immunization coverage as a fundamental component of good quality health care.

Alternate 1: Arkansas	(d) Applicability. (1) Every accident and health insurer, hospital or medical service corporation, health maintenance organization, fraternal benefit society, and self-insured plan transacting accident and health insurance or providing accident and health coverage in this state which delivers, issues for delivery in this state, or renews, extends, or modifies accident and health policies, contracts, certificates, and plans providing hospital and medical coverage on an expense incurred, services, or prepaid basis, which provide coverage for a family member of the insured person, shall provide to the contract holder for periodic preventative care visits for covered persons.
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Alternate 2: North Carolina	58-3-167. Applicability of acts of the General Assembly to health benefits plans. . . (1) “health benefits plan” means an accident and health insurance policy or certificate; a nonprofit hospital or medical service corporation contract; a health maintenance organization subscriber contract; a plan provided by a multiple employer welfare arrangement, or a plan provided by another benefit arrangement, to the extent permitted by the Employer Retirement Income Security Act of 1974, as amended, or by any waiver of or other exception to that act provided under federal law or regulation.
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Alternate 3: Wisconsin	632.895 Mandatory coverage. . . (b) Except as provided in par. (d), every disability insurance policy, and every self-insured health plan of the state or a county, city, town, village or school district, that provides coverage for a dependent of the insured shall provide coverage of appropriate and necessary immunizations, from birth to the age of 6 years, for a dependent who is a child of the insured.
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SOURCE: GWU/SPHHS/CHSRP, Model Immunization Statute Project, Spring 2004

**WISCONSIN - Elements of a Comprehensive Immunization Coverage Insurance Statute**

**ELEMENT 2: THE COVERAGE APPLIES TO ALL AGE GROUPS**

**CURRENT LANGUAGE:**

632.895 Mandatory coverage . . .

(b) Except as provided in par. (d), every disability insurance policy, and every self-insured health plan of the state or a county, city, town, village or school district, that provides coverage for a dependent of the insured shall provide coverage of appropriate and necessary immunizations, from birth to the age of 6 years, for a dependent who is a child of the insured.

**LIMITATIONS OF CURRENT LANGUAGE:** Wisconsin’s insurance mandate only addresses immunization coverage for children from birth through age 6. Adult immunizations are not discussed in the statute.

**PROPOSED LANGUAGE:**

To the extent permitted by federal law, any health benefit plan issued, renewed, extended, or modified for delivery in this state, must include at a minimum, immunizations as a covered benefit **for all beneficiaries and their dependents, regardless of age** according to the most recent schedules recommended by the Advisory Committee on Immunization Practices of the U.S. Department of Health and Human Services.

**JUSTIFICATION FOR PROPOSED LANGUAGE:** The broadest possible language is required. All individuals regardless of age need immunizations as an integral component of primary preventative health care.

Alternate 1: Florida	627.6416. Coverage for child health supervision services (1) All health insurance policies providing coverage on an expense-incurred basis which provide coverage for a member of a family of the insured or subscriber must, as to such family member’s coverage, also provide that the health insurance benefits applicable for children include coverage for child health supervision services from the moment of birth to age 16 years. . . . (2) . . . (a) Child health supervision services must include . . . appropriate immunizations.
Alternate 2: Minnesota	62A.047 Children's health supervision services and prenatal care services A policy of individual or group health and accident insurance regulated under this chapter, or individual or group subscriber contract regulated under chapter 62C, health maintenance contract regulated under chapter 62D, or health benefit certificate . . . must provide coverage for child health supervision services and prenatal care services. . . . "Child health supervision services" means . . . appropriate immunizations . . . appropriate to the age of a child from birth to age six, and appropriate immunizations from ages six to 18.
Alternate 3: New Jersey	17:48-6m. Hospital service corporation contracts, child screening, blood lead and hearing loss; immunizations No hospital service corporation contract providing hospital or medical expense benefits for groups with greater than 50 persons shall be delivered, issued, executed or renewed in this State, or approved for issuance or renewal in this State by the Commissioner of Banking and Insurance on or after the effective date of this act, unless the contract provides benefits to any named subscriber or other person covered thereunder for expenses incurred in the following . . . b. All childhood immunizations.
Alternate 4: New Mexico	§ 59A-22-34.3 Childhood immunization coverage required A. Each individual and group health insurance policy, health care plan and certificate of health insurance delivered or issued for delivery in this state shall provide coverage for childhood immunizations.

SOURCE: GWU/SPHHS/CHSRP, Model Immunization Statute Project, Spring 2004

**WISCONSIN - Elements of a Comprehensive Immunization Coverage Insurance Statute**

**ELEMENT 3: THE COVERAGE FOLLOWS GUIDELINES SET FORTH BY ACIP**

**CURRENT LANGUAGE:**

632.895 Mandatory coverage . . .

(14) COVERAGE OF IMMUNIZATIONS. (a) In this subsection: 1. “Appropriate and necessary immunizations” means the administration of vaccine that meets the standards approved by the U.S. public health services for such biological products against at least all of the following: a. Diphtheria. b. Pertussis. c. Tetanus. d. Polio. e. Measles. f. Mumps. g. Rubella. h. Hemophilus influexna B. i. Hepatitis B. j. Varicella.

**LIMITATIONS OF CURRENT LANGUAGE:** ACIP recommended immunizations are not used as a standard, although Wisconsin does refer to the U.S. Public Health Service.

**PROPOSED LANGUAGE:**

To the extent permitted by federal law, any health benefit plan issued, renewed, extended, or modified for delivery in this state, must include at a minimum, immunizations as a covered benefit for all beneficiaries and their dependents, regardless of age **according to the most recent schedules recommended by the Advisory Committee on Immunization Practices of the U.S. Department of Health and Human Services.**

**JUSTIFICATION FOR PROPOSED LANGUAGE:** The ACIP is the official advisory board whose charge is to provide the federal government with advice on immunization practice, and is widely accepted as the premier standard-setting organization for immunizations. The ACIP issues formal coverage recommendations as vaccine technology evolves, and vaccine-preventable threats arise, thus providing the most up-to-date information available.

Alternate 1: Hawaii	431: 10A-206.5. Coverage for child health supervision services (b) Child health supervision services shall include. . . immunizations. . . in keeping with prevailing medical standards. For purposes of this subsection, the term “prevailing medical standards” means the recommendations of the Immunizations Practices Advisory Committee of the US Department of Health and Human Services and the American Academy of Pediatrics; provided that in the event that the recommendations of the committee and the academy differ, the department of health shall determine which recommendations apply.
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Alternate 2: Montana	33-22-303 Coverage for well-child care. (2) Coverage for well-child care under subsection (1) must include. . . (b) routine immunizations according to the schedule for immunizations recommended by the immunizations practices advisory committee of the US department of Health and Human Services.
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Alternate 3: Nebraska	44-784. Coverage for childhood immunizations; requirements For purposes of this section, childhood immunizations shall mean the complete set of vaccinations for children from birth to six years of ages for immunizations against measles, mumps, rubella, poliomyelitis, diphtheria, pertussis, tetanus, and haemophilus influenza type B.
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Alternate 4: Wisconsin	632.895 Mandatory coverage . . . (14) COVERAGE OF IMMUNIZATIONS. (a) in this subsection: 1. “Appropriate and necessary immunizations” means the administration of vaccine that meets the standards approved by the U.S. public health services for such biological products against <i>at least</i> [emphasis added] all of the following: a. Diphtheria; b. Pertussis; c. Tetanus; d. Polio; e. Measles; f. Mumps; g. Rubella; h. Hemophilus influenza B; i. Hepatitis B; j Varicella.
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SOURCE: GWU/SPHHS/CHSRP, Model Immunization Statute Project, Spring 2004

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**ELEMENT 4: THE STATE INSURANCE MANDATE ADDRESSES NETWORKS AND/OR PRICING**

**CURRENT LANGUAGE:** The statute does not address this element.

**LIMITATIONS OF CURRENT LANGUAGE:** The statute should contain information addressing networks and pricing.

**PROPOSED LANGUAGE:**

**Health Benefit plans will cover all ACIP-Recommended immunizations regardless of whether the immunization was obtained in or out of the plan's network.**

**JUSTIFICATION FOR PROPOSED LANGUAGE:** It is important to preserve immunization coverage whether the enrollee obtains immunizations from a provider affiliated with the insurer or not. This element is necessary because some insurers associate with particular providers and require their enrollees to use only those providers or face higher cost-sharing and/or the forfeiture of coverage.

Alternate 1: No state statutes mention Networks and/or pricing.

Alternate 2:

Alternate 3:

SOURCE: GWU/SPHHS/CHSRP, Model Immunization Statute Project, Spring 2004

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**ELEMENT 5: THERE IS NO CO-PAYMENT REQUIRED FOR IMMUNIZATIONS**

**CURRENT LANGUAGE:**

632.895 Mandatory Coverage . . .

(c) The coverage required under par. (b) may not be subject to any deductibles, copayments, or coinsurance under the policy or plan. This paragraph applies to a defined network plan, as defined in s. 609.01 (1b), only with respect to appropriate and necessary immunizations provided by providers participating, as defined in s. 609.01 (3m), in the plan. (d) This subsection does not apply to any of the following: 1. A disability insurance policy that covers only certain specified diseases. 2. A disability insurance policy that covers only hospital and surgical charges.

**LIMITATIONS OF CURRENT LANGUAGE:** The statute does not address this element.

**PROPOSED LANGUAGE:**

**(A) Health Benefit plans will pay 100% of the charges for the ACIP-Recommended immunizations. For purposes of this paragraph, charges include the cost of the biological product and any costs associated with the administration of such product.**

**(B) Health Benefit Plans subject to this act must explicitly provide these services and these services shall not be subject to any co-payment, coinsurance, deductible, or dollar limit provisions in the health benefit plan.**

**JUSTIFICATIONS FOR PROPOSED LANGUAGE:** Even small amounts of cost-sharing have been shown to negatively affect whether an insured obtains preventative services.

Alternate 1: Arkansas	23-79-141. Children’s Preventative Health Act. . . (f) Reimbursement, Coinsurance, and Deductibles. . . (2)(A) Benefits for recommended immunization services shall be exempt from any co-payment, coinsurance, deductible, or dollar limit provisions in the accident and health insurance policy. This exemption shall be explicitly stated in the policy.
Alternate 2: Kansas	40-2,102. Coverage for newly born and adopted children; coverage for immunizations; notification of birth or adoption; mandatory option to cover delivery expenses of birth mother of adopted child. (2) The required benefits shall . . . not be subject to any deductible, copayment or coinsurance requirements. . .
Alternate 3: North Carolina	135-40.5. Benefits not subject to deductible or coinsurance . . . (f) Immunizations. -- The Plan will pay one hundred percent (100%) of allowable charges for immunizations for the prevention of contagious diseases as generally accepted medical practices would dictate when directed by an attending physician.
Alternate 4: West Virginia	33-16D-14 Child immunization services coverage . . . These services shall be exempt from any deductible, per-visit charge/or copayment provisions which may be in force in these policies or contracts.

SOURCE: GWU/SPHHS/CHSRP, Model Immunization Statute Project, Spring 2004

**WISCONSIN - Elements of a Comprehensive Immunization Coverage Insurance Statute**

**ELEMENT 6: IMMUNIZATIONS ARE EXCLUDED FROM DEDUCTIBLE REQUIREMENTS**

**CURRENT LANGUAGE:**

632.895 Mandatory Coverage . . .

(c) The coverage required under par. (b) may not be subject to any deductibles, copayments, or coinsurance under the policy or plan. This paragraph applies to a defined network plan, as defined in s. 609.01 (1b), only with respect to appropriate and necessary immunizations provided by providers participating, as defined in s. 609.01 (3m), in the plan. (d) This subsection does not apply to any of the following: 1. A disability insurance policy that covers only certain specified diseases. 2. A disability insurance policy that covers only hospital and surgical charges.

**LIMITATIONS OF CURRENT LANGUAGE:** The statute does not address this element.

**PROPOSED LANGUAGE:**

**(A) Health Benefit plans will pay 100% of the charges for the ACIP-Recommended immunizations. For purposes of this paragraph, charges include the cost of the biological product and any costs associated with the administration of such product.**

**(B) Health Benefit Plans subject to this act must explicitly provide these services and these services shall not be subject to any co-payment, coinsurance, deductible, or dollar limit provisions in the health benefit plan.**

**JUSTIFICATION FOR PROPOSED LANGUAGE:** Deductibles represent another form of cost-sharing that serves to inhibit the use of preventative services.

Alternate 1: Arkansas	23-79-141. Children’s Preventative Health Act. . . (f) Reimbursement, Coinsurance, and Deductibles. . . (2)(A) Benefits for recommended immunization services shall be exempt from any co-payment, coinsurance, deductible, or dollar limit provisions in the accident and health insurance policy. This exemption shall be explicitly stated in the policy.
Alternate 2: Hawaii	431: 10A-206.5 Coverage for child health supervision services (a) . . . These services shall be exempt from any deductible provisions, and immunizations shall be exempt from any copayment provisions, which may be in force in these policies or contracts.
Alternate 3: Maryland	15-817. Coverage for child wellness services . . . (f) Deductible prohibited. (1) A policy or plan subject to this section may not impose a deductible on the coverage required under this section..
Alternate 4: New Jersey	17:48-6m. Hospital service corporation contracts, child screening, blood lead and hearing loss; immunizations . . . [N]o deductible shall be applied for benefits provided pursuant to this section. This section shall apply to all hospital service corporation contracts in which the hospital service corporation has reserved the right to change the premium.

SOURCE: GWU/SPHHS/CHSRP, Model Immunization Statute Project, Spring 2004