



State of Wisconsin  
2023 - 2024 LEGISLATURE

LRB-0440/1  
JPC:cjs

## 2023 SENATE BILL 63

February 14, 2023 - Introduced by Senators STROEBEL, BALLWEG, COWLES, FELZKOWSKI, FEYEN, JAMES, MARKLEIN, QUINN and WANGGAARD, cosponsored by Representatives BROOKS, GREEN, ARMSTRONG, DITTRICH, DONOVAN, DUCHOW, EDMING, GUNDRUM, KITCHENS, KNODL, MACCO, MICHALSKI, O'CONNOR, RETTINGER, ROZAR, SCHMIDT, SPIROS, SWEARINGEN and TITTL. Referred to Committee on Insurance and Small Business.

1     **AN ACT** *to amend* 40.51 (8), 40.51 (8m), 66.0137 (4), 120.13 (2) (g) and 185.983  
2           (1) (intro.); and *to create* 632.722 of the statutes; **relating to:** assignment of  
3           dental benefits under health insurance.

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***Analysis by the Legislative Reference Bureau***

This bill allows an individual insured under a health benefit plan that includes coverage of dental services to assign reimbursement for dental and related services directly to a dental provider. If reimbursement for dental care is assigned to a provider of dental care, the bill requires the insurer to directly pay the provider the amount of any claim under the same criteria and payment schedule under which it would have reimbursed the insured.

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

4           **SECTION 1.** 40.51 (8) of the statutes is amended to read:  
5           40.51 (8) Every health care coverage plan offered by the state under sub. (6)  
6           shall comply with ss. 631.89, 631.90, 631.93 (2), 631.95, 632.72 (2), 632.722, 632.729,  
7           632.746 (1) to (8) and (10), 632.747, 632.748, 632.798, 632.83, 632.835, 632.85,

**SENATE BILL 63****SECTION 1**

1 632.853, 632.855, 632.861, 632.867, 632.87 (3) to (6), 632.885, 632.89, 632.895 (5m)  
2 and (8) to (17), and 632.896.

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

4 40.51 **(8m)** Every health care coverage plan offered by the group insurance  
5 board under sub. (7) shall comply with ss. 631.95, 632.722, 632.729, 632.746 (1) to  
6 (8) and (10), 632.747, 632.748, 632.798, 632.83, 632.835, 632.85, 632.853, 632.855,  
7 632.861, 632.867, 632.885, 632.89, and 632.895 (11) to (17).

8 **SECTION 3.** 66.0137 (4) of the statutes is amended to read:

9 66.0137 **(4)** SELF-INSURED HEALTH PLANS. If a city, including a 1st class city, or  
10 a village provides health care benefits under its home rule power, or if a town  
11 provides health care benefits, to its officers and employees on a self-insured basis,  
12 the self-insured plan shall comply with ss. 49.493 (3) (d), 631.89, 631.90, 631.93 (2),  
13 632.722, 632.729, 632.746 (10) (a) 2. and (b) 2., 632.747 (3), 632.798, 632.85, 632.853,  
14 632.855, 632.861, 632.867, 632.87 (4) to (6), 632.885, 632.89, 632.895 (9) to (17),  
15 632.896, and 767.513 (4).

16 **SECTION 4.** 120.13 (2) (g) of the statutes is amended to read:

17 120.13 **(2)** (g) Every self-insured plan under par. (b) shall comply with ss.  
18 49.493 (3) (d), 631.89, 631.90, 631.93 (2), 632.722, 632.729, 632.746 (10) (a) 2. and (b)  
19 2., 632.747 (3), 632.798, 632.85, 632.853, 632.855, 632.861, 632.867, 632.87 (4) to (6),  
20 632.885, 632.89, 632.895 (9) to (17), 632.896, and 767.513 (4).

21 **SECTION 5.** 185.983 (1) (intro.) of the statutes is amended to read:

22 185.983 **(1)** (intro.) Every voluntary nonprofit health care plan operated by a  
23 cooperative association organized under s. 185.981 shall be exempt from chs. 600 to  
24 646, with the exception of ss. 601.04, 601.13, 601.31, 601.41, 601.42, 601.43, 601.44,  
25 601.45, 611.26, 611.67, 619.04, 623.11, 623.12, 628.34 (10), 631.17, 631.89, 631.93,

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1 631.95, 632.72 (2), 632.722, 632.729, 632.745 to 632.749, 632.775, 632.79, 632.795,  
2 632.798, 632.85, 632.853, 632.855, 632.861, 632.867, 632.87 (2) to (6), 632.885,  
3 632.89, 632.895 (5) and (8) to (17), 632.896, and 632.897 (10) and chs. 609, 620, 630,  
4 635, 645, and 646, but the sponsoring association shall:

5 **SECTION 6.** 632.722 of the statutes is created to read:

6 **632.722 Assignment of dental benefits. (1)** An insured may assign the  
7 right to receive reimbursement for dental care and related services under a health  
8 benefit plan, as defined under s. 632.745 (11), directly to a provider of dental care or  
9 related services.

10 **(2)** If the right to receive reimbursement for dental care and related services  
11 is assigned to a provider of dental care or related services, the insurer shall directly  
12 pay the provider the amount of any claim under the same criteria and payment  
13 schedule under which the insurer would have reimbursed the insured.

14 **(3)** An insurer may require an assignment under this section to be documented  
15 in writing. If an insurer receives a written assignment under this section, the insurer  
16 shall send a copy of the written assignment to the provider to whom the assignment  
17 is made.

18 **SECTION 7. Initial applicability.**

19 (1) (a) For policies and plans containing provisions inconsistent with this act,  
20 the act first applies to policy or plan years beginning on January 1 of the year  
21 following the year in which this paragraph takes effect, except as provided in par. (b).

22 (b) For policies or plans that are affected by a collective bargaining agreement  
23 containing provisions inconsistent with this act, this act first applies to policy or plan  
24 years beginning on the effective date of this paragraph or on the day on which the

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**SECTION 7**

1 collective bargaining agreement is newly established, extended, modified, or  
2 renewed, whichever is later.

3 **SECTION 8. Effective date.**

4 (1) This act takes effect on the first day of the 4th month beginning after  
5 publication.

6 (END)