

1989 Assembly Bill 116

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1989 WISCONSIN ACT 129

AN ACT to amend 185.983 (1) (intro.) and 185.983 (1m); and to create 40.51 (13), 185.981 (8), 609.80 and 632.895 (8) of the statutes, relating to: insurance coverage of mammograms to detect the presence of breast cancer.

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

SECTION 1. 40.51 (13) of the statutes is created to read:

40.51 (13) Every health care plan offered by the state under sub. (6) shall comply with s. 632.895 (8).

SECTION 2. 185.981 (8) of the statutes is created to read:

185.981 (8) A sickness care plan operated by a cooperative association is subject to s. 632.895 (8). Coverage of mammograms under s. 632.895 (8) may be subject to any requirements that the sickness care plan imposes under s. 609.05 (2) and (3) on the coverage of other health care services obtained by members and their dependents.

SECTION 3. 185.983 (1) (intro.) of the statutes, as affected by 1989 Wisconsin Act 23, section 3, is amended to read:

185.983 (1) (intro.) Every such voluntary nonprofit sickness care plan shall be exempt from chs. 600 to 646, with the exception of ss. 601.04, 601.13, 601.31, 601.41, 601.42, 601.43, 601.44, 601.45, 611.67, 619.04, 628.34 (10), 632.79, 632.795, 632.87 (2m) and (3) and 632.895 (5) and (8), subch. II of ch. 619 and chs. 609, 630, 645 and 646, but the sponsoring association shall:

SECTION 4. 185.983 (1m) of the statutes, as affected by 1989 Wisconsin Act 31, is amended to read:

185.983 (1m) In addition to ss. 601.04, 601.31, 632.79 and 632.895 (5), the commissioner of insurance may by rule subject a medicare supplement policy as defined in s. 600.03 (28r), a medicare replacement policy as defined in s. 600.03 (28p) or a long-term care insur-

ance policy as defined in s. 600.03 (28g) sold by a voluntary nonprofit sickness care plan to other provisions of chs. 600 to 646, except the commissioner may not subject a medicare supplement policy, a medicare replacement policy or a long-term care insurance policy to s. 632.895 (8).

SECTION 5. 609.80 of the statutes is created to read:
609.80 Coverage of mammograms. Health maintenance organizations and preferred provider plans are subject to s. 632.895 (8). Coverage of mammograms under s. 632.895 (8) may be subject to any requirements that the health maintenance organization or preferred provider plan imposes under s. 609.05 (2) and (3) on the coverage of other health care services obtained by enrolled participants.

SECTION 6. 632.895 (8) of the statutes is created to read:

632.895 (8) COVERAGE OF MAMMOGRAMS. (a) In this subsection:

1. "Direction" means verbal or written instructions, standing orders or protocols.

2. "Low-dose mammography" means the X-ray examination of a breast using equipment dedicated specifically for mammography, including the X-ray tube, filter, compression device, screens, films and cassettes, with an average radiation exposure delivery of less than one rad mid-breast, with 2 views for each breast.

3. "Nurse practitioner" means an individual who is licensed as a registered nurse under ch. 441 or the laws of another state and who satisfies any of the following:

a. Is certified as a primary care nurse practitioner or clinical nurse specialist by the American nurses' associa-

tion or by the national board of pediatric nurse practitioners and associates.

am. Holds a master's degree in nursing from an accredited school of nursing.

b. Before the effective date of this subd. 3. b ... [revisor inserts date], has successfully completed a formal one-year academic program that prepares registered nurses to perform an expanded role in the delivery of primary care, includes at least 4 months of classroom instruction and a component of supervised clinical practice, and awards a degree, diploma or certificate to individuals who successfully complete the program.

c. Has successfully completed a formal education program that is intended to prepare registered nurses to perform an expanded role in the delivery of primary care but that does not meet the requirements of subd. 3. b, and has performed an expanded role in the delivery of primary care for a total of 12 months during the 18-month period immediately before July 1, 1978.

(b) 1. Except as provided in subd. 2 and par. (f), every disability insurance policy that provides coverage for a woman age 45 to 49 shall provide coverage for that woman of 2 examinations by low-dose mammography performed when the woman is age 45 to 49, if all of the following are satisfied:

a. Each examination by low-dose mammography is performed at the direction of a licensed physician or a nurse practitioner, except as provided in par. (e).

b. The woman has not had an examination by low-dose mammography within 2 years before each examination is performed.

2. A disability insurance policy need not provide coverage under subd. 1 to the extent that the woman had obtained one or more examinations by low-dose mammography while between the ages of 45 and 49 and before obtaining coverage under the disability insurance policy.

(c) Except as provided in par. (f), every disability insurance policy that provides coverage for a woman age

50 or older shall provide coverage for that woman of an annual examination by low-dose mammography to screen for the presence of breast cancer, if the examination is performed at the direction of a licensed physician or a nurse practitioner or if par. (e) applies.

(d) Coverage is required under this subsection despite whether the woman shows any symptoms of breast cancer. Except as provided in pars. (b), (c) and (e), coverage under this subsection may only be subject to exclusions and limitations, including deductibles, copayments and restrictions on excessive charges, that are applied to other radiological examinations covered under the disability insurance policy.

(e) A disability insurance policy shall cover an examination by low-dose mammography that is not performed at the direction of a licensed physician or a nurse practitioner but that is otherwise required to be covered under par. (b) or (c), if all of the following are satisfied:

1. The woman does not have an assigned or regular physician or nurse practitioner when the examination is performed.

2. The woman designates a physician to receive the results of the examination.

3. Any examination by low-dose mammography previously obtained by the woman was at the direction of a licensed physician or a nurse practitioner.

(f) This subsection does not apply to any of the following:

1. A disability insurance policy that only provides coverage of certain specified diseases.

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

3. A medicare replacement policy, a medicare supplement policy or a long-term care insurance policy.

SECTION 7. Initial applicability. This act first applies to insurance contracts issued or renewed on the first day of the 4th month beginning after the effective date of this SECTION.