



2011 SENATE BILL 101

May 24, 2011 – Introduced by Senators DARLING, WANGGAARD, CARPENTER, SCHULTZ, OLSEN, S. COGGS, C. LARSON, KAPANKE, LASSA, HARSDF, ERPENBACH, VINEHOUT, TAYLOR, HOLPERIN and WIRCH, cosponsored by Representatives STRACHOTA, BARCA, WYNN, STONE, RICHARDS, JACQUE, PASCH, BERNIER, SINICKI, THIESFELDT, HEBL, VRUWINK, A. OTT, CLARK, YOUNG, TRANEL, FIELDS, HINTZ, RIPP, MILROY, ZEPNICK, KAUFERT, BERCEAU, KERKMAN, BROOKS and KRUG. Referred to Committee on Health.

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* 609.837 and 632.867 of the statutes; **relating to:**
3 copayments, deductibles, or coinsurance for oral chemotherapy and injected or
4 intravenous chemotherapy.

Analysis by the Legislative Reference Bureau

This bill prohibits health insurance policies, and self-insured governmental and school district health plans, that cover injected or intravenous and oral chemotherapy from requiring the insured to pay a higher copayment, deductible, or coinsurance for oral chemotherapy than is required for injected or intravenous chemotherapy, regardless of the formulation or benefit category determination by the policy or plan. A health insurance policy or self-insured governmental or school district health plan may not comply with that prohibition by increasing the copayment, deductible, or coinsurance for intravenous or injected chemotherapy that is covered under the policy or plan.

The requirements of the bill apply to individual and group health insurance policies, including limited service health organizations, preferred provider plans, defined network plans, and cooperative associations' health care plans; to health care plans, including a self-insured plan, offered by the state to its employees; and to self-insured health plans of a city, town, village, county, or school district.

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For further information see the *state and local* fiscal estimate, which will be printed as an appendix to this bill.

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

1 **SECTION 1.** 40.51 (8) of the statutes is amended to read:

2 40.51 (8) Every health care coverage plan offered by the state under sub. (6)
3 shall comply with ss. 631.89, 631.90, 631.93 (2), 631.95, 632.72 (2), 632.746 (1) to (8)
4 and (10), 632.747, 632.748, 632.798, 632.83, 632.835, 632.85, 632.853, 632.855,
5 632.867, 632.87 (3) to (6), 632.885, 632.89, 632.895 (5m) and (8) to (17), and 632.896.

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

7 40.51 (8m) Every health care coverage plan offered by the group insurance
8 board under sub. (7) shall comply with ss. 631.95, 632.746 (1) to (8) and (10), 632.747,
9 632.748, 632.798, 632.83, 632.835, 632.85, 632.853, 632.855, 632.867, 632.885,
10 632.89, and 632.895 (11) to (17).

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

12 66.0137 (4) SELF-INSURED HEALTH PLANS. If a city, including a 1st class city, or
13 a village provides health care benefits under its home rule power, or if a town
14 provides health care benefits, to its officers and employees on a self-insured basis,
15 the self-insured plan shall comply with ss. 49.493 (3) (d), 631.89, 631.90, 631.93 (2),
16 632.746 (10) (a) 2. and (b) 2., 632.747 (3), 632.798, 632.85, 632.853, 632.855, 632.867,
17 632.87 (4), (5), and (6), 632.885, 632.89, 632.895 (9) to (17), 632.896, and 767.513 (4).

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

19 120.13 (2) (g) Every self-insured plan under par. (b) shall comply with ss.
20 49.493 (3) (d), 631.89, 631.90, 631.93 (2), 632.746 (10) (a) 2. and (b) 2., 632.747 (3),

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1 632.798, 632.85, 632.853, 632.855, 632.867, 632.87 (4), (5), and (6), 632.885, 632.89,
2 632.895 (9) to (17), 632.896, and 767.513 (4).

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

4 185.983 (1) (intro.) Every voluntary nonprofit health care plan operated by a
5 cooperative association organized under s. 185.981 shall be exempt from chs. 600 to
6 646, with the exception of ss. 601.04, 601.13, 601.31, 601.41, 601.42, 601.43, 601.44,
7 601.45, 611.26, 611.67, 619.04, 623.11, 623.12, 628.34 (10), 631.17, 631.89, 631.93,
8 631.95, 632.72 (2), 632.745 to 632.749, 632.775, 632.79, 632.795, 632.798, 632.85,
9 632.853, 632.855, 632.867, 632.87 (2), (2m), (3), (4), (5), and (6), 632.885, 632.89,
10 632.895 (5) and (8) to (17), 632.896, and 632.897 (10) and chs. 609, 620, 630, 635, 645,
11 and 646, but the sponsoring association shall:

12 **SECTION 6.** 609.837 of the statutes is created to read:

13 **609.837 Copayment equality for oral and injected chemotherapy.**
14 Limited service health organizations, preferred provider plans, and defined network
15 plans are subject to s. 632.867.

16 **SECTION 7.** 632.867 of the statutes is created to read:

17 **632.867 Oral and injected chemotherapy. (1) DEFINITIONS.** In this section:

18 (a) "Chemotherapy" means drugs and biologics that kill cancer cells directly,
19 including antineoplastics, biologic response modifiers, hormone therapy, and
20 monoclonal antibodies, and that are used to do any of the following:

- 21 1. Cure a specific cancer.
- 22 2. Control tumor growth when cure is not possible.
- 23 3. Shrink tumors before surgery or radiation therapy.
- 24 4. Destroy microscopic cancer cells that may be present after a tumor is
25 removed by surgery to prevent a cancer recurrence.

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1 (b) “Disability insurance policy” has the meaning given in s. 632.895 (1) (a).

2 (c) “Self-insured health plan” has the meaning given in s. 632.85 (1) (c).

3 **(2) COPAYMENT, DEDUCTIBLE, OR COINSURANCE REQUIREMENTS; LIMITATIONS.** (a) A
4 disability insurance policy that covers injected or intravenous chemotherapy and
5 oral chemotherapy, or a self-insured health plan that covers injected or intravenous
6 chemotherapy and oral chemotherapy, may not require a higher copayment,
7 deductible, or coinsurance amount for oral chemotherapy than it requires for
8 injected or intravenous chemotherapy, regardless of the formulation or benefit
9 category determination by the policy or plan.

10 (b) A disability insurance policy or a self-insured health plan may not comply
11 with par. (a) by increasing the copayment, deductible, or coinsurance amount
12 required for injected or intravenous chemotherapy that is covered under the policy
13 or plan.

14 **SECTION 8. Initial applicability.**

15 (1) This act first applies to all of the following:

16 (a) Except as provided in paragraphs (b) and (c), disability insurance policies
17 that are issued or renewed, and governmental or school district self-insured health
18 plans that are established, extended, modified, or renewed, on the effective date of
19 this paragraph.

20 (b) Disability insurance policies covering employees who are affected by a
21 collective bargaining agreement containing provisions inconsistent with this act
22 that are issued or renewed on the earlier of the following:

23 1. The day on which the collective bargaining agreement expires.

24 2. The day on which the collective bargaining agreement is extended, modified,
25 or renewed.

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1 (c) Governmental or school district self-insured health plans covering
2 employees who are affected by a collective bargaining agreement containing
3 provisions inconsistent with this act that are established, extended, modified, or
4 renewed on the earlier of the following:

5 1. The day on which the collective bargaining agreement expires.

6 2. The day on which the collective bargaining agreement is extended, modified,
7 or renewed.

8 **SECTION 9. Effective dates.** This act takes effect on the day after publication,
9 except as follows:

10 (1) The treatment of section 632.867 (2) (a) of the statutes takes effect on the
11 first day of the 7th month beginning after publication.

12

(END)