



2009 ASSEMBLY BILL 217

April 17, 2009 – Introduced by Representatives COLON, BARCA, BENEDICT, TURNER, STEINBRINK, CLARK, HUBLER, PASCH, MILROY, A. WILLIAMS, BERCEAU, JORGENSEN, HEBL, HIXSON, HILGENBERG, YOUNG, POPE-ROBERTS, MASON, TOWNSEND, WOOD, BERNARD SCHABER and GRIGSBY, cosponsored by Senators WIRCH, TAYLOR, LEHMAN, HANSEN, ERPENBACH, RISSER, DARLING, KAPANKE, PLALE, COGGS, CARPENTER and LASSA. Referred to Committee on Insurance.

1 **AN ACT to amend** 40.51 (8), 40.51 (8m), 66.0137 (4), 111.91 (2) (n), 120.13 (2) (g),
2 185.981 (4t) and 185.983 (1) (intro.); and **to create** 609.87 and 632.895 (16) of
3 the statutes; **relating to:** requiring health insurance coverage of colorectal
4 cancer screening and granting rule-making authority.

Analysis by the Legislative Reference Bureau

This bill requires health insurance policies and plans that cover any diagnostic or surgical procedures to cover colorectal cancer examinations and laboratory tests for any insured or enrollee who is 50 years of age or older or any insured or enrollee who is under 50 years of age and at high risk for colorectal cancer. The bill requires the commissioner of insurance, in consultation with the secretary of health services, to promulgate rules that specify guidelines for the colorectal cancer screening that must be covered, and that specify factors for determining whether an individual is at high risk for colorectal cancer, in accordance with the guidelines of the American Cancer Society for colorectal cancer screening.

The coverage requirement applies to both individual and group health insurance policies and plans, including defined network plans and cooperative sickness care associations; to health care plans offered by the state to its employees, including a self-insured plan; and to self-insured health plans of counties, cities, towns, villages, and school districts. The requirement specifically does not apply to limited-scope benefit plans or to policies covering only certain specified diseases other than cancer. The required coverage may be subject to any limitations, exclusions, or cost-sharing provisions that apply generally under the policy or plan.

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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, 632.83, 632.835, 632.85, 632.853, 632.855, 632.87 (3) to
5 ~~(5) (6)~~, 632.895 (5m) and (8) to ~~(15) (16)~~, 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, 632.83, 632.835, 632.85, 632.853, 632.855, and 632.895 (11) to ~~(15) (16)~~.

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

11 66.0137 (4) SELF-INSURED HEALTH PLANS. If a city, including a 1st class city, or
12 a village provides health care benefits under its home rule power, or if a town
13 provides health care benefits, to its officers and employees on a self-insured basis,
14 the self-insured plan shall comply with ss. 49.493 (3) (d), 631.89, 631.90, 631.93 (2),
15 632.746 (10) (a) 2. and (b) 2., 632.747 (3), 632.85, 632.853, 632.855, 632.87 (4), and
16 ~~(5), and (6)~~, 632.895 (9) to ~~(15) (16)~~, 632.896, and ~~767.25 (4m) (d)~~ 767.513 (4).

17 **SECTION 4.** 111.91 (2) (n) of the statutes is amended to read:

18 111.91 (2) (n) The provision to employees of the health insurance coverage
19 required under s. 632.895 (11) to (14) and (16).

20 **SECTION 5.** 120.13 (2) (g) of the statutes is amended to read:

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1 120.13 **(2)** (g) Every self-insured plan under par. (b) shall comply with ss.
2 49.493 (3) (d), 631.89, 631.90, 631.93 (2), 632.746 (10) (a) 2. and (b) 2., 632.747 (3),
3 632.85, 632.853, 632.855, 632.87 (4) ~~and (5), and (6)~~, 632.895 (9) to ~~(15)~~ (16), 632.896,
4 and ~~767.25 (4m) (d)~~ 767.513 (4).

5 **SECTION 6.** 185.981 (4t) of the statutes is amended to read:

6 185.981 **(4t)** A sickness care plan operated by a cooperative association is
7 subject to ss. 252.14, 631.17, 631.89, 631.95, 632.72 (2), 632.745 to 632.749, 632.85,
8 632.853, 632.855, 632.87 (2m), (3), (4), ~~and (5), and (6)~~, 632.895 (10) to ~~(15)~~ (16), and
9 632.897 (10) and chs. 149 and 155.

10 **SECTION 7.** 185.983 (1) (intro.) of the statutes is amended to read:

11 185.983 **(1)** (intro.) Every such voluntary nonprofit sickness care plan shall be
12 exempt from chs. 600 to 646, with the exception of ss. 601.04, 601.13, 601.31, 601.41,
13 601.42, 601.43, 601.44, 601.45, 611.67, 619.04, 628.34 (10), 631.17, 631.89, 631.93,
14 631.95, 632.72 (2), 632.745 to 632.749, 632.775, 632.79, 632.795, 632.85, 632.853,
15 632.855, 632.87 (2m), (3), (4), ~~and (5), and (6)~~, 632.895 (5) and (9) to ~~(15)~~ (16), 632.896,
16 and 632.897 (10) and chs. 609, 630, 635, 645, and 646, but the sponsoring association
17 shall:

18 **SECTION 8.** 609.87 of the statutes is created to read:

19 **609.87 Coverage of colorectal cancer screening.** Defined network plans
20 are subject to s. 632.895 (16).

21 **SECTION 9.** 632.895 (16) of the statutes is created to read:

22 632.895 **(16)** COLORECTAL CANCER SCREENING. (a) Except as provided in par. (c),
23 every disability insurance policy, and every self-insured health plan of the state or
24 a county, city, village, town, or school district, that provides coverage of any
25 diagnostic or surgical procedures shall provide coverage of colorectal cancer

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1 examinations and laboratory tests, in accordance with guidelines specified by the
2 commissioner by rule under par. (d) 1. and 3., for all of the following:

3 1. An insured or enrollee who is 50 years of age or older.

4 2. An insured or enrollee who is under 50 years of age and at high risk for
5 colorectal cancer, as specified by the commissioner by rule under par. (d) 2. and 3.

6 (b) The coverage required under this subsection may be subject to any
7 limitations, exclusions, or cost-sharing provisions that apply generally under the
8 disability insurance policy or self-insured health plan.

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

10 1. A disability insurance policy that covers only certain specified diseases other
11 than cancer.

12 2. A health care plan offered by a limited service health organization, as defined
13 in s. 609.01 (3), or by a preferred provider plan, as defined in s. 609.01 (4), that is not
14 a defined network plan, as defined in s. 609.01 (1b).

15 3. A disability insurance policy, or a self-insured health plan of the state or a
16 county, city, town, village, or school district, that provides only limited-scope dental
17 or vision benefits.

18 (d) The commissioner, in consultation with the secretary of health services,
19 shall promulgate rules that do all of the following:

20 1. Specify guidelines for the colorectal cancer screening that must be covered
21 under this subsection, in accordance with the guidelines of the American Cancer
22 Society for colorectal cancer screening.

23 2. Specify the factors for determining whether an individual is at high risk for
24 colorectal cancer, in accordance with the guidelines of the American Cancer Society
25 for colorectal cancer screening.

