



## 1995 ASSEMBLY BILL 965

February 26, 1996 – Introduced by Representatives LADWIG, KELSO, GUNDERSON, HAHN, ZUKOWSKI, OWENS, NASS, VRAKAS, URBAN, HANDRICK, OLSEN, F. LASEE, WIRCH, PLACHE, BALDUS, BALDWIN, BELL, BLACK, NOTESTEIN, WASSERMAN and PLOMBON, cosponsored by Senators BURKE and CHVALA. Referred to Committee on Insurance, Securities and Corporate Policy.

1     **AN ACT to amend** 40.51 (8), 60.23 (25), 66.184, 111.70 (1) (a), 120.13 (2) (g),  
2             185.981 (4t), 185.983 (1) (intro.) and 619.14 (4) (a); and **to create** 40.51 (8m),  
3             111.70 (4) (n), 111.91 (2) (k), 609.79 and 632.895 (11) of the statutes; **relating**  
4             **to:** requiring insurance coverage of breast reconstruction.

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### *Analysis by the Legislative Reference Bureau*

This bill requires health care plans that provide coverage of a mastectomy to provide coverage of breast reconstruction that is incident to the mastectomy. The coverage requirement applies to both individual and group health insurance policies and plans, including health maintenance organizations, limited service health organizations, preferred provider plans and cooperative sickness care associations; to health 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 may be subject to any limitations, exclusions or cost-sharing provisions that apply generally under the policy or plan.

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

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

5             **SECTION 1.** 40.51 (8) of the statutes is amended to read:  
6             40.51 (8) Every health care coverage plan offered by the state under sub. (6)  
7             shall comply with ss. 631.89, 631.90, 631.93 (2), 632.72 (2), 632.87 (3) to (5), 632.895  
8             (5m) and (8) to ~~(10)~~ (11) and 632.896.

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

2           40.51 **(8m)** Every health care coverage plan offered by the group insurance  
3 board under sub. (7) shall comply with s. 632.895 (11).

4           **SECTION 3.** 60.23 (25) of the statutes is amended to read:

5           60.23 **(25)** SELF-INSURED HEALTH PLANS. Provide health care benefits to its  
6 officers and employes on a self-insured basis if the self-insured plan complies with  
7 ss. 631.89, 631.90, 631.93 (2), 632.87 (4) and (5), 632.895 (9) and (11) and 632.896.

8           **SECTION 4.** 66.184 of the statutes is amended to read:

9           **66.184 Self-insured health plans.** If a city, including a 1st class city, or a  
10 village provides health care benefits under its home rule power, or if a town provides  
11 health care benefits, to its officers and employes on a self-insured basis, the  
12 self-insured plan shall comply with ss. 49.493 (3) (d), 631.89, 631.90, 631.93 (2),  
13 632.87 (4) and (5), 632.895 (9) ~~and (10)~~ to (11), 632.896, 767.25 (4m) (d) and 767.51  
14 (3m) (d).

15           **SECTION 5.** 111.70 (1) (a) of the statutes, as affected by 1995 Wisconsin Act 27,  
16 is amended to read:

17           111.70 **(1)** (a) "Collective bargaining" means the performance of the mutual  
18 obligation of a municipal employer, through its officers and agents, and the  
19 representative of its municipal employes in a collective bargaining unit, to meet and  
20 confer at reasonable times, in good faith, with the intention of reaching an  
21 agreement, or to resolve questions arising under such an agreement, with respect to  
22 wages, hours and conditions of employment, and with respect to a requirement of the  
23 municipal employer for a municipal employe to perform law enforcement and fire  
24 fighting services under s. 61.66, except as provided in sub. (4) (m) and (n) and s. 40.81  
25 (3) and except that a municipal employer shall not meet and confer with respect to

1 any proposal to diminish or abridge the rights guaranteed to municipal employees  
2 under ch. 164. The duty to bargain, however, does not compel either party to agree  
3 to a proposal or require the making of a concession. Collective bargaining includes  
4 the reduction of any agreement reached to a written and signed document. The  
5 municipal employer shall not be required to bargain on subjects reserved to  
6 management and direction of the governmental unit except insofar as the manner  
7 of exercise of such functions affects the wages, hours and conditions of employment  
8 of the municipal employes in a collective bargaining unit. In creating this subchapter  
9 the legislature recognizes that the municipal employer must exercise its powers and  
10 responsibilities to act for the government and good order of the jurisdiction which it  
11 serves, its commercial benefit and the health, safety and welfare of the public to  
12 assure orderly operations and functions within its jurisdiction, subject to those  
13 rights secured to municipal employes by the constitutions of this state and of the  
14 United States and by this subchapter.

15 **SECTION 6.** 111.70 (4) (n) of the statutes is created to read:

16 111.70 (4) (n) *Insurance coverage of breast reconstruction.* The municipal  
17 employer is prohibited from bargaining collectively with respect to the provision of  
18 the health insurance coverage required under s. 632.895 (11).

19 **SECTION 7.** 111.91 (2) (k) of the statutes is created to read:

20 111.91 (2) (k) The provision to employes of the health insurance coverage  
21 required under s. 632.895 (11).

22 **SECTION 8.** 120.13 (2) (g) of the statutes is amended to read:

23 120.13 (2) (g) Every self-insured plan under par. (b) shall comply with ss.  
24 49.493 (3) (d), 631.89, 631.90, 631.93 (2), 632.87 (4) and (5), 632.895 (9) and ~~(10)~~ to  
25 (11), 632.896, 767.25 (4m) (d) and 767.51 (3m) (d).

1           **SECTION 9.** 185.981 (4t) of the statutes is amended to read:

2           185.981 (4t) A sickness care plan operated by a cooperative association is  
3 subject to ss. 252.14, 631.89, 632.72 (2), 632.87 (2m), (3), (4) and (5), 632.895 (10) and  
4 (11) and 632.897 (10) and ch. 155.

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

6           185.983 (1) (intro.) Every such voluntary nonprofit sickness care plan shall be  
7 exempt from chs. 600 to 646, with the exception of ss. 601.04, 601.13, 601.31, 601.41,  
8 601.42, 601.43, 601.44, 601.45, 611.67, 619.04, 628.34 (10), 631.89, 631.93, 632.72  
9 (2), 632.775, 632.79, 632.795, 632.87 (2m), (3), (4) and (5), 632.895 (5), (9) and (10)  
10 to (11), 632.896 and 632.897 (10), subch. II of ch. 619 and chs. 609, 630, 635, 645 and  
11 646, but the sponsoring association shall:

12           **SECTION 11.** 609.79 of the statutes is created to read:

13           **609.79 Coverage of breast reconstruction.** Health maintenance  
14 organizations, limited service health organizations and preferred provider plans are  
15 subject to s. 632.895 (11).

16           **SECTION 12.** 619.14 (4) (a) of the statutes is amended to read:

17           619.14 (4) (a) Any charge for treatment for cosmetic purposes other than  
18 surgery for the repair or treatment of an injury or a congenital bodily defect. Breast  
19 reconstruction incident to a mastectomy shall not be considered treatment for  
20 cosmetic purposes.

21           **SECTION 13.** 632.895 (11) of the statutes is created to read:

22           632.895 (11) BREAST RECONSTRUCTION. (a) Every disability insurance policy,  
23 and every self-insured health plan of the state or a county, city, village, town or school  
24 district, that provides coverage of the surgical procedure known as a mastectomy  
25 shall provide coverage of breast reconstruction incident to the mastectomy.

1 (b) The coverage required under par. (a) may be subject to any limitations,  
2 exclusions or cost-sharing provisions that apply generally under the disability  
3 insurance policy or self-insured health plan.

4 **SECTION 14. Initial applicability.**

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

6 (a) Except as provided in paragraphs (b) and (c) , disability insurance policies  
7 that are issued or renewed, and self-insured health plans that are established,  
8 extended, modified or renewed, on the effective date of this paragraph.

9 (b) Disability insurance policies covering employes who are affected by a  
10 collective bargaining agreement containing provisions inconsistent with this act  
11 that are issued or renewed on the earlier of the following:

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

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

15 (c) Self-insured health plans covering employes who are affected by a  
16 collective bargaining agreement containing provisions inconsistent with this act  
17 that are established, extended, modified or renewed on the earlier of the following:

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

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

21 **SECTION 15. Effective date.**

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

24 (END)