

1999 ASSEMBLY BILL 451

September 14, 1999 - Introduced by Representatives WAUKAU, KRUG, MUSSER, GRONEMUS, RYBA, LASSA, BERCEAU, POCAN, MILLER, HASENOHRL, PLOUFF and SERATTI, cosponsored by Senators CLAUSING, ROESSLER, ERPENBACH and GEORGE. Referred to Committee on Health.

1 **AN ACT to repeal** 111.91 (2) (r); and **to create** 111.91 (2) (r) of the statutes;
2 **relating to:** revision of certain prescription orders and insurance coverage
3 under those orders.

Analysis by the Legislative Reference Bureau

Under this bill, a patient may request a practitioner to revise a prescription order to ensure that the quantity of the drug product or device that is prescribed is not depleted until after January 31, 2000. Upon the request of a patient, a practitioner must revise a prescription order if: 1) the drug product or device is prescribed in a quantity that is likely to be depleted during the month of January, 2000; 2) the patient has a chronic condition or the drug product or device is likely to be appropriate to treat the patient's condition at least until January 31, 2000; and 3) an interruption of the supply of the drug product or device during the month of January, 2000, may cause substantial physical or mental discomfort or undesirable health consequences for the patient. A patient may request only one revision of a prescription order under the bill.

Also under the bill, if a patient has coverage under a health benefit plan or a self-insured health plan for a drug product or device that is prescribed under a revised prescription order, the health benefit plan or self-insured health plan may not deny coverage for the drug product or device solely on the basis of the quantity of the drug product or device prescribed, or the length of time for which the drug product or device is prescribed, under the revised order. This requirement applies

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to self-insured health plans of the state, municipalities and school districts, and to all types of health benefit plans, including managed care plans.

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

1 **SECTION 1.** 111.91 (2) (r) of the statutes is created to read:

2 111.91 (2) (r) The requirement under 1999 Wisconsin Act (this act), section
3 3 (3), related to coverage of drugs or devices under revised prescription orders.

4 **SECTION 2.** 111.91 (2) (r) of the statutes, as created by 1999 Wisconsin Act
5 (this act), is repealed.

6 **SECTION 3. Nonstatutory provisions.**

7 (1) DEFINITIONS. In this section:

8 (a) “Device” has the meaning given in section 450.01 (6) of the statutes.

9 (b) “Drug” has the meaning given in section 450.01 (10) of the statutes, but does
10 not include a controlled substance included, whether by statute or rule, in schedules
11 II to V of chapter 961 of the statutes.

12 (c) “Drug product” means means a specific drug or drugs in a specific dosage
13 form and strength from a known source of manufacture.

14 (d) “Health benefit plan” has the meaning given in section 632.745 (11) of the
15 statutes.

16 (e) “Patient” has the meaning given in section 450.01 (14) of the statutes.

17 (f) “Practitioner” has the meaning given in section 450.01 (17) of the statutes.

18 (g) “Prescription order” means a prescription order, as defined in section 450.01
19 (21) of the statutes, that specifies a drug product or device in a quantity that is likely
20 to be depleted at any time during the month of January, 2000.

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1 (h) “Self-insured health plan” has the meaning given in section 632.745 (24)
2 of the statutes.

3 (2) REVISION OF CERTAIN PRESCRIPTION ORDERS.

4 (a) Upon the request of a patient, a practitioner shall revise a prescription order
5 to ensure that the quantity of the drug product or device that is prescribed is not
6 depleted until after January 31, 2000, if each of the following is satisfied:

7 1. The patient’s condition for which the prescription order is issued is chronic
8 or the drug product or device that is prescribed is likely to be appropriate to treat the
9 patient’s condition at least until January 31, 2000.

10 2. An interruption during the month of January, 2000, of the supply of the drug
11 product or device that is prescribed may cause substantial physical or mental
12 discomfort or undesirable health consequences for the patient.

13 (b) A patient may request only one revision of a prescription order under
14 paragraph (a).

15 (3) INSURANCE COVERAGE OF REVISED PRESCRIPTION ORDERS. If a patient for whom
16 a practitioner revises a prescription order under subsection (2) is covered under a
17 health benefit plan or a self-insured health plan that provides coverage of the drug
18 product or device that is prescribed under the revised prescription order, the health
19 benefit plan or self-insured health plan may not deny coverage of the drug product
20 or device under the revised prescription order solely on the basis of the quantity of
21 the drug product or device that is prescribed or the length of time for which the drug
22 product or device is prescribed under the revised prescription order.

23 **SECTION 4. Initial applicability.**

ASSEMBLY BILL 451**SECTION 4**

1 (1) INSURANCE COVERAGE OF REVISED PRESCRIPTION ORDERS. The creation of
2 section 111.91 (2) (r) of the statutes and SECTION 3 (3) of this act first apply to all of
3 the following:

4 (a) Except as provided in paragraphs (b) and (c), health benefit plans
5 containing terms or provisions inconsistent with SECTION 3 (3) of this act that are
6 renewed on the effective date of this paragraph and self-insured health plans
7 containing terms or provisions inconsistent with SECTION 3 (3) of this act that are
8 extended, modified or renewed on the effective date of this paragraph.

9 (b) Health benefit plans covering employes who are affected by a collective
10 bargaining agreement containing provisions inconsistent with SECTION 3 (3) of this
11 act 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 collective
16 bargaining agreement containing provisions inconsistent with SECTION 3 (3) of this
17 act that are established, extended, modified or renewed on the earlier of the
18 following:

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

22 **SECTION 5. Effective dates.** This act takes effect on the day after publication,
23 except as follows:

