

1999 ASSEMBLY BILL 672

January 25, 2000 – Introduced by Representatives RICHARDS, TURNER, BERCEAU, BOCK, COGGS, GRONEMUS, MILLER, MUSSER, POCAN, RYBA, WASSERMAN, YOUNG and KELSO, cosponsored by Senators GROBSCHMIDT and RISSER. Referred to Committee on Health.

1 **AN ACT to amend** 40.51 (8), 40.51 (8m), 60.23 (25), 66.184, 111.91 (2) (n), 120.13
2 (2) (g), 185.981 (4t) and 185.983 (1) (intro.); and **to create** 609.86 and 632.895
3 (14) of the statutes; **relating to:** health insurance coverage of children's cancer
4 clinical trial program costs and prohibiting collective bargaining by the state
5 with respect to the coverage.

Analysis by the Legislative Reference Bureau

Current law requires health insurance policies, called disability insurance policies in the statutes, and self-insured health plans of the state and municipalities to provide coverage of various health care services and medical procedures, including mammograms, breast reconstruction incident to mastectomy, lead poisoning screening for children and treatment for the correction of temporomandibular disorders. This bill requires health insurance policies and self-insured health plans of the state and of counties, cities, villages and school districts to provide coverage of health care costs incurred in connection with clinical trial programs for the treatment of children's cancer. Coverage is required for a person enrolled in such a clinical trial program if the clinical trial program is approved by the federal food and drug administration, the person has coverage under the plan, the person was diagnosed with a childhood cancer before the age of 19 years and the person is not eligible for any other benefits that would pay the costs of the program. With some exceptions, the coverage requirement applies to all types of health care policies and plans, including managed care plans and plans of cooperative sickness care

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associations, and to both individual and group policies and plans. The requirement specifically does not apply to policies that cover only certain specified diseases other than cancer, to limited service health organizations, to long-term care insurance policies or to medicare replacement or supplement policies. The coverage 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.

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), 632.72 (2), 632.746 (1) to (8) and (10),
4 632.747, 632.748, 632.85, 632.853, 632.855, 632.87 (3) to (5), 632.895 (5m) and (8) to
5 ~~(13)~~ (14) 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. 632.746 (1) to (8) and (10), 632.747,
9 632.748, 632.85, 632.853, 632.855 and 632.895 (11) to ~~(13)~~ (14).

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

11 60.23 **(25)** SELF-INSURED HEALTH PLANS. Provide health care benefits to its
12 officers and employes on a self-insured basis if the self-insured plan complies with
13 ss. 631.89, 631.90, 631.93 (2), 632.746 (10) (a) 2. and (b) 2., 632.747 (3), 632.85,
14 632.853, 632.855, 632.87 (4) and (5), 632.895 (9) and (11) to ~~(13)~~ (14) and 632.896.

15 **SECTION 4.** 66.184 of the statutes, as affected by 1999 Wisconsin Act 9, is
16 amended to read:

17 **66.184 Self-insured health plans.** If a city, including a 1st class city, or a
18 village provides health care benefits under its home rule power, or if a town provides

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1 health care benefits, to its officers and employes on a self-insured basis, the
2 self-insured plan shall comply with ss. 49.493 (3) (d), 631.89, 631.90, 631.93 (2),
3 632.746 (10) (a) 2. and (b) 2., 632.747 (3), 632.85, 632.853, 632.855, 632.87 (4) and (5),
4 632.895 (9) to ~~(13)~~ (14), 632.896 and 767.25 (4m) (d).

5 **SECTION 5.** 111.91 (2) (n) of the statutes is amended to read:

6 111.91 **(2)** (n) The provision to employes of the health insurance coverage
7 required under s. 632.895 (11) to ~~(13)~~ (14).

8 **SECTION 6.** 120.13 (2) (g) of the statutes, as affected by 1999 Wisconsin Act 9,
9 is amended to read:

10 120.13 **(2)** (g) Every self-insured plan under par. (b) shall comply with ss.
11 49.493 (3) (d), 631.89, 631.90, 631.93 (2), 632.746 (10) (a) 2. and (b) 2., 632.747 (3),
12 632.85, 632.853, 632.855, 632.87 (4) and (5), 632.895 (9) to ~~(13)~~ (14), 632.896 and
13 767.25 (4m) (d).

14 **SECTION 7.** 185.981 (4t) of the statutes is amended to read:

15 185.981 **(4t)** A sickness care plan operated by a cooperative association is
16 subject to ss. 252.14, 631.89, 632.72 (2), 632.745 to 632.749, 632.85, 632.853, 632.855,
17 632.87 (2m), (3), (4) and (5), 632.895 (10) to ~~(13)~~ (14) and 632.897 (10) and chs. 149
18 and 155.

19 **SECTION 8.** 185.983 (1) (intro.) of the statutes is amended to read:

20 185.983 **(1)** (intro.) Every such voluntary nonprofit sickness care plan shall be
21 exempt from chs. 600 to 646, with the exception of ss. 601.04, 601.13, 601.31, 601.41,
22 601.42, 601.43, 601.44, 601.45, 611.67, 619.04, 628.34 (10), 631.89, 631.93, 632.72
23 (2), 632.745 to 632.749, 632.775, 632.79, 632.795, 632.85, 632.853, 632.855, 632.87
24 (2m), (3), (4) and (5), 632.895 (5) and (9) to ~~(13)~~ (14), 632.896 and 632.897 (10) and
25 chs. 609, 630, 635, 645 and 646, but the sponsoring association shall:

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1 **SECTION 9.** 609.86 of the statutes is created to read:

2 **609.86 Coverage of children’s cancer clinical trials.** Managed care plans
3 are subject to s. 632.895 (14).

4 **SECTION 10.** 632.895 (14) of the statutes is created to read:

5 **632.895 (14) CHILDREN’S CANCER CLINICAL TRIALS.** (a) Except as provided in par.
6 (c), every disability insurance policy, and every self–insured health plan of the state
7 or a county, city, village, town or school district, shall provide coverage of health care
8 costs, including the cost of drugs, that are incurred in connection with a clinical trial
9 program for the treatment of children’s cancer if all of the following apply:

10 1. The clinical trial program is approved by the federal food and drug
11 administration.

12 2. The person enrolled in the clinical trial program satisfies all of the following:

13 a. Has coverage under the disability insurance policy or self–insured health
14 plan.

15 b. Was diagnosed with a childhood cancer before the age of 19 years.

16 c. Is not eligible for any other benefits, payments or reimbursements that would
17 pay the costs of the program.

18 (b) The coverage required under par. (a) may be subject to any exclusions,
19 limitations or cost–share provisions that are generally applicable to other conditions
20 covered or other benefits provided under the disability insurance policy or
21 self–insured health plan.

22 (c) The coverage requirement under par. (a) does not apply to any of the
23 following:

24 1. A disability insurance policy that covers only certain specified diseases other
25 than cancer.

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1 2. A preferred provider plan, as defined in s. 609.01 (4), that is not a managed
2 care plan, as defined in s. 609.01 (3c).

3 3. A limited service health organization, as defined in s. 609.01 (3).

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

SECTION 11. Initial applicability.

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

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

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

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

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

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

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

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

SECTION 12. Effective date.

