

2005 ASSEMBLY BILL 617

August 19, 2005 – Introduced by Representatives GUNDERSON, DAVIS, WASSERMAN, ALBERS, BALLWEG, BENEDICT, BERCEAU, BIES, BOYLE, FIELDS, GRONEMUS, HAHN, HINES, KAUFERT, KRAWCZYK, KREIBICH, KREUSER, LEHMAN, LOTHIAN, MOLEPSKE, MONTGOMERY, MUSSER, NELSON, OTT, PETTIS, SHERIDAN, STEINBRINK, TOWNSEND, TURNER, VAN AKKEREN, VAN ROY, VOS and VRUWINK, cosponsored by Senators STEPP, ROESSLER, BROWN, DARLING, ERPENBACH, HANSEN, KANAVAS, A. LASEE, LASSA, OLSEN, RISSER, WIRCH and ZIEN. Referred to Committee on Insurance.

1 **AN ACT** *to renumber* 632.855 (3); *to amend* 40.51 (8), 66.0137 (4), 120.13 (2) (g),
 2 185.981 (4t), 185.983 (1) (intro.), 632.855 (2) (intro.) and 632.87 (1); and *to*
 3 *create* 632.855 (3) (bm) and 632.87 (6) of the statutes; **relating to:** coverage
 4 of certain health care costs in cancer clinical trials.

Analysis by the Legislative Reference Bureau

This bill prohibits a health care plan from denying coverage for a health care service, item, or drug administered in a cancer clinical trial if the service, item, or drug would have been covered had it not been administered in a clinical trial and if the clinical trial meets certain requirements. First, the clinical trial must test how to administer a health care service, item, or drug; test responses to a service, item, or drug; compare the effectiveness of services, items, or drugs; or study new uses of services, items, or drugs. Also, the clinical trial must be approved by one of the following: 1) a National Institute of Health; 2) the Federal Food and Drug Administration; 3) the U.S. Department of Defense; 4) the U.S. Department of Veterans Affairs; or 5) an institution that is approved by the Office for Human Research Protections of the U.S. Department of Health and Human Services.

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:

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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 (14) and 632.896.

6 **SECTION 2.** 66.0137 (4) of the statutes is amended to read:

7 66.0137 **(4)** SELF-INSURED HEALTH PLANS. If a city, including a 1st class city, or
8 a village provides health care benefits under its home rule power, or if a town
9 provides health care benefits, to its officers and employees on a self-insured basis,
10 the self-insured plan shall comply with ss. 49.493 (3) (d), 631.89, 631.90, 631.93 (2),
11 632.746 (10) (a) 2. and (b) 2., 632.747 (3), 632.85, 632.853, 632.855, 632.87 (4) ~~and~~,
12 (5), ~~and (6)~~, 632.895 (9) to (14), 632.896 and 767.25 (4m) (d).

13 **SECTION 3.** 120.13 (2) (g) of the statutes is amended to read:

14 120.13 **(2)** (g) Every self-insured plan under par. (b) shall comply with ss.
15 49.493 (3) (d), 631.89, 631.90, 631.93 (2), 632.746 (10) (a) 2. and (b) 2., 632.747 (3),
16 632.85, 632.853, 632.855, 632.87 (4) ~~and~~, (5), ~~and (6)~~, 632.895 (9) to (14), 632.896 and
17 767.25 (4m) (d).

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

19 185.981 **(4t)** A sickness care plan operated by a cooperative association is
20 subject to ss. 252.14, 631.17, 631.89, 631.95, 632.72 (2), 632.745 to 632.749, 632.85,
21 632.853, 632.855, 632.87 (2m), (3), (4) ~~and~~, (5), ~~and (6)~~, 632.895 (10) to (14) and
22 632.897 (10) and chs. 149 and 155.

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

24 185.983 **(1)** Every such voluntary nonprofit sickness care plan shall be exempt
25 from chs. 600 to 646, with the exception of ss. 601.04, 601.13, 601.31, 601.41, 601.42,

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1 601.43, 601.44, 601.45, 611.67, 619.04, 628.34 (10), 631.17, 631.89, 631.93, 631.95,
2 632.72 (2), 632.745 to 632.749, 632.775, 632.79, 632.795, 632.85, 632.853, 632.855,
3 632.87 (2m), (3), (4) ~~and~~, (5), and (6), 632.895 (5) and (9) to (14), 632.896 and 632.897
4 (10) and chs. 609, 630, 635, 645 and 646, but the sponsoring association shall:

5 **SECTION 6.** 632.855 (2) (intro.) of the statutes is amended to read:

6 632.855 (2) DISCLOSURE OF LIMITATIONS. (intro.) ~~A~~ Subject to s. 632.87 (6), a
7 health care plan or a self-insured health plan that limits coverage of experimental
8 treatment shall define the limitation and disclose the limits in any agreement, policy
9 or certificate of coverage. This disclosure shall include the following information:

10 **SECTION 7.** 632.855 (3) of the statutes is renumbered 632.855 (3) (am).

11 **SECTION 8.** 632.855 (3) (bm) of the statutes is created to read:

12 632.855 (3) (bm) A health care plan or a self-insured health plan may not deny
13 coverage under par. (am) of an experimental treatment, procedure, drug, or device
14 for an insured if the denial violates s. 632.87 (6).

15 **SECTION 9.** 632.87 (1) of the statutes is amended to read:

16 632.87 (1) No insurer may refuse to provide or pay for benefits for health care
17 services provided by a licensed health care professional on the ground that the
18 services were not rendered by a physician as defined in s. 990.01 (28), unless the
19 contract clearly excludes services by such practitioners, but no contract or plan may
20 exclude services in violation of sub. (2), (2m), (3), (4) ~~or~~, (5), or (6).

21 **SECTION 10.** 632.87 (6) of the statutes is created to read:

22 632.87 (6) No policy, plan, or contract may exclude coverage for any health care
23 service, item, or drug for the treatment of cancer that is administered in a clinical
24 trial if the policy, plan, or contract would have covered the health care service, item,

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1 or drug had it not been administered in a clinical trial and if the clinical trial satisfies
2 all of the following:

3 (a) The clinical trial does one of the following:

4 1. Tests how to administer a health care service, item, or drug for the treatment
5 of cancer.

6 2. Tests responses to a health care service, item, or drug for the treatment of
7 cancer.

8 3. Compares the effectiveness of health care services, items, or drugs for the
9 treatment of cancer with that of other health care services, items, or drugs for the
10 treatment of cancer.

11 4. Studies new uses of health care services, items, or drugs for the treatment
12 of cancer.

13 (b) The clinical trial is approved by one of the following:

14 1. A National Institute of Health, or one of its cooperative groups or centers,
15 under the federal department of health and human services.

16 2. The federal food and drug administration.

17 3. The federal department of defense.

18 4. The federal department of veterans affairs.

19 5. An institutional review board of an institution that is approved by the office
20 for human research protections of the federal department of health and human
21 services.

22 **SECTION 11. Initial applicability.**

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

