



State of Wisconsin
2005 - 2006 LEGISLATURE

LRB-0697/1
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2005 ASSEMBLY BILL 473

June 9, 2005 - Introduced by Representative SCHNEIDER. 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 (15) of
3 the statutes; **relating to:** health insurance coverage for wigs for cancer
4 patients.

Analysis by the Legislative Reference Bureau

This bill requires a health care plan to cover the cost of one wig for each person insured under the plan who has been diagnosed with cancer if the treatment for the cancer causes the person to lose his or her hair and the person chooses to have a wig. The coverage requirement applies to both individual and group health insurance policies and plans, including health care plans offered by the state, a municipality, or a school district. The coverage may not be subject to any limitations, exclusions, or a cost-sharing provisions that are greater than those that apply generally under the policy or plan. The requirement does not apply to limited benefit plans, such as vision or dental plans, or to policies that cover only certain specified diseases other than cancer.

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:

ASSEMBLY BILL 473**SECTION 1**

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), 632.895 (5m) and (8) to ~~(14)~~ (15), 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 ~~(14)~~ (15).

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 (5),
16 632.895 (9) to ~~(14)~~ (15), 632.896, and 767.25 (4m) (d).

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)~~ (15).

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

21 120.13 **(2)** (g) Every self-insured plan under par. (b) shall comply with ss.
22 49.493 (3) (d), 631.89, 631.90, 631.93 (2), 632.746 (10) (a) 2. and (b) 2., 632.747 (3),
23 632.85, 632.853, 632.855, 632.87 (4) and (5), 632.895 (9) to ~~(14)~~ (15), 632.896, and
24 767.25 (4m) (d).

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

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1 185.981 (4t) A sickness care plan operated by a cooperative association is
2 subject to ss. 252.14, 631.17, 631.89, 631.95, 632.72 (2), 632.745 to 632.749, 632.85,
3 632.853, 632.855, 632.87 (2m), (3), (4) and (5), 632.895 (10) to ~~(14)~~ (15), and 632.897
4 (10) and chs. 149 and 155.

5 **SECTION 7.** 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), 631.17, 631.89, 631.93,
9 631.95, 632.72 (2), 632.745 to 632.749, 632.775, 632.79, 632.795, 632.85, 632.853,
10 632.855, 632.87 (2m), (3), (4) and (5), 632.895 (5) and (9) to ~~(14)~~ (15), 632.896, and
11 632.897 (10) and chs. 609, 630, 635, 645, and 646, but the sponsoring association
12 shall:

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

14 **609.87 Coverage of wigs.** Defined network plans are subject to s. 632.895
15 (15).

16 **SECTION 9.** 632.895 (15) of the statutes is created to read:

17 632.895 (15) WIGS. (a) Except as provided in par. (c), every disability insurance
18 policy, and every self-insured health plan of the state or a county, city, village, town,
19 or school district, shall cover the cost of one wig per person insured under the policy
20 or plan if all of the following apply:

- 21 1. The insured person has been diagnosed with, and is being treated for, cancer.
- 22 2. The cancer treatment is causing the insured person to lose his or her hair.
- 23 3. The insured person chooses to have a wig.

24 (b) The coverage required under par. (a) may not be subject to any limitations,
25 exclusions, or cost-sharing provisions that are greater than those that apply

ASSEMBLY BILL 473**SECTION 9**

1 generally to services or articles under the disability insurance policy or the
2 self-insured health plan.

3 (c) The coverage requirement under par. (a) does not apply to any of the
4 following types of health care plans:

5 1. A disability insurance policy that covers only certain specified diseases other
6 than cancer.

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

10 **SECTION 10. Initial applicability.**

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

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

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

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

