

2009 DRAFTING REQUEST

Bill

Received: 03/05/2010

Received By: tdodge

Wanted: As time permits

Companion to LRB:

For: Peter Barca (608) 266-5504

By/Representing: Cathy Friedl

May Contact:

Drafter: tdodge

Subject: Insurance - health

Addl. Drafters:

Extra Copies:

Submit via email: YES

Requester's email: Rep.Barca@legis.wisconsin.gov

Carbon copy (CC:) to:

Pre Topic:

No specific pre topic given

Topic:

Equalize copayments for oral and intravenous chemotherapy

Instructions:

See attached.

Drafting History:

<u>Vers.</u>	<u>Drafted</u>	<u>Reviewed</u>	<u>Typed</u>	<u>Proofed</u>	<u>Submitted</u>	<u>Jacketed</u>	<u>Required</u>
/?							
/P1	tdodge 03/24/2010	bkraft 04/01/2010	rschluet 04/01/2010	_____	lparisi 04/01/2010		S&L
/1	tdodge 04/09/2010	bkraft 04/09/2010	mduchek 04/09/2010	_____	cduerst 04/09/2010	lparisi 04/12/2010	

FE Sent For:

*atintro*  
*4/23*

<END>

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/P1	tdodge 03/24/2010	bkraft 04/01/2010	rschluet 04/01/2010	_____	lparisi 04/01/2010		

FE Sent For:

<END>

1 bjk 4/9  
6910

**2009 DRAFTING REQUEST**

**Bill**

Received: 03/05/2010

Received By: tdodge

Wanted: As time permits

Identical to LRB:

For: Peter Barca (608) 266-5504

By/Representing: Cathy Friedl

This file may be shown to any legislator: YES

Drafter: tdodge

May Contact:

Addl. Drafters:

Subject: Insurance - health

Extra Copies:

Submit via email: YES

Requester's email: Rep.Barca@legis.wisconsin.gov

Carbon copy (CC:) to:

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Equalize copayments for oral and intravenous chemotherapy

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**Instructions:**

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/?	tdodge	PIbjk 4/1					
				<END>			

FE Sent For:

# Bill Request Form

**Legislative Reference Bureau**  
One East Main Street, Suite 200  
Legal Section 266-3561

You may use this form or talk directly with the LRB attorney who will draft the bill.

Date March 5 2010

Legislator, agency, or other person requesting this draft Rep Barca

Person submitting request (name and phone number) Cathy Friedl 206-5504

Persons to contact for questions about this draft (names and phone numbers) "

Describe the problem, including any helpful examples. How do you want to solve the problem?

*See attached - parity needed on health coverage for oral + intravenous chemotherapy*

Please attach a copy of any correspondence or other material that may help us. If you know of any statute sections that might be affected, list them or provide a marked-up copy.

See attached - "an act related to cancer care"

You may attach a marked-up copy of any LRB draft or provide its number (e.g., 2005 LRB-2345/1 or 2003 AB-67).

Not attached

Requests are confidential unless stated otherwise. May we tell others that we are working on this for you?  YES  NO

If yes:

Anyone who asks?  YES  NO

Any legislator?  YES  NO

Only the following persons \_\_\_\_\_

Do you consider this request urgent? YES  NO  If yes, please indicate why \_\_\_\_\_

Should we give this request priority over any pending request of this legislator, agency, or person?

YES  NO

## Parity Needed on Health Coverage for Oral and Intravenous Chemotherapy

- Patients on oral chemotherapy drugs can face **copayment disadvantages** as compared to patients on infused agents. Most medical benefits require a flat co-pay for services and supplies provided in the physician's office or hospital outpatient setting (i.e., the cost of IV drugs is included in the cost of the medical visit). Pharmacy benefit co-pays can vary by health plan (tiered co-pays, flat co-pays, percent coinsurance that increases with the cost of the drug). Commercial plans are trending toward coinsurance rather than flat co-pays. In contrast, commercial plans rarely require coinsurance for IV administered drugs.
- Some commercial plans have an **annual dollar limit on pharmacy benefits** (where oral chemotherapy drugs tend to be managed); whereas an equivalent annual cap is not imposed on the medical benefits (where IV chemotherapy drugs tend to be managed). These uneven policies can have unintended consequences like oral chemotherapy patients discontinuing treatment as a result of maxing out their pharmacy benefits.<sup>1</sup>
- Oral chemotherapy drugs are subject to **health plan prior authorization** more often than infused agents because they tend to fall under the pharmacy benefit. Prior authorization requirements for oral chemotherapy can include pill quantity limits or step therapy edits. When applied solely to oral chemotherapy, prior authorization can impact the availability of these medications to providers and patients as well as create a disincentive to oral use.

---

<sup>1</sup> Dollar limits on pharmacy benefits by commercial plans can range between \$2,000 and \$5,000 so it is not surprising that a patient on oral chemotherapy would exceed these annual caps on benefits.

## AN ACT RELATED TO CANCER CARE

To require individual and group health plans and health insurers to provide coverage for prescribed, orally administered chemotherapy on a basis no less favorable than coverage offered for intravenously administered or injected chemotherapy.

BE IT ENACTED BY THE \_\_\_\_\_ That this act may be cited as the "Cancer Treatment Fairness Act of 2010".

Sec. 2. Definitions For the purposes of this act, the term:

(1) "Chemotherapy" means drugs and biologics that kill cancer cells directly including but not limited to antineoplastics, biologic response modifiers, hormone therapy, and monoclonal antibodies, which are used:

- a. To cure a specific cancer;
- b. To control tumor growth when cure is not possible;
- c. To shrink tumors before surgery or radiation therapy; or
- d. To destroy microscopic cancer cells that may be present after the known tumor is removed by surgery to prevent a possible cancer reoccurrence.

(2) "Group health plan" means an employee welfare plan (as defined in section (1) of the Employee Retirement Income Security Act of 1974, approved September 2, 1974 (88 Stat. 829; 29 U.S.C. Section 1002(1)), to the extent that the plan provides medical care and includes items and services paid for as medical care to employees or their dependents (as defined under the terms of the plan) directly or through insurance, reimbursement, or otherwise.

(3) "Health insurance coverage" means benefits provided by a health insurer under a policy regulated under Sections \_\_\_\_\_.

(4) "Health insurer" means any person that provides one or more health benefit policies in the state of \_\_\_\_\_, including an insurer, a hospital and medical services corporation, a fraternal benefit society, a health maintenance organization, a multiple employer welfare arrangement, or any other person providing a plan of health insurance coverage subject to the authority of the \_\_\_\_\_.

(5) "Individual health plan" means a policy offering health insurance coverage offered to individuals other than in connection with a group health plan.

(6) "Patient Out of Pocket Costs" means costs borne by an insured patient, in addition to premiums, including, but not limited to, deductibles, benefit year or lifetime durational limits, benefit year or lifetime dollar limits, lifetime episodes or treatment limits, copayment and coinsurance factors, and benefit year maximum for deductibles and copayments and coinsurance factors.

(7) "Policy" means a written contract of insurance or written agreement for or effecting insurance, or the certificate thereof, by whatever name called, and includes all clauses, riders, endorsements, and papers which are a part thereof.

### Sec. 3. Chemotherapy pill coverage.

(a) A patient's out of pocket costs related to coverage for orally administered chemotherapy shall be on a basis no less favorable than coverage provided for intravenously administered or injected chemotherapy under the policy.

(b) A health insurer cannot achieve compliance with this section by imposing an increase in patient out of pocket costs with respect to intravenously administered or injected chemotherapy agents covered under the policy on the effective date of this act.

(d) Nothing herein shall be interpreted to prohibit a health insurer from requiring prior authorization or imposing other appropriate utilization controls in approving coverage for any chemotherapy.

### Sec. 4. This act shall take effect \_\_\_\_\_.



**DRAFTER'S NOTE  
FROM THE  
LEGISLATIVE REFERENCE BUREAU**

LRB-4490 Adn = P1

TJD:.....

Lbjk

Date

To Cathy Friedl:

Please review this preliminary draft to ensure it complies with your intent.

I used different language in this draft than requested to be more clear, but I am still concerned that insurers would have difficulty applying the language. The source of the greatest disparity is when oral chemotherapy is treated as a prescription drug and insurers are charging a copayment that is greater than a traditional copayment for a brand name prescription drug, such as a copayment that is calculated as a percentage of the drug's cost. The most straightforward way to address this problem may be to research how much a course of injected or intravenous chemotherapy would cost, in out-of-pocket payments, on average per month and impose a monthly cap on the copayment amount for oral chemotherapy at that amount.

Tamara J. Dodge  
Legislative Attorney  
Phone: (608) 267-7380  
E-mail: tamara.dodge@legis.wisconsin.gov



State of Wisconsin  
2009 - 2010 LEGISLATURE

LRB-4490  
TJD:.....  
Rmp bjk

In 3/24/10 soon

**PRELIMINARY DRAFT - NOT READY FOR INTRODUCTION**

D-note

SA  
x-ref

gen.

1 AN ACT ...; relating to: insurance coverage of oral and injected chemotherapy.

*Analysis by the Legislative Reference Bureau*

This is a preliminary draft. An analysis will be provided in a later version.

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

2 SECTION 1. 40.51 (8) of the statutes, as affected by 2009 Wisconsin Act 146, is  
3 amended to read:

4 40.51 (8) Every health care coverage plan offered by the state under sub. (6)  
5 shall comply with ss. 631.89, 631.90, 631.93 (2), 631.95, 632.72 (2), 632.746 (1) to (8)  
6 and (10), 632.747, 632.748, 632.798, 632.83, 632.835, 632.85, 632.853, 632.855,  
7 632.867, 632.87 (3) to (6), 632.885, 632.895 (5m) and (8) to (17), and 632.896.

History: 1981 c. 96; 1983 a. 27; 1985 a. 29; 1987 a. 27, 107, 356; 1987 a. 403 s. 256; 1989 a. 31, 93, 121, 129, 182, 201, 336, 359; 1991 a. 39, 70, 113, 152, 269, 315, 1993 a. 450, 481; 1995 a. 289; 1997 a. 27, 155, 202, 237, 252; 1999 a. 32, 95, 115, 155; 2001 a. 16, 38, 104; 2003 a. 33; 2005 a. 194; 2007 a. 36; 2009 a. 14, 28.

8 SECTION 2. 40.51 (8m) of the statutes, as affected by 2009 Wisconsin Act 146,  
9 is amended to read:

1           40.51 (8m) Every health care coverage plan offered by the group insurance  
2 board under sub. (7) shall comply with ss. 631.95, 632.746 (1) to (8) and (10), 632.747,  
3 632.748, 632.798, 632.83, 632.835, 632.85, 632.853, 632.855, 632.867, 632.885, and  
4 632.895 (11) to (17).

History: 1981 c. 96; 1983 a. 27; 1985 a. 29; 1987 a. 27, 107, 356; 1987 a. 403 s. 256; 1989 a. 31, 93, 121, 129, 182, 201, 336, 359; 1991 a. 39, 70, 113, 152, 269, 315, 1993 a. 450, 481; 1995 a. 289; 1997 a. 27, 155, 202, 237, 252; 1999 a. 32, 95, 115, 155; 2001 a. 16, 38, 104; 2003 a. 33; 2005 a. 194; 2007 a. 36; 2009 a. 14, 28.

5           **SECTION 3.** 66.0137 (4) of the statutes, as affected by 2009 Wisconsin Acts 146  
6 and 180, is amended to read:

7           **NO B** **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), 632.798, 632.85, 632.853, 632.855, 632.867,  
12 632.87 (4), (5), and (6), 632.885, 632.895 (9) to (17), 632.896, and 767.513 (4).

History: 1999 a. 9, 115; 1999 a. 150 ss. 34, 303 to 306; Stats. 1999 s. 66.0137; 1999 a. 186 s. 63; 2001 a. 16, 30; 2005 a. 194; 2005 a. 443 s. 265; 2007 a. 20, 36; 2009 a. 14, 28.

13           **SECTION 4.** 120.13 (2) (g) of the statutes, as affected by 2009 Wisconsin Act 146,  
14 is amended to read:

15           120.13 (2) (g) Every self-insured plan under par. (b) shall comply with ss.  
16 49.493 (3) (d), 631.89, 631.90, 631.93 (2), 632.746 (10) (a) 2. and (b) 2., 632.747 (3),  
17 632.798, 632.85, 632.853, 632.855, 632.867, 632.87 (4), (5), and (6), 632.885, 632.895  
18 (9) to (17), 632.896, and 767.513 (4).

History: 1973 c. 94, 290; 1975 c. 115, 321; 1977 c. 206, 211, 418, 429; 1979 c. 20, 202, 221, 301, 355; 1981 c. 96, 314, 335; 1983 a. 27, 193, 207, 339, 370, 518, 538; 1985 a. 29 ss. 1725e to 1726m, 1731; 1985 a. 101, 135, 211; 1985 a. 218 ss. 12, 13, 22; 1985 a. 332; 1987 a. 88, 187; 1989 a. 31, 201, 336, 359; 1991 a. 39, 226, 269; 1993 a. 16, 27, 284, 334, 399, 450, 481, 491; 1995 a. 27 ss. 4024, 9126 (19), 9145 (1); 1995 a. 29, 32, 33, 65, 75, 225, 235, 289, 439; 1997 a. 27, 155, 164, 191, 237, 335; 1999 a. 9, 19, 73, 83, 115, 128; 1999 a. 150 s. 672; 1999 a. 186; 2001 a. 38, 98, 103, 105; 2003 a. 254; 2005 a. 22, 194, 290, 346; 2005 a. 443 s. 265; 2007 a. 20 ss. 2738, 9121 (6) (a); 2007 a. 36, 70, 97; 2009 a. 14, 28, 76.

19           **SECTION 5.** 185.983 (1) (intro.) of the statutes, as affected by 2009 Wisconsin  
20 Acts 146 and 165, is amended to read:

21           185.983 (1) (intro.) Every voluntary nonprofit health care plan operated by a  
22 cooperative association organized under s. 185.981 shall be exempt from chs. 600 to

1 646, with the exception of ss. 601.04, 601.13, 601.31, 601.41, 601.42, 601.43, 601.44,  
2 601.45, 611.26, 611.67, 619.04, 623.11, 623.12, 628.34 (10), 631.17, 631.89, 631.93,  
3 631.95, 632.72 (2), 632.745 to 632.749, 632.775, 632.79, 632.795, 632.798, 632.85,  
4 632.853, 632.855, 632.867, 632.87 (2), (2m), (3), (4), (5), and (6), 632.885, 632.895 (5)  
5 and (8) to (17), 632.896, and 632.897 (10) and chs. 609, 620, 630, 635, 645, and 646,  
6 but the sponsoring association shall:

**History:** 1975 c. 98; 1975 c. 224 s. 146; 1975 c. 352; 1975 c. 422 s. 163; 1977 c. 339; 1979 c. 89; 1981 c. 20; 1981 c. 39 s. 22; 1981 c. 82; 1981 c. 391 s. 210; 1983 a. 189 s. 329 (25); 1983 a. 396; 1985 a. 29 ss. 2060d to 2060r, 3202 (30); 1987 a. 27, 325; 1989 a. 23, 31, 129, 200, 201, 336, 359; 1991 a. 39, 189, 250, 269, 315; 1993 a. 450, 481, 482; 1995 a. 289; 1997 a. 27, 155, 237; 1999 a. 95, 115; 2003 a. 321; 2005 a. 194; 2007 a. 36; 2009 a. 14, 28.

7 **SECTION 6.** 609.837 of the statutes is created to read:

8 **609.837 Copayment equality for oral and injected chemotherapy.**  
9 Limited service health organizations, preferred provider plans, and defined network  
10 plans are subject to s. 632.867.

11 **SECTION 7.** 632.867 of the statutes is created to read:

12 **632.867 Oral and injected chemotherapy. (1) DEFINITIONS.** In this section:

13 (a) "Chemotherapy" means drugs and biologics that kill cancer cells directly,  
14 including antineoplastics, biologic response modifiers, hormone therapy, and  
15 monoclonal antibodies, and that are used to do any of the following:

- 16 1. Cure a specific cancer.
- 17 2. Control tumor growth when cure is not possible.
- 18 3. Shrink tumors before surgery or radiation therapy.
- 19 4. Destroy microscopic cancer cells that may be present after a tumor is

20 removed by surgery to prevent a cancer ~~reoccurrence~~ recurrence

21 (b) "Disability insurance policy" has the meaning given in s. 632.895 (1) (a).

22 (c) "Self-insured health plan" has the meaning given in s. 632.85 (1) (c).

23 (a) (2) (1) An insured under a disability insurance policy that covers injected or  
24 intravenous chemotherapy or both as a medical benefit, or a self-insured

CS COPAYMENT REQUIREMENTS; LIMITATIONS

and also covers oral chemotherapy

and also covers oral chemotherapy

1 governmental body under a self-insured health plan that covers injected or  
2 intravenous chemotherapy or both as a medical benefit shall cover oral  
3 chemotherapy as a medical benefit and apply to oral chemotherapy only the  
4 copayments or other cost-sharing amounts that apply to injected or intravenous  
5 chemotherapy under the policy or plan.

para (a)

In order to comply

(b)

6 An insurer or a self-insured governmental body as described in subd. 1

7 when complying with subd. 1 may not increase the copayment or cost-sharing

move

8 amount for intravenous or injected chemotherapy more than it increases the  
9 copayment or cost-sharing amount for other medical treatment under the policy or  
10 plan.

para (a)

SECTION 8. Initial applicability.

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

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

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

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

(c) Governmental or school district self-insured health plans covering employees that are affected by a collective bargaining agreement containing

who

with

established, extended, modified,

1 provisions inconsistent ~~with~~ this act that are ~~issued~~ or renewed on the earlier of the  
2 following:

- 3 1. The day on which the collective bargaining agreement expires.  
4 2. The day on which the collective bargaining agreement is extended, modified,  
5 or renewed.

6 **SECTION 9. Effective date.**

7 (1) This act takes effect on January 1, 2011.

8 (END)

D-note

**DRAFTER'S NOTE  
FROM THE  
LEGISLATIVE REFERENCE BUREAU**

LRB-4490/P1dn  
TJD:bjk:rs

April 1, 2010

To Cathy Friedl:

Please review this preliminary draft to ensure it complies with your intent.

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Tamara J. Dodge  
Legislative Attorney  
Phone: (608) 267-7380  
E-mail: [tamara.dodge@legis.wisconsin.gov](mailto:tamara.dodge@legis.wisconsin.gov)



State of Wisconsin  
2009 - 2010 LEGISLATURE

LRB-4490/P1

TJD:bjk:rs

stays

RMR

NOW

In: 4/9/10 Due today or early 4/12 at the latest

**PRELIMINARY DRAFT - NOT READY FOR INTRODUCTION**

2009 Bill

SA- Insert

D-note

regen.

1 AN ACT to amend 40.51 (8), 40.51 (8m), 66.0137 (4), 120.13 (2) (g) and 185.983  
2 (1) (intro.); and to create 609.837 and 632.867 of the statutes; relating to:  
3 insurance coverage of oral and injected chemotherapy.

***Analysis by the Legislative Reference Bureau***

This is a preliminary draft. An analysis will be provided in a later version.

Insert analysis

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

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8 and (10), 632.747, 632.748, 632.798, 632.83, 632.835, 632.85, 632.853, 632.855,  
9 632.867, 632.87 (3) to (6), 632.885, 632.895 (5m) and (8) to (17), and 632.896.

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11 632.746 (10) (a) 2. and (b) 2., 632.747 (3), 632.798, 632.85, 632.853, 632.855, 632.867,  
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24 601.45, 611.26, 611.67, 619.04, 623.11, 623.12, 628.34 (10), 631.17, 631.89, 631.93,  
25 631.95, 632.72 (2), 632.745 to 632.749, 632.775, 632.79, 632.795, 632.798, 632.85,

1 632.853, 632.855, 632.867, 632.87 (2), (2m), (3), (4), (5), and (6), 632.885, 632.895 (5)  
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10 (a) "Chemotherapy" means drugs and biologics that kill cancer cells directly,  
11 including antineoplastics, biologic response modifiers, hormone therapy, and  
12 monoclonal antibodies, and that are used to do any of the following:

- 13 1. Cure a specific cancer.
- 14 2. Control tumor growth when cure is not possible.
- 15 3. Shrink tumors before surgery or radiation therapy.
- 16 4. Destroy microscopic cancer cells that may be present after a tumor is  
17 removed by surgery to prevent a cancer recurrence.

18 (b) "Disability insurance policy" has the meaning given in s. 632.895 (1) (a).

19 (c) "Self-insured health plan" has the meaning given in s. 632.85 (1) (c).

20 **(2) COPAYMENT REQUIREMENTS; LIMITATIONS.** (a) An insurer under a disability  
21 insurance policy that covers injected or intravenous chemotherapy or both as a  
22 medical benefit and also covers oral chemotherapy, or a self-insured governmental  
23 body under a self-insured health plan that covers injected or intravenous  
24 chemotherapy or both as a medical benefit and also covers oral chemotherapy, shall  
25 cover oral chemotherapy as a medical benefit and apply to oral chemotherapy only

1 the copayments or other cost-sharing amounts that apply to injected or intravenous  
2 chemotherapy under the policy or plan.

3 (b) In order to comply with par. (a), an insurer or a self-insured governmental  
4 body described in par. (a) may not increase the copayment or cost-sharing amount  
5 for intravenous or injected chemotherapy more than it increases the copayment or  
6 cost-sharing amount for other medical treatment under the policy or plan.

7 **SECTION 8. Initial applicability.**

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

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

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

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

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

19 (c) Governmental or school district self-insured health plans covering  
20 employees who are affected by a collective bargaining agreement containing  
21 provisions inconsistent with this act that are established, extended, modified, or  
22 renewed on the earlier of the following:

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

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



1            INSERT ANALYSIS

This bill requires health insurance policies, and self-insured governmental and school district health plans, that cover injected or intravenous chemotherapy or both as a medical benefit and also cover oral chemotherapy ~~to cover oral chemotherapy as a medical benefit~~ and apply to oral chemotherapy only the copayments or other cost-sharing amounts that apply to injected or intravenous chemotherapy. In order to comply with those requirements, an insurer or self-insured governmental or school district health plan may not increase the copayment or cost-sharing amount for intravenous or injected chemotherapy more than it increases the copayment or cost-sharing amount for other medical treatment under the policy or plan.

\*  
\*

The requirements of the bill apply to individual and group health insurance policies, including limited service health organizations, preferred provider plans, defined network plans, and cooperative associations' health care plans; to health care plans, including a self-insured plan, offered by the state to its employees; and to self-insured health plans of a city, town, village, county, or school district.

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

2

(END)

**DRAFTER'S NOTE  
FROM THE  
LEGISLATIVE REFERENCE BUREAU**

LRB-4490/1dn

TJD:.....

Lbjk

Date

To Cathy Friedl:

As we discussed, I did not add the language suggested by Peter Kammer as I was concerned that it was confusing and duplicative of some of the language already in the bill and that it would remove any prohibition against increasing the cost-sharing amount for intravenous or injected chemotherapy.

Should you have any questions or redraft requests, please contact me.

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**DRAFTER'S NOTE  
FROM THE  
LEGISLATIVE REFERENCE BUREAU**

LRB-4490/1dn  
TJD:bjk:rs

April 9, 2010

To Cathy Friedl:

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**Parisi, Lori**

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**From:** Friedl, Cathy  
**Sent:** Monday, April 12, 2010 4:17 PM  
**To:** LRB.Legal  
**Subject:** Draft Review: LRB 09-4490/1 Topic: Equalize copayments for oral and intravenous chemotherapy

Please Jacket LRB 09-4490/1 for the ASSEMBLY.