

1973 Assembly Bill 1210

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CHAPTER 308, Laws of 1973

AN ACT to amend 204.321 (2) (d) 1; to repeal and recreate 200.26 (6); and to create 20.435 (4) (dm), 49.48 and 204.31 (3) (am) of the statutes, relating to establishment of a program for kidney disease aids and insurance coverage, granting rule-making authority and making an appropriation.

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

SECTION 1. 20.435 (4) (dm) of the statutes is created to read:

20.435 (4) (dm) *Kidney disease aids.* A sum sufficient to provide for aids for treatment of kidney disease under s. 49.48.

SECTION 2. 49.48 of the statutes is created to read:

49.48 Aid for treatment of kidney disease. (1) **DECLARATION OF POLICY.** The legislature finds that effective means of treating kidney failure are available, including dialysis or artificial kidney treatment or transplants. It further finds that kidney disease treatment is prohibitively expensive for the overwhelming portion of the state's citizens. It further finds that public and private insurance coverage is inadequate in many cases to cover the cost of adequate treatment at the proper time in modern facilities. The legislature finds, in addition, that the incidence of the disease in the state is not so great that public aid may not be provided to alleviate this serious problem for a relatively modest investment. Therefore, it is declared to be the policy of this state to assure that all persons are protected from the destructive cost of kidney disease treatment by one means or another.

(2) **POWERS OF DEPARTMENT.** The department shall:

- (a) Adopt rules setting standards for operation and certification of dialysis and renal transplantation centers and home dialysis equipment and suppliers.
- (b) Adopt rules setting standards for acceptance and certification of patients into the treatment phase of the program.

(c) Adopt rules concerning reasonable cost and length of treatment programs.

(d) Aid in preparing educational programs and materials informing the public as to chronic renal disease and the prevention and treatment thereof.

(3) AID TO KIDNEY DISEASE PATIENTS. (a) Any permanent resident of this state who suffers from chronic renal disease may be accepted into the dialysis treatment phase of the renal disease control program if he meets standards set by rule under sub. (2).

(b) The state shall pay the cost of all medical treatment for any cause whatsoever of certified patients from the date of certification, whether the treatment is rendered in an approved facility in the state or in a dialysis or transplantation center which is approved as such by a contiguous state, provided that aid is not otherwise available as specified under par. (d). Approved facilities may include a hospital in-center dialysis unit or a non-hospital dialysis center which is closely affiliated with a home dialysis program supervised by an approved facility. Aid shall also be provided for all reasonable expenses incurred by a potential living-related donor, including evaluation, hospitalization, surgical costs and post-operative follow-up to the extent that these costs are not reimbursable under the federal medicare program or other insurance. In addition, all expenses incurred in the procurement, transportation and preservation of cadaveric donor kidneys shall be covered to the extent that these costs are not otherwise reimbursable. All donor-related costs, whether living-related or cadaveric, shall be considered as expenses chargeable to the recipient and reimbursable under this subsection.

(c) Disbursement and collection of all funds under this subsection shall be by the department.

(d) No aid may be granted under this subsection unless the recipient has no other form of aid available from the federal medicare program or from private health, accident, sickness, medical and hospital insurance coverage. If insufficient aid is available from other sources, the state shall pay the difference in cost to a qualified recipient. If at any time sufficient federal or private insurance aid becomes available during the treatment period, state aid shall be terminated or appropriately reduced. Any patient who is eligible for the federal medicare program shall register and pay the premium for medicare medical insurance coverage where permitted prior to becoming eligible for state aid.

SECTION 3. 200.26 (6) of the statutes is repealed and recreated to read:

200.26 (6) HOSPITAL TREATMENT; REQUIRED COVERAGES. (a) Every contract issued by an organization and providing coverage for hospital treatment shall provide coverage for:

1. Hospital treatment of alcoholism; and

2. Inpatient and outpatient dialysis treatment for kidney disease including home dialysis and kidney transplantation expenses, in an amount not less than \$30,000 annually, and including protection for both the recipient and donor of any transplant organ, as provided in s. 49.48 (3) (b). No insurer shall be required to duplicate coverage available under the federal medicare program.

(b) In this subsection "hospital" means a general hospital or special hospital as defined in s. 140.24 (1) (c) licensed under s. 140.26 and providing for the treatment of any affliction under par. (a).

(c) Par. (a) 1 does not apply to contracts individually underwritten for a specific individual and members of his family.

(d) The department of health and social services may by rule impose reasonable standards for the treatment of diseases required to be covered under this subsection which shall not be inconsistent with or less stringent than applicable federal standards.

SECTION 4. 204.31 (3) (am) of the statutes is created to read:

204.31 (3) (am) *Required coverages.* Each policy under this section delivered or issued for delivery to any person in this state shall provide coverage for the following:

1. **Kidney disease treatment:** inpatient and outpatient kidney disease treatment, including dialysis, transplantation and donor-related services, in an amount not less than \$30,000 annually, as defined by the department of health and social services under s. 200.26 (6) (d). No insurer shall be required to duplicate coverage available under the federal medicare program.

SECTION 5. 204.321 (2) (d) 1 of the statutes, as affected by chapter 12, laws of 1973, is amended to read:

204.321 (2) (d) 1. Each group accident and sickness policy shall provide coverage for hospital treatment of alcoholism and kidney disease, as defined by the department of health and social services under s. 200.26 (6) (d). Kidney disease coverage shall include dialysis treatment approved by the department under s. 49.48 (2) (a), in an amount not less than \$30,000 annually. No insurer shall be required to duplicate coverage available under the federal medicare program.

SECTION 6. **Applicability.** SECTIONS 3 to 5 of this act shall apply to all nonprofit service plan contracts and all individual or group accident and sickness policies issued or renewed on or after the first day of the third month after publication.