February 12, 1997 – Introduced by Representatives Robson, Ladwig, R. Potter, Hanson, Baldwin, Seratti, Williams, Linton, Notestein, R. Young, Black, Musser, Cullen, Wasserman, Ziegelbauer, Carpenter, Turner, Reynolds, Ryba, Boyle and Gunderson, cosponsored by Senators Rosenzweig, Plache, Clausing, Buettner, Moen, Wirch and Risser. Referred to Committee on Mandates.

- 1 AN ACT to amend 40.51 (8), 40.51 (8m), 60.23 (25), 66.184, 120.13 (2) (g), 185.981
- 2 (4t) and 185.983 (1) (intro.); and **to create** 111.91 (2) (n), 609.79 and 632.895
- 3 (11) of the statutes; **relating to:** insurance coverage of hospital services after
- 4 a mastectomy.

Analysis by the Legislative Reference Bureau

This bill requires health care plans that provide coverage of any inpatient hospital services to provide coverage of at least 48 hours of inpatient hospital services after a mastectomy. If the insured's attending physician certifies that more than 48 hours of inpatient hospital services is necessary due to complications from surgery, the coverage must be provided for the amount of time that the physician certifies is necessary. The coverage requirement applies to both individual and group health insurance policies and plans, including health maintenance organizations, preferred provider plans and cooperative sickness care associations; to health plans offered by the state to its employes, including a self-insured plan; and to self-insured health plans of counties, cities, towns, villages and school districts. The requirement specifically does not apply to limited service health organizations. The requirement may be subject to any limitations, exclusions or cost-sharing provisions that apply generally under the policy or plan.

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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, as affected by 1995 Wisconsin Act 289, is
2	amended to read:
3	40.51 (8) Every health care coverage plan offered by the state under sub. (6)
4	shall comply with ss. 631.89 , 631.90 , 631.93 (2), 632.72 (2), 632.745 (1) to (3) and (5),
5	632.747, 632.87 (3) to (5), 632.895 (5m) and (8) to (10) (11) and 632.896 .
6	Section 2. 40.51 (8m) of the statutes, as created by 1995 Wisconsin Act 289,
7	is amended to read:
8	40.51 (8m) Every health care coverage plan offered by the group insurance
9	board under sub. (7) shall comply with ss. 632.745 (1) to (3) and (5) and, 632.747 and
10	<u>632.895 (11)</u> .
11	Section 3. 60.23 (25) of the statutes, as affected by 1995 Wisconsin Act 289,
12	is amended to read:
13	60.23 (25) Self-insured health plans. Provide health care benefits to its
14	officers and employes on a self-insured basis if the self-insured plan complies with
15	ss. 631.89, 631.90, 631.93 (2), 632.745 (2), (3) and (5) (a) 2. and (b) 2., 632.747 (3),
16	632.87 (4) and (5), 632.895 (9) and (11) and 632.896.
17	Section 4. 66.184 of the statutes, as affected by 1995 Wisconsin Act 289, is
18	amended to read:

66.184 Self-insured health plans. If a city, including a 1st class city, or a

village provides health care benefits under its home rule power, or if a town provides

health care benefits, to its officers and employes on a self-insured basis, the

self-insured plan shall comply with ss. 49.493 (3) (d), 631.89, 631.90, 631.93 (2), 1 $\mathbf{2}$ 632.745 (2), (3) and (5) (a) 2. and (b) 2., 632.747 (3), 632.87 (4) and (5), 632.895 (9) and 3 (10) to (11), 632.896, 767.25 (4m) (d) and 767.51 (3m) (d). 4 **Section 5.** 111.91 (2) (n) of the statutes is created to read: 5 111.91 (2) (n) The provision to employes of the health insurance coverage 6 required under s. 632.895 (11). 7 **Section 6.** 120.13 (2) (g) of the statutes, as affected by 1995 Wisconsin Act 289, 8 is amended to read: 9 120.13 (2) (g) Every self-insured plan under par. (b) shall comply with ss. 10 49.493 (3) (d), 631.89, 631.90, 631.93 (2), 632.745 (2), (3) and (5) (a) 2. and (b) 2., 11 632.747 (3), 632.87 (4) and (5), 632.895 (9) and (10) to (11), 632.896, 767.25 (4m) (d) 12 and 767.51 (3m) (d). 13 **Section 7.** 185.981 (4t) of the statutes, as affected by 1995 Wisconsin Act 289, 14 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, 632.747, 632.749, 632.87 (2m), (3), 17 (4) and (5), 632.895 (10) and (11) and 632.897 (10) and ch. 155. **Section 8.** 185.983 (1) (intro.) of the statutes, as affected by 1995 Wisconsin 18 19 Act 289, is amended to read: 20 185.983 (1) (intro.) Every such voluntary nonprofit sickness care plan shall be 21exempt from chs. 600 to 646, with the exception of ss. 601.04, 601.13, 601.31, 601.41, 22601.42, 601.43, 601.44, 601.45, 611.67, 619.04, 628.34 (10), 631.89, 631.93, 632.72 23 (2), 632.745, 632.747, 632.749, 632.775, 632.79, 632.795, 632.87 (2m), (3), (4) and (5), 24 632.895 (5), (9) and (10) and (9) to (11), 632.896 and 632.897 (10), subch. II of ch. 619 and chs. 609, 630, 635, 645 and 646, but the sponsoring association shall: 25

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SECTION 9.	609.79 of the s	statutes is	created to	read:

609.79 Coverage of inpatient hospital services after a mastectomy. Health maintenance organizations and preferred provider plans are subject to s. 632.895 (11).

Section 10. 632.895 (11) of the statutes is created to read:

632.895 (11) Inpatient hospital services after a mastectomy. (a) Every disability insurance policy, and every self-insured health plan of the state or a county, city, village, town or school district, that provides any coverage of inpatient hospital services shall provide coverage of inpatient hospital services for an insured who has undergone the surgical procedure known as a mastectomy for a period of at least 48 hours after the mastectomy was performed.

- (b) Notwithstanding par. (a), if the insured's attending physician certifies that the insured requires more than 48 hours of inpatient hospital services following the mastectomy due to complications arising from the surgery, the disability insurance policy or self-insured plan shall provide coverage of those inpatient hospital services for the period of time that is certified as necessary by the physician.
- (c) The coverage required under pars. (a) and (b) may be subject to any limitations, exclusions or cost-sharing provisions that apply generally under the disability insurance policy or self-insured health plan.
- (d) This subsection does not apply to a health care plan offered by a limited service health organization, as defined in s. 609.01 (3).

SECTION 11. Initial applicability.

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

publication.

(a) Except as provided in paragraphs (b) and (c), disability insurance policies
that are issued or renewed, and self-insured health plans that are established,
extended, modified or renewed, on the effective date of this paragraph.
(b) Disability insurance policies covering employes 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) Self-insured health plans covering employes who are affected by a collective
bargaining agreement containing provisions inconsistent with this act that are
established, extended, modified 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.
Section 12. Effective date.
(1) This act takes effect on the first day of the 5th month beginning after

(END)