State of Wisconsin
2005 - 2006 LEGISLATURE

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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.

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

SECTION 1. 40.51 (8) of the statutes is amended to read:

40.51 **(8)** Every health care coverage plan offered by the state under sub. (6) shall comply with ss. 631.89, 631.90, 631.93 (2), 631.95, 632.72 (2), 632.746 (1) to (8) and (10), 632.747, 632.748, 632.83, 632.835, 632.85, 632.853, 632.855, 632.87 (3) to ~~(5)~~ (6), 632.895 (5m) and (8) to (14) and 632.896.

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

66.0137 **(4)** 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 employees on a self–insured basis, the self–insured plan shall comply with ss. 49.493 (3) (d), 631.89, 631.90, 631.93 (2), 632.746 (10) (a) 2. and (b) 2., 632.747 (3), 632.85, 632.853, 632.855, 632.87 (4) ~~and~~, (5), and (6), 632.895 (9) to (14), 632.896 and 767.25 (4m) (d).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

2. The federal food and drug administration.

3. The federal department of defense.

4. The federal department of veterans affairs.

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

SECTION 11. 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 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) Self–insured health plans covering employees 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 7th month beginning after publication.

(END)