March 19, 2007 - Introduced by Representatives Schneider, Vruwink, Albers, Hubler, Kaufert, Grigsby and Sinicki. Referred to Committee on Insurance.

AN ACT to amend 40.51 (8), 40.51 (8m), 66.0137 (4), 111.91 (2) (n), 120.13 (2) (g),

185.981 (4t) and 185.983 (1) (intro.); and to create 609.87 and 632.895 (15) of

the statutes; relating to: health insurance coverage for wigs for cancer

patients.

Analysis by the Legislative Reference Bureau

This bill requires a health care plan to cover the cost of one wig for each individual covered under the plan who has been diagnosed with cancer if the treatment for the cancer causes the individual to lose his or her hair and the individual chooses to wear 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 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:

1

 $\mathbf{2}$

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

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, 632.855, 632.855, 632.857 (3) to (6), 632.895 (5m) and (8) to (14) (15), and 632.896. **Section 2.** 40.51 (8m) of the statutes is amended to read: 40.51 (8m) Every health care coverage plan offered by the group insurance board under sub. (7) shall comply with ss. 631.95, 632.746 (1) to (8) and (10), 632.747, 632.748, 632.83, 632.835, 632.85, 632.853, 632.855, and 632.895 (11) to (14) (15). **SECTION 3.** 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), (5), and (6), 632.895 (9) to (14) (15), 632.896, and 767.513 (4). **Section 4.** 111.91 (2) (n) of the statutes is amended to read: 111.91 (2) (n) The provision to employees of the health insurance coverage required under s. 632.895 (11) to (14) (15). **Section 5.** 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), (5), and (6), 632.895 (9) to (14) (15), 632.896, and 767.513 (4).

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

1

 $\mathbf{2}$

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

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), (5), and (6), 632.895 (10) to (14) (15), and 632.897 (10) and chs. 149 and 155. **Section 7.** 185.983 (1) (intro.) of the statutes is amended to read: 185.983 (1) (intro.) 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), (5), and (6), 632.895 (5) and (9) to (14) (15), 632.896, and 632.897 (10) and chs. 609, 630, 635, 645, and 646, but the sponsoring association shall: **Section 8.** 609.87 of the statutes is created to read: **609.87 Coverage of wigs.** Defined network plans are subject to s. 632.895 (15).**Section 9.** 632.895 (15) of the statutes is created to read: 632.895 (15) Wigs. (a) Except as provided in par. (c), every disability insurance policy, and every self-insured health plan of the state or a county, city, village, town, or school district, shall cover the cost of one wig per individual covered under the policy or plan if all of the following apply: 1. The covered individual has been diagnosed with, and is being treated for, cancer.

2. The cancer treatment is causing the covered individual to lose his or her hair.

3. The covered individual chooses to wear a wig.

1

 $\mathbf{2}$

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

- SECTION 9
- (b) The coverage required under par. (a) may not be subject to any limitations. exclusions, or cost-sharing provisions that are greater than those that apply generally to services or articles under the disability insurance policy or the self-insured health plan.
- (c) The coverage requirement under par. (a) does not apply to any of the following:
- 1. A disability insurance policy that covers only certain specified diseases other than cancer.
- 2. A health care plan offered by a limited service health organization, as defined in s. 609.01 (3), or by a preferred provider plan, as defined in s. 609.01 (4), that is not a defined network plan, as defined in s. 609.01 (1b).

Section 10. 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.
- 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:

7

1	1. The day on which the collective bargaining agreement expires.
2	2. The day on which the collective bargaining agreement is extended, modified
3	or renewed.
4	Section 11. Effective date.
5	(1) This act takes effect on the first day of the 7th month beginning after
6	publication.

(END)