SB 559 (see companion bill AB 571)

An Act relating to: allowing discounts for prompt payment of health care fees. This bill specifies that discounts for prompt payment do not violate prohibitions on reducing certain fees for health care services. Under current state law, a health care provider is prohibited from reducing or offering to reduce coinsurance or a
deductible of an individual covered under a health insurance policy that is required under the terms of the policy, unless paying the amount would be an undue financial hardship to the individual. This bill specifies as exempt from that and any other state law prohibitions a discount offered by a health care provider to an individual covered under a health insurance policy under certain circumstances.

SB 716 (see companion bill AB 745)

An Act relating to: prohibiting step therapy protocols for certain cancer drugs. This bill prohibits an insurer, pharmacy benefit manager, or utilization review organization from requiring a step therapy protocol for a drug that is prescribed for metastatic cancer or a cancer-associated condition and the use of the drug is approved by the federal Food and Drug Administration, consistent with best practices for the treatment of metastatic cancer or the cancer-associated condition, and supported by peer-reviewed publications that are based on evidence-based research.

AB 972 (see companion bill SB 972)

An relating to: prior authorization for coverage of physical therapy and other services under health plans. Under the bill, every health plan, when requested to reauthorize coverage, must issue a decision on reauthorization of coverage of a service for which prior authorization was previously obtained within 48 hours or prior authorization is assumed to be granted. Health plans are prohibited under the bill from requiring
prior authorization for the first 12 physical therapy visits with no duration of care limitation or for any nonpharmacologic management of pain provided through care related to physical

therapy provided to individuals with chronic pain for the first 90
days of treatment.

SB 972 (see companion bill AB 972)

An relating to: prior authorization for coverage of physical therapy and other services under health plans. Under the bill, every health plan, when requested to reauthorize coverage, must issue a decision on reauthorization of coverage of a service for which prior authorization was previously obtained within 48 hours or prior authorization is assumed to be granted. Health plans are prohibited under the bill from requiring
prior authorization for the first 12 physical therapy visits with no duration of care limitation or for any nonpharmacologic management of pain provided through care related to physical therapy provided to individuals with chronic pain for the first 90
days of treatment.

SB 552 (see companion bill AB 559)

An Act relating to: eliminating cost sharing for prescription drugs under the Medical Assistance program. Under current law, certain persons who receive health services under the Medical Assistance program, also known in this state as BadgerCare, are required
to contribute a cost sharing payment to the cost of certain health services. This bill eliminates all cost sharing payments for prescription drugs under the Medical
Assistance program.

SB 129

The bill prohibits, until the conclusion of a national emergency declared by the U.S. president in response to the 2019 novel coronavirus or June 30, 2021, whichever is earlier, a defined

network plan, including a health maintenance organization, or preferred provider plan from requiring an enrollee of the plan to pay more for a service, treatment, or supply provided by an out-of-network provider than if the service, treatment, or supply is provided by an in-network provider. This prohibition applies to any service, treatment, or supply that is related to the diagnosis of or treatment for COVID-19 and that is provided by an out-of-network provider because a participating provider is unavailable due to the emergency. For a service, treatment, or supply provided under those circumstances, the bill requires the plan to reimburse the out-of-network provider at 225 percent of the federal Medicare program rate. Also, under those circumstances, any health care provider or facility that provides a service, treatment, or supply to an enrollee of a plan but is not a participating provider of that plan shall accept as payment in full any payment by a plan that is at least 225 percent of the federal Medicare program rate and may not charge the enrollee an amount that exceeds the amount that the provider or facility is reimbursed by the plan.

AB 1

The bill prohibits, until the conclusion of a national emergency declared by the U.S. president in response to the 2019 novel coronavirus or until June 30, 2021, whichever is earlier, a defined network plan, including a health maintenance organization, or preferred provider plan from requiring an enrollee of the plan to pay more for a service, treatment, or supply provided by an out-of-network provider than if the service, treatment, or supply is provided by an in-network provider. This prohibition applies to any service, treatment, or supply that is related to the diagnosis of or treatment for COVID-19 and that is provided by an out-of-network provider because a participating provider is unavailable due to the emergency. For a service, treatment, or supply provided under those circumstances, the bill requires the plan to reimburse the out-of-network provider at 225 percent of the federal Medicare program rate. Also, under those circumstances, any health care provider or facility that provides a service, treatment, or supply to an enrollee of a plan but is not a participating provider of that plan shall accept as payment in full any payment by a plan that is at least 225 percent of the federal Medicare program rate and may not charge the enrollee an amount that exceeds the amount that the provider or facility is reimbursed by the plan.

AB 34 (see companion bill SB 40)

An Act relating to: coverage of individuals with preexisting conditions and benefit limits under health plans. Every individual health benefit plan must accept every individual in this state who applies for coverage and every group health benefit plan must accept every employer in this state that applies for coverage, regardless of whether any individual or employee has a preexisting condition. A health benefit plan offered on the individual or small employer market or a self-insured governmental health plan may not vary premium rates for a specific plan on any basis except age, tobacco use, area in the state, and whether the plan covers an individual or a family.

SB 40 (see companion bill AB 34)

An Act relating to: coverage of individuals with preexisting conditions and benefit limits under health plans. Every individual health benefit plan must accept every individual in this state who applies for coverage and every group health benefit plan must accept every employer in this state that applies for coverage, regardless of whether any individual or employee has a preexisting condition. A health benefit plan offered on the individual or small employer market or a self-insured governmental health plan may not vary premium rates for a specific plan on any basis except age, tobacco use, area in the state, and whether the plan covers an individual or a family.

AB 184 (see companion bill SB 215)

An Act relating to: application of prescription drug payments to health insurance cost-sharing requirements. This bill requires health insurance policies that offer prescription drug benefits, self-insured health plans, and pharmacy benefit managers acting on behalf of policies or plans to apply amounts paid by or on behalf of a person covered underthe policy or plan for prescription drugs to any calculation of an out-of-pocket maximum amount or to any cost-sharing requirement of the policy or plan. This
requirement applies regardless of whether a claim is submitted to the policy or plan to pay for

the prescription drug. Health insurance policies are referred to in the bill as disability insurance policies.