

1999 DRAFTING REQUEST

Assembly Substitute Amendment (ASA-AB392)

Received: 10/21/1999

Received By: kahlepj

Wanted: Soon

Identical to LRB:

For: David Cullen (608) 267-9836

By/Representing: himself

This file may be shown to any legislator: NO

Drafter: kahlepj

May Contact:

Alt. Drafters:

Subject: Insurance - miscellaneous
Insurance - health

Extra Copies:

Pre Topic:

No specific pre topic given

Topic:

Prohibited insurance practices on the basis of domestic abuse

Instructions:

See Attached

Drafting History:

<u>Vers.</u>	<u>Drafted</u>	<u>Reviewed</u>	<u>Typed</u>	<u>Proofed</u>	<u>Submitted</u>	<u>Jacketed</u>	<u>Required</u>
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DAVID CULLEN

STATE REPRESENTATIVE

MEMO

TO: Pam Kahler, Legislative Reference Bureau

FROM: Rep. David Cullen

RE: Substitute Amendment to AB 392

DATE: October 21, 1999

I want to thank you again and in advance for your help in the drafting of Assembly Bill 392 and your assistance in answering our questions leading up to today's public hearing. I certainly appreciate it.

As Ritch mentioned to you this afternoon, I would like to have some changes drafted and incorporated into a substitute amendment to AB 392. Attached for your review and convenience are a detailed letter from Michael Youngman of Northwestern Mutual Life, as well as a proposed draft of AB 392 with the changes already included. Please use these materials as you wish.

Following the numbering included in the letter, I would like the sub. to include the following provisions: #1, #2, #3, #4, #5, #6, #9, and #10.

Additionally, I would like to have provisions #7 and #8 drafted as amendments to the sub. and we will try and work out agreements with the interested parties prior to next week's executive session (which will be held on Wednesday, October 27).

Thank you in advance for your assistance with this request. If you have any questions or concerns, please feel free to contact Ritch Williams in my office at 7-9836.

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OFFICE: P.O. BOX 8952 • MADISON • WI 53708 • (608)267-9836
TOLL-FREE: 1-888-534-0013
EMAIL: Rep.Cullen@legis.state.wi.us
♻️ printed on recycled paper

MICHAEL L. YOUNGMAN

Vice President

**Northwestern
Mutual Life®**

October 19, 1999

Representative David Cullen
Room 216-North
State Capitol
Madison, WI 53708

Dear Representative Cullen:

I am writing to express the views of Northwestern Mutual Life on A.B. 392, relating to insurer practices regarding victims of domestic abuse. This letter also reflects the views of Aid Association for Lutherans, with which we worked closely in developing the following suggestions, the Wisconsin Association of Life and Health Insurers, and the American Council of Life Insurance.

Overall, we believe the legislation strikes an appropriate balance between providing prudent protections for victims of domestic or child abuse, while at the same time allowing life, disability income and long-term care insurers to reasonably conduct their operations. We appreciate your willingness in the past to seek and incorporate the views of the insurance industry in earlier proposals.

We do have several suggestions which we believe would strengthen the legislation, and better position it to receive wider support from the life insurance industry. We do not believe these changes would have any substantive effect on the overall objectives of the bill, however, they are modifications that reflect some nuances of typical insurance operations.

For simplicity's sake, I have attached a revised version of AB 392 incorporating our suggested amendments. Added wording appears in blue and deleted wording appears in red. The comments below reference the amendment number in the left hand margin.

Please do not interpret the number of suggestions that follow to be viewed as a criticism of the bill as a whole. Rather, we attempted to conduct a very thorough analysis of the bill and note any areas where we felt it could be improved. While we hope you will consider all of the following suggestions, we believe numbers 7 and 8 are of particular importance.

OK **Medical Information:** As currently drafted, the newly created §631.95(3)(b) allows for the use of medical information if "in medical, law enforcement or court records." We are not aware of any useful goal that is achieved by this restriction on the sources of information, and we would suggest that the wording better reflect the fact that information may come in from a variety of sources. For example, a fair amount of information, especially medical information, may be provided directly by the proposed insured during the application process. Under the current draft, the information provided directly by the applicant technically could not be used for the purposes outlined in §631.95(3)(b) subds. 1 to 4 unless it also existed in a medical, law enforcement or court record. We recommend that §631.95(3)(b) simply read:

With respect to an individual or group life insurance policy or certificate of group life insurance, an insurer may, ~~on the basis of information in medical, law enforcement or court records,~~ do any of the following:

We suggest an identical change in §631.95(3)(c).

ⓐ **"Is" A Perpetrator/Victim:** Throughout the text the phrase "a person who is, or who the insurer has reason to believe is" is used to describe a perpetrator or victim of domestic abuse. We believe these provisions in §631.95(3)(b) and (c) would provide greater flexibility to the insurer (and thus additional protection to the victim) if they were modified to read:

OK

2. Refuse to issue such a policy or certificate that names as a beneficiary a person who is, or was, or who the insurer had reason to believe is, or was, a perpetrator of abuse or domestic abuse against the person who is to be the insured under the policy.
3. Refuse to name as a beneficiary under such a policy or certificate a person who is or was, or who the insurer has reason to believe is or was, a perpetrator of abuse or domestic abuse against the insured under the policy.
4. Refuse to issue a policy or certificate to a person who is or was, or who the insurer has reason to believe is or was, a perpetrator of abuse or domestic abuse against the person who is to be the insured under the policy.

We have noted this change where appropriate throughout the draft, specifically in §631.95(3)(c), and in §631.95(6).

OK

ⓑ **Underwriting an Application/Insurance-Related Function:** In proposed §631.95(3)(b) subd. 6 we suggest modifications that clarify some insurance industry terminology (applications are underwritten and claims are administered) and add a more general allowance for other insurance-related functions that may not technically fall under underwriting or claims administration. We suggest a similar change in §631.95(3)(c) subd. 4.

OK

Ⓒ **Medical History:** In proposed §631.95(3)(b) subd. 6. and at several other points in the bill, the use of a person's "existing medical condition" is permitted. We believe that this language should be modified to allow the use of "a person's medical history and existing medical condition...." An examination of an individual's medical history, including past incidents of illness and injury is an important part of a life insurer's underwriting process. We do not want this statute to be misconstrued as limiting an insurer to only inquiring about a person's "existing" medical condition.

Ⓓ **Immunity Provisions:** We recommend that proposed §631.95(4) be modified to read:

include
disability
insurers too
OK
?

(4) Immunity for Life Insurers. An life insurer is immune from any civil or criminal liability for any action taken under subs. (3)(b) and (c) or for the death of, or injury to, an insured that results from abuse or domestic abuse ~~not~~ committed by the insurer.

This change would clarify that disability income and long-term care insurers would also be granted immunity for actions taken in accordance with the statute. We are somewhat confused by

the purpose of the "not committed by the insurer" language. It is a widespread insurance industry practice not to abuse our policyowners.

OK
⑥ **Notification of Reason for Denial:** As currently drafted, §631.95(5) would require that an insurer who denies coverage to an individual *for any reason* shall advise the applicant in writing for the reason of the denial. While we have no concerns about this provision, per se, and in fact similar provisions are in effect in several other states, such language should be placed in the general insurance chapter. We believe, however, your intent was to have this section apply only where the denial is based on domestic abuse. Our suggested change would have that effect.

?
⑦ **Removal of the word "use":** As currently drafted, proposed §631.95(2) and (3) contain substantive provisions setting out who can use information relating to domestic abuse and for what purposes. We believe it is very confusing to have "use" again discussed in §631.95(6), which is designed to deal with disclosure to other entities. We believe this amendment should be given very serious consideration.

?
⑧ **Medical Condition:** We believe that proposed §631.95(6)(a) subd. 2 should be deleted. It is our industry's belief that information about abuse *status* can justifiably be restricted. This paragraph, however, restricts the disclosure of basic medical *information*. While we believe many of our typical purposes for disclosing a medical condition, such as for underwriting or reinsurance purposes, are exempted later in the section, we believe the bill should be clear that only information about abuse status – not basic medical condition – is restricted. As with the previous amendment, we believe this suggested change should be given the most serious consideration.

OK
⑨ **"Necessary" for a Valid Business Purpose:** We believe removing the word "necessary" from §631.95(6)(c) subd. 2 would clarify that all disclosures or transfers of information for the articulated legitimate business purposes are allowable. "Necessary" creates a vague and subjective standard that does not always comport with legitimate business purpose. We think such after-the-fact subjective judgments should be avoided.

OK
⑩ **Policy Delivery:** We have suggested adding an additional exemption for the delivery of policies to a policyowner or assignee. In order for an insurer to preserve its right to contest a policy based on erroneous information in the application, a copy of the application must be presented to the policyowner with the policy. The additional wording simply clarifies that abuse-related information may be disclosed by this standard practice.

Let me reiterate that the life insurance industry fully understands and supports the underlying purpose and intent of this legislation. Ensuring that individuals will not be denied an opportunity to buy insurance simply because they have been a victim of domestic violence is a goal we all share. We hope you will consider the suggestions outlined above.

Please feel free to contact me if you have any questions regarding this matter.

Sincerely,



Michael L. Youngman
Vice President
Corporate and Government Relations

1999 -- 2000 LEGISLATURE

1999 ASSEMBLY BILL 392
Life Insurance Industry Suggested Amendments

JUNE 24, 1999 - Introduced by Representatives CULLEN, WASSERMAN, CARPENTER, YOUNG, J. LEHMAN, ZIEGELBAUER and BOCK, Cosponsored By Senators BURKE, ROBSON, CLAUSING, ROESSLER and DARLING. Referred To Committee On Insurance.

- 1 AN ACT *to amend* 40.51 (8), 40.51 (8m), 185.981 (4t) and 185.983(1) (intro.); and *to*
- 2 *create* 111.91 (2) (kc), 609.90 and 631.95 of the statutes; **relating to:** prohibiting certain
- 3 insurance practices on the basis of domestic abuse and prohibiting collective bargaining by
- 4 the state with respect to the prohibitions.

Analysis by the Legislative Reference Bureau

This bill prohibits an insurer from refusing to provide or renew coverage to a person or a group, or from canceling a person's or group's coverage, under any type of insurance policy on the basis that the person or a group member has been, or that the insurer has reason to believe that the person or a group member is, a victim of child or domestic abuse or that a member of the person's or a group member's family has been, or that the insurer has reason to believe that a member of the person's or a group member's family is, a victim of child or domestic abuse. (Under the statutes, domestic abuse refers to abuse of an adult family or household member.) The bill provides, however, that for life, disability income or long-term care insurance an insurer may refuse to issue a policy that would name as beneficiary a person who is, or who the insurer has reason to believe is, a perpetrator of child or domestic abuse against the person who would be the insured under the policy. An insurer also may refuse to issue a life, disability income or long-term care insurance policy to a person who lacks an insurable interest in the person who would be the insured under the policy.

Under the bill, an insurer is prohibited from using as a factor in determining rates, or any other aspect of insurance coverage, the knowledge or suspicion that a person or group member has been or is a victim of child or domestic abuse or that a member of the person's or a group member's family has been or is a victim of child or domestic abuse. The bill provides, however, that in establishing premiums for an individual health insurance policy (called disability insurance policy in the statutes) an insurer may inquire about and use information related to a person's existing medical condition, regardless of whether the condition was caused by child or domestic abuse.

The bill prohibits a health insurer from excluding or limiting coverage to a person or a group under a health insurance policy, or from denying a claim, for services or items

Life Insurance Industry Suggested Amendments

related to the treatment of injury or disease resulting from child or domestic abuse on the basis that the person or a group member has been, or that the insurer has reason to believe that the person or a group member is, a victim of child or domestic abuse or that a member of the person's or a group member's family has been, or that the insurer has reason to believe that a member of the person's or a group member's family is, a victim of child or domestic abuse.

A life insurer is prohibited from denying or limiting benefits to a beneficiary in the event that the death of the person whose life is insured results from child or domestic abuse on the basis that the person whose life is insured has been, or that the insurer has reason to believe that the person whose life is insured is, a victim of child or domestic abuse or that a member of the family of the person whose life is insured has been, or that the insurer has reason to believe that a member of the family of the person whose life is insured is, a victim of child or domestic abuse. A life insurer may however, deny or limit benefits to a beneficiary who perpetrates child or domestic abuse that results in the death of the person whose life is insured.

An insurer under a property and casualty insurance policy is prohibited from denying a claim of an insured on the basis that the damage to which the claim relates was caused by an intentional act, including child or domestic abuse. If the purpose of the claim is to obtain insurance proceeds, however, the prohibition applies only if the insured making the claim was unaware that the person intended to commit the intentional act.

With certain exceptions, the bill prohibits a person employed by an insurer or contracting with an insurer from using, disclosing or transferring certain personal information related to child or domestic abuse, such as information about whether a person or group member, or a member of the person's or group member's family has been or is believed to be a victim of child or domestic abuse and information about any medical condition of a person or group member, or member of the person's or group member's family, that is or that is believed to be the result of child or domestic abuse. With certain exceptions, the bill also prohibits a person employed by an insurer or contracting with an insurer from disclosing or transferring information related to the telephone number or address of a person or group member who is an insured or applicant for insurance, or a member of the family of a person or group member who is an insured or applicant for insurance.

The bill requires an insurer that denies coverage to a person or group under any type of insurance policy to advise the applicant in writing of the reasons for the denial. Insurers are already required under current law to specify in a cancellation or nonrenewal notice the basis for the cancellation or nonrenewal of an insurance policy.

Finally, the bill gives life insurers immunity from any civil or criminal liability for: 1) denying benefits to a beneficiary who is the perpetrator of child or domestic abuse that results in the death of the insured; 2) refusing to issue a life insurance policy that names as a beneficiary a person who is, or who the insurer has reason to believe is, a perpetrator of child or domestic abuse against the person who would be the insured under the policy; and 3) the death of, or injury to, an insured resulting from child or domestic abuse.

Current law contains two provisions that are somewhat similar to provisions in the bill. An insurer may not condition the provision of insurance coverage on, or consider in the determination of rates or any other aspect of insurance coverage, whether a person has obtained, or the results of, a test for the presence of human immunodeficiency virus (HIV), antigen or nonantigenic products of HIV or an antibody to HIV, or whether a person or a member of the persons family has obtained, or the results of, a genetic test.

For further information see the state and local fiscal estimate, which will be printed as an appendix to this bill.

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

3 **SECTION 1.** 40.51 (8) of the statutes, as affected by 1997 Wisconsin Act 27. section
4 1324m, is amended to read:

5 40.51(8) Every health care coverage plan offered by the state under sub. (6) shall
6 comply with ss. 631.89, 631.90, 631.93 (2), 631.95, 632.72 (2), 632.746(1) to (8) and (10),
7 632.747, 632.748, 632.87 (3) to (5), 632.895 (5m) and (8) to (13) and 632.896.

8 **SECTION 2.** 40.51 (8m) of the statutes, as affected by 1997 Wisconsin Act 27,
9 section 1325m, is amended to read:

10 40.51 (8m) Every health care coverage plan offered by the group insurance board
11 under sub. (7) shall comply with ss. 631.95, 632.746 (1) to (8) and (10), 632.747 and,
12 632.748 and 632.895 (11) to (13).

13 **SECTION 3.** 111.91(2) (kc) of the statutes is created to read:

14 111.91(2) (kc) Compliance with the insurance requirements under s. 631.95.

15 **SECTION 4.** 185.981 (4t) of the statutes, as affected by 1997 Wisconsin Act 27,
16 section 3133m, is amended to read:

17 185.981 (4t) A sickness care plan operated by a cooperative association is subject to
18 ss. 252.14, 631.89, 631.95, 632.72 (2), 632.745 to 632.749, 632.87 (2m), (3), (4) and (5),
19 632.895 (10) to (13) and 632.897 (10) and chs. 149 and 155.

20 **SECTION 5.** 185.983 (1) (intro.) of the statutes, as affected by 1997 Wisconsin Act
21 27, section 3134m, is amended to read:

1 185.983 (1) (intro.) Every such voluntary nonprofit sickness care plan shall be exempt
2 from chs. 600 to 646, with the exception of ss. 601.04, 601.13, 601.31, 601.41, 601.42,
3 601.43, 601.44, 601.45, 611.67, 619.04, 628.34 (10), 631.89, 631.93, 631.95, 632.72 (2),
4 632.745 to 632.749, 632.775, 632.79, 632.795, 632.87 (2m), (3), (4) and (5), 632.895 (5) and
5 (9) to (13), 632.896 and 632.897 (10) and chs. 609, 630, 635, 645 and 646, but the
6 sponsoring association shall:

7 **SECTION 6.** 609.90 of the statutes is created to read:

8 **609.90 Restrictions related to domestic abuse.** Limited service health organizations,
9 preferred provider plans and managed care plans are subject to s. 631.95.

10 **SECTION 7.** 631.95 of the statutes is created to read:

11 **631.95 Restrictions on insurance practices; domestic abuse. (1)**

12 DEFINITIONS. In this section:

13 (a) "Abuse" has the meaning given ins. 813.122 (1) (a).

14 (b) "Disability insurance policy" has the meaning given in 5. 632.895 (1) (a).

15 (c) "Domestic abuse" has the meaning given in 5. 968.075 (1) (a).

16 **(2) GENERAL PROHIBITIONS.** Except as provided in sub. (3), an insurer may not
17 do any of the following:

18 (b) Refuse to provide or renew coverage to a person, or cancel a person's coverage,
19 under an individual or group insurance policy or a certificate of group insurance on the basis
20 that the person has been, or the insurer has reason to believe that the person is, a victim of
21 abuse or domestic abuse or that a member of the person's family has been, or the insurer has
22 reason to believe that a member of the person's family is, a victim of abuse or domestic
23 abuse.

1 (b) Refuse to provide or renew coverage to an employer or other group, or cancel an
2 employer's or other group's coverage, under a group insurance policy on the basis that an
3 employe or other group member has been, or the insurer has reason to believe that an
4 employe or other group member is, a victim of abuse or domestic abuse or that a member of
5 an employe's or other group member's family has been, or the insurer has reason to believe
6 that a member of an employe's or other group member's family is, a victim of abuse or
7 domestic abuse.

8 (c) Use as a factor in the determination of rates or any other aspect of insurance
9 coverage under an individual or group insurance policy or a certificate of group insurance the
10 knowledge or suspicion that a person or an employe or other group member has been or is a
11 victim of abuse or domestic abuse or that a member of the person's or an employe's or other
12 group member's family has been or is a victim of abuse or domestic abuse.

13 (d) Under an individual or group disability insurance policy or a certificate of group
14 disability insurance, exclude or limit coverage of, or deny a claim for, health care services or
15 items related to the treatment of injury or disease resulting from abuse or domestic abuse on
16 the basis that a person or an employe or other group member has been, or the insurer has
17 reason to believe that a person or an employe or other group member is, a victim of abuse or
18 domestic abuse or that a member of the person's or an employe's or other group member's
19 family has been, or the insurer has reason to believe that a member of the person's or an
20 employe's or other group member's family is, a victim of abuse or domestic abuse.

21 (e) Under an individual or group life insurance policy or a certificate of group life
22 insurance, deny or limit benefits in the event that the death of the person whose life is insured
23 results from abuse or domestic abuse on the basis that the person whose life is insured has
24 been, or the insurer has reason to believe that the person whose life is insured is, a victim of

Life Insurance Industry Suggested Amendments

1 abuse or domestic abuse or that a member of the family of the person whose life is insured
2 has been, or the insurer has reason to believe that a member of the family of the person
3 whose life is insured is, a victim of abuse or domestic abuse.

4 (f) Under a property and casualty insurance policy, deny a claim of an insured on the
5 basis that the damages to which the claim relates were caused by an intentional act, including
6 abuse or domestic abuse, committed by another person, regardless of whether that other
7 person is also an insured. If the intentional act was committed for the purpose of obtaining
8 insurance proceeds, this paragraph applies only if the insured making the claim had no
9 knowledge that the other person intended to commit the intentional act.

10 (3) EXCEPTIONS AND QUALIFICATIONS RELATED TO PROHIBITIONS. (a)

11 *Individual disability insurance.* In establishing premiums for an individual disability
12 insurance policy an insurer may inquire about a person's existing medical condition and,
13 based on the opinion of a qualified actuary, as defined in 5. 623.06 (1c), use information
14 related to a person's existing medical condition, regardless of whether that condition is or
15 may have been caused by abuse or domestic abuse.

16 (b) *Life insurance.* With respect to an individual or group life insurance policy or a
17 certificate of group life insurance, an insurer may ~~on the basis of information in medical, law~~
18 ~~enforcement or court records,~~ do any of the following:

19 1. Deny or limit benefits under such a policy or certificate to a beneficiary who is the
20 perpetrator of abuse or domestic abuse that results in the death of the insured.

21 2. Refuse to issue such a policy or certificate that names as a beneficiary a person
22 who is, or was, or who the insurer has reason to believe is, or was, a perpetrator of abuse or
23 domestic abuse against the person who is to be the insured under the policy

1 3. Refuse to name as a beneficiary under such a policy or certificate a person who is,
2 or was, or who the insurer has reason to believe is, or was, a perpetrator of abuse or domestic
3 abuse against the insured under the policy

4 4. Refuse to issue such a policy or certificate to a person who is, or was, or who the
5 insurer has reason to believe is, or was, a perpetrator of abuse or domestic abuse against the
6 person who is to be the insured under the policy

7 5. Refuse to issue such a policy or certificate to a person who lacks an insurable
8 interest in the person who is to be the insured under the policy

9 6. For purposes of underwriting an application, ~~or~~ administering a claim under ~~such~~ a
10 **3** policy or certificate, or otherwise performing an insurance-related function, inquire about and
11 use information related to a person's medical history or existing medical condition, regardless
12 **4** of whether that condition is or may have been caused by abuse or domestic abuse. Any
13 adverse underwriting decision based on a person's medical history or medical condition must
14 be made in conformance with sound actuarial principles or otherwise supported by actual or
15 reasonably anticipated experience.

16 (c) *Disability income or long-term care insurance.* With respect to an individual or
17 group disability income or long-term care insurance policy or a certificate of group disability
18 income or long-term care insurance, an insurer may ~~on the basis of information in medical,~~
19 ~~law enforcement or court records,~~ do any of the following:

20 1. Refuse to name as a beneficiary under such a policy or certificate a person who is
21 or was, or who the insurer has reason to believe is or was, a perpetrator of abuse or domestic
22 abuse against the insured under the policy

1 2. Refuse to issue such a policy or certificate to a person who is or was, or who the
2 insurer has reason to believe is or was, a perpetrator of abuse or domestic abuse against the
3 person who is to be the insured under the policy.

4 3. Refuse to issue such a policy or certificate to a person who lacks an insurable
5 interest in the person who is to be the insured under the policy.

6 4. For purposes of underwriting an application, establishing premiums for or
7 administering a claim under ~~such~~ a policy or certificate, or otherwise performing an
8 insurance-related function, inquire about and use information related to a person's medical
9 history or existing medical condition, regardless of whether that condition is or may have
10 been caused by abuse or domestic abuse. Any adverse underwriting decision based on a
11 person's medical history or medical condition must be made in conformance with sound
12 actuarial principles or otherwise supported by actual or reasonably anticipated experience.

13 (4) IMMUNITY FOR ~~LIFE~~ INSURERS. An life-insurer is immune from any civil or
14 criminal liability for any action taken under sub. (3) (b) or (c) or for the death of, or injury to,
15 an insured that results from abuse or domestic abuse ~~not committed by the insurer~~.

16 (5) REASON FOR DENIAL IN WRITING. An insurer that denies coverage under an
17 individual or group insurance policy or a certificate of group insurance on the basis of a
18 medical condition that the insurer knows or has reason to know is abuse-related shall advise
19 the applicant or proposed insured in writing of the reasons for the denial.

20 (6) ~~USE AND~~ DISCLOSURE OR TRANSFER OF ABUSE INFORMATION. (a)
21 Except as provided in pars. (c) and (d) and sub. (3), no person employed by or contracting
22 with an insurer may ~~use~~, disclose or transfer information ~~related~~ as to any of the following:

23 1. Whether an insured or applicant for insurance or a member of the insured's or
24 applicant's family or whether an employe or other group member of an insured or applicant

1 for insurance or a member of the employe's or other group member's family is or has been a
2 victim of abuse or domestic abuse ~~or is believed, with reason, by the person employed by or~~
3 ~~contracting with the insurer to be a victim of abuse or domestic abuse.~~

4 ~~2. Any medical condition of an insured or applicant for insurance or a member of the~~
5 ~~insured's or applicant's family or of an employe or other group member of an insured or~~
6 ~~applicant for insurance or a member of the employe's or other group member's family that is,~~
7 ~~or that the person employed by or contracting with the insurer has reason to believe is, the~~
8 ~~result of abuse or domestic abuse.~~

9 3.2. Whether an insured or applicant for insurance, or whether an employe or other
10 group member of an insured or applicant for insurance, is a family member or associate of, or
11 a person in a relationship with, a person who is or has been, ~~or who the person employed by~~
12 ~~or contracting with the insurer has reason to believe is,~~ a victim of abuse or domestic abuse.

13 4.3. Whether an insured or an applicant for insurance is an employer of a person who
14 is or has been, ~~or who the person employed by or contracting with the insurer has reason to~~
15 ~~believe is,~~ a victim of abuse or domestic abuse.

16 (b) Except as provided in pars. (c) and (d), a person employed by or contracting with
17 an insurer may not disclose or transfer information related to the telephone number or
18 address or other location of any of the following individuals, if the person knows that the
19 individual is or has been, ~~or has reason to believe that the individual is,~~ a victim of abuse or
20 domestic abuse:

- 21 1. An insured.
- 22 2. An applicant for insurance.
- 23 3. An employe of an insured or of an applicant for insurance.
- 24 4. A group member of an insured or of an applicant for insurance.

1 5. A member of the family of any of the individuals listed in subs. 1. to 4.

2 (c) Paragraphs (a) and (b) do not apply if the ~~use~~, disclosure or transfer of the
3 information is made with the consent of the individual to whom the information relates or if
4 the ~~use~~, disclosure or transfer satisfies any of the following:

5 1. Is for a purpose related to the direct provision of health care services.

6 2. Is ~~necessary~~ for a valid business purpose, including the disclosure or transfer of the
7 information to any of the following:

8 a. A reinsurer.

9 b. A party to a proposed or consummated sale, transfer, merger or consolidation of all
10 or part of the business of the insurer.

11 c. Medical, underwriting or claims personnel under contract or affiliated with the
12 insurer.

13 d. An attorney representing the interests of the insurer.

14 3. Is in response to legal process.

15 4. Is required by a court order or an order of an entity with authority to regulate
16 insurance, or is otherwise required by law.

17 5. Is required or authorized by the commissioner by rule.

18 6. Is to a policyowner or assignee in the course of delivery of the policy, if the policy
19 contains information about abuse status.

20 (d) Nothing in this subsection limits or precludes an insured or an applicant for
21 insurance, or an employe or other group member of an insured or applicant for insurance,
22 from obtaining his or her own insurance records from an insurer.

23 **SECTION 8. Initial applicability.**

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

Life Insurance Industry Suggested Amendments

1 (a) Except as provided in paragraph (b), policies or certificates that are issued,
2 renewed or applied for, whichever is appropriate, on the effective date of this paragraph.

3 (b) Policies or certificates covering employees who are affected by a collective
4 bargaining agreement containing provisions inconsistent with this act that are issued,
5 renewed or applied for, whichever is appropriate, on the earlier of the following:

6 1. The day on which the collective bargaining agreement expires.

7 2. The day on which the collective bargaining agreement is extended, modified or
8 renewed.

9 **SECTION 9. Effective date.**

10 (1) This act takes effect on the first day of the 6th month beginning after publication.

Wed 1 pm

216 North

issues:

- ① make narrower?
- ③ too broad
- ⑤ could an insurer ever be an individual?
- ⑦ different subjects
- ⑧ add 610.70? (but keep)

policyholder vs policyowner

* OK to change to "is" instead of has reasons to believe is?

draft to be reviewed

✓ ① applicant (policyholder, insured)

✓ ② ok

✓ ③ get rid of broad language

✓ ④ ok

✓ ⑤ take off not committed by insurer

✓ ⑥ make it apply broadly - take it out of section

✓ ⑦ ok

✓ ⑧ take out ~~ok~~ #2

why take out reason to believe?
keep in now

✓ ⑨ ok to take out
attach applications

holder vs owner

✓ ⑩ ok as drafted



State of Wisconsin
1999 - 2000 LEGISLATURE

LRBs0153

PJK
CMT

PRELIMINARY DRAFT - NOT READY FOR INTRODUCTION
ASSEMBLY SUBSTITUTE AMENDMENT,
TO 1999 ASSEMBLY BILL 392

needed
today (mon)
D-note

gen cat

Insert 1-1

1 AN ACT relating to:

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

2 _____ END



ASSEMBLY BILL 392

or nonrenewal notice the basis for the cancellation or nonrenewal of an insurance policy.

Finally, the bill gives life insurers immunity from any civil or criminal liability for: 1) denying benefits to a beneficiary who is the perpetrator of child or domestic abuse that results in the death of the insured; 2) refusing to issue a life insurance policy that names as a beneficiary a person who is, or who the insurer has reason to believe is, a perpetrator of child or domestic abuse against the person who would be the insured under the policy; and 3) the death of, or injury to, an insured resulting from child or domestic abuse.

Current law contains two provisions that are somewhat similar to provisions in the bill. An insurer may not condition the provision of insurance coverage on, or consider in the determination of rates or any other aspect of insurance coverage, whether a person has obtained, or the results of, a test for the presence of human immunodeficiency virus (HIV), antigen or nonantigenic products of HIV or an antibody to HIV, or whether a person or a member of the person's family has obtained, or the results of, a genetic test.

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 1997 Wisconsin Act 27,
2 section 1324m, is 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), 631.95, 632.72 (2), 632.746 (1) to (8)
5 and (10), 632.747, 632.748, 632.87 (3) to (5), 632.895 (5m) and (8) to (13) and 632.896.

6 **SECTION 2.** 40.51 (8m) of the statutes, as affected by 1997 Wisconsin Act 27,
7 section 1325m, 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. 631.95, 632.746 (1) to (8) and (10), 632.747
10 and, 632.748 and 632.895 (11) to (13).

11 **SECTION 3.** 111.91 (2) (kc) of the statutes is created to read:

12 111.91 (2) (kc) Compliance with the insurance requirements under s. 631.95.

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1 SECTION 4. 185.981 (4t) of the statutes, as affected by 1997 Wisconsin Act 27,
2 section 3133m, is amended to read:

3 185.981 (4t) A sickness care plan operated by a cooperative association is
4 subject to ss. 252.14, 631.89, 631.95, 632.72 (2), 632.745 to 632.749, 632.87 (2m), (3),
5 (4) and (5), 632.895 (10) to (13) and 632.897 (10) and chs. 149 and 155.

6 SECTION 5. 185.983 (1) (intro.) of the statutes, as affected by 1997 Wisconsin
7 Act 27, section 3134m, is amended to read:

8 185.983 (1) (intro.) Every such voluntary nonprofit sickness care plan shall be
9 exempt from chs. 600 to 646, with the exception of ss. 601.04, 601.13, 601.31, 601.41,
10 601.42, 601.43, 601.44, 601.45, 611.67, 619.04, 628.34 (10), 631.89, 631.93, 631.95,
11 632.72 (2), 632.745 to 632.749, 632.775, 632.79, 632.795, 632.87 (2m), (3), (4) and (5),
12 632.895 (5) and (9) to (13), 632.896 and 632.897 (10) and chs. 609, 630, 635, 645 and
13 646, but the sponsoring association shall:

Insert 4-13

14 SECTION 6. 609.90 of the statutes is created to read:

15 **609.90 Restrictions related to domestic abuse.** Limited service health
16 organizations, preferred provider plans and managed care plans are subject to s.
17 631.95.

Insert 4-17

18 SECTION 7. 631.95 of the statutes is created to read:

19 **631.95 Restrictions on insurance practices; domestic abuse. (1)**

20 DEFINITIONS. In this section:

- 21 (a) "Abuse" has the meaning given in s. 813.122 (1) (a).
- 22 (b) "Disability insurance policy" has the meaning given in s. 632.895 (1) (a).
- 23 (c) "Domestic abuse" has the meaning given in s. 968.075 (1) (a).

24 (2) GENERAL PROHIBITIONS. Except as provided in sub. (3), an insurer may not
25 do any of the following:

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1 (a) Refuse to provide or renew coverage to a person, or cancel a person's
2 coverage, under an individual or group insurance policy or a certificate of group
3 insurance on the basis that the person has been, or the insurer has reason to believe
4 that the person is, a victim of abuse or domestic abuse or that a member of the
5 person's family has been, or the insurer has reason to believe that a member of the
6 person's family is, a victim of abuse or domestic abuse.

7 (b) Refuse to provide or renew coverage to an employer or other group, or cancel
8 an employer's or other group's coverage, under a group insurance policy on the basis
9 that an employe or other group member has been, or the insurer has reason to believe
10 that an employe or other group member is, a victim of abuse or domestic abuse or that
11 a member of an employe's or other group member's family has been, or the insurer
12 has reason to believe that a member of an employe's or other group member's family
13 is, a victim of abuse or domestic abuse.

14 (c) Use as a factor in the determination of rates or any other aspect of insurance
15 coverage under an individual or group insurance policy or a certificate of group
16 insurance the knowledge or suspicion that a person or an employe or other group
17 member has been or is a victim of abuse or domestic abuse or that a member of the
18 person's or an employe's or other group member's family has been or is a victim of
19 abuse or domestic abuse.

20 (d) Under an individual or group disability insurance policy or a certificate of
21 group disability insurance, exclude or limit coverage of, or deny a claim for, health
22 care services or items related to the treatment of injury or disease resulting from
23 abuse or domestic abuse on the basis that a person or an employe or other group
24 member has been, or the insurer has reason to believe that a person or an employe
25 or other group member is, a victim of abuse or domestic abuse or that a member of

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1 the person's or an employe's or other group member's family has been, or the insurer
2 has reason to believe that a member of the person's or an employe's or other group
3 member's family is, a victim of abuse or domestic abuse.

4 (e) Under an individual or group life insurance policy or a certificate of group
5 life insurance, deny or limit benefits in the event that the death of the person whose
6 life is insured results from abuse or domestic abuse on the basis that the person
7 whose life is insured has been, or the insurer has reason to believe that the person
8 whose life is insured is, a victim of abuse or domestic abuse or that a member of the
9 family of the person whose life is insured has been, or the insurer has reason to
10 believe that a member of the family of the person whose life is insured is, a victim
11 of abuse or domestic abuse.

12 (f) Under a property and casualty insurance policy, deny a claim of an insured
13 on the basis that the damages to which the claim relates were caused by an
14 intentional act, including abuse or domestic abuse, committed by another person,
15 regardless of whether that other person is also an insured. If the intentional act was
16 committed for the purpose of obtaining insurance proceeds, this paragraph applies
17 only if the insured making the claim had no knowledge that the other person
18 intended to commit the intentional act.

19 (3) EXCEPTIONS AND QUALIFICATIONS RELATED TO PROHIBITIONS. (a) *Individual*
20 *disability insurance.* In establishing premiums for an individual disability
21 insurance policy, an insurer may inquire about a person's existing medical condition
22 and, based on the opinion of a qualified actuary, as defined in s. 623.06 (1c), use
23 information related to a person's existing medical condition, regardless of whether
24 that condition is or may have been caused by abuse or domestic abuse.

ASSEMBLY BILL 392

Atet

1 (b) *Life insurance.* With respect to an individual or group life insurance policy
2 or a certificate of group life insurance, an insurer may, on the basis of information
3 in medical, law enforcement or court records, do any of the following:

Insert 7-3 ✓

4 1. Deny or limit benefits under such a policy or certificate to a beneficiary who
5 is the perpetrator of abuse or domestic abuse that results in the death of the insured.

6 2. Refuse to issue such a policy or certificate that names as a beneficiary a
7 person who is ^{or was} or who the insurer has reason to believe is ^{or was} a perpetrator of abuse or
8 domestic abuse against the person who is to be the insured under the policy.

9 3. Refuse to name as a beneficiary under such a policy or certificate a person
10 who is ^{or was} or who the insurer has reason to believe is ^{or was} a perpetrator of abuse or domestic
11 abuse against the insured under the policy.

12 4. Refuse to issue such a policy or certificate to a person who is ^{or was} or who the
13 insurer has reason to believe is ^{or was} a perpetrator of abuse or domestic abuse against the
14 person who is to be the insured under the policy.

15 5. Refuse to issue such a policy or certificate to a person who lacks an insurable
16 interest in the person who is to be the insured under the policy.

17 6. For purposes of ~~administering~~ administering a claim under such a policy
18 or certificate, inquire about and use information related to a person's existing
19 medical condition, regardless of whether that condition is or may have been caused
20 by abuse or domestic abuse. Any adverse underwriting decision based on a person's
21 medical condition must be made in conformance with sound actuarial principles or
22 otherwise supported by actual or reasonably anticipated experience.

or underwriting
medical history or

23 (c) *Disability income or long-term care insurance.* With respect to an individual
24 or group disability income or long-term care insurance policy or a certificate of group

ASSEMBLY BILL 392

1 disability income or long-term care insurance, an insurer may on the basis of
2 information in medical, law enforcement or court records do any of the following:

stet
enact 7-3

3 1. Refuse to name as a beneficiary under such a policy or certificate a person
4 who is *or was* or who the insurer has reason to believe is *or was* a perpetrator of abuse or domestic
5 abuse against the insured under the policy.

6 2. Refuse to issue such a policy or certificate to a person who is *or was* or who the
7 insurer has reason to believe is *or was* a perpetrator of abuse or domestic abuse against the
8 person who is to be the insured under the policy.

9 3. Refuse to issue such a policy or certificate to a person who lacks an insurable
10 interest in the person who is to be the insured under the policy.

medical history or

11 4. For purposes of underwriting, establishing premiums for or administering
12 a claim under such a policy or certificate, inquire about and use information related
13 to a person's existing medical condition, regardless of whether that condition is or
14 may have been caused by abuse or domestic abuse. Any adverse underwriting
15 decision based on a person's medical condition must be made in conformance with
16 sound actuarial principles or otherwise supported by actual or reasonably
17 anticipated experience.

18 (4) IMMUNITY FOR ~~INSURERS~~ ^{INSURERS} ~~INSURERS~~ ^{INSURERS} insurer is immune from any civil or
19 criminal liability for any action taken under sub. (3) ~~or~~ or for the death of, or injury
20 to, an insured that results from abuse or domestic abuse not committed by the

21 ~~insurer~~

22 (5) REASON FOR DENIAL IN WRITING. An insurer that denies coverage under an
23 individual or group insurance policy or a certificate of group insurance shall advise
24 the applicant or proposed insured in writing of the reasons for the denial.

on the basis of a medical condition that the insurer knows or has reason to know is or may have been caused by abuse or domestic abuse

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1 (6) USE AND DISCLOSURE OF ABUSE INFORMATION. (a) Except as provided in pars.
2 (c) and (d) and sub. (3), no person employed by or contracting with an insurer may
3 use, disclose or transfer information related to any of the following:

4 1. Whether an insured or applicant for insurance or a member of the insured's
5 or applicant's family, or whether an employe or other group member of an insured
6 or applicant for insurance or a member of the employe's or other group member's
7 family, ^{is or} has been ~~a victim of abuse or domestic abuse~~ or is ^{believed} ~~with reason~~ by
8 the person employed by or contracting with the insurer to be ^{or to have been} a victim of abuse or
9 domestic abuse.

10 2. Any medical condition of an insured or applicant for insurance or a member
11 of the insured's or applicant's family, or of an employe or other group member of an
12 insured or applicant for insurance or a member of the employe's or other group
13 member's family, that is, or that the person employed by or contracting with the
14 insurer has reason to believe is, the result of abuse or domestic abuse.

15 3. Whether an insured or applicant for insurance, or whether an employe or
16 other group member of an insured or applicant for insurance, is a family member or
17 associate of, or a person in a relationship with, a person who ^{is or} has been, or who the
18 person employed by or contracting with the insurer has reason to believe is, a victim
19 of abuse or domestic abuse. ^{or has been}

20 4. Whether an insured or an applicant for insurance is an employer of a person
21 who ^{is or} has been, or who the person employed by or contracting with the insurer has
22 reason to believe is, ^{or has been} a victim of abuse or domestic abuse.

23 (b) Except as provided in pars. (c) and (d), a person employed by or contracting
24 with an insurer may not disclose or transfer information related to the telephone
25 number or address or other location of any of the following individuals, if the person

ASSEMBLY BILL 392

1 knows that the individual has been or has reason to believe that the individual is
2 a victim of abuse or domestic abuse:

is a *stat* *committed abuse been*

- 3 1. An insured.
- 4 2. An applicant for insurance.
- 5 3. An employe of an insured or of an applicant for insurance.
- 6 4. A group member of an insured or of an applicant for insurance.
- 7 5. A member of the family of any of the individuals listed in subds. 1. to 4.

8 (c) Paragraphs (a) and (b) do not apply if the use, disclosure or transfer of the
9 information is made with the consent of the individual to whom the information
10 relates or if the use, disclosure or transfer satisfies any of the following:

- 11 1. Is for a purpose related to the direct provision of health care services.
- 12 2. Is ~~required~~ for a valid business purpose, including the disclosure or transfer
13 of the information to any of the following:
 - 14 a. A reinsurer.
 - 15 b. A party to a proposed or consummated sale, transfer, merger or consolidation
16 of all or part of the business of the insurer.
 - 17 c. Medical, underwriting or claims personnel under contract or affiliated with
18 the insurer.
 - 19 d. An attorney representing the interests of the insurer.
- 20 3. Is in response to legal process.
- 21 4. Is required by a court order or an order of an entity with authority to regulate
22 insurance, or is otherwise required by law.
- 23 5. Is required or authorized by the commissioner by rule.

9 e. The policyholder or ^{policyholder's} assignee as a ^{result of} delivery of the policy.

ASSEMBLY BILL 392

1 (d) Nothing in this subsection limits or precludes an insured or an applicant
2 for insurance, or an employe or other group member of an insured or applicant for
3 insurance, from obtaining his or her own insurance records from an insurer.

4 **SECTION 8. Initial applicability.**

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

6 (a) Except as provided in paragraph (b), policies or certificates that are issued,
7 renewed or applied for, whichever is appropriate, on the effective date of this
8 paragraph.

9 (b) Policies or certificates covering employes who are affected by a collective
10 bargaining agreement containing provisions inconsistent with this act that are
11 issued, renewed or applied for, whichever is appropriate, on the earlier of the
12 following:

- 13 1. The day on which the collective bargaining agreement expires.
- 14 2. The day on which the collective bargaining agreement is extended, modified
15 or renewed.

16 **SECTION 9. Effective date.**

17 (1) This act takes effect on the first day of the 6th month beginning after
18 publication.

19

(END)

Handwritten signature and initials. The signature is enclosed in a large oval. To the left of the oval are the initials "X". The signature itself appears to be "J. - note".



1999 ASSEMBLY BILL 392

June 24, 1999 - Introduced by Representatives CULLEN, WASSERMAN, CARPENTER, YOUNG, J. LEHMAN, ZIEGELBAUER and BOCK, cosponsored by Senators BURKE, ROBSON, CLAUSING, ROESSLER and DARLING. Referred to Committee on Insurance.

Insert 1-1

providing written reasons for coverage denial

- 1 AN ACT to amend 40.51 (8), 40.51 (8m), 185.981 (4t) and 185.983 (1) (intro.); and
- 2 to create 111.91 (2) (kc), 609.90 and 631.95 of the statutes; relating to:
- 3 prohibiting certain insurance practices on the basis of domestic abuse and
- 4 prohibiting collective bargaining by the state with respect to the prohibitions.

(end of ins. 1-1)

Analysis by the Legislative Reference Bureau

This bill prohibits an insurer from refusing to provide or renew coverage to a person or a group, or from canceling a person's or group's coverage, under any type of insurance policy on the basis that the person or a group member has been, or that the insurer has reason to believe that the person or a group member is, a victim of child or domestic abuse or that a member of the person's or a group member's family has been, or that the insurer has reason to believe that a member of the person's or a group member's family is, a victim of child or domestic abuse. (Under the statutes, domestic abuse refers to abuse of an adult family or household member.) The bill provides, however, that for life, disability income or long-term care insurance an insurer may refuse to issue a policy that would name as beneficiary a person who is, or who the insurer has reason to believe is, a perpetrator of child or domestic abuse against the person who would be the insured under the policy. An insurer also may refuse to issue a life, disability income or long-term care insurance policy to a person who lacks an insurable interest in the person who would be the insured under the policy.

Under the bill, an insurer is prohibited from using as a factor in determining rates, or any other aspect of insurance coverage, the knowledge or suspicion that a

1999-2000 DRAFTING INSERT
FROM THE
LEGISLATIVE REFERENCE BUREAU

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PJK.....

INSERT 4-13

SECTION 1. 609.89 of the statutes is created to read:

609.89 Written reason for coverage denial. Limited service health organizations, preferred provider plans and managed care plans are subject to s. 631.17.

(END OF INSERT 4-13)

INSERT 4-17

SECTION 2. 631.17 of the statutes is created to read:

631.17 Written reason for coverage denial. An insurer that denies coverage under an individual or group insurance policy or a certificate of group insurance shall advise the applicant or proposed insured in writing of the reasons for the denial.

(END OF INSERT 4-17)

Insert [✓] 7-3

not or on the basis of information provided
by the insured, policyholder or
applicant for insurance,

(end of ins. [✓] 7-3)

DRAFTER'S NOTE
FROM THE
LEGISLATIVE REFERENCE BUREAU

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PJK.....

Ch 11

DATE

Most of the changes suggested in the instructions for what will be a substitute amendment to AB-392 were incorporated. Please note especially the following changes, which are different from either the proposed draft or the instructions for the draft:

1. Section 631.17 is created to expand the application of the requirement to provide written reasons for a denial of coverage. (Note also the changes to ss. 185.981 (4t) and 185.983 (1) (intro.), the creation of s. 609.89 and the deletion of s. 631.95 (5) to reflect this change.)

2. Note the change in the language of s. 631.95 (3) (b) (intro.) and (c) (intro.). The sources of information are expanded to include the applicant, insured and policyholder.

3. Immunity for life insurers is expanded to apply to all insurers under s. 631.95 (4).

4. Section 631.95 (6) (a) still prohibits use of the specified information but subd. 2. has been deleted (regarding medical condition information).

5. Section 631.95 (3) (a) 6. and (b) 4. do not include "or otherwise performing an insurance-related function" because it is too broad. *the phrase*

See change in 6. In s. 631.95 (6) (a) and (b), ~~the language was not changed to say "has been or is"~~, the "reason to believe" language was retained to keep it more parallel with the language of s. 631.95 (3) (b) and (c). *If a person knows that another person is a victim of abuse, it is also accurate to say that the person has reason to believe that the other person is a victim of abuse, although the opposite is not true. In sub. (6) (a) and (b), the effect of retaining the "reason to believe" language is to prohibit the use or disclosure of information based on a person's belief that another person is a victim of abuse, rather than prohibiting the use or disclosure of information only if the person knows for sure that another person is a victim of abuse. Knowing that for sure might not be possible.*

7. Disclosing information to the policyholder or assignee is included under s. 631.95 (6) (c) 2., as disclosure for a valid business purpose. The last clause in the proposed language was left out as unnecessary and "in the course of delivery" was changed to "as a result of delivery" because it is, I think, more accurate.

5

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**DRAFTER'S NOTE
FROM THE
LEGISLATIVE REFERENCE BUREAU**

LRBs0153/1dn
PJK:cmh:km

October 25, 1999

Most of the changes suggested in the instructions for what will be a substitute amendment to AB-392 were incorporated. Please note especially the following changes, which are different from either the proposed draft or the instructions for the draft:

1. Section 631.17 is created to expand the application of the requirement to provide written reasons for a denial of coverage. (Note also the changes to ss. 185.981 (4t) and 185.983 (1) (intro.), the creation of s. 609.89 and the deletion of s. 631.95 (5) to reflect this change.)

2. Note the change in the language of s. 631.95 (3) (b) (intro.) and (c) (intro.). The sources of information are expanded to include the applicant, insured and policyholder.

3. Immunity for life insurers is expanded to apply to all insurers under s. 631.95 (4).

4. Section 631.95 (6) (a) still prohibits use of the specified information but subd. 2. has been deleted (regarding medical condition information).

5. Section 631.95 (3) (a) 6. and (b) 4. do not include the phrase "or otherwise performing an insurance-related function" because it is too broad.

6. See changes in s. 631.95 (6) (a) and (b) to keep it more parallel with the language of s. 631.95 (3) (b) and (c).

7. Disclosing information to the policyholder or assignee is included under s. 631.95 (6) (c) 2., as disclosure for a valid business purpose. The last clause in the proposed language was left out as unnecessary and "in the course of delivery" was changed to "as a result of delivery" because it is, I think, more accurate.

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631.95 (2) (F)
where a ~~part~~

policy excludes property coverage for intentional acts, the insurer shall not deny payment to an innocent co-insured who did not cooperate in or contribute to the creation of the loss if the loss arose out of a pattern of criminal domestic violence and the perpetrator of the loss is criminally prosecuted for the act causing the loss. Payment to the innocent co-insured may be limited to his or her ownership interest in the property as reduced by any payments to a mortgagor or other secured interest."