

1999 DRAFTING REQUEST

Bill

Received: 12/02/1999

Received By: **kahlepj**

Wanted: As time permits

Identical to LRB:

For: **Brian Burke (608) 266-8535**

By/Representing: **Debbie**

This file may be shown to any legislator: **NO**

Drafter: **kahlepj**

May Contact:

Alt. Drafters:

Subject: **Insurance - miscellaneous**

Extra Copies:

Pre Topic:

No specific pre topic given

Topic:

Insurance policy prohibitions related to persons who have been or may be victims 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>
/?	kahlepj 12/13/1999	wjackson 12/13/1999		_____			S&L
/1			martykr 12/14/1999	_____	lrb_docadmin 12/14/1999		S&L
/2	kahlepj 01/03/2000	wjackson 01/03/2000	jfrantze 01/04/2000	_____	lrb_docadmin 01/04/2000		S&L
/3	kahlepj 01/19/2000	wjackson 01/19/2000	jfrantze 01/19/2000	_____	lrb_docadmin 01/19/2000	lrb_docadmin 01/28/2000	

01/28/2000 11:32:01 AM
Page 2

FE Sent For:

02-08-00

<END>

↪

1999 DRAFTING REQUEST**Bill**

Received: 12/02/1999

Received By: **kahlepj**Wanted: **As time permits**

Identical to LRB:

For: **Brian Burke (608) 266-8535**By/Representing: **Debbie**This file may be shown to any legislator: **NO**Drafter: **kahlepj**

May Contact:

Alt. Drafters:

Subject: **Insurance - miscellaneous**

Extra Copies:

Pre Topic:

No specific pre topic given

Topic:

Insurance policy prohibitions related to persons who have been or may be victims 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>
/?	kahlepj 12/13/1999	wjackson 12/13/1999		_____			S&L
/1			martykr 12/14/1999	_____	lrb_docadmin 12/14/1999		S&L
/2	kahlepj 01/03/2000	wjackson 01/03/2000	jfrantze 01/04/2000	_____	lrb_docadmin 01/04/2000		S&L
/3	kahlepj 01/19/2000	wjackson 01/19/2000	jfrantze 01/19/2000	_____	lrb_docadmin 01/19/2000		

1999 DRAFTING REQUEST

Bill

Received: 12/02/1999

Received By: kahlepj

Wanted: As time permits

Identical to LRB:

For: Brian Burke (608) 266-8535

By/Representing: Debbie

This file may be shown to any legislator: NO

Drafter: kahlepj

May Contact:

Alt. Drafters:

Subject: Insurance - miscellaneous

Extra Copies:

Pre Topic:

No specific pre topic given

Topic:

Insurance policy prohibitions related to persons who have been or may be victims 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>
/?	kahlepj 12/13/1999	wjackson 12/13/1999		_____			S&L
/1			martykr 12/14/1999	_____	lrb_docadmin 12/14/1999		S&L
/2	kahlepj 01/03/2000	wjackson 01/03/2000	jfrantze 01/04/2000	_____	lrb_docadmin 01/04/2000		

FE Sent For:

26/1/19 *Self*
1/19
<END>

1999 DRAFTING REQUEST

Bill

Received: 12/02/1999

Received By: kahlepj

Wanted: As time permits

Identical to LRB:

For: Brian Burke (608) 266-8535

By/Representing: Debbie

This file may be shown to any legislator: NO

Drafter: kahlepj

May Contact:

Alt. Drafters:

Subject: Insurance - miscellaneous

Extra Copies:

Pre Topic:

No specific pre topic given

Topic:

Insurance policy prohibitions related to persons who have been or may be victims 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>
/?	kahlepj 12/13/1999	wjackson 12/13/1999		_____			S&L
/1			martykr 12/14/1999	_____	lrb_docadmin 12/14/1999		

FE Sent For:

tb/4 *tb/mc*
1/4
<END>

1999 DRAFTING REQUEST

Bill

Received: 12/02/1999

Received By: kahlepj

Wanted: As time permits

Identical to LRB:

For: Brian Burke (608) 266-8535

By/Representing: Debbie

This file may be shown to any legislator: NO

Drafter: kahlepj

May Contact:

Alt. Drafters:

Subject: Insurance - miscellaneous

Extra Copies:

Pre Topic:

No specific pre topic given

Topic:

Insurance policy prohibitions related to persons who have been or may be victims of domestic abuse

Instructions:

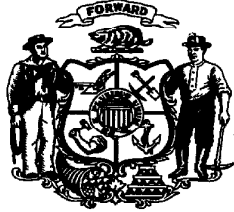
See Attached

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>
1?	kahlepj	1 WJ 12/13	*m 13/14	KJ 12 *m 14			

FE Sent For:

<END>



BRIAN BURKE

WISCONSIN STATE SENATOR

Senate Chair, Joint Committee on Finance

Memorandum

To: Pam Kahler – Legislative Reference Bureau
From: Senator Brian Burke
Date: 11/30/99
Re: Drafting Request – Senate companion bill to 1999 AB 392

(substitute amendment)

Please prepare a Senate companion bill to 1999 AB 392, relating to prohibiting certain insurance practices on the basis of domestic abuse and prohibiting collective bargaining by the state with respect to the prohibitions.

If you have any questions, please contact Debbie from my office at 6-8535.

Thank you for your assistance.

Call Peter

current form of sub?

no - wait

until final



State of Wisconsin
1999 - 2000 LEGISLATURE

LRB-4019/1
PJK.../...
Wlj

PRELIMINARY DRAFT - NOT READY FOR INTRODUCTION

Mon-
Very soon
(I need to use
the text for a
sub. redraft)

gen cat

insert RC ✓

1 AN ACT ...; relating to: ~~the~~

Analysis by the Legislative Reference Bureau

Insert A →

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

2 (END)



Section #. 40.51 (8)[✓] of the statutes is amended to read:

631.95[✓]

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), 632.72 (2), 632.746 (1) to (8) and (10), 632.747, 632.748, 632.85, 632.853, 632.855, 632.87 (3) to (5), 632.895 (5m) and (8) to (13) and 632.896.

History: 1981 c. 96; 1983 a. 27; 1985 a. 29; 1987 a. 27, 107, 356; 1987 a. 403 s. 256; 1989 a. 31, 93, 121, 129, 182, 201, 336, 359; 1991 a. 39, 70, 113, 152, 269, 315; 1993 a. 450, 481; 1995 a. 289; 1997 a. 27, 155, 202, 237, 252; s. 63.93 (2) (a).

Section #. 40.51 (8m)[✓] of the statutes is amended to read:

631.95,[✓]

40.51 (8m) Every health care coverage plan offered by the group insurance board under sub. (7) shall comply with ss. 632.746 (1) to (8) and (10), 632.747, 632.748, 632.85, 632.853, 632.855 and 632.895 (11) to (13).

NOTE: Sub. (8m) is shown as affected by four acts of the 1997 legislature and as merged by the revisor under s. 13.93 (2) (c).

History: 1981 c. 96; 1983 a. 27; 1985 a. 29; 1987 a. 27, 107, 356; 1987 a. 403 s. 256; 1989 a. 31, 93, 121, 129, 182, 201, 336, 359; 1991 a. 39, 70, 113, 152, 269, 315; 1993 a. 450, 481; 1995 a. 289; 1997 a. 27, 155, 202, 237, 252; s. 13.93 (2) (c).

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

*

4 SECTION 3. 111.91 (2) (kc) of the statutes is created to read:
 5 111.91 (2) (kc) Compliance with the insurance requirements under s. 631.95.

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

8 185.981 (4t) A sickness care plan operated by a cooperative association is
 9 subject to ss. 252.14, ~~631.17, 631.89, 631.95, 632.72 (2), 632.745 to 632.749, 632.87~~
 10 (2m), (3), (4) and (5), ~~632.895 (10) to (13) and 632.897 (10)~~ and chs. 149 and 155.

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

13 185.983 (1) (intro.) Every such voluntary nonprofit sickness care plan shall be
 14 exempt from chs. 600 to 646, with the exception of ss. 601.04, 601.13, 601.31, 601.41,
 15 601.42, 601.43, 601.44, 601.45, 611.67, 619.04, 628.34 (10), ~~631.17, 631.89, 631.93,~~
 16 ~~631.95, 632.72 (2), 632.745 to 632.749, 632.775, 632.79, 632.795, 632.87 (2m), (3), (4)~~
 17 and (5), 632.895 (5) and (9) to (13), 632.896 and 632.897 (10) and chs. 609, 630, 635,
 18 645 and 646, but the sponsoring association shall:

Insert 2-180

19 SECTION 6. 609.89 of the statutes is created to read:
 20 609.89 Written reason for coverage denial. Limited service health
 21 organizations, preferred provider plans and managed care plans are subject to s.
 22 631.17.

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

1 **609.90 Restrictions related to domestic abuse.** Limited service health
2 organizations, preferred provider plans and managed care plans are subject to s.
3 631.95.

4 **SECTION 8.** 631.17 of the statutes is created to read:

5 **631.17 Written reason for coverage denial.** An insurer that denies
6 coverage under an individual or group insurance policy or a certificate of group
7 insurance shall advise the applicant or proposed insured in writing of the reasons for
8 the denial.

9 **SECTION 9.** 631.95 of the statutes is created to read:

10 **631.95 Restrictions on insurance practices; domestic abuse. (1)**

11 **DEFINITIONS.** In this section:

12 (a) "Abuse" has the meaning given in s. 813.122 (1) (a).

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

14 (c) "Domestic abuse" has the meaning given in s. 968.075 (1) (a).

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

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

23 (b) Refuse to provide or renew coverage to an employer or other group, or cancel
24 an employer's or other group's coverage, under a group insurance policy on the basis
25 that an employe or other group member has been, or the insurer has reason to believe

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

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

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

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

1 believe that a member of the family of the person whose life is insured is, a victim
2 of abuse or domestic abuse.

3 (f) Under a property and casualty insurance policy that excludes coverage for
4 loss or damage to property resulting from intentional acts, deny payment to an
5 insured for a claim based on property loss or damage resulting from an act, or
6 pattern, of abuse or domestic abuse if that insured did not cooperate in or contribute
7 to the creation of the loss or damage and if the person who committed the act or acts
8 that caused the loss or damage is criminally prosecuted for the act or acts. Payment
9 to the innocent insured may be limited in accordance with his or her ownership
10 interest in the property or reduced by payments to a mortgagee or other holder of a
11 secured interest.

12 (3) EXCEPTIONS AND QUALIFICATIONS RELATED TO PROHIBITIONS. (a) ~~Individual~~
13 *disability insurance*. In establishing premiums for an individual or group disability
14 insurance policy or a certificate of group disability insurance, an insurer may inquire
15 about a person's existing medical condition and, based on the opinion of a qualified
16 actuary, as defined in s. 623.06 (1c), use information related to a person's existing
17 medical condition, regardless of whether that condition is or may have been caused
18 by abuse or domestic abuse.

19 (b) *Life insurance*. With respect to an individual or group life insurance policy
20 or a certificate of group life insurance, an insurer may, on the basis of information
21 in medical, law enforcement or court records, or on the basis of information provided
22 by the insured, policyholder or applicant for insurance, do any of the following:

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

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

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

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

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

13 6. For purposes of underwriting; administering a claim under; or determining
14 a person's eligibility for coverage, a benefit or payment under; such a policy or
15 certificate; or for purposes of servicing such a policy or certificate or an application
16 for such a policy or certificate; inquire about and use information related to a person's
17 medical history or existing medical condition, regardless of whether that condition
18 is or may have been caused by abuse or domestic abuse. Any adverse underwriting
19 decision based on a person's medical history or medical condition must be made in
20 ~~accordance~~ with sound actuarial principles or otherwise supported by actual or
21 reasonably anticipated experience.

Conformity

22 (c) *Disability income or long-term care insurance.* With respect to an individual
23 or group disability income or long-term care insurance policy or a certificate of group
24 disability income or long-term care insurance, an insurer may, on the basis of
25 information in medical, law enforcement or court records, or on the basis of

1 information provided by the insured, policyholder or applicant for insurance, do any
2 of the following:

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
5 abuse or domestic 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
7 the insurer has reason to believe is or was, a perpetrator of abuse or domestic abuse
8 against the 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.

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 medical history or existing medical condition, regardless of whether
14 that condition is or may have been caused by abuse or domestic abuse. Any adverse
15 underwriting decision based on a person's medical history or medical condition must
16 be made in ~~conformance~~ with sound actuarial principles or otherwise supported by
17 actual or reasonably anticipated experience.

18 (4) IMMUNITY FOR INSURERS. An insurer is immune from any civil or criminal
19 liability for any action taken under sub. (3) or for the death of, or injury to, an insured
20 that results from abuse or domestic abuse.

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

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

replace language with same as p. 6, lines 13 to 21 (but keep the no. 4 at the beginning

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

5 ²⁵ Whether an insured or applicant for insurance, or whether an employe or
6 other group member of an insured or applicant for insurance, is a family member or
7 associate of, or ~~associate of~~ in a relationship with, a person who is or has been, or who
8 the person employed by or contracting with the insurer has reason to believe is or has
9 been, a victim of abuse or domestic abuse.

10 ³ Whether an insured or an applicant for insurance ~~is or has been~~ ^{employs} a person
11 who is or has been, or who the person employed by or contracting with the insurer
12 has reason to believe is or has been, a victim of abuse or domestic abuse.

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

- 18 1. An insured.
- 19 2. An applicant for insurance.
- 20 3. An employe of an insured or of an applicant for insurance.
- 21 4. A group member of an insured or of an applicant for insurance.
- 22 5. A member of the family of any of the individuals listed in subds. 1. to 4.

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

- 1 1. Is for a purpose related to the direct provision of health care services.
- 2 2. Is for a valid business purpose, including the disclosure or transfer of the
- 3 information to any of the following:
- 4 a. A reinsurer.
- 5 b. A party to a proposed or consummated sale, transfer, merger or consolidation
- 6 of all or part of the business of the insurer.
- 7 c. Medical, underwriting or claims personnel under contract or affiliated with
- 8 the insurer.
- 9 d. An attorney representing the interests of the insurer.
- 10 e. The policyholder or policyholder's assignee as a result of delivery of the
- 11 policy.
- 12 3. Is in response to legal process.
- 13 4. Is required by a court order or an order of an entity with authority to regulate
- 14 insurance, or is otherwise required by law.
- 15 5. Is required or authorized by the commissioner by rule.
- 16 (d) Nothing in this subsection limits or precludes an insured or an applicant
- 17 for insurance, or an employe or other group member of an insured or applicant for
- 18 insurance, from obtaining his or her own insurance records from an insurer.

19 **SECTION 10. Initial applicability.**

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

21 (a) Except as provided in paragraph (b), policies or certificates that are issued,

22 renewed or applied for, whichever is appropriate, on the effective date of this

23 paragraph.

24 (b) Policies or certificates covering employes who are affected by a collective

25 bargaining agreement containing provisions inconsistent with this act that are

1 issued, renewed or applied for, whichever is appropriate, on the earlier of the
2 following:

- 3 1. The day on which the collective bargaining agreement expires.
4 2. The day on which the collective bargaining agreement is extended, modified
5 or renewed.

6 **SECTION 11. Effective date.**

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

9 (END)



State of Wisconsin
1999 - 2000 LEGISLATURE

LRBs0159/3
PJK:cmh:km

ASSEMBLY SUBSTITUTE AMENDMENT
TO 1999 ASSEMBLY BILL 392

Insert RC

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), 609.89, 609.90, 631.17 and 631.95 of the statutes;**
3 **relating to:** prohibiting certain insurance practices on the basis of domestic
4 abuse, providing written reasons for coverage denial and prohibiting collective
5 bargaining by the state with respect to the prohibitions.

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

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

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

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

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

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

5 111.91 (2) (kc) Compliance with the insurance requirements under s. 631.95

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

8 185.981 (4t) A sickness care plan operated by a cooperative association is
9 subject to ss. 252.14, 631.17, 631.89, 631.95, 632.72 (2), 632.745 to 632.749, 632.87
10 (2m), (3), (4) and (5), 632.895 (10) to (13) and 632.897 (10) and chs. 149 and 155.

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

13 185.983 (1) (intro.) Every such voluntary nonprofit sickness care plan shall be
14 exempt from chs. 600 to 646, with the exception of ss. 601.04, 601.13, 601.31, 601.41,
15 601.42, 601.43, 601.44, 601.45, 611.67, 619.04, 628.34 (10), 631.17, 631.89, 631.93,
16 631.95, 632.72 (2), 632.745 to 632.749, 632.775, 632.79, 632.795, 632.87 (2m), (3), (4)
17 and (5), 632.895 (5) and (9) to (13), 632.896 and 632.897 (10) and chs. 609, 630, 635,
18 645 and 646, but the sponsoring association shall:

19 **SECTION 6.** 609.89 of the statutes is created to read:

20 **609.89 Written reason for coverage denial.** Limited service health
21 organizations, preferred provider plans and managed care plans are subject to s.
22 631.17.

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



State of Wisconsin
1999 - 2000 LEGISLATURE

LRB-1312/2
PJK:cmh&jlgjf

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 A

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.

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.

or was

per 20

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

ASSEMBLY BILL 392

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 ~~for~~ ^{sa} 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 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

→

sa

Insert A-1

or to have been

is or

→ Insert A-2

ASSEMBLY BILL 392

life insurance

an insurer

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

Finally, the bill gives ~~the insurer~~ 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 was} a perpetrator of child or domestic abuse against the person who would be the insured under the policy; ~~and~~ 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.

actions that, in the bill, are exceptions to the specified prohibited actions, including

Event A-3

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, 631.98 (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.

(end of ins. A)

1999-2000 DRAFTING INSERT
FROM THE
LEGISLATIVE REFERENCE BUREAU

LRB-4019/?ins
PJK.....

INSERT A-1

An insurer under a property and casualty insurance policy that excludes coverage for loss or damage resulting from intentional acts is prohibited from denying a claim based on property loss or damage resulting from acts of child or domestic abuse if the insured making the claim did not cooperate in or contribute to the creation of the loss or damage and if the person who caused the loss or damage is criminally prosecuted for the acts that caused the loss or damage.

(END OF INSERT A-1)

INSERT A-2

, and who is or has been or who is believed to be or to have been a victim of child or domestic abuse

(END OF INSERT A-2)

INSERT A-3

3) refusing to name as a beneficiary under a life, disability income or long-term care insurance policy a person who is or was, or who the insurer has reason to believe is or was, a perpetrator of child or domestic abuse against the person who would be the insured under the policy; and 4) inquiring about and using information related to a person's medical condition, regardless of whether the condition was caused by child or domestic abuse, for the purpose of establishing premiums under a life, ~~disability~~ disability income or long-term care insurance policy. The bill also gives an insurer immunity from civil and criminal liability for

(END OF INSERT A-3)

under a health insurance policy and for various other insurance-related purposes

Insert 2-18

1072

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

631.17 ✓

185.981 (4t) A sickness care plan operated by a cooperative association is subject to ss. 252.14, 631.89, 632.72 (2), 632.745 to 632.749, 632.85, 632.853, 632.855, 632.87 (2m), (3), (4) and (5), 632.895 (10) to (13) and 632.897 (10) and chs. 149 and 155.

631.95 ✓

History: 1971 c. 40 s. 93; 1971 c. 307 s. 118; 1975 c. 98; 1975 c. 223 s. 28; 1975 c. 224 s. 146; 1975 c. 421; 1981 c. 39 s. 22; 1981 c. 205; 1981 c. 391 s. 210; 1985 a. 29; 1985 a. 30 s. 42; 1987 a. 27 ss. 1917e, 3202 (47) (a); 1987 a. 312 s. 17; 1989 a. 121, 129, 200, 201, 336; 1991 a. 39, 123, 269; 1993 a. 27, 450, 481; 1995 a. 27, 118, 289; 1997 a. 27, 155, 237.



Section #. 185.983 (1) (intro.)[✓] of the statutes is amended to read:

631.17[✓]

631.95[✓]

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), 631.89, 631.93, 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), 632.895 (5) and (9) to (13), 632.896 and 632.897 (10) and chs. 609, 630, 635, 645 and 646, but the sponsoring association shall:

History: 1975 c. 98; 1975 c. 224 s. 146; 1975 c. 352; 1975 c. 422 s. 163; 1977 c. 339; 1979 c. 89; 1981 c. 20; 1981 c. 39 s. 22; 1981 c. 82; 1981 c. 391 s. 210; 1983 a. 189 s. 329 (25); 1983 a. 396; 1985 a. 29 ss. 2060d to 2060r, 3202 (30); 1987 a. 27, 325; 1989 a. 23, 31, 129, 200, 201, 336, 359; 1991 a. 39, 189, 250, 269, 315; 1993 a. 450, 481, 482; 1995 a. 289; 1997 a. 27, 155, 237.

(and of ins. 2-18)



State of Wisconsin
1999 - 2000 LEGISLATURE

LRB-4019/2
PJK:wlj:km

nm is run

1999 BILL

*SOON
(1-3)
D-note
2 changes
pp. 2 & 7*

Regen

- 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), 609.89, 609.90, 631.17 and 631.95 of the statutes;
- 3 **relating to:** prohibiting certain insurance practices on the basis of domestic
- 4 abuse, providing written reasons for coverage denial and prohibiting collective
- 5 bargaining by 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 was, or who the insurer has reason to believe is or was, 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.

BILL

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 a 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 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 that excludes coverage for loss or damage resulting from intentional acts is prohibited from denying a claim based on property loss or damage resulting from acts of child or domestic abuse if the insured making the claim did not cooperate in or contribute to the creation of the loss or damage and if the person who caused the loss or damage is criminally prosecuted for the acts that caused the loss or damage.

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, is or has been or is believed to be or to have been a victim 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, and who is or has been or who is believed to be or to have been a victim of child or domestic abuse.

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

BILL

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

Finally, the bill gives an insurer immunity from any civil or criminal liability for actions that, in the bill, are exceptions to the specified prohibited actions, including: 1) denying life insurance 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 was, or who the insurer has reason to believe is or was, a perpetrator of child or domestic abuse against the person who would be the insured under the policy; 3) refusing to name as a beneficiary under a life, disability income or long-term care insurance policy a person who is or was, or who the insurer has reason to believe is or was, a perpetrator of child or domestic abuse against the person who would be the insured under the policy; and 4) inquiring about and using information related to a person's medical condition, regardless of whether the condition was caused by child or domestic abuse, for the purpose of establishing premiums under a health insurance policy and for various other insurance-related purposes under a life, disability income or long-term care insurance policy. The bill also gives an insurer immunity from civil and criminal liability for 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 is amended to read:
- 2 40.51 (8) Every health care coverage plan offered by the state under sub. (6)
- 3 shall comply with ss. 631.89, 631.90, 631.93 (2), 631.95, 632.72 (2), 632.746 (1) to (8)
- 4 and (10), 632.747, 632.748, 632.85, 632.853, 632.855, 632.87 (3) to (5), 632.895 (5m)
- 5 and (8) to (13) and 632.896.
- 6 **SECTION 2.** 40.51 (8m) of the statutes is amended to read:

BILL

1 40.51 (8m) Every health care coverage plan offered by the group insurance
2 board under sub. (7) shall comply with ss. 631.95, 632.746 (1) to (8) and (10), 632.747,
3 632.748, 632.85, 632.853, 632.855 and 632.895 (11) to (13).

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

5 111.91 (2) (kc) Compliance with the insurance requirements under s. 631.95.

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

7 185.981 (4t) A sickness care plan operated by a cooperative association is
8 subject to ss. 252.14, 631.17, 631.89, 631.95, 632.72 (2), 632.745 to 632.749, 632.85,
9 632.853, 632.855, 632.87 (2m), (3), (4) and (5), 632.895 (10) to (13) and 632.897 (10)
10 and chs. 149 and 155.

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

12 185.983 (1) (intro.) Every such voluntary nonprofit sickness care plan shall be
13 exempt from chs. 600 to 646, with the exception of ss. 601.04, 601.13, 601.31, 601.41,
14 601.42, 601.43, 601.44, 601.45, 611.67, 619.04, 628.34 (10), 631.17, 631.89, 631.93,
15 631.95, 632.72 (2), 632.745 to 632.749, 632.775, 632.79, 632.795, 632.85, 632.853,
16 632.855, 632.87 (2m), (3), (4) and (5), 632.895 (5) and (9) to (13), 632.896 and 632.897
17 (10) and chs. 609, 630, 635, 645 and 646, but the sponsoring association shall:

18 **SECTION 6.** 609.89 of the statutes is created to read:

19 **609.89 Written reason for coverage denial.** Limited service health
20 organizations, preferred provider plans and managed care plans are subject to s.
21 631.17.

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

23 **609.90 Restrictions related to domestic abuse.** Limited service health
24 organizations, preferred provider plans and managed care plans are subject to s.
25 631.95.

BILL

1 **SECTION 8.** 631.17 of the statutes is created to read:

2 **631.17 Written reason for coverage denial.** An insurer that denies
3 coverage under an individual or group insurance policy or a certificate of group
4 insurance shall advise the applicant or proposed insured in writing of the reasons for
5 the denial.

6 **SECTION 9.** 631.95 of the statutes is created to read:

7 **631.95 Restrictions on insurance practices; domestic abuse. (1)**

8 **DEFINITIONS.** In this section:

9 (a) “Abuse” has the meaning given in s. 813.122 (1) (a).

10 (b) “Disability insurance policy” has the meaning given in s. 632.895 (1) (a).

11 (c) “Domestic abuse” has the meaning given in s. 968.075 (1) (a).

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

14 (a) Refuse to provide or renew coverage to a person, or cancel a person’s
15 coverage, under an individual or group insurance policy or a certificate of group
16 insurance on the basis that the person has been, or the insurer has reason to believe
17 that the person is, a victim of abuse or domestic abuse or that a member of the
18 person’s family has been, or the insurer has reason to believe that a member of the
19 person’s family is, a victim of abuse or domestic abuse.

20 (b) Refuse to provide or renew coverage to an employer or other group, or cancel
21 an employer’s or other group’s coverage, under a group insurance policy on the basis
22 that an employe or other group member has been, or the insurer has reason to believe
23 that an employe or other group member is, a victim of abuse or domestic abuse or that
24 a member of an employe’s or other group member’s family has been, or the insurer

BILL

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

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

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

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

BILL

1 (f) Under a property ~~and casualty~~⁹ insurance policy that excludes coverage for
2 loss or damage to property resulting from intentional acts, deny payment to an
3 insured for a claim based on property loss or damage resulting from an act, or
4 pattern, of abuse or domestic abuse if that insured did not cooperate in or contribute
5 to the creation of the loss or damage and if the person who committed the act or acts
6 that caused the loss or damage is criminally prosecuted for the act or acts. Payment
7 to the innocent insured may be limited in accordance with his or her ownership
8 interest in the property or reduced by payments to a mortgagee or other holder of a
9 secured interest.

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

17 (b) *Life insurance*. With respect to an individual or group life insurance policy
18 or a certificate of group life insurance, an insurer may, on the basis of information
19 in medical, law enforcement or court records, or on the basis of information provided
20 by the insured, policyholder or applicant for insurance, do any of the following:

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

23 2. Refuse to issue such a policy or certificate that names as a beneficiary a
24 person who is or was, or who the insurer has reason to believe is or was, a perpetrator

BILL

1 of abuse or domestic abuse against the person who is to be the insured under the
2 policy.

3 3. 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
5 abuse or domestic abuse against the insured under the policy.

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

9 5. 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.

11 6. For purposes of underwriting; administering a claim under; or determining
12 a person's eligibility for coverage, a benefit or payment under; such a policy or
13 certificate; or for purposes of servicing such a policy or certificate or an application
14 for such a policy or certificate; inquire about and use information related to a person's
15 medical history or existing medical condition, regardless of whether that condition
16 is or may have been caused by abuse or domestic abuse. Any adverse underwriting
17 decision based on a person's medical history or medical condition must be made in
18 conformity with sound actuarial principles or otherwise supported by actual or
19 reasonably anticipated experience.

20 (c) *Disability income or long-term care insurance.* With respect to an individual
21 or group disability income or long-term care insurance policy or a certificate of group
22 disability income or long-term care insurance, an insurer may, on the basis of
23 information in medical, law enforcement or court records, or on the basis of
24 information provided by the insured, policyholder or applicant for insurance, do any
25 of the following:

BILL

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

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

7 3. 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 4. For purposes of underwriting; administering a claim under; or determining
10 a person's eligibility for coverage, a benefit or payment under; such a policy or
11 certificate; or for purposes of servicing such a policy or certificate or an application
12 for such a policy or certificate; inquire about and use information related to a person's
13 medical history or existing medical condition, regardless of whether that condition
14 is or may have been caused by abuse or domestic abuse. Any adverse underwriting
15 decision based on a person's medical history or medical condition must be made in
16 conformity with sound actuarial principles or otherwise supported by actual or
17 reasonably anticipated experience.

18 (4) IMMUNITY FOR INSURERS. An insurer is immune from any civil or criminal
19 liability for any action taken under sub. (3) or for the death of, or injury to, an insured
20 that results from abuse or domestic abuse.

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

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

BILL

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

5 2. Whether an insured or applicant for insurance, or whether an employe or
6 other group member of an insured or applicant for insurance, is a family member or
7 associate of, or in a relationship with, a person who is or has been, or who the person
8 employed by or contracting with the insurer has reason to believe is or has been, a
9 victim of abuse or domestic abuse.

10 3. Whether an insured or an applicant for insurance employs a person who is
11 or has been, or who the person employed by or contracting with the insurer has
12 reason to believe is or has been, a victim of abuse or domestic abuse.

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

18 1. An insured.

19 2. An applicant for insurance.

20 3. An employe of an insured or of an applicant for insurance.

21 4. A group member of an insured or of an applicant for insurance.

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

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

BILL

- 1 1. Is for a purpose related to the direct provision of health care services.
- 2 2. Is for a valid business purpose, including the disclosure or transfer of the
- 3 information to any of the following:
- 4 a. A reinsurer.
- 5 b. A party to a proposed or consummated sale, transfer, merger or consolidation
- 6 of all or part of the business of the insurer.
- 7 c. Medical, underwriting or claims personnel under contract or affiliated with
- 8 the insurer.
- 9 d. An attorney representing the interests of the insurer.
- 10 e. The policyholder or policyholder's assignee as a result of delivery of the
- 11 policy.
- 12 3. Is in response to legal process.
- 13 4. Is required by a court order or an order of an entity with authority to regulate
- 14 insurance, or is otherwise required by law.
- 15 5. Is required or authorized by the commissioner by rule.
- 16 (d) Nothing in this subsection limits or precludes an insured or an applicant
- 17 for insurance, or an employe or other group member of an insured or applicant for
- 18 insurance, from obtaining his or her own insurance records from an insurer.

SECTION 10. Initial applicability.

- 19 **SECTION 10. Initial applicability.**
- 20 (1) This act first applies to all of the following:
- 21 (a) Except as provided in paragraph (b), policies or certificates that are issued,
- 22 renewed or applied for, whichever is appropriate, on the effective date of this
- 23 paragraph.
- 24 (b) Policies or certificates covering employes who are affected by a collective
- 25 bargaining agreement containing provisions inconsistent with this act that are

BILL

1 issued, renewed or applied for, whichever is appropriate, on the earlier of the
2 following:

- 3 1. The day on which the collective bargaining agreement expires.
- 4 2. The day on which the collective bargaining agreement is extended, modified
5 or renewed.

6 **SECTION 11. Effective date.**

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

9 (END)

Dunge

D-note

Debbie: ^{of the draft}

This version makes one change,
which ~~Rep. Cullen's~~ was also made to
~~the~~ Rep. Cullen's substitute amendment
to ~~the~~ Assembly Bill 392: the words
"and casualty" are deleted after
"property" on page 7, line 1, so
that the insurance type referred to
is property insurance, not property
and casualty insurance.

PKK

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

LRB-4019/2dn
FJK:wj:jf

January 4, 2000

Debbie:

This version of the draft makes one change, which was also made to Rep. Cullen's substitute amendment to Assembly Bill 392: the words "and casualty" are deleted after "property" on page 7, line 1, so that the insurance type referred to is property insurance, not property and casualty insurance.

Pamela J. Kahler
Senior Legislative Attorney
Phone: (608) 266-2682
E-mail: Pam.Kahler@legis.state.wi.us



State of Wisconsin
1999 - 2000 LEGISLATURE

LRB-4019/3

PJK:wlj:jf

r m is new

1999 BILL

only changes
on pp 2 + 7
D-note

- 1 ^{Regan} 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), 609.89, 609.90, 631.17 and 631.95 of the statutes;
3 relating to: prohibiting certain insurance practices on the basis of domestic
4 abuse, providing written reasons for coverage denial and prohibiting collective
5 bargaining by 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 was, or who the insurer has reason to believe is or was, 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.

BILL

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 a 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 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 ~~that provides insurance~~ that excludes coverage for loss or damage resulting from intentional acts is prohibited from denying a claim based on property loss or damage resulting from acts of child or domestic abuse if the insured making the claim did not cooperate in or contribute to the creation of the loss or damage and if the person who caused the loss or damage is criminally prosecuted for the acts that caused the loss or damage.

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, is or has been or is believed to be or to have been a victim 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, and who is or has been or who is believed to be or to have been a victim of child or domestic abuse.

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

providing property insurance coverage

BILL

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

Finally, the bill gives an insurer immunity from any civil or criminal liability for actions that, in the bill, are exceptions to the specified prohibited actions, including: 1) denying life insurance 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 was, or who the insurer has reason to believe is or was, a perpetrator of child or domestic abuse against the person who would be the insured under the policy; 3) refusing to name as a beneficiary under a life, disability income or long-term care insurance policy a person who is or was, or who the insurer has reason to believe is or was, a perpetrator of child or domestic abuse against the person who would be the insured under the policy; and 4) inquiring about and using information related to a person's medical condition, regardless of whether the condition was caused by child or domestic abuse, for the purpose of establishing premiums under a health insurance policy and for various other insurance-related purposes under a life, disability income or long-term care insurance policy. The bill also gives an insurer immunity from civil and criminal liability for 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 is amended to read:

2 40.51 (8) Every health care coverage plan offered by the state under sub. (6)
3 shall comply with ss. 631.89, 631.90, 631.93 (2), ~~631.95~~, 632.72 (2), 632.746 (1) to (8)
4 and (10), 632.747, 632.748, 632.85, 632.853, 632.855, 632.87 (3) to (5), 632.895 (5m)
5 and (8) to (13) and 632.896.

6 **SECTION 2.** 40.51 (8m) of the statutes is amended to read:

BILL

1 40.51 (8m) Every health care coverage plan offered by the group insurance
2 board under sub. (7) shall comply with ss. 631.95, 632.746 (1) to (8) and (10), 632.747,
3 632.748, 632.85, 632.853, 632.855 and 632.895 (11) to (13).

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

5 111.91 (2) (kc) Compliance with the insurance requirements under s. 631.95.

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

7 185.981 (4t) A sickness care plan operated by a cooperative association is
8 subject to ss. 252.14, 631.17, 631.89, 631.95, 632.72 (2), 632.745 to 632.749, 632.85,
9 632.853, 632.855, 632.87 (2m), (3), (4) and (5), 632.895 (10) to (13) and 632.897 (10)
10 and chs. 149 and 155.

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

12 185.983 (1) (intro.) Every such voluntary nonprofit sickness care plan shall be
13 exempt from chs. 600 to 646, with the exception of ss. 601.04, 601.13, 601.31, 601.41,
14 601.42, 601.43, 601.44, 601.45, 611.67, 619.04, 628.34 (10), 631.17, 631.89, 631.93,
15 631.95, 632.72 (2), 632.745 to 632.749, 632.775, 632.79, 632.795, 632.85, 632.853,
16 632.855, 632.87 (2m), (3), (4) and (5), 632.895 (5) and (9) to (13), 632.896 and 632.897
17 (10) and chs. 609, 630, 635, 645 and 646, but the sponsoring association shall:

18 **SECTION 6.** 609.89 of the statutes is created to read:

19 **609.89 Written reason for coverage denial.** Limited service health
20 organizations, preferred provider plans and managed care plans are subject to s.
21 631.17.

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

23 **609.90 Restrictions related to domestic abuse.** Limited service health
24 organizations, preferred provider plans and managed care plans are subject to s.
25 631.95.

BILL

1 **SECTION 8.** 631.17 of the statutes is created to read:

2 **631.17 Written reason for coverage denial.** An insurer that denies
3 coverage under an individual or group insurance policy or a certificate of group
4 insurance shall advise the applicant or proposed insured in writing of the reasons for
5 the denial.

6 **SECTION 9.** 631.95 of the statutes is created to read:

7 **631.95 Restrictions on insurance practices; domestic abuse. (1)**

8 **DEFINITIONS.** In this section:

9 (a) “Abuse” has the meaning given in s. 813.122 (1) (a).

10 (b) “Disability insurance policy” has the meaning given in s. 632.895 (1) (a).

11 (c) “Domestic abuse” has the meaning given in s. 968.075 (1) (a).

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

14 (a) Refuse to provide or renew coverage to a person, or cancel a person’s
15 coverage, under an individual or group insurance policy or a certificate of group
16 insurance on the basis that the person has been, or the insurer has reason to believe
17 that the person is, a victim of abuse or domestic abuse or that a member of the
18 person’s family has been, or the insurer has reason to believe that a member of the
19 person’s family is, a victim of abuse or domestic abuse.

20 (b) Refuse to provide or renew coverage to an employer or other group, or cancel
21 an employer’s or other group’s coverage, under a group insurance policy on the basis
22 that an employe or other group member has been, or the insurer has reason to believe
23 that an employe or other group member is, a victim of abuse or domestic abuse or that
24 a member of an employe’s or other group member’s family has been, or the insurer

BILL

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

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

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

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

BILL

1

(f) Under ^eproperty insurance ~~that~~ ^{coverage} that excludes coverage for loss or damage to property resulting from intentional acts, deny payment to an insured for a claim based on property loss or damage resulting from an act, or pattern, of abuse or domestic abuse if that insured did not cooperate in or contribute to the creation of the loss or damage and if the person who committed the act or acts that caused the loss or damage is criminally prosecuted for the act or acts. Payment to the innocent insured may be limited in accordance with his or her ownership interest in the property or reduced by payments to a mortgagee or other holder of a secured interest.

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

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

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

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

2. Refuse to issue such a policy or certificate that names as a beneficiary 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.

BILL

1 3. Refuse to name as a beneficiary under such a policy or certificate a person
2 who is or was, or who the insurer has reason to believe is or was, a perpetrator of
3 abuse or domestic 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
5 the insurer has reason to believe is or was, a perpetrator of abuse or domestic abuse
6 against the 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; administering a claim under; or determining
10 a person's eligibility for coverage, a benefit or payment under; such a policy or
11 certificate; or for purposes of servicing such a policy or certificate or an application
12 for such a policy or certificate; inquire about and use information related to a person's
13 medical history or existing medical condition, regardless of whether that condition
14 is or may have been caused by abuse or domestic abuse. Any adverse underwriting
15 decision based on a person's medical history or medical condition must be made in
16 conformity with sound actuarial principles or otherwise supported by actual or
17 reasonably anticipated experience.

18 (c) *Disability income or long-term care insurance.* With respect to an individual
19 or group disability income or long-term care insurance policy or a certificate of group
20 disability income or long-term care insurance, an insurer may, on the basis of
21 information in medical, law enforcement or court records, or on the basis of
22 information provided by the insured, policyholder or applicant for insurance, do any
23 of the following:

BILL

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

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

7 3. 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 4. For purposes of underwriting; administering a claim under; or determining
10 a person's eligibility for coverage, a benefit or payment under; such a policy or
11 certificate; or for purposes of servicing such a policy or certificate or an application
12 for such a policy or certificate; inquire about and use information related to a person's
13 medical history or existing medical condition, regardless of whether that condition
14 is or may have been caused by abuse or domestic abuse. Any adverse underwriting
15 decision based on a person's medical history or medical condition must be made in
16 conformity with sound actuarial principles or otherwise supported by actual or
17 reasonably anticipated experience.

18 (4) IMMUNITY FOR INSURERS. An insurer is immune from any civil or criminal
19 liability for any action taken under sub. (3) or for the death of, or injury to, an insured
20 that results from abuse or domestic abuse.

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

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

BILL

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

5 2. Whether an insured or applicant for insurance, or whether an employe or
6 other group member of an insured or applicant for insurance, is a family member or
7 associate of, or in a relationship with, a person who is or has been, or who the person
8 employed by or contracting with the insurer has reason to believe is or has been, a
9 victim of abuse or domestic abuse.

10 3. Whether an insured or an applicant for insurance employs a person who is
11 or has been, or who the person employed by or contracting with the insurer has
12 reason to believe is or has been, a victim of abuse or domestic abuse.

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

18 1. An insured.

19 2. An applicant for insurance.

20 3. An employe of an insured or of an applicant for insurance.

21 4. A group member of an insured or of an applicant for insurance.

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

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

BILL

- 1 1. Is for a purpose related to the direct provision of health care services.
- 2 2. Is for a valid business purpose, including the disclosure or transfer of the
- 3 information to any of the following:
- 4 a. A reinsurer.
- 5 b. A party to a proposed or consummated sale, transfer, merger or consolidation
- 6 of all or part of the business of the insurer.
- 7 c. Medical, underwriting or claims personnel under contract or affiliated with
- 8 the insurer.
- 9 d. An attorney representing the interests of the insurer.
- 10 e. The policyholder or policyholder's assignee as a result of delivery of the
- 11 policy.
- 12 3. Is in response to legal process.
- 13 4. Is required by a court order or an order of an entity with authority to regulate
- 14 insurance, or is otherwise required by law.
- 15 5. Is required or authorized by the commissioner by rule.
- 16 (d) Nothing in this subsection limits or precludes an insured or an applicant
- 17 for insurance, or an employe or other group member of an insured or applicant for
- 18 insurance, from obtaining his or her own insurance records from an insurer.

SECTION 10. Initial applicability.

- 20 (1) This act first applies to all of the following:
- 21 (a) Except as provided in paragraph (b), policies or certificates that are issued,
- 22 renewed or applied for, whichever is appropriate, on the effective date of this
- 23 paragraph.
- 24 (b) Policies or certificates covering employes who are affected by a collective
- 25 bargaining agreement containing provisions inconsistent with this act that are

BILL

1 issued, renewed or applied for, whichever is appropriate, on the earlier of the
2 following:

- 3 1. The day on which the collective bargaining agreement expires.
4 2. The day on which the collective bargaining agreement is extended, modified
5 or renewed.

6 **SECTION 11. Effective date.**

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

9 (END)

D-note

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

LRB-4019/3dn
PJK:wljf

Debbie:

This version of the draft changes "a property insurance policy" on page 7 to "property insurance coverage." According to Ritch Williams, this is the final version.

Pamela J. Kahler
Senior Legislative Attorney
Phone: (608) 266-2682
E-mail: Pam.Kahler@legis.state.wi.us

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

LRB-4019/3dn
PJK:wlj:jf

January 19, 2000

Debbie:

This version of the draft changes "a property insurance policy" on page 7 to "property insurance coverage." According to Ritch Williams, this is the final version.

Pamela J. Kahler
Senior Legislative Attorney
Phone: (608) 266-2682
E-mail: Pam.Kahler@legis.state.wi.us

**SUBMITTAL
FORM**

LEGISLATIVE REFERENCE BUREAU
Legal Section Telephone: 266-3561
5th Floor, 100 N. Hamilton Street

The attached draft is submitted for your inspection. Please check each part carefully, proofread each word, and sign on the appropriate line(s) below.

Date: 01/19/2000

To: Senator Burke

Relating to LRB drafting number: LRB-4019

Topic

Insurance policy prohibitions related to persons who have been or may be victims of domestic abuse

Subject(s)

Insurance - miscellaneous

1. **JACKET** the draft for introduction B. Burke
in the Senate or the Assembly (check only one). Only the requester under whose name the drafting request is entered in the LRB's drafting records may authorize the draft to be submitted. Please allow one day for the preparation of the required copies.

2. **REDRAFT.** See the changes indicated or attached _____.
A revised draft will be submitted for your approval with changes incorporated.

3. Obtain **FISCAL ESTIMATE NOW**, prior to introduction _____.
If the analysis indicates that a fiscal estimate is required because the proposal makes an appropriation or increases or decreases existing appropriations or state or general local government fiscal liability or revenues, you have the option to request the fiscal estimate prior to introduction. If you choose to introduce the proposal without the fiscal estimate, the fiscal estimate will be requested automatically upon introduction. It takes about 10 days to obtain a fiscal estimate. Requesting the fiscal estimate prior to introduction retains your flexibility for possible redrafting of the proposal.

If you have any questions regarding the above procedures, please call 266-3561. If you have any questions relating to the attached draft, please feel free to call me.

Pamela J. Kahler, Senior Legislative Attorney
Telephone: (608) 266-2682