

DRAFTER'S NOTE
FROM THE
LEGISLATIVE REFERENCE BUREAU

LRB-1797/P1dn
PJK:jld:sh

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The protections under ss. 632.746 (10) and 632.748 apply to employer-provided group policies (including the state and municipalities) and to state and municipal self-insured health plans, although the requirements for the state and municipal plans may not be identical to what is in the statutes since those requirements are subject to rules promulgated by the secretary of employee trust funds.

The requirement in this draft applies to both individual policies and group policies because, although s. 632.746 (10) requires insurers to offer coverage under group policies to all eligible employees and s. 632.748 prohibits an insurer from establishing rules for eligibility under an employer-provided group policy based on health status-related factors, there may be some group policies that are not employer-provided. Also, there may be some situations (I do not know for sure) in which private employers provide coverage to "eligible employees" without medical underwriting and to other employees (those who work fewer than 30 hours) with medical underwriting. Let me know, however, if you want this draft limited to individual plans because you feel that group plans are adequately addressed.

Pamela J. Kahler
Senior Legislative Attorney
Phone: (608) 266-2682
E-mail: pam.kahler@legis.wisconsin.gov