

**SB**

**197**

**HFIN**

**FILE**

# HOUSE COMMITTEE REPORT

(11)

Date Referred to Committee: April 12, 1996

FURTHER REFERRALS:

Date of Committee Action: 4/26/96

The FINANCE Committee considered:

CSSB 197(L&C)

CS FOR SENATE BILL NO. 197(L&C)

INS:DOMESTIC VIOL. VICTIMS & DISCLOSURES

"An Act relating to insurance covering an insured who is a victim of domestic violence and requiring certain disclosures by an insurer."

recommends it be replaced with the following committee substitute H/S CSSB 197(FIN)  the same title  a new title

additional referral to \_\_\_\_\_ Committee

attached amendment(s)

ADJUSTS: \_\_\_\_\_ Letter of Intent

ATTACHES NEW FISCAL NOTE(S): (Dept) \_\_\_\_\_

APPROVES PREVIOUS: (Dept, Date) \_\_\_\_\_

fiscal note(s) \_\_\_\_\_

fiscal note(s) \_\_\_\_\_

zero fiscal note(s) DDC

zero fiscal note(s) Senate CED 2/23/96

SIGNING WITH RECOMMENDATIONS		DP	DNP	NR	AM
<i>Richard Foster</i>	Foster	X			
<i>John Mulder</i>	Mulder	X			
<i>Terry Martin</i>	Martin	X			
<i>Eric Kohring</i>	Kohring	X			
<i>Eric Thurnau</i>	Thurnau	X			
<i>Eric Navarre</i>	Navarre				X
<i>Pat Kelly</i>	Kelly	X			
<i>Paul Pannell</i>	Pannell			X	
<i>James Grosswendt</i>	Grosswendt	X			
<i>James Brown</i>	Brown				X

CHAIR'S SIGNATURE \_\_\_\_\_

*Richard Foster*

# FISCAL NOTE

No. 1

Bill Version: CS SB 197(LIC)

(S) Publish Date: 2-23-96

**STATE OF ALASKA  
1996 LEGISLATIVE SESSION**

Revision Date: February 20, 1996

Department: Commerce and Economic Development

Title: Prohibit Increase in Ins. for Domestic Violence

BRU: Insurance

Component: Operations

Sponsor: Senators Donley, Ellis, Sato

Requestor: Senate L&C Committee

COMPONENT SERIAL NO. 4354

Expenditures/Revenues	(Thousands of Dollars)					
OPERATING EXPENDITURES	FY 97	FY 98	FY 99	FY 00	FY 01	FY 02
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
<b>TOTAL OPERATING</b>	00	00	00	00	00	00

CAPITAL EXPENDITURES						
----------------------	--	--	--	--	--	--

CHANGE IN REVENUES						
--------------------	--	--	--	--	--	--

FUND SOURCE	(Thousands of Dollars)					
1002 Federal Receipts						
1003 GF Match						
1004 General Fund						
1005 GF/Program Receipts						
1008 GF/MHTA						
Other						
<b>TOTAL</b>	00	00	00	00	00	00

Estimate of any current year (FY 98) cost: \$ 00

POSITIONS	FY 97	FY 98	FY 99	FY 00	FY 01	FY 02
FULL-TIME	0	0	0	0	0	0
PART-TIME						
TEMPORARY						

ANALYSIS: (Attach a separate page if necessary)  
 No fiscal impact.

Prepared by: Joan Brown, Administrative Officer Phone: 465-2587  
 Division: Insurance Date: 2/20/96  
 Approved by Commissioner: William L. Hensley Date: 2-20-96  
 Agency: Commerce and Economic Development

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1998 LEGISLATIVE SESSION

Revision Date \_\_\_\_\_  
 Title Ins Domestic Viol Victims & Disclosures  
 Sponsor Senator Donley  
 Requestor H Finance

Dept. Affected Public Safety  
 BRU CDVSA  
 Component CDVSA  
 COMPONENT SERIAL NO. 0521

EXPENDITURES/REVENUES: (Thousands of Dollars) (inflation not included)

OPERATING	FY 97	FY 98	FY 99	FY 00	FY 01	FY 02
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING	-0-	-0-	-0-	-0-	-0-	-0-
CAPITAL EXPENDITURES	-0-	-0-	-0-	-0-	-0-	-0-
CHANGE IN REVENUES ( )	-0-	-0-	-0-	-0-	-0-	-0-
Code Revenue						

FUNDING: (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF						
1005 GF/Program Receipts						
1006 GF/MHTIA						
Other						
TOTAL	-0-	-0-	-0-	-0-	-0-	-0-

Estimate of current year (FY 98) impact \$ \_\_\_\_\_

POSITIONS

FULL-TIME	0	0	0	0	0	0
PART-TIME	0	0	0	0	0	0
TEMPORARY	0	0	0	0	0	0

ANALYSIS (Attach a separate page if necessary)  
 No fiscal impact is anticipated to the Council at this time

Prepared By Jayne E Andreen Phone 907-465-4356  
 Division Council on Domestic Violence and Sexual Assault Date 4/19/98  
 Approved by Commissioner Ronald L. Otto Date 4/19/98  
 Agency Ronald L. Otto, Dept. of Public Safety

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*adopted*

AMENDMENT |

*by Mulder*

OFFERED IN THE HOUSE FINANCE COMMITTEE  
TO: HOUSE CS FOR CSSB 197(L&C)

Page 1, Line 6:

After "An insurer" insert the following language

"offering life, disability or health insurance in Alaska"

AMENDMENT 2 failed

OFFERED IN THE HOUSE

TO: HCS CSSB 197(L&C)

1 Page 1, following line 14:

2 Insert a new subsection to read:

3 "(c) Records maintained by an insurer that <sup>identify</sup> ~~disclose~~ the insured <sup>AS</sup> ~~is~~

4 a victim of domestic violence are confidential and may not be disclosed by an insurer

5 except with the permission of the applicant or the insured or as <sup>authorized</sup> ~~required~~ by a court

6 of competent jurisdiction." or The Div of Insurance.

AMENDMENT 3

*Withdrawn*

OFFERED IN THE HOUSE

TO: HCS CSSB 197(L&C)

1 Page 2, lines 1 - 7:

2 Delete all material and insert:

3 "Sec. 21.36.440. REQUIRED DISCLOSURE. An insurer who refuses to  
4 provide insurance coverage to an applicant or insured, or who cancels existing  
5 coverage shall provide a written explanation of the refusal or cancellation to the  
6 applicant or insured."

Adopted

9-LS1218W.5 -  
Ford  
4/25/96

AMENDMENT

4

OFFERED IN THE HOUSE

TO: HCS CSSB 197(L&C)

- 1 Page 1, line 9:
- 2 Delete "applicant or insured"
- 3 Insert "person"
  
- 4 Page 1, line 13:
- 5 Delete "an insured or applicant"
- 6 Insert "a person"

AMENDMENT

*Withdrawn*

OFFERED IN THE HOUSE

BY REPRESENTATIVE BROWN

TO: HCS CSSB 197(L&C)

- 1 Page 1, line 6:
- 2 Delete "(a)"
  
- 3 Page 1, lines 11 - 14:
- 4 Delete all material.

*W. M. Brown*AMENDMENT

OFFERED IN THE HOUSE

BY REPRESENTATIVE BROWN

TO: HCS CSSB 197(L&amp;C)

1 Page 1, following line 14:

2 Insert a new subsection to read:

3 "(c) An insurer may not underwrite or rate a medical condition as allowed  
4 under (b) of this section if the underwriting or rating adversely affects an applicant  
5 or insured who is a victim of domestic violence unless6 (1) the insurer explains the reason for the underwriting or rating to the  
7 applicant or insured in writing; and

8 (2) the underwriting or rating

9 (A) does not have the purpose or effect of treating the  
10 existence of domestic violence as a medical condition or underwriting  
11 criterion;12 (B) is not based on an actual or perceived correlation between  
13 a medical condition and domestic violence;14 (C) is otherwise permitted by law and applies in the same  
15 manner and to the same extent to all applicants and insureds with a similar  
16 medical condition without regard to whether the condition or claim is related  
17 to domestic violence; and18 (D) is based on a determination, made in conformance with  
19 sound actuarial principles and support by reasonable statistical evidence, that  
20 there is a correlation between the medical condition and a material increase in  
21 insurance risk."



# SENATOR DAVE DONLEY

ALASKA STATE LEGISLATURE

## Sponsor Statement

HCSSB 197(L&C)

Prohibiting Insurance Companies from Discriminating  
Against Victims of Domestic Violence

4/10/96

SB 197 unanimously passed the Senate on February 28th. SB 197 protects victims of domestic violence from insurance company discrimination such as refusing to provide coverage, from canceling a policy, and from increasing premiums only on the basis of domestic violence. SB 197 also requires upon written request of the applicant an insurer must disclose the reason insurance coverage was denied or cancelled.

SB197 was amended by the House Labor & Commerce Committee deleting a sub-section requiring confidentiality of records identifying an individual as a victim of domestic violence. The House Labor & Commerce Committee also added a sub-section further defining that this shall not prevent insurers from rating for medical conditions in the same manner as before.

SB 197 was drafted with the advise and support of the Division of Insurance.

The statutory provisions contained in SB 197 are necessary to protect victims of domestic violence. An informal survey by the Sub-Committee on Crime and Criminal Justice of the United States Judiciary Committee shows that eight out of sixteen of the largest insurance companies use domestic violence as a factor while rating insurance.

Eight states have passed legislation similar to SB 197 including Florida, Connecticut, Iowa, Delaware, California, New Jersey, Pennsylvania, and Massachusetts. Legislation similar to SB 197 passed California's legislature with only one opposing vote. There is legislation similar to SB 197 pending in six states and in Congress. Alaska's proactive measures follow the nation-wide trend by adopting legislation that protects innocent victims of domestic violence from insurance discrimination.

Currently, there is no protection in Alaska for victims of domestic violence against insurance premium increases, cancellation, or denial. SB 197 protects innocent victims of domestic violence from being unfairly discriminated against by insurance companies. Insurers discriminating against domestic violence victims has been a serious problem in the lower 48 and SB 197 will prevent similar occurrences in Alaska.

SB 197 is supported by Alaska's State Division of Insurance, Network on Domestic Violence and Sexual Assault, Council on Domestic Violence and Sexual Assault, Alaska Women's Resource Center, STAR Rape Crisis Center, WICCA, Alaska Women's Lobby, Abused Women's Aid in Crisis, Sitkans Against Family Violence, Alaska Council on Prevention of Alcohol and Drug Abuse, Inc., and Alaska Women's Political Caucus.

If you have any question regarding SB 197, please contact myself or Amber Ala of my staff at 465-3892.

January-May: STATE CAPITOL • JUNEAU, AK • 99801-1182 • (907) 465-3892 • FAX: (907) 465-6595  
June-December: 716 W. 4TH AVE. • STE. 430 • ANCHORAGE, AK • 99501 • (907) 258-8181 • FAX: (907) 258-1648

MEMBER: Senate Finance Committee • Senate State Affairs Committee

Printed in Alaska

4/25/96 pm

Lorrie Hagan SB 19

Advocates working to end violence against women encourage battered women to document their injuries by seeking medical care and by requesting that violent incidents be noted in their medical records

Health care providers, usually the first service professional and non-family member to have contact with women who have been abused, are in a unique position to identify victims of domestic violence.

Identification of abused women through routine screening and accurate diagnosis can break the cycle of violence. Early intervention can prevent or ameliorate many of the long-term health and social consequences associated with victimization.

199~~7~~<sup>3</sup>, ANDVSA Medical Providers Booklet - *currently revising to include Dental documentation + identification*

1995, the Alaska Division of Public Health Section of Maternal, Child and Family Health received a three year grant to train medical professionals and develop sustainable training teams for continued training--only state project to be funded.

Nationally, the AMA, American College of Obstetrics and Gynecology, Am College of Physicians, Am Trauma Society, Am Assoc of Emergency Physicians, Am Academy of Family Physicians, the Nursing Network on Violence Against Women and others are also working to reduce injuries, prevent domestic violence and save lives by the development of professional medical educational materials addressing the care (including documentation) of battered women.

National Health Initiative-requires medical institutions to develop domestic violence protocols, plans for training and improving their facilities response to dv.

Battered women are finding the courage to reach out for medical care and documentation. Medical care-givers have become committed to the prevention of this lethal crime through identification, and documentation.

In the lower 48, they now know that doing the right and responsible thing may result not only in the loss of health insurance coverage but, other important protections such as life, disability and homeowners insurance.

The reality is that every woman is at risk of becoming a victim of domestic violence. Just as there is no excuse for domestic violence there is no excuse, legal or otherwise, for the insurance industry to justify and continue this discriminatory practice.

*documentation abuse*

*red-lies*

*emotions*

*obscure*

Separating from an abuser is a difficult and often dangerous process. Not being able to obtain health, homeowners, or automobile insurance means you can't afford to take your children to a doctor, you can't own or perhaps even rent a home, and you can't own a car--all are significant factors in being able to establish a life free from the violence. Insurance discrimination exacerbates the problem of obtaining freedom--adding one more hurdle which may be impossible to clear.

Surveys indicate that insurance discrimination against victims of domestic violence is widespread. An informal survey by the staff of the Subcommittee on Crime and Criminal Justice of the United States House Judiciary Committee in 1994, found eight out of the sixteen largest insurers in the country were using domestic violence as a factor when deciding whether to issue and how much to charge for an insurance policy.

In 1995, the Pennsylvania Insurance commissioner surveyed company <sup>26-7r</sup> practices on a statewide basis. These survey results showed that ~~28%~~ of those insurers responding to the survey used domestic violence as an underwriting criterion for both new and renewal business.

Even more disturbing was the fact that despite the amount of public attention this problem has received, only 6 of the 437 responding companies had stopped using domestic violence as an underwriting criterion.

You may hear from insurers that this legislation inappropriately intrudes into the underwriting process and unfairly favors victims of domestic violence. We disagree. Insurance is a highly regulated business subject to prohibitions against discrimination based on classifications society deprecates. Because we as a community have made a commitment to end domestic violence, it is appropriate and necessary to stop practices such as insurance discrimination, which undermine that commitment.

The Network is concerned with the HL&C version of this bill. A provision to hold confidential the records insurers may have documenting a consumer's domestic violence situation has been removed. The provision to allow consumers to know the reason for a denial of insurance has been changed to shift the onus from the insurers providing that information to the consumer who now must request the information in writing. And a provision was added to the bill to allow insurers to rate or underwrite based on a victim's medical condition.

Confidentiality of records is important to encourage victims to avail themselves of as many remedies including medical care and documentation as

possible. Knowing <sup>that</sup> the revealing their status as a victim may jeopardize their ability to access services will prevent them from coming forward.

Disclosure should be a routine part of an insurer's work with consumers. We do not accept the industry's claims that it would be cost prohibitive.

The medical conditions clause allows companies the latitude to continue their discrimination. Had insurers not created a special class called "victims of domestic violence" for underwriting and rating purposes, there would be no need for this legislation. To reiterate a point made earlier, *of the over 400 companies in Pennsylvania who were made aware of this discrimination only 6 chose to change their practices. Of the 8 out of 16 major national companies that practice this discrimination only 1 changed.* It seems the industry as a whole is not interested or willing to look at medical conditions without regard to cause.

The reality is that every woman is at risk of becoming a victim of domestic violence. Just as there is no excuse for domestic violence there is not excuse, legal or otherwise, for the insurance industry to justify and continue this discriminatory practice.

TESTIMONY OF TERRY FROMSON - Attorney, Women's Law Project (Philadelphia) Testimony - 4/25/96

My name is Terry Fromson. I'm an attorney with the Women's Law Project in Philadelphia, a non-profit law office dedicated to improving the legal and economic status of women. I am here today as a NAIC consumer representative, and I'm grateful for the opportunity to have input on this important issue during this year.

I represent a woman in Pennsylvania who was denied insurance from two different insurance companies because of a 'so-called' history of domestic violence. She was denied life insurance, health insurance and mortgage disability insurance. She's not available today to tell you her story in her own words. Since she was denied insurance almost 2 years ago, she has lent herself to this effort, on behalf of herself and all battered individuals, to stop this practice. To tell you the truth, she's worn out from it. She simply cannot tell her story in public again, unfortunately, and I hope you will accept my words in her place.

She's a 25-year old woman who holds down two jobs and has a 5-year old daughter. Approximately two years ago following the family's departure from the family home, the death of the husband's father, the husband began drinking heavily. Arguments followed, and a physical incident occurred. Her husband pushed her--pushed her into a piece of furniture with a pointed object. She ended up having a gash that went through her clothing, through her hip, bruises on her body. She did what advocates for battered women advise you to do. She went to her doctor and she sought treatment. She asked her doctor very specifically to please record this information, both the nature of her injuries and the cause of her injuries, so that should she need help in the future, either for herself or for her daughter, she would have evidence to bring forward.

Unfortunately, she then proceeded to try and get a better deal on her life insurance. She felt she was being charged too much. She went to an insurance agent, and applications were filed for life insurance as well as health and mortgage disability. She received letters from both of those companies informing her that, based on medical records, which revealed a history of domestic violence, she was unable to be insured. To say the least, this shocked her, and only contributed to the upset she had been experiencing over her own personal situation.

She came to the Pennsylvania Coalition Against Domestic Violence, and the Coalition came to the Women's Law Project. We have been working together in an effort to overcome this problem. On her behalf, and on behalf of the class of similarly situated people, we filed a complaint with our state insurance department. In conjunction with the state insurance department, we have been working on legislation in our state. A bill was recently introduced, that we hope will pass, to amend the Unfair Insurance Practices Act--to specifically rule out this kind of behavior from insurance companies. Recently, I was pleased to receive a letter from the Insurance Department. They are undertaking a survey of insurance companies in our state to find out what their practices are.

I would, also, like to read from the Congressional Record of the Senate on March 9, 1995 when Senator Wellstone introduced a bill entitled, *Victims of Abuse Access to Health Insurance Act* because Mr. Wellstone describes three additional instances of discrimination that occurred in the state of Minnesota. So, if I could just read briefly from his statement: Senator Wellstone says "In Minnesota, three insurance companies denied health insurance to an entire women's shelter because as a battered women's program, we were high risk." The women's shelter in Rochester was told that it was considered uninsurable because its employees are almost all battered women. A woman sought the services of Women House in St. Cloud because the abuse during her 12-year marriage had escalated to such an extent that she was hospitalized for a broken jaw and spent 2 weeks in a mental health unit of a hospital. She was, subsequently, denied coverage by two insurance companies. One said they would not cover any medical or psychiatric problems that could be related to past abuse.

I think these stories that you have heard this morning, both in my recounting and on the telephone, respond to the charge of this committee to assess the extent to which this problem exists. Unfortunately, we can't provide numbers to you; and there are good reasons for that. Domestic violence is a problem that has been shrouded in secrecy, not only because of the shame and emotional problems associated with it, but because of the fear of retaliation of coming forward. And, secondly, we simply have no access to the underwriting standards used by the insurance companies. But, we do have some information to go on.

In addition to the stories you have heard this morning, we know that there are a lot of victims of domestic violence. There are all kinds of statistics out there that have been collected since domestic violence became a public issue. In a recent 1994 survey, the Commonwealth Fund reported 4 million

battered women in 1993. We know as a result of Congressman Shumer's efforts to survey the problem after my client came forward, the calls to 16 major companies in the United States revealed that 8 considered domestic violence an underwriting standard in both issuance and reading of policies. Now, while some of those insurance companies have modified their policy after Congressman Shumer's efforts, they still consider domestic violence a factor to be considered in what they are describing as the most serious and life threatening circumstances. Since I have no idea how they are determining which cases come under that category, and since it still leaves women at risk, I still think this is a problem. In addition, recently, I received a copy of a report from the Texas Office of Public Insurance Counsel, which, through state legislation, received the authority to request underwriting practices and survey them in their state. And they report that 12% of the companies surveyed decline coverage to low-income women because they understood that that group of women would have a higher risk of filing health claims.

What this shows is that companies are behaving on misperceptions about what domestic violence is. The companies that responded to Congressman Shumer that they were considering domestic violence a factor did so on two grounds. One, that this was a voluntary risk-taking activity on the part of women. This simply is not true, and it's something that domestic violence advocates have been trying to work on for a long time. Women are confined in these circumstances for all sorts of reasons, including economics, housing, children, and fear of retaliation. We know that the violence doesn't leave when you leave the household. We also know that domestic violence covers all kinds of people as an earlier witness testified. This is not a problem that is confined to any socio-economic class or race.

I am satisfied that this is a problem that needs to be addressed, and I hope that this committee can come forward and address it because I believe if it is allowed to persist, it will have an incredibly adverse effect both on the victims and the advocacy that we have been pursuing for the last 20 years.

Twenty years ago, this was not an issue anyone knew anything about. It is no longer shrouded in silence. States, the federal government, and non-profit organizations have worked hard to end domestic violence. They have created new legal protections, counseling services, treatment services--all kinds of help for victims of domestic violence. Advocates have worked with victims to come forward and take advantage of those services. If a victim now has to come forward to get help at the risk of losing insurance, which is devastating to someone who is in danger of physical injury--whose children are in danger of physical injury or in danger of losing their housing--they won't come forward, and we will be set back 20 years.

My client reported her injury just as she was supposed to, and it came back and hit her in the face. I don't know what she will do the next time she has to think about pursuing anything with her insurance company.

Domestic violence advocates have worked hard to educate people to the fact that domestic violence is a crime. Law enforcement personnel have treated it as a private matter. It is a crime; and, under the law, it should be treated that way. With respect to insurance companies, we would like them to understand that it is crime, also. It is not a medical condition. It is a crime, and it should not be used as a basis for denying or treating victims differently.

I would like to ask this committee to take a position opposing these practices--to encourage states to take action voluntarily, if they are able to under their existing legal framework, or to pursue a change in

their law so that this practice is not allowed in their state. I would like to see you move forward with the model legislation that was drafted. I've reviewed that legislation, and commented on it. It needs some fine tuning, in my opinion; but, I think it's a wonderful thing for the NAIC to do. I would like to see you support the federal legislation. There are now two bills pending. Senator Wellstone and Representative Wyden have raised this issue recently in Congress. I ask you to do everything that is within your authority to do.

Thank you for the opportunity to testify today.

**ALASKA NETWORK**  
ON  
**DOMESTIC VIOLENCE**  
AND  
**SEXUAL ASSAULT**

130 Seward Street, No. 501 • Juneau, Alaska 99801 • (907) 588-3850

Abused Women's Aid in Crisis (AWAIC), Advocates for Victims of Violence (AVV),  
Aiding Women in Abuse and Rape Emergencies (AWARE),  
Alaska Women's Resource Center (AWRC), Arctic Women in Crisis (AWIC),  
Bering Sea Women's Group (BSWG), Emmonak Women's Shelter,  
Kodiak Women's Resource & Crisis Center (KWRC),  
Maritima Regional Women's Crisis Program, Parent Aid Family Support Center,  
Safe & Fear Free Environment (SAFE), Seward Life Action Council (SLAC),  
Sitka's Against Family Violence (SAFV), South Peninsula Women's Services (SPWS),  
Standing Together Against Rape (STAR),  
Tongass Community Counseling Center, Tundra Women's Coalition (TWC),  
Unalaska's Against Sexual Assault & Family Violence (USAFFV),  
Valley Women's Resource Center (VWRC),  
Women in Crisis Counseling & Assistance (WCCA),  
Women in Safe Homes (WISH), Women's Resource & Crisis Center (WRCC)

Representative Mark Hanley  
State Capitol (MS 3100)  
Juneau, Alaska 99801-1182

April 18, 1996

Dear Representative Hanley:

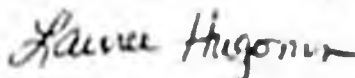
The Network respectfully requests the scheduling of SB197 for the House Finance Committee's consideration. SB197 will prohibit insurers from discriminating against victims of domestic violence in rating and underwriting criteria decisions for issuing policies, canceling policies, denying benefits, or raising rates.

SB197's protections have been limited by amendments adopted by the House Labor and Commerce Committee. The Network supports the Senate version of the bill, and would appreciate the opportunity of providing testimony to the Finance Committee regarding our concerns.

Please find attached to this request a short list of reasons for supporting the provisions of the Senate version that were removed as well as a reason for opposing the medical conditions amendment that was added by HL&C, and, a small question and answer booklet about insurance discrimination toward victims of domestic violence.

The Network appreciates your support for the work of creating peace and ending domestic violence. We ask that support be extended to hearing SB197 as soon as possible and to consideration of restoring it to the Senate version. I am available to answer any questions you may have.

Sincerely,



Lauree Hugonin  
Executive Director

**ALASKA NETWORK ON  
DOMESTIC VIOLENCE AND SEXUAL ASSAULT**

*We support the Senate version of SB197*

The confidentiality clause is important in protecting the safety of victims and in ensuring they can seek assistance without the fear of losing their insurance.

Disclosure of reasons for denying insurance is important to assist the industry in choosing to not discriminate against victims of domestic violence. Informing consumers of the reasons for denial could be an automatic and routine matter for insurers. Consumers do not need to take an extra step of writing to ask for an explanation.

The medical conditions clause needs to be removed from the bill. It allows companies the latitude to continue their discrimination. Had insurers not created a special class called "victims of domestic violence" for underwriting and rating purposes, there would be no need for legislation. *Of the over 400 companies in Pennsylvania who were made aware of this discrimination only 6 chose to change their practices. Of the 8 out of 16 major national companies that practice this discrimination only 1 changed.* It seems the industry as a whole is not interested or willing to look at medical conditions without regard to cause.

Alaska needs to afford victims of domestic violence the fullest protections possible. Keeping insurers from discriminating against them is a significant step in ensuring victims are able to get and remain free from abuse.

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# JUNEAU EMPIRE

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## Restore SB 197 protections

**A**n important piece of legislation is moving through the Legislature. Senate Bill 197 would protect women who have been victims of domestic violence from being discriminated against by insurance companies. The bill would prohibit insurance companies from increasing insurance premiums, canceling or denying insurance on the basis of domestic violence.

We're not sure that this sort of insurance discrimination against women is a real problem in Alaska. The evidence may be somewhat anecdotal; insurance representatives argue that the problem is theoretical at best.

But we are sure that domestic violence itself is a problem: In 1994, approximately 4,884 Alaskan women were victims of domestic violence.

We're also sure that the failure of such legislation would send the wrong message to these women and others across the state.

Here is the current status of Senate Bill 197: It has passed out of the House Labor and Commerce Committee and is waiting to be discussed in House Finance. While it was in Labor and Commerce, some fundamental changes took place, which undermine the effectiveness of the bill as originally written.

The Labor and Commerce language allows insurance companies to share domestic violence information with nationally used data bases. This information sharing would mean a woman could escape an abusive relationship, but she could never truly leave her past behind in the eyes of insurance companies across the nation.

The original language also prevents insurance companies from disclosing information to alleged abusers. This becomes a matter of safety when a woman is filing a claim for either medical or property reasons. The bill as originally written prevents companies from approaching or confronting the alleged perpetrator with the confidential information. The reasoning behind this language is simple: Such disclosure could further endanger the woman.

We support the Senate version of the bill and encourage members of the House Finance Committee to carefully weigh merits of the requests of women's groups with those of the insurance industry.



## Kenai-Soldotna Women's Resource & Crisis Center

March 20, 1996

Members of the House Labor & Commerce Committee:

Rep. Kott, Chair  
 Rep. Rokeberg, V. Chair  
 Rep. Porter  
 Rep. Sanders  
 Rep. Masek  
 Rep. Elton  
 Rep. Kubina

Dear Committee Members:

We support SB197. It is a proactive step in ensuring the insurance needs of Alaskan victims of domestic violence continue to be met.

Insurance discrimination against victims of abuse occurs on a widespread basis in the lower 48 and must not be allowed in Alaska.

Insurance discrimination puts victims at risk both by denying them the benefits that insurance provides and by discouraging them from seeking help that may cause them to lose their insurance.

*No one asks to be beaten or abused. Domestic violence is a crime which permeates all races, religions, and economic classes. A person's "likelihood" of being a victim of a crime should not be used as a basis for underwriting insurance -- this mentality clearly places responsibility for criminal behavior on the victim, not the perpetrator. To deny insurance to a victim of crime is unconscionable!*

Please support SB197 as written, with no amendments!

Thank you!

Sincerely,

Brenda G. Wieffering  
 Executive Director



# Bering Sea Women's Group

A Safe Shelter for Women and Children

P.O. Box 1596 / Nome, Alaska 99762 / (907) 443-5444 or 1-800-570-5444 / (907) 443-5491

## TRANSMITTAL COVER SHEET

Date: 3-20-96

To: Rep Kett

Fax #: 465 28 19

From: Devinny Bowser

Fax #: 907-443-3748

Total page including the cover: 1

**Comments:**

I support SB 197. Please pass it  
out of the committee in its current form.

Signature: Devinny Bowser

# facsimile

## TRANSMITTAL

---

**to:** Rep. Kotl, Chair for (H)L&C  
**fax #:** (907)465-2819  
**re:** SB197  
**date:** March 20, 1996  
**pages:** 1 page(s) total, including this cover sheet

Please support SB197, as written, with no amendments. I am so pleased to see legislators writing proactive legislation!!! Protecting victims from insurance discrimination should definitely be a priority to lawmakers and I'm happy to see you working towards that goal.

As I'm sure you are aware, insurance discrimination against victims of abuse occurs on a widespread basis in the lower 48 and must not be allowed in Alaska. SB197 would afford Alaska the opportunity to stop insurance discrimination before it starts.

Please share this message with the other members of your committee. I'll be looking forward to seeing this bill move forward for the protection of victims.



From the desk of ..

Michelle A. Callahan  
Executive Director  
USAFV  
P.O. Box 36  
Unalaska, AK 99685

tel: 907-581-1500  
fax: 907-581-4000

NATIONAL UNDERWRITER: THE NATIONAL NEWSPAPER OF PROPERTY  
& CASUALTY INSURANCE AND RISK & BENEFITS MANAGEMENT -  
Published by the National Underwriter Co., Cincinnati, Ohio. MARCH 11, 1996

## EDITORIAL COMMENT

### Insurers Could Use Sensitivity Training

Insurance companies spend considerable sums of money attempting to convince the public of their sensitivity to the personal upheaval which can accompany a claim.

You are a victim of a crime or an accident. Your insurer is by your side in a flash with comforting words as well as the claim check, according to the cherished industry image of itself repeated in countless ad campaigns.

For at least one company in at least one instance, this is apparently not the case if the crime of which you are a victim is domestic abuse and your abuser figures in the claim you have filed.

According to a woman *National Underwriter* readers know only as "Vicki," claims adjusters at Farmers Ins. Co. of Washington not only treated her worse than shabbily after she filed a theft claim on her homeowners policy. They nearly got her killed by telling her abusive former boyfriend he was a suspect in the theft and that she had named him, according to Vicki, whose story was related in our Feb. 12 edition.

Vicki was lucky. Her abuser tried to kill her, but he only managed to put her in the hospital with serious injuries, she said. Vicki's allegations, if proven, mean those Farmers adjusters have blood on their hands.

At best, this is gross insensitivity by insurance company employees to the dangers with which victims of abuse live. We can only hope such instances are isolated. But, whether widespread or isolated the stakes are high and demand *immediate action*.

Insurers need to move, and move quickly, to develop standards of conduct for employees who may come across professional situations involving victims of abuse. Particularly important is the need to take steps so company disclosures do not place an abuse victim in further physical jeopardy.

We agree with Washington Insurance Commissioner Deborah Senn and Terry Fromson, a staff attorney with the Women's Law Project, that enforceable insurance industry protocols need to be in place for dealing with professional situations involving victims of abuse.

But Ms. Sewn and Ms. Fromson rightly acknowledge that legislative and regulatory measures are only part of the solution. They note that the industry itself has to assume some of the responsibility for educating and sensitizing its employees to the appropriate way of handling abuse victims professionally.

We agree. The industry has a moral and professional duty to ensure its employees are fully briefed in the appropriate way to conduct themselves so that, at the very least, their professional presence does not exacerbate situations where abuse is involved.

Insurer training documents and seminars for adjusters and underwriters should incorporate sections on the subject. And professional organizations of insurers and adjusters should put the subject on their meeting and continuing education agendas.

Aetna Life & Casualty's strategy of instructing employees to refer cases involving abuse victims "to a high level of authority in the department" where knowledge of an experience with such situations reside, as described by Steve Moskey, Aetna's director of consumer issues, is one solution with some merit.

But attitudes like those of the American Insurance Association that regulations or guide-lines for conduct should not apply to property casualty insurance because "it is just too problematic" are way off target.

Vicki's story proves that

Domestic abuse is a barbarism which has survived in our modern society. It has rightly been universally condemned with no exceptions. It is unconscionable that any industry would try to justify any business practice which would economically penalize abuse victims simply because they are abuse victims, or would place them in further physical danger - in effect aiding and abetting the abuser.

Yet some in the insurance industry seek to do just this and others tacitly accept underwriting and other practices which further victimize abuse victims.

We urge insurers to take to heart their own ad copy and regard policyholders who are abuse victims as people who need their help rather than merely "claimants."

SB 197: "An Act prohibiting increases in health insurance premiums if the insured is a victim of domestic violence."

Some insurers have made a practice of increasing health insurance premiums based solely on the fact that the person was the victim of domestic violence directed against a spouse. This discriminatory practice has been widespread. A number of states have taken legislative action to prohibit such actions. The intent of this legislation is to prevent an insurer from increasing health insurance premiums solely because a person is a victim of spousal domestic abuse. The bill adds a section to AS 21.36 in the unfair trade practices statutes prohibiting this activity.

The department supports this legislation.



William L. Hensley, Commissioner

Date 1/24/96



# WOMEN IN CRISIS

*Counseling and Assistance*

717 Ninth Avenue • Fairbanks, Alaska 99701

(907) 452-2293 • Fax: 452-2613 • 1-800-478-7273

April 17, 1996

The Honorable Mark Hanley, Co-Chair  
House Finance Committee  
State Capitol - Room 507  
Juneau, AK 99801-1182

Dear Representative Hanley:

I am requesting that SB 197, "An Act prohibiting increases in health insurance if the insured is a victim of domestic violence" be heard by the House Finance Committee. This bill was intended to protect victims of domestic violence from being penalized with higher insurance premiums for being victims. This outrageous practice has occurred in other states and I hope we can prevent it here.

I am also requesting that the House Finance Committee approve the bill as it was passed out by the Senate. The amendments made by the House Labor & Commerce Committee severely weaken the bill.

Thank you for your consideration.

Respectfully,

Sandy Samaniego  
Executive Director



# STATE OF ALASKA

## DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT

DIVISION OF INSURANCE

TONY KNOWLES, GOVERNOR

P.O. BOX 110805  
JUNEAU, ALASKA 99811-0805  
PHONE: (907) 465-2515  
FAX: (907) 465-3422  
TDD: (907) 465-5437

February 16, 1996

The Honorable Tim Kelly  
Chairman  
Senate Labor & Commerce Committee  
State Capitol, Room 101  
Juneau, AK 99801-1182

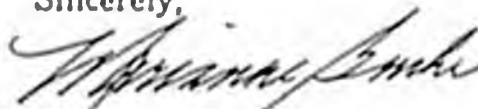
Dear Senator Kelly:

Re: CS for SB 197 (9-LS1218\C Ford 2/15/96)

Thank you for the opportunity to testify last Thursday on SB 197, relating to insurance coverage for victims of domestic violence. I am aware of the kinds of responses that are occurring in other states to this issue. Typically, these responses tend to create a special class of persons as a means of addressing egregious action by a few insurers. The proposed committee substitute bill submitted by Senator Donley avoids this mistake while directly addressing the issue in a reasonable and workable manner.

This legislation makes the use of the fact that a person is a victim of domestic abuse, an unfair trade practice, while preserving the right to insurers to underwrite based on existing medical conditions. It avoids a mandate of coverage yet deals with the use of inappropriate information. The Division of Insurance supports this bill.

Sincerely,



Marianne K. Burke  
Director

MKB/cw2378.ins  
021696n  
cc: ✓ Senator Donley

SB 197: "An Act prohibiting increases in health insurance premiums if the insured is a victim of domestic violence."

Some insurers have made a practice of increasing health insurance premiums based solely on the fact that the person was the victim of domestic violence directed against a spouse. This discriminatory practice has been widespread. A number of states have taken legislative action to prohibit such actions. The intent of this legislation is to prevent an insurer from increasing health insurance premiums solely because a person is a victim of spousal domestic abuse. The bill adds a section to AS 21.36 in the unfair trade practices statutes prohibiting this activity.

The department supports this legislation.



---

William L. Hensley, Commissioner

Date: 

---

1/24/96

## ALASKA WOMEN'S LOBBY

416 Harris Street, Suite 208, Juneau, Alaska 99801  
(907) 463-6744 phone / (907) 586-2680 fax

14 February 1996

The Alaska Women's Lobby supports the passage of CSSB197 which relates to insurance coverage for a victim of domestic violence; and requires insurers who refuse coverage to an applicant or insured to provide a written explanation for that coverage.

The number of domestic violence victims who have been refused insurance coverage is a growing national problem.

We urge the passage of this bill which will remove one more traumatic barrier for victims of domestic violence.

Sincerely,

A handwritten signature in cursive script, appearing to read "Leah L. Burton".

Leah L. Burton  
for the Alaska Women's Lobby



# Women In Safe Homes

P.O. Box 6552  
 Ketchikan, Alaska 99901  
 ADMINISTRATION: 907-225-0202  
 CRISIS LINE: 907-225-9474  
 FAX LINE: 907-225-2472

## TELEFAX TRANSMITTAL SHEET

DATE: 3/20/96

FROM: Gigi Pilcher, Executive Director

TO: members of the House Labor and Commerce Committee

FAX NUMBER: \_\_\_\_\_

TOTAL # OF PAGES (including cover): 1

MESSAGE: I urge your support of SB197 with no amendments.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HARD COPY TO FOLLOW: YES or NO

This document is intended only for the use of the individual or entity to whom it is addressed, and may contain information that is CONFIDENTIAL and protected by Federal Statute. If you are not the intended recipient or any employee or agent of the intended recipient, you are hereby notified that any use, dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify this office immediately by telephone and return the document to the address listed above.



1007 W. Fluvard Ln, Suite 210  
Anchorage, Alaska 99503

Business 907/278-7277  
24 Hour Crisis 907/278-7277  
Toll Free 1-800-478-8999  
Fax 907/278-9983  
TTY 907/278-9983

March 18, 1996

Representative Pete Kott, Chair  
House Labor and Commerce  
State Capitol  
Juneau, AK 99801

Dear Representative Kott:

STAR strongly supports SB 197. By denying medical coverage to victims of Domestic Violence, the insurance companies are further "punishing" the victim.

To hold a woman accountable for her abuser's behavior by denying medical coverage will serve to push domestic violence back in the closet. Women will become more reluctant to seek medical help. If they must seek help, they will be forced to lie and cover up the "real" reason for their visit to the hospital or personal doctor.

Forcing women to "keep the silence" around abuse will further endanger both the victim and the children involved. A cost that I suggest is too high to pay in exchange for the big business of insurance.

I urge you to take the much needed step in protecting women and children in Alaska by passing SB 197.

Thank you for your consideration.

*Trisha Gentle*

Trisha Gentle  
Executive Director

cc: All members of House Labor and Commerce Committee  
Representative Dave Donley



**Alaska Women's Resource Center**  
111 W. 9th Avenue • Anchorage, Alaska 99501 • (907) 276 0628 • Fax: (907) 278 0944

*George:  
Do we have  
this letter in  
the packets  
3-21  
P*

March 20, 1996

VIA FAX

House Labor & Commerce Committee  
Alaska State Capitol

Dear Representatives Kott, Rokeberg, Elton, Kubisa, Masek, Porter, & Sanders:

I am writing to request your support for SB 197. The current bill protects the citizens of Alaska from insurance discrimination.

Discrimination in any arena is unacceptable; in the insurance industry, it is directly impacting upon the life and death of individuals. Insurance discrimination puts victims at risk both by denying them the benefits that insurance provides and by discouraging them from seeking medical assistance that may cause them to lose their insurance. Insurance carriers are currently able to assess the health of an individual and determine the appropriate premium with regard to any pre-existing medical condition. If this assessment is also granted in response to personal circumstances, it is an encroachment on our freedom as Americans.

Your support of SB 197 will protect the individual rights of Alaskans and let America know that we value the rights of our citizens.

Sincerely,

Diane J. Heard  
Executive Director

*Ps. Diane knows you already support this - but just wants you to have a copy of what's going to the committee.*



Todd R. Thaker  
Vice President, Government Relations

The Prudential Insurance Company of America  
Government Affairs Western Division  
P.O. Box 9220, Van Nuys, CA 91409  
818 712-5572 Fax 818 712-5596

March 26, 1996

The Honorable Norman Rokkeberg  
Member, House Labor and Commerce Committee  
State Capitol  
Juneau, Alaska 99811

*RE: Request Support for State Farm Amendment to S.197 Before the House Labor and Commerce Committee, Wednesday, March 27, 1996*

Dear Representative Rokkeberg:

I am writing on behalf of the Prudential Insurance Company of America to respectfully request your support for the State Farm amendment to S. 197. It is my understanding that the House Labor and Commerce Committee will consider S. 197 and the State Farm amendment on Wednesday, March 27.

Prudential supports the State Farm amendment because we believe it affords protection to victims of domestic abuse or violence without compromising the integrity of the insurance industry's existing ability to underwrite in appropriate situations. Specifically, the amendment states that an insurer "may not discriminate against a victim of domestic abuse based on an individual's status as a victim of domestic abuse." Thus, the amendment prohibits underwriting on the basis that the insured is or may become the victim of domestic abuse or violence.

In addition, the amendment preserves the ability of an insurer to underwrite or rate for a medical condition "in the same manner as they would for an insured or applicant who is not a victim of domestic abuse." Thus, while an insurer may not underwrite based on an individual's status as a victim or potential victim of domestic violence or abuse, insurers may continue to consider physical and medical conditions when underwriting.

As the State Farm amendment prohibits underwriting based on an individual's status as a victim of domestic violence or abuse without hamstringing an insurer's ability to underwrite for medical or physical conditions, we urge your support for the State Farm amendment. Thank you for your consideration and please do not hesitate to contact me at 818-712-5572 if you have questions regarding the amendment.

Very truly yours,

Todd R. Thaker

VIA FACSIMILE

March 27, 1996

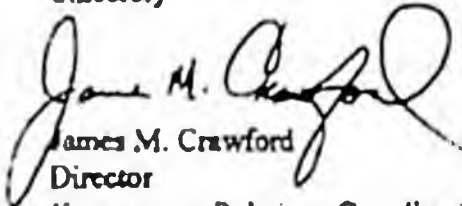
The Honorable Norman Rokeberg  
Vice Chairman House Labor and Commerce Committee  
Alaska State Legislature  
State Capitol  
Juneau, AK 99801-1182

Dear Representative Rokeberg

This letter is to acknowledge that The Principal Mutual Life Insurance Company supports the amendment to CS197 offered by State Farm Insurance Company. The language proposed in the amendment is consistent with the American Council of Life Insurance policy statement and is also consistent with my company's position on this subject.

I am enclosing for your consideration a copy of our position summary concerning domestic abuse. While my company's position summary does not address the issue of civil and criminal liability, we also support this portion of the amendment as drafted. I urge you and your colleagues to support the amendment to this important legislation. Please contact me or Amy Anderson at 1-800-325-2532, if you have any questions or need additional information.

Sincerely



James M. Crawford  
Director  
Government Relations Coordination

JMC/vlc

9 20027-14/20027-14

l:dc

cc Amy Anderson  
Alicia Cordova, ACLI

## Domestic Abuse

### Issue

State and federal legislation has been introduced requiring the issuance of life and health insurance to victims of domestic abuse. The legislation also prohibits the use of evidence from domestic abuse situations in the underwriting of insurance.

### Background

Unfortunately domestic abuse occurs in this country at alarming rates. To aid domestic abuse victims, lawmakers are proposing legislation that prohibits insurers from using relevant health information to underwrite and classify risk accurately. Further, some of these proposals include prohibitions against declining life and health insurance coverage to applicants who are victims, or probable victims, of domestic abuse.

The intensity of this issue has increased because domestic abuse victims are encouraged to seek assistance from medical providers and others. In addition, medical providers recognize more accurately domestic abuse situations because they are more aware and better trained. Thus, these factors contribute to the greater likelihood that medical records reviewed by insurers may include information about domestic abuse. However, if The Principal learns of a situation involving domestic abuse, the objective evidence of injuries and hospitalization is considered no differently than if it resulted from a cause other than domestic abuse.

### The Principal Position

The Principal does not discriminate against victims of domestic abuse. We do not ask applicants any questions to learn if they are victims of domestic abuse.

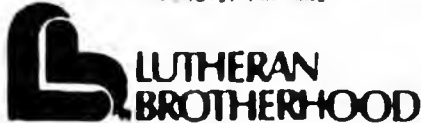
We treat physical or mental conditions that result directly or indirectly from domestic abuse as any other physical or mental condition in the underwriting of applications for any insurance coverage. Any legislation addressing the issue of domestic abuse should continue to allow this objective classification of risks. Coverage of injuries or conditions resulting from domestic abuse should be subject to the same conditions, limitations, exclusions, deductibles and co-payments that apply to any other injury or condition.

The Principal supports legislation that prohibits an insurer from declining coverage solely on the basis that the applicant has been, or may become, the victim of domestic abuse. Further, The Principal supports measures that prohibit the use of specific exclusions or benefit caps for claims resulting from domestic abuse and questions on applications designed specifically to elicit evidence of domestic abuse.

The Principal supports legislation that denies payment of benefits to a beneficiary convicted of a crime involving domestic abuse that gave rise to the claim for benefits.

over. please

125 South Avenue South  
Minneapolis, Minnesota 55415  
TEL: 612/343-7210  
FAX: 612/343-7212



Richard J. Kleven  
Assistant Vice President  
Law Division

March 27, 1996

VIA FACSIMILE

Alaska House of Representatives  
House Labor and Commerce Committee  
c/o Representative Norman Rokeberg

Re: Domestic violence and insurance, S.197

Dear Rep. Rokeberg:

We are writing to ask for your support of the proposed amendment to S. 197, SSB 5436- SMD-119, supported by State Farm, the American Council of Life Insurance and others, a copy of which we've attached. We believe this amendment is necessary to make certain that we treat all applicants for insurance fairly, regardless of how they may have suffered a malady, while prohibiting underwriting based on the fact that someone is a victim of domestic abuse. This will make your bill similar to those that have been created in other states, including the bill we supported in our home state of Minnesota this year.

We appreciate your attention to this issue.

Sincerely,



Richard J. Kleven

Richard J. Kleven

Attachment

1100 South Clinton  
Fort Wayne, IN 46802

March 27, 1996

Representative Norman Rokeberg  
House Labor and Commerce Committee  
State Capital  
Juneau, Alaska 99801-1182

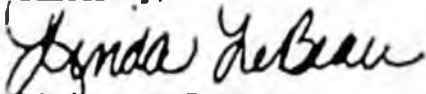
SENT VIA FACSIMILE (907) 465-2819

RE: SB 197 - DOMESTIC VIOLENCE

Dear Representative Rokeberg:

We have reviewed a copy of SB 197 and an amendment which has been suggested by State Farm. We very much support the State Farm amendment and appreciate the opportunity to pass on our comments.

Sincerely,



Linda S. LeBeau  
Government Relations Consultant  
Telephone: (219) 455-3747  
Facsimile: (219) 455-6777



The Company You Know<sup>®</sup>

New York Life Insurance Company  
51 Madison Avenue, New York, NY 10010  
212 576-7807 Fax: 212 576-4473

Eileen L. Gallagher  
Assistant Vice President

March 27, 1996

**VIA FACSIMILE**

The Honorable Norman Rokeberg  
House Labor and Commerce Committee  
Alaska State Capitol  
Juneau, AK 99801-1182  
Fax# (907) 465-2819

Re: State Farm's Amendment to SB 197

Dear Representative Rokeberg:

I am writing on behalf of New York Life Insurance Company to strongly support State Farm's amendment to Senate Bill 197 regarding insurance for domestic violence victims. New York Life's underwriting policy does not deny coverage to proposed insureds solely because they have been victims of domestic violence.

The amendatory language (see attached) would prohibit insurers from discriminating against victims of domestic abuse based on an individual's status as a victim of domestic abuse. Additionally, while prohibiting this discrimination, a preferential class of applicants is not created. Therefore, this language would facilitate the important social goal of preventing discrimination against victims of domestic abuse.

In closing, I would like to strongly urge the inclusion of State Farm's amendment to this bill.

Sincerely,

Eileen L. Gallagher

**ALLSTATE LIFE INSURANCE COMPANY**

LAW AND REGULATION DEPARTMENT

3100 Sandton Road, 35B

Northbrook, Illinois 60062

Direct Dial Number (847) 402-2077

Residence (847) 402-3781

JOHN MATHEWS  
Counsel

March 27, 1996

House Labor & Commerce Committee  
c/o Representative Norman Rokeberg

Re: Senate Bill 197 - Domestic Violence Legislation

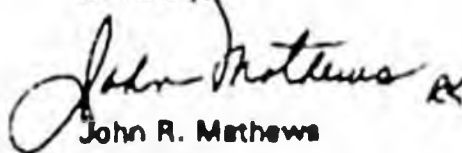
Dear Representative Rokeberg:

On behalf of Allstate Life Insurance Company, Northbrook Life Insurance Company, Glenbrook Life Insurance Company, Lincoln Benefit Life Insurance Company and Surety Life Insurance Company, I am writing regarding the amendment to Senate Bill 197, Domestic Violence legislation.

We support the addition of this amendment because, while we agree that it is inappropriate to use an individual's status as a victim of domestic abuse, it is necessary for an insurer to be able to underwrite based on the physical and mental condition of the individual. The proposed amendment would permit an insurance company to underwrite based on the applicant's medical condition. The State Farm amendment very simply addresses our concerns with regard to CS197 Domestic Violence Legislation.

We appreciate your consideration of our comments and hope that you favorably consider the amendment.

Sincerely,

  
John R. Mathews  
Counsel

JRM:rk



Sharon B. Cockey  
Government Relations Counsel

House Labor and Commerce Committee  
c/o Representative Norman Rokeberg

RE CS187

Dear Representative Rokeberg:

MetLife strongly supports the State Farm amendment to CS187, which relates to insurance for domestic violence victims and which requires certain disclosures by insurers. We feel that the amendment succinctly and adequately addresses our concerns and opposition to CS187.

We strongly urge your Committee to adopt this amendment, which is fair to both insureds and the insurance industry.

In the event that you need additional information, please feel free to contact me.

Very truly yours,

A handwritten signature in cursive script that reads "Sharon B. Cockey".

Sharon B. Cockey  
Government Relations Counsel

March 27, 1998

March 20, 1996

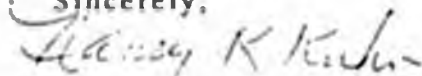
Dear Labor and Commerce Committee,

Alaska has one of the highest domestic violence rates in the nation. What a sad commentary that innocent victims of domestic violence would need worry about health insurance as a result of the harm inflicted upon them. Increases in health insurance premiums, or denial of benefits to the victim is punishment. We should protect and secure the rights of victims, and seek censure of the perpetrators. Domestic violence victims are not currently protected from insurance discrimination in Alaska. SB 197 offers an opportunity to be proactive instead of reactive, and there is no fiscal impact to the State budget.

SB 197, sponsored by Senator Dave Donley, prohibits insurers from increasing premiums, or canceling or denying insurance solely on the basis of domestic violence.

I urge you to vote favorably in support of SB 197 and to pass it quickly out of committee.

Sincerely,



Nancy K Kuhn  
President  
Interior Alaska Women's Political Caucus  
2060 Amy Dyan Rd  
Fairbanks, AK 99712



SENT BY TELEFAX: (907) 465-2319

March 26, 1996

State of Alaska  
House Labor and Commerce Committee  
c/o Rep. Norman Rokeberg

RE: Domestic Violence Bill: CS 197

Dear Committee Members:

We strongly urge that you support the State Farm amendment to the domestic violence bill under consideration before the Committee. We agree that it is inappropriate to use an individual's status as a victim of domestic abuse in the underwriting process for insurance. On the other hand, insurers should be permitted to underwrite and rate for medical conditions in the same manner that they would for a proposed insured who is not a victim of domestic violence.

We believe that it would be unfairly discriminatory to single out victims of domestic violence for special treatment. Absent this amendment (or similar language), insurers would be required to treat these individuals more favorably than those suffering from the same medical conditions through different events.

We appreciate any efforts which would encourage the adoption of this important amendment.

Very truly yours,

Katherine L. Coleman, FLMI, HIA  
Assistant Vice President  
Law Staff Administration & Compliance

R.I.C. 197

**LESSMEIER & WINTERS**  
ATTORNEYS AT LAW

MICHAEL L. LESSMEIER  
GREGORY W. LESSMEIER  
SHELDON E. WINTERS  
MARGARET A. DOWLING  
\*WASHINGTON STATE BAR

ONE SEALASKA PLAZA  
SUITE 303  
JUNEAU, ALASKA 99801-1249

TELEPHONE: (907) 586-8813  
FACSIMILE: (907) 483-3020

April 3, 1996

Representative Rokeberg  
Labor & Commerce Committee  
Alaska State Legislature  
State Capitol, Room 110  
Juneau, Alaska 99801

Re: *CS for SB 197(L&C)*  
Our File No. 15-6

Dear Representative Rokeberg:

The present language of CS for SB 197(L&C) would impose a burden on State Farm unique to this state. While it is not possible to accurately predict all costs to State Farm associated with implementation of this legislation, the following list outlines some of the impacts this proposed legislation would have on the 238 employees in Alaska and the 41 employees in Washington State whose responsibilities involve handling matters in Alaska.

To comply with subsection (b) concerning the confidentiality of records would require State Farm to:

1. Determine what kind of information in a record might "reflect" that an insured was a victim.
2. Change all staff training materials throughout Alaska to provide direction to employees about how to comply with the law.
3. Implement training procedures.
4. Pay staff for the extra time needed to identify all records that could potentially "reflect the fact" that the insured was a victim of domestic violence.
5. Implement a procedure and pay staff for the extra time needed to flag, handle, and segregate these records as they come into each State Farm office.
6. Change all computer record keeping and tracking systems accordingly.

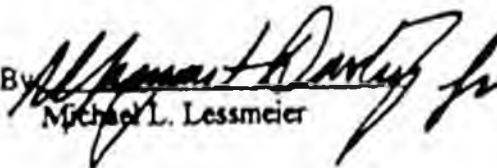
**LESSMEIER & WINTERS**  
ATTORNEYS AT LAW

Representative Rokeberg  
Labor & Commerce Committee  
Alaska State Legislature  
April 3, 1996  
Page 2

Likewise, the section requiring the carrier to disclose the reason for denying an application for coverage imposes similar burdens. State Farm would have to:

1. Change all staff training manuals throughout Alaska to provide direction to employees about how to comply with the law.
2. Implement training procedures.
3. Pay staff for the extra time needed to draft personalized letters addressing the factors considered in determining whether or not to extend coverage.

Sincerely,  
LESSMEIER & WINTERS

By   
Michael L. Lessmeier

MLL.mad

**SENATE COMMITTEE REPORT**  
**First Committee of Referral**

DATE: 1/8/96

FURTHER:

Date of 5-Day Notice: \_\_\_\_\_  
 (in accordance with Uniform Rule 23)

DATE TURNED  
 INTO OFFICE: \_\_\_\_\_

The Labor & Commerce Committee considered SENATE BILL NO. 197

"An Act prohibiting increases in health insurance premiums if the insured is a victim of domestic violence."

and recommends:

be replaced with \_\_\_\_\_ CS \_\_\_\_\_ (\_\_\_\_\_)

adopt previous \_\_\_\_\_ CS \_\_\_\_\_ (\_\_\_\_\_)

attached amendment(s)

adopt Letter of Intent by \_\_\_\_\_ Committee

further referral to the \_\_\_\_\_ Committee

Senate Bill:

- same title
- new title
- House Bill:
- same title
- technical title
- new: SCR' \_\_\_\_\_

SIGNING DO PASS	DP	OTHER RECOMMENDATIONS	NR	DNP	AM
<i>Mike Huber</i>	✓				
<i>John Longman</i>	✓				
<i>Jim ...</i>	✓				
<i>J. E. Sald</i>	✓				
CHAIR: <i>Tom Kelly</i>	✓				

**NEW FISCAL NOTE(S):**

Department                      Date    Zero    Fiscal


**PREVIOUS FISCAL NOTE(S):\***

Department                      Date    Zero    Fiscal


APPROPRIATION -- no fiscal note

\*include fiscal notes accompanying Governor's bill

C  
(7)

HOUSE COMMITTEE REPORT

Date Referred to Committee: February 29, 1996

FURTHER REFERRALS:

Finance

Date of Committee Action: 4-3-97

The LABOR AND COMMERCE Committee considered:

CSSB 197(L&C)

CS FOR SENATE BILL NO. 197(L&C)

INS:DOMESTIC VIOL. VICTIMS & DISCLOSURES

"An Act relating to insurance covering an insured who is a victim of domestic violence and requiring certain disclosures by an insurer."

HCS CS SB 197 (L&C)

recommends it be replaced with the following committee substitute \_\_\_\_\_  the same title  a new title

additional referral to \_\_\_\_\_ Committee  
 attached amendment(s)

ADOPTS: \_\_\_\_\_ Letter of Intent

ATTACHES NEW FISCAL NOTE(S): (Dept)

APPROVES PREVIOUS: (Dept, Date)

fiscal note(s) \_\_\_\_\_

fiscal note(s) \_\_\_\_\_

zero fiscal note(s) \_\_\_\_\_

<sup>Senate</sup> zero fiscal note(s) CEP 2-23-96

SIGNING WITH RECOMMENDATIONS		DP	DNP	NR	AM
<i>[Signature]</i>	Kott		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<i>[Signature]</i>	Rokeberg	<input checked="" type="checkbox"/>			
<i>[Signature]</i>	ELTON	<input checked="" type="checkbox"/>			
<i>[Signature]</i>	Kubina	<input checked="" type="checkbox"/>			
<i>[Signature]</i>	Sanders			<input checked="" type="checkbox"/>	
		(3)		(2)	

CHAIR'S SIGNATURE *[Signature]*  
L&C

**Insurance  
Discrimination  
Against Victims of  
Domestic Violence**



**Prepared by the Women's Law Project and  
the Pennsylvania Coalition Against Domestic Violence  
Revised - March, 1996  
Second Printing**

*The Women's Law Project gratefully acknowledges  
the Rockefeller Family Fund and the Phoebus Fund for their generous support.*

# Insurance Discrimination Against Victims of Domestic Violence

## • How are insurance companies discriminating against victims of domestic violence?

Many insurance companies are denying victims of domestic violence access to all kinds of insurance by using domestic violence as an underwriting criterion, i.e., a basis for determining who to cover, how much to cover and how much to charge.

## • How do insurers learn that someone is a victim of domestic violence?

When applying for insurance, individuals often sign a release to permit the insurer to obtain medical records. Usually, it is those medical records which reveal the information. This is becoming more common because physicians have been encouraged to follow protocols to identify and document abuse for the purpose of providing help and referrals.

There are also companies, such as the Medical Information Bureau (MIB) and Equifax, that maintain databases on risk factors, including violence. Insurance companies who become members of these databases are required to report client risk factors and are entitled to request risk-related information on an applicant or insured.

Insurers can also get information from other records, such as public court documents and credit reports, which are becoming popular underwriting tools and often contain information about court orders, including protection from abuse orders.

## • How does insurance discrimination hurt victims of domestic violence?

Insurance discrimination puts victims at risk both by denying the benefits that insurance provides and by discouraging them from seeking help that may result in loss of insurance. Without insurance, victims are unable to obtain health care for themselves and their families or provide for their families in case of death or disability. If unable to obtain health and other insurance, victims may feel they have no alternative but to stay in an abusive situation.

Victims will stop seeking appropriate and necessary medical treatment, counseling, legal intervention and other forms of assistance, as they learn that insurers use information in client records to deny them insurance. Victims will also refrain from identifying the cause of their injury. Furthermore, doctors, health care workers and other service providers who have started identifying and documenting abuse may stop if continuing to do so will put their patients at risk of losing their insurance. The enormous efforts made over the past 20 years to create new sources of assistance and avenues of relief for victims of domestic violence will be for naught.

**? Does insurance discrimination against victims of domestic violence occur frequently?**

Yes. An informal survey by the staff of the Subcommittee on Crime and Criminal Justice of the United States House Judiciary Committee in 1994 revealed that eight of the 16 largest insurers in the country were using domestic violence as a factor when deciding whether to issue and how much to charge for insurance.

In March of 1995, the Pennsylvania Insurance Commissioner surveyed company practices in Pennsylvania and found that a substantial number of health, life and accident insurers - 26% of the respondents - utilized domestic violence as an underwriting criterion.

The Kansas Insurance Commissioner surveyed health, accident and life insurers in October 1995 and found that 24% of the insurers used domestic violence as an underwriting criterion.

**? How many people are affected by these practices?**

We know that many insurance companies discriminate against victims of domestic violence and that many people are victimized. (A July 1994 study by The Commonwealth Fund reported that almost four million American women were physically abused by boyfriends and husbands in 1993.)

It is difficult to say just how many people are affected by these practices. Insurers are not required to tell applicants the reasons for rejections or other adverse actions and victims may not know that domestic violence was a consideration. Those who know that domestic violence is the reason for action taken against them by an insurance company

have very good reasons for not reporting discriminatory insurance practices — fear of further violence to themselves and their children from the batterer, as well as social stigma and embarrassment. Finally, insurers are not required to file the criteria they use in deciding who to insure with state insurance departments or disclose that information to the public.

• **? What are some examples of insurance company discrimination against victims of domestic violence?**

**Health Insurance**

- A Santa Cruz, California woman was repeatedly turned down for health insurance following review of medical records which detailed beatings by her husband.
- A California hospital reports denial of payment by HMO's for repeated treatment for injuries caused by domestic violence.
- A woman from rural Minnesota was beaten severely by her ex-husband. After she remarried, she applied for health insurance and was told that she would not be covered for treatment relating to the abuse-related pre-existing conditions of depression and neck injury.
- Three insurance companies denied health insurance to a Minnesota women's shelter because, "as a battered women's program we were high risk."
- A women's shelter in Rochester, Minnesota was told that it was considered uninsurable because its employees are almost all battered women.
- A woman sought the services of Women House in St. Cloud, Minnesota because the abuse during her 12-year marriage had escalated in severity. She was hospitalized for a broken jaw and spent 2 weeks in a mental health unit in a hospital. Subsequently, she was denied health insurance by two companies, including one that stated it would not cover any medical or psychiatric problems that could be related to the past abuse.
- A Washington state child was twice denied health insurance because he had been sexually abused in a day care facility.
- A Washington man who was physically attacked by his wife was denied over \$1,500 worth of health coverage for injuries he sustained. He was told that his wife, who owned the company which purchased the group coverage, instructed the insurer not to cooperate with him. Following divorce, he obtained an individual policy with exclusions for pre-existing conditions relating to domestic violence.

- A York county, Pennsylvania employer provides health insurance through a self-insured plan which excludes expenses for medical treatment arising from or related to a domestic dispute.
- A Lancaster county, Pennsylvania woman has been unable to obtain reimbursement for emergency room treatment for injuries resulting from domestic violence under her employer's self-insured health plan. She has been billed for over \$5,000.

### Life Insurance

- In October 1993, a resident of Cumberland county, Pennsylvania was denied life, health and mortgage disability insurance by State Farm Insurance Company and life insurance by First Colony Life Insurance Company because of information in medical records revealing a single incident of domestic violence. State Farm has since changed its policy and no longer considers domestic violence in the issuance of any line of insurance.
- In August 1994, Nationwide Insurance Company denied an application for life insurance in Delaware based on medical records "indicating an unstable family environment" because they included documentation of three assaults by the husband against the wife as well as marital counseling.
- Prudential Insurance Company denied an Iowa woman a life insurance policy in November 1993, because the woman had a history of multiple assaults from her boyfriend.

### Disability Insurance

- An Iowa woman was sexually abused as a child and received some counseling. Despite a clear record of good health since then, when she applied for disability insurance, she was turned down on the basis of earlier treatment.
- A Washington woman was twice denied insurance due to treatment received for physical, emotional and sexual abuse inflicted on her by her family during her childhood and by her spouse during marriage. In the late 1980's her employer's disability insurance carrier denied her disability coverage because of a nervous condition related to abuse. In 1993, Cigna denied her application for an increase in life insurance coverage provided through her employer based on a diagnosis of a dissociative disorder related to counseling for abuse. Although she suffers from obesity, Type II diabetes and a seizure disorder, the abuse related counseling is the only reason given by the insurers for denial. She has divorced her abuser, has no further contact with her family of origin and is not on any medications.

## Property and Casualty Insurance

- In 1994, Allstate Insurance Company canceled the homeowner's insurance of an Oregon woman whose former spouse set fire to her home. The woman had been abused by the former spouse throughout the marriage and left the marriage in 1992. Following cancellation, the woman sought other insurance but was repeatedly denied. When she was referred to the Oregon Fair Plan, she was quoted a price for insurance that was eight times what she had been previously paying. The former spouse was convicted and imprisoned for arson.
- The homeowner's policy of a Washington state woman was canceled by Safeco Insurance Companies in May 1993 by a letter reciting five claims filed over the 12-year life of the policy and noting concern that the most recent three occurred over a span of four months, but "more importantly," the most recent one "involved a domestic violence situation of individuals that are living with" the insured. The angry ex-wife of the woman's boyfriend's brother damaged her door.
- A Washington state landlord's policy was canceled because the insurer learned that the landlord intended to rent a home to a women's shelter.
- In September 1995, Farmer's Insurance Companies denied a property claim to a Washington state woman whose former boyfriend and abuser broke into her home and stole over \$5,000 worth of personal property. The woman was subjected to two years of abuse, which included physical assault, stalking and property damage. During the course of investigating the claim, the insurer disclosed to the abuser the fact that he was suspected of stealing property and he retaliated by breaking into the women's home and beating her, shoving her head-first into the fireplace, rendering her unconscious and threatening her life if she pressed charges. The woman fled the state with her children.
- The Women Helping Battered Women shelter in Burlington, Vermont lost insurance coverage after the carrier concluded the shelter was an "undesirable risk" due to life safety issues. On the day the coverage was due to expire, and after seven other carriers refused coverage, a non-profit insurer agreed to cover the shelter.
- Two other shelters in Vermont lost their coverage and one saw their liability insurance double in cost because an insurance company said "it was a high risk" even though there are no recorded problems with any shelters in the state.

### • ? What reasons do Insurers give for using domestic violence as an underwriting criterion, and why are they invalid?

1. *Some insurers say that a victim of domestic violence makes a voluntary lifestyle choice, such as skydiving or riding a motorcycle, and liken a battering to a career choice, such as washing skyscraper windows, for which an insurance company should not be responsible.*

Domestic violence is a crime — not a career, a lifestyle or a choice. No one chooses to be battered and no one chooses to remain in a violent situation. Leaving a violent domestic situation is a difficult process, complicated by concerns for safety and economics.

Victims realistically fear that their batterer will pursue and harm them and/or their children if they leave. Studies show that violence does not stop and may increase after leaving.

Without money, it is impossible for a victim to get away, establish a new home and feed children. Housing is a problem: shelters offer only temporary housing, often for 30 days or less, a very difficult time frame in which to create a new life.

2. *Others argue that domestic violence is a risk factor that needs to be considered by insurers and that limiting their ability to take domestic violence into account will impair their ability to offer affordable insurance products.*

Domestic violence is a crime and a person's likelihood of being a victim of a crime should not be used as a basis for underwriting insurance.

Furthermore, insurers have produced no actuarial studies showing that domestic violence is a particular risk that changes the overall cost of insurance. We know that there are many insurers who do not use domestic violence as an underwriting criterion and they are able to stay in business and provide affordable products.

Even those companies with policies requiring denial of coverage to victims of domestic violence cover victims and resulting injuries, when as is often the case, the abuse remains unidentified. Domestic violence is therefore already factored into the pricing of insurance products without impairing the market.

In addition, insurers do not, in a scientific and consistent manner, take into account all so-called risk factors when underwriting and rating insurance. To the contrary, although there are numerous risk factors insurers can choose to use, they do not use all of them and their selection is not based solely on risk. Some classifications are not chosen because it is more cost-effective to pay the claims than to identify and segregate the information needed to use them as underwriting criteria. Others may not be used because their use would negatively impact on marketing. Even where risk is the driving force behind the selection of criteria, the determination of risk is often based on assumptions and stereotypes, rather than any scientific assessment of risk.

Nor are insurers completely free from regulation. They are subject to extensive state regulation and are restricted by law from using particular classifications for underwriting and rating, including race, age, ethnic origin, residence, sex, and some physical and mental disabilities. Despite potential or actual statistical correlation to various health claims and morbidity, these classifications have been legally decreed to be unacceptable criteria for discriminating among insurance risks.

Many laws prohibit redlining — the practice of refusing to insure or raising the cost of homeowners' insurance in high crime areas — even though one could expect more crime or damage to homes in those areas. Yet, with respect to domestic violence, insurers are essentially redlining particular homes.

By virtue of government and private initiatives, we as a society have made a decision that domestic violence cannot be tolerated and that protection must be offered to victims. Allowing insurers to deny insurance based on records created when someone takes steps to obtain assistance will deter victims from seeking help and undo all our efforts.

3. *Life insurers argue that insuring the life of a victim gives the batterer an incentive to kill and collect on the policy and, if the insured is killed, the insurer could be sued for issuing a policy with knowledge of a history of domestic violence.*

Insurers have failed to provide any evidence that insurance acts as an incentive to further domestic violence or that denying insurance deters domestic violence. Domestic violence experts find that batterers abuse for power and control, not profit. Any hypothetical danger posed by providing coverage is outweighed by the known cost of denying insurance to victims of domestic violence: the inability of the victim to care for herself and her family, the perpetuation of violence and the increased health care costs imposed on society.

Insurers are already fully protected from suit by contract and law. Insurance policy provisions typically prohibit beneficiaries from recovering when the death or injury is a result of intentional misconduct. Furthermore, state laws regulate and limit the rights of a slayer from inheriting real and personal property and receiving benefits from insurance policies arising out of or as a result of the death of the person slain. Insurers should be fully protected from suit as long as they issue policies only with the consent of the insured and follow all applicable laws and procedures. Insurers have not identified any situation in which they have paid on a policy or been successfully sued for a homicide which resulted from the issuance of a policy with knowledge of a domestic violence situation.

- ?** **Isn't insurance discrimination against victims of domestic violence already illegal? If not, is something being done to make it illegal?**

Until very recently, there have been no laws making such discrimination illegal. In 1994, state legislatures started considering legislation to stop insurance discrimination against victims of domestic violence. In 1995, federal proposals were introduced. As noted below, not all legislative initiatives cover all lines of insurance. As discrimination

against victims of abuse occurs in all lines, it is recommended that legislation prohibit discrimination in all lines.

### State Legislative Activity

In 1995, laws were enacted in six states: California<sup>1</sup>, Connecticut<sup>2</sup>, Delaware<sup>3</sup>, Florida<sup>4</sup>, Iowa<sup>5</sup> and Massachusetts<sup>6</sup>. The laws of two of those states outlaw discrimination against victims of abuse in all lines of insurance (Iowa and Massachusetts). The Delaware and Florida laws apply to health and life insurance. The California law applies to health care service plans and disability plans. The Connecticut law applies only to health insurance.

Legislation has been introduced in other states and is currently pending in: Alaska, Arizona, California, Georgia, Illinois, Indiana, Kansas, Maine, Maryland, Michigan, Minnesota, New York, Pennsylvania, Utah, Washington, West Virginia, Wisconsin, and Wyoming<sup>7</sup>. Some cover all lines of insurance; others cover one or more of the following lines: health, life, and disability.

In addition, the National Association of Insurance Commissioners (NAIC), an association of all state insurance regulators, is developing model state legislation to address discrimination against victims of domestic violence. A working group of the NAIC has completed its work on four separate models addressing discrimination in health, disability, life and property and casualty insurance. The health insurance model will be submitted to the NAIC for approval by the plenary in the spring of 1996.

<sup>1</sup> Act of July 31, 1995, Cal. Legis. Serv., Ch 603 (West) (to be codified at CAL. HEALTH & SAFETY CODE, § 1374.75, CAL. INS. CODE § 10144.2 (1995)).

<sup>2</sup> An Act Concerning Domestic Violence Effective October 1, 1995, Public Act No. 95-193 (to be codified at CONN. GEN. STAT. § 38a-816 (1995)).

<sup>3</sup> An Act Effective July 19, 1995 (to be codified at DEL. CODE ANN. tit. 18, §§ 2302 (5), 2304 (23)).

<sup>4</sup> An Act Relating To Domestic Violence, Effective July 1, 1995, 1995 Fla. Sess. Law Serv. Ch 95-187 § 6 (to be codified at FLA. STAT. ANN. § 626.9541 (q) (3) (1995)).

<sup>5</sup> An Act Relating To The Regulation of Insurance, Effective July 1, 1995 (to be codified at IOWA CODE, § 508.4(7)(c) (1995)).

<sup>6</sup> An Act Effective July 1, 1995 (to be codified at MASS. GEN. L. ch. 175, §§ 95B, 106G, 120D, ch. 176A, § 3A, ch. 175B, § 5A, ch. 176G, § 19 (1995)).

<sup>7</sup> H.B. 395, 19th Leg., 2d Sess., 1996, S.B. 197, 19th Leg., 2d Sess., 1996 (ALASKA); H.B. 2236, 42d Leg., 2d Reg. Sess., 1996 (ARIZ.); A.B. 115, 1995-96 Reg. Sess. (CALI); H.B. 1457, S.B. 679, Reg. Sess., 1996 (GA); H.B. 2566, 89th Gen. Ass., 1995-96 Reg. Sess. (ILL.); S.B. 306, 109th Gen. Ass., 2d Reg. Sess. (IND); S.B. 444, 1996 Reg. Sess. (KAN); L.D. 1665, 117th Leg., 2d Reg. Sess., 1996 (ME); H.B. 39, 1996, Reg. Sess. (MD); H.B. 4634, 88th Leg., 1995-96 Reg. Sess. (MICH); S.B. 1815, H.F. 2144, 79th Leg., 1995-96, Reg. Sess. (MINN.); AO2769, 1995-96 Reg. Sess. (NY); H.B. 1100, 1995-96 Reg. Sess. (PA); H.B. 331, 1996 Gen. Sess. (UTAH); S.B. 5436, 1996 Reg. Sess. (WASH); H.B. 4316, 1996 Reg. Sess. (W.VA.); A.B. 292, S.B. 138, 1995 Reg. Sess. (WIS); H.B. 43, 53rd Leg., 1996 Reg. Sess. (WY).

## Federal Legislative Activity

Several bills are being considered in the U.S. Congress as well. Legislation at the federal level will provide protection for victims of abuse whose health insurance plans are not governed by state insurance laws (ERISA, the federal law regulating pensions and other employee benefit plans, preempts state insurance laws from governing certain employer sponsored health plans). To the extent that states are slow to pass legislation, federal legislation has the potential to offer a speedier and more comprehensive approach, insuring victims of abuse that they will receive the same protection from insurance discrimination wherever they go.

Legislation which would prohibit discrimination against victims of abuse in health insurance was introduced by Senator Wellstone<sup>8</sup>(MN) and Representatives Schumer<sup>9</sup> (NY), Wyden<sup>10</sup>(OR), and Molinari<sup>11</sup> (NY) between March and June 1995. On July 28, 1995, Senator Kassebaum (KS) presided over a hearing on the issue of insurance discrimination against victims of abuse before the Senate Committee on Labor and Human Resources<sup>12</sup>. The hearing was conducted in connection with the Committee's consideration of the Health Insurance Reform Act of 1995 sponsored by Senators Kassebaum (KS) and Kennedy (MA)<sup>13</sup>. The Committee reported favorably on the Health Insurance Reform Act of 1995, after amending it to clarify that pre-existing condition exclusions, which the bill permits on a limited basis, could not be used to deny or limit coverage to victims of abuse<sup>14</sup>.

In October, 1995, Representative Sanders (VT) introduced legislation which prohibits insurance discrimination against victims of abuse in all lines of insurance: health, disability, life, and property and casualty<sup>15</sup>. Senator Wellstone (MN) will introduce the Sander's bill in the Senate in the spring of 1996.

<sup>8</sup> S. 524, 104th Cong., 1st Sess. (1995).

<sup>9</sup> H.R. 1191, 104th Cong., 1st Sess. (1995); also co-sponsor of H.R. 1201, introduced by Rep. Wyden.

<sup>10</sup> H.R. 1201, 104th Cong., 1st Sess. (1995).

<sup>11</sup> H.R. 1920, 104th Cong., 1st Sess. (1995).

<sup>12</sup> *Health Insurance and Domestic Violence, 1995: Hearing Examining Proposal To Prohibit Insurers From Denying Health Insurance Coverage, Benefits, or Varying Premiums Based on the Status of an Individual as a Victim of Domestic Violence, Including Related Provisions of S. 524, S. 1028, and H.R. 1201 Before the Senate Committee on Labor and Human Resources, 104th Cong., 1st Sess. (1995)*

<sup>13</sup> S. 1028, 104th Cong., 1st Sess. (1995).

<sup>14</sup> H.R. Rep. No. 156, 104th Cong., 1st Sess. (1995).

<sup>15</sup> H.R. 2654, 104th Cong., 1st Sess. (1995).

## **? What do the new laws and legislative proposals do?**

Most prohibit insurers from using domestic violence as a basis for underwriting or rating insurance, meaning that they prohibit an insurer from refusing to insure someone or charging them a higher premium because they are, have been or might become a victim of domestic violence. They may also prohibit insurers from writing policies that exclude coverage for injuries resulting from domestic violence.

Some also include important provisions requiring that abuse-related information be kept confidential and that insurers develop protocols for employees, agents and contractors to make sure their interactions with victims do not either endanger the safety of the victim or result in disclosure of confidential information. They also include definitions of necessary terms and enforcement mechanisms and remedies to insure that a person complaining of insurance discrimination can obtain appropriate relief.

## **? How are insurance companies reacting to legislative proposals to prohibit discrimination against victims of domestic violence?**

Very few insurers have changed their practices voluntarily. To our knowledge, only State Farm has completely eliminated domestic violence as a reason to rate or deny insurance. Some say they will only deny in the most egregious cases. All say they must continue to look at medical condition regardless of cause. Most of the Pennsylvania insurers who use domestic violence as an underwriting criterion are continuing to do so over two years after the practice became public and the subject of legislation.

Some insurers voice support for legislation protecting domestic violence victims, but with limitations, urging a number of amendments and provisos to pending legislation. These include language that would allow insurers to underwrite and rate on the basis of mental and physical history regardless of the underlying cause, protect an insurer from liability for any injury resulting from compliance with the legislation, and allow insurers to deny insurance to abusers.

Others simply oppose any limitation on their ability to consider abuse in underwriting and rating, stating that insurers should have leeway in considering this type of material information.

**? What is wrong with allowing insurers to underwrite on the basis of medical conditions caused by abuse?**

The purpose of the protective legislation will be undermined if it allows insurers to underwrite on the basis of medical conditions caused by abuse. Such an exception would allow an insurer to deny insurance to a victim based on medical records documenting bruises or broken bones resulting from the abuse and have the same effect as allowing an insurer to deny insurance based on the domestic violence itself. Consideration of the medical records in any way will deter victims from seeking help and leaving. The only way to end the cycle of violence is to make sure that battered individuals are able to freely seek assistance for abuse.

Permitting underwriting on the basis of abuse-related medical conditions will also enable insurers to discriminate indirectly against victims of domestic violence. Insurers will be able to deny an applicant and refuse to renew an insured based on a medical condition that is frequently associated with abuse. They will also be able to apply particular medical criteria selectively to victims of abuse, for example, determining only victims of abuse ineligible for insurance because of treatment for bruises and black eyes. Because insurers are subject to little regulation in their selection and use of medical underwriting criteria, no one will know or stop them from selecting and applying medical underwriting criteria with the express intent of weeding out abuse victims.

Furthermore, allowing insurers to consider the health status of victims of domestic violence is inconsistent with the trend toward limiting the insurer's consideration of health status in both issuance and rating of insurance through "community rating" and "guaranteed issuance."

At the very least, any legislation permitting insurers to underwrite on the basis of abuse-related medical conditions must contain safeguards. We recommend the following language:

An insurer taking action that adversely affects a victim of abuse on the basis of an abuse-related medical condition or property or casualty claim must explain the reason for its action to the applicant or insured in writing and must be able to demonstrate that the action taken:

**(A) Is otherwise permissible by law and is applied in the same manner and to the same**

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extent to all applicants and insureds with similar medical conditions or property or casualty claims without regard to whether the medical condition or property or casualty claim is abuse-related.

- (B) Does not have the purpose or effect of avoiding the intent and prohibitions of this Act or any other provision of law, and is not based upon any actual or perceived correlation between a medical condition or type of property or casualty claim and abuse.
- (C) Does not have the purpose or effect of treating an individual's status as being, having been or having the potential to be the subject of abuse as a medical condition or underwriting criterion.
- (D) Is based on a determination, made in conformance with sound actuarial principles and supported by reasonable statistical evidence, that there is a correlation between the medical condition or type of property or casualty claim and a material increase in insurance risk.

This language attempts to prevent discriminatory use of underwriting standards. It also requires notice to the applicant or insured of the reason for any adverse insurance action and, should that insurance action be challenged, properly places the burden of proof on the party who has the information, the insurer. Similar language has been included in the NAIC model laws to prohibit insurance discrimination. The California and Delaware state statutory provisions include some, but not all, of the safeguards.

**?** **If legislation prohibits insurers from considering medical conditions caused by abuse, doesn't it create a special class of individuals who get special treatment?**

No. Prohibiting discrimination on the basis of domestic violence will insure that these victims are treated like all other applicants. It is insurers who have created the special class, singling out domestic violence as a special classification of uninsurability.

Protection for victims of domestic violence will not make inequitable an otherwise equitable system of underwriting. Insurance industry practices are not premised on either fundamental fairness or uniformity. Insurance companies already treat people differently regardless of how compelling their circumstances may be.

For example, timing and preexisting condition clauses may result in one pregnant woman being covered while another is not. A violent neighborhood will not be taken into account, but a violent household will be in determining whether to issue insurance. Some companies cover some conditions, while others do not. In this context, it is disingenuous to argue unfairness with respect to legislation that is necessary to end domestic violence.

For further information, contact:

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# ALASKA STAT

Post-It brand fax transmittal memo 7671		# of pages: 1	
Rep. Haulcy	From	Feb 80	
HOUSE FINANCE	Co		
WRITTEN TESTIMONY	FILED	FEB	
SB 197			

PLEASE ENTER INTO THE RECORD MY TESTIMONY TO THE House Finance  
 COMMITTEE ON SB 197 DATED 4-25-90  
 BILL/SUBJECT COMMITTEE NAME

I had hoped to testify on this bill through teleconferencing but it had not been gotten to prior to my needing to get to my next appointment.

SB 197 was intended to prevent discrimination against victims of domestic violence by protecting them against insurance premium increases, cancellations, or denial. I think it is obvious that victims of crime should not be penalized for being victims. However, with the amendments made by the House Labor Commerce Committee, this bill is not only what I consider "gutted" but may actually put victims in a worse position than they are now.

It's beyond my ability to understand the reasons for deleting a subsection requiring confidentiality of records identifying victims of domestic violence unless it is intended to use or share this information for use in determining underwriting. This being the case, victims would be discouraged from seeking medical assistance for fear of losing their ability to obtain or maintain insurance for themselves and their families. Additionally, agents/employees of insurance companies could endanger the well-being or life of a domestic violence victim by disclosing what should be confidential information.

I further do not understand how the subsection providing that provisions of this bill may not prevent an insurer from rating for medical conditions resulting from domestic violence the same as for other medical conditions is protecting victims of domestic violence at all. It seems to me, this subsection obviates the whole intent of the bill and Commerce. I respectfully request you not adopt the amendments made by House Labor

SIGNED

TESTIFIER

WIC-CA

REPRESENTING (OPTIONAL)

717 9th Ave. Fairbanks 99701 452-2295  
 ADDRESS/PHONE NUMBER

# WOMEN'S L.A.W. PROJECT

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Philadelphia, PA 19107  
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## CASES OF INSURANCE DISCRIMINATION AGAINST VICTIMS OF DOMESTIC VIOLENCE

### California

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A Santa Cruz woman was repeatedly turned down for health insurance following review of medical records which detailed beatings by her husband.

A California hospital reports denial of payment by HMOs for repeated treatment for injuries caused by domestic violence.

### Delaware

In August, 1994, Nationwide Insurance Company denied an application for life insurance based on medical records "indicating an unstable family environment" because they included documentation of three assaults by the husband against the wife and counseling.

### Iowa

Prudential Insurance Company denied a woman a life insurance policy in November, 1993, because the woman had a history of multiple assaults from her boyfriend.

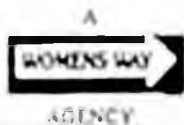
A woman was sexually abused as a child and received some counseling. Despite a clear record and good health since then, when she applied for disability insurance, she was turned down on the basis of the earlier treatment.

### Minnesota

Three insurance companies denied health insurance to a women's shelter because "as a battered women's program we were high risk."

A women's shelter in Rochester was told that it was considered uninsurable because its employees are almost all battered women.

A woman who sought the services of Women House in St. Cloud because the abuse during her 12-year marriage had escalated to such an extent that she was hospitalized for a broken jaw and spent 2 weeks in a mental health unit of a hospital, was denied health insurance by two companies, one saying they would not cover any medical or psychiatric problems that could be related to the past abuse.



### Oregon

In 1994, Allstate Insurance Company canceled the homeowners' insurance of a woman whose former spouse set fire to the home twice. The woman had been abused by the former spouse throughout the marriage and left the marriage in 1992. Following cancellation, the woman was referred to the Oregon Fair Plan and was quoted a price for insurance that was eight times what she had previously been paying. After the former spouse was convicted and imprisoned for arson, the woman applied for insurance with Hartford, but was rejected for a poor credit record which was a result of the her former husband's failure to pay family debts for which he was responsible.

### Pennsylvania

In October, 1993, a resident of Cumberland County, Pennsylvania was denied life, health and mortgage disability insurance by State Farm Insurance Company and life insurance by First Colony Life Insurance Company because of information in medical records revealing an incident of domestic violence.

An employee of a self-insured employer has been unable to obtain reimbursement for health care expenses resulting from abuse because of an exclusion for expenses arising from or related to a domestic dispute.

### Washington

A woman's homeowner's policy was canceled by Safeco Insurance Companies in May, 1993 by letter reciting 5 claims filed over the 12 year life of the policy and noting concern that the most recent three occurred within a span of four months, but "more importantly", the most recent one "involved a domestic violence situation of individuals that are living with" the insured. The angry ex-wife of her boyfriend's brother damaged her door.

A landlord's policy was canceled because the insurer learned that the landlord intended to rent a home to a woman's shelter.

A child was twice denied health insurance because he had been abused in a day care facility.

A woman was twice denied insurance due to treatment received for physical, emotional and sexual abuse inflicted on her by her family during her childhood and by her spouse during marriage. In the late 1980's her employer's disability insurance carrier denied her disability coverage because of a nervous condition related to abuse. In 1993, Cigna denied her application for an increase in life insurance coverage provided through her employer based on a diagnosis of dissociative disorder related to counseling received for abuse. Although she also suffers from obesity, Type II diabetes and a seizure disorder, the abuse related counseling is the only reason given by the insurers as grounds for denial. She has divorced her abuser, has no further contact with her family of origin and is not on any medications.

A man who was physically attacked by his wife was denied \$1500 to \$2000 worth of health coverage for injuries he sustained. He was told that his wife, who owned the company that purchased the group coverage, instructed the insurer not to cooperate with him. Following divorce, he obtained an individual policy with exclusions for pre-existing conditions relating to domestic violence.

*CASES OF INSURANCE DISCRIMINATION  
AGAINST VICTIMS OF DOMESTIC VIOLENCE  
(compiled by the Women's Law Project, Philadelphia, PA)*

In August, 1994, Nationwide Insurance Company denied an application for life insurance in Delaware, based on medical records "indicating an unstable family environment" because they included documentation of three assaults by the husband against the wife and counseling.

Prudential Insurance Company denied an Iowa woman a life insurance policy in November, 1993, because the woman had a history of multiple assaults from her boyfriend.

In 1994, Allstate Insurance Company canceled the fire insurance policy of an Oregon woman after her former spouse set multiple fires in the victim's home. The woman had been abused by the former spouse throughout the marriage and left the marriage in 1992. Two weeks prior to setting the fires, the former spouse had burgled the home, breaking five windows. Initially Allstate also refused to pay the fire claim on the basis of the former marital relationship, even though he was not on the policy. After Allstate canceled her policy, the woman sought other coverage and was repeatedly denied because of the arson, even though the arsonist had been convicted and was in jail.

Women's shelters in Vermont have reported difficulty obtaining insurance due to rejections and high rates.

The homeowner's policy of a Washington state woman was canceled by Safeco Insurance Companies in May, 1993, by letter reciting 5 claims filed over the 12 year life of the policy and noting concern that the most recent three occurred within a span of four months, but "more importantly", the most recent one "involved a domestic violence situation of individuals that are living with" the insured. The ex-wife of her boyfriend's brother damaged her door.

A Washington state landlord's policy was canceled because the insurer learned that the landlord intended to rent a home to a woman's shelter.

In September, 1995, Farmers' Insurance Companies denied a property claim to a Washington state woman whose former boyfriend and abuser broke into her home and stole over \$5000 worth of personal property. During the course of investigating the claim, the insurer disclosed to the abuser the fact that he was suspected of stealing the property and had been named by the woman. The abuser retaliated by breaking into the woman's home and beating her, shoving her head-first into the fireplace, rendering her unconscious and threatening her life if she pressed charges. The woman fled the state with her children.



This year, in  
emergency rooms,  
clinics and  
physicians offices

## **One in five women**

will seek medical care because of  
injuries or presenting problems  
caused by domestic violence.

**You can help.**

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# You Can Help . . .

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**by understanding the scope  
of domestic violence.**

**DOMESTIC VIOLENCE IS A MAJOR HEALTH ISSUE.** It is the single largest cause of injury to women in the United States. Abused and battered women account for:

- 22% to 35% of women seeking emergency services for any complaint
- 14% of women seen in ambulatory care internal medicine clinics
- 25% of all women who attempt suicide
- 25% of women seeking psychiatric emergency services
- 23% of pregnant women seeking prenatal care
- 45% to 59% of mothers of abused children
- 58% of women over 30 years old who have been raped
- 50% of all female homicide victims


— National Statistics courtesy of the American Medical Association

*"In Alaska, more than 9,000 women and their children sought emergency safe shelter in Alaska's statewide shelter program during FY 93."*

— Alaska Council on Domestic Violence and Sexual Assault

**HEALTH CARE PROFESSIONALS** are among the first persons a woman will turn to for help. You have a unique opportunity to offer effective, timely identification and referral that can end the cycle of violence.

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# You Can Help . . .

## by understanding the problem of domestic violence.

**DOMESTIC VIOLENCE** is characterized as a pattern of coercive behaviors that may include:

- Repeated battering
- Psychological abuse
- Sexual assault
- Progressive social isolation from friends and family
- Deprivation (food, money, shelter, transportation)
- Intimidation
- Threats of violence
- Destruction of home or personal property

These behaviors are perpetrated by someone who is or was involved in an intimate relationship with the victim.

Although men can find themselves in this situation, 95% of reported cases involve women. For this reason this booklet is written assuming the patient is a woman. For the most part, the same advice applies regardless of the sex of the patient.

Domestic violence occurs in all ethnic groups, all economic classes, all religions and all age groups. Abuse often begins when a woman becomes pregnant. 17.5% of all low birth weight babies are born to battered women. Children who live in homes where domestic violence occurs are 13 times more likely to be physically abused than children living in non-violent homes. Children who witness the battering of their mothers can demonstrate significant behavioral and/or emotional problems.

Domestic violence does not just happen once or twice:

- ♦ Battering increases in frequency and severity over time
- ♦ Women may live with violence for a long time before seeking help
- ♦ Many women fear greater harm from partners if they leave or report abuse
- ♦ The danger of abuse actually does increase for women during separation or divorce
- ♦ Some women in abusive relationships do not have the financial resources to live without their partner

Your response to domestic violence can contribute to a woman's understanding of the seriousness of abuse and her ability to end the violence. The failure to identify abuse may result in withholding important resources at exactly the point when a woman is most able to initiate change.



# You Can Help . . .

## by identifying domestic violence.

### How and What to Ask

Domestic violence should be considered a potential health problem for all women, especially pregnant women and women receiving emergency medical treatment. Due to the prevalence of domestic violence, the American Medical Association advises routine screening of all women (guidelines are available on the AMA; see page 12). If you are treating a child for suspected or confirmed neglect and/or abuse, also check for abuse toward the mother.

Routine assessment with new patients and periodic reassessment with all patients during regularly scheduled visits provides a structure to identify patients in violent, threatening or highly controlling relationships. Screening questions fit logically into a patient's social and family history. It is appropriate to include questions about interpersonal violence in any evaluation.

Establish a physically and emotionally safe setting to interview patients. Ensure the woman's partner, children and family members are not present. A battered woman will not discuss an abusive situation if her abuser is present; she may be reluctant to cause further stress for her children by discussing her situation while they are present.

Simple, direct questions delivered with concern in a safe and confidential encounter are the most effective way to identify domestic violence. For example: "What happens when there are fights and disagreements at your home?" "Someone hurt you tonight . . . can you tell me about it?" "I'm concerned that someone hurt you like this . . . tell me how it happened?"

Build trust and confidence with your patient. Avoid any reaction that would cause the woman to feel humiliated or at fault. Remember the patient may be the victim in a very violent situation; she is not responsible for the abuse. Ask for enough detail to be able to form an accurate assessment of the level of violence in the relationship. Keep in mind she wants to end the abuse, not the relationship.

## WHAT TO LOOK FOR Common Diagnoses/Clinical Indicators

### Signs of Physical Abuse

Injuries most commonly involve the head, neck, chest and abdomen. Trauma to the genital area is also commonly observed. During pregnancy, the breasts and abdomen are particularly common injury sites.

### *Nature and Circumstances of Injuries Suspect of Abuse*

- Injury inconsistent with history
- Numerous injuries at multiple sites in absence of catastrophic event (motor vehicle crash etc.)
- Injuries in multiple stages of healing; old and often untreated injuries often evident
- Repeated or chronic injuries
- Patterned injuries such as belt buckles, fist marks, heel/shoe mark from kicking or stepping on the victim's back or abdomen
- Bilateral injuries (ex. bilateral extremity injuries)
- Delay in seeking medical care for injury
- Partner unwilling to leave woman alone in treatment; anxious to answer all questions directed to patient

### *Head and Spinal Injuries*

- Serious head injuries are common
- Mild traumatic head injury from cumulative trauma such as repeatedly being shoved/slammed against a wall; slurred speech and hearing deficits are commonly observed
- Back/spinal injuries as a result of being pushed, shoved or thrown, often repeatedly; these injuries often resemble what is seen with fall-related injuries but the nature and circumstances of the injury reveal that the injury was inflicted (ex. patient has other injuries not likely to be caused by a fall)
- Ruptured ear drums as a result of blows to the head/ears

### Sprains and Fractures

- Fractures associated with falls due to being pushed and/or shoved
- Fractures of the forearm are commonly seen as woman attempts to shield herself with her arms
- Facial and orbital fractures from direct blows to the the area of the eyes

### Contusions, Bruises and Lacerations

- Proximal or central bruising on the body, often in hidden areas covered by clothing is highly suspicious for abuse (ex. bruises on inner thighs)
- Black eye (s)
- Facial lacerations: frequently a U-shaped cut is observed with bruising due to a ring that the abuser had on when he hit/punched the victim
- Cuts and slashes: often observed on a victim's hand/wrist area as she attempts to defend herself from a knife
- Neck burns and wrangle marks around the throat/neck-
- Finger marks: often observed on inner soft tissue of the legs and/or arms from the abuser holding the victims down (during sexual assault, beating, etc.)

### Burns and Bites

- Burns: often from a cigarette, iron, radiator commonly involving the hands, feet
- Friction burns from being restrained, dragged (ex. rope burns)
- Human bite marks

### Self-Inflicted Injuries

- Abused women are at very high risk for suicide and suicide attempts
- Self-induced or attempted abortions

### Signs of Sexual Abuse

- Frequent vaginal and urinary tracts infections; difficulty/painful urination (dyspareunia)

- Chronic pelvic pain
- Pelvic inflammatory disease (PID) with negative lab findings
- Recurrent sexually transmitted diseases (STD's): the batterer may force his partner to have unsafe sex
- Irregular vaginal bleeding
- Pain and fear upon examination; vaginismus (very tense vaginal muscles when exam attempted)
- Poor contraceptive compliance and/or multiple therapeutic abortions: the batterer may forbid use of contraceptives and family planning
- Sexual dysfunction

### Medical Signs During Pregnancy

- Any injury during pregnancy, particularly injuries to the breasts, abdomen and genital area
- Pre-term abortions, bleeding, miscarriages and premature labor; abused women are at significantly higher risk of having intrauterine growth retardation and low-birth weight infants
- Hyperemesis (excessive vomiting)
- Substance abuse, poor nutrition or depression
- Late or sporadic prenatal care: the abuser restrains the woman from obtaining prenatal care

### Related Medical Findings

- Chronic pain syndrome due to diffuse, repetitive trauma (no evidence of visible injury may be present at time of examination)
- Recurrent sinus infections and/or dental problems secondary to facial trauma
- Physical symptoms related to stress, chronic post-traumatic stress disorder, other anxiety disorders or depression. Examples are
  - panic attacks
  - eating disorders, malnutrition
  - chronic headaches
  - abdominal and gastrointestinal complaints

#### **Related Medical Findings, continued**

- numbness and tingling (paresthesia)
- atypical chest pain
- frequent visits with vague complaints or symptoms without evidence of physiologic abnormality
- Frequent use of prescribed tranquilizers or pain medications

#### **Mental Health/Psychiatric Symptoms**

- Depression
- Substance abuse
- Post-traumatic stress reactions/disorder
- Suicide attempts or gestures

#### **Patients' and Partners' Behavioral Signs**

- Patient's anxiety or distress is out of proportion to the severity of injuries or complaints
- Patient is reluctant to speak in front of her partner
- The partner accompanies patient, stays close and answers questions directed to her
- Denial or minimization of violence by partner or patient
- Intense jealousy or possessiveness demonstrated by partner or reported by patient
- Self-blame by patient for abuser's violence

#### **Issues for Treatment**

An abuser's pattern of controlling and intimidating his partner creates the following obstacles to treatment:

- Limited access to routine and/or emergency medical care; missed appointments
- Noncompliance with treatment: not allowed to obtain or take medication

# **You Can Help . . .**

**by providing treatment and effective intervention.**

#### **Treat the Illness or Injury**

Assess the chief complaint or problem against the shared recognition of the violence. A review of symptoms with particular attention to sites of previous injury and chronic pain may help both the health care professional and the patient identify how the violence affects her general health. If the patient is pregnant, review both injury and stress related health risks to her fetus. If she has children in the home, review the possible risks to her children resulting from domestic violence. Inform the patient that her situation is potentially lethal, that domestic violence is a crime and that she is protected by the law. *Use caution in administering or prescribing tranquilizers, painkillers, and sleeping pills which alter the patient's ability to escape or avoid assault.*

#### **Assess Safety**

Escalating injuries, sexual assault, threats of homicide or suicide, threats against other family members, gun possession, either party's use of drugs and alcohol, and separation and divorce proceedings are all associated with a higher risk of serious injury or death. The absence of these factors does not however guarantee safety.

If your patient does not feel safe, then it is imperative for her to begin working with crises intervention advocates at once. Help her to call the local domestic violence services in your area from the safety and privacy of your office. Help her identify other "safe" places or people she can turn to for help such as relatives, friends or community members.

If the patient indicates she "feels safe for now" then give her information on services that are available to her and a list of shelters or other safe programs. Encourage her to participate in a women's support group, consider legal protection or contact an advocate or counselor who works with victims of domestic violence. Couples counseling or family intervention services are not recommended due to the increased risk of harm. A complete listing of domestic violence programs and shelters in Alaska is provided on page 11.

## Document Findings

When bruises and other injuries heal, the medical record you have written may be the only evidence that remains of assault. Take the time to fully document your findings. Use simple, but descriptive, language and quote the patient's own words as much as possible (ex. "My husband hit me with his fist" versus "Patient was abused" or "hit by fist."). Use a sketch of the body to indicate the sites of current—and past—injuries. Record all details of the event including: name, address and phone # of the abuser, if disclosed; if police are called, the name, badge and phone number of the officer; name of anyone who accompanies the victim. If possible, photograph the injuries. Let the patient know that her medical record is confidential but available to her should she decide to use it for court proceedings.

As a health care professional in Alaska, you are required by law to formally report confirmed and suspected child abuse and neglect immediately to the nearest office of the state's Department of Health and Social Services, Division of Family and Youth Services.

All facilities providing emergency treatment are required to have emergency room protocols covering the treatment of cases involving domestic violence. Model protocols can be obtained through the Family Violence Prevention Fund (see page 12).

## Follow-up

Address domestic violence at each subsequent visit. Reassess the patient's safety, her children's safety and the effectiveness of strategies she has used to diminish the violence.

## Know That You Can Make a Difference.

*"As health professionals, we must make every effort to end domestic violence. Women must be able to live their lives free from violence, both inside and outside the home. Our awareness, our intolerance of violence, and our active interventions greatly diminish the license for domestic violence. As professionals, we can make a remarkable difference."*

—former Surgeon General Antonia C. Novello, MD, MPH

## Resource List of Shelter and Domestic Violence Prevention Programs in Alaska

Immediate Area Resources \_\_\_\_\_  
Local Shelter Crisis Line # \_\_\_\_\_  
Local Law Enforcement # \_\_\_\_\_  
State Division of Family and Youth  
Services Statewide Referral # **1-800-478-4444**  
State Division of Family & Youth Services Local # \_\_\_\_\_

Anchorage	Abused Women's Aid in Crisis	crisis 272-0100 office 279-9581
Anchorage	Alaska Women Resource Center	office 276-0582
Anchorage	Standing Together Against Rape	crisis 563-7273 office 563-9981
Barrow	Arctic Women in Crisis	crisis 852-0267 office 852-0261 toll-free statewide 1-800-478-0267
Bethel	Tundra Women's Coalition	crisis 543-3456 office 543-3444
Dillingham	Safe & Fear-Free Environment	crisis 842-2316 office 842-2320
Emmonak	Emmonak Women's Shelter	office 949-1434
Fairbanks	Women in Crisis Counseling and Assistance	crisis 452-RAPE office 452-2293
Fairbanks	Tanana Chiefs Conference, Family Services Program	office 452-8251
Homer	South Peninsula Women's Services	crisis 235-8101 office 235-7712
Juneau	Aiding Women in Abuse and Rape Emergencies	crisis 586-1090 office 586-6623
Juneau	Parent Aid and Family Support Center	office 586-3785
Juneau	Tongass Community Counseling Center	office 586-3585
Kenai	Leeshore Women's Resource & Crisis Center	crisis 283-7257 office 283-9479
Ketchikan	Women in Safe Homes	crisis 225-9474 office 225-0202
Kodiak	Kodiak Women's Resource & Crisis Center	crisis 486-3625 office 486-6171
Kotzebue	Mannila's Regional Women's Crisis Program	crisis 442-3969 office 442-3311
Nome	Bering Sea Women's Group	crisis 443-5444 office 443-5491
Palmer	Valley Women's Resource Center	crisis 746-4080 office 746-4080
Seward	Seward Life Action Council	office 224-5257
Sitka	Sitkans Against Family Violence	office 747-3370
Unalaska	Unalaskans Against Sexual Assault and Family Violence	office 581-1500
Valdez	Advocates for Victims of Violence	crisis 835-2999

**Alaska Network on Domestic Violence  
and Sexual Assault**

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Juneau, AK 99801

