2021 ASSEMBLY BILL 212


AN ACT to repeal 632.7495 (4) (a) to (d); to renumber and amend 632.7495 (4) (intro.); and to amend 632.7495 (5) of the statutes; relating to: short-term health coverage duration.

Analysis by the Legislative Reference Bureau

Under current law, an insurer is not required to renew short-term health coverage, which is coverage that is marketed and designed to provide short-term coverage as a bridge between health coverage with an initial term of not more than 12 months and an aggregate term of all consecutive periods of coverage not exceeding 18 months. The federal regulation defining this short-term, limited-duration insurance, effective on August 3, 2018, has the same initial term but specifies an aggregate duration, including renewals or extensions, of no longer than 36 months. This federal regulation allows states to set a shorter maximum aggregate duration, as Wisconsin law had done before the regulation was effective.

This bill replicates the definition of short-term, limited-duration coverage in the 2018 federal regulation. Specifically, the bill extends the cumulative duration to no longer than 36 months, including all renewals and extensions. Under the bill, the initial expiration date specified in the contract for short-term, limited-duration coverage must be less than 12 months after the contract’s effective date, which retains Wisconsin’s requirement for the initial contract term. Current state law allows the commissioner of insurance to promulgate rules relating to the sale of these short-term, limited duration health plans, and the bill retains this authorization.
except for rules that set a different initial or aggregate duration of short-term, limited-duration coverage.

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

SECTION 1. 632.7495 (4) (intro.) of the statutes is renumbered 632.7495 (4) and amended to read:

632.7495 (4) Except as the commissioner may provide by rule under sub. (5) and notwithstanding subs. (1) and (2) and s. 631.36 (4), an insurer is not required to renew individual health benefit plan coverage that complies with all of the following: is short-term, limited duration insurance that has an expiration date specified in the contract that is less than 12 months after the original effective date of the contract and, taking into account renewals or extensions, has a duration of no longer than 36 months in total.

SECTION 2. 632.7495 (4) (a) to (d) of the statutes are repealed.

SECTION 3. 632.7495 (5) of the statutes is amended to read:

632.7495 (5) The commissioner shall promulgate rules governing disclosures related to, and may promulgate rules setting standards for, the sale of individual health benefit plans that an insurer is not required to renew under sub. (4), except that the commissioner may not set a different initial or aggregate duration than is specified in sub. (4).

(END)