



# DALE KOOYENGA

## STATE SENATOR · 5<sup>TH</sup> DISTRICT

State Capitol · P.O. Box 7882 · Madison, WI 53707-7882 · (608) 266-2512

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May 26, 2021

TO: Members of the Senate Committee on Insurance, Licensing and Forestry

FR: Senator Dale Kooyenga

RE: Support for SB 247 – Extending the duration of short-term limited duration health plans to match federal regulations

Thank you for holding a hearing on Senate Bill 247. This bill aligns state law with federal rules that extend the length of time short-term limited duration (STLD) health plans can be renewed while making lower-cost, flexible coverage more available to people who choose it.

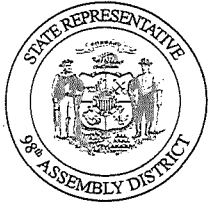
STLD plans are also called bridge plans because they are designed to provide essential coverage for people going through a life transition, such as students just graduating but not yet employed full-time, those between jobs for whom COBRA coverage is too costly, seniors who retire before Medicare eligibility, and people starting a business who need temporary coverage and can't afford a marketplace plan.

For many of these people, the choice isn't between a marketplace plan and a short-term plan. Their real choice is between unaffordable "Cadillac" insurance versus no coverage at all. This bill offers a compromise. Because these plans exist outside of the ACA framework, they are generally far less expensive—up to 90% less costly according to one estimate. This simple statutory change could benefit a projected 58,000 Wisconsinites.

Wisconsin state law dating back to 2009 limits STLD plans to a maximum of 18 months total duration. However, in 2018 a new federal rule returned STLD coverage to the pre-ACA duration of 12 months while permitting renewals for up to 36 months, putting Wisconsin out of conformity. This bill aligns Wisconsin law with the federal rules and retains the ability of the Office of the Commissioner of Insurance to regulate the marketing of STLD plans.

Consumers should be able to choose from a wider array of plan options that fit their personal circumstances and budget. Under this bill, people who need affordable coverage to bridge two periods of their lives—school, work, retirement, or anywhere in between—will have expanded options to do just that.

Thank you for hearing SB 247. I respectfully ask for your support.



# Adam Neylon

State Representative • 98th Assembly District

**DATE:** May 26, 2021

**TO:** Senate Committee on Insurance, Licensing and Forestry

**FROM:** Representative Adam Neylon

**RE:** Senate Bill 247

Thank you for your consideration today of Senate Bill 247. This legislation aligns Wisconsin with federal standards for Short-Term Limited Duration health insurance plans, or STLDs. SB 247 defines short-term, limited-duration insurance using the federal government's definition, increasing the allowable duration of short-term health plans to 36 months, up from 18 months, including renewals and extensions.

These plans represent an important option for thousands of families and individuals in Wisconsin. STLDs provide a coverage gap for folks who lack affordable alternatives. Moreover, for consumers who miss annual enrollment periods and are not eligible for a special enrollment, it is the only coverage option available.

STLD plans cost significantly less than most other plans because they are limited in their coverage. A Kaiser Family Foundation report from 2018 said STLD plans could cost 54% lower than ACA-compliant plans, saving consumers thousands.

My office contacted OCI and they said they do not have a count of how many Wisconsin residents currently have a STLD plan, but they did say there are eight companies in Wisconsin who sell STLD plans. I would note that the U.S. House Committee on Energy and Commerce's Subcommittee on Health issued a report last year citing Wisconsin as being in the top 10 states in enrollment with about 100,000 people covered by a STLD plan. Some of these people are young and do not need or want to pay for an expensive comprehensive health insurance plan. Some of these people are getting close to the age of 65, when they will be eligible for Medicare and all they are looking for is an affordable health insurance option that provides a basic level of care until they can get on Medicare.

Please join me in supporting consumer choice and competition in the health insurance industry. Thank you for your time.

# *Wisconsin Association of Health Plans*

*The Voice of Wisconsin's Community-Based Health Plans*

## **Senate Bill 247**

**Senate Committee on Insurance, Licensing and Forestry**

May 26, 2021

My name is Tim Lundquist and I am the Director of Government and Public Affairs at the Wisconsin Association of Health Plans. The Association is the voice of 12 Wisconsin community-based health plans that serve employers and individuals across the state in a variety of commercial health insurance markets, including the individual market.

**Wisconsin's community-based health plans oppose SB 247 because the bill has the potential to destabilize the individual insurance market and reduce access to affordable, comprehensive health care coverage.**

According to the American Academy of Actuaries, "A key to sustainability of the health insurance markets is that health plans competing to enroll the same participants must operate under the same rules." SB 247 would create an even more uneven playing field for an insurance product that already operates under different rules than comprehensive coverage.

Wisconsin health plans support consumer choice and acknowledge that short-term plans can be a necessary product for individuals who are transitioning between coverage sources. But there are consequences to creating an uneven regulatory playing field. Rather than reducing costs in the individual market, SB 247 has the potential to actually raise costs for those who need health care coverage the most.

Because short-term plans do not have to cover essential health benefits or pre-existing conditions, these plans can "cherry pick" healthy individuals by designing coverage options that disadvantage individuals with high health care needs. Increasing the allowable length of short-term policies from 18 months to three years could make individual market coverage more expensive, as individuals with significant health needs are attracted to products that are required to provide more comprehensive coverage.

SB 247 also has the potential to undermine the success of the Wisconsin Healthcare Stability Plan, a state-based reinsurance program with bipartisan support. Thanks in part to the Wisconsin Healthcare Stability Plan, rates on the individual market are 3.4 percent lower in 2021 on average than rates in 2020. In addition, consumers today have more choices of insurers than they did before the reinsurance program was implemented. Legislative action that could lead to a smaller, less healthy individual market risk pool threatens the hard-won, badly-needed stability the individual market is moving toward.

**Wisconsin health plans recognize and support efforts to provide greater access to health care at lower costs, but SB 247 does not address health care cost and may actually cause individual market premiums to increase.**

We respectfully request your opposition to SB 247.



# TESTIMONY IN SUPPORT OF SB 247

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**Senate Committee on Insurance, Licensing and Forestry**

May 26, 2021

Gregg Pfister  
Visiting Fellow  
Opportunity Solutions Project

Dear Members of the Wisconsin Committee on Insurance, Licensing and Forestry:

I appreciate of the opportunity to offer testimony in support of SB 247, which will increase access to affordable short-term health plans in Wisconsin.

Right now, Wisconsin residents are struggling with access to affordable health care. Individuals and families from Eau Claire to Milwaukee are faced with ever-rising premiums, high deductibles, and narrower networks on Wisconsin's individual market. For example, between 2014 and 2021 the average benchmark premium in Wisconsin increased by an astonishing 53 percent.<sup>1</sup> In fact, typical premiums for health insurance are higher in Wisconsin than in three out of four bordering states.<sup>2</sup>

Thankfully, Wisconsin residents can purchase short-term insurance options, which are typically 50 to 80 percent less expensive than individual market plans on the ObamaCare exchange.<sup>3</sup> These plans are excellent options for young adults who are moving off of their parents' insurance; seniors who are waiting to qualify for Medicare; workers who are between job; the uninsured; and more.

However, by limiting the total duration of these plans to just 18 months, Wisconsin is leaving federal flexibility on the table and denying its residents access to affordable health insurance for a longer period of time.

SB 247 would address this problem by allowing short-term plans to be renewed for up to 36 months. This will make a huge difference in the lives of Wisconsinites across the state. For example, a 40-year-old woman in Milwaukee will pay 66 percent less in premiums by sticking with a short-term plan then switching to a comparable individual market plan.<sup>4</sup>

Beyond a far lower cost, there are additional benefits to expanding short-term plans. States with fully-permitted short-term plans have more affordable and more stable individual insurance markets than states which impose arbitrary restrictions on short-term plans.<sup>5</sup> Additionally, short-term plans typically use broader preferred provider organization (PPO) networks, in contrast to increasingly-tiered health maintenance organizations (HMOs) that box consumers in to a narrow group of providers.<sup>6</sup> These plans also offer access to a wide array of robust options, including the overwhelming majority of essential health benefits.<sup>7</sup>

Put simply, expanding the renewability of short-term plans in Wisconsin is common-sense. It will provide greater options for less expensive health insurance with better networks at a time when health care is increasingly out of reach for many Americans. SB 247 takes a strong step toward improving access to affordable health care in Wisconsin.

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<sup>1</sup> Kaiser Family Foundation, "Marketplace Average Benchmark Premiums," KFF (2021), <https://www.kff.org/health-reform/state-indicator/marketplace-average-benchmark-premiums/>.

<sup>2</sup> Ibid.

<sup>3</sup> Foundation for Government Accountability, "Short-Term Plans," FGA (2019), <https://thefga.org/one-pagers/short-term-plans/>.

<sup>4</sup> Jonathan Ingram, "Short-Term Plans: Affordable Health Care Options for Millions of Americans," Foundation for Government Accountability (2018), <https://thefga.org/paper/short-term-plans-affordable-health-care-options-for-millions-of-americans/>.

<sup>5</sup> Brian Blase, "Individual Health Insurance Markets Improving in States that Fully Permit Short-Term Plans," Galen Institute (2021), <https://galen.org/2021/individual-health-insurance-markets-improving-in-states-that-fully-permit-short-term-plans-2/>.

<sup>6</sup> Foundation for Government Accountability, "The Truth About Short-Term Plans," FGA (2020), <https://thefga.org/one-pagers/the-truth-about-short-term-plans/>.

<sup>7</sup> Ibid.



HEALTHCARE COOPERATIVE

**Testimony Opposing Senate Bill 247  
Relating to Short-Term Health Coverage**  
Senate Committee on Insurance, Licensing and Forestry  
May 26, 2021

Chairwoman Felzkowski and members of the committee, we appreciate the opportunity to submit written testimony regarding Senate Bill 247, which would allow short-term limited duration insurance (STLDI) policies to be sold for a consecutive 36 months in Wisconsin.

Common Ground Healthcare Cooperative (CGHC) was created by business and healthcare leaders to bring value, accountability, and honesty to the individual and small group health insurance markets. Anyone that is familiar with our story knows that we faced many challenges with the startup of the Affordable Care Act. We fought for the privilege of serving consumers in the individual market, and we were the only carrier to serve the Marketplace in several Wisconsin counties in 2018 and 2019. Today, we see the market stabilizing resulting in more competition from other carriers in those counties.

Our mission, defined by the insurance consumers that govern our Board of Directors, dictates that we provide education and advocacy for our members who need support and assistance in understanding their health care choices and decisions. Today, we advocate for our members by opposing Senate Bill 247. Yes, there are problems with the Affordable Care Act that need fixing – we know those very well. And we also recognize that the authors of this legislation have good intentions to lower costs for consumers. Unfortunately, SB 247 is not compatible with consumer protections such as pre-existing condition coverage have been embraced by the majority of Americans and politicians on both sides of the aisle.

We support the use STLDI plans when appropriate but not for the length of time that is being proposed. We hope the remainder of this testimony illustrates why.

**What is Short-Term Insurance?**

STLDI plans were created as a stopgap measure before the federal government passed laws related to portability of health coverage, and they played an important role of providing coverage to workers that were subject to coverage waiting periods. A short-term carrier may deny coverage, charge more based on age or health status, and most exclude services like prescription drug coverage, mental health care and maternity care<sup>1</sup>. Short-term plans are not required to cover pre-existing conditions (even if they are undiagnosed when the plan is issued) and can

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<sup>1</sup> Commonwealth Fund: <https://www.commonwealthfund.org/blog/2020/limitations-short-term-health-plans-persist-despite-predictions-theyd-evolve>

impose annual and lifetime limits on benefits. STLDI plans are typically not renewed for enrollees who become sick while covered by one.

In other words, short-term plans play an important gap filling role, but they are not, and were never intended to be, a replacement for long-term coverage that meets all insurance consumer protections and regulations. Like undersized spare tires on a car, they get the job done for short periods of time but have severe limitations. Consumers that use them long-term are statistically putting themselves at high risk for expensive medical claims that they cannot afford.

### **How the Extension of Short-Term Duration Hurts Consumers**

Any consumers that decline comprehensive coverage during an open or special enrollment period and opt to purchase an STLDI plan is taking a gamble. If they get sick, their health claims will certainly be investigated to determine if there is a tie to a pre-existing condition. In fact, in-depth claims investigations are a key component of STLDI from a carrier perspective. Some egregious examples cited in an ongoing federal lawsuit<sup>2</sup> include:

- A woman who went to the hospital with heavy vaginal bleeding resulting in a five-day hospital stay and a hysterectomy, only to be denied coverage under her short-term plan on the ground that her menstrual cycle constituted a pre-existing condition.
- A man in Washington, D.C. who purchased a short-term plan with a stated maximum payout of \$750,000; when he sought coverage for a \$211,000 bill resulting from a hospitalization, he was covered for only \$11,780. He was denied other coverage in part based on his father's medical history.

As a member-governed cooperative, we can attest that health insurance is extremely complicated for consumers. Most short-term plan consumers are not aware of what they are buying. A simple google search for “affordable health insurance” or “Obamacare plans” will result in numerous top-of-page returns that links the consumer to STLDI plans without disclosing it to the consumer. One marketing scan conducted by the Georgetown University Center on Health Insurance Reforms (CHIR) found that in every state, over half of all results from websites that suggest ACA-compliant health insurance products to consumers directed them to STLDI or other insurance products that do not meet the standards for comprehensive insurance. This was confirmed by a more recent investigation by the US House Committee on Energy and Commerce.<sup>3</sup>

It demonstrates that while consumers are looking to purchase more comprehensive coverage, they may be duped into purchasing STLDI coverage when they would be better served by a plan with comprehensive coverage. A consumer is not likely to fully understand the potential impact of purchasing an SLTDI product, particularly consumers that do not realize they have a pre-existing condition or what an STLDI plan might deem a pre-existing condition. And short-term carriers pay very high commissions in order to drive sales, so certain brokers and agents may be more inclined to sell them over a plan that is likely a better fit for the consumer.

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<sup>2</sup> ACAP v. Treasury: <https://www.communityplans.net/wp-content/uploads/2020/09/2019-05212-CONSENT-AMICUS-FOR-APPELLANT-FINAL-BRIEF-1860211-filed-by-Service-Date-09082020-Length-of-Br.pdf>

<sup>3</sup> Georgetown Center for Health Insurance Reforms: <http://chirblog.org/u-s-house-investigation-offers-new-evidence-dangers-short-term-plans/>

The attached policy paper from the Center on Budget and Policy Priorities goes into greater detail about how STLDI plans achieve their low medical loss ratios and high profit margins. The math is telling. While other types of regulated health insurance are required to spend at least 80% of premium dollars on medical care versus administrative costs or profits, STLDI plans spend a much lower percentage of premiums on medical care, often around 25-40%, according to a Milliman analysis.<sup>4</sup> This was confirmed by a recent NAIC Report.<sup>5</sup>

**How SB 247 Will Impact the Wisconsin Market**

In a free-market health insurance system, all competitors must play by the same rules. If certain competitors can play by different rules by calling their long-term plans “short-term,” then it will be a race to the bottom for insurance coverage. Individuals with pre-existing conditions will pay the highest price because they typically cannot go without comprehensive coverage and would be denied coverage by a short-term carrier anyway. Prices will increase significantly for consumers that simply want high quality, comprehensive health insurance coverage.

If STLDI plans proliferate in Wisconsin, they will only accept Wisconsin’s healthier consumers. This will have a detrimental impact on the risk pool and the stability of Wisconsin’s individual health insurance market. The risk profile for plans that cover pre-existing conditions will worsen, driving prices up. As more people leave, the more expensive comprehensive coverage becomes.

The Association for Community Associated Plans (ACAP) commissioned an actuarial study by Wakely Consulting Group to model the impact of three-year short-term plans on the individual market. Wakely estimated that after an initial ramp-up period, the impacts of adverse selection would begin to take effect and decreased enrollment in individual market would result in higher premiums. They modeled two scenarios, high and low enrollment, to produce a range of estimates. We are happy to share the full study if you are interested but provide an excerpt below. The figures are based on national data.

**Effects of Short-Term Limited Duration Plans on the ACA-Compliant Individual Market  
(Wakely Consulting Group for ACAP, used with permission)**

Scenario	Near-term, after initial ramp-up	Near-term, after initial ramp-up
Method	Low 80% of unsubsidized market drops comprehensive coverage	High 100% of unsubsidized and a portion of subsidized
Year of Impact	4-5 years	4-5 years
Estimate Performed By?	Wakely	Wakely
Off-Exchange Population Included?	Yes	Yes
Increase in Premiums	2.2%	6.6%
Decrease in Enrollment	-8.2%	-15.0%

<sup>4</sup> Milliman: <https://us.milliman.com/-/media/milliman/pdfs/articles/patient-implications-brief-20200224.ashx?la=en&hash=20CC7D8FE9B153AA1713411291B0B7D4>

<sup>5</sup> Modern Healthcare: <https://www.modernhealthcare.com/insurance/short-term-health-plans-spend-little-medical-care>



Should long-term STLDI plans proliferate as modeled above, the landscape will become hostile to Wisconsin plans offering comprehensive coverage that covers pre-existing conditions. If comprehensive plans once again exit the Marketplace, then fewer affordable, comprehensive health insurance options will remain. Keep in mind most consumers in ACA-compliant plans today are enrolled in Wisconsin-based community health plans. By contrast, most STLDI policies are sold by companies headquartered outside of Wisconsin that emphasize profit over service (as evidenced by their low MLR/high profit margin).

**Conclusion**

As you consider SB 247, please keep in mind that STLDI plans cost less solely because they offer less coverage and pay for less care. While this may appear to be a solution for individuals that do not receive tax credits to lower the cost of their coverage, promoting the long-term use of these plans will do more harm than good to consumers and the Wisconsin market. Instead, we hope to work with policymakers on solutions that will improve the individual market through reforms that make insurance more affordable for everyone.

Thank you to the members of the Senate Insurance Committee for reading through this lengthy testimony. If you agree that protecting Wisconsin’s insurance market and consumers (especially those with pre-existing conditions) is the priority, then we ask that you not move SB 247 forward and begin to work with us on other solutions.

Please contact Melissa Duffy at (608) 334-0624 if you have any questions.

*Enclosure: CBPP Commentary Growing Evidence Shows Need for Stronger Rules for Short-Term Health Plans*

Year of impact	4-5 years	6-8 years
Estimate Premiums (\$?)	Likely	Unlikely
Population included?	Yes	Yes
Increase in Premiums	2.3%	8.9%
Decrease in Enrollment	-0.3%	-18.0%

Effect of Short-Term Limited Duration Plans on the ACA-Compliant Individual Market  
 (Wakely Consulting Group for ACAF, used with permission)

Wakely Consulting Group for ACAF, used with permission. The figures are based on national data. We are happy to share the full study if you are interested but provide an excerpt below.

The Association for Community Assisted Plans (ACAAP) commissioned an actuarial study by Wakely Consulting Group for ACAF to estimate the impact of short-term limited duration plans on the ACA-compliant individual market. Wakely estimated that after an initial ramp-up period, the impact of adverse selection on the ACA-compliant individual market is likely to be minimal. They modeled two scenarios: high and low enrollment to premium differentials. The high enrollment scenario shows a 2.3% increase in premiums and a 0.3% decrease in enrollment. The low enrollment scenario shows an 8.9% increase in premiums and an 18.0% decrease in enrollment. The figures are based on national data.

Wakely Consulting Group for ACAF, used with permission. The figures are based on national data.

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October 23, 2020

## Commentary: Growing Evidence Shows Need for Stronger Rules for Short-Term Health Plans

By Sarah Lueck

Mounting evidence shows that short-term health plans, which the Trump Administration is promoting as a harmless alternative to comprehensive health insurance under the Affordable Care Act (ACA), engage in deceptive marketing practices, aggressively search for reasons to deny claims, and make comprehensive plans more expensive for those who need them. The Administration weakened federal standards for short-term plans two years ago, and it argues that the plans just represent a cheaper option for informed consumers who understand the risks. But as enrollment in these plans rises, they are leaving more people without comprehensive coverage.

Short-term plans can deny coverage or charge higher prices to people with pre-existing conditions, and they typically don't cover medical services related to a pre-existing condition. They don't have to cover all the essential health benefits required by the ACA, so they often leave out maternity and mental health care, substance use disorder treatment, and prescription drugs.<sup>1</sup>

The Administration's rule changes allowed short-term plans to last up to a year (instead of three months) and be extended even longer. Since then, enrollment is up. Some 3 million people were enrolled in short-term plans offered by nine major companies in 2019, about 600,000 more than when the rule took effect the previous year.<sup>2</sup> Unfortunately, comparable data aren't available on enrollment before the rule change.

Greater enrollment in short-term plans exposes more people to the risk of catastrophically high out-of-pocket costs. A hypothetical person who, thinking she is healthy, enrolls in a short-term plan and is then diagnosed with breast cancer would pay \$40,000-\$63,000 out of pocket, compared to less than \$8,000 in a marketplace plan that meets ACA standards, according to analysis by the American

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<sup>1</sup> Karen Pollitz *et al.*, "Understanding Short-Term Limited Duration Health Insurance," Kaiser Family Foundation, April 23, 2018, <https://www.kff.org/health-reform/issue-brief/understanding-short-term-limited-duration-health-insurance/>.

<sup>2</sup> "E&C Investigation Finds Millions of Americans Enrolled in Junk Health Insurance Plans That Are Bad for Consumers & Fly Under the Radar of State Regulators," House Committee on Energy & Commerce, June 25, 2020, <https://energycommerce.house.gov/newsroom/press-releases/ec-investigation-finds-millions-of-americans-enrolled-in-junk-health>.

Cancer Society Cancer Action Network.<sup>3</sup> Patients experiencing lymphoma, a heart attack, or a hospitalization for mental health care would likewise face tens of thousands of dollars if they had a short-term plan rather than an ACA plan.<sup>4</sup> Short-term plans often severely limit how much they will pay for certain services, such as \$250 for an emergency room visit or \$1,000 per day for a hospital stay, leaving enrollees to pay exorbitant amounts out of pocket after receiving needed medical care.<sup>5</sup>

And while a healthy person might find the premiums for a short-term plan to be cheap, they may also get far less value for their money than they would with an ACA plan. Insurers selling ACA plans in the individual market must spend at least 80 cents of every premium dollar they collect on enrollees' medical claims and quality improvements, and they must refund any excess to enrollees. In contrast, insurers selling short-term plans reported spending just 62 cents of every premium dollar on medical claims in 2019, on average, and several top sellers spent about 35 cents on the dollar.<sup>6</sup>

More than a dozen states ban or sharply limit short-term plans, and many states have increased protections for their residents since the federal changes. (See Figure 1.)

Proponents of short-term plans argue that enrollees freely choose the skimpier coverage, willingly taking some risks to save money. But in reality, the short-term market is rife with deceptive marketing tactics and aggressive strategies to avoid paying for care, which makes it challenging, if not impossible, for people to understand what they are buying:

- **Marketing is often misleading.** Multiple reports document inaccurate marketing of short-term plans and other non-ACA coverage. Consumers searching online for comprehensive ACA plans often are directed instead to the site of a short-term plan, for example. And brokers sometimes push for a quick sale and refuse to provide written details about the short-term plan.<sup>7</sup>

The COVID-19 pandemic has created new opportunities for misleading marketing. In five of the nine calls that Brookings researchers had with brokers, they received false information

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<sup>3</sup> American Cancer Society Cancer Action Network, "Inadequate Coverage: An ACS CAN Examination of Short-Term Health Plans," May 13, 2019, <https://www.fightcancer.org/sites/default/files/ACS%20CAN%20Short%20Term%20Paper%20FINAL.pdf>.

<sup>4</sup> Dane Hansen and Gabriela Dieguez, "The impact of short-term limited-duration policy expansion on patients and the ACA individual market," Milliman Research Report, February 2020, <https://www.lls.org/sites/default/files/National/USA/Pdf/STLD-Impact-Report-Final-Public.pdf>.

<sup>5</sup> "E&C Investigation," *op. cit.*

<sup>6</sup> Shelby Livingston, "Short-Term Health Plans Promoted by Trump Spent Relatively Little on Claims in 2019," Modern Healthcare, September 29, 2020, <https://www.modernhealthcare.com/insurance/short-term-plans-spent-little-medical-claims-2019> and National Association of Insurance Commissioners, "2019 Accident and Health Policy Experience Report," 2020, [https://www.naic.org/prod\\_serv/AHP-LR-20.pdf](https://www.naic.org/prod_serv/AHP-LR-20.pdf).

<sup>7</sup> Sabrina Corlette *et al.*, "The Marketing of Short-Term Health Plans," Georgetown University Health Policy Institute, January 31, 2019, <https://www.rwjf.org/en/library/research/2019/01/the-marketing-of-short-term-health-plans.html>; and Reed Abelson, "Without Obamacare Mandate, You 'Open the Floodgates' to Skimpy Health Plans," *New York Times*, November 30, 2017, <https://www.nytimes.com/2017/11/30/health/health-insurance-obamacare-mandate.html>.

about the extent of coverage for COVID treatment and testing and incorrect information about coverage of pre-existing conditions.<sup>8</sup>

In another example, the Government Accountability Office's (GAO) recent "secret shopper" investigation of non-ACA plans found that brokers engaged in potentially deceptive practices in 8 out of 31 calls. Examples include falsely claiming the plans would cover treatment for a pre-existing condition and omitting information about the condition when submitting an application on the consumer's behalf, which would enable the insurer to refuse to cover services related to that condition. In two other calls, brokers provided information that GAO deemed merely off base, such as selling shoppers various types of subpar plans without telling them that they could instead buy an ACA plan with \$0 in premiums.<sup>9</sup> In a market lacking clear and consistent rules, insurers and brokers have strong financial incentives to use such misleading tactics; merely providing better disclosure to consumers wouldn't likely stem the problem.<sup>10</sup>

- **Plans use heavy-handed tactics to avoid paying for care.** People who buy a short-term plan and then try to use their coverage may have their claims denied or their coverage revoked after their insurer examines their medical history and deems them to have a pre-existing condition after the fact.

A recent investigation documented a "common industry practice" of requiring enrollees who submit claims for costly care to provide years of medical records in a short time frame and then denying their claim if their medical provider doesn't provide the records in time or, sometimes, retroactively cancelling the plan due to a supposed pre-existing condition.<sup>11</sup> In January, for example, a short-term health plan enrollee in Miami got sick after a trip to China and feared he had the novel coronavirus. He got tested, and the insurer billed him more than \$3,000 and demanded that he submit three years of medical records to prove the flu he tested positive for was not related to a pre-existing condition.<sup>12</sup>

Going forward, many more short-term plan enrollees may be at risk for claims denials if insurers can argue that their future health problems are due to COVID-19.<sup>13</sup>

- **Short-term plans increase premiums for other consumers.** Proponents of short-term plans portray them as a harmless option for people who want to pay lower premiums. But as short-term plans proliferate, they push up premiums for people who want or need ACA-

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<sup>8</sup> Christen Linke Young and Kathleen Hannick, "Misleading marketing of short-term plans amid COVID-19," USC-Brookings Schaeffer on Health Policy, March 24, 2020, <https://www.brookings.edu/blog/usc-brookings-schaeffer-on-health-policy/2020/03/24/misleading-marketing-of-short-term-health-plans-amid-covid-19/>.

<sup>9</sup> Government Accountability Office, "Private Health Coverage: Results of Covert Testing for Selected Offerings," August 24, 2020, <https://www.gao.gov/assets/710/708967.pdf>.

<sup>10</sup> Consumer Representatives to the National Association of Insurance Commissioners, "Report on Testing Consumer Understanding of a Short-Term Health Insurance Plan," March 15, 2019, [https://healthyfuturega.org/wp-content/uploads/2019/04/Consumer-Testing-Report\\_NAIC-Consumer-Reps.pdf](https://healthyfuturega.org/wp-content/uploads/2019/04/Consumer-Testing-Report_NAIC-Consumer-Reps.pdf).

<sup>11</sup> "E&C Investigation," *op cit*.

<sup>12</sup> Ben Conarck, "A Miami man who flew to China worried he might have coronavirus. He may owe thousands," *Miami Herald*, February 24, 2020, <https://www.miamiherald.com/news/health-care/article240476806.html>.

<sup>13</sup> Emily Curran *et al.*, "In the Age of COVID-19, Short-Term Plans Fall Short for Consumers," Commonwealth Fund, May 12, 2020, <https://www.commonwealthfund.org/blog/2020/age-covid-19-short-term-plans-fall-short-consumers>.

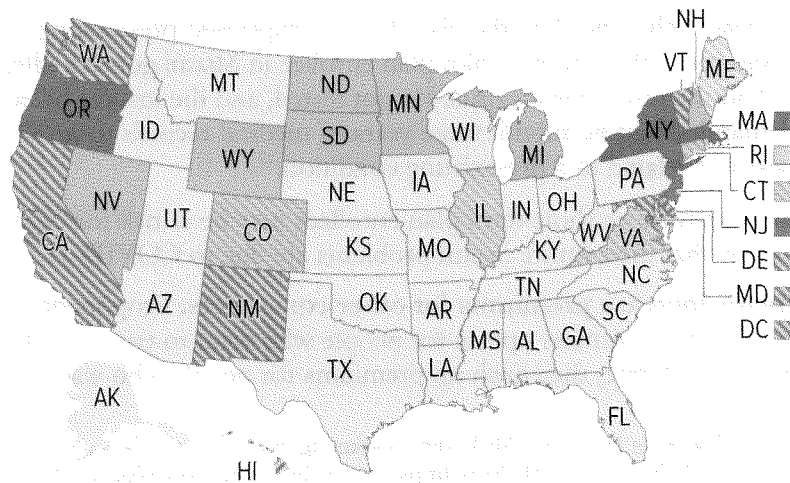
compliant plans by luring healthy enrollees away from the market for comprehensive coverage, leaving a less healthy and thus costlier group behind. In states where the rules for short-term plans are looser (consistent with the 2018 federal changes), 2020 premiums for comprehensive health plans in the individual market are 4 percent (about \$25 a month) higher, the actuarial firm Milliman estimates.<sup>14</sup> ACA premium tax credits shield many people from paying these higher rates, but that's not the case for people not eligible for the credits.

The many pitfalls of short-term plans, and the fact that many more people are now exposed to their risks, are compelling reasons to reinstate stronger federal rules and for additional states to pursue stronger consumer protections.

FIGURE 1

### State Limitations on Short-Term Health Insurance Plans, October 2020

- State bans short-term plans or restricts to less than 3 months
- State sets other standards that bar or sharply restrict the plans
- State restricts short-term plans to between 3 and 11 months
- State allows short-term plans to last 11 months or longer
- ▨ State has strengthened limits since Administration announced loosening of federal rules in 2018



Source: CBPP research and Palanker et al, "States Step Up to Protect Insurance Markets and Consumers from Short-Term Health Plans," Commonwealth Fund, May 2019.

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<sup>14</sup> Hansen and Dieguez, *op cit*.



DATE: May 26, 2021  
TO: Senate Committee on Insurance, Licensing, and Forestry  
FR: William Parke-Sutherland, Health Policy Analyst  
RE: Support of SB 247 – Short-term plan duration in Wisconsin

Chairperson Felzkowski and committee members

Thank you for the opportunity to submit testimony on Senate Bill 247, which we strongly oppose.

Kids Forward aspires to make Wisconsin a place where every child thrives by advocating for effective, long-lasting solutions that break down barriers to success for children and families. Using research and a community-informed approach, Kids Forward works to help every kid, every family, and every community thrive.

Current state law limits short-term health insurance plans to terms of no more than 12 months, and a total of no more than 18 months including renewals. SB 247 would expand that to three years conforming to federal rules in 2018 that largely eliminated regulation of short-term plans. Kids Forward opposes this bill because expanding availability of short-term plans will create unnecessary confusion during enrollment, result in more consumers saddled with high medical debt, and leave more Wisconsinites without access to affordable medical treatment they need.

Following the 2018 rules, short-term health insurance plans have been marketed more aggressively. A 2020 report from the House Committee on Energy and Commerce found that enrollment in short-term plans increased about 27 percent from 2018 to 2019, and Wisconsin is among the ten states with the highest enrollment. Approximately 100,000 Wisconsinites had short-term plans that year.

The federal report found that insurers frequently deny or limit coverage, set harsh limits on how much they will pay, and retroactively bill patients for care they received if the insurer determines after the fact that it was related to a prior medical issue that was not disclosed when someone applied. All of those practices are disallowed under ACA-compliant plans.

Insurers offering these plans require applicants to submit lengthy, invasive health screenings to determine benefits, establish levels of coverage, and set prices. They also use that information to decide who they are willing to cover. Unlike ACA plans, short-term plans do not have to cover people with pre-existing conditions, and they can offer coverage with significant exclusions.

Companies often market these plans as a cost-saving alternative to coverage through the ACA marketplace; however, the reality is that they are not required to meet even minimum health standards. We are concerned that short-term plans leave consumers in the lurch if they need prescription drugs or to access treatment for common issues such as mental health care, substance use disorders, or chronic pain. Because these plans are often marketed alongside



ACA-compliant plans, people very likely won't understand their short-term plan's limitations until they try to access necessary medical care and end up with denied claims and large medical bills.

In late 2019, Kids Forward reviewed documentation for eight short-term plans on file with the Office of the Commissioner of Insurance to see what they cover, what they exclude, and how different they are from ACA regulated plans sold on [healthcare.gov](https://www.healthcare.gov). Plans differ, but they have very high potential out-of-pockets costs and low limits on how much the companies are willing to pay during the term of the policy. None of the plans offered in Wisconsin included coverage for pre-existing conditions. All of the plans included a lifetime cap on what they would pay for covered services. All but one plan excluded maternity care, and half of the plans did not offer mental health or substance use disorder coverage. Our full report, [\*Don't get Caught Short\*](#), is linked here if you'd like to read the findings.

Proliferation of short-term plans also risks increasing racial health disparities. Because of current and historical systemic racism and discrimination, Black and brown people have higher rates of unemployment and under-employment than white people and are more likely to have lower paying jobs that do not offer health coverage. People of color are not only more likely to be uninsured, but also more likely to have prior health conditions such as heart disease, diabetes, and asthma, which insurers consider pre-existing.

For these and other reasons, it's possible or likely that short-term plan insurance carriers deny coverage more often to people of color. If they were enrolled in one of these skimpy plans, they would likely be at greater risk of having treatment denied or coverage rescinded and being stuck with insurmountable medical bills.

Given the provisions in the American Rescue Plan Act lowering Marketplace premiums for many and expanding subsidies to all consumers regardless of income level, there is even less potential for short-term plans to offer options with lower premiums. Further, it is very likely that the Biden administration will amend short-term plan regulations to move closer to the Obama-era rules on length and renewability, which would supersede state law.

Despite these facts, there is still the possibility that people will enroll in short-term plans either by mistake (thinking they are buying ACA coverage) or thinking they're getting a better deal without realizing the scope of exclusions, limits, benefit-caps, and prior authorization requirements. Luring healthier people away from ACA-regulated plans threatens to increase Marketplace costs for everyone else. As healthier people leave, sicker people or people with pre-existing conditions, who rely on comprehensive coverage, end up getting charged more and more. Over time, this cycle would threaten to destabilize the Marketplace.

The proposed legislation also undermines the bipartisan Wisconsin Health Insurance Stability Plan, which committed tens of millions in state funds to help insurance companies pay for high-cost patients and lower premiums for people not receiving tax credits. This legislation would almost certainly raise Marketplace costs.

States are allowed to regulate short-term plans, and in fact, nearly half of the states restrict short-term plans to not more than 11 months<sup>1</sup>. Restricting the timeframe for short-term plans differentiates the plans, protects Wisconsinites from escalating and unexpected healthcare costs, and sends an important message to potential customers that these plans are not an equal substitute for more comprehensive health coverage. Rather than expanding the availability of short-term plans in our state, Wisconsin should join the long list of both red and blue states that protect consumers and the ACA Marketplace by limiting short-term plans.

Please feel free to contact me at [wparkesutherland@kidsforward.org](mailto:wparkesutherland@kidsforward.org) or 608.284.0580 x 317 with questions, follow up, or requests for more information. Thank you.

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<sup>1</sup><https://www.cbpp.org/blog/states-protecting-residents-against-skimpy-short-term-health-plans>





Connected for Life

**Senate Bill 247**  
**Opponent Testimony**

Gary Dougherty  
Director, State Government Affairs  
American Diabetes Association®  
Senate Insurance, Licensing, and Forestry Committee  
May 26, 2021

Chair Felzkowski and Members of the Senate Insurance, Licensing, and Forestry Committee:

My name is Gary Dougherty and I am the Director of State Government Affairs for the American Diabetes Association® (ADA); the nation's leading voluntary health organization fighting to bend the curve on the diabetes epidemic.

I regret that I am unable to join you today; however, on behalf of the more than 2.1 million Wisconsinites with or at risk for diabetes, I would like to share with you the opposition of the ADA to Senate Bill 247.

Among the ADA's priorities is to ensure all people with and at risk for diabetes have access to adequate and affordable health care, particularly during and as we emerge from the COVID-19 pandemic.

With the enactment of the Affordable Care Act (ACA), there was a guarantee of health insurance coverage, offering access to a comprehensive set of benefits, regardless of health status, and providing critical protections that ensure individuals with diabetes and others with pre-existing conditions have access to the services and treatments they need to manage their disease. Prior to the ACA, short-term plans provided a coverage option for individuals who needed to fill a short gap in health insurance coverage; however, they are inferior health plans, particularly for individuals with diabetes who require access to comprehensive coverage, including for preexisting conditions.

Wisconsin law now limits short term health plans to an aggregate duration of 18 months. SB 247 seeks to extend the cumulative duration to no longer than 36 months.

We have concerns for those individuals with diabetes who are in need of robust, comprehensive coverage if the state were to permit short-term plans to be offered as a longer-term alternative to ACA coverage that guarantees access for those with preexisting conditions.

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Connected for Life

Expanding access to short-term plans will only help those in perfect health and only until they develop a health condition. The more significant impact of the legislation is that it threatens the stability of the individual marketplace, leaving individuals with diabetes with two bad options: higher premiums and fewer choices for an ACA-compliant plan, or a non-ACA-compliant plan with severely limited coverage and high out-of-pocket costs.

On behalf of all Wisconsinites with or at risk for diabetes, the American Diabetes Association urges you to oppose SB 247.

Thank you. If you have any questions, please direct them to me at [gdougherty@diabetes.org](mailto:gdougherty@diabetes.org) and I will do my best to answer them for you.

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**TO:** Senate Committee on Insurance, Licensing & Forestry  
**FROM:** Mark Rakowski, Chief Operating Officer, Children's Community Health Plan  
**DATE:** Wednesday, May 26, 2021  
**RE:** Opposition to SB 247 – short term health insurance plans

Children's Community Health Plan (CCHP), an affiliate of Children's Wisconsin, provides access to high quality health care for more than 140,000 individuals and families across eastern Wisconsin. We offer the second largest BadgerCare plan in the state, as well as offer Together with CCHP, our marketplace plan, and Care4Kids, a partnership with DCF and DHS to provide coverage for kids in out-of-home care. We are proud to offer comprehensive health benefits and innovative services including case management for individuals with complex needs, a 24/7 nurse line and virtual urgent care visits. CCHP also provides health programs to support our members with asthma, depression, pregnant women, new moms, and many other wellness initiatives.

As the chief operating officer of CCHP, I have witnessed many changes in the health insurance industry over the last several years. While the goal of the authors of SB 247 to expand access to health insurance for those in need of short-term health care coverage is laudable, I am concerned the bill could create a gap in access to quality health care. Codifying the 36 month renewal or extension of these type of plans in state law may provide some access, but falls short on access to the type of comprehensive coverage consumers have come to rely on such as access to prescription drugs, wellness check-ups, preventative services like mammograms, mental and behavioral health services and maternity care. Moreover, these plans generally will not cover you if you have a pre-existing condition.

Healthcare reforms have traditionally rested on a foundation often described as a "three-legged stool." The first leg is made up of insurance reforms to ensure that coverage is meaningful. In the context of today's health marketplace, that means essential health benefits are covered and exclusionary practices like lifetime limits and restrictions on pre-existing conditions are ended. The second leg consists of mandates that everyone — young and old, healthy and sick — purchase insurance so that the shared risk of all consumers is as broad and diverse as possible. This contains cost and premium growth. Finally, the third leg of the stool helps bring premiums within reach for people with low incomes including offering subsidies.

Each leg of the stool reinforces the others. The insurance must be useful, the risk pool must be close to universal, and the coverage must be affordable. However, we are now seeing an expansion of short term, limited duration insurance plans. Such plans tend to feature lower premiums but also sparser benefits and fewer consumer protections. These short term plans result in essentially reduced coverage for some and higher premiums for everyone else. Short term plans weaken all three legs of the stool at once, and start to erode the marketplace.

Short term plans were first created to do exactly what the name implies — offer some insurance benefits for a short period of time. HHS defined them as "designed to fill temporary gaps in coverage that may occur when an individual is transitioning from one plan or coverage to another plan or coverage." These plans were originally intended to be temporary stopgaps, not a substitute for coverage.

This proposed legislation would change short term plans from a stopgap into what seems like permanent coverage to individuals because of how they are marketed.

Short term plans undermine some of the most popular recent insurance reforms — including those popular on both sides of the aisle. Short term plans, for instance, can exclude people on the basis of pre-existing conditions. Again, they need not cover essential health benefits, like maternity care or treatment for substance abuse. And short term plans often have deductibles of up to \$20,000 for three months of coverage. Some also have annual coverage limits of \$1 million.

Not only do short term plans *not* cover pre-existing conditions, but what was covered when you bought the plan can be excluded later when you try to renew the plan. Rescissions are rampant in the short term market, leading to retroactive cancellation of policies that stick patients with enormous medical bills.

Just a couple of examples of the real-world consequences of these plans include:

– A woman in Illinois went to the hospital with heavy vaginal bleeding resulting in a five-day hospital stay and a hysterectomy, only to be denied coverage under her short-term plan on the ground that her menstrual cycle constituted a pre-existing condition.

-A husband and wife in Arizona who purchased a short-term plan believing it was comprehensive coverage were left with over \$200,000 in medical bills after the husband suffered a heart attack. The listed maximum total payout of \$750,000 was misleading after the deductible was paid. It instead meant they could have a number of procedures totaling up to \$750,000, but only covered up to \$5,000 maximum per procedure.

Short term plans are inadequate as health insurance but are still being marketed as an alternative to actual health insurance plans – that is, Qualified Health Plans in the Marketplace. State regulators have been receiving increased complaints about these plans related to their marketing and coverage. The Federal Trade Commission has received numerous cases of customers buying health insurance they believed was comprehensive, then having their claims rejected or barely paid out. We thought we had solved the problem of insurance companies pocketing premium rather than spending it on medical care for their members. Short term plans bring that problem back—in a big way. Some don't spend even half their premiums on medical care.

Short-term plans also do not have to meet market-wide standards such as ensuring most premium dollars are used for health benefits or that sufficient doctors and hospitals are in the plan's network. Short term plans are not subject to rules around mental health parity, or other non-discrimination rules that protect people with conditions like HIV/AIDS.

These plans can be effective stopgaps. But that is all they should be. Short term plans are not functional as full-time health coverage products and Wisconsin would be wise not to allow the extension of these up to three years.

Children's Community Health Plan is glad to serve as a resource. If you have any questions, comments or concerns, please contact me [mrakowski@chw.org](mailto:mrakowski@chw.org), 414-266-6328.



May 25, 2021

Senator Mary Felzkowski, Chairwoman  
Senate Committee on Insurance, Licensing and Forestry  
Re: Opposition Testimony on SB 247

Dear Chairwoman Felzkowski and Members of the Committee:

The undersigned groups are writing to urge you to oppose SB 247, which would expand the availability of short-term, limited duration (STLD) health plans. Collectively, our organizations support maintaining and expanding access to high-quality, comprehensive health care coverage for Wisconsinites living with chronic health conditions. Wisconsinites need access to affordable, adequate health insurance so they can treat and manage their conditions. Unfortunately, STLD plans offer limited coverage and benefits, and are not required to have the same consumer protections as other plans.

**STLD policies do not provide comprehensive coverage:** Unlike ACA-compliant plans, STLD policies do not have to provide coverage for Essential Health Benefits (EHBs); when they do offer EHBs, these benefits are frequently capped well below the value of ACA-compliant plans.<sup>1</sup> Comprehensive coverage is especially important for consumers who are diagnosed with serious diseases like cancer, diabetes, heart disease, multiple sclerosis, or arthritis during the middle of the plan year. Without these services, patients may face astronomical costs, delays to their treatments, or may be forced to forgo treatment entirely because of costs.

These plans have also been found to employ deceptive marketing and sales tactics,<sup>2</sup> further exposing the most vulnerable Wisconsinites to unnecessary risks. On March 17, the Federal Communications Commission announced a record-setting \$225 million fine against two Texas-based telemarketers for placing one billion spoofed robocalls designed to sell STLD policies.<sup>3</sup>

**STLD policies do not provide cost-effective coverage, especially for major illness:** The recent passage of the American Rescue Plan Act (ARP) will significantly reduce the premium gap between STLD policy premiums and ACA-compliant plans for the next two years. Effective January 1, 2021, the ARP caps premiums for benchmark ACA-compliant plans at no more than 8.5 percent of a household’s income. The ARP also provides a 100-percent COBRA premium subsidy for up to six months in 2021, closing another potential coverage gap.<sup>4</sup>

<sup>1</sup> <https://www.kff.org/health-reform/issue-brief/understanding-short-term-limited-duration-health-insurance/>

<sup>2</sup> <https://www.gao.gov/assets/710/708967.pdf>

<sup>3</sup> <https://docs.fcc.gov/public/attachments/DOC-370869A1.pdf>

<sup>4</sup> <https://www.kff.org/health-reform/issue-brief/how-the-american-rescue-plan-will-improve-affordability-of-private-health-coverage/>

The economic risks of STLD plans stand out in a pair of 2020 studies commissioned by major patient advocacy organizations. One study found a newly diagnosed patient with lung cancer on a STLD plan could pay \$49,000 to \$103,400 in out-of-pocket costs (including premiums and cost sharing for medical and prescription drug expenses) during the six months following diagnosis, compared to \$7,900 on an ACA-compliant plan.<sup>5</sup> The other study reported that a lymphoma patient would pay \$51,600 for their care annually under a STLD plan, compared to \$12,931 under an ACA-compliant plan.<sup>6</sup>

***STLD policies discriminate against people with pre-existing conditions:*** STLD policies consider an individual's pre-existing condition or health status when issuing health insurance coverage. This means that a STLD policy issuer can choose to deny coverage, charge higher premiums, or choose not to cover certain benefits for individuals based on their health history. Pre-pandemic, 25 percent of non-elderly Wisconsinites (roughly 852,000 people) had a pre-existing condition that would result in them being uninsurable if they were subject to medical underwriting.<sup>7</sup> This total has certainly increased as over 607,000 Wisconsinites have been diagnosed with COVID-19.<sup>8</sup> These people would not have access to STLD policies and could only obtain coverage through ACA-compliant plans.

***Renewability does not ensure stability:*** Short-term, limited-duration coverage is intended to offer consumers policies meant to fill a short-term gap in coverage. Allowing these policies to be sold for extended periods of time would cause confusion to consumers who may be misled into believing these products to be comprehensive in nature and prevent them from actually enrolling in more comprehensive plans. In 2018 the National Association of Health Underwriters (NAHU) recommended against the plan durations being proposed in SB 247, recommending a shorter renewal period and noting that short-term coverage is not comprehensive and not a good medical solution for any consumer on a longer-term basis.<sup>9</sup>

Guaranteed renewability of STLD plans is touted by SB 247 supporters as a protective feature, but that feature does not translate to guaranteed coverage stability. The finalized federal rule does not mandate that STLD plans come with guaranteed renewal, and the premiums and benefit sets for the plans may change from term to term. Additionally, the practice of rescission, also known as post-claims underwriting, means that an STLD plan may be retroactively canceled at any time – including after plan renewal.<sup>10</sup>

***STLD policies can impose lifetime and annual coverage limits:*** Under current law, ACA-compliant plans are prohibited from imposing lifetime and annual limits on EHB services. STLD policies may impose lifetime and annual limits on coverage, potentially exposing consumers to significant out-of-pocket costs for the care they need, especially if they are diagnosed with a serious illness or injured in an accident.

***STLD policies can lead to gaps in coverage:*** The expiration of STLD coverage does not constitute a qualifying event for purposes of an individual being able to obtain a special enrollment period to obtain coverage on the marketplace. This could leave the individual exposed to a significant gap in coverage.

***COVID-19 Testing and Cost-Sharing Services Not Required.*** While federal guidance requires private health insurance to cover COVID-19 testing and cost sharing for related services, this requirement does not extend to short-term plans.<sup>11</sup>

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<sup>5</sup> <https://www.ils.org/sites/default/files/National/USA/Pdf/STLD-Impact-Report-Final-Public.pdf>

<sup>6</sup> <https://www.fightcancer.org/sites/default/files/National%20Documents/Costs-of-Cancer-2020-10222020.pdf>

<sup>7</sup> Claxton, G, Cox, C, Damico, A, Levitt, L, & Pollitz, K. Pre-existing Conditions and Medical Underwriting in the Individual Insurance Market Prior to the ACA. Kaiser Family Foundation, December 2016. Available at <https://www.kff.org/health-reform/issue-brief/pre-existing-conditions-and-medical-underwriting-in-the-individual-insurance-market-prior-to-the-aca/>.

<sup>8</sup> <https://www.dhs.wisconsin.gov/covid-19/data.htm#summary>

<sup>9</sup> [https://nahu.org/media/3268/nahu\\_stp\\_comment\\_042318.pdf](https://nahu.org/media/3268/nahu_stp_comment_042318.pdf)

<sup>10</sup> <http://chirblog.org/making-short-term-plans-a-long-term-coverage-option/>

<sup>11</sup> <https://www.commonwealthfund.org/blog/2020/age-covid-19-short-term-plans-fall-short-consumers>

These plans may not cover inpatient prescriptions, vaccinations, and treatment for patients with COVID-19. Additionally, Wisconsinites who have had COVID-19 now have a preexisting condition that can be used to deny coverage.

Thank you in advance for your consideration, and we look forward to continuing to work closely with you to ensure that more Wisconsinites have access to affordable, comprehensive coverage that best meets their needs. If you have any questions about the content of this letter, please contact [sara.sahli@cancer.org](mailto:sara.sahli@cancer.org), Government Relations Director, American Cancer Society Cancer Action Network.

Sincerely,

American Cancer Society Cancer Action Network  
American Lung Association  
Arthritis Foundation  
Be the Match/National Marrow Donor Program  
Greater Wisconsin Agency on Aging Resources, Inc.  
The Leukemia and Lymphoma Society  
National Multiple Sclerosis Society  
Susan G. Komen