## THE GENERAL ASSEMBLY OF PENNSYLVANIA

## **HOUSE BILL**

No. 695

Session of 2021

INTRODUCED BY THOMAS AND ZIMMERMAN, FEBRUARY 26, 2021

REFERRED TO COMMITTEE ON INSURANCE, FEBRUARY 26, 2021

## AN ACT

- 1 Providing for short-term limited duration insurance policies, 2 regulations, for fines and penalties and for repeals.
- 3 TABLE OF CONTENTS
- 4 Section 1. Short title.
- 5 Section 2. Definitions.
- 6 Section 3. Construction of terms.
- 7 Section 4. Disclosure requirements.
- 8 Section 5. Acknowledgment of disclosures.
- 9 Section 6. Supervision of disclosures.
- 10 Section 7. Underwriting requirements.
- 11 Section 8. Waiting period prohibition.
- 12 Section 9. Coverage term limitations.
- 13 Section 10. Free-look period.
- 14 Section 11. Minimum standards.
- 15 Section 12. Sales limitations.
- 16 Section 13. Compliance.
- 17 Section 14. Enforcement.
- 18 Section 15. Regulations.

- 1 Section 16. Agency coordination.
- 2 Section 17. Applicability.
- 3 Section 18. Repeal.
- 4 Section 19. Effective date.
- 5 The General Assembly of the Commonwealth of Pennsylvania
- 6 hereby enacts as follows:
- 7 Section 1. Short title.
- 8 This act shall be known and may be cited as the Short-Term
- 9 Limited Duration Insurance Minimum Requirements Act.
- 10 Section 2. Definitions.
- 11 The following words and phrases when used in this act shall
- 12 have the meanings given to them in this section unless the
- 13 context clearly indicates otherwise:
- 14 "Commissioner." The Insurance Commissioner of the
- 15 Commonwealth.
- 16 "Department." The Insurance Department of the Commonwealth.
- 17 "Enrollee." A policyholder, subscriber, covered person or
- 18 other individual eligible to receive health care services under
- 19 a short-term limited duration insurance policy.
- "Individual market policy." A policy, subscriber contract,
- 21 certificate or plan issued by an insurer that provides medical
- 22 or health care coverage for 12 consecutive months to an
- 23 individual other than in connection with a group plan.
- "Insurance producer." As defined under section 601-A of the
- 25 act of May 17, 1921 (P.L.789, No.285), known as The Insurance
- 26 Department Act of 1921.
- 27 "Insurer." An entity licensed by the department with
- 28 accident and health authority to issue a policy, subscriber
- 29 contract, certificate or plan that provides medical or health
- 30 care coverage and is offered or governed under any of the

- 1 following:
- 2 (1) The act of May 17, 1921 (P.L.682, No.284), known as
- 3 The Insurance Company Law of 1921, including section 630 and
- 4 Article XXIV of that act.
- 5 (2) The act of December 29, 1972 (P.L.1701, No.364),
- 6 known as the Health Maintenance Organization Act.
- 7 (3) 40 Pa.C.S. Ch. 61 (relating to hospital plan
- 8 corporations).
- 9 (4) 40 Pa.C.S. Ch. 63 (relating to professional health
- 10 services plan corporations).
- "Medical loss ratio" or "MLR." The ratio of an insurer's
- 12 incurred claims to the insurer's earned premiums for a plan
- 13 year.
- "Short-term limited duration insurance policy." A policy,
- 15 subscriber contract, certificate or plan issued by an insurer
- 16 that provides medical or health care coverage for less than 12
- 17 consecutive months. In addition to hospital and medical-surgical
- 18 coverages, the policy may include any of the following
- 19 coverages:
- 20 (1) Accident only coverage.
- 21 (2) Specified disease coverage.
- 22 (3) Fixed indemnity coverage.
- 23 The term does not include any of the following:
- 24 (1) Credit only coverage.
- 25 (2) Long-term care or disability income coverage.
- 26 (3) Medicare supplement coverage.
- 27 (4) A TRICARE policy, including a Civilian Health and
- Medical Program of the Uniformed Services (CHAMPUS)
- 29 supplement policy.
- 30 (5) Dental only coverage.

- 1 (6) Vision only coverage.
- 2 (7) Workers' compensation coverage.
- 3 (8) An automobile medical payment policy under 75
- 4 Pa.C.S. (relating to vehicles).
- 5 Section 3. Construction of terms.
- On or after the effective date of this act, the terms
- 7 "limited benefit policy," "limited benefits" and "excepted
- 8 benefits," insofar as they may be used in the insurance laws of
- 9 the Commonwealth to refer to insurance policies, may not be
- 10 construed to apply to short-term limited duration insurance
- 11 policies.
- 12 Section 4. Disclosure requirements.
- 13 (a) Written disclosure. -- In addition to any disclosure
- 14 requirements prescribed by Federal or State law or regulation,
- 15 an application and all accompanying materials for a short-term
- 16 limited duration insurance policy offered or issued or renewed
- 17 in this Commonwealth must include the following:
- 18 (1) A written disclosure on a page that contains no
- other text which is included as the first and last pages of
- 20 each document, in no less than 14-point font, in the
- 21 following format, stating verbatim:
- This is a LIMITED POLICY meant only TO FILL TEMPORARY
- GAPS between comprehensive major medical health
- insurance coverages.
- This policy is NOT COMPREHENSIVE MAJOR MEDICAL HEALTH
- 26 INSURANCE COVERAGE and may only offer LIMITED
- 27 PROTECTION if you are deemed to have a pre-existing
- condition, become sick or sustain an injury. It is
- 29 essential to READ THE TERMS AND CONDITIONS OF THIS
- 30 POLICY CAREFULLY to ensure that you understand what

1 this policy does and does not cover.

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

Failure to fully understand the terms and conditions of this policy may result in SIGNIFICANT MEDICAL CARE EXPENSE FOR WHICH YOU ARE RESPONSIBLE.

This coverage SHOULD NOT BE PURCHASED AS A SUBSTITUTE FOR COMPREHENSIVE MAJOR MEDICAL HEALTH INSURANCE COVERAGE.

(2) A statement of the MLR for the insurer's short-term limited duration insurance policy for the most recent calendar year for which it is calculable, stating verbatim, including values for the bracketed items, the following:

[Name of Insurer] had a [%] medical loss ratio on our short-term limited duration insurance product in [year]. The medical loss ratio, or MLR, measures the amount of each premium dollar that we spend on medical claims. The amount that is not spent on medical claims is spent on overhead expenses like marketing, salaries and profit. For comparison, an individual plan that is compliant with the Affordable Care Act must have at least an 80% MLR.

- (3) An outline of coverage that satisfies the requirements of the act of May 18, 1976 (P.L.123, No.54), known as the Individual Accident and Sickness Insurance Minimum Standards Act.
- 24 (4) Coverage examples, as specified by the department in 25 a notice posted on or before July 1 of each calendar year on 26 the department's publicly accessible Internet website and 27 published in the Pennsylvania Bulletin, that clearly 28 illustrate to an applicant of average intelligence and 29 education the benefits provided under the policy and the 30 policy's coverage for a minimum of six common benefits

- scenarios, including chronic medical conditions, in accordance with the following:
  - (i) Each benefits scenario will be a hypothetical situation, consisting of a sample treatment plan for a specified medical condition during a specific period of time, based on recognized clinical practice guidelines.
- 7 (ii) Each coverage example must illustrate benefits
  8 and coverage for a particular benefits scenario to
  9 provide an estimate of what an individual might expect to
  10 pay under the policy. The illustration of benefits
  11 provided must take into account any cost sharing,
  12 excluded benefits and other limitations on coverage in
  13 the policy.
- 14 (b) Verbal disclosure.--Prior to consummating a sale of a
  15 short-term limited duration insurance policy, an insurer's
  16 representative or an insurance producer shall verbally explain
  17 the parameters and limitations of the coverage provided by the
  18 short-term limited duration insurance policy.
- 19 Section 5. Acknowledgment of disclosures.
- 20 An insurer or insurance producer that sells a short-term
- 21 limited duration insurance policy shall maintain a record of a
- 22 written acknowledgment that contains the following:
- 23 (1) A description of the verbal disclosure required by 24 section 4(b), the name of the person who provided the verbal 25 disclosure and the date on which it was provided.
- 26 (2) A signed certification by the person who provided
  27 the verbal disclosure required by section 4(b) attesting,
  28 pursuant to 18 Pa.C.S. § 4904 (relating to unsworn
  29 falsification to authorities), that the verbal disclosure was
  30 timely provided to the consumer purchasing the policy.

3

4

5

6

- 1 (3) A signed certification by the enrollee purchasing
- the policy, attesting, pursuant to 18 Pa.C.S. § 4904, that an
- 3 insurer's representative or an insurance producer provided
- 4 the verbal disclosure prior to the consummation of the sale
- of the policy as required by section 4(b).
- 6 Section 6. Supervision of disclosures.
- 7 (a) Insurer responsibility. -- An insurer offering, issuing or
- 8 renewing a short-term limited duration insurance policy in this
- 9 Commonwealth shall establish a supervision system that is
- 10 reasonably designed to ensure that each sale, whether directly
- 11 or through a producer, to an enrollee in this Commonwealth
- 12 complies with the requirements of this act. The insurer's
- 13 supervision system shall include at least the following:
- 14 (1) Maintaining written supervision procedures.
- 15 (2) Conducting regular reviews of disclosure materials
- 16 used during the solicitation or sale of a short-term limited
- duration insurance policy.
- 18 (3) Contacting an enrollee within 10 days of issuing an
- enrollee's policy to verify that an enrollee's policy is
- 20 consistent with the representations made to an enrollee
- 21 during the sale of a policy and with the requirements of this
- 22 act.
- 23 (b) Independent agency responsibility. -- A general agent or
- 24 independent agency shall adopt a supervision system established
- 25 by an insurer that meets the requirements under subsection (a)
- 26 to supervise sales and solicitations of the insurer's short-term
- 27 limited duration insurance policies to ensure that each sale of
- 28 a short-term limited duration insurance policy to an enrollee in
- 29 this Commonwealth complies with the requirements of this act.
- 30 Section 7. Underwriting requirements.

- 1 (a) General rule. -- Each request for information solicited
- 2 from an applicant in the course of underwriting short-term
- 3 limited duration insurance policy coverage must be in the form
- 4 of a single direct question that permits a direct response of
- 5 known fact in the form of a "Yes" or "No." A request for
- 6 information may not be a compound question or declaratory
- 7 statement. This information may be used for underwriting
- 8 purposes subject to the following:
- 9 (1) Specific questions. An application for a short-term
- 10 limited duration insurance policy may solicit information
- 11 through questions about a potential enrollee's medical
- 12 history only if it relates to a specific condition, whether
- physical or behavioral, regardless of the cause of the
- specific condition, for which medical advice, diagnosis, care
- or treatment was recommended or received.
- 16 (2) Look-back period. Each question about a potential
- enrollee's medical history on an application for a short-term
- 18 limited duration insurance policy may only solicit
- information about specific conditions for which the enrollee
- 20 received or was recommended medical advice, diagnosis, care
- or treatment within the five-year period ending on the date
- that an application is completed.
- 23 (3) Post-claim submission. When determining whether a
- submitted claim is payable under a short-term limited
- duration insurance policy, an issuer may only rely on the
- 26 enrollee's answers to the issuer's questions included in the
- 27 application for the policy.
- 28 (b) Fraud and nondisclosure. -- An issuer may not claim that
- 29 an enrollee has committed fraud or otherwise given ground for
- 30 the issuer to pursue rescission of the policy unless the issuer

- 1 demonstrates that an enrollee made a false statement with the
- 2 intent to deceive the issuer and the false statement materially
- 3 affected the issuer's acceptance of the risk.
- 4 Section 8. Waiting period prohibition.
- 5 A short-term limited duration insurance policy may not
- 6 establish a waiting period after the enrollee has purchased the
- 7 policy before the enrollee is eligible to be covered for
- 8 benefits under the terms of the policy.
- 9 Section 9. Coverage term limitations.
- 10 (a) Policy period. -- The policy period of a short-term
- 11 limited duration insurance policy may:
- 12 (1) be for up to 90 consecutive days, but in no event
- may it extend beyond the last day of the calendar year in
- 14 which the policy takes effect;
- 15 (2) not begin in a different calendar year than the
- 16 calendar year in which it is offered or issued; and
- 17 (3) be renewed for consecutive policy periods during the
- 18 calendar year in which it is offered or issued.
- 19 (b) Renewability.--A short-term limited duration insurance
- 20 policy may be renewed as follows:
- 21 (1) At the option of the policyholder.
- 22 (2) For consecutive policy periods consistent with the
- requirements of subsection (a).
- 24 Section 10. Free-look period.
- 25 A short-term limited duration insurance policy must have a
- 26 notice prominently placed on the cover page of the policy
- 27 stating that the enrollee must be permitted to return the policy
- 28 within at least 20 days of the policy's delivery and to have any
- 29 premium paid refunded if the enrollee is not satisfied with the
- 30 policy for any reason. Upon return of the policy to the insurer

- 1 or insurance producer who issued or sold the policy, the policy
- 2 shall be considered void and the parties shall be in the same
- 3 position as if no policy had been issued.
- 4 Section 11. Minimum standards.
- 5 Short-term limited duration insurance policies must comply
- 6 with the standards specified for basic medical-surgical expense
- 7 coverage and basic hospital expense coverage in the act of May
- 8 18, 1976 (P.L.123, No.54), known as the Individual Accident and
- 9 Sickness Insurance Minimum Standards Act.
- 10 Section 12. Sales limitations.
- 11 (a) Prohibitions. -- The following shall apply:
- 12 (1) An insurer may not issue more than one short-term
- 13 limited duration insurance policy per calendar year to an
- 14 enrollee.
- 15 (2) An insurance producer may not sell more than one
- short-term limited duration insurance policy per calendar
- 17 year to an enrollee.
- 18 (b) Policy may be renewed. -- Notwithstanding subsection (a),
- 19 a policy issued or sold may be renewed, consistent with section
- 20 9, during the same calendar year in which the policy is issued
- 21 or sold.
- 22 (c) Association or trust.--If a short-term limited duration
- 23 insurance policy is issued to, or offered through, an
- 24 association or a trust or trustees of a trust that is
- 25 established or participated in by one or more associations, to
- 26 insure association members or spouses or dependents of members,
- 27 the association must meet the bona fide association requirements
- 28 in section 621.2 of the act of May 17, 1921 (P.L.682, No.284),
- 29 known as The Insurance Company Law of 1921, and the coverage
- 30 provided by the policy must be in compliance with all

- 1 requirements of the laws of this Commonwealth.
- 2 Section 13. Compliance.
- 3 An insurer or insurance producer may not advertise, market,
- 4 solicit, sell or otherwise represent to the public a short-term
- 5 limited duration insurance policy that does not comply with this
- 6 act.
- 7 Section 14. Enforcement.
- 8 (a) General rule. -- Upon satisfactory evidence of a violation
- 9 of this act by an insurer, insurance producer or other person,
- 10 the commissioner may, in the commissioner's discretion, pursue
- 11 any of the following courses of action:
- 12 (1) Suspend, revoke or refuse to renew the license of
- the offending insurer or insurance producer.
- 14 (2) Enter a cease and desist order.
- 15 (3) Impose a civil penalty of not more than \$5,000 for
- 16 each action in violation of this act.
- 17 (4) Impose a civil penalty of not more than \$10,000 for
- each action in willful violation of this act.
- 19 (b) Responsibility for violation. -- The following shall
- 20 apply:
- 21 (1) An insurer may be held independently responsible for
- an insurance producer's violation of this act.
- 23 (2) A general agent or independent agency may be held
- 24 independently responsible for an insurance producer's
- 25 violation of this act.
- 26 (c) Limitation. -- The following shall apply:
- 27 (1) Penalties imposed against an insurance producer for
- actions in violation of this act shall not exceed \$25,000 in
- one calendar year.
- 30 (2) Penalties imposed against an insurer for actions in

- 1 violation of this act shall not exceed \$500,000 in one
- 2 calendar year.
- 3 (d) Remedies not exclusive. -- The enforcement remedies
- 4 imposed under this section are in addition to any other remedies
- 5 or penalties that may be imposed under any other applicable law
- 6 of this Commonwealth, including:
- 7 (1) Article VI-A of the act of May 17, 1921 (P.L.789,
- 8 No.285), known as The Insurance Department Act of 1921.
- 9 (2) The act of July 22, 1974 (P.L.589, No.205), known as
- 10 the Unfair Insurance Practices Act. Violations of this act
- shall be deemed to be an unfair method of competition and an
- 12 unfair or deceptive act or practice under the Unfair
- 13 Insurance Practices Act.
- 14 (3) The act of May 18, 1976 (P.L.123, No.54), known as
- the Individual Accident and Sickness Insurance Minimum
- 16 Standards Act.
- 17 (4) The act of December 18, 1996 (P.L.1066, No.159),
- 18 known as the Accident and Health Filing Reform Act.
- 19 (e) Administrative procedure. -- The administrative provisions
- 20 of this section shall be subject to 2 Pa.C.S. Ch. 5 Subch. A
- 21 (relating to practice and procedure of Commonwealth agencies). A
- 22 party against whom penalties are assessed in an administrative
- 23 action may appeal to Commonwealth Court as provided in 2 Pa.C.S.
- 24 Ch. 7 Subch. A (relating to judicial review of Commonwealth
- 25 agency action).
- 26 Section 15. Regulations.
- 27 The department may promulgate regulations as may be necessary
- 28 and appropriate to carry out the provisions of this act.
- 29 Section 16. Agency coordination.
- 30 (a) Investigative materials.--The department may provide to

- 1 the Office of Attorney General any investigative materials it
- 2 receives pursuant to this act.
- 3 (b) Construction. -- Nothing in this act shall be construed to
- 4 limit the ability of the department or the Office of Attorney
- 5 General from using information received under this act in the
- 6 course of their regulatory or law enforcement duties under any
- 7 other law.
- 8 Section 17. Applicability.
- 9 (a) General rule. -- This act applies to all short-term
- 10 limited duration insurance policies offered, issued or renewed
- 11 in this Commonwealth on or after the effective date of this act.
- 12 (b) Compliance. -- Notwithstanding any provision of law to the
- 13 contrary, and without regard to the entity that issues the
- 14 policy or is covered by the policy, a short-term limited
- 15 duration insurance policy offered, issued or renewed must comply
- 16 with all requirements of the act of May 17, 1921 (P.L.682,
- 17 No.284), known as The Insurance Company Law of 1921.
- 18 Section 18. Repeal.
- 19 All acts and parts of acts are repealed insofar as they are
- 20 inconsistent with this act.
- 21 Section 19. Effective date.
- This act shall take effect immediately.