California Health Care Foundation

April 2018

Issue Brief

Short-Term, Limited-Duration Insurance and Risks to California's Insurance Market

California has made dramatic progress in expanding insurance coverage through the implementation of the Affordable Care Act (ACA). But the expansion of short-term, limited-duration insurance could put California's consumers — and the stability of its individual health insurance market — at risk. This paper provides an overview of the short-term insurance market in California, analysis of how changes to federal policy are likely to affect it, and policy options the state could pursue to ensure that consumers are able to purchase affordable, comprehensive insurance.

Short-term, limited-duration insurance (short-term plans or short-term insurance) is a health insurance product designed to provide insurance that protects consumers during short gaps in full coverage. Under federal law, these products do not need to comply with the consumer protections of the Affordable Care Act (ACA). Short-term insurers can deny coverage based on a person's preexisting health conditions or other factors. Short-term insurance typically covers a limited set of services and has dollar limits on claims the plan will pay.

Combined with the elimination of the individual mandate penalty, recently proposed changes to federal regulation of short-term plans could expand enrollment in — and encourage new insurers to enter — the short-term insurance market. Insurers may promote products designed to be a cheaper alternative to comprehensive individual-market plans that comply with the ACA's consumer protections and benefit requirements (plans that are ACA-compliant). Since premiums are lower for short-term plans due their limited benefits and the ability to deny coverage to people with preexisting conditions, healthy people could be siphoned out of the individual market risk pool, including Covered California. As a result, consumers looking for comprehensive coverage may find themselves facing significantly higher premiums and fewer choices in the ACA-compliant market.

But the expansion of short-term, limited-duration insurance could put California's consumers — and the stability of its individual health insurance market — at risk.

Methodology

To understand the short-term insurance market in California, the researchers reviewed relevant state and federal statutes and regulations, conducted a market analysis to see what kinds of short-term insurance plans are available for sale in California, and completed 21 structured interviews with key informants. This research provided background both on the history and current state of the short-term market and on how evolving federal regulations are likely to affect the individual health insurance market, including Covered California. The interviews included four state officials, eight brokers and agents, two insurers that are currently or have recently sold products in the short-term market, three insurers selling individual market coverage through Covered California, and four experts on California insurance markets.

What Are Short-Term Plans?

Short term plans, referred to in federal and California law as "short-term limited-duration insurance," are promoted as an option to provide health insurance for consumers with brief gaps as they move from one coverage source to another. A common example of a person who might enroll in a short-term plan is somebody who changes jobs and has a waiting period before their new employee benefits start. Prior to the ACA, this person had limited options for purchasing insurance on their own, particularly if they had preexisting conditions.[1] The ACA provides an opportunity for most people losing one form of coverage to enroll in ACA-compliant insurance through a special enrollment period, often with a premium subsidy, regardless of any preexisting conditions. However, the ACA did not eliminate short-term plans — all of which are specifically exempted from federal consumer protections and requirements that apply to other health insurance products — from the market.

How Are Short-Term Plans Currently Regulated?

The federal government defines short-term plans in regulations issued by the Departments of Health and Human Services, Labor, and Treasury. Prior to 2016, federal regulations limited the duration of short-term plans to less than 12 months, and allowed consumers to extend the contract duration with the consent of the insurer.[2] Because of concerns that people were enrolling in short-term plans for an entire year in lieu of ACA-compliant comprehensive coverage — and to ensure that short-term plans remain a temporary solution to a short gap in coverage — the Obama administration changed the definition. It issued regulations in 2016 limiting the duration of short-term plans to less than three months and prohibiting extensions or renewals. However, recently proposed federal regulations would return to the pre-2016 definition, with duration limits of less than 12 months and extensions allowed with the consent of the insurer.[3]

While HMOs and some PPOs in California are primarily regulated by the Department of Managed Health Care, short-term plans are regulated by the Department of Insurance. The California Insurance Code defines short-term, limited-duration insurance as individual health insurance coverage that remains in effect for no more than 185 days and can only be renewed or continued for one additional 185-day period.[4] Short-term plans in California are currently limited to less than three months because of the 2016 federal regulations, but if the recently proposed federal regulations are finalized and there is no change in state law, California will revert to its statutory definition of short-term plans: a duration limit of 185 days with one 185-day renewal. However, a federal duration limit of 12 months means that the effective maximum renewal period would be limited to 179 days.[5] State law does not prohibit the purchase of a different short-term plan at the end of the renewal period, so it is possible for consumers to effectively remain enrolled in short-term plans indefinitely.

As is true across the US, short-term plans in California are not subject to guaranteed issue or renewal, which means insurers can deny coverage based on health status. As a result, if a person is enrolled in short-term insurance and they become sick or injured, they may be unable to purchase new short-term coverage at the end of the contract. California does not require short-term plans to meet an annual medical loss ratio (MLR), which requires ACA-compliant plans to spend 80% of collected premium dollars on medical claims and activities to improve quality. Short-term insurance plans are not required to comply with essential health benefit requirements (including maternity and prescription drug coverage), but California does require it to cover some other specific services or conditions that apply to individual market products regulated by the Department of Insurance. These are often referred to as state benefit mandates.[6] For example, short-term plans must cover diabetes education, management, and treatment; jawbone surgery; and behavioral health services for autism.[7] The combination of a 185-day duration limit, limitation on renewals, and the application of some state benefit mandates means that California regulates

Table 1. Examples of ACA Consumer Protections Not Required in Short-Term, Limited-Duration Insurance

	APPLICABLE TO...		APPLICABLE TO NON-GRANDFATHERED...	
	SHORT-TERM, LIMITED-DURATION INSURANCE	INDIVIDUAL MARKET / COVERED CALIFORNIA PLANS	SMALL GROUP PLANS	LARGE GROUP AND SELF-INSURED EMPLOYER PLANS
Essential health benefits. Plans must cover essential health benefits as defined in the ACA, such as care for maternity, mental health and substance use, prescription drugs, and hospital services.		✔	✔	
Preventive services. Plans must cover preventive services without cost sharing.		✔	✔	✔
Ban on dollar value limits. Plans cannot apply annual or lifetime dollar value maximums.		✔	✔	✔
Limits on out-of-pocket maximums. Places limits on maximum that enrollees pay out of pocket toward covered services in-network.		✔	✔	✔
Guaranteed issue. Plans must accept any individual who applies for coverage.		✔	✔	✔
Premium rating requirements. Prohibits plans from charging a higher premium based on health status or gender; allows rates to vary based solely on the number of enrollees covered, geographic area, and age (within limits).		✔	✔	
Medical loss ratio. Health insurers must spend at least 80% to 85% of premium revenue on health care and quality improvement.		✔	✔	✔

short-term plans more strictly than many states.[8] However, there are numerous state and federal consumer protections that do not apply to this market, as illustrated in Table 1.

What Does California's Short-Term Insurance Market Look Like?

Short-term plans currently marketed for sale in California exclude services that ACA-compliant plans must cover and have broad exclusions for preexisting conditions. Many do not cover critical benefits such as maternity and newborn care, mental health services, substance use services, and outpatient prescription drugs.[9] Short-term insurance available in California also limits the total amount plans will pay per day in the hospital and for particular services, such as surgeon fees. It also imposes a maximum the plan will spend toward claims covered by the policy (see Table 2 on page 4).[10] Such limits are not allowed in ACA-compliant plans, and they put consumers at risk for expensive medical bills. While plan durations are limited to less than three months, an insurer that recently left the short-term market in California said that people are remaining enrolled in short-term plans well beyond three months by enrolling in a new plan every 90 days.

Short-term plans, in part because they cover fewer services, cost less than individual market insurance. The average premium for an individual short-term

Table 2. Limits on the Amount the Plan Pays in the "Best Seller" Short-Term Plan Marketed in California

Policy coverage limits	
$750,000 maximum	
$10,000 for AIDS treatment	
$150,000 for organ transplants	
$250 for ambulance (per-trip)	
Room and board, miscellaneous charges (per day)	
$1,000 for inpatient hospital regular care	
$1,250 for inpatient hospital intensive or critical care	
Surgical and anesthesiology services	
$2,500 per surgery	
$5,000 per coverage period	

Source: The "Best Seller" short-term plan available in Sacramento, offered through eHealth by the one licensed insurer currently selling short-term plans in California.

insurance plan in California sold through the online broker eHealth was $184 per month in 2017.[11] By comparison, the benchmark Silver plan for a 40-year-old consumer ineligible for premium subsidies through Covered California ranged from $258 to $426 in the same period.[12] Short-term plans are also less expensive because applicants are screened for health history before being accepted, allowing plans to limit the risk that they will need to pay for costly services.[13]

Insurer Participation Has Dropped in California's Short-Term Market

The short-term market in California is currently small. Based on self-reporting by insurers, the California Department of Insurance is aware of fewer than 10,000 policies in effect.[14] Market analysis and respondents identified only one insurer currently selling short-term plans in the state. This insurer sells short-term products directly as well as by co-branding with other health insurance companies, including one insurer participating in Covered California.

When this research began in January 2018, respondents reported an additional out-of-state insurer selling short-term insurance in California through a surplus line, which is an insurance product that a state's department of insurance approves for sale by an out-of-state insurer because state-licensed insurers are not willing to sell it (see Table 3 on page 5).[15] (For example, there may be no insurers in the state willing to insure a car worth $1 million, but an out-of-state insurer may be willing to sell such a policy to a consumer through a surplus line.) In California, in-state insurers only sell short-term products that deny coverage to people with certain preexisting health conditions. An out-of-state insurer, however, was willing to sell short-term plans regardless of health status through a surplus line. This surplus line insurer has since dropped its short-term product line in California.

Before the launch of Covered California in 2014, there were more insurers selling short-term plans in California. Interview respondents noted one health insurer currently selling through Covered California that previously sold short-term plans. Numerous insurers that sell other types of health-related insurance products that are not ACA-compliant, such as travel insurance or indemnity plans, also sold short-term health insurance products.

According to the Department of Insurance, at least two carriers dropped out of the short-term market in recent years after being informed that they were not in compliance with state mandate requirements. Respondents also noted a decreased demand for short-term products both as consumers were able to purchase coverage through Covered California and because short-term plans do not fulfill the federal individual mandate requirement that remains in effect through 2018.

Other Products Are Marketed as Short-Term Coverage Options in California

There are other products that are not technically short-term plans currently being marketed in California as short-term coverage. These plans do not have to comply with the same laws that apply to short-term plans (such as limits on duration and state benefit mandates). Some web brokers display fixed indemnity plans (see Table 3 on page 5), which pay fixed fees for covered health services, as an option for individuals searching for short-term insurance.[16] Fixed indemnity plans are designed to supplement a person's major medical coverage to help cover cost-sharing expenses. The plan pays the enrollee a set dollar amount for covered services, but does not cover the full cost of care. For example, one fixed

Table 3. Comparison of Different Types of Health Insurance Coverage Available in California

	MUST COVER ESSENTIAL HEALTH BENEFITS	MUST COVER PREVENTIVE SERVICES WITHOUT COST SHARING	DOLLAR VALUE MAXIMUMS PROHIBITED	LIMITS ON OUT-OF-POCKET MAXIMUMS	GUARANTEED ISSUE	SUBSIDIES AVAILABLE TO REDUCE PREMIUM COST
Fixed indemnity plans. Health plans designed to wrap around other coverage and cover enrollee cost sharing such as deductibles, copayments, and coinsurance. Fixed indemnity plans pay a set dollar amount for covered services that is often significantly lower than the cost of services. These policies do not have to meet any of the ACA's consumer protections.						
Health care sharing ministries. Members of a health care sharing ministry (HCSM) share a common set of religious beliefs and contribute funds to pay for the qualifying medical expenses of other members. HCSM coverage does not have to meet any of the ACA's consumer protections.						
Individual market health insurance. Comprehensive health insurance plans available to individuals purchasing their own coverage. Subsidies are available to reduce the premium costs of individual market plans purchased through Covered California for eligible enrollees earning between 100% and 400% of the federal poverty level.*	✔	✔	✔	✔	✔	✔
International insurance. International insurance, which is also known as travel insurance or expatriate insurance, is available to people for short durations while traveling in a foreign country, including nonresidents traveling to the United States, students, and people working temporarily. These policies do not have to meet any of the ACA's consumer protections.						
Short-term plans. Health plans designed to fill temporary gaps in coverage. Generally, short-term plans are only available to consumers who can pass medical underwriting, and they typically provide minimal benefits and financial protection for those who become sick or injured. These policies do not have to meet any of the ACA's consumer protections.						
Surplus lines. Products designed to fill gaps in the market where there are no insurance plans available from insurers licensed by the state. In the case of short-term plans in California, the surplus lines accepted enrollees regardless of health status. However, this is not required by law. These policies do not have to meet any of the ACA's consumer protections.						

*Most California residents with household income under 138% of the federal poverty level are eligible for Medi-Cal. Individuals eligible for Medi-Cal are not eligible for the premium subsidies through Covered California.

indemnity plan available in California provides $75 per physician office visit for up to six visits a year, $200 for only one advanced diagnostic service (such as an MRI) per year, and $1,000 per day for hospitalization (capped at $30,000 per year).

At least one health care sharing ministry (see Table 3, page 5) sells short-term coverage with a duration of up to 11 months.[17] Health care sharing ministries are not regulated as insurers under federal law. While they are not exempted from the California insurance code, they are not regulated by the state. Members enrolled in health sharing ministries pay a contribution or monthly share that goes toward paying for other members' medical expenses.[18]

Some brokers also mentioned selling international plans (see Table 3) to people looking for short-term coverage options, primarily to people who live overseas and are traveling to the United States for a short period. But one broker mentioned using an international carrier as a short-term coverage option for California residents.

Federal Policy Changes Could Lead to Increased Premiums If Enrollment in Short-Term Plans Grows

Covered California insurers and market experts agreed that the combination of recent and proposed federal policy changes, including the elimination of the individual mandate penalty and the proposed expansion of short-term plans, would create a "perfect storm" that could take healthy consumers out of Covered California and lead to increased premium rates and the possibility that fewer insurers offer ACA-compliant plans. The elimination of the mandate penalty takes away an incentive for consumers to enroll in ACA-compliant plans rather than less expensive options with fewer consumer protections, such as short-term plans. Allowing short-term insurance to be sold for half a year with a renewal makes it appear like a longer-term coverage option. According to one expert in California's insurance markets, the effect on Covered California could be "devastating."

Health Insurers May Enter Short-Term Market Under Weaker Federal Rules

All three of the individual market carriers interviewed for this research are watching the short-term market. They expressed concern that competitors will siphon away their healthy enrollees if they offer short-term plans. A few respondents predicted that one insurer participating in Covered California that used to offer short-term insurance will reenter the short-term market, as would "smaller players." One Covered California insurer is considering offering short-term plans if other carriers enter the market, to protect their market share.

An insurer selling short-term plans in California said it does not market its plans as long-term options or as alternatives to ACA-compliant coverage. However, statements from Department of Health and Human Services Secretary Alex Azar suggest that federal officials would like to allow short-term plans to be renewable and available for longer than one year.[19] This could encourage other insurers to enter the short-term market with the intent of offering a lower cost, longer-term alternative to the more comprehensive ACA-compliant plans sold through Covered California.

Increased Enrollment in Short-Term Plans by Healthier Consumers Could Lead to Increased Premiums in the Individual Market

There could be significant enrollment in expanded short-term plans. A recent study estimates that 620,000 people would enroll in short-term plans in California in 2019 following the elimination of the mandate penalty combined with the proposed federal rollback of short-term plan restrictions.[20] State regulators, insurers, and industry experts interviewed for this research agreed that the lower premiums offered by short-term insurance will encourage healthy people to shift away from the more expensive ACA-compliant market. An insurer could create a new short-term plan that looks like a cheaper ACA-compliant plan, keeping premiums low by denying coverage to anybody that has a preexisting health condition.

Those most likely to be attracted by the lower cost of short-term plans are consumers eligible for little or no premium subsidy. However, not all of these people will be able to shift to short-term plans. People with preexisting conditions can have their applications rejected, and people who need benefits not typically covered by these plans, such as maternity, will likely remain in the individual market.

The marketing activity of insurance brokers could also contribute to higher short-term plan enrollment.

Brokers and insurers noted that short-term insurers in California have paid broker commissions of 10% or 15%, compared to a 1% to 5% commission for selling ACA-compliant plans.[21] Short-term enrollment does not require an eligibility determination for financial assistance and some brokers receive commissions when individuals simply enroll via a link on the broker's website, making these plans an even more attractive line of business.

With the expectation that new insurers will enter the short-term market and enrollment will grow, Covered California insurers have to consider what the effect will be on their own risk pools while developing rates for 2019. One insurer representative said some insurers that are more cautious and "have to assume the worst" could increase premiums by 10% to adjust for short-term plans, or drop out of the individual market entirely.

Regulating the Short-Term Market: Examples from Other States

There are various policy options available to protect consumers, Covered California, and the individual health insurance market from the potential effects of a developing market for short-term plans that are offered as a long-term coverage option. As of April 2018, the California legislature is considering a bill that would ban the sale of short-term, limited-duration insurance.[22] Banning short-term plans would prevent any expansion of the market.

Most states have minimal regulation of short-term plans, but some have taken steps to restrict or regulate these products. Three states — Massachusetts, New Jersey, and New York — effectively banned short-term plans in the 1990s by requiring them to comply with the extensive consumer protections, including guaranteed issue and community rating, that apply to all new health insurance policies sold in the individual market.[23] The Massachusetts and New Jersey reforms also standardized benefit designs for individual market products that apply to short-term plans.[24] Consumers looking for short-term insurance options in these states can purchase ACA-compliant plans if they are buying during an open enrollment, or if a life event qualifies them for a special enrollment period.[25]

Six states limit short-term insurance from becoming a long-term alternative to ACA-compliant coverage by restricting the sale of multiple consecutive short-term plans, preventing consumers from remaining covered by one short-term insurer indefinitely.[26] For example, Michigan does not allow someone to be covered by short-term plans through one insurer for more than 185 days in a 365-day period, which means that someone cannot remain covered through one short-term insurer for an entire year.[27]

Whether or not these restrictions effectively reduce enrollment in short-term plans is unknown. To discourage a consumer from enrolling in consecutive short-term policies through multiple insurers, a state could apply limitations to enrollment with multiple short-term insurers. For example, Colorado limits the number of short-term plans an individual can enroll in during a12-month period and requires applications for short-term plans to include the question, "Have you or any other person to be insured been covered under two or more nonrenewable short-term policies during the past 12 months?" along with a statement that reads, "If 'yes,' then this policy cannot be issued."[28] The state could require insurers to ask potential enrollees if they have previously enrolled in short-term plans and provide notice on the application that failure to disclose prior enrollment in a short-term plan could result in termination of the plan contract.

Rhode Island prohibits short-term plans from excluding coverage of preexisting conditions and applies the same MLR requirements to them as apply to individual market coverage.[29] According to state legislators, there are currently no short-term plans for sale in Rhode Island in part because the combination of the prohibition on preexisting condition exclusion and the MLR requirements lower profit margins and discourage short-term insurers from entering the market.

Most of these policy options address the existence of other products, such as fixed indemnity products, that are currently sold or marketed as short-term coverage options. They do this by applying consumer protections to these products, including to fixed indemnity lines, travel insurance, and surplus lines. Policymakers can consider applying other limitations to insurance products marketed as short-term insurance, such as prohibiting the sale of a fixed indemnity plan unless an individual is enrolled in an ACA-compliant plan, and prohibiting the sale of short-term plans through surplus lines.

Conclusion

Based on interviews and existing reporting to state regulators, the existing market for short-term plans in California appears to be small. However, if the proposed federal regulatory change allowing longer short-term plans is finalized, a new, larger market could emerge. If this happens, insurers that decide to enter the new short-term market may design plans that meet the state's current requirements but keep risk and premiums low by denying coverage based on health status. Enrollment in these plans could grow significantly as people with little or no premium subsidy look for cheaper coverage options.

Growth in this new short-term market is likely to increase costs and reduce plan choices for consumers purchasing coverage through the individual health insurance market, including Covered California. Increased costs would be felt particularly by people eligible for little or no premium subsidy. Further, consumers who enroll in short-term plans may find themselves without coverage for the health services they need. Policymakers have options to limit the growth of the short-term market in California and mitigate the potential harm to consumers.

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About the Foundation

The California Health Care Foundation is dedicated to advancing meaningful, measurable improvements in the way the health care delivery system provides care to the people of California, particularly those with low incomes and those whose needs are not well served by the status quo. We work to ensure that people have access to the care they need, when they need it, at a price they can afford.

CHCF informs policymakers and industry leaders, invests in ideas and innovations, and connects with changemakers to create a more responsive, patient-centered health care system.

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Endnotes

1. The Health Insurance Portability and Accountability Act of 1996, also known as HIPAA, limited group health plans from excluding coverage for preexisting conditions to 12 months. The 12-month period was lessened, or eliminated, if an individual had continuous health coverage through a type of insurance considered creditable coverage. Short-term plans are considered creditable coverage under HIPAA. See 45 CFR 144.103.
2. See Expatriate Health Plans, Expatriate Health Plan Issuers, and Qualified Expatriates; Excepted Benefits; Lifetime and Annual Limits; and Short-Term, Limited-Duration Insurance, 81 Fed. Reg. 38032 (proposed June 10, 2016).
3. Short-Term, Limited Duration Insurance, 83 Fed. Reg. 7437 (proposed February 21, 2018).
4. The existing definition of "short-term limited duration health insurance" in the California Insurance Code is located at section 12671(e)(8) and defines the permissible duration as "not more than 185 days" with a single permissible renewal of "not more than 185 days." Cal. Ins. Code § 12671.
5. Per California Department of Insurance.
6. There are three benefit mandates in the California Code that explicitly do not apply to short-term limited duration insurance. Cal. Ins. Code § 10123.7 (Coverage for orthotic and prosthetic devices); Cal. Ins. Code § 10123.81 (Coverage for mammograms); and Cal. Ins. Code § 10123.865–66 (Coverage for maternity services).
7. Cal. Ins. Code §§ 10123.195, 10123.21, 10144.51.
8. Kevin Lucia et al., "State Regulation of Coverage Options Outside of the Affordable Care Act: Limiting the Risk to the Individual Market," The Commonwealth Fund, March 2018, www.commonwealthfund.org.
9. Based on author review of short-term plan brochures sold through eHealth in California. These findings also fit with plans that were sold when the authors started the research in January 2018 but that are no longer for sale on the market, based on author review of short-term

plan brochures marketed on a broker's website. While short-term plans exclude maternity care, many do cover services related to complications of pregnancy. Insurers define complications of pregnancy differently, but this could include services related to an ectopic pregnancy, treatment of gestational diabetes, or preeclampsia.

10. Based on author review of short-term plans sold through eHealth by the one admitted insurer selling plans in California.
11. *Short-Term Health Insurance Value, Benefits and Cost*, eHealth, March 2008, ehealthinsurance.com (PDF).
12. Amy Adams, "What Will Consumers Pay in Premiums for Covered California Silver Plans in 2017?" *The CHCF Blog*, October 20, 2016, www.chcf.org/blog.
13. Based on author review of short-term plans sold through eHealth.
14. Based on interview with CDI representative. See also Julie Appleby and Ana B. Ibarra, "Are Short-Term Plans Better Than None At All for Those Desperate for Health Coverage?," *Los Angeles Times*, December 8, 2017, www.latimes.com.
15. One example of a type of product offered as a surplus line is in automobile insurance. There are in-state insurers that offer automobile insurance, but there may not be in-state insurers willing to insure a car that costs $1 million. An individual with such a car might be able to find an out-of-state insurer willing to insure the car under a surplus line.
16. Based on author review of web brokers selling plans in California.
17. The health sharing ministry is included in this table distributed to Covered California's California Plan Management Advisory Group comparing short-term plans available in California and other states. "Plan Design Comparison: Covered California Silver Plan vs. Short-Term Limited Duration Insurance Plans (various states)," California Plan Management Advisory Group, March 7, 2018, coveredca.com (PDF).
18. For more information on health care sharing ministries, see note 8.
19. See, for example, Alex Azar, "HHS Secretary: Short-Term Health Insurance Plans Are an Affordable Option," CNN, February 23, 2018, www.cnn.com.
20. Linda Blumberg, Matthew Buettgens, and Robin Wang, *The Potential Impact of Short-Term Limited Duration Policies on Insurance Coverage, Premiums, and Federal Spending*, The Urban Institute, February 2018, www.urban.org (PDF).
21. "How Are California Health Insurance Brokers Paid?," Health for California Insurance Center, www.healthforcalifornia.com; see also Kevin Knauss, "Commissions Cut Again for Covered California Health Insurance Agents," Insure Me Kevin, November 1, 2017, insuremekevin.com.
22. "Short-Term Limited Duration Health Insurance," Cal. Sen. Bill 910, 2017–2018.
23. Insurance statutes in these three states do not mention short-term or limited-duration plans. By not specifically defining the plans within statute, they are not exempted from any consumer protections or regulations that apply to individual market health insurance. See Mass. Gen. Laws. Ann. Ch. 176M §§ 2 and 4, N.J.S.A. 17B:27A, and NY INS § 3231. See also Peter Newell, "As 2018 Open Enrollment Begins, Trump Administration Adds New Challenges for New York's Individual Market," United Hospital Fund, October 2017, uhfnyc.org and Leigh Wachenheim and Hans Leida, *The Impact of Guaranteed Issue and Community Rating Reforms on States' Individual Insurance Markets*, Milliman, March 2012, www.statecoverage.org (PDF).
24. Leigh Wachenheim and Hans Leida, *The Impact of Guaranteed Issue and Community Rating Reforms on States' Individual Insurance Markets*, Milliman, March 2012, www.statecoverage.org (PDF).
25. See note 8.
26. States are Colorado Colo. Rev. Stat. § 10-16-102(60), Michigan MCLS § 500.2213b - (9), Minnesota Minn. Stat. Ann. § 62A.65, Nevada Nev. Admin. Code § 689A.434, New Hampshire N.H. Rev. Stat. Ann. § 415:5, and Oregon Or. Rev. Stat. § 743B.005.
27. MCLS § 500.2213b - (9).
28. Colo. Rev. Stat. § 10-16-102(60).
29. Sabrina Corlette, JoAnn Volk, and Justin Giovannelli, "Short-Term, Limited Duration Insurance Proposed Rule: Summary and Options for States," State Health and Values Strategies, February 23, 2018, www.shvs.org.