



State of Wisconsin  
2025 - 2026 LEGISLATURE

LRB-1350/1  
JPC&EKL:emw

## 2025 BILL

1     **AN ACT to create** 631.84 of the statutes; **relating to:** limitation on retroactive  
2     claim denials under health insurance policies.

---

***Analysis by the Legislative Reference Bureau***

This bill provides that an insurer may retroactively deny reimbursement for a claim under a health insurance policy only during the 12-month period following the date that the insurer initially provided reimbursement for the claim. If the claim was subject to coordination of benefits with another third-party payer, the bill instead provides that an insurer may retroactively deny reimbursement for a claim under a health insurance policy only during the 18-month period following the date that the insurer initially provided reimbursement for the claim. The limitations described under the bill do not apply to any retroactive denial of reimbursement if an insurer retroactively denied reimbursement for the claim because the information submitted to the insurer to support the claim was fraudulent. Health insurance policies are referred to as disability insurance policies in the bill and under current law.

---

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

3     **SECTION 1.** 631.84 of the statutes is created to read:

**BILL****SECTION 1**

1           **631.84 Limitation on retroactive denials.** (1) In this section:

2           (a) “Disability insurance policy” has the meaning given in s. 632.895 (1) (a).

3           (b) “Retroactive denial of payment” means any attempt by an insurer to  
4 retroactively collect payments already made for a claimant with respect to a claim  
5 by requiring repayment of such payments, by reducing other payments owed to the  
6 claimant, by withholding or setting off against future payments to the claimant, or  
7 in any other manner reducing or affecting future claim payments to the claimant.

8           (c) “Third-party payer” means any of the following:

9           1. A disability insurance policy.

10          2. A health maintenance organization, preferred provider plan, or limited  
11 service health organization under ch. 609.

12          3. A health care coverage plan offered by the state under s. 40.51 (6) or by the  
13 group insurance board under s. 40.51 (7).

14          4. A self-insured health plan of the state or a county, city, village, town, or  
15 school district.

16          5. A health care plan operated by a cooperative association organized under s.  
17 185.981.

18          6. Any other person that is obligated by contract to provide reimbursement for  
19 covered health care services rendered to beneficiaries under the contract.

20          (2) Except as provided in sub. (3), an insurer may only impose a retroactive  
21 denial of payment for a claim under a disability insurance policy during the 12-  
22 month period following the date that the insurer initially provided reimbursement  
23 for the claim.

