

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 1957 Session of
2011

INTRODUCED BY THOMAS, MYERS, BRIGGS, HARPER, WAGNER, PAYTON,
GEORGE, COHEN, DALEY, CALTAGIRONE, PRESTON, PARKER,
M. O'BRIEN, JOSEPHS AND YOUNGBLOOD, NOVEMBER 1, 2011

REFERRED TO COMMITTEE ON INSURANCE, NOVEMBER 1, 2011

AN ACT

1 Amending the act of May 17, 1921 (P.L.682, No.284), entitled "An
2 act relating to insurance; amending, revising, and
3 consolidating the law providing for the incorporation of
4 insurance companies, and the regulation, supervision, and
5 protection of home and foreign insurance companies, Lloyds
6 associations, reciprocal and inter-insurance exchanges, and
7 fire insurance rating bureaus, and the regulation and
8 supervision of insurance carried by such companies,
9 associations, and exchanges, including insurance carried by
10 the State Workmen's Insurance Fund; providing penalties; and
11 repealing existing laws," in health and accident insurance,
12 providing for pregnancy as a preexisting condition and for
13 coverage for maternity care; and, in health care insurance
14 individual accessibility, further providing for policy choice
15 for eligible individuals.

16 The General Assembly of the Commonwealth of Pennsylvania
17 hereby enacts as follows:

18 Section 1. The act of May 17, 1921 (P.L.682, No.284), known
19 as The Insurance Company Law of 1921, is amended by adding
20 sections to read:

21 Section 635.6. Pregnancy as a Preexisting Condition.--(a)
22 All health insurance policies that are offered, issued or
23 renewed on or after the effective date of this section may not
24 impose any preexisting condition exclusion that relates to, or

includes, a current or a prior pregnancy, complications
regarding a current or prior pregnancy or the performance of a
caesarean section for a prior pregnancy as a preexisting
condition.

(b) This section shall not apply to the following types of
policies:

(1) Accident only.

(2) Fixed indemnity.

(3) Limited benefit.

(4) Credit.

(5) Dental.

(6) Vision.

(7) Specified disease.

(8) Medicare supplement.

(9) Civilian Health and Medical Program of the Uniformed
Services (CHAMPUS) supplement.

(10) Long-term care or disability income.

(11) Workers' compensation.

(12) Automobile medical payment.

(c) As used in this section:

(1) "Attending physician" means the attending obstetrician,
pediatrician or other physician attending the mother of a
newborn child.

(2) "Health care provider" means an attending physician,
nurse practitioner or certified nurse midwife.

(3) "Health insurance policy" means any individual or group
health or accident insurance policy or subscriber contract,
certificate or plan offered to, issued to or renewed on or after
the effective date of this section by an insurer which is
offered by or subject to any of the following:

1 (i) This act.

2 (ii) The act of December 29, 1972 (P.L.1701, No.364), known
3 as the "Health Maintenance Organization Act."

4 (iii) 40 PaC.S. Ch. 61 (relating to hospital plan
5 corporations) or 63 (relating to professional health services
6 plan corporations).

7 (iv) Subarticle (f) of Article IV of the act of June 13,
8 1967 (P.L.31, No.21), known as the "Public Welfare Code."

9 (v) The act of May 18, 1976 (P.L.123, No.54), known as the
10 "Individual Accident and Sickness Insurance Minimum Standards
11 Act."

12 (4) "Insurer" means any entity that issues a health
13 insurance policy, contract, certificate or plan described under
14 clause (2) of this subsection.

15 (5) "Preexisting condition" means a condition or disease for
16 which medical advice or treatment was recommended by or received
17 from a health care provider prior to the effective date of the
18 coverage.

19 Section 635.7. Coverage for Maternity Care.--(a) All health
20 insurance policies shall provide coverage for maternity care as
21 follows:

22 (1) Prenatal care, which shall include coverage for regular
23 health care visits and childbirth education in addition to
24 ongoing assessment of nutritional and other individual needs
25 consistent with nationally recognized standards and guidelines,
26 such as those promulgated by the Institute for Clinical Systems
27 Improvement (ICSI) or the American College of Obstetricians and
28 Gynecologists (ACOG).

29 (2) Childbirth and postdelivery care as follows:

30 (i) Childbirth care shall include at a minimum coverage for

delivery and postdelivery inpatient care for:

(A) Forty-eight (48) hours of inpatient care for a mother and her newborn child following a vaginal delivery.

(B) Ninety-six (96) hours of inpatient care for a mother and her newborn child following a cesarean section.

(ii) Any decision to shorten the minimum coverage provided shall be made by the health care provider in consultation with the mother. A health insurance policy shall not provide any compensation or other nonmedical remuneration to encourage a mother and her newborn child to leave inpatient care before the expiration of the minimum coverage specified in this section.

(iii) When discharge occurs prior to the times stated in this subsection, coverage shall include at least one home health care visit within forty-eight (48) hours after discharge by a health care provider whose scope of practice includes postpartum care.

(iv) Notwithstanding any other provision of this section, a policy that provides coverage for delivery and postdelivery care to a mother and her newborn child in the home shall not be required to provide for a minimum of forty-eight (48) hours and ninety-six (96) hours, respectively, of inpatient care unless the inpatient care is determined to be medically necessary by the health care provider consistent with nationally recognized treatment standards and guidelines such as those promulgated by ACOG or the American Academy of Pediatrics (AAP).

(3) Postpartum care, which shall be provided consistent with nationally recognized standards and guidelines, such as those promulgated by ACOG or AAP.

(b) Copayments, coinsurance and deductibles as follows:

(1) The coverage required under this section may be subject

1 to any copayment, coinsurance or deductible amount in comparable
2 amounts to those imposed for similar care.

3 (2) Notwithstanding clause (1), the health insurance policy
4 shall not include any copayment, coinsurance or deductible
5 amount for any postdelivery home health care visits required
6 under subsection (a) (2).

7 (c) An insurer shall not refuse to contract with or
8 compensate for covered services an otherwise eligible health
9 care provider or nonparticipating health care provider solely
10 because the health care provider has in good faith communicated
11 with one or more of his current, former or prospective patients
12 regarding the provisions, terms or requirements of the insurer's
13 products as they relate to the needs of the health care
14 provider's patients.

15 (d) This section shall not apply to the following types of
16 policies:

17 (1) Accident only.

18 (2) Fixed indemnity.

19 (3) Limited benefit.

20 (4) Credit.

21 (5) Dental.

22 (6) Vision.

23 (7) Specified disease.

24 (8) Medicare supplement.

25 (9) Civilian Health and Medical Program of the Uniformed
26 Services (CHAMPUS) supplement.

27 (10) Long-term care or disability income.

28 (11) Workers' compensation.

29 (12) Automobile medical payment.

30 (e) As used in this section:

1 (1) "Attending physician" means the attending obstetrician,
2 pediatrician or other physician attending to a mother or her
3 newborn child.

4 (2) "Birth center" means a licensed facility that is not
5 part of a hospital that provides maternity care to mothers not
6 requiring hospitalization.

7 (3) "Health care facility" means a hospital, birth center or
8 health care provider's office.

9 (4) "Health care provider" means an attending physician,
10 nurse practitioner or certified nurse midwife.

11 (5) "Health insurance policy" means any individual or group
12 health or accident insurance policy or subscriber contract,
13 certificate or plan offered to, issued to or renewed on or after
14 the effective date of this section by an insurer that is offered
15 by or is subject to any of the following:

16 (i) This act.

17 (ii) The act of December 29, 1972 (P.L.1701, No.364), known
18 as the "Health Maintenance Organization Act."

19 (iii) 40 Pa.C.S. Ch. 61 (relating to hospital plan
20 corporations) or 63 (relating to professional health services
21 plan corporations).

22 (iv) Subarticle (f) of Article IV of the act of June 13,
23 1967 (P.L.31, No.21), known as the "Public Welfare Code."

24 (v) The act of May 18, 1976 (P.L.123, No.54), known as the
25 "Individual Accident and Sickness Insurance Minimum Standards
26 Act."

27 (6) "Hospital" means a facility having an organized medical
28 staff and providing equipment and services primarily for
29 inpatient care to persons who require definitive diagnosis or
30 treatment, or both, for injury, illness, pregnancy or other

1 disability.

2 (7) "Insurer" means an entity that issues individual or
3 group health insurance policy, contract or plan described under
4 clause (5) of this subsection.

5 (8) "Maternity care" means prenatal care, childbirth and
6 postdelivery care, and postpartum care provided at a health care
7 facility or at the home of a mother.

8 Section 2. Section 1005-A(c) of the act, added November 4,
9 1997 (P.L.492, No.51), is amended and the section is amended by
10 adding a subsection to read:

11 Section 1005-A. Policy Choice for Eligible Individuals.--

12 * * *

13 (c) [Nothing] Except as otherwise provided in subsection
14 (d), nothing in this article shall prohibit an eligible
15 individual from purchasing a policy which includes a preexisting
16 condition provision or is not otherwise offered under this
17 section from a designated insurer or any other insurer.

18 (d) (1) Notwithstanding any other provision of law to the
19 contrary, a policy offered, issued or renewed on or after the
20 effective date of this subsection by a designated insurer or any
21 other insurer shall not impose any preexisting condition
22 exclusion that relates to, or includes, a current or a prior
23 pregnancy, complications regarding a current or prior pregnancy
24 or the performance of a caesarean section for a prior pregnancy.

25 (2) For the purposes of this subsection, "preexisting
26 condition" shall have the meaning given in section 635.6.

27 Section 3. This act shall take effect in 60 days.