

THE GENERAL ASSEMBLY OF PENNSYLVANIA

SENATE BILL

No. 321 Session of 2013

INTRODUCED BY FARNESE, WASHINGTON, FONTANA, KASUNIC, SCHWANK,  
TARTAGLIONE, KITCHEN, TEPLITZ, BREWSTER, WILLIAMS, HUGHES,  
FERLO, SMITH, SOLOBAY, RAFFERTY, COSTA AND BOSCOLA,  
JANUARY 25, 2013

REFERRED TO BANKING AND INSURANCE, JANUARY 25, 2013

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 635.7. 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

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:

(i) This act.

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

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

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

(v) 40 Pa.C.S. Ch. 61 (relating to hospital plan corporations) or 63 (relating to professional health services plan corporations).

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

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

Section 635.8. Coverage for Maternity Care.--(a) All health insurance policies shall provide coverage for maternity care as follows:

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

(2) Childbirth and postdelivery care as follows:

1 (i) Childbirth care shall include at a minimum coverage for  
2 delivery and postdelivery inpatient care for:

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

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

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

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

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

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

30 (b) Copayments, coinsurance and deductibles as follows:

1     (1) The coverage required under this section may be subject  
2 to any copayment, coinsurance or deductible amount in comparable  
3 amounts to those imposed for similar care.

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

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

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

18     (1) Accident only.

19     (2) Fixed indemnity.

20     (3) Limited benefit.

21     (4) Credit.

22     (5) Dental.

23     (6) Vision.

24     (7) Specified disease.

25     (8) Medicare supplement.

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

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

29     (11) Workers' compensation.

30     (12) Automobile medical payment.

1 (e) As used in this section:

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

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

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

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

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

17 (i) This act.

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

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

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

25 (v) 40 Pa.C.S. Ch. 61 (relating to hospital plan  
26 corporations) or 63 (relating to professional health services  
27 plan corporations).

28 (6) "Hospital" means a facility having an organized medical  
29 staff and providing equipment and services primarily for  
30 inpatient care to persons who require definitive diagnosis or

1 treatment, or both, for injury, illness, pregnancy or other  
2 disability.

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

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

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

12 Section 1005-A. Policy Choice for Eligible Individuals.--\* \*

13 \*

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

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

26 (2) For the purposes of this subsection, "preexisting  
27 condition" shall have the meaning given in section 635.7.

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