

THE GENERAL ASSEMBLY OF PENNSYLVANIA

SENATE BILLNo. **1003** Session of
2017

INTRODUCED BY WHITE, DECEMBER 12, 2017

AS AMENDED ON SECOND CONSIDERATION, MAY 22, 2018

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 quality health care
12 accountability and protection, further providing for
13 emergency services.

14 The General Assembly of the Commonwealth of Pennsylvania
15 hereby enacts as follows:

16 Section 1. Section 2116 of the act of May 17, 1921 (P.L.682,
17 No.284), known as The Insurance Company Law of 1921, is amended
18 to read:

19 Section 2116. Emergency Services.--[If] (a) Except as
20 provided in subsection (b), if an enrollee seeks emergency
21 services and the emergency health care provider determines that
22 emergency services are necessary, the emergency health care
23 provider shall initiate necessary intervention to evaluate and,
24 if necessary, stabilize the condition of the enrollee without

1 seeking or receiving authorization from the managed care plan.
2 [The managed care plan shall pay all reasonably necessary costs
3 associated with the emergency services provided during the
4 period of the emergency.] The managed care plan shall pay any <--
5 ALL reasonably necessary costs associated with emergency <--
6 services provided during the period of emergency, subject to all
7 copayments, coinsurances or deductibles. When processing a
8 reimbursement claim for emergency services, a managed care plan
9 shall consider both the presenting symptoms and the services
10 provided. The emergency health care provider shall notify the
11 enrollee's managed care plan of the provision of emergency
12 services and the condition of the enrollee. If an enrollee's
13 condition has stabilized and the enrollee can be transported
14 without suffering detrimental consequences or aggravating the
15 enrollee's condition, the enrollee may be relocated to another
16 facility to receive continued care and treatment as necessary.

17 (b) For emergency services provided to an enrollee by an
18 emergency medical services agency, the managed care plan shall
19 pay any ALL reasonably necessary costs associated with emergency <--
20 services provided during the period of emergency, subject to all
21 copayments, coinsurances or deductibles. The managed care plan
22 shall pay for services rendered by licensed emergency medical
23 services agencies that have the ability to transport patients or
24 are providing and billing for services under an agreement with
25 an agency which has that ability. The managed care plan may not
26 deny a claim for payment of costs solely because the enrollee
27 did not require transport or refused to be transported.

28 ~~(c) The provisions of subsection (b) shall apply to the same~~ <--
29 ~~services provided to recipients of medical assistance under~~
30 ~~Article IV of the act of June 13, 1967 (P.L.31, No.21), known as~~

1 ~~the Human Services Code. Sufficient funds shall be appropriated~~
2 ~~each fiscal year for payment of the services.~~

3 (C) FOR EMERGENCY SERVICES PROVIDED TO MEDICAID RECIPIENTS, <--
4 THE FOLLOWING PROVISIONS SHALL APPLY:

5 (1) THE PROVISIONS OF SUBSECTION (B) SHALL APPLY TO THE SAME
6 SERVICES PROVIDED TO RECIPIENTS OF MEDICAL ASSISTANCE UNDER
7 ARTICLE IV OF THE ACT OF JUNE 13, 1967 (P.L.31, NO.21), KNOWN AS
8 THE HUMAN SERVICES CODE.

9 (2) PAYMENT FOR THE SERVICES SHALL BE IN ACCORDANCE WITH THE
10 CURRENT MEDICAID FEE SCHEDULE OR CURRENT MANAGED CARE CONTRACTED
11 RATES.

12 (3) SUFFICIENT FUNDS SHALL BE APPROPRIATED EACH FISCAL YEAR
13 FOR PAYMENT OF THE SERVICES.

14 (d) The provisions of subsection (b) shall apply to all
15 group and individual major medical health insurance policies.

16 Section 2. The amendment of section 2116 of the act shall
17 apply as follows:

18 (1) For health insurance policies for which either rates
19 or forms are required to be filed with the Federal Government
20 or the Insurance Department, this section shall apply to any
21 policy for which a form or rate is first filed on or after
22 the effective date of this section.

23 (2) For health insurance policies for which neither
24 rates nor forms are required to be filed with the Federal
25 Government or the Insurance Department, this section shall
26 apply to any policy issued or renewed on or after 180 days
27 after the effective date of this section.

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