

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 471 Session of 2019

INTRODUCED BY SCHWEYER, KINSEY, McNEILL, OTTEN, BARRAR, READSHAW, MADDEN, DONATUCCI, NEILSON, SAMUELSON, SCHLOSSBERG, YOUNGBLOOD, D. MILLER, MULLERY, CONKLIN, A. DAVIS, ISAACSON, DEASY, SOLOMON, FREEMAN, WARREN, KORTZ, CIRESI, CALTAGIRONE, FRANKEL, HILL-EVANS, MARKOSEK, GOODMAN, DeLUCA, MATZIE, SIMS, DERMODY, MULLINS, STURLA, DALEY, SAPPEY, T. DAVIS, GALLOWAY, SANCHEZ, BRIGGS, ZABEL, WILLIAMS, MALAGARI AND PASHINSKI, FEBRUARY 11, 2019

AS AMENDED, COMMITTEE ON INSURANCE, HOUSE OF REPRESENTATIVES, APRIL 27, 2020

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 prohibiting exclusions for preexisting conditions AND <--
13 PROVIDING FOR COVERAGE FOR GENERAL ASSEMBLY.

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

16 Section 1. The act of May 17, 1921 (P.L.682, No.284), known
17 as The Insurance Company Law of 1921, is amended by adding a- <--
18 ~~section~~ SECTIONS to read: <--

19 Section 635.8. Exclusions For Preexisting Conditions.--(a)
20 A health insurer shall be prohibited from discriminating against

1 a qualified individual or a qualified group based on a  
2 preexisting medical condition.

3 (b) Methods of discriminating based on preexisting medical  
4 conditions shall include:

5 (1) refusing to sell, offer or issue a health insurance  
6 policy to a qualified individual or a qualified group due to a  
7 preexisting medical condition;

8 (2) selling, offering or issuing a health insurance policy  
9 to a qualified individual or a qualified group that excludes  
10 coverage for a preexisting medical condition;

11 (3) considering a qualified individual's or qualified  
12 group's prior medical history in the medical underwriting  
13 process;

14 (4) requiring or requesting a qualified individual or a  
15 qualified group to provide information regarding prior medical  
16 history as part of the health insurer's application or  
17 enrollment process; or

18 (5) any other method or action of a health insurer that the  
19 Insurance Commissioner deems a limitation or exclusion of  
20 benefits based on the fact that a preexisting medical condition  
21 was present before the effective date of coverage, or, if  
22 coverage is denied, the date of the denial, under a qualified  
23 individual's or a qualified group's health insurance policy.

24 (c) This section shall apply as follows:

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

30 (2) For health insurance policies for which neither rates

1 nor forms are required to be filed with the Insurance Department  
2 or the Federal Government, this section shall apply to any  
3 policy issued or renewed on or after one hundred eighty days  
4 after the effective date of this section.

5 (d) As used in this section, the following words and phrases  
6 shall have the meanings given to them in this subsection unless  
7 the context clearly indicates otherwise:

8 "Government program." Any of the following:

9 (1) The Commonwealth's medical assistance program  
10 established under the act of June 13, 1967 (P.L.31, No.21),  
11 known as the "Human Services Code."

12 (2) A program under Article XXIII-A.

13 "Health insurance policy." Any individual or group health,  
14 sickness or accident policy, or subscriber contract or  
15 certificate offered, issued or renewed by a health insurer. The  
16 term does not include any of the following types of insurance:

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 "Health insurer." An entity that issues a health insurance

1 policy and is subject to the following:

2 (1) this act, including, but not limited to, section 630 and  
3 Article XXIV;

4 (2) the act of December 29, 1972 (P.L.1701, No.364), known  
5 as the "Health Maintenance Organization Act"; or

6 (3) 40 Pa.C.S. Ch. 61 (relating to hospital plan  
7 corporations) or 63 (relating to professional health services  
8 plan corporations).

9 "Preexisting medical condition." A physical or mental  
10 condition, including, but not limited to, a disease, an illness,  
11 an injury, pregnancy or a genetic defect for which medical  
12 advice, diagnosis, care or treatment has been recommended or  
13 received prior to the effective date of coverage.

14 "Qualified group." Any of the following:

15 (1) A group of qualified individuals covered or applying for  
16 coverage under the same health insurance policy.

17 (2) A group of individuals covered under an employer  
18 sponsored group health insurance policy.

19 "Qualified individual." Any of the following:

20 (1) An individual who is under nineteen (19) years of age.

21 (2) An individual who:

22 (i) is covered or applying for coverage under a health  
23 insurance policy; and

24 (ii) has had health coverage under a health insurance policy  
25 or government program for at least nine months of the twelve  
26 consecutive month period immediately preceding the date of  
27 application or enrollment.

28 ~~Section 2. This act shall take effect in 30 days.~~ <--

29 SECTION 635.9. COVERAGE FOR GENERAL ASSEMBLY.--NO LATER THAN <--  
30 JULY 1, 2020, OR THE CONCLUSION OF THE CONTRACT FOR HEALTH

1 INSURANCE COVERAGE THAT WAS IN EFFECT ON THE EFFECTIVE DATE OF  
2 THIS SECTION, WHICHEVER OCCURS LATER, ALL MEMBERS, OFFICERS AND  
3 EMPLOYES OF THE SENATE OR THE HOUSE OF REPRESENTATIVES SHALL  
4 ONLY PARTICIPATE IN HEALTH INSURANCE COVERAGE UNDER THE PATIENT  
5 PROTECTION AND AFFORDABLE CARE ACT (PUBLIC LAW 111-148, 124  
6 STAT. 119) OR ITS SUCCESSOR.

7 SECTION 2. THE PROVISIONS OF THIS ACT ARE NONSEVERABLE. IF  
8 ANY PROVISION OF THIS ACT OR ITS APPLICATION TO ANY PERSON OR  
9 CIRCUMSTANCE IS HELD INVALID, THE REMAINING PROVISIONS OR  
10 APPLICATIONS OF THIS ACT ARE VOID AB INITIO. THIS  
11 NONSEVERABILITY CLAUSE IS CONTROLLING.

12 SECTION 3. THIS ACT SHALL TAKE EFFECT AS FOLLOWS:

13 (1) THE ADDITION OF SECTION 635.8 OF THE ACT SHALL TAKE  
14 EFFECT IN 30 DAYS.

15 (2) THE REMAINDER OF THIS ACT SHALL TAKE EFFECT  
16 IMMEDIATELY.