

**INSURANCE COMPANY LAW OF 1921 - LIMITS ON COPAYMENTS FOR INSURED
MEDICAL SERVICES PROVIDED BY A PHYSICAL THERAPIST, CHIROPRACTOR
AND OCCUPATIONAL THERAPIST**

Act of Jul. 31, 2015, P.L. 170, No. 39

Cl. 40

Session of 2015
No. 2015-39

SB 487

AN ACT

Amending the act of May 17, 1921 (P.L.682, No.284), entitled "An act relating to insurance; amending, revising, and consolidating the law providing for the incorporation of insurance companies, and the regulation, supervision, and protection of home and foreign insurance companies, Lloyds associations, reciprocal and inter-insurance exchanges, and fire insurance rating bureaus, and the regulation and supervision of insurance carried by such companies, associations, and exchanges, including insurance carried by the State Workmen's Insurance Fund; providing penalties; and repealing existing laws," providing for limits on copayments for insured medical services provided by a physical therapist, chiropractor and occupational therapist.

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

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

ARTICLE X-B.

FAIRNESS IN MULTIPLE COPAYMENTS.

Section 1001-B. Declaration of intent.

The general purpose of this article is to provide fairness for persons seeking medically necessary physical therapy, chiropractic and occupational therapy who are sharing the cost of the care pursuant to a health insurance policy by prohibiting the imposition of multiple copayments for licensed physical therapy, chiropractic and occupational therapy services.

Section 1002-B. Definitions.

The following words and phrases when used in this article shall have the meanings given to them in this section unless the context clearly indicates otherwise:

"Chiropractic." As defined in section 102 of the act of December 16, 1986 (P.L.1646, No.188), known as the Chiropractic Practice Act.

"Copayment." A specific dollar amount a covered person must pay for services rendered by a provider under a health benefit plan.

"Health insurance policy." As follows:

(1) An individual or group health insurance policy, contract or plan that provides medical or health care coverage by a health care facility or licensed health care provider that is offered by or is governed under any of the following:

(i) This act.

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

(iii) 40 Pa.C.S. Ch. 61 (relating to hospital plan corporations).

(iv) 40 Pa.C.S. Ch. 63 (relating to professional health services plan corporations).

(2) The term does not include accident only, fixed indemnity, limited benefit, credit, dental, vision, specified disease, Medicare supplement, Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) supplement, long-term care or disability income, workers' compensation or automobile medical payment insurance.

"Occupational therapy." As defined in section 3 of the act of June 15, 1982 (P.L.502, No.140), known as the Occupational Therapy Practice Act.

"Physical therapy." As defined in section 2 of the act of October 10, 1975 (P.L.383, No.110), known as the Physical Therapy Practice Act.

Section 1003-B. Limits on copayments.

A health insurance policy that is delivered, issued for delivery, renewed, extended or modified in this Commonwealth by a health care insurer for services provided by a licensed physical therapist, chiropractor or occupational therapist provider may not subject an insured to more than one copayment amount per visit or deplete more than one visit with any one provider.

Section 1004-B. Regulations.

The department may promulgate regulations as may be necessary or appropriate to carry out the provisions of this article.

Section 1005-B. Penalties.

A violation of this article by an insurer if committed flagrantly and in conscious disregard of the provisions of this article or with frequency sufficient to constitute a general business practice shall be considered a violation of the act of July 22, 1974 (P.L.589, No.205), known as the Unfair Insurance Practices Act. A violation of this article is deemed an unfair method of competition and an unfair deceptive act or practice pursuant to the Unfair Insurance Practices Act.

Section 1006-B. Applicability.

This article shall apply as follows:

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

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

Section 2. This act shall take effect in 60 days.

APPROVED--The 31st day of July, A.D. 2015.

TOM WOLF