## THE GENERAL ASSEMBLY OF PENNSYLVANIA

## SENATE BILL

No. 1330 Session of 2022

INTRODUCED BY K. WARD, MENSCH, COLLETT, PHILLIPS-HILL, BROOKS, TARTAGLIONE, SCHWANK, VOGEL, STEFANO, DILLON, COMITTA, ARGALL, GEBHARD, CAPPELLETTI, SANTARSIERO, HUTCHINSON, ROBINSON, YUDICHAK, BARTOLOTTA, LANGERHOLC, COSTA, BOSCOLA, KEARNEY, CORMAN, MUTH, YAW, HUGHES, MASTRIANO, STREET, KANE, L. WILLIAMS, BREWSTER AND DISANTO, SEPTEMBER 15, 2022

AS AMENDED ON THIRD CONSIDERATION, OCTOBER 18, 2022

## 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 3 insurance companies, and the regulation, supervision, and 4 protection of home and foreign insurance companies, Lloyds associations, reciprocal and inter-insurance exchanges, and 7 fire insurance rating bureaus, and the regulation and supervision of insurance carried by such companies, 8 associations, and exchanges, including insurance carried by 9 the State Workmen's Insurance Fund; providing penalties; and 10 repealing existing laws," in casualty insurance, providing 11 for coverage for BRCA-related genetic counseling and testing. 12 1.3 The General Assembly of the Commonwealth of Pennsylvania 14 hereby enacts as follows: Section 1. The act of May 17, 1921 (P.L.682, No.284), known 15 16 as The Insurance Company Law of 1921, is amended by adding a 17 section to read: 18 19 <del>providina hospita</del>l 21

- 1 issued by an entity subject to 40 Pa.C.S. Ch. 61 (relating to
- 2 hospital plan corporations) or 63 (relating to professional
- 3 health services plan corporations), the act of December 29, 1972
- 4 (P.L.1701, No.364), known as the "Health Maintenance"
- 5 Organization Act" or this act or an employe welfare benefit plan
- 6 <u>as defined in section 3 of the Employee Retirement Income</u>
- 7 Security Act of 1974 (Public Law 93-406, 29 U.S.C. § 1001 et
- 8 seq.) providing hospital or medical/surgical coverage shall also
- 9 <u>provide coverage for BRCA-related genetic counseling and</u>
- 10 testing. The minimum coverage required shall include all costs
- 11 associated with genetic counseling and, if indicated after
- 12 genetic counseling, genetic testing for individuals believed to
- 13 be at an increased risk, based on a clinical risk assessment
- 14 tool, of potentially harmful mutations in the BRCA1 or BRCA2
- 15 genes due to personal or family history of breast or ovarian
- 16 <del>cancer.</del>
- 17 (b) This section shall not apply to the following types of
- 18 <del>policies:</del>
- 19 (1) Accident only.
- 20 <u>(2) Limited benefit.</u>
- 21 <del>(3) Credit.</del>
- 22 <u>(4) Dental.</u>
- 23 <del>(5) Vision.</del>
- 24 (6) Specified disease.
- 25 <del>(7) Medicare supplement.</del>
- 26 (8) Civilian Health and Medical Program of the Uniformed
- 27 <u>Services (CHAMPUS) supplement.</u>
- 28 (9) Long-term care or disability income.
- 29 <u>(10) Workers' compensation.</u>
- 30 <del>(11) Automobile medical payment.</del>

- 1 <u>(12) Fixed indemnity.</u>
- 2 (13) Hospital indemnity.
- 3 SECTION 633.1. COVERAGE FOR BRCA-RELATED GENETIC COUNSELING <--
- 4 AND TESTING.--(A) A HEALTH INSURANCE POLICY OFFERED, ISSUED OR
- 5 RENEWED IN THIS COMMONWEALTH SHALL PROVIDE COVERAGE FOR BRCA-
- 6 RELATED GENETIC COUNSELING AND GENETIC TESTING PROVIDED BY AN
- 7 INDIVIDUAL LICENSED, CERTIFIED OR OTHERWISE REGULATED TO PROVIDE
- 8 GENETIC COUNSELING AND GENETIC TESTING UNDER THE LAWS OF THIS
- 9 <u>COMMONWEALTH. THE MINIMUM COVERAGE REQUIRED SHALL INCLUDE ALL</u>
- 10 COSTS ASSOCIATED WITH GENETIC COUNSELING AND, IF INDICATED AFTER
- 11 GENETIC COUNSELING, A GENETIC LABORATORY TEST OF THE BRCA1 AND
- 12 BRCA2 GENES FOR INDIVIDUALS ASSESSED TO BE AT AN INCREASED RISK,
- 13 BASED ON A CLINICAL RISK ASSESSMENT TOOL, OF POTENTIALLY HARMFUL
- 14 MUTATIONS IN THE BRCA1 OR BRCA2 GENES DUE TO A PERSONAL OR
- 15 FAMILY HISTORY OF BREAST OR OVARIAN CANCER.
- 16 (B) AS USED IN THIS SECTION:
- 17 "GENETIC COUNSELING" MEANS THE PROVISION OF SERVICES TO
- 18 INDIVIDUALS, COUPLES, FAMILIES AND ORGANIZATIONS BY ONE OR MORE
- 19 APPROPRIATELY TRAINED INDIVIDUALS TO ADDRESS THE PHYSICAL AND
- 20 PSYCHOLOGICAL ISSUES ASSOCIATED WITH THE OCCURRENCE OR RISK OF
- 21 OCCURRENCE OF A GENETIC DISORDER, BIRTH DEFECT OR GENETICALLY
- 22 INFLUENCED CONDITION OR DISEASE IN AN INDIVIDUAL OR A FAMILY.
- 23 "HEALTH INSURANCE POLICY" MEANS AN INDIVIDUAL OR GROUP
- 24 INSURANCE POLICY, SUBSCRIBER CONTRACT, CERTIFICATE OR PLAN
- 25 ISSUED BY AN INSURER THAT PROVIDES MEDICAL OR HEALTH CARE
- 26 COVERAGE, INCLUDING EMERGENCY SERVICES. THE TERM DOES NOT
- 27 <u>INCLUDE ANY OF THE FOLLOWING:</u>
- 28 (1) AN ACCIDENT ONLY POLICY.
- 29 (2) A CREDIT ONLY POLICY.
- 30 (3) A LONG-TERM CARE OR DISABILITY INCOME POLICY.

- 1 (4) A SPECIFIED DISEASE POLICY.
- 2 (5) A MEDICARE SUPPLEMENT POLICY.
- 3 (6) A FIXED INDEMNITY POLICY.
- 4 (7) A HOSPITAL INDEMNITY POLICY.
- 5 (8) AN ADULT-ONLY DENTAL ONLY POLICY.
- 6 (9) A VISION ONLY POLICY.
- 7 (10) A WORKER'S COMPENSATION POLICY.
- 8 (11) AN AUTOMOBILE MEDICAL PAYMENT POLICY.
- 9 (12) A TRICARE POLICY, INCLUDING A CIVILIAN HEALTH AND
- 10 MEDICAL PROGRAM OF THE UNIFORMED SERVICES (CHAMPUS) SUPPLEMENT
- 11 POLICY.
- 12 (13) ANY OTHER SIMILAR POLICY PROVIDING FOR LIMITED
- 13 BENEFITS.
- 14 "INSURER" MEANS AN ENTITY LICENSED BY THE INSURANCE
- 15 DEPARTMENT WITH ACCIDENT AND HEALTH AUTHORITY TO ISSUE A HEALTH
- 16 INSURANCE POLICY THAT IS OFFERED OR GOVERNED UNDER ANY OF THE
- 17 FOLLOWING:
- 18 (1) THIS ACT, INCLUDING SECTION 630 AND ARTICLE XXIV.
- 19 (2) THE ACT OF DECEMBER 29, 1972 (P.L.1701, NO.364), KNOWN
- 20 AS THE "HEALTH MAINTENANCE ORGANIZATION ACT."
- 21 (3) 40 PA.C.S. CH. 61 (RELATING TO HOSPITAL PLAN
- 22 CORPORATIONS) OR 63 (RELATING TO PROFESSIONAL HEALTH SERVICES
- 23 PLAN CORPORATIONS).
- 24 Section 2. This act shall apply as follows:
- 25 (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 act shall apply to any
- 28 policy for which a form or rate is first filed on or after
- 29 the effective date of this section.
- 30 (2) For health insurance policies for which neither

- 1 rates nor forms are required to be filed with the Federal
- 2 Government or the Insurance Department, this act shall apply
- 3 to any policy issued or renewed on or after 180 days after
- 4 the effective date of this section.
- 5 Section 3. This act shall take effect in 60 days.