

AMENDMENTS TO HOUSE BILL NO. 1150

Sponsor: REPRESENTATIVE BOYD

Printer's No. 2237

1 Amend Title, page 1, line 12, by inserting after "coverage"

2 , for Health Care Cost Containment Council review

3 Amend Sec. 1, page 11, by inserting between lines 7 and 8

4 Section 635.3. Health Care Cost Containment Council
5 Review.--(a) Except as otherwise provided in subsection (d)(1),
6 no bill proposing a mandated health insurance benefit to be
7 provided by a health insurer shall be given second consideration
8 in either the Senate or the House of Representatives until the
9 council has submitted a mandated benefits review report.

10 (b) Except as otherwise provided in subsection (d)(2), no
11 amendment to any bill concerning a mandated benefit to be
12 provided by a health insurer shall be considered by either the
13 Senate or the House of Representatives until the council has
14 submitted a mandated benefits review report.

15 (c) The council's report shall be factual and shall, if
16 possible, provide a reliable estimate of both the immediate cost
17 and effect of the bill and, if determinable or reasonably
18 foreseeable, the long-range cost and effect of the measure in
19 both the group and individual health insurance market, as
20 applicable.

21 (d) (1) If the council fails to submit a mandated benefits
22 review report within 20 legislative days after a bill proposing
23 a mandated health insurance benefit has received first
24 consideration in either the Senate or the House of
25 Representatives, the bill may be considered in the same manner
26 as if the submission had occurred.

27 (2) If the council fails to submit a mandated benefits
28 review report within 20 legislative days after an amendment to a
29 bill proposing a mandated health insurance benefit has been
30 submitted to the commission, the amendment may be considered in
31 the same manner as if the submission had occurred.

32 (e) As used in this section:

33 "Council" means the Health Care Cost Containment Council
34 established under the act of July 8, 1986 (P.L.408, No.89),
35 known as the "Health Care Cost Containment Act."

36 "Health insurer" means a person, corporation or other entity
37 that offers administrative, indemnity or payment services for
38 health care in exchange for a premium or service charge under a
39 program of health care benefits, including, but not limited to:

40 (1) an insurance company, association or exchange issuing
41 health insurance policies in this Commonwealth;

1 (2) a hospital plan corporation as defined in 40 Pa.C.S. Ch.
2 61 (relating to hospital plan corporations);
3 (3) a professional health service corporation as defined in
4 40 Pa.C.S. Ch. 63 (relating to professional health services plan
5 corporations);
6 (4) health maintenance organization;
7 (5) preferred provider organization;
8 (6) fraternal benefit society;
9 (7) beneficial society; and
10 (8) third-party administrator.
11 The term shall not include an employer, labor union or health
12 and welfare fund jointly or separately administered by an
13 employer or labor union that purchases or self-funds a program
14 of health care benefits for its employees or members and their
15 dependents.
16 "Mandated benefits review report" means the comments,
17 findings and recommendations issued by the Health Care Cost
18 Containment Council to the Governor, the President pro tempore
19 of the Senate, the Speaker of the House of Representatives, the
20 Secretary of Health and the Insurance Commissioner, in
21 accordance with section 9 of the act of July 8, 1986 (P.L.408,
22 No.89), known as the "Health Care Cost Containment Act."