THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 1957 Session of 2011

INTRODUCED BY THOMAS, MYERS, BRIGGS, HARPER, WAGNER, PAYTON, GEORGE, COHEN, DALEY, CALTAGIRONE, PRESTON, PARKER, M. O'BRIEN, JOSEPHS AND YOUNGBLOOD, NOVEMBER 1, 2011

REFERRED TO COMMITTEE ON INSURANCE, NOVEMBER 1, 2011

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," in health and accident insurance, providing for pregnancy as a preexisting condition and for coverage for maternity care; and, in health care insurance individual accessibility, further providing for policy choice for eligible individuals.

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 sections to read:

Section 635.6. Pregnancy as a Preexisting Condition.--(a) All health insurance policies that are offered, issued or renewed on or after the effective date of this section may not impose any preexisting condition exclusion that relates to, or
includes, a current or a prior pregnancy, complications regarding a current or prior pregnancy or the performance of a caesarean section for a prior pregnancy as a preexisting condition.

(b) This section shall not apply to the following types of policies:

(1) Accident only.

(2) Fixed indemnity.

(3) Limited benefit.

(4) Credit.

(5) Dental.

(6) Vision.

(7) Specified disease.

(8) Medicare supplement.

(9) Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) supplement.

(10) Long-term care or disability income.

(11) Workers' compensation.

(12) Automobile medical payment.

(c) As used in this section:

(1) "Attending physician" means the attending obstetrician, pediatrician or other physician attending the mother of a newborn child.

(2) "Health care provider" means an attending physician, nurse practitioner or certified nurse midwife.

(3) "Health insurance policy" means any individual or group health or accident insurance policy or subscriber contract, certificate or plan offered to, issued to or renewed on or after the effective date of this section by an insurer which is offered by or subject to any of the following:
This act.

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

40 PaC.S. Ch. 61 (relating to hospital plan corporations) or 63 (relating to professional health services plan corporations).

Subarticle (f) of Article IV of the act of June 13, 1967 (P.L.31, No.21), known as the "Public Welfare Code."

The act of May 18, 1976 (P.L.123, No.54), known as the "Individual Accident and Sickness Insurance Minimum Standards Act."

"Insurer" means any entity that issues a health insurance policy, contract, certificate or plan described under clause (2) of this subsection.

"Preexisting condition" means a condition or disease for which medical advice or treatment was recommended by or received from a health care provider prior to the effective date of the coverage.

Section 635.7. Coverage for Maternity Care.--(a) All health insurance policies shall provide coverage for maternity care as follows:

(1) Prenatal care, which shall include coverage for regular health care visits and childbirth education in addition to ongoing assessment of nutritional and other individual needs consistent with nationally recognized standards and guidelines, such as those promulgated by the Institute for Clinical Systems Improvement (ICSI) or the American College of Obstetricians and Gynecologists (ACOG).

(2) Childbirth and postdelivery care as follows:

(i) Childbirth care shall include at a minimum coverage for
delivery and postdelivery inpatient care for:

(A) Forty-eight (48) hours of inpatient care for a mother and her newborn child following a vaginal delivery.

(B) Ninety-six (96) hours of inpatient care for a mother and her newborn child following a cesarean section.

(ii) Any decision to shorten the minimum coverage provided shall be made by the health care provider in consultation with the mother. A health insurance policy shall not provide any compensation or other nonmedical remuneration to encourage a mother and her newborn child to leave inpatient care before the expiration of the minimum coverage specified in this section.

(iii) When discharge occurs prior to the times stated in this subsection, coverage shall include at least one home health care visit within forty-eight (48) hours after discharge by a health care provider whose scope of practice includes postpartum care.

(iv) Notwithstanding any other provision of this section, a policy that provides coverage for delivery and postdelivery care to a mother and her newborn child in the home shall not be required to provide for a minimum of forty-eight (48) hours and ninety-six (96) hours, respectively, of inpatient care unless the inpatient care is determined to be medically necessary by the health care provider consistent with nationally recognized treatment standards and guidelines such as those promulgated by ACOG or the American Academy of Pediatrics (AAP).

(3) Postpartum care, which shall be provided consistent with nationally recognized standards and guidelines, such as those promulgated by ACOG or AAP.

(b) Copayments, coinsurance and deductibles as follows:

(1) The coverage required under this section may be subject
to any copayment, coinsurance or deductible amount in comparable
amounts to those imposed for similar care.

(2) Notwithstanding clause (1), the health insurance policy
shall not include any copayment, coinsurance or deductible
amount for any postdelivery home health care visits required
under subsection (a)(2).

(c) An insurer shall not refuse to contract with or
compensate for covered services an otherwise eligible health
care provider or nonparticipating health care provider solely
because the health care provider has in good faith communicated
with one or more of his current, former or prospective patients
regarding the provisions, terms or requirements of the insurer's
products as they relate to the needs of the health care
provider's patients.

(d) This section shall not apply to the following types of
policies:

(1) Accident only.
(2) Fixed indemnity.
(3) Limited benefit.
(4) Credit.
(5) Dental.
(6) Vision.
(7) Specified disease.
(8) Medicare supplement.
(9) Civilian Health and Medical Program of the Uniformed
Services (CHAMPUS) supplement.
(10) Long-term care or disability income.
(11) Workers' compensation.
(12) Automobile medical payment.

(e) As used in this section:
(1) "Attending physician" means the attending obstetrician, pediatrician or other physician attending to a mother or her newborn child.

(2) "Birth center" means a licensed facility that is not part of a hospital that provides maternity care to mothers not requiring hospitalization.

(3) "Health care facility" means a hospital, birth center or health care provider's office.

(4) "Health care provider" means an attending physician, nurse practitioner or certified nurse midwife.

(5) "Health insurance policy" means any individual or group health or accident insurance policy or subscriber contract, certificate or plan offered to, issued to or renewed on or after the effective date of this section by an insurer that is offered by or is subject to any of the following:

(i) This act.


(iii) 40 Pa.C.S. Ch. 61 (relating to hospital plan corporations) or 63 (relating to professional health services plan corporations).

(iv) Subarticle (f) of Article IV of the act of June 13, 1967 (P.L.31, No.21), known as the "Public Welfare Code."

(v) The act of May 18, 1976 (P.L.123, No.54), known as the "Individual Accident and Sickness Insurance Minimum Standards Act."

(6) "Hospital" means a facility having an organized medical staff and providing equipment and services primarily for inpatient care to persons who require definitive diagnosis or treatment, or both, for injury, illness, pregnancy or other.
disability.

(7) "Insurer" means an entity that issues individual or group health insurance policy, contract or plan described under clause (5) of this subsection.

(8) "Maternity care" means prenatal care, childbirth and postdelivery care, and postpartum care provided at a health care facility or at the home of a mother.

Section 2. Section 1005-A(c) of the act, added November 4, 1997 (P.L.492, No.51), is amended and the section is amended by adding a subsection to read:

Section 1005-A. Policy Choice for Eligible Individuals.--

* * *

(c) [Nothing] Except as otherwise provided in subsection (d), nothing in this article shall prohibit an eligible individual from purchasing a policy which includes a preexisting condition provision or is not otherwise offered under this section from a designated insurer or any other insurer.

(d) (1) Notwithstanding any other provision of law to the contrary, a policy offered, issued or renewed on or after the effective date of this subsection by a designated insurer or any other insurer shall not impose any preexisting condition exclusion that relates to, or includes, a current or a prior pregnancy, complications regarding a current or prior pregnancy or the performance of a caesarean section for a prior pregnancy.

(2) For the purposes of this subsection, "preexisting condition" shall have the meaning given in section 635.6.

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