AN ACT

Authorizing the State Workers' Insurance Board to make available health insurance policies for purchase by the general public; providing for premiums; and authorizing a loan from the State Workers' Insurance Fund.

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

Section 1. Short title.

This act shall be known and may be cited as the State Workers' Insurance Board Health Insurance Program Act.

Section 2. Definitions.

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

"Ancillary health service provider." A clinical laboratory permittee under the act of September 26, 1951 (P.L.1539, No.389), known as The Clinical Laboratory Act, authorized under the laws of this Commonwealth to provide ancillary health services.
"Ancillary health services." The general and usual services rendered and care administered by ancillary health service providers.

"Board." The State Workers' Insurance Board continued under section 1502 of the act of June 2, 1915 (P.L.736, No.338), known as the Workers' Compensation Act.

"Chiropractic services." The general and usual services rendered and care administered by a chiropractor, as defined in section 102 of the act of December 16, 1986 (P.L.1646, No.188), known as the Chiropractic Practice Act.

"Fund." The State Workers' Insurance Fund established under section 1504 of the Workers' Compensation Act.

"Medical services." The general and usual services rendered and care administered by doctors of medicine under the act of December 20, 1985 (P.L.457, No.112), known as the Medical Practice Act of 1985.

"Osteopathic services." The general and usual services rendered and care administered by doctors of osteopathy under the act of October 5, 1978 (P.L.1109, No.261), known as the Osteopathic Medical Practice Act.

"Physical therapy services." The general and usual services rendered and care administered by licensed physical therapists, as defined as "physical therapy" in section 2 of the act of October 10, 1975 (P.L.383, No.110), known as the Physical Therapy Practice Act.

"Podiatry services." The general and usual services rendered and care administered by doctors of podiatry under the act of March 2, 1956 (1955 P.L.1206, No.375), known as the Podiatry Practice Act.

"Program." The program established by the board under
section 3(a).

Section 3.  Program.

(a) General rule.--In addition to any other powers and
duties imposed by law, the board shall have the power and may
establish, implement and administer a program which provides for
the sale of health insurance coverage to individuals, businesses
or other entities in a form and at premiums as the board shall,
from time to time, determine.

(b) Loan from fund.--After considering all other
expenditures from the fund, the board may borrow from the fund
in the form of a repayable loan amounts as may be necessary to
provide for the payment of claims and administrative expenses
that may arise from the program. A loan made from the fund shall
not exceed 40% of the fund's current ending balance for the
latest completed fiscal year. The board may invest the proceeds
of the loan in the same manner and subject to the same
restrictions as govern investments of the fund. All earnings
from investments of the loan proceeds shall be used for the
administration of this act.

(c) Repayments from premiums.--The board shall designate a
portion of each periodic premium payment for loan repayment.

(d) Minimum coverage.--The board, at a minimum, shall
provide coverage under the program for at least the following:

(1) Inpatient hospitalization.

(2) Outpatient hospitalization.

(3) Emergency care.

(4) Preventive care.

(5) Professional services, including:

(i) Medical services.

(ii) Osteopathic services.
(iii) Chiropractic services.
(iv) Podiatry services.
(v) Physical therapy services.
(vi) Services provided by:
   (A) Certified registered nurse anesthetists.
   (B) Certified registered nurse practitioners.
   (C) Certified enterostomal therapy nurses.
(6) Laboratory tests, x-rays, scans, wound dressings, castings and other ancillary health services.
(e) Additional coverage.--The board may offer coverage under the program for the following:
   (1) Dental benefits.
   (2) Vision care benefits.
   (3) Prescription drug benefits.
(f) Claim forms.--The board shall use the standard medical claim form prescribed under section 1202 of the act of May 17, 1921 (P.L.682, No.284), known as The Insurance Company Law of 1921.
(g) Marketing.--The health insurance coverage provided through the program shall be sold directly by the board and independent insurance agents as determined by the board.
(h) Regulations.--The board shall promulgate regulations necessary to implement and administer the provisions of this act.
Section 4. Effective date.
This act shall take effect January 1, 2022, or immediately, whichever is later.