

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 239

Session of
1987INTRODUCED BY COLE, DOMBROWSKI, FEE, ARTY AND PRESSMAN,
FEBRUARY 4, 1987AS REPORTED FROM COMMITTEE ON INSURANCE, HOUSE OF
REPRESENTATIVES, AS AMENDED, JANUARY 25, 1988

AN ACT

1 ~~Amending the act of May 17, 1921 (P.L.682, No.284), entitled "An~~ <—
2 ~~act relating to insurance; amending, revising, and~~
3 ~~consolidating the law providing for the incorporation of~~
4 ~~insurance companies, and the regulation, supervision, and~~
5 ~~protection of home and foreign insurance companies, Lloyds~~
6 ~~associations, reciprocal and inter insurance exchanges, and~~
7 ~~fire insurance rating bureaus, and the regulation and~~
8 ~~supervision of insurance carried by such companies,~~
9 ~~associations, and exchanges, including insurance carried by~~
10 ~~the State Workmen's Insurance Fund; providing penalties; and~~
11 ~~repealing existing laws," providing for coverage of cancer~~
12 ~~treatment.~~
13 PROVIDING FOR INSURANCE BENEFITS FOR CANCER CHEMOTHERAPY AND <—
14 CANCER HORMONE TREATMENTS.

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

17 ~~Section 1. The act of May 17, 1921 (P.L.682, No.284), known~~ <—
18 ~~as The Insurance Company Law of 1921, is amended by adding a~~
19 ~~section to read:~~

20 ~~Section 631. Cancer Treatment. (a) All group policies~~
21 ~~covered by subdivision (b) of this article providing hospital or~~
22 ~~medical surgical coverage and all group subscriber contracts or~~

~~certificates issued by any entity subject to 40 Pa.C.S. Ch. 61
(relating to hospital plan corporations) or 63 (relating to
professional health services plan corporations), the act of
December 29, 1972 (P.L.1701, No.364), known as the "Health
Maintenance Organization Act," or the act of July 29, 1977
(P.L.105, No.38), known as the "Fraternal Benefit Society Code,"
providing hospital or medical surgical coverage, shall include
within the coverage, reimbursement for cancer chemotherapy and
cancer hormone treatments and services. The coverage shall
specifically provide for reimbursement for cancer chemotherapy
and cancer hormone therapy approved by the United States Food
and Drug Administration for commercial use in the treatment of
cancer and not approved for investigative or experimental
purposes and for the insured or any other person covered by the
policy, contract or certificate, or health services
reimbursement program to be entitled to reimbursement for cancer
chemotherapy and cancer hormone treatments, whether performed in
a physician's office, in an outpatient department of a hospital
or as a hospital outpatient, or in any other medically
appropriate treatment setting. This subsection shall not apply
to policies, contracts or certificates of group or individual
health or sickness insurance which provide coverage or
reimbursement only for accidents, coverage or reimbursement
based solely on the number of days an insured is hospitalized or
coverage or reimbursement only when the insured is hospitalized
as an inpatient in a hospital.~~

~~(b) The benefits specified in subsection (a) may be provided
through a combination of such policies, contracts or
certificates. The benefits specified in subsection (a) may be
provided through prospective payment plans.~~

~~(c) Reasonable deductible or copayment plans, or both, may be applied to benefits paid to or on behalf of patients during the course of cancer chemotherapy and cancer hormone treatments but in no case shall be less favorable than those applied to similar classes or categories of treatment for physical illness generally in each policy.~~

~~(d) Cancer chemotherapy and cancer hormone treatments and services shall be subject to the same terms and conditions as other benefits as set forth in the policies, contracts or certificates, and each treatment shall be covered by an individualized treatment plan which is subject to precertification and concurrent utilization and peer review.~~

~~Section 2. This act shall take effect immediately.~~

SECTION 1. REIMBURSEMENT FOR CANCER THERAPY.

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WHENEVER ANY GROUP HEALTH, SICKNESS OR ACCIDENT INSURANCE POLICY OR SUBSCRIBER CONTRACT OR CERTIFICATE ISSUED BY ANY ENTITY SUBJECT TO 40 PA.C.S. CHS. 61 (RELATING TO HOSPITAL PLAN CORPORATIONS) AND 63 (RELATING TO PROFESSIONAL HEALTH SERVICES PLAN CORPORATIONS), THE ACT OF MAY 17, 1921 (P.L.682, NO.284), KNOWN AS THE INSURANCE COMPANY LAW OF 1921 OR THE ACT OF JULY 29, 1977 (P.L.105, NO.38), KNOWN AS THE FRATERNAL BENEFIT SOCIETY CODE, PROVIDING HOSPITAL OR MEDICAL-SURGICAL COVERAGE INCLUDES WITHIN THE COVERAGE BENEFITS FOR CANCER CHEMOTHERAPY AND CANCER HORMONE TREATMENTS AND SERVICES APPROVED BY THE UNITED STATES FOOD AND DRUG ADMINISTRATION FOR GENERAL USE IN TREATMENT OF CANCER, THE COVERED INDIVIDUAL SHALL BE ENTITLED TO BENEFITS FOR CANCER CHEMOTHERAPY AND CANCER HORMONE TREATMENTS, WHETHER PERFORMED IN A PHYSICIAN'S OFFICE, IN AN OUTPATIENT DEPARTMENT OF A HOSPITAL, IN A HOSPITAL AS A HOSPITAL INPATIENT OR IN ANY OTHER MEDICALLY APPROPRIATE TREATMENT SETTING.

1 SECTION 2. EXISTING BENEFITS.

2 NOTHING IN THIS ACT SHALL SERVE TO DIMINISH THE BENEFITS OF
3 ANY INSURED OR SUBSCRIBER IN EFFECT ON THE EFFECTIVE DATE OF
4 THIS ACT, NOR PREVENT THE OFFERING OR ACCEPTANCE OF BENEFITS
5 WHICH EXCEED THE MINIMUM BENEFITS REQUIRED BY THIS ACT.

6 SECTION 3. EFFECTIVE DATE.

7 THIS ACT SHALL TAKE EFFECT IMMEDIATELY.