

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 298 Session of
2005

INTRODUCED BY BEBKO-JONES, YOUNGBLOOD, WASHINGTON, TIGUE,
THOMAS, PISTELLA, MELIO, McCALL, HARHAI, BELFANTI AND
CALTAGIRONE, FEBRUARY 8, 2005

REFERRED TO COMMITTEE ON INSURANCE, FEBRUARY 8, 2005

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 a conscience
12 protection clause in managed care plans.

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

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

18 Section 2114. Conscience Protection.--(a) A managed care
19 plan may not exclude, discriminate against or penalize a
20 provider for its refusal to allow, perform, participate in or
21 refer for health care services when the refusal of the provider
22 is by reason of moral or religious grounds if that provider

1 makes available the information to enrollees or, if applicable,
2 prospective enrollees.

3 (b) The following shall apply:

4 (1) No public institution, public official or public agency
5 may impose penalties, take disciplinary action against or deny
6 or limit public funds, licenses, authorizations or other
7 approvals or documents of qualification to any person,
8 association or corporation attempting to establish a plan, or
9 operating, expanding or improving an existing plan, because the
10 person, association or corporation refuses to pay for or arrange
11 for the payment of any particular form of health care services
12 or other services or supplies covered by other plans when the
13 refusal is by reason of objection thereto on moral or religious
14 grounds.

15 (2) An enrollee, under a managed care plan which has a
16 contract with the Department of Public Welfare to provide
17 medical assistance benefits through a capitation plan and which
18 refuses on moral or religious grounds to provide family planning
19 service shall be entitled to obtain direct access to family
20 planning services, including prescriptions, from a doctor,
21 clinic or pharmacy, that is Medicaid qualified to provide those
22 services on a fee-for-service basis billed directly by the
23 provider to the State Medicaid program. An enrollee under this
24 type of plan seeking family planning services shall not be
25 required to seek a prior approval or referral from a primary
26 care provider.

27 Section 2. This act shall take effect in 60 days.