THE GENERAL ASSEMBLY OF PENNSYLVANIA

SENATE BILL

No. 537

Session of 2013

INTRODUCED BY LEACH, FONTANA, FARNESE AND FERLO, FEBRUARY 21, 2013

REFERRED TO BANKING AND INSURANCE, FEBRUARY 21, 2013

AN ACT

Amending the act of May 17, 1921 (P.L.682, No.284), entitled "An act relating to insurance; amending, revising, and 2 consolidating the law providing for the incorporation of 3 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, 6 7 8 associations, and exchanges, including insurance carried by 9 10 the State Workmen's Insurance Fund; providing penalties; and repealing existing laws," providing for coverage for eating 11 disorder treatment. 12 The General Assembly of the Commonwealth of Pennsylvania 13 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 635.7. Coverage for Eating Disorder Treatment. -- (a) 19 All health insurance policies as defined in this section shall 20 provide coverage for treatment of eating disorders, including 21 coverage for residential treatment of eating disorders, if such 22 treatment is medically necessary in accordance with the practice

quidelines for the treatment of patients with eating disorders,

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- 1 <u>as most recently published by the American Psychiatric</u>
- 2 Association.
- 3 (b) A health insurance policy and an insurer shall not:
- 4 (1) deny to an individual eligibility, or continued
- 5 eligibility, to enroll or to renew coverage under the terms of
- 6 the health insurance policy, solely for the purpose of avoiding
- 7 the requirement of this section;
- 8 (2) provide monetary payments, rebates or other benefits to
- 9 an individual to encourage the individual to accept less than
- 10 the minimum protections available under this section;
- 11 (3) penalize or otherwise reduce or limit the reimbursement
- 12 of a provider because the provider provided care to an
- 13 <u>individual participant or beneficiary in accordance with this</u>
- 14 section;
- 15 (4) provide incentives, monetary or otherwise, to a provider
- 16 to induce the provider to provide care to an individual
- 17 participant or beneficiary in a manner inconsistent with this
- 18 section; or
- 19 (5) deny to an individual participant or beneficiary
- 20 continued eligibility to enroll or to renew coverage under the
- 21 terms of the policy solely because the individual was previously
- 22 <u>found to have an eating disorder or to have received treatment</u>
- 23 for an eating disorder.
- 24 (c) Nothing in this section may be construed as preventing a
- 25 health insurance policy from imposing deductibles, coinsurance
- 26 or other cost-sharing in relation to treatment for eating
- 27 <u>disorders</u>, except that the deductibles, coinsurance or other
- 28 cost-sharing shall not be greater than the deductibles,
- 29 coinsurance or other cost-sharing imposed on other comparable
- 30 medical or surgical services covered under the policy.

- 1 (d) For the purpose of this section:
- 2 (1) "Eating disorder" means anorexia nervosa, bulimia
- 3 nervosa and eating disorders not otherwise specified, including
- 4 binge eating disorder, as defined in the most recent edition of
- 5 <u>Diagnostic and Statistical Manual of Mental Disorders.</u>
- 6 (2) "Health insurance policy" means any group health,
- 7 <u>sickness or accident policy or subscriber contract or</u>
- 8 <u>certificate offered to groups of fifty-one (51) or more employes</u>
- 9 issued by an entity subject to any one of the following:
- 10 (i) This act.
- 11 (ii) The act of December 29, 1972 (P.L.1701, No.364), known
- 12 as the "Health Maintenance Organization Act."
- 13 (iii) 40 Pa.C.S. Ch. 61 (relating to hospital plan
- 14 <u>corporations</u>) or 63 (relating to professional health services
- 15 plan corporations).
- 16 The term does not include accident only, fixed indemnity,
- 17 limited benefit, credit, dental, vision, specified disease,
- 18 Medicare supplement, Civilian Health and Medical Program of the
- 19 Uniformed Services (CHAMPUS) supplement, long-term care or
- 20 disability income, workers' compensation or automobile medical
- 21 payment insurance.
- 22 (3) "Insurer" means any entity offering a health insurance
- 23 policy as defined in this section.
- 24 Section 2. This act shall take effect in 60 days.