

## THE GENERAL ASSEMBLY OF PENNSYLVANIA

## SENATE BILL

No. 1432 Session of  
2014

INTRODUCED BY McILHINNEY, JUNE 17, 2014

SENATOR CORMAN, APPROPRIATIONS, RE-REPORTED AS AMENDED,  
SEPTEMBER 22, 2014

## 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," FURTHER PROVIDING FOR COVERAGE FOR <--  
12 MAMMOGRAPHIC EXAMINATIONS AND FOR MASTECTOMY AND BREAST  
13 CANCER RECONSTRUCTION; AND providing for limits on copayments  
14 and coinsurances for insured medical services provided by a  
15 physical therapist, chiropractor or occupational therapist.

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

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

21 SECTION 1. SECTION 632 OF THE ACT OF MAY 17, 1921 (P.L.682, <--  
22 NO.284), KNOWN AS THE INSURANCE COMPANY LAW OF 1921, AMENDED  
23 DECEMBER 15, 1992 (P.L.1129, NO.148), IS AMENDED TO READ:

24 SECTION 632. COVERAGE FOR MAMMOGRAPHIC EXAMINATIONS AND

1 MASTECTOMIES.--ALL GROUP OR INDIVIDUAL HEALTH OR SICKNESS OR  
2 ACCIDENT INSURANCE POLICIES PROVIDING HOSPITAL OR  
3 MEDICAL/SURGICAL COVERAGE AND ALL GROUP OR INDIVIDUAL SUBSCRIBER  
4 CONTRACTS OR CERTIFICATES ISSUED BY ANY ENTITY SUBJECT TO 40  
5 PA.C.S. CH. 61 (RELATING TO HOSPITAL PLAN CORPORATIONS) OR 63  
6 (RELATING TO PROFESSIONAL HEALTH SERVICES PLAN CORPORATIONS),  
7 THIS ACT, THE ACT OF DECEMBER 29, 1972 (P.L.1701, NO.364), KNOWN  
8 AS THE "HEALTH MAINTENANCE ORGANIZATION ACT," THE ACT OF JULY  
9 29, 1977 (P.L.105, NO.38), KNOWN AS THE "FRATERNAL BENEFIT  
10 SOCIETY CODE," OR AN EMPLOYEE WELFARE BENEFIT PLAN AS DEFINED IN  
11 SECTION 3 OF THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974  
12 (PUBLIC LAW 93-406, 29 U.S.C. § 1001 ET SEQ.) PROVIDING HOSPITAL  
13 OR MEDICAL/SURGICAL COVERAGE SHALL ALSO PROVIDE COVERAGE FOR  
14 MAMMOGRAPHIC EXAMINATIONS AND THE SURGICAL PROCEDURE KNOWN AS  
15 MASTECTOMY. THE MINIMUM COVERAGE REQUIRED SHALL INCLUDE ALL  
16 COSTS ASSOCIATED WITH A MAMMOGRAM EVERY YEAR FOR WOMEN 40 YEARS  
17 OF AGE OR OLDER AND WITH ANY MAMMOGRAM BASED ON A PHYSICIAN'S  
18 RECOMMENDATION FOR WOMEN UNDER 40 YEARS OF AGE. PRIOR TO PAYMENT  
19 FOR A SCREENING MAMMOGRAM, INSURERS SHALL VERIFY THAT THE  
20 SCREENING MAMMOGRAPHY SERVICE PROVIDER IS PROPERLY LICENSED BY  
21 THE DEPARTMENT IN ACCORDANCE WITH THE ACT OF JULY 9, 1992  
22 (P.L.449, NO.93), KNOWN AS THE "MAMMOGRAPHY QUALITY ASSURANCE  
23 ACT." [NOTHING IN THIS SECTION SHALL BE CONSTRUED TO REQUIRE AN  
24 INSURER TO COVER THE SURGICAL PROCEDURE KNOWN AS MASTECTOMY OR  
25 TO PREVENT APPLICATION OF DEDUCTIBLE OR COPAYMENT PROVISIONS  
26 CONTAINED IN THE POLICY OR PLAN.] AN INSURER SHALL BE PROHIBITED  
27 FROM APPLYING DEDUCTIBLE OR COPAYMENT PROVISIONS CONTAINED IN A  
28 POLICY OR PLAN TO MAMMOGRAPHIC EXAMINATIONS.

29 SECTION 2. SECTION 633(A) OF THE ACT, ADDED NOVEMBER 4, 1997  
30 (P.L.492, NO.51), IS AMENDED TO READ:

SECTION 633. MASTECTOMY AND BREAST CANCER RECONSTRUCTION.--

(A) (1) NO HEALTH INSURANCE POLICY DELIVERED, ISSUED, EXECUTED OR RENEWED IN THIS COMMONWEALTH ON OR AFTER THE EFFECTIVE DATE OF THIS SECTION SHALL REQUIRE OUTPATIENT CARE FOLLOWING A MASTECTOMY PERFORMED IN A HEALTH CARE FACILITY.

(2) POLICIES DESCRIBED IN CLAUSE (1) OF THIS SUBSECTION SHALL PROVIDE COVERAGE FOR INPATIENT CARE FOLLOWING A MASTECTOMY FOR THE LENGTH OF STAY THAT THE TREATING PHYSICIAN DETERMINES IS NECESSARY TO MEET GENERALLY ACCEPTED CRITERIA FOR SAFE DISCHARGE.

(3) SUCH POLICIES SHALL ALSO PROVIDE COVERAGE FOR A HOME HEALTH CARE VISIT THAT THE TREATING PHYSICIAN DETERMINES IS NECESSARY WITHIN FORTY-EIGHT HOURS AFTER DISCHARGE WHEN THE DISCHARGE OCCURS WITHIN FORTY-EIGHT HOURS FOLLOWING ADMISSION FOR THE MASTECTOMY.

(4) COVERAGE UNDER THIS SECTION SHALL[, HOWEVER, REMAIN] NOT BE SUBJECT TO ANY COPAYMENT, COINSURANCE OR DEDUCTIBLE AMOUNTS SET FORTH IN THE POLICY.

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SECTION 3. THE ACT IS AMENDED BY ADDING AN ARTICLE TO READ:

ARTICLE X-B.

FAIRNESS IN MULTIPLE COPAYMENTS.

Section 1001-B. Declaration of intent.

The general purpose of this article is to provide fairness for persons seeking appropriate physical therapy, chiropractic and occupational therapy who are sharing the cost of the care pursuant to a health insurance policy by prohibiting the imposition of multiple copayments for licensed physical therapy, chiropractic and occupational therapy services.

Section 1002-B. Definitions.

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

"Chiropractic." As defined in section 102 of the act of December 16, 1986 (P.L.1646, No.188), known as the Chiropractic Practice Act.

"Copayment." A specific dollar amount a covered person must pay for services rendered by a provider under a health benefit plan.

"Health insurance policy." As follows:

(1) An individual or group health insurance policy, contract or plan that provides medical or health care coverage by a health care facility or licensed health care provider that is offered by or is governed under any of the following:

(i) This act.

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

(iii) 40 Pa.C.S. Ch. 61 (relating to hospital plan corporations).

(iv) 40 Pa.C.S. Ch. 63 (relating to professional health services plan corporations).

(2) The term does not include accident only, fixed indemnity, limited benefit, credit, dental, vision, specified disease, Medicare supplement, Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) supplement, long-term care or disability income, workers' compensation or automobile medical payment insurance.

"Occupational therapy." As defined in section 3 of the act

1 of June 15, 1982 (P.L.502, No.140), known as the Occupational  
2 Therapy Practice Act.

3 "Physical therapy." As defined in section 2 of the act of  
4 October 10, 1975 (P.L.383, No.110), known as the Physical  
5 Therapy Practice Act.

6 Section 1003-B. Limits on copayments.

7 A health insurance policy that is delivered, issued for  
8 delivery, renewed, extended or modified in this Commonwealth by  
9 a health care insurer for services provided by a licensed  
10 physical therapist, chiropractor or occupational therapist  
11 provider may not subject an insured to more than one copayment  
12 amount per visit or deplete more than one visit.

13 Section 1004-B. Regulations.

14 The department may promulgate regulations as may be necessary  
15 or appropriate to carry out the provisions of this article.

16 Section 1005-B. Penalties.

17 A violation of this article by an insurer if committed  
18 flagrantly and in conscious disregard of the provisions of this  
19 article or with frequency sufficient to constitute a general  
20 business practice shall be considered a violation of the act of  
21 July 22, 1974 (P.L.589, No.205), known as the Unfair Insurance  
22 Practices Act. A violation of this article is deemed an unfair  
23 method of competition and an unfair deceptive act or practice  
24 pursuant to the Unfair Insurance Practices Act.

25 Section 1006-B. Applicability.

26 This article shall apply as follows:

27 (1) For health insurance policies for which either rates  
28 or forms are required to be filed with the Insurance  
29 Department or the Federal Government, this article shall  
30 apply to any policy for which a form or rate is first filed

1 on or after the effective date of this section.

2 (2) For health insurance policies for which neither  
3 rates nor forms are required to be filed with the Insurance  
4 Department or the Federal Government, this article shall  
5 apply to any policy issued or renewed on or after 180 days  
6 after the effective date of this section.

7 Section 2 4. This act shall take effect in 60 days.

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