
THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 345 Session of
2017

INTRODUCED BY DeLUCA, O'BRIEN, READSHAW, ROZZI, D. MILLER, MURT,
GODSHALL, D. COSTA, MILLARD, THOMAS, FREEMAN, FRANKEL AND
BIZZARRO, FEBRUARY 3, 2017

REFERRED TO COMMITTEE ON INSURANCE, FEBRUARY 3, 2017

AN ACT

1 Amending Title 40 (Insurance) of the Pennsylvania Consolidated
2 Statutes, in special provisions relating to particular
3 classes of insurers, providing for nondiscrimination by
4 payers in health care benefit plans.

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

7 Section 1. Part III of Title 40 of the Pennsylvania
8 Consolidated Statutes is amended by adding an article to read:

9 ARTICLE C

10 MISCELLANEOUS PROVISIONS

11 Chapter

12 69. Nondiscrimination by Payers in Health Care Benefit Plans

13 CHAPTER 69

14 NONDISCRIMINATION BY PAYERS

15 IN HEALTH CARE BENEFIT PLANS

16 Sec.

17 6901. Definitions.

18 6902. Discrimination against willing providers prohibited.

1 6903. Construction and application of chapter.

2 § 6901. Definitions.

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

6 "Health care benefit plan." An insurance policy, contract or
7 plan that provides health care to participants or beneficiaries
8 directly or through insurance, reimbursement or otherwise.

9 "Health care payer." An individual or entity that is
10 responsible for providing or paying for all or part of the cost
11 of health care services covered by a health care benefit plan.
12 The term includes, but is not limited to, an entity subject to:

13 (1) Chapter 61 (relating to hospital plan corporations)
14 or 63 (relating to professional health services plan
15 corporations);

16 (2) the act of May 17, 1921 (P.L.682, No.284), known as
17 The Insurance Company Law of 1921, including:

18 (i) a preferred provider organization subject to
19 section 630 of The Insurance Company Law of 1921; or

20 (ii) a fraternal benefit society subject to Article
21 XXIV of The Insurance Company Law of 1921;

22 (3) the act of December 29, 1972 (P.L.1701, No.364),
23 known as the Health Maintenance Organization Act;

24 (4) an agreement by a self-insured employer or self-
25 insured multiple employer trust to provide health care
26 benefits to employees and their dependents.

27 § 6902. Discrimination against willing providers prohibited.

28 A health care payer shall be required to contract with and to
29 accept as a health care benefit plan participant any willing
30 provider of health care services. A health care payer may not

1 discriminate against a provider of health care services who:

2 (1) agrees to accept the health care payer's standard
3 payment levels; and

4 (2) meets and agrees to adhere to quality standards
5 established by the health care payer.

6 § 6903. Construction and application of chapter.

7 (a) Construction.--This chapter may not be construed to
8 prohibit a health care payer from negotiating and paying rates
9 higher than the health care payer's standard payment levels to
10 one or more providers.

11 (b) Application.--This chapter:

12 (1) shall apply to all health care benefit plans that
13 compensate providers on a fee-for-service basis, per diem or
14 other nonrisk basis; and

15 (2) may not be applied to health care benefit plans
16 regarding products that compensate providers on a capitated
17 basis or under which providers accept significant financial
18 risk in a formal arrangement approved by Federal or State
19 authorities.

20 Section 2. The provisions of this act are severable. If any
21 provision of this act or its application to any person or
22 circumstance is held invalid, the invalidity may not affect
23 other provisions or applications of this act that can be given
24 effect without the invalid provision or application.

25 Section 3. This act shall take effect in 60 days.