

## THE GENERAL ASSEMBLY OF PENNSYLVANIA

**SENATE BILL**No. **1003** Session of  
2017

INTRODUCED BY WHITE, DECEMBER 12, 2017

AS AMENDED ON SECOND CONSIDERATION, APRIL 17, 2018

## 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," in quality health care  
12 accountability and protection, further providing for  
13 emergency services.

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

16 Section 1. Section 2116 of the act of May 17, 1921 (P.L.682,  
17 No.284), known as The Insurance Company Law of 1921, is amended  
18 to read:

19 Section 2116. Emergency Services.--[If] (a) Except as  
20 provided in subsection (b), if an enrollee seeks emergency  
21 services and the emergency health care provider determines that  
22 emergency services are necessary, the emergency health care  
23 provider shall initiate necessary intervention to evaluate and,  
24 if necessary, stabilize the condition of the enrollee without

1 seeking or receiving authorization from the managed care plan.  
2 [The managed care plan shall pay all reasonably necessary costs  
3 associated with the emergency services provided during the  
4 period of the emergency.] The managed care plan shall pay any  
5 reasonably necessary costs associated with medically necessary <--  
6 emergency services provided during the period of emergency,  
7 subject to any copayment, coinsurance or deductible as specified <--  
8 in the health insurance policy and consistent with the managed  
9 care plan's medical policies. ALL COPAYMENTS, COINSURANCES OR <--  
10 DEDUCTIBLES. When processing a reimbursement claim for emergency  
11 services, a managed care plan shall consider both the presenting  
12 symptoms and the services provided. The emergency health care  
13 provider shall notify the enrollee's managed care plan of the  
14 provision of emergency services and the condition of the  
15 enrollee. If an enrollee's condition has stabilized and the  
16 enrollee can be transported without suffering detrimental  
17 consequences or aggravating the enrollee's condition, the  
18 enrollee may be relocated to another facility to receive  
19 continued care and treatment as necessary.

20 (b) For emergency services provided to an enrollee by an  
21 emergency medical services agency, the managed care plan shall  
22 pay any reasonably necessary costs associated with medically <--  
23 necessary emergency services provided during the period of  
24 emergency, subject to any copayment, coinsurance or deductible <--  
25 as specified in the health insurance policy and consistent with  
26 the managed care plan's medical policies. ALL COPAYMENTS, <--  
27 COINSURANCES OR DEDUCTIBLES. The managed care plan shall pay for  
28 services rendered by licensed emergency medical services  
29 agencies that have the ability to transport patients or are  
30 providing and billing for services under an agreement with an

1 agency which has that ability. The managed care plan may not  
2 deny a claim for payment of costs solely because the enrollee  
3 did not require transport or refused to be transported.

4 (c) The provisions of subsection (b) shall apply to the same  
5 services provided to recipients of medical assistance under  
6 Article IV of the act of June 13, 1967 (P.L.31, No.21), known as  
7 the Human Services Code. Sufficient funds shall be appropriated  
8 each fiscal year for payment of the services.

9 (d) The provisions of subsection (b) shall apply to all  
10 group and individual major medical health insurance policies.

11 Section 2. The amendment of section 2116 of the act shall  
12 apply as follows:

13 (1) For health insurance policies for which either rates  
14 or forms are required to be filed with the Federal Government  
15 or the Insurance Department, this section shall apply to any  
16 policy for which a form or rate is first filed on or after  
17 the effective date of this section.

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

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