

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 2105 Session of 2019

INTRODUCED BY HANBIDGE, MOUL, FRANKEL, McCLINTON, MILLARD, WEBSTER, KULIK, SCHLOSSBERG, ISAACSON, RAVENSTAHL, HOHENSTEIN, STEPHENS, RABB, HILL-EVANS, KENYATTA, JOHNSON-HARRELL, KINSEY, SAMUELSON, YOUNGBLOOD, CIRESI, MADDEN, OTTEN, KAUFER, HOWARD, KIM, ROEBUCK, HENNESSEY AND D. MILLER, DECEMBER 9, 2019

REFERRED TO COMMITTEE ON INSURANCE, DECEMBER 9, 2019

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 casualty insurance, further
 12 providing for hearing aid coverage.

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

15 Section 1. Section 635 of the act of May 17, 1921 (P.L.682,
 16 No.284), known as The Insurance Company Law of 1921, is amended
 17 to read:

18 Section 635. Hearing Aid Coverage.--[Any insurer that
 19 underwrites Medicare or Medicaid] (a) A health insurance policy
 20 [for insureds residing in this Commonwealth] shall provide
 21 coverage [in such insurance] for a hearing aid sold in

1 accordance with section 403 of the act of November 24, 1976
2 (P.L.1182, No.262), known as the "Hearing Aid Sales Registration
3 Law."

4 (b) As used in this section, the term "health insurance
5 policy":

6 (1) Means an individual or group health insurance policy,
7 contract or plan that provides medical or health care coverage
8 by a health care facility or licensed health care provider on an
9 expense-incurred service or prepaid basis that is offered by or
10 is governed under any of the following:

11 (i) This act.

12 (ii) Subarticle (f) of Article IV of the act of June 13,
13 1967 (P.L.31, No.21), known as the "Human Services Code."

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

16 (iv) The act of May 18, 1976 (P.L.123, No.54), known as the
17 "Individual Accident and Sickness Insurance Minimum Standards
18 Act."

19 (v) A nonprofit corporation subject to 40 Pa.C.S. Ch. 61
20 (relating to hospital plan corporations) or 63 (relating to
21 professional health services plan corporations).

22 (2) Does not include any of the following policies:

23 (i) Accident only.

24 (ii) Credit only.

25 (iii) Long-term care or disability income.

26 (iv) Specified disease.

27 (v) Medicare supplement.

28 (vi) Tricare, including a Civilian Health and Medical
29 Program of the Uniformed Services (CHAMPUS) supplement.

30 (vii) Fixed indemnity.

1 (viii) Dental only.

2 (ix) Vision only.

3 (x) Worker's compensation.

4 (xi) Automobile medical payment insurance.

5 Section 2. This act shall apply to any health insurance
6 policy offered, issued or renewed on or after the effective date
7 of this act.

8 Section 3. Any regulation inconsistent with this act is
9 abrogated to the extent of any inconsistency with this act.

10 Section 4. This act shall take effect in 60 days.