
THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 2723 Session of
2020

INTRODUCED BY ZABEL, McNEILL, GALLOWAY, HILL-EVANS, WEBSTER,
HOHENSTEIN, MURT, LEE, BURGOS, DONATUCCI, HOWARD, DELLOSO,
SANCHEZ, NEILSON, KORTZ, SIMS, MULLINS, T. DAVIS, SHUSTERMAN,
KOSIEROWSKI AND PASHINSKI, JULY 30, 2020

REFERRED TO COMMITTEE ON INSURANCE, JULY 30, 2020

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, providing
12 for coverage for nonopioid pain management care.

13 The General Assembly of the Commonwealth of Pennsylvania
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 635.8. Coverage for Nonopioid Pain Management
19 Care.--(a) A health insurance policy offered, issued or renewed
20 in this Commonwealth shall include coverage for evidence-based
21 nonopioid pain management care. Coverage for evidence-based
22 nonopioid pain management care shall include, but not be limited

1 to, the following treatments:

2 (1) Acupuncture.

3 (2) Chiropractic care.

4 (3) Massage therapy.

5 (4) Occupational therapy.

6 (5) Osteopathic manipulative treatment.

7 (6) Physical therapy.

8 (b) Evidence-based nonopioid pain management care shall be
9 considered a rehabilitation and habilitation service under the
10 Patient Protection and Affordable Care Act (Public Law 111-148,
11 124 Stat. 119) and corresponding regulations.

12 (c) The coverage required under this section shall not be
13 subject to annual or lifetime dollar limits on visits for
14 treatment of pain.

15 (d) The coverage required under this section shall be
16 subject to deductibles, coinsurance and copayment requirements
17 imposed by an insurer subject to this section for similar
18 coverages under the same health insurance policy.

19 (e) The amount of health care provider reimbursement by an
20 insurer for coverage required under this section shall be no
21 less than seventy-five percent of the billing code rate.

22 (f) As used in this section, the following words and phrases
23 shall have the meanings given to them in this subsection:

24 "Billing code rate" means the cost of a service or procedure
25 provided by a health care provider that is assigned a numerical
26 code in order for an insurer to reimburse the health care
27 provider for that service or procedure.

28 "Evidence-based" means the conscientious, explicit and
29 judicious use of current best evidence in making decisions about
30 the care of individual patients.

1 "Health insurance policy" means a policy, subscriber
2 contract, certificate or plan issued by an insurer that provides
3 medical or health care coverage. The term does not include the
4 following policies:

5 (1) Accident only.

6 (2) Credit only.

7 (3) Long-term care or disability income.

8 (4) Specified disease.

9 (5) Medicare supplement.

10 (6) Tricare, including Civilian Health and Medical Program
11 of the Uniformed Services (CHAMPUS) supplement.

12 (7) Fixed indemnity.

13 (8) Dental only.

14 (9) Vision only.

15 (10) Workers' compensation.

16 (11) Automobile medical payment under 75 Pa.C.S. (relating
17 to vehicles).

18 "Nonopioid pain management care" means nonpharmacologic and
19 pharmacologic modalities or medications as an alternative to
20 opioid medications for the treatment of mild to moderate acute
21 and chronic pain.

22 Section 2. The addition of section 635.8 of the act shall
23 apply to health insurance policies offered, issued or renewed on
24 or after the effective date of this section.

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