THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 519 Session of 2021

INTRODUCED BY SCHWEYER, BENHAM, BIZZARRO, BRADFORD, CIRESI, CONKLIN, DALEY, A. DAVIS, DEASY, DeLUCA, FRANKEL, FREEMAN, GALLOWAY, HARRIS, HILL-EVANS, HOWARD, ISAACSON, KENYATTA, KINSEY, KOSIEROWSKI, LEE, McCLINTON, McNEILL, NEILSON, O'MARA, PISCIOTTANO, ROZZI, SAMUELSON, SANCHEZ, SCHLOSSBERG, SOLOMON, STURLA, WARREN AND ZABEL, FEBRUARY 11, 2021

REFERRED TO COMMITTEE ON INSURANCE, FEBRUARY 11, 2021

AN ACT

- Providing for health care insurance coverage protections, for
- duties of the Insurance Department and the Insurance
- Commissioner, for regulations, for enforcement and for
- 4 penalties.
- The General Assembly of the Commonwealth of Pennsylvania
- hereby enacts as follows:
- 7 Section 1. Short title.
- 8 This act shall be known and may be cited as the Health
- Insurance Access Protection Act.
- Section 2. Definitions. 10
- 11 The following words and phrases when used in this act shall
- 12 have the meanings given to them in this section unless the
- 13 context clearly indicates otherwise:
- 14 "Affordable Care Act." Collectively, the Patient Protection
- 15 and Affordable Care Act (Public Law 111-148, 124 Stat. 119) and
- 16 the Health Care and Education Reconciliation Act of 2010 (Public
- 17 Law 111-152, 124 Stat. 1029).

- 1 "Commissioner." The Insurance Commissioner of the
- 2 Commonwealth.
- 3 "Department." The Insurance Department of the Commonwealth.
- 4 "Enrollee." A policyholder, subscriber, covered person or
- 5 other individual who is entitled to receive health care services
- 6 under a health insurance policy.
- 7 "Grandfathered health plan." Individual or group health
- 8 insurance coverage in which an individual was enrolled prior to
- 9 the date of enactment of the Affordable Care Act or as otherwise
- 10 specified in section 1251 of the Affordable Care Act (42 U.S.C.
- 11 § 18011).
- "Group health insurance policy." A policy, subscriber
- 13 contract, certificate or plan issued by an insurer that provides
- 14 medical or health care coverage on an annual basis to
- 15 individuals who obtain health insurance coverage through a
- 16 group.
- 17 "Health factor." An element related to an individual's
- 18 physical or mental makeup, including:
- 19 (1) Health status.
- 20 (2) Medical condition.
- 21 (3) Claims experience.
- 22 (4) Receipt of health care.
- 23 (5) Medical history.
- 24 (6) Genetic information.
- 25 (7) Evidence of insurability, including conditions
- 26 arising out of acts of domestic violence.
- 27 (8) Disability.
- 28 "Health insurance policy." A policy, subscriber contract,
- 29 certificate or plan issued by an insurer that provides medical
- 30 or health care coverage. The term does not include any of the

- 1 following:
- 2 (1) An accident only policy.
- 3 (2) A credit only policy.
- 4 (3) A long-term care or disability income policy.
- 5 (4) A specified disease policy.
- 6 (5) A Medicare supplement policy.
- 7 (6) A fixed indemnity policy.
- 8 (7) A dental only policy.
- 9 (8) A vision only policy.
- 10 (9) A workers' compensation policy.
- 11 (10) An automobile medical payment policy.
- 12 (11) A policy under which benefits are provided by the
- 13 Federal Government to active or former military personnel and
- 14 their dependents.
- 15 (12) Any other similar policies providing for limited
- 16 benefits.
- "Individual health insurance policy." A policy, subscriber
- 18 contract, certificate or plan issued by an insurer that provides
- 19 medical or health care coverage on an annual basis to an
- 20 individual other than in connection with a group.
- 21 "Individual market." The market for health insurance
- 22 coverage offered to individuals other than in connection with a
- 23 group.
- 24 "Insurer." An entity that offers, issues or renews an
- 25 individual or group health insurance policy that provides
- 26 medical or health care coverage by a health care facility or
- 27 licensed health care provider and that is governed under any of
- 28 the following:
- 29 (1) The act of May 17, 1921 (P.L.682, No.284), known as
- 30 The Insurance Company Law of 1921, including section 630 and

- 1 Article XXIV of The Insurance Company Law of 1921.
- 2 (2) The act of December 29, 1972 (P.L.1701, No.364),
- 3 known as the Health Maintenance Organization Act.
- 4 (3) 40 Pa.C.S. Ch. 61 (relating to hospital plan
- 5 corporations).
- 6 (4) 40 Pa.C.S. Ch. 63 (relating to professional health
- 7 services plan corporations).
- 8 "Pre-existing condition." A health condition present before
- 9 the date of enrollment for coverage, or if coverage is denied,
- 10 the date of the denial, whether or not any medical advice,
- 11 diagnosis, care or treatment was recommended or received before
- 12 that date.
- "Small group market." The market for health insurance for
- 14 coverage offered through a group health insurance policy for a
- 15 group of 2 to 50 individuals, exclusive of their dependents.
- 16 "Wellness program." A program offered by an employer that is
- 17 designed to promote health or prevent disease.
- 18 Section 3. Prohibitions concerning discrimination based on pre-
- 19 existing conditions or health factors.
- 20 (a) Prohibition concerning eligibility for and enrollment in
- 21 health insurance. -- An insurer offering, issuing or renewing an
- 22 individual or group health insurance policy may not impose any
- 23 rule for initial or continued eligibility of any individual to
- 24 enroll in or renew a health insurance policy based on any pre-
- 25 existing condition or health factor in relation to an individual
- 26 or a dependent of the individual.
- 27 (b) Prohibition concerning premium rates.--
- 28 (1) An insurer offering, issuing or renewing an
- 29 individual or group health insurance policy may not require
- an individual to pay a premium rate that is greater than the

- 1 premium rate for a similarly situated individual enrolled in
- 2 the policy on the basis of any pre-existing condition or
- 3 health factor in relation to an individual or a dependent of
- 4 the individual.
- 5 (2) Nothing in paragraph (1) shall be construed to
- 6 prevent an insurer offering a group health insurance policy
- 7 from establishing premium discounts or rebates or modifying
- 8 otherwise applicable copayments or deductibles in return for
- 9 adherence to a wellness program. Pending the promulgation of
- 10 regulations by the department, a wellness program shall be
- 11 subject to limitations as may be established in Federal law
- 12 or regulation.
- 13 (c) Prohibition concerning benefit coverage. -- An insurer
- 14 offering, issuing or renewing an individual or group health
- 15 insurance policy may not exclude or deny coverage for any
- 16 benefit provided for in a policy based on any pre-existing
- 17 condition or health factor in relation to an individual or a
- 18 dependent of the individual.
- 19 Section 4. Limitations on premium rating factors.
- 20 (a) In general. -- With respect to the premium rate charged by
- 21 an insurer for health insurance coverage offered in the
- 22 individual or small group market, the premium rate may only vary
- 23 for a particular plan or coverage based on the following:
- 24 (1) Family size.
- 25 (2) Geographic rating area.
- 26 (3) Age, except that the rate shall not vary by more
- 27 than 3 to 1 for adults except as provided under subsection
- 28 (d).
- 29 (4) Tobacco use, except that the rate shall not vary by
- 30 more than 1.5 to 1 except as provided under subsection (d).

- 1 (b) Geographic rating areas. -- The department may specify the
- 2 geographic rating areas by publication on the department's
- 3 publicly accessible Internet website and shall transmit notice
- 4 to the Legislative Reference Bureau for publication in the
- 5 Pennsylvania Bulletin. Prior to publication, the department will
- 6 provide a 30-day comment period and will consult with insurers
- 7 offering health insurance policies in this Commonwealth.
- 8 (c) Age bands. -- The department may define the permissible
- 9 age bands for rating purposes by publication on the department's
- 10 publicly accessible Internet website and shall transmit notice
- 11 to the Legislative Reference Bureau for publication in the
- 12 Pennsylvania Bulletin. Prior to publication, the department will
- 13 provide a 30-day comment period and will consult with insurers
- 14 offering health insurance policies in this Commonwealth.
- 15 (d) Adjustment of age and tobacco rating variations. -- The
- 16 department may, by regulation, adjust the rating bands for age
- 17 and tobacco use.
- 18 Section 5. Single risk pools.
- 19 (a) Individual market.--An insurer shall consider all
- 20 enrollees in all health insurance policies offered by the
- 21 insurer in the individual market, other than grandfathered
- 22 health plans, to be members of a single risk pool.
- 23 (b) Small group market. -- An insurer shall consider all
- 24 enrollees in all health insurance policies offered by the
- 25 insurer in the small group market, other than grandfathered
- 26 health plans, to be members of a single risk pool.
- 27 Section 6. Regulations.
- 28 (a) Authority to promulgate. -- The department may promulgate
- 29 regulations as may be necessary and appropriate to carry out the
- 30 provisions of this act.

- 1 (b) Temporary regulations.--
- 2 (1) Notwithstanding any other provision of law, in order
- 3 to facilitate the prompt implementation of this act, the
- 4 department may issue temporary regulations which shall expire
- 5 no later than two years following publication of the
- 6 temporary regulations in the Pennsylvania Bulletin. The
- 7 temporary regulations shall be exempt from the following:
- 8 (i) Sections 201, 202, 203, 204 and 205 of the act
- 9 of July 31, 1968 (P.L.769, No.240), referred to as the
- 10 Commonwealth Documents Law.
- 11 (ii) Section 204(b) of the act of October 15, 1980
- 12 (P.L.950, No.164), known as the Commonwealth Attorneys
- 13 Act.
- 14 (iii) The act of June 25, 1982 (P.L.633, No.181),
- known as the Regulatory Review Act.
- 16 (iv) Section 612 of the act of April 9, 1929
- 17 (P.L.177, No.175), known as The Administrative Code of
- 18 1929.
- 19 (2) The authority of the department to issue temporary
- 20 regulations under this subsection shall expire two years from
- 21 the effective date of this section. Regulations adopted after
- the two-year period shall be promulgated as provided by
- 23 statute.
- 24 Section 7. Enforcement.
- 25 (a) General rule. -- Upon satisfactory evidence of the
- 26 violation of any section of this act by an insurer or any other
- 27 person, one or more of the following penalties may be imposed at
- 28 the commissioner's discretion:
- 29 (1) Suspension or revocation of the license of the
- offending insurer or other person.

- 1 (2) Refusal, for a period not to exceed one year, to
- 2 issue a new license to the offending insurer or other person.
- 3 (3) A fine of not more than \$5,000 for each violation of this act.
- 5 (4) A fine of not more than \$10,000 for each willful violation of this act.
- 7 (b) Limitations.--
- 8 (1) Fines imposed against an individual insurer under 9 this act may not exceed \$500,000 in the aggregate during a 10 single calendar year.
- 11 (2) Fines imposed against any other person under this 12 act may not exceed \$100,000 in the aggregate during a single 13 calendar year.
- 14 (c) Additional remedies.—The enforcement remedies imposed
 15 under this section are in addition to any other remedies or
 16 penalties that may be imposed under any other applicable law of
 17 this Commonwealth, including:
- 18 (1) The act of July 22, 1974 (P.L.589, No.205), known as
 19 the Unfair Insurance Practices Act. Violations of this act
 20 shall be deemed to be an unfair method of competition and an
 21 unfair or deceptive act or practice under the Unfair
 22 Insurance Practices Act.
- 23 (2) The act of December 18, 1996 (P.L.1066, No.159), 24 known as the Accident and Health Filing Reform Act.
- 25 (3) The act of June 25, 1997 (P.L.295, No.29), known as 26 the Pennsylvania Health Care Insurance Portability Act.
- 27 (d) Administrative procedure.—The administrative provisions
- 28 of this section shall be subject to 2 Pa.C.S. Ch. 5 Subch. A
- 29 (relating to practice and procedure of Commonwealth agencies).
- 30 A party against whom penalties are assessed in an administrative

- 1 action may appeal to Commonwealth Court as provided in 2 Pa.C.S.
- 2 Ch. 7 Subch. A (relating to judicial review of Commonwealth
- 3 agency action).
- 4 Section 8. Repeals.
- 5 All acts and parts of acts are repealed insofar as they are
- 6 inconsistent with this act.
- 7 Section 9. Effective date.
- 8 This act shall take effect immediately.