AN ACT

- 1 Providing for affordable health insurance.
- 2 The General Assembly of the Commonwealth of Pennsylvania
- 3 hereby enacts as follows:
- 4 Section 1. Short title.
- 5 This act shall be known and may be cited as the Affordable
- 6 Health Insurance Act.
- 7 Section 2. No unfair trade practice.
- 8 Insurers that include and operate wellness and health
- 9 promotion programs, disease and condition management programs,
- 10 health risk appraisal programs and similar provisions in their
- 11 high deductible health policies in keeping with Federal
- 12 requirements shall not be considered to be engaging in unfair
- 13 trade practices under any provision of law relating to unfair
- 14 trade practices with respect to the practices of illegal
- 15 inducements, unfair discrimination and rebating.
- 16 Section 3. No required relationship.
- 17 There shall be no required relationship between preferred

- 1 provider and nonpreferred provider plan reimbursements for
- 2 health savings account-eligible high deductible plans using
- 3 nonpreferred provider reimbursements. Such plans shall not:
- 4 (1) unfairly deny health benefits for medically necessary covered services;
- 6 (2) have differences in benefit levels payable to
 7 preferred providers compared to other providers that unfairly
 8 deny benefits for covered services;
- 9 (3) have a plan coinsurance percentage applicable to
 10 benefit levels for services provided by nonpreferred
 11 providers that is less than 60% of the benefit levels under
 12 the policy for such services; or
- 13 (4) have an adverse effect on the availability or the 14 quality of services.
- 15 Section 4. Health reimbursement arrangement-only plans.
- 16 The following shall apply:
- 17 (1) The Insurance Commissioner shall be authorized to
 18 allow health reimbursement arrangement-only plans that
 19 encourage employer financial support of health insurance or
 20 health-related expenses recognized under Federal law.
 - (2) Health reimbursement arrangement-only plans that are not sold in connection with or packaged with health insurance coverage shall not be considered insurance.
 - (3) Individual health insurance policies funded through health reimbursement arrangement-only plans shall not be considered employer sponsored or group coverage, and nothing in this section shall be interpreted to require an insurer to offer an individual health insurance policy for sale in connection with or packaged with a health reimbursement arrangement-only plan or to accept premiums from health

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- 1 reimbursement arrangement-only plans for individual health
- 2 insurance policies.
- 3 Section 5. Deductions.
- 4 In addition to other deductions allowed by law, a taxpayer in
- 5 this Commonwealth may deduct from taxable income for State
- 6 income tax purposes an amount equal to 100% of the premium paid
- 7 by the taxpayer during the taxable year for high deductible
- 8 health plans which are eligible to be used with a health savings
- 9 account under the applicable provisions of section 223 of the
- 10 Internal Revenue Code of 1986 (Public Law 99-514, 26 U.S.C. §
- 11 223) to the extent the deduction has not been included in
- 12 Federal adjusted gross income and the expenses have neither been
- 13 provided from a health reimbursement arrangement nor included in
- 14 itemized nonbusiness deductions excluded from the taxpayer's
- 15 taxable income.
- 16 Section 6. Credits.
- 17 (a) Qualified health credits.--The following shall apply:
- 18 (1) A taxpayer shall be allowed a credit against the
- income tax imposed by law for qualified health insurance
- 20 expenses in an amount of \$250 for each employee enrolled for
- 21 12 consecutive months in a qualified health insurance plan if
- qualified health insurance is made available to all of the
- 23 employees and compensated individuals of the employer under
- the applicable provisions of section 125 of the Internal
- 25 Revenue Code of 1986 (Public Law 99-514, 26 U.S.C. § 125).
- 26 (2) In no event shall the total amount of the tax credit
- 27 under this section for a taxable year exceed the taxpayer's
- income tax liability. Any unused tax credit shall be allowed
- the taxpayer against succeeding years' tax liability. No such
- 30 credit shall be allowed the taxpayer against prior years' tax

- 1 liability.
- 2 (3) The Department of Revenue shall promulgate rules and
- 3 regulations necessary to implement and administer this
- 4 section.
- 5 (4) The credit allowed by this section shall apply only
- 6 with regard to qualified health insurance expenses.
- 7 (b) Definitions.--As used in this section, the following
- 8 words and phrases shall have the meanings given to them in this
- 9 subsection unless the context clearly indicates otherwise:
- 10 "Qualified health insurance." A high deductible health plan
- 11 that includes, at a minimum, catastrophic health care coverage
- 12 which is eligible to be used with a health savings account under
- 13 the applicable provisions of section 223 of the Internal Revenue
- 14 Code of 1986 (Public Law 99-514, 26 U.S.C. § 223).
- "Qualified health insurance expense." The expenditure of
- 16 funds of at least \$250 annually for health insurance premiums
- 17 for qualified health insurance.
- 18 "Taxpayer." An employer who employs directly, or who pays
- 19 compensation to individuals whose compensation is reported on
- 20 Internal Revenue Service Form 1099, 50 or fewer persons and for
- 21 whom the employer provides high deductible health plans, that
- 22 include catastrophic health care coverage, which are established
- 23 and used with a health savings account under the applicable
- 24 provisions of section 223 of the Internal Revenue Code of 1986
- 25 (Public Law 99-514, 26 U.S.C. § 223) and in which the employees
- 26 are enrolled.
- 27 Section 7. Exemption from insurance premium tax.
- Insurers shall be exempt from otherwise applicable taxes on
- 29 insurance premiums paid by residents for high deductible health
- 30 plans eligible to be used with a health savings account under

- 1 the applicable provisions of section 223 of the Internal Revenue
- 2 Code of 1986 (Public Law 99-514, 26 U.S.C. § 223).
- 3 Section 8. Duties of Insurance Commissioner.
- 4 The Insurance Commissioner shall:
- 5 (1) Develop flexible guidelines for coverage and
 6 approval of health savings account eligible high deductible
 7 plans designed to qualify under Federal and State
 8 requirements as high deductible health plans for use with
 9 health savings accounts.
 - (2) Encourage and promote the marketing of health savings account eligible high deductible plans by accident and sickness insurers. Nothing in this section shall be construed to authorize the sale of insurance in violation of requirements relating to the transaction of insurance or prohibiting the interstate sale of insurance.
 - (3) Conduct a study of health savings account eligible high deductible plans available in all other states and determine whether, and in what manner, they serve the uninsured and whether they should be made available to the citizens of this Commonwealth.
 - (4) Develop an automatic or fast track approval process for health savings account eligible high deductible plans already approved under the laws and regulations of this Commonwealth or other states.
 - (5) Promulgate rules and regulations for the design, promotion and regulation of health savings account eligible high deductible plans, including rules and regulations for expedited review of standardized policies, advertisements, solicitations and other matters deemed relevant.
- 30 Section 9. Effective date.

1 This act shall take effect in 60 days.