

AMENDMENTS TO HOUSE BILL NO. 1013

Sponsor: SENATOR WHITE

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1 Amend Bill, page 1, lines 12 and 13, by striking out "FOR
2 DEFINITIONS AND"

3 Amend Bill, page 1, line 13, by inserting after "services"
4 and providing for quality eye care for insured Pennsylvanians

5 Amend Bill, page 1, lines 19 through 21; page 2, lines 1
6 through 22; by striking out all of said lines on said pages and
7 inserting

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

11 Amend Bill, page 2, line 29, by inserting a bracket before
12 "The"

13 Amend Bill, page 3, line 1, by inserting after "emergency."

14] The managed care plan shall pay all reasonably necessary
15 costs associated with emergency services provided during the
16 period of emergency, subject to all copayments, coinsurances or
17 deductibles.

18 Amend Bill, page 3, lines 12 through 24, by striking out all
19 of said lines and inserting

20 (b) For emergency services rendered by a licensed emergency
21 medical services agency, as defined in 35 Pa.C.S. § 8103
22 (relating to definitions), that has the ability to transport
23 patients or is providing and billing for emergency services
24 under an agreement with an emergency medical services agency
25 that has that ability, the managed care plan may not deny a
26 claim for payment solely because the enrollee did not require
27 transport or refused to be transported.

28 (c) For emergency services provided to medical assistance
29 participants, the following provisions shall apply:

1 (1) The provisions of subsection (b) shall apply to the same
2 services provided to medical assistance participants under
3 Article IV of the act of June 13, 1967 (P.L.31, No.21), known as
4 the Human Services Code.

5 (2) Payment for the services shall be in accordance with the
6 current managed care contracted rates.

7 (3) Sufficient funds shall be appropriated each fiscal year
8 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 issued by a licensed health insurer.

12 Section 2. The act is amended by adding an article to read:

13 ARTICLE XXVII

14 QUALITY EYE CARE FOR INSURED PENNSYLVANIANS

15 Section 2701. Short title of article.

16 This article shall be known and may be cited as the Quality
17 Eye Care for Insured Pennsylvanians Act.

18 Section 2702. Definitions.

19 The following words and phrases when used in this article
20 shall have the meanings given to them in this section unless the
21 context clearly indicates otherwise:

22 "Covered vision care." Vision services and materials for
23 which reimbursement is available under a health insurance
24 policy, regardless of whether the reimbursement is contractually
25 limited by a deductible, copayment, coinsurance, waiting period,
26 annual or lifetime maximum, frequency limitation or alternative
27 benefit payment.

28 "Department." The Insurance Department of the Commonwealth.

29 "Health insurance policy." An individual or group health
30 insurance policy, subscriber contract, certificate or plan
31 issued by or through an insurer that provides covered vision
32 care. The term does not include accident only, fixed indemnity,
33 limited benefit, credit, dental, specified disease, Civilian
34 Health and Medical Program of the Uniformed Services (CHAMPUS)
35 supplement, long-term care or disability income, workers'
36 compensation or automobile medical payment insurance.

37 "Health insurer." An entity licensed by the department with
38 accident and health authority to issue a policy, subscriber
39 contract, certificate or plan that provides medical or health
40 care coverage and is offered or governed under any of the
41 following:

42 (1) Section 630, Article XXIV or other provision of this
43 act.

44 (2) The act of December 29, 1972 (P.L.1701, No.364),
45 known as the Health Maintenance Organization Act.

46 (3) 40 Pa.C.S. Ch. 61 (relating to hospital plan
47 corporations).

48 (4) 40 Pa.C.S. Ch. 63 (relating to professional health
49 services plan corporations).

50 "Insured." An individual on whose behalf a health insurer is
51 obligated to pay for vision care under a health insurance

1 policy.

2 "Materials." Ophthalmic devices, including, but not limited
3 to, lenses, devices containing lenses, ophthalmic frames and
4 other lens mounting apparatus, prisms, lens treatments and
5 coating, contact lenses and prosthetic devices to correct,
6 relieve or treat defects or abnormal conditions of the human eye
7 or its adnexa associated with the delivery of vision care.

8 "Noncovered services." Vision care that is not covered but
9 for which a discount may be provided under the terms of a health
10 insurance policy.

11 "Vision care." A provision of eye care services, materials
12 or both.

13 "Vision care provider." A licensed doctor of optometry
14 practicing under the authority of the act of June 6, 1980
15 (P.L.197, No.57), known as the Optometric Practice and Licensure
16 Act, or a licensed physician who has also completed a residency
17 in ophthalmology.

18 "Vision care supplier." A person or entity that creates,
19 promotes, sells, provides, advertises or administers vision care
20 supplies, including an optical laboratory. The term includes
21 persons or entities affiliated with a health insurer.

22 Section 2703. Vision care provider and vision care supplier
23 selection.

24 A health insurance policy shall allow an insured who receives
25 vision care from an in-network vision care provider to select an
26 out-of-network vision care supplier for related vision care on
27 the recommendation or referral of the in-network vision care
28 provider, provided that the in-network vision care provider
29 gives to the insured, prior to recommending, referring,
30 prescribing or ordering any vision care from the out-of-network
31 vision care supplier, written notice that:

32 (1) The out-of-network vision care supplier is not an
33 in-network vision care supplier.

34 (2) The insured has the option of selecting an in-
35 network vision care supplier.

36 (3) The insured may have different financial obligations
37 depending on whether the vision care supplier is in-network
38 or out-of-network.

39 Section 2704. Discount access.

40 A health insurance policy that has a discount program for
41 noncovered services shall permit an insured who receives vision
42 care from an in-network vision care provider to receive a
43 noncovered service from the in-network vision care provider at a
44 nondiscounted rate, provided that the vision care provider gives
45 to the insured, prior to receipt of the noncovered service,
46 written disclosure that the vision care provider does not
47 participate in the insured's discount program.

48 Section 2705. Enforcement.

49 (a) Scope.--The department may investigate and enforce the
50 provisions of this article only insofar as the actions or
51 inactions being investigated relate to coverage under a health

1 insurance policy.

2 (b) Insurance Commissioner power.--Upon satisfactory
3 evidence of a violation of this article by any insurer or other
4 person within the scope of the department's investigative and
5 enforcement authority under subsection (a), the Insurance
6 Commissioner may, in the Insurance Commissioner's discretion,
7 pursue any of the following actions:

8 (1) Suspend, revoke or refuse to renew the license of
9 the offending person.

10 (2) Enter a cease and desist order.

11 (3) Impose a civil penalty of not more than \$5,000 for
12 each action in violation of this article.

13 (4) Impose a civil penalty of not more than \$10,000 for
14 each action in willful violation of this article.

15 (c) Limitation.--Penalties imposed under this article shall
16 not exceed \$500,000 in the aggregate during a calender year.

17 (d) Violations by optometrists and ophthalmologists.--A
18 violation of this article by an optometrist shall constitute
19 unprofessional conduct under the act of June 6, 1980 (P.L.197,
20 No.57), known as the Optometric Practice and Licensure Act. A
21 violation of this article by an ophthalmologist shall constitute
22 unprofessional conduct under the act of December 20, 1985
23 (P.L.457, No.112), known as the Medical Practice Act of 1985, or
24 the act of October 5, 1978 (P.L.1109, No.261), known as the
25 Osteopathic Medical Practice Act.

26 Section 2706. Regulations.

27 The department may promulgate regulations as may be necessary
28 or appropriate to implement this article.

29 Section 2707. Applicability.

30 This article shall apply as follows:

31 (1) For health insurance policies for which either rates
32 or forms are required to be filed with the Federal Government
33 or the department, this article shall apply to any policy for
34 which a form or rate is first filed on or after the effective
35 date of this section.

36 (2) For health insurance policies for which neither
37 rates nor forms are required to be filed with the Federal
38 Government or the department, this article shall apply to any
39 policy issued or renewed on or after 180 days after the
40 effective date of this section.

41 Section 3. The amendment of section 2116 of the act shall
42 apply as follows:

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

48 (2) For health insurance policies for which neither
49 rates nor forms are required to be filed with the Federal
50 Government or the Insurance Department, this section shall
51 apply to any policy issued or renewed on or after 180 days

1 after the effective date of this section.

2 Amend Bill, page 3, line 25, by striking out "3" and

3 inserting

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