THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 1050 Session of 2023

INTRODUCED BY BOYLE, MADDEN, VENKAT, KHAN, HOHENSTEIN, WAXMAN, SANCHEZ, BOROWSKI, PARKER, HILL-EVANS, KRAJEWSKI, KINSEY, YOUNG, STURLA, SHUSTERMAN, HOWARD AND WARREN, APRIL 28, 2023

REFERRED TO COMMITTEE ON INSURANCE, APRIL 28, 2023

AN ACT

- 1 Providing for health care insurance preventive services coverage
- 2 protections; conferring authority on the Insurance Department
- and the Insurance Commissioner; and providing for
- 4 regulations, for enforcement and for penalties.
- 5 The General Assembly of the Commonwealth of Pennsylvania
- 6 hereby enacts as follows:
- 7 Section 1. Short title.
- 8 This act shall be known and may be cited as the Health
- 9 Insurance Preventive Services Coverage Act.
- 10 Section 2. Definitions.
- 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 "Commissioner." The Insurance Commissioner of the
- 15 Commonwealth.
- "Cost sharing." The share of health care costs covered by an
- 17 insurance policy that an enrollee pays out-of-pocket. The term
- 18 includes deductibles, coinsurance, copayments and similar

- 1 charges. The term does not include premium, a balance billed
- 2 amount from an out-of-network provider or the cost of a
- 3 noncovered service.
- 4 "Department." The Insurance Department of the Commonwealth.
- 5 "Enrollee." A policyholder, subscriber, covered person or
- 6 other individual who is entitled to receive health care services
- 7 under a health insurance policy.
- 8 "Group health insurance policy." A policy, subscriber
- 9 contract, certificate or plan issued by an insurer that provides
- 10 medical or health care coverage on an annual basis to
- 11 individuals who obtain health insurance coverage through a
- 12 group.
- 13 "Health insurance policy." A policy, subscriber contract,
- 14 certificate or plan issued by an insurer that provides medical
- 15 or health care coverage. The term does not include any of the
- 16 following:
- 17 (1) An accident only policy.
- 18 (2) A credit only policy.
- 19 (3) A long-term care or disability income policy.
- 20 (4) A specified disease policy.
- 21 (5) A Medicare supplement policy.
- 22 (6) A fixed indemnity policy.
- 23 (7) A dental only policy.
- 24 (8) A vision only policy.
- 25 (9) A workers' compensation policy.
- 26 (10) An automobile medical payment policy.
- 27 (11) A policy under which benefits are provided by the
- Federal Government to active or former military personnel and
- their dependents.
- 30 (12) A hospital indemnity policy.

- 1 (13) Any other similar policy providing for limited
- 2 benefits.
- 3 "Individual health insurance policy." A policy, subscriber
- 4 contract, certificate or plan issued by an insurer that provides
- 5 medical or health care coverage on an annual basis to an
- 6 individual other than in connection with a group.
- 7 "Insurer." An entity that offers, issues or renews an
- 8 individual or group health insurance policy that provides
- 9 medical or health care coverage by a health care facility or
- 10 licensed health care provider and that is governed under any of
- 11 the following:
- 12 (1) The act of May 17, 1921 (P.L.682, No.284), known as
- 13 The Insurance Company Law of 1921, including section 630 and
- 14 Article XXIV of The Insurance Company Law of 1921.
- 15 (2) The act of December 29, 1972 (P.L.1701, No.364),
- 16 known as the Health Maintenance Organization Act.
- 17 (3) 40 Pa.C.S. Ch. 61 (relating to hospital plan
- 18 corporations).
- 19 (4) 40 Pa.C.S. Ch. 63 (relating to professional health
- 20 services plan corporations).
- "Out-of-network provider." A provider who does not contract
- 22 with an insurer to provide health care services to an enrollee
- 23 under a health insurance policy.
- 24 Section 3. Preventive services coverage.
- 25 (a) Requirements. -- An insurer offering, issuing or renewing
- 26 an individual health insurance policy or group health insurance
- 27 policy shall, at a minimum, provide coverage and not impose any
- 28 cost-sharing requirements for preventive services at least as
- 29 comprehensive in scope as the preventive services required to be
- 30 provided in an individual health insurance policy or group

- 1 health insurance policy first offered or issued in this
- 2 Commonwealth in 2022.
- 3 (b) Modification of preventive services. -- The department may
- 4 promulgate regulations to add or exempt one or more services
- 5 from the services required to be covered without cost sharing
- 6 under this section. In considering an addition or exemption, the
- 7 department will take into account the following:
- 8 (1) The health care needs of diverse segments of the
- 9 population, including women, children, persons with
- 10 disabilities and other groups.
- 11 (2) The accessibility, including cost, of preventive
- 12 services.
- 13 (3) Changes in medical evidence or scientific
- 14 advancement, including those identified as:
- 15 (i) Evidence-based items or services that have in
- effect a rating of "A" or "B" by the United States
- 17 Preventive Services Task Force.
- 18 (ii) Recommended immunizations by the Advisory
- 19 Committee on Immunization Practices of the Centers for
- 20 Disease Control and Prevention.
- 21 (iii) Evidence-informed preventive care and
- screenings provided for in the comprehensive guidelines
- supported by the Health Resources and Services
- 24 Administration.
- 25 (4) The potential for discrimination against individuals
- 26 because of their age or expected length of life, present or
- 27 predicted disability, degree of medical dependency, quality
- of life or other health conditions.
- 29 (c) Construction. -- Nothing in this section shall be
- 30 construed:

- 1 (1) To prohibit an insurer from providing coverage for
- 2 preventive services in addition to those designated under
- 3 this act.
- 4 (2) To prohibit an insurer to deny coverage for
- 5 preventive services not designated under this act.
- 6 (3) To prevent an insurer from utilizing value-based
- 7 insurance designs.
- 8 (4) To diminish any other law that limits cost sharing
- 9 for a health care service.
- 10 Section 4. Regulations.
- 11 (a) Authority to promulgate. -- The department may promulgate
- 12 regulations as may be necessary and appropriate to carry out the
- 13 provisions of this act.
- 14 (b) Temporary regulations.--
- 15 (1) Notwithstanding any other provision of law, in order
- to facilitate the prompt implementation of this act, the
- department may issue temporary regulations which shall expire
- 18 no later than two years following publication of the
- 19 temporary regulations in the Pennsylvania Bulletin. The
- temporary regulations shall be exempt from the following:
- 21 (i) Section 612 of the act of April 9, 1929
- 22 (P.L.177, No.175), known as The Administrative Code of
- 23 1929.
- 24 (ii) Sections 201, 202, 203, 204 and 205 of the act
- of July 31, 1968 (P.L.769, No.240), referred to as the
- 26 Commonwealth Documents Law.
- 27 (iii) Sections 204(b) and 301(10) of the act of
- October 15, 1980 (P.L.950, No.164), known as the
- 29 Commonwealth Attorneys Act.
- 30 (iv) The act of June 25, 1982 (P.L.633, No.181),

- 1 known as the Regulatory Review Act.
- 2 (2) The authority of the department to issue temporary
- 3 regulations under this subsection shall expire two years from
- 4 the effective date of this subsection. Regulations adopted
- 5 after the two-year period shall be promulgated as provided by
- 6 statute.
- 7 Section 5. Enforcement.
- 8 (a) General rule. -- Upon satisfactory evidence of the
- 9 violation of any section of this act by an insurer or any other
- 10 person, one or more of the following penalties may be imposed at
- 11 the commissioner's discretion:
- 12 (1) Suspension or revocation of the license of the
- offending insurer or other person.
- 14 (2) Refusal, for a period not to exceed one year, to
- issue a new license to the offending insurer or other person.
- 16 (3) A fine of not more than \$5,000 for each violation of
- 17 this act.
- 18 (4) A fine of not more than \$10,000 for each willful
- 19 violation of this act.
- 20 (b) Limitations.--
- 21 (1) Fines imposed against an individual insurer under
- this act may not exceed \$500,000 in the aggregate during a
- 23 single calendar year.
- 24 (2) Fines imposed against any other person under this
- act may not exceed \$100,000 in the aggregate during a single
- 26 calendar year.
- 27 (c) Additional remedies. -- The enforcement remedies imposed
- 28 under this subsection are in addition to any other remedies or
- 29 penalties that may be imposed under any other applicable law of
- 30 this Commonwealth, including:

- 1 (1) The act of July 22, 1974 (P.L.589, No.205), known as
- 2 the Unfair Insurance Practices Act. Violations of this act
- 3 shall be deemed to be an unfair method of competition and an
- 4 unfair or deceptive act or practice under the Unfair
- 5 Insurance Practices Act.
- 6 (2) The act of December 18, 1996 (P.L.1066, No.159),
- 7 known as the Accident and Health Filing Reform Act.
- 8 (3) The act of June 25, 1997 (P.L.295, No.29), known as
- 9 the Pennsylvania Health Care Insurance Portability Act.
- 10 (d) Administrative procedure. -- The administrative provisions
- 11 of this section shall be subject to 2 Pa.C.S. Ch. 5 Subch. A
- 12 (relating to practice and procedure of Commonwealth agencies). A
- 13 party against whom penalties are assessed in an administrative
- 14 action may appeal to Commonwealth Court as provided in 2 Pa.C.S.
- 15 Ch. 7 Subch. A (relating to judicial review of Commonwealth
- 16 agency action).
- 17 Section 6. Repeals.
- 18 All acts and parts of acts are repealed insofar as they are
- 19 inconsistent with this act.
- 20 Section 7. Applicability.
- 21 This act shall apply as follows:
- 22 (1) For health insurance policies for which either rates
- or forms are required to be filed with the department, this
- 24 act shall apply to any policy for which a form or rate is
- 25 first filed on or after the effective date of this section.
- 26 (2) For health insurance policies for which neither
- 27 rates nor forms are required to be filed with the department,
- this act shall apply to any policy issued or renewed on or
- 29 after 180 days after the effective date of this section.
- 30 Section 8. Effective date.

1 This act shall take effect immediately.