

## THE GENERAL ASSEMBLY OF PENNSYLVANIA

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**HOUSE BILL****No. 1150** Session of  
2007

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INTRODUCED BY D. O'BRIEN, DeWEESE, PALLONE, PHILLIPS, RAPP, SCAVELLO, STURLA, BAKER, BASTIAN, BOYD, BROOKS, CALTAGIRONE, CARROLL, CLYMER, COHEN, CONKLIN, DALEY, DALLY, DeLUCA, DePASQUALE, DONATUCCI, EVERETT, FREEMAN, GEIST, GEORGE, GIBBONS, GINGRICH, GOODMAN, GRUCELA, HALUSKA, HARKINS, HENNESSEY, HERSHEY, JAMES, JOSEPHS, KAUFFMAN, W. KELLER, KENNEY, KIRKLAND, KOTIK, KULA, LEACH, LENTZ, MAHONEY, MANDERINO, MANN, MARKOSEK, MARSHALL, McILHATTAN, MOYER, MURT, MUSTIO, McGEEHAN, MYERS, NAILOR, M. O'BRIEN, PASHINSKI, PAYNE, PETRONE, PRESTON, READSHAW, REICHLEY, ROSS, SCHRODER, SEIP, SHAPIRO, SHIMKUS, M. SMITH, SOLOBAY, SONNEY, STABACK, STEIL, SURRA, TANGRETTI, TRUE, VEREB, WATSON, J. WHITE, WOJNAROSKI, YUDICHAK, MACKERETH, MANTZ, BARRAR, HORNAMAN, CAUSER, WALKO, HELM, MELIO, DENLINGER, BRENNAN, RAMALEY, DiGIROLAMO, GERGELY, M. KELLER, FRANKEL, FABRIZIO, YOUNGBLOOD, REED, ROAE, CURRY AND K SMITH, APRIL 30, 2007

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AS REPORTED FROM COMMITTEE ON INSURANCE, HOUSE OF REPRESENTATIVES, AS AMENDED, JULY 5, 2007

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## 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," providing, in health and accident  
12 insurance, for autism spectrum disorders coverage AND FOR ←  
13 TREATMENT OF AUTISM SPECTRUM DISORDERS; AND FURTHER PROVIDING  
14 FOR QUALITY HEALTH CARE PROCEDURES.

15 The General Assembly of the Commonwealth of Pennsylvania  
16 hereby enacts as follows:

1 Section 1. ~~The act of May 17, 1921 (P.L. 682, No. 284), known~~  
2 ~~as The Insurance Company Law of 1921, is amended by adding a~~  
3 ~~section to read:~~

4 ~~Section 635.2. Autism Spectrum Disorders Coverage. (a) A~~  
5 ~~health insurance policy delivered, issued, executed or renewed~~  
6 ~~in this Commonwealth on or after the effective date of this~~  
7 ~~section shall provide coverage for autism spectrum disorders and~~  
8 ~~include coverage for the following care and services:~~

9 ~~(1) Habilitation care.~~

10 ~~(2) Psychiatric care.~~

11 ~~(3) Psychological care.~~

12 ~~(4) Rehabilitation care.~~

13 ~~(5) Respite care.~~

14 ~~(6) Therapeutic care.~~

15 ~~(7) Medications prescribed by a physician or certified nurse~~  
16 ~~practitioner to address symptoms of autism spectrum disorders.~~

17 ~~(b) Coverage provided under this section shall be subject to~~  
18 ~~a maximum benefit of three thousand dollars per month for the~~  
19 ~~covered individual, adjusted annually by the average percentage~~  
20 ~~increase or decrease of private medical insurance premiums each~~  
21 ~~year. The limit shall not apply to coverage of the other health~~  
22 ~~conditions of the individual not related to the treatment of~~  
23 ~~autism spectrum disorders.~~

24 ~~(c) Coverage under this section shall be subject to~~  
25 ~~copayment, deductible and coinsurance provisions of a health~~  
26 ~~insurance policy to the extent that other medical services~~  
27 ~~covered by the policy are subject to these provisions.~~

28 ~~(d) This section shall not be construed as limiting benefits~~  
29 ~~which are otherwise available to an individual under a health~~  
30 ~~insurance policy.~~

1 ~~(c) This section shall not apply to the following types of~~  
2 ~~policies:~~

3 ~~(1) Accident only.~~

4 ~~(2) Limited benefit.~~

5 ~~(3) Credit.~~

6 ~~(4) Dental.~~

7 ~~(5) Vision.~~

8 ~~(6) Specified disease.~~

9 ~~(7) Medicare supplement.~~

10 ~~(8) CHAMPUS (Civilian Health and Medical Program of the~~  
11 ~~Uniformed Services) supplement.~~

12 ~~(9) Long term care or disability income.~~

13 ~~(10) Workers' compensation.~~

14 ~~(11) Automobile medical payment.~~

15 ~~(12) Hospital indemnity.~~

16 ~~(f) This section shall not apply to the Commonwealth's~~  
17 ~~medical assistance program nor to medical assistance managed~~  
18 ~~care contractors under the medical assistance program.~~

19 ~~(g) As used in this section:~~

20 ~~(1) "Autism spectrum disorders" means any of the pervasive~~  
21 ~~developmental disorders as defined by the most recent edition of~~  
22 ~~the Diagnostic and Statistical Manual of Mental Disorders (DSM),~~  
23 ~~including autistic disorder, Asperger's disorder and pervasive~~  
24 ~~developmental disorder not otherwise specified.~~

25 ~~(2) "Habilitation care" means care designed to assist~~  
26 ~~individuals in acquiring, retaining and improving the self help,~~  
27 ~~socialization and adaptive skills necessary to reside~~  
28 ~~successfully in home or community based settings. Habilitation~~  
29 ~~care may be provided for up to twenty four hours a day based on~~  
30 ~~the needs of the individual receiving the care and includes~~

~~1 health, social or home or community based services or other  
2 services needed to insure the optimal functioning of an  
3 individual in the individual's home or community based setting;  
4 behavioral interventions based on the principles of applied  
5 behavioral analysis; and related structured behavioral programs  
6 for up to forty hours a week.~~

~~7 (3) "Health insurance policy" means any group health,  
8 sickness or accident policy or subscriber contract or  
9 certificate issued by an insurance entity subject to one of the  
10 following:~~

~~11 (i) This act.~~

~~12 (ii) The act of December 29, 1972 (P.L.1701, No.364), known  
13 as the "Health Maintenance Organization Act."~~

~~14 (iii) The act of May 18, 1976 (P.L.123, No.54), known as the  
15 "Individual Accident and Sickness Insurance Minimum Standards  
16 Act."~~

~~17 (iv) 40 Pa.C.S. Ch. 61 (relating to hospital plan  
18 corporations) or 63 (relating to professional health services  
19 plan corporations).~~

~~20 (4) "Psychiatric care" means direct or consultative services  
21 provided by a psychiatrist licensed in the state in which the  
22 psychiatrist practices.~~

~~23 (5) "Psychological care" means direct or consultative  
24 services provided by a licensed psychologist in the state in  
25 which the psychiatrist practices.~~

~~26 (6) "Rehabilitative care" means professional, counseling and  
27 guidance services and treatment programs which are necessary to  
28 develop, maintain and restore, to the maximum extent  
29 practicable, the functioning of an individual.~~

~~30 (7) "Respite care" means care furnished in relief of the~~

1 ~~primary caregiver on an intermittent basis for a limited period~~  
2 ~~to an individual who resides primarily in a private residence~~  
3 ~~when such care will help the individual to continue residing in~~  
4 ~~the private residence. The term includes nursing care or private~~  
5 ~~nursing care provided on a respite basis.~~

6 ~~(8) "Therapeutic care" means services provided by licensed~~  
7 ~~or certified speech therapists, occupational therapists,~~  
8 ~~physical therapists or behavioral health specialists.~~

9 ~~Section 2. This act shall take effect in 60 days.~~

10 SECTION 1. THE ACT OF MAY 17, 1921 (P.L.682, NO.284), KNOWN <—  
11 AS THE INSURANCE COMPANY LAW OF 1921, IS AMENDED BY ADDING  
12 SECTIONS TO READ:

13 SECTION 635.2. AUTISM SPECTRUM DISORDERS COVERAGE.--(A) A  
14 HEALTH INSURANCE POLICY OR GOVERNMENT PROGRAM SHALL PROVIDE TO  
15 COVERED INDIVIDUALS OR RECIPIENTS UNDER TWENTY-ONE YEARS OF AGE  
16 COVERAGE FOR THE DIAGNOSIS OF AUTISM SPECTRUM DISORDERS AND FOR  
17 THE TREATMENT OF AUTISM SPECTRUM DISORDERS.

18 (B) EXCEPT FOR THE COMMONWEALTH'S MEDICAL ASSISTANCE PROGRAM  
19 ESTABLISHED UNDER THE ACT OF JUNE 13, 1967 (P.L.31, NO.21),  
20 KNOWN AS THE "PUBLIC WELFARE CODE," AND EXCEPT FOR THE  
21 CHILDREN'S HEALTH CARE PROGRAM ESTABLISHED UNDER THIS ACT,  
22 COVERAGE PROVIDED UNDER THIS SECTION SHALL BE SUBJECT TO A  
23 MAXIMUM BENEFIT OF THIRTY-SIX THOUSAND DOLLARS (\$36,000) PER  
24 YEAR BUT SHALL NOT BE SUBJECT TO ANY LIMITS ON THE NUMBER OF  
25 VISITS TO AN AUTISM SERVICE PROVIDER. AFTER DECEMBER 30, 2009,  
26 THE INSURANCE COMMISSIONER SHALL, ON AN ANNUAL BASIS, ADJUST THE  
27 MAXIMUM BENEFIT FOR INFLATION USING THE MEDICAL PRICE INDEX  
28 (MPI) COMPONENT OF THE DEPARTMENT OF LABOR CONSUMER PRICE INDEX  
29 (CPI). THE COMMISSIONER SHALL SUBMIT THE ADJUSTED MAXIMUM  
30 BENEFIT TO THE LEGISLATIVE REFERENCE BUREAU FOR PUBLICATION

1 ANNUALLY IN THE PENNSYLVANIA BULLETIN NO LATER THAN APRIL 1 OF  
2 EACH CALENDAR YEAR, AND THE PUBLISHED ADJUSTED MAXIMUM BENEFIT  
3 SHALL BE APPLICABLE IN THE FOLLOWING CALENDAR YEAR TO HEALTH  
4 INSURANCE POLICIES AND GOVERNMENT PROGRAMS SUBJECT TO THIS ACT.  
5 PAYMENTS MADE BY AN INSURER ON BEHALF OF A COVERED INDIVIDUAL  
6 FOR ANY CARE, TREATMENT, INTERVENTION, SERVICE OR ITEM, THE  
7 PROVISION OF WHICH WAS FOR THE TREATMENT OF A HEALTH CONDITION  
8 UNRELATED TO THE COVERED INDIVIDUAL'S AUTISM SPECTRUM DISORDER,  
9 SHALL NOT BE APPLIED TOWARD ANY MAXIMUM BENEFIT ESTABLISHED  
10 UNDER THIS SUBSECTION.

11 (C) COVERAGE UNDER THIS SECTION SHALL BE SUBJECT TO  
12 COPAYMENT, DEDUCTIBLE AND COINSURANCE PROVISIONS OF A HEALTH  
13 INSURANCE POLICY OR GOVERNMENT PROGRAM TO THE EXTENT THAT OTHER  
14 MEDICAL SERVICES COVERED BY THE POLICY OR GOVERNMENT PROGRAM ARE  
15 SUBJECT TO THESE PROVISIONS.

16 (D) THIS SECTION SHALL NOT BE CONSTRUED AS LIMITING BENEFITS  
17 WHICH ARE OTHERWISE AVAILABLE TO AN INDIVIDUAL UNDER A HEALTH  
18 INSURANCE POLICY.

19 (E) THIS SECTION SHALL NOT APPLY TO THE FOLLOWING TYPES OF  
20 POLICIES:

21 (1) ACCIDENT ONLY.

22 (2) LIMITED BENEFIT.

23 (3) CREDIT.

24 (4) DENTAL.

25 (5) VISION.

26 (6) SPECIFIED DISEASE.

27 (7) MEDICARE SUPPLEMENT.

28 (8) CHAMPUS (CIVILIAN HEALTH AND MEDICAL PROGRAM OF THE  
29 UNIFORMED SERVICES) SUPPLEMENT.

30 (9) LONG-TERM CARE OR DISABILITY INCOME.

1       (10) WORKERS' COMPENSATION.

2       (11) AUTOMOBILE MEDICAL PAYMENT.

3       (12) HOSPITAL INDEMNITY.

4       (F) AS USED IN THIS SECTION:

5       (1) "APPLIED BEHAVIORAL ANALYSIS" MEANS THE DESIGN,  
6 IMPLEMENTATION AND EVALUATION OF ENVIRONMENTAL MODIFICATIONS,  
7 USING BEHAVIORAL STIMULI AND CONSEQUENCES, TO PRODUCE SOCIALLY  
8 SIGNIFICANT IMPROVEMENT IN HUMAN BEHAVIOR, INCLUDING THE USE OF  
9 DIRECT OBSERVATION, MEASUREMENT AND FUNCTIONAL ANALYSIS OF THE  
10 RELATIONS BETWEEN ENVIRONMENT AND BEHAVIOR.

11       (2) "AUTISM SERVICE PROVIDER" MEANS ANY PERSON, ENTITY OR  
12 GROUP THAT PROVIDES TREATMENT OF AUTISM SPECTRUM DISORDERS.

13       (3) "AUTISM SPECTRUM DISORDERS" MEANS ANY OF THE PERVASIVE  
14 DEVELOPMENTAL DISORDERS AS DEFINED BY THE MOST RECENT EDITION OF  
15 THE DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS (DSM),  
16 INCLUDING AUTISTIC DISORDER, ASPERGER'S DISORDER AND PERVASIVE  
17 DEVELOPMENTAL DISORDER NOT OTHERWISE SPECIFIED.

18       (4) "DIAGNOSIS OF AUTISM SPECTRUM DISORDERS" MEANS MEDICALLY  
19 NECESSARY ASSESSMENTS, EVALUATIONS OR TESTS IN ORDER TO DIAGNOSE  
20 WHETHER AN INDIVIDUAL HAS AN AUTISM SPECTRUM DISORDER.

21       (5) "EVIDENCED-BASED RESEARCH" MEANS RESEARCH THAT APPLIES  
22 RIGOROUS, SYSTEMATIC AND OBJECTIVE PROCEDURES TO OBTAIN VALID  
23 KNOWLEDGE RELEVANT TO AUTISM SPECTRUM DISORDERS.

24       (6) "GOVERNMENT PROGRAM" MEANS ANY OF THE FOLLOWING:

25       (I) THE COMMONWEALTH'S MEDICAL ASSISTANCE PROGRAM  
26 ESTABLISHED UNDER THE ACT OF JUNE 13, 1967 (P.L.31, NO.21),  
27 KNOWN AS THE "PUBLIC WELFARE CODE."

28       (II) THE ADULT BASIC COVERAGE INSURANCE PROGRAM ESTABLISHED  
29 UNDER CHAPTER 13 OF THE ACT OF JUNE 26, 2001 (P.L.755, NO.77),  
30 KNOWN AS THE "TOBACCO SETTLEMENT ACT."

1       (III) THE CHILDREN'S HEALTH CARE PROGRAM ESTABLISHED UNDER  
2 THIS ACT.

3       (7) "HEALTH INSURANCE POLICY" MEANS ANY GROUP HEALTH,  
4 SICKNESS OR ACCIDENT POLICY OR SUBSCRIBER CONTRACT OR  
5 CERTIFICATE ISSUED BY AN INSURANCE ENTITY SUBJECT TO ONE OF THE  
6 FOLLOWING:

7       (I) THIS ACT.

8       (II) THE ACT OF DECEMBER 29, 1972 (P.L.1701, NO.364), KNOWN  
9 AS THE "HEALTH MAINTENANCE ORGANIZATION ACT."

10       (III) THE ACT OF MAY 18, 1976 (P.L.123, NO.54), KNOWN AS THE  
11 "INDIVIDUAL ACCIDENT AND SICKNESS INSURANCE MINIMUM STANDARDS  
12 ACT."

13       (IV) 40 PA.C.S. CH. 61 (RELATING TO HOSPITAL PLAN  
14 CORPORATIONS) OR 63 (RELATING TO PROFESSIONAL HEALTH SERVICES  
15 PLAN CORPORATIONS).

16       (8) "MEDICALLY NECESSARY" MEANS ANY CARE, TREATMENT,  
17 INTERVENTION, SERVICE OR ITEM WHICH IS PRESCRIBED, PROVIDED OR  
18 ORDERED BY A LICENSED PHYSICIAN, LICENSED PSYCHOLOGIST OR  
19 CERTIFIED REGISTERED NURSE PRACTITIONER IN ACCORDANCE WITH  
20 ACCEPTED STANDARDS OF PRACTICE AND WHICH WILL, OR IS REASONABLY  
21 EXPECTED TO, DO ANY OF THE FOLLOWING:

22       (I) PREVENT THE ONSET OF AN ILLNESS, CONDITION, INJURY OR  
23 DISABILITY.

24       (II) REDUCE OR AMELIORATE THE PHYSICAL, MENTAL OR  
25 DEVELOPMENTAL EFFECTS OF AN ILLNESS, CONDITION, INJURY OR  
26 DISABILITY.

27       (III) ASSIST TO ACHIEVE OR MAINTAIN MAXIMUM FUNCTIONAL  
28 CAPACITY IN PERFORMING DAILY ACTIVITIES, TAKING INTO ACCOUNT  
29 BOTH THE FUNCTIONAL CAPACITY OF THE RECIPIENT AND THOSE  
30 FUNCTIONAL CAPACITIES THAT ARE APPROPRIATE OF RECIPIENTS OF THE



1 SAME AGE.

2 (9) "PHARMACY CARE" MEANS MEDICATIONS PRESCRIBED BY A  
3 LICENSED PHYSICIAN OR CERTIFIED REGISTERED NURSE PRACTITIONER  
4 AND ANY HEALTH-RELATED SERVICES DEEMED MEDICALLY NECESSARY TO  
5 DETERMINE THE NEED OR EFFECTIVENESS OF THE MEDICATIONS.

6 (10) "PSYCHIATRIC CARE" MEANS DIRECT OR CONSULTATIVE  
7 SERVICES PROVIDED BY A PSYCHIATRIST LICENSED IN THE STATE IN  
8 WHICH THE PSYCHIATRIST PRACTICES.

9 (11) "PSYCHOLOGICAL CARE" MEANS DIRECT OR CONSULTATIVE  
10 SERVICES PROVIDED BY A LICENSED PSYCHOLOGIST IN THE STATE IN  
11 WHICH THE PSYCHOLOGIST PRACTICES.

12 (12) "REHABILITATIVE CARE" MEANS PROFESSIONAL, COUNSELING  
13 AND GUIDANCE SERVICES AND TREATMENT PROGRAMS, INCLUDING APPLIED  
14 BEHAVIORAL ANALYSIS, WHICH ARE NECESSARY TO DEVELOP, MAINTAIN  
15 AND RESTORE, TO THE MAXIMUM EXTENT PRACTICABLE, THE FUNCTIONING  
16 OF AN INDIVIDUAL.

17 (13) "THERAPEUTIC CARE" MEANS SERVICES PROVIDED BY LICENSED  
18 OR CERTIFIED SPEECH THERAPISTS, OCCUPATIONAL THERAPISTS OR  
19 PHYSICAL THERAPISTS.

20 (14) "TREATMENT FOR AUTISM SPECTRUM DISORDERS" SHALL INCLUDE  
21 THE FOLLOWING CARE PRESCRIBED, PROVIDED OR ORDERED FOR AN  
22 INDIVIDUAL DIAGNOSED WITH AN AUTISM SPECTRUM DISORDER BY A  
23 LICENSED PHYSICIAN, LICENSED PSYCHOLOGIST OR CERTIFIED  
24 REGISTERED NURSE PRACTITIONER IF THE CARE IS DETERMINED TO BE  
25 MEDICALLY NECESSARY:

26 (I) PSYCHIATRIC CARE.

27 (II) PSYCHOLOGICAL CARE.

28 (III) REHABILITATIVE CARE.

29 (IV) THERAPEUTIC CARE.

30 (V) PHARMACY CARE.

1        (VI) ANY CARE, TREATMENT, INTERVENTION, SERVICE OR ITEM FOR  
2 INDIVIDUALS WITH AN AUTISM SPECTRUM DISORDER WHICH IS DETERMINED  
3 BY THE DEPARTMENT OF PUBLIC WELFARE, BASED UPON ITS REVIEW OF  
4 BEST PRACTICES OR EVIDENCED-BASED RESEARCH, TO BE MEDICALLY  
5 NECESSARY AND WHICH IS PUBLISHED IN THE PENNSYLVANIA BULLETIN.  
6 ANY SUCH CARE, TREATMENT, INTERVENTION, SERVICE OR ITEM WHICH  
7 WAS NOT PREVIOUSLY COVERED SHALL BE INCLUDED IN ANY HEALTH  
8 INSURANCE POLICY OR CONTRACT UNDER A GOVERNMENT PROGRAM  
9 DELIVERED, ISSUED, EXECUTED OR RENEWED ON OR AFTER 120 DAYS  
10 FOLLOWING THE DATE OF ITS PUBLICATION IN THE PENNSYLVANIA  
11 BULLETIN.

12        (G) THE DEPARTMENT OF PUBLIC WELFARE SHALL PROMULGATE  
13 REGULATIONS ESTABLISHING STANDARDS FOR QUALIFIED AUTISM SERVICE  
14 PROVIDERS. FOR PURPOSES OF IMPLEMENTING THIS SECTION, AND  
15 NOTWITHSTANDING ANY OTHER PROVISION OF LAW, SECRETARY OF PUBLIC  
16 WELFARE SHALL PROMULGATE REGULATIONS PURSUANT TO SECTION  
17 204(1)(IV) OF THE ACT OF JULY 31, 1968 (P.L.769, NO.240),  
18 REFERRED TO AS THE COMMONWEALTH DOCUMENTS LAW, WHICH SHALL, FOR  
19 120 DAYS FROM THE EFFECTIVE DATE OF THIS ACT, BE EXEMPT FROM ALL  
20 THE FOLLOWING ACTS:

21        (1) SECTION 205 OF THE COMMONWEALTH DOCUMENTS LAW.

22        (2) SECTION 204(B) OF THE ACT OF OCTOBER 15, 1980 (P.L.950,  
23 NO.164), KNOWN AS THE "COMMONWEALTH ATTORNEYS ACT."

24        (3) THE ACT OF JUNE 25, 1982 (P.L.633, NO.181), KNOWN AS THE  
25 "REGULATORY REVIEW ACT."

26 ONCE THE REGULATIONS ARE PROMULGATED, PAYMENT FOR THE TREATMENT  
27 OF AUTISM SPECTRUM DISORDERS COVERED UNDER THIS SECTION SHALL  
28 ONLY BE MADE TO AUTISM SERVICE PROVIDERS WHO MEET THE STANDARDS.

29        (H) TO THE EXTENT THAT THE DIAGNOSIS AND TREATMENT OF AUTISM  
30 SPECTRUM DISORDERS ARE NOT ALREADY COVERED BY THE HEALTH

1 INSURANCE POLICY OR GOVERNMENT PROGRAM, COVERAGE UNDER THIS  
2 SECTION SHALL BE INCLUDED IN HEALTH INSURANCE POLICIES AND  
3 CONTRACTS UNDER A GOVERNMENT PROGRAM WHICH ARE DELIVERED,  
4 EXECUTED, ISSUED, AMENDED, ADJUSTED OR RENEWED ON OR AFTER ONE  
5 HUNDRED TWENTY DAYS FROM THE EFFECTIVE DATE OF THIS SECTION,  
6 EXCEPT THAT THE APPLICABILITY OF THIS SECTION TO GOVERNMENT  
7 PROGRAMS SHALL BE CONTINGENT UPON FEDERAL APPROVAL IF NECESSARY.

8 SECTION 2116.1. TREATMENT OF AUTISM SPECTRUM DISORDERS.--(A)  
9 EXCEPT FOR GOVERNMENT PROGRAMS, IF AN ENROLLEE HAS OBTAINED A  
10 REFERRAL OR OTHER AUTHORIZATION THROUGH UTILIZATION REVIEW FROM  
11 A MANAGED CARE PLAN OR A LICENSED INSURER TO RECEIVE ANY CARE,  
12 TREATMENT, INTERVENTION, SERVICE OR ITEM FOR AN AUTISM SPECTRUM  
13 DISORDER FROM A HEALTH CARE PROVIDER OR SPECIALIST, THE REFERRAL  
14 OR OTHER AUTHORIZATION SHALL CONSTITUTE A STANDING REFERRAL FOR  
15 ANY SUBSEQUENT CARE, TREATMENT, INTERVENTION, SERVICE OR ITEM  
16 PROVIDED BY ANY HEALTH CARE PROVIDER OR SPECIALIST UNTIL THE  
17 CARE, TREATMENT, INTERVENTION, SERVICE OR ITEM FOR WHICH THE  
18 REFERRAL OR AUTHORIZATION WAS APPROVED HAS REACHED ITS  
19 CONCLUSION.

20 (B) IF A HEALTH CARE PROVIDER PROVIDES CARE, TREATMENTS,  
21 INTERVENTIONS, SERVICES OR ITEMS TO AN ENROLLEE, THE COVERAGE OF  
22 WHICH IS REQUIRED UNDER SECTION 635.2 AND THE PROVIDER IS  
23 ENROLLED IN THE COMMONWEALTH'S MEDICAL ASSISTANCE PROGRAM BUT IS  
24 NOT A NETWORK PROVIDER WITH THE ENROLLEE'S PRIVATE INSURANCE  
25 PLAN, THE PROVIDER SHALL BE REIMBURSED UNDER THE TERMS AND  
26 CONDITIONS APPLICABLE TO THE PLAN'S PARTICIPATING PROVIDERS.  
27 THIS REQUIREMENT SHALL NOT BE SUBJECT TO ANY TIME LIMITATION OR  
28 TRANSITION PERIOD, BUT SHALL OTHERWISE BE IN ACCORD WITH ALL  
29 TERMS APPLICABLE TO NONPARTICIPATING PROVIDERS UNDER THE MANAGED  
30 CARE CONTINUITY OF CARE PROVISIONS THEN IN EFFECT.

1 SECTION 2. SECTION 2121 OF THE ACT, ADDED JUNE 17, 1998  
2 (P.L.464, NO.68), IS AMENDED TO READ:

3 SECTION 2121. PROCEDURES.--(A) A MANAGED CARE PLAN SHALL  
4 ESTABLISH A CREDENTIALING PROCESS TO ENROLL QUALIFIED HEALTH  
5 CARE PROVIDERS AND CREATE AN ADEQUATE PROVIDER NETWORK. THE  
6 PROCESS SHALL BE APPROVED BY THE DEPARTMENT AND SHALL INCLUDE  
7 WRITTEN CRITERIA AND PROCEDURES FOR INITIAL ENROLLMENT, RENEWAL,  
8 RESTRICTIONS AND TERMINATION OF CREDENTIALS FOR HEALTH CARE  
9 PROVIDERS.

10 (B) [THE] EXCEPT AS PROVIDED UNDER SUBSECTION (B.1), THE  
11 DEPARTMENT SHALL ESTABLISH CREDENTIALING STANDARDS FOR MANAGED  
12 CARE PLANS. THE DEPARTMENT MAY ADOPT NATIONALLY RECOGNIZED  
13 ACCREDITING STANDARDS TO ESTABLISH THE CREDENTIALING STANDARDS  
14 FOR MANAGED CARE PLANS.

15 (B.1) PURSUANT TO SECTION 635.2(G), THE DEPARTMENT OF PUBLIC  
16 WELFARE SHALL ESTABLISH STANDARDS TO BE UTILIZED BY MANAGED CARE  
17 PLANS FOR THE CREDENTIALING OF HEALTH CARE PROVIDERS PROVIDING  
18 CARE, TREATMENTS, INTERVENTIONS, SERVICES OR ITEMS TO ENROLLEES  
19 FOR AN AUTISM SPECTRUM DISORDER AS DEFINED UNDER SECTION 635.2.  
20 IN ADDITION, THE DEPARTMENT MAY REQUIRE THAT A MANAGED CARE PLAN  
21 GRANT CREDENTIALS TO ANY HEALTH CARE PROVIDER WHOM THE  
22 DEPARTMENT OF PUBLIC WELFARE DETERMINES MEETS OR EXCEEDS THE  
23 DEPARTMENT OF PUBLIC WELFARE'S CREDENTIALING STANDARDS.

24 (B.2) WITH RESPECT TO AUTISM SERVICE PROVIDERS, A MANAGED  
25 CARE PLAN OR LICENSED INSURER SHALL INFORM CREDENTIALING  
26 APPLICANTS OF A DECISION WITHIN NINETY DAYS AFTER THE COMPLETE  
27 APPLICATION HAS BEEN SUBMITTED TO THE MANAGED CARE PLAN OR  
28 INSURER. A MANAGED CARE PLAN OR INSURER SHALL NOT REQUIRE A  
29 HEALTH CARE PROVIDER TO SUBMIT AN APPLICATION FOR CREDENTIALING  
30 AS A RESULT OF A CHANGE OF EMPLOYERS IF THE PROVIDER'S NEW

1 EMPLOYER IS IN THE MANAGED CARE PLAN'S SERVICE AREA OR NETWORK.

2 (C) A MANAGED CARE PLAN SHALL SUBMIT A REPORT TO THE  
3 DEPARTMENT REGARDING ITS CREDENTIALING PROCESS AT LEAST EVERY  
4 TWO (2) YEARS OR AS MAY OTHERWISE BE REQUIRED BY THE DEPARTMENT.

5 (D) A MANAGED CARE PLAN SHALL DISCLOSE RELEVANT  
6 CREDENTIALING CRITERIA AND PROCEDURES TO HEALTH CARE PROVIDERS  
7 THAT APPLY TO PARTICIPATE OR THAT ARE PARTICIPATING IN THE  
8 PLAN'S PROVIDER NETWORK. A MANAGED CARE PLAN SHALL ALSO DISCLOSE  
9 RELEVANT CREDENTIALING CRITERIA AND PROCEDURES PURSUANT TO A  
10 COURT ORDER OR RULE. ANY INDIVIDUAL PROVIDING INFORMATION DURING  
11 THE CREDENTIALING PROCESS OF A MANAGED CARE PLAN SHALL HAVE THE  
12 PROTECTIONS SET FORTH IN THE ACT OF JULY 20, 1974 (P.L.564,  
13 NO.193), KNOWN AS THE "PEER REVIEW PROTECTION ACT."

14 (E) NO MANAGED CARE PLAN SHALL EXCLUDE OR TERMINATE A HEALTH  
15 CARE PROVIDER FROM PARTICIPATION IN THE PLAN DUE TO ANY OF THE  
16 FOLLOWING:

17 (1) THE HEALTH CARE PROVIDER ENGAGED IN ANY OF THE  
18 ACTIVITIES SET FORTH IN SECTION 2113(C).

19 (2) THE HEALTH CARE PROVIDER HAS A PRACTICE THAT INCLUDES A  
20 SUBSTANTIAL NUMBER OF PATIENTS WITH EXPENSIVE MEDICAL  
21 CONDITIONS.

22 (3) THE HEALTH CARE PROVIDER OBJECTS TO THE PROVISION OF OR  
23 REFUSES TO PROVIDE A HEALTH CARE SERVICE ON MORAL OR RELIGIOUS  
24 GROUNDS.

25 (F) IF A MANAGED CARE PLAN DENIES ENROLLMENT OR RENEWAL OF  
26 CREDENTIALS TO A HEALTH CARE PROVIDER, THE MANAGED CARE PLAN  
27 SHALL PROVIDE THE HEALTH CARE PROVIDER WITH WRITTEN NOTICE OF  
28 THE DECISION. THE NOTICE SHALL INCLUDE A CLEAR RATIONALE FOR THE  
29 DECISION.

30 SECTION 3. THIS ACT SHALL TAKE EFFECT IN 180 DAYS.