

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 1150 Session of
2007

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, K SMITH, GALLOWAY, SIPTROTH, RUBLEY, SAMUELSON AND BOBACK, APRIL 30, 2007

SENATOR D. WHITE, BANKING AND INSURANCE, IN SENATE, AS AMENDED,
JUNE 26, 2008

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 AMENDING THE ACT OF MAY 17, 1921 (P.L.682, NO.284), ENTITLED "AN <—
16 ACT RELATING TO INSURANCE; AMENDING, REVISING, AND
17 CONSOLIDATING THE LAW PROVIDING FOR THE INCORPORATION OF

1 INSURANCE COMPANIES, AND THE REGULATION, SUPERVISION, AND
2 PROTECTION OF HOME AND FOREIGN INSURANCE COMPANIES, LLOYDS
3 ASSOCIATIONS, RECIPROCAL AND INTER-INSURANCE EXCHANGES, AND
4 FIRE INSURANCE RATING BUREAUS, AND THE REGULATION AND
5 SUPERVISION OF INSURANCE CARRIED BY SUCH COMPANIES,
6 ASSOCIATIONS, AND EXCHANGES, INCLUDING INSURANCE CARRIED BY
7 THE STATE WORKMEN'S INSURANCE FUND; PROVIDING PENALTIES; AND
8 REPEALING EXISTING LAWS," IN PRELIMINARY PROVISIONS, FURTHER
9 PROVIDING FOR EFFECT OF ACT ON EXISTING LAWS; IN LIFE
10 INSURANCE, FURTHER PROVIDING FOR ADDITIONAL INVESTMENT
11 AUTHORITY FOR SUBSIDIARIES; IN CASUALTY INSURANCE, PROVIDING
12 FOR AUTISM SPECTRUM DISORDERS COVERAGE AND FOR COLORECTAL
13 CANCER SCREENINGS COVERAGE; IN INSURANCE HOLDING COMPANIES,
14 FURTHER PROVIDING FOR DEFINITIONS, FOR ACQUISITION OF CONTROL
15 OF OR MERGER WITH DOMESTIC INSURER, FOR ACQUISITIONS
16 INVOLVING INSURERS NOT OTHERWISE COVERED AND FOR STANDARDS
17 AND MANAGEMENT OF AN INSURER WITHIN A HOLDING COMPANY SYSTEM;
18 PROVIDING FOR COMMITTEE REVIEW; ESTABLISHING THE INSURANCE
19 RESTRUCTURING RESTRICTED RECEIPT ACCOUNT; PROVIDING FOR
20 COMMUNITY HEALTH REINVESTMENT; AND MAKING A RELATED REPEAL.

21 The General Assembly of the Commonwealth of Pennsylvania
22 hereby enacts as follows:

23 ~~Section 1. The act of May 17, 1921 (P.L.682, No.284), known~~ <—
24 ~~as The Insurance Company Law of 1921, is amended by adding~~
25 ~~sections to read:~~

26 ~~Section 635.2. Autism Spectrum Disorders Coverage. (a) A~~
27 ~~health insurance policy or government program shall provide to~~
28 ~~covered individuals or recipients under twenty one years of age~~
29 ~~coverage for the diagnosis of autism spectrum disorders and for~~
30 ~~the treatment of autism spectrum disorders. To the extent that~~
31 ~~the diagnosis and treatment of autism spectrum disorders are not~~
32 ~~already covered by the health insurance policy or government~~
33 ~~program, coverage under this section shall be included in health~~
34 ~~insurance policies and contracts under a government program~~
35 ~~which are delivered, executed, issued, amended, adjusted or~~
36 ~~renewed on or after one hundred eighty days from the effective~~
37 ~~date of this section, except that the applicability of this~~
38 ~~section to government programs shall be contingent upon Federal~~
39 ~~approval if necessary.~~

1 ~~(b) Except for the Commonwealth's medical assistance program~~
2 ~~established under the act of June 13, 1967 (P.L.31, No.21),~~
3 ~~known as the "Public Welfare Code," and except for the~~
4 ~~Children's Health Care Program established under this act,~~
5 ~~coverage provided under this section shall be subject to a~~
6 ~~maximum benefit of thirty six thousand dollars (\$36,000) per~~
7 ~~year but shall not be subject to any limits on the number of~~
8 ~~visits to an autism service provider. After December 30, 2009,~~
9 ~~the Insurance Commissioner shall, on an annual basis, adjust the~~
10 ~~maximum benefit for inflation using the Medical care component~~
11 ~~of the United States Department of Labor Consumer Price Index~~
12 ~~For All Urban Consumers (CPI U). The commissioner shall submit~~
13 ~~the adjusted maximum benefit to the Legislative Reference Bureau~~
14 ~~for publication annually in the Pennsylvania Bulletin no later~~
15 ~~than April 1 of each calendar year, and the published adjusted~~
16 ~~maximum benefit shall be applicable in the following calendar~~
17 ~~year to health insurance policies and government programs~~
18 ~~subject to this act. Payments made by an insurer on behalf of a~~
19 ~~covered individual for any care, treatment, intervention,~~
20 ~~service or item, the provision of which was for the treatment of~~
21 ~~a health condition unrelated to the covered individual's autism~~
22 ~~spectrum disorder, shall not be applied toward any maximum~~
23 ~~benefit established under this subsection.~~

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

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

1 ~~insurance policy.~~

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

4 ~~(1) Accident only.~~

5 ~~(2) Limited benefit.~~

6 ~~(3) Credit.~~

7 ~~(4) Dental.~~

8 ~~(5) Vision.~~

9 ~~(6) Specified disease.~~

10 ~~(7) Medicare supplement.~~

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

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

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

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

16 ~~(12) Hospital indemnity.~~

17 ~~(f) As used in this section:~~

18 ~~(1) "Applied behavioral analysis" means the design,~~
19 ~~implementation and evaluation of environmental modifications,~~
20 ~~using behavioral stimuli and consequences, to produce socially~~
21 ~~significant improvement in human behavior, including the use of~~
22 ~~direct observation, measurement and functional analysis of the~~
23 ~~relations between environment and behavior.~~

24 ~~(2) "Autism service provider" means any person, entity or~~
25 ~~group that provides treatment of autism spectrum disorders.~~

26 ~~(3) "Autism spectrum disorders" means any of the pervasive~~
27 ~~developmental disorders as defined by the most recent edition of~~
28 ~~the Diagnostic and Statistical Manual of Mental Disorders (DSM),~~
29 ~~including autistic disorder, Asperger's disorder and pervasive~~
30 ~~developmental disorder not otherwise specified.~~

1 ~~(4) "Diagnosis of autism spectrum disorders" means medically~~
2 ~~necessary assessments, evaluations or tests in order to diagnose~~
3 ~~whether an individual has an autism spectrum disorder.~~

4 ~~(5) "Evidenced based research" means research that applies~~
5 ~~rigorous, systematic and objective procedures to obtain valid~~
6 ~~knowledge relevant to autism spectrum disorders.~~

7 ~~(6) "Government program" means any of the following:~~

8 ~~(i) The Commonwealth's medical assistance program~~
9 ~~established under the act of June 13, 1967 (P.L.31, No.21),~~
10 ~~known as the "Public Welfare Code."~~

11 ~~(ii) The adult basic coverage insurance program established~~
12 ~~under Chapter 13 of the act of June 26, 2001 (P.L.755, No.77),~~
13 ~~known as the "Tobacco Settlement Act."~~

14 ~~(iii) The Children's Health Care Program established under~~
15 ~~this act.~~

16 ~~(7) "Health insurance policy" means any group health,~~
17 ~~sickness or accident policy or subscriber contract or~~
18 ~~certificate issued by an insurance entity subject to one of the~~
19 ~~following:~~

20 ~~(i) This act.~~

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

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

26 ~~(iv) 40 Pa.C.S. Ch. 61 (relating to hospital plan~~
27 ~~corporations) or 63 (relating to professional health services~~
28 ~~plan corporations).~~

29 ~~(8) "Medically necessary" means any care, treatment,~~
30 ~~intervention, service or item which is prescribed, provided or~~

1 ~~ordered by a licensed physician, licensed psychologist or~~
2 ~~certified registered nurse practitioner in accordance with~~
3 ~~accepted standards of practice and which will, or is reasonably~~
4 ~~expected to, do any of the following:~~

5 ~~(i) Prevent the onset of an illness, condition, injury or~~
6 ~~disability.~~

7 ~~(ii) Reduce or ameliorate the physical, mental or~~
8 ~~developmental effects of an illness, condition, injury or~~
9 ~~disability.~~

10 ~~(iii) Assist to achieve or maintain maximum functional~~
11 ~~capacity in performing daily activities, taking into account~~
12 ~~both the functional capacity of the recipient and those~~
13 ~~functional capacities that are appropriate of recipients of the~~
14 ~~same age.~~

15 ~~(9) "Pharmacy care" means medications prescribed by a~~
16 ~~licensed physician or certified registered nurse practitioner~~
17 ~~and any health related services deemed medically necessary to~~
18 ~~determine the need or effectiveness of the medications.~~

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

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

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

30 ~~(13) "Therapeutic care" means services provided by licensed~~

1 ~~or certified speech therapists, occupational therapists or~~
2 ~~physical therapists.~~

3 ~~(14) "Treatment for autism spectrum disorders" shall include~~
4 ~~the following care prescribed, provided or ordered for an~~
5 ~~individual diagnosed with an autism spectrum disorder by a~~
6 ~~licensed physician, licensed psychologist or certified~~
7 ~~registered nurse practitioner if the care is determined to be~~
8 ~~medically necessary:~~

9 ~~(i) Psychiatric care.~~

10 ~~(ii) Psychological care.~~

11 ~~(iii) Rehabilitative care.~~

12 ~~(iv) Therapeutic care.~~

13 ~~(v) Pharmacy care.~~

14 ~~(vi) Any care, treatment, intervention, service or item for~~
15 ~~individuals with an autism spectrum disorder which is determined~~
16 ~~by the Department of Public Welfare, based upon its review of~~
17 ~~best practices or evidenced based research, to be medically~~
18 ~~necessary and which is published in the Pennsylvania Bulletin.~~
19 ~~Any such care, treatment, intervention, service or item which~~
20 ~~was not previously covered shall be included in any health~~
21 ~~insurance policy or contract under a government program~~
22 ~~delivered, issued, executed or renewed on or after 120 days~~
23 ~~following the date of its publication in the Pennsylvania~~
24 ~~Bulletin.~~

25 ~~(g) The Department of Public Welfare shall promulgate~~
26 ~~regulations establishing standards for qualified autism service~~
27 ~~providers. For purposes of implementing this section, and~~
28 ~~notwithstanding any other provision of law, the Secretary of~~
29 ~~Public Welfare shall promulgate regulations pursuant to section~~
30 ~~204(1)(iv) of the act of July 31, 1968 (P.L.769, No.240),~~

1 ~~referred to as the Commonwealth Documents Law, which shall, for~~
2 ~~120 days from the effective date of this act, be exempt from all~~
3 ~~of the following acts:~~

4 ~~(1) Section 205 of the Commonwealth Documents Law.~~

5 ~~(2) Section 204(b) of the act of October 15, 1980 (P.L.950,~~
6 ~~No.164), known as the "Commonwealth Attorneys Act."~~

7 ~~(3) The act of June 25, 1982 (P.L.633, No.181), known as the~~
8 ~~"Regulatory Review Act."~~

9 ~~Once the regulations are promulgated, payment for the treatment~~
10 ~~of autism spectrum disorders covered under this section shall~~
11 ~~only be made to autism service providers who meet the standards.~~

12 ~~Section 2116.1. Treatment of Autism Spectrum Disorders. (a)~~
13 ~~Except for inpatient services, if an enrollee has obtained~~
14 ~~authorization through utilization review from a managed care~~
15 ~~plan, government program or a licensed insurer to receive any~~
16 ~~care, treatment, intervention, service or item for an autism~~
17 ~~spectrum disorder, the authorization shall be valid for twelve~~
18 ~~months, unless the enrollee's primary care provider determines~~
19 ~~that an earlier re-evaluation is necessary in order to~~
20 ~~adequately address the clinical needs of the enrollee.~~

21 ~~(a.1) In applying subsection (a), if within the twelve month~~
22 ~~period following the effective date of this section a health~~
23 ~~insurance policy is delivered, issued, executed or renewed and~~
24 ~~at the time of such delivery, issuance, execution or renewal an~~
25 ~~enrollee is receiving any inpatient or outpatient care,~~
26 ~~treatment, intervention, service or item for an autism spectrum~~
27 ~~disorder pursuant to an authorization obtained from a government~~
28 ~~program, and the care, treatment, intervention, service or item~~
29 ~~is covered under the health insurance policy being delivered,~~
30 ~~issued, executed or renewed, the authorization from the~~

~~1 government program shall remain valid for the remainder of the
2 existing authorization period as to any managed care plan or
3 private insurer and such authorization shall be honored by any
4 managed care plan or private insurer providing coverage to the
5 enrollee.~~

~~6 (b) If a health care provider provides care, treatments,
7 interventions, services or items to an enrollee, the coverage of
8 which is required under section 635.2 and the provider is
9 enrolled in the Commonwealth's medical assistance program but is
10 not a network provider with the enrollee's private insurance
11 plan, the provider shall be reimbursed under the terms and
12 conditions applicable to the plan's participating providers.
13 This requirement shall not be subject to any time limitation or
14 transition period, but shall otherwise be in accord with all
15 terms applicable to nonparticipating providers under the managed
16 care continuity of care provisions then in effect.~~

~~17 Section 2. Section 2121 of the act, added June 17, 1998
18 (P.L.464, No.68), is amended to read:~~

~~19 Section 2121. Procedures. (a) A managed care plan shall
20 establish a credentialing process to enroll qualified health
21 care providers and create an adequate provider network. The
22 process shall be approved by the department and shall include
23 written criteria and procedures for initial enrollment, renewal,
24 restrictions and termination of credentials for health care
25 providers.~~

~~26 (b) [The] Except as provided under subsection (b.1), the
27 department shall establish credentialing standards for managed
28 care plans. The department may adopt nationally recognized
29 accrediting standards to establish the credentialing standards
30 for managed care plans.~~

~~(b.1) Pursuant to section 635.2(g), the Department of Public Welfare shall establish standards to be utilized by managed care plans for the credentialing of health care providers providing care, treatments, interventions, services or items to enrollees for an autism spectrum disorder as defined under section 635.2. In addition, the department may require that a managed care plan grant credentials to any health care provider whom the Department of Public Welfare determines meets or exceeds the Department of Public Welfare's credentialing standards.~~

~~(c) A managed care plan shall submit a report to the department regarding its credentialing process at least every two (2) years or as may otherwise be required by the department.~~

~~(d) A managed care plan shall disclose relevant credentialing criteria and procedures to health care providers that apply to participate or that are participating in the plan's provider network. A managed care plan shall also disclose relevant credentialing criteria and procedures pursuant to a court order or rule. Any individual providing information during the credentialing process of a managed care plan shall have the protections set forth in the act of July 20, 1974 (P.L.564, No.193), known as the "Peer Review Protection Act."~~

~~(e) No managed care plan shall exclude or terminate a health care provider from participation in the plan due to any of the following:~~

~~(1) The health care provider engaged in any of the activities set forth in section 2113(c).~~

~~(2) The health care provider has a practice that includes a substantial number of patients with expensive medical conditions.~~

~~(3) The health care provider objects to the provision of or~~

1 ~~refuses to provide a health care service on moral or religious~~
2 ~~grounds.~~

3 ~~(f) If a managed care plan denies enrollment or renewal of~~
4 ~~credentials to a health care provider, the managed care plan~~
5 ~~shall provide the health care provider with written notice of~~
6 ~~the decision. The notice shall include a clear rationale for the~~
7 ~~decision.~~

8 ~~Section 3. This act shall take effect as follows:~~

9 ~~(1) The following provisions shall take effect in 90~~
10 ~~days:~~

11 ~~(i) The addition of section 635.2(f) and (g) of the~~
12 ~~act.~~

13 ~~(ii) The amendment of section 2121 of the act.~~

14 ~~(iii) This section.~~

15 ~~(2) The remainder of this act shall take effect in 210~~
16 ~~days.~~

17 SECTION 1. SECTION 108 OF THE ACT OF MAY 17, 1921 (P.L.682, <—
18 NO.284), KNOWN AS THE INSURANCE COMPANY LAW OF 1921, IS AMENDED
19 TO READ:

20 SECTION 108. EFFECT OF ACT ON EXISTING LAWS.--THE PROVISIONS
21 OF THIS ACT, SO FAR AS THEY ARE THE SAME AS THOSE OF EXISTING
22 LAWS, SHALL BE CONSTRUED AS A CONTINUATION OF SUCH LAWS AND NOT
23 AS NEW ENACTMENTS. THE REPEAL BY THIS ACT OF ANY PROVISION OF
24 LAW SHALL NOT REVIVE ANY LAW HERETOFORE REPEALED OR SUPERSEDED,
25 NOR SHALL SUCH REPEAL AFFECT ANY ACT DONE, LIABILITY INCURRED,
26 OR ANY RIGHT ACCRUED OR VESTED, OR ANY SUIT OR PROSECUTION
27 PENDING OR TO BE INSTITUTED TO ENFORCE ANY RIGHT OR PENALTY OR
28 PUNISH ANY OFFENSE UNDER THE AUTHORITY OF THE REPEALED LAWS. THE
29 PROVISIONS OF THIS ACT SHALL NOT LIMIT THE JURISDICTION AND
30 AUTHORITY OF THE OFFICE OF ATTORNEY GENERAL, INCLUDING, BUT NOT

1 LIMITED TO, THE JURISDICTION AND AUTHORITY GRANTED PURSUANT TO
2 THE ACT OF OCTOBER 15, 1980 (P.L.950, NO.164), KNOWN AS THE
3 "COMMONWEALTH ATTORNEYS ACT."

4 SECTION 2. SECTION 405.2(C) OF THE ACT, AMENDED DECEMBER 21,
5 1995 (P.L.714, NO.79), IS AMENDED TO READ:

6 SECTION 405.2. ADDITIONAL INVESTMENT AUTHORITY FOR
7 SUBSIDIARIES.--* * *

8 (C) (1) AT NO TIME SHALL A DOMESTIC LIFE INSURANCE COMPANY
9 MAKE AN INVESTMENT IN ANY SUBSIDIARY WHICH WILL BRING THE
10 AGGREGATE VALUE OF ITS INVESTMENTS, AS DETERMINED FOR ANNUAL
11 STATEMENT PURPOSES BUT NOT IN EXCESS OF COST, IN ALL
12 SUBSIDIARIES UNDER THIS SUBSECTION TO AN AMOUNT IN EXCESS OF
13 [TEN] FIFTEEN PER CENTUM [(10%)] (15%) OF ITS TOTAL ADMITTED
14 ASSETS AS OF THE IMMEDIATELY PRECEDING THIRTY-FIRST DAY OF
15 DECEMBER. IN DETERMINING THE AMOUNT OF INVESTMENTS OF ANY
16 DOMESTIC LIFE INSURANCE COMPANY IN SUBSIDIARIES FOR PURPOSES OF
17 THIS SUBSECTION, THERE SHALL BE INCLUDED INVESTMENTS MADE
18 DIRECTLY BY SUCH INSURANCE COMPANY AND, IF SUCH INVESTMENT IS
19 MADE BY ANOTHER SUBSIDIARY, THEN TO THE EXTENT THAT FUNDS FOR
20 SUCH INVESTMENTS ARE PROVIDED BY THE INSURANCE COMPANY FOR SUCH
21 PURPOSE.

22 (1.1) A DOMESTIC LIFE INSURANCE COMPANY MAY INCREASE THE
23 AGGREGATE VALUE OF ITS INVESTMENTS, AS DETERMINED FOR ANNUAL
24 STATEMENT PURPOSES, BUT NOT IN EXCESS OF COST, IN ALL
25 SUBSIDIARIES UNDER THIS SUBSECTION TO AN AMOUNT IN EXCESS OF
26 FIFTEEN PER CENTUM (15%) OF ITS TOTAL ADMITTED ASSETS AS OF THE
27 IMMEDIATELY PRECEDING THIRTY-FIRST DAY OF DECEMBER IF THE
28 INCREASE HAS BEEN APPROVED IN WRITING BY THE INSURANCE
29 DEPARTMENT PRIOR TO MAKING THE INVESTMENT. IF THE INSURANCE
30 DEPARTMENT DOES APPROVE OR DISAPPROVE THE INCREASED INVESTMENT

1 WITHIN THIRTY (30) DAYS OF RECEIPT OF A REQUEST FOR APPROVAL,
2 THE INCREASED INVESTMENT SHALL BE DEEMED APPROVED. IN
3 DETERMINING THE AMOUNT OF INVESTMENTS OF ANY DOMESTIC LIFE
4 INSURANCE COMPANY IN SUBSIDIARIES FOR PURPOSES OF THIS
5 SUBSECTION, THERE SHALL BE INCLUDED INVESTMENTS MADE DIRECTLY BY
6 SUCH INSURANCE COMPANY AND, IF SUCH INVESTMENT IS MADE BY
7 ANOTHER SUBSIDIARY, THEN TO THE EXTENT THAT FUNDS FOR SUCH
8 INVESTMENTS ARE PROVIDED BY THE INSURANCE COMPANY FOR SUCH
9 PURPOSE.

10 (2) THE LIMITATIONS SET FORTH IN CLAUSE (1) OF THIS
11 SUBSECTION SHALL NOT APPLY TO INVESTMENTS IN ANY SUBSIDIARY
12 WHICH IS:

13 (I) AN INSURANCE COMPANY OR A HEALTH MAINTENANCE
14 ORGANIZATION HOLDING A CERTIFICATE OF AUTHORITY UNDER THE ACT OF
15 DECEMBER 29, 1972 (P.L.1701, NO.364), KNOWN AS THE "HEALTH
16 MAINTENANCE ORGANIZATION ACT."

17 (II) A HOLDING COMPANY TO THE EXTENT ITS BUSINESS CONSISTS
18 OF THE HOLDING OF THE STOCK OF, OR OTHERWISE CONTROLLING, ITS
19 OWN SUBSIDIARIES.

20 (III) A CORPORATION WHOSE BUSINESS PRIMARILY CONSISTS OF
21 DIRECT OR INDIRECT OWNERSHIP, OPERATION OR MANAGEMENT OF ASSETS
22 AUTHORIZED AS INVESTMENTS PURSUANT TO SECTIONS 404.1 AND 406.

23 (IV) A COMPANY ENGAGED IN ANY COMBINATION OF THE ACTIVITIES
24 DESCRIBED IN SUBCLAUSES (I), (II) AND (III) OF THIS CLAUSE.

25 INVESTMENTS MADE PURSUANT TO SUBCLAUSE (I) SHALL NOT BE
26 RESTRICTED IN AMOUNT PROVIDED THAT AFTER SUCH INVESTMENT, AS
27 CALCULATED FOR NAIC ANNUAL STATEMENT PURPOSES, THE INSURER'S
28 SURPLUS WILL BE REASONABLE IN RELATION TO THE INSURER'S
29 OUTSTANDING LIABILITIES AND ADEQUATE TO ITS FINANCIAL NEEDS.

30 INVESTMENTS MADE PURSUANT TO SUBCLAUSE (II), OR TO THE EXTENT

1 APPLICABLE IN THIS SUBCLAUSE, SHALL IN ADDITION NOT BE SUBJECT
2 TO ANY LIMITATIONS ON THE AMOUNT OF A DOMESTIC LIFE INSURANCE
3 COMPANY'S ASSETS PROVIDED FOR UNDER ANY OTHER PROVISION OF THIS
4 ACT AND WHICH MIGHT OTHERWISE BE APPLICABLE: PROVIDED, HOWEVER,
5 THAT SUCH LIFE INSURANCE COMPANY'S INVESTMENTS, TO THE EXTENT
6 THAT SUCH LIFE INSURANCE COMPANY PROVIDED THE FUNDS THEREFOR, IN
7 EACH OF THE SUBSIDIARIES OF SUCH HOLDING COMPANY SHALL BE
8 SUBJECT TO THE LIMITATIONS, IF ANY, APPLICABLE TO SUCH
9 INVESTMENT AS IF THE HOLDING COMPANY'S INTEREST IN EACH SUCH
10 SUBSIDIARY WERE INSTEAD OWNED DIRECTLY BY THE LIFE INSURANCE
11 COMPANY. INVESTMENTS MADE PURSUANT TO SUBCLAUSE (III), OR, TO
12 THE EXTENT APPLICABLE, THIS CLAUSE, SHALL BE COUNTED IN
13 DETERMINING THE LIMITATIONS CONTAINED IN APPLICABLE SUBSECTIONS
14 OF SECTIONS 404.2 AND 406: PROVIDED, HOWEVER, THAT THE VALUE AS
15 CALCULATED FOR ANNUAL STATEMENT PURPOSES, BUT NOT IN EXCESS OF
16 THE COST THEREOF, OF SUCH INVESTMENT SHALL INCLUDE ONLY FUNDS
17 PROVIDED BY THE INSURANCE COMPANY THEREFOR. INVESTMENTS MADE IN
18 OTHER SUBSIDIARIES OF SUCH LIFE INSURANCE COMPANY BY ANY
19 SUBSIDIARY DESCRIBED IN SUBCLAUSES (I), (II), (III) AND THIS
20 SUBCLAUSE OR BY A PERSON WHOSE BUSINESS PRIMARILY CONSISTS OF
21 DIRECT OR INDIRECT OWNERSHIP, OPERATION OR MANAGEMENT OF REAL
22 PROPERTY AND INTEREST THEREIN UNDER SECTION 406 SHALL BE DEEMED
23 INVESTMENTS MADE BY THE INSURANCE COMPANY ONLY TO THE EXTENT THE
24 FUNDS FOR SUCH INVESTMENT WERE PROVIDED BY SUCH INSURANCE
25 COMPANY.

26 * * *

27 SECTION 3. THE ACT IS AMENDED BY ADDING SECTIONS TO READ:

28 SECTION 635.2. AUTISM SPECTRUM DISORDERS COVERAGE.--(A) A
29 HEALTH INSURANCE POLICY OR GOVERNMENT PROGRAM COVERED UNDER THIS
30 SECTION SHALL PROVIDE TO COVERED INDIVIDUALS OR RECIPIENTS UNDER

1 TWENTY-ONE (21) YEARS OF AGE COVERAGE FOR THE DIAGNOSTIC
2 ASSESSMENT OF AUTISM SPECTRUM DISORDERS AND FOR THE TREATMENT OF
3 AUTISM SPECTRUM DISORDERS.

4 (B) COVERAGE PROVIDED UNDER THIS SECTION BY AN INSURER SHALL
5 BE SUBJECT TO A MAXIMUM BENEFIT OF THIRTY-SIX THOUSAND DOLLARS
6 (\$36,000) PER YEAR BUT SHALL NOT BE SUBJECT TO ANY LIMITS ON THE
7 NUMBER OF VISITS TO AN AUTISM SERVICE PROVIDER FOR TREATMENT OF
8 AUTISM SPECTRUM DISORDERS. AFTER DECEMBER 30, 2011, THE
9 INSURANCE COMMISSIONER SHALL, ON OR BEFORE APRIL 1 OF EACH
10 CALENDAR YEAR, PUBLISH IN THE PENNSYLVANIA BULLETIN AN
11 ADJUSTMENT TO THE MAXIMUM BENEFIT EQUAL TO THE CHANGE IN THE
12 UNITED STATES DEPARTMENT OF LABOR CONSUMER PRICE INDEX FOR ALL
13 URBAN CONSUMERS (CPI-U) IN THE PRECEDING YEAR, AND THE PUBLISHED
14 ADJUSTED MAXIMUM BENEFIT SHALL BE APPLICABLE TO THE FOLLOWING
15 CALENDAR YEARS TO HEALTH INSURANCE POLICIES ISSUED OR RENEWED IN
16 THOSE CALENDAR YEARS. PAYMENTS MADE BY AN INSURER ON BEHALF OF A
17 COVERED INDIVIDUAL FOR TREATMENT OF A HEALTH CONDITION UNRELATED
18 TO OR DISTINGUISHABLE FROM THE INDIVIDUAL'S AUTISM SPECTRUM
19 DISORDER SHALL NOT BE APPLIED TOWARD ANY MAXIMUM BENEFIT
20 ESTABLISHED UNDER THIS SUBSECTION.

21 (C) COVERAGE UNDER THIS SECTION SHALL BE SUBJECT TO
22 COPAYMENT, DEDUCTIBLE AND COINSURANCE PROVISIONS, AND ANY OTHER
23 GENERAL EXCLUSIONS OR LIMITATIONS, OF A HEALTH INSURANCE POLICY
24 OR GOVERNMENT PROGRAM TO THE SAME EXTENT AS OTHER MEDICAL
25 SERVICES COVERED BY THE POLICY OR PROGRAM ARE SUBJECT TO THESE
26 PROVISIONS.

27 (D) THIS SECTION SHALL NOT BE CONSTRUED AS LIMITING BENEFITS
28 WHICH ARE OTHERWISE AVAILABLE TO AN INDIVIDUAL UNDER A HEALTH
29 INSURANCE POLICY OR GOVERNMENT PROGRAM.

30 (D.1) THIS SECTION SHALL NOT BE CONSTRUED AS REQUIRING

1 COVERAGE BY INSURERS OF ANY SERVICE BASED SOLELY ON ITS
2 INCLUSION IN AN INDIVIDUALIZED EDUCATION PROGRAM. CONSISTENT
3 WITH FEDERAL OR STATE LAW AND UPON CONSENT OF THE PARENT OR
4 GUARDIAN OF THE COVERED INDIVIDUAL, THE TREATMENT OF AUTISM
5 SPECTRUM DISORDERS MAY BE COORDINATED WITH ANY SERVICE INCLUDED
6 IN AN INDIVIDUALIZED EDUCATION PROGRAM. COVERAGE FOR THE
7 TREATMENT OF AUTISM SPECTRUM DISORDERS SHALL NOT BE CONTINGENT
8 UPON A COORDINATION OF SERVICES WITH AN INDIVIDUALIZED EDUCATION
9 PROGRAM.

10 (E) (1) THIS SECTION SHALL APPLY TO ANY HEALTH INSURANCE
11 POLICY OFFERED, ISSUED OR RENEWED ON OR AFTER JULY 1, 2009, IN
12 THIS COMMONWEALTH TO GROUPS OF FIFTY-ONE (51) OR MORE EMPLOYEES:
13 PROVIDED, THAT THIS SECTION SHALL NOT INCLUDE THE FOLLOWING
14 POLICIES:

15 (I) ACCIDENT ONLY.

16 (II) FIXED INDEMNITY.

17 (III) LIMITED BENEFIT.

18 (IV) CREDIT.

19 (V) DENTAL.

20 (VI) VISION.

21 (VII) SPECIFIED DISEASE.

22 (VIII) MEDICARE SUPPLEMENT.

23 (IX) CHAMPUS (CIVILIAN HEALTH AND MEDICAL PROGRAM OF THE
24 UNIFORMED SERVICES) SUPPLEMENT.

25 (X) LONG-TERM CARE OR DISABILITY INCOME.

26 (XI) WORKERS' COMPENSATION.

27 (XII) AUTOMOBILE MEDICAL PAYMENT.

28 (2) THIS SECTION SHALL APPLY TO ANY CONTRACT EXECUTED ON OR
29 AFTER JULY 1, 2009, BY THE ADULTBASIC COVERAGE INSURANCE PROGRAM
30 ESTABLISHED UNDER CHAPTER 13 OF THE ACT OF JUNE 26, 2001

1 (P.L.755, NO.77), KNOWN AS THE "TOBACCO SETTLEMENT ACT," OR BY
2 THE CHILDREN'S HEALTH CARE PROGRAM ESTABLISHED UNDER THIS ACT,
3 OR BY ANY SUCCESSOR PROGRAM OF EITHER OF THEM.

4 (3) ON JANUARY 1, 2011, INSURERS SHALL MAKE A REPORT TO THE
5 INSURANCE DEPARTMENT, IN A FORM AND MANNER AS DETERMINED BY THE
6 DEPARTMENT, TO EVALUATE THE IMPLEMENTATION OF THIS SECTION.

7 (F) AS USED IN THIS SECTION:

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

14 (2) "AUTISM SERVICE PROVIDER" MEANS ANY OF THE FOLLOWING:

15 (I) A PERSON, ENTITY OR GROUP PROVIDING TREATMENT OF AUTISM
16 SPECTRUM DISORDERS PURSUANT TO A TREATMENT PLAN THAT IS LICENSED
17 OR CERTIFIED IN THIS COMMONWEALTH.

18 (II) ANY PERSON, ENTITY OR GROUP PROVIDING TREATMENT OF
19 AUTISM SPECTRUM DISORDERS PURSUANT TO A TREATMENT PLAN THAT IS
20 ENROLLED IN THE COMMONWEALTH'S MEDICAL ASSISTANCE PROGRAM ON OR
21 BEFORE THE EFFECTIVE DATE OF THIS SECTION.

22 (3) "AUTISM SPECTRUM DISORDERS" MEANS ANY OF THE PERVASIVE
23 DEVELOPMENTAL DISORDERS DEFINED BY THE MOST RECENT EDITION OF
24 THE DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS (DSM),
25 OR ITS SUCCESSOR, INCLUDING AUTISTIC DISORDER, ASPERGER'S
26 DISORDER AND PERVASIVE DEVELOPMENTAL DISORDER NOT OTHERWISE
27 SPECIFIED.

28 (4) "BEHAVIOR SPECIALIST" MEANS AN INDIVIDUAL WHO DESIGNS,
29 IMPLEMENTS OR EVALUATES A BEHAVIOR MODIFICATION INTERVENTION
30 COMPONENT OF A TREATMENT PLAN, INCLUDING THOSE BASED ON APPLIED

1 BEHAVIORAL ANALYSIS, TO PRODUCE SOCIALLY SIGNIFICANT
2 IMPROVEMENTS IN HUMAN BEHAVIOR THROUGH SKILL ACQUISITION AND THE
3 REDUCTION OF PROBLEMATIC BEHAVIOR.

4 (5) "DIAGNOSTIC ASSESSMENT OF AUTISM SPECTRUM DISORDERS"
5 MEANS MEDICALLY NECESSARY ASSESSMENTS, EVALUATIONS OR TESTS
6 PERFORMED BY A LICENSED PHYSICIAN, LICENSED PHYSICIAN ASSISTANT,
7 LICENSED PSYCHOLOGIST OR CERTIFIED REGISTERED NURSE PRACTITIONER
8 TO DIAGNOSE WHETHER AN INDIVIDUAL HAS AN AUTISM SPECTRUM
9 DISORDER.

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

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

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

17 (III) THE CHILDREN'S HEALTH CARE PROGRAM ESTABLISHED UNDER
18 THIS ACT.

19 (7) "HEALTH INSURANCE POLICY" MEANS ANY GROUP HEALTH,
20 SICKNESS OR ACCIDENT POLICY, OR SUBSCRIBER CONTRACT OR
21 CERTIFICATE OFFERED, ISSUED OR RENEWED BY AN ENTITY SUBJECT TO
22 ONE OF THE FOLLOWING:

23 (I) THIS ACT.

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

26 (III) 40 PA.C.S. CH. 61 (RELATING TO HOSPITAL PLAN
27 CORPORATIONS) OR 63 (RELATING TO PROFESSIONAL HEALTH SERVICE
28 PLAN CORPORATIONS).

29 (8) "INSURER" MEANS ANY ENTITY OFFERING A HEALTH INSURANCE
30 POLICY AS DEFINED IN THIS SECTION.

1 (9) "PHARMACY CARE" MEANS MEDICATIONS PRESCRIBED BY A
2 LICENSED PHYSICIAN, LICENSED PHYSICIAN ASSISTANT OR CERTIFIED
3 REGISTERED NURSE PRACTITIONER AND ANY ASSESSMENT, EVALUATION OR
4 TEST PRESCRIBED OR ORDERED BY A LICENSED PHYSICIAN, LICENSED
5 PHYSICIAN ASSISTANT OR CERTIFIED REGISTERED NURSE PRACTITIONER
6 TO DETERMINE THE NEED OR EFFECTIVENESS OF SUCH MEDICATIONS.

7 (10) "PSYCHIATRIC CARE" MEANS DIRECT OR CONSULTATIVE
8 SERVICES PROVIDED BY A PHYSICIAN WHO SPECIALIZES IN PSYCHIATRY.

9 (11) "PSYCHOLOGICAL CARE" MEANS DIRECT OR CONSULTATIVE
10 SERVICES PROVIDED BY A PSYCHOLOGIST.

11 (12) "REHABILITATIVE CARE" MEANS PROFESSIONAL SERVICES AND
12 TREATMENT PROGRAMS, INCLUDING APPLIED BEHAVIORAL ANALYSIS,
13 PROVIDED BY AN AUTISM SERVICE PROVIDER.

14 (13) "THERAPEUTIC CARE" MEANS SERVICES PROVIDED BY SPEECH
15 LANGUAGE PATHOLOGISTS, OCCUPATIONAL THERAPISTS OR PHYSICAL
16 THERAPISTS.

17 (14) "TREATMENT OF AUTISM SPECTRUM DISORDER" SHALL BE
18 IDENTIFIED IN A TREATMENT PLAN AND SHALL INCLUDE ANY OF THE
19 FOLLOWING MEDICALLY NECESSARY PHARMACY CARE, PSYCHIATRIC CARE,
20 PSYCHOLOGICAL CARE, REHABILITATIVE CARE AND THERAPEUTIC CARE
21 THAT IS:

22 (I) PRESCRIBED, ORDERED OR PROVIDED BY A LICENSED PHYSICIAN,
23 LICENSED PHYSICIAN ASSISTANT, LICENSED PSYCHOLOGIST, LICENSED
24 CLINICAL SOCIAL WORKER OR CERTIFIED REGISTERED NURSE
25 PRACTITIONER.

26 (II) PROVIDED BY AN AUTISM SERVICE PROVIDER.

27 (III) PROVIDED BY A PERSON, ENTITY OR GROUP THAT WORKS UNDER
28 THE DIRECTION OF AN AUTISM SERVICE PROVIDER.

29 (15) "TREATMENT PLAN" MEANS A PLAN FOR THE TREATMENT OF
30 AUTISM SPECTRUM DISORDERS DEVELOPED BY A LICENSED PHYSICIAN OR

1 LICENSED PSYCHOLOGIST PURSUANT TO A COMPREHENSIVE EVALUATION OR
2 REEVALUATION PERFORMED IN A MANNER CONSISTENT WITH THE MOST
3 RECENT CLINICAL REPORT OR RECOMMENDATIONS OF THE AMERICAN
4 ACADEMY OF PEDIATRICS.

5 (G) (1) THE STATE BOARD OF MEDICINE, IN CONSULTATION WITH
6 THE DEPARTMENT OF PUBLIC WELFARE, SHALL PROMULGATE REGULATIONS
7 PROVIDING FOR THE LICENSURE OR CERTIFICATION OF BEHAVIOR
8 SPECIALISTS. BEHAVIOR SPECIALISTS LICENSED OR CERTIFIED BY THE
9 STATE BOARD OF MEDICINE SHALL BE SUBJECT TO ALL DISCIPLINARY
10 PROVISIONS APPLICABLE TO MEDICAL DOCTORS AS SET FORTH IN THE ACT
11 OF DECEMBER 20, 1985 (P.L.457, NO.112), KNOWN AS THE "MEDICAL
12 PRACTICE ACT OF 1985." THE STATE BOARD OF MEDICINE MAY CHARGE
13 REASONABLE FEES AS SET BY BOARD REGULATION FOR LICENSURE OR
14 CERTIFICATES OR APPLICATIONS PERMITTED BY THE "MEDICAL PRACTICE
15 ACT OF 1985."

16 (2) AN APPLICANT APPLYING FOR A LICENSE OR CERTIFICATE AS A
17 BEHAVIOR SPECIALIST SHALL SUBMIT A WRITTEN APPLICATION ON FORMS
18 PROVIDED BY THE STATE BOARD OF MEDICINE EVIDENCING AND INSURING
19 TO THE SATISFACTION OF THE BOARD THAT THE APPLICANT:

20 (I) IS OF GOOD MORAL CHARACTER.

21 (II) HAS RECEIVED A MASTER'S OR HIGHER DEGREE FROM A BOARD-
22 APPROVED, ACCREDITED COLLEGE OR UNIVERSITY, INCLUDING A MAJOR
23 COURSE OF STUDY IN SCHOOL, CLINICAL OR COUNSELING PSYCHOLOGY,
24 SPECIAL EDUCATION, SOCIAL WORK, SPEECH THERAPY, OCCUPATIONAL
25 THERAPY OR ANOTHER RELATED FIELD.

26 (III) HAS AT LEAST ONE YEAR OF EXPERIENCE INVOLVING
27 FUNCTIONAL BEHAVIOR ASSESSMENTS, INCLUDING THE DEVELOPMENT AND
28 IMPLEMENTATION OF BEHAVIORAL SUPPORTS OR TREATMENT PLANS.

29 (IV) HAS COMPLETED AT LEAST ONE THOUSAND (1,000) HOURS IN
30 DIRECT CLINICAL EXPERIENCE WITH INDIVIDUALS WITH BEHAVIORAL

1 CHALLENGES OR AT LEAST ONE THOUSAND (1,000) HOURS' EXPERIENCE IN
2 A RELATED FIELD WITH INDIVIDUALS WITH AUTISM SPECTRUM DISORDERS.

3 (V) HAS COMPLETED RELEVANT TRAINING PROGRAMS, INCLUDING
4 PROFESSIONAL ETHICS, AUTISM-SPECIFIC TRAINING, ASSESSMENTS
5 TRAINING, INSTRUCTIONAL STRATEGIES AND BEST PRACTICES, CRISIS
6 INTERVENTION, COMORBIDITY AND MEDICATIONS, FAMILY COLLABORATION
7 AND ADDRESSING SPECIFIC SKILL DEFICITS TRAINING.

8 (3) THE BOARD SHALL NOT ISSUE A LICENSE OR CERTIFICATE TO AN
9 APPLICANT WHO HAS BEEN CONVICTED OF A FELONY UNDER THE ACT OF
10 APRIL 14, 1972 (P.L.233, NO.64), KNOWN AS "THE CONTROLLED
11 SUBSTANCE, DRUG, DEVICE AND COSMETIC ACT," OR IF AN OFFENSE
12 UNDER THE LAWS OF ANOTHER JURISDICTION WHICH, IF COMMITTED IN
13 THIS COMMONWEALTH, WOULD BE A FELONY UNDER "THE CONTROLLED
14 SUBSTANCE, DRUG, DEVICE AND COSMETIC ACT," UNLESS:

15 (I) AT LEAST TEN (10) YEARS HAVE ELAPSED FROM THE DATE OF
16 CONVICTION.

17 (II) THE APPLICANT SATISFACTORILY DEMONSTRATES TO THE BOARD
18 THAT HE HAS MADE SIGNIFICANT PROGRESS IN PERSONAL REHABILITATION
19 SINCE THE CONVICTION SUCH THAT LICENSURE OF THE APPLICANT SHOULD
20 NOT BE EXPECTED TO CREATE A SUBSTANTIAL RISK OF HARM TO THE
21 HEALTH AND SAFETY OF HIS PATIENTS OR THE PUBLIC OR A SUBSTANTIAL
22 RISK OF FURTHER CRIMINAL VIOLATIONS.

23 (III) THE APPLICANT OTHERWISE SATISFIES THE QUALIFICATIONS
24 CONTAINED IN OR AUTHORIZED BY THIS SECTION.

25 AS USED IN THIS PARAGRAPH, THE TERM "CONVICTED" SHALL INCLUDE A
26 JUDGMENT, AN ADMISSION OF GUILT OR A PLEA OF NOLO CONTENDERE.

27 (H) AN INSURER SHALL BE REQUIRED TO CONTRACT WITH AND TO
28 ACCEPT AS A PARTICIPATING PROVIDER ANY AUTISM SERVICE PROVIDER
29 WITHIN ITS SERVICE AREA AND ENROLLED IN THE COMMONWEALTH'S
30 MEDICAL ASSISTANCE PROGRAM WHO AGREES TO ACCEPT THE PAYMENT

1 LEVELS, TERMS AND CONDITIONS APPLICABLE TO THE INSURER'S OTHER
2 PARTICIPATING PROVIDERS FOR SUCH SERVICE.

3 (I) AN INSURER MAY REVIEW A TREATMENT PLAN FOR TREATMENT OF
4 AUTISM SPECTRUM DISORDERS ONCE EVERY SIX (6) MONTHS, SUBJECT TO
5 ITS UTILIZATION REVIEW REQUIREMENTS, INCLUDING CASE MANAGEMENT,
6 CONCURRENT REVIEW AND OTHER MANAGED CARE PROVISIONS. A MORE OR
7 LESS FREQUENT REVIEW CAN BE AGREED UPON BY THE INSURER AND THE
8 LICENSED PHYSICIAN OR LICENSED PSYCHOLOGIST DEVELOPING THE
9 TREATMENT PLAN.

10 (J) THE RESULTS OF A DIAGNOSTIC ASSESSMENT OF AUTISM
11 SPECTRUM DISORDER SHALL BE VALID FOR A PERIOD OF TWELVE (12)
12 MONTHS, UNLESS A LICENSED PHYSICIAN OR LICENSED PSYCHOLOGIST
13 DETERMINES AN EARLIER ASSESSMENT IS NECESSARY.

14 (K) FOR PURPOSES OF THIS SECTION, THE TERM "AUTISM SERVICE
15 PROVIDER" SHALL INCLUDE ANY BEHAVIOR SPECIALIST IN THIS
16 COMMONWEALTH PROVIDING TREATMENT OF AUTISM SPECTRUM DISORDERS
17 PURSUANT TO A TREATMENT PLAN UNTIL ONE (1) YEAR FROM THE TIME
18 THAT SUCH REGULATIONS ARE PROMULGATED OR UNTIL THREE (3) YEARS
19 FROM THE EFFECTIVE DATE OF THIS SECTION, WHICHEVER IS LATER.

20 SECTION 635.3. COVERAGE FOR COLORECTAL CANCER SCREENING.--

21 (A) EXCEPT TO THE EXTENT ALREADY COVERED UNDER ANOTHER POLICY,
22 ALL HEALTH INSURANCE POLICIES AS DEFINED IN THIS SECTION SHALL
23 ALSO PROVIDE COVERAGE FOR COLORECTAL CANCER SCREENING FOR
24 COVERED INDIVIDUALS IN ACCORDANCE WITH THE MOST RECENTLY
25 PUBLISHED AMERICAN CANCER SOCIETY GUIDELINES FOR COLORECTAL
26 CANCER SCREENING AS OF JANUARY 1, 2008, AND CONSISTENT WITH
27 APPROVED MEDICAL STANDARDS AND PRACTICES.

28 (1) COVERAGE FOR NONSYMPTOMATIC COVERED INDIVIDUALS WHO ARE
29 FIFTY (50) YEARS OF AGE OR OLDER SHALL INCLUDE, BUT NOT BE
30 LIMITED TO:

1 (I) AN ANNUAL FECAL OCCULT BLOOD TEST.

2 (II) A SIGMOIDOSCOPY, A SCREENING BARIUM ENEMA OR A TEST
3 CONSISTENT WITH APPROVED MEDICAL STANDARDS AND PRACTICES TO
4 DETECT COLON CANCER, AT LEAST ONCE EVERY FIVE (5) YEARS.

5 (III) A COLONOSCOPY AT LEAST ONCE EVERY TEN (10) YEARS.

6 (2) COVERAGE FOR SYMPTOMATIC COVERED INDIVIDUALS SHALL
7 INCLUDE A COLONOSCOPY, SIGMOIDOSCOPY OR ANY COMBINATION OF
8 COLORECTAL CANCER SCREENING TESTS AT A FREQUENCY DETERMINED BY A
9 TREATING PHYSICIAN.

10 (3) COVERAGE FOR NONSYMPTOMATIC COVERED INDIVIDUALS WHO ARE
11 AT HIGH OR INCREASED RISK FOR COLORECTAL CANCER WHO ARE UNDER
12 FIFTY (50) YEARS OF AGE SHALL INCLUDE A COLONOSCOPY OR ANY
13 COMBINATION OF COLORECTAL CANCER SCREENING TESTS IN ACCORDANCE
14 WITH THE MOST RECENTLY PUBLISHED AMERICAN CANCER SOCIETY
15 GUIDELINES ON SCREENING FOR COLORECTAL CANCER.

16 (B) THE COVERAGE REQUIRED UNDER THIS SECTION SHALL BE
17 SUBJECT TO ANNUAL DEDUCTIBLES, COINSURANCE AND COPAYMENT
18 REQUIREMENTS IMPOSED BY AN ENTITY SUBJECT TO THIS SECTION FOR
19 SIMILAR COVERAGES UNDER THE SAME HEALTH INSURANCE POLICY OR
20 CONTRACT.

21 (C) FOR THE PURPOSE OF THIS SECTION:

22 (1) "HEALTH INSURANCE POLICY" MEANS ANY INDIVIDUAL OR GROUP
23 HEALTH, SICKNESS OR ACCIDENT POLICY OR SUBSCRIBER CONTRACT OR
24 CERTIFICATE OFFERED TO FIFTY-ONE (51) OR MORE EMPLOYEES ISSUED BY
25 AN ENTITY SUBJECT TO ANY ONE OF THE FOLLOWING:

26 (I) THIS ACT.

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

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

1 ACT."

2 (IV) 40 PA.C.S. CH. 61 (RELATING TO HOSPITAL PLAN
3 CORPORATIONS) OR 63 (RELATING TO PROFESSIONAL HEALTH SERVICES
4 PLAN CORPORATIONS).

5 (V) MEDICAL ASSISTANCE.

6 THE TERM DOES NOT INCLUDE ACCIDENT ONLY, FIXED INDEMNITY,
7 LIMITED BENEFIT, CREDIT, DENTAL, VISION, SPECIFIED DISEASE,
8 MEDICARE SUPPLEMENT, CIVILIAN HEALTH AND MEDICAL PROGRAM OF THE
9 UNIFORMED SERVICES (CHAMPUS) SUPPLEMENT, LONG-TERM CARE OR
10 DISABILITY INCOME, WORKERS' COMPENSATION OR AUTOMOBILE MEDICAL
11 PAYMENT INSURANCE.

12 (2) "COLONOSCOPY" MEANS AN EXAMINATION OF THE RECTUM AND THE
13 ENTIRE COLON USING A LIGHTED INSTRUMENT CALLED A COLONOSCOPE.

14 (3) "COLORECTAL CANCER SCREENING" MEANS ANY OF THE FOLLOWING
15 PROCEDURES THAT ARE FURNISHED TO AN INDIVIDUAL FOR THE PURPOSE
16 OF EARLY DETECTION OF COLORECTAL CANCER:

17 (I) SCREENING FECAL-OCCULT BLOOD OR FECAL IMMUNOCHEMICAL
18 TEST.

19 (II) SCREENING FLEXIBLE SIGMOIDOSCOPY.

20 (III) SCREENING COLONOSCOPY.

21 (IV) SCREENING BARIUM ENEMA.

22 (V) SCREENING TEST CONSISTENT WITH APPROVED MEDICAL
23 STANDARDS AND PRACTICES TO DETECT COLON CANCER.

24 (4) "NONSYMPTOMATIC PERSON AT HIGH OR INCREASED RISK" MEANS
25 AN INDIVIDUAL WHO POSES A HIGHER THAN AVERAGE RISK FOR
26 COLORECTAL CANCER ACCORDING TO THE MOST RECENTLY PUBLISHED
27 AMERICAN CANCER SOCIETY GUIDELINES.

28 (5) "SYMPTOMATIC PERSON" MEANS AN INDIVIDUAL WHO EXPERIENCES
29 A CHANGE IN BOWEL HABITS, RECTAL BLEEDING OR PERSISTANT STOMACH
30 CRAMPS, WEIGHT LOSS OR ABDOMINAL PAIN.

1 SECTION 4. THE INTRODUCTORY PARAGRAPH AND THE DEFINITIONS OF
2 "INSURER" AND "PERSON" IN SECTION 1401 OF THE ACT, AMENDED
3 DECEMBER 20, 2000 (P.L.967, NO.132), ARE AMENDED AND THE SECTION
4 IS AMENDED BY ADDING A DEFINITION TO READ:

5 SECTION 1401. DEFINITIONS.--AS USED IN THIS ARTICLE, AND FOR
6 THE PURPOSES OF THIS ARTICLE ONLY, THE FOLLOWING WORDS AND
7 PHRASES SHALL HAVE THE MEANINGS GIVEN TO THEM IN THIS SECTION:

8 * * *

9 "INSURER." ANY HEALTH MAINTENANCE ORGANIZATION, PREFERRED
10 PROVIDER ORGANIZATION, COMPANY, ASSOCIATION [OR], EXCHANGE,
11 HOSPITAL PLAN CORPORATION AS DEFINED IN AND SUBJECT TO 40
12 PA.C.S. CH. 61 (RELATING TO HOSPITAL PLAN CORPORATIONS) OR
13 PROFESSIONAL HEALTH SERVICES PLAN CORPORATION SUBJECT TO 40
14 PA.C.S. CH. 63 (RELATING TO PROFESSIONAL HEALTH SERVICES PLAN
15 CORPORATIONS), AUTHORIZED BY THE INSURANCE COMMISSIONER TO
16 TRANSACT THE BUSINESS OF INSURANCE IN THIS COMMONWEALTH EXCEPT
17 THAT THE TERM SHALL NOT INCLUDE:

18 (1) THE COMMONWEALTH OR ANY AGENCY OR INSTRUMENTALITY
19 THEREOF;

20 (2) AGENCIES, AUTHORITIES OR INSTRUMENTALITIES OF THE UNITED
21 STATES, ITS POSSESSIONS AND TERRITORIES, THE COMMONWEALTH OF
22 PUERTO RICO, THE DISTRICT OF COLUMBIA OR A STATE OR POLITICAL
23 SUBDIVISION; OR

24 (3) FRATERNAL BENEFIT SOCIETIES[; OR

25 (4) NONPROFIT MEDICAL AND HOSPITAL SERVICE ASSOCIATIONS].

26 * * *

27 "PERSON." AN INDIVIDUAL, AN INSURER, A CORPORATION, A
28 PARTNERSHIP, A LIMITED LIABILITY COMPANY, AN ASSOCIATION, A
29 JOINT STOCK COMPANY, A TRUST, AN UNINCORPORATED ORGANIZATION,
30 ANY SIMILAR ENTITY OR ANY COMBINATION OF THE FOREGOING ACTING IN

1 CONCERT. THE TERM SHALL NOT INCLUDE ANY JOINT VENTURE
2 PARTNERSHIP EXCLUSIVELY ENGAGED IN OWNING, MANAGING, LEASING OR
3 DEVELOPING REAL OR TANGIBLE PERSONAL PROPERTY.

4 * * *

5 "SHAREHOLDER." A RECORD HOLDER OR RECORD OWNER OF SHARES OF
6 AN INSURER.

7 (1) THE TERM SHALL INCLUDE ALL OF THE FOLLOWING:

8 (I) A MEMBER OF AN INSURER THAT IS A DOMESTIC NONSTOCK
9 CORPORATION UNDER 15 PA.C.S. CH. 21 (RELATING TO NONSTOCK
10 CORPORATIONS) OR A PRIOR STATUTE.

11 (II) A MEMBER, AS DEFINED IN 15 PA.C.S. § 5103 (RELATING TO
12 DEFINITIONS), OF AN INSURER THAT IS A DOMESTIC NONPROFIT
13 CORPORATION UNDER 15 PA.C.S. CH. 51 (RELATING TO GENERAL
14 PROVISIONS) OR A PRIOR STATUTE.

15 (III) A SUBSCRIBER OF AN INSURER THAT IS A DOMESTIC
16 RECIPROCAL EXCHANGE UNDER ARTICLE X OR A PRIOR STATUTE.

17 (2) THE TERM SHALL NOT INCLUDE ANY SUBSCRIBER, INSURED OR
18 CUSTOMER OF:

19 (I) A HOSPITAL PLAN CORPORATION SUBJECT TO 40 PA.C.S. CH. 61
20 (RELATING TO HOSPITAL PLAN CORPORATIONS); OR

21 (II) A PROFESSIONAL HEALTH SERVICE PLAN CORPORATION SUBJECT
22 TO 40 PA.C.S. CH. 63 (RELATING TO PROFESSIONAL HEALTH SERVICES
23 PLAN CORPORATIONS).

24 * * *

25 SECTION 5. SECTION 1402 OF THE ACT, AMENDED OR ADDED
26 DECEMBER 18, 1992 (P.L.1519, NO.178) AND DECEMBER 21, 1998
27 (P.L.1108, NO.150), IS AMENDED TO READ:

28 SECTION 1402. ACQUISITION OF CONTROL OF OR MERGER OR
29 CONSOLIDATION WITH DOMESTIC INSURER.--(A) (1) NO PERSON OTHER
30 THAN THE ISSUER SHALL MAKE A TENDER OFFER FOR OR A REQUEST OR

1 INVITATION FOR TENDERS OF, OR ENTER INTO ANY AGREEMENT TO
2 EXCHANGE SECURITIES OR SEEK TO ACQUIRE OR ACQUIRE IN THE OPEN
3 MARKET OR OTHERWISE, ANY VOTING SECURITY OF A DOMESTIC INSURER
4 IF, AFTER THE CONSUMMATION THEREOF, SUCH PERSON WOULD DIRECTLY
5 OR INDIRECTLY OR BY CONVERSION OR BY EXERCISE OF ANY RIGHT TO
6 ACQUIRE, BE IN CONTROL OF SUCH INSURER, AND NO PERSON SHALL
7 ENTER INTO AN AGREEMENT TO MERGE OR CONSOLIDATE WITH OR
8 OTHERWISE TO ACQUIRE CONTROL OF A DOMESTIC INSURER OR ANY PERSON
9 CONTROLLING A DOMESTIC INSURER UNLESS, AT THE TIME ANY SUCH
10 OFFER, REQUEST OR INVITATION IS MADE OR ANY SUCH AGREEMENT IS
11 ENTERED INTO OR PRIOR TO THE ACQUISITION OF SUCH SECURITIES IF
12 NO OFFER OR AGREEMENT IS INVOLVED, SUCH PERSON HAS FILED WITH
13 THE DEPARTMENT AND HAS SENT TO SUCH INSURER A STATEMENT
14 CONTAINING THE INFORMATION REQUIRED BY THIS SECTION AND SUCH
15 OFFER, REQUEST, INVITATION, AGREEMENT OR ACQUISITION HAS BEEN
16 APPROVED BY THE DEPARTMENT IN THE MANNER HEREINAFTER PRESCRIBED.

17 (2) FOR PURPOSES OF THIS SECTION, A "DOMESTIC INSURER" SHALL
18 INCLUDE ANY PERSON CONTROLLING A DOMESTIC INSURER UNLESS SUCH
19 PERSON AS DETERMINED BY THE DEPARTMENT IS EITHER DIRECTLY OR
20 THROUGH ITS AFFILIATES PRIMARILY ENGAGED IN BUSINESS OTHER THAN
21 THE BUSINESS OF INSURANCE. SUCH PERSON SHALL, HOWEVER, FILE A
22 PREACQUISITION NOTIFICATION WITH THE DEPARTMENT CONTAINING THE
23 INFORMATION SET FORTH IN SECTION 1403(C)(2) THIRTY (30) DAYS
24 PRIOR TO THE PROPOSED EFFECTIVE DATE OF THE ACQUISITION. FAILURE
25 TO FILE IS SUBJECT TO SECTION 1403(E)(3). FOR PURPOSES OF THIS
26 SECTION, "PERSON" SHALL NOT INCLUDE ANY SECURITIES BROKER
27 HOLDING, IN THE USUAL AND CUSTOMARY MANNER, LESS THAN TWENTY PER
28 CENTUM (20%) OF THE VOTING SECURITIES OF AN INSURANCE COMPANY OR
29 OF ANY PERSON WHICH CONTROLS AN INSURANCE COMPANY.

30 (B) THE STATEMENT TO BE FILED WITH THE DEPARTMENT UNDER THIS

1 SECTION SHALL BE MADE UNDER OATH OR AFFIRMATION AND SHALL
2 CONTAIN THE FOLLOWING INFORMATION:

3 (1) THE NAME AND ADDRESS OF EACH PERSON BY WHOM OR ON WHOSE
4 BEHALF THE MERGER, CONSOLIDATION OR OTHER ACQUISITION OF CONTROL
5 REFERRED TO IN SUBSECTION (A) IS TO BE EFFECTED, HEREINAFTER
6 CALLED "ACQUIRING PARTY," AND

7 (I) IF SUCH PERSON IS AN INDIVIDUAL, HIS PRINCIPAL
8 OCCUPATION AND ALL OFFICES AND POSITIONS HELD DURING THE PAST
9 FIVE (5) YEARS, AND ANY CONVICTION OF CRIMES OTHER THAN MINOR
10 TRAFFIC VIOLATIONS DURING THE PAST TEN (10) YEARS; OR

11 (II) IF SUCH PERSON IS NOT AN INDIVIDUAL, A REPORT OF THE
12 NATURE OF ITS BUSINESS OPERATIONS DURING THE PAST FIVE (5) YEARS
13 OR FOR SUCH LESSER PERIOD AS THE PERSON AND ANY PREDECESSORS
14 THEREOF SHALL HAVE BEEN IN EXISTENCE; AN INFORMATIVE DESCRIPTION
15 OF THE BUSINESS INTENDED TO BE DONE BY THE PERSON AND THE
16 PERSON'S SUBSIDIARIES; AND A LIST OF ALL INDIVIDUALS WHO ARE OR
17 WHO HAVE BEEN SELECTED TO BECOME DIRECTORS OR EXECUTIVE OFFICERS
18 OF THE PERSON, OR WHO PERFORM OR WILL PERFORM FUNCTIONS
19 APPROPRIATE TO THOSE POSITIONS. THIS LIST SHALL INCLUDE FOR EACH
20 INDIVIDUAL THE INFORMATION REQUIRED BY SUBPARAGRAPH (I).

21 (2) THE SOURCE, NATURE AND AMOUNT OF THE CONSIDERATION USED
22 OR TO BE USED IN EFFECTING THE MERGER, CONSOLIDATION OR OTHER
23 ACQUISITION OF CONTROL, A DESCRIPTION OF ANY TRANSACTION WHEREIN
24 FUNDS WERE OR ARE TO BE OBTAINED FOR ANY SUCH PURPOSE, INCLUDING
25 ANY PLEDGE OF THE INSURER'S STOCK OR THE STOCK OF ANY OF ITS
26 SUBSIDIARIES OR CONTROLLING AFFILIATES, AND THE IDENTITY OF
27 PERSONS FURNISHING SUCH CONSIDERATION, PROVIDED, HOWEVER, THAT
28 WHERE A SOURCE OF SUCH CONSIDERATION IS A LOAN MADE IN THE
29 LENDER'S ORDINARY COURSE OF BUSINESS, THE IDENTITY OF THE LENDER
30 SHALL REMAIN CONFIDENTIAL IF THE PERSON FILING SUCH STATEMENT SO

1 REQUESTS.

2 (3) FULLY AUDITED FINANCIAL INFORMATION AS TO THE EARNINGS
3 AND FINANCIAL CONDITION OF EACH ACQUIRING PARTY FOR THE
4 PRECEDING FIVE (5) FISCAL YEARS OF EACH SUCH ACQUIRING PARTY, OR
5 FOR SUCH LESSER PERIOD AS SUCH ACQUIRING PARTY AND ANY
6 PREDECESSORS THEREOF SHALL HAVE BEEN IN EXISTENCE, AND SIMILAR
7 UNAUDITED INFORMATION AS OF A DATE NOT EARLIER THAN NINETY (90)
8 DAYS PRIOR TO THE FILING OF THE STATEMENT.

9 (4) ANY PLANS OR PROPOSALS WHICH EACH ACQUIRING PARTY MAY
10 HAVE TO LIQUIDATE SUCH INSURER, TO SELL ITS ASSETS OR MERGE OR
11 CONSOLIDATE IT WITH ANY PERSON OR TO MAKE ANY OTHER MATERIAL
12 CHANGE IN ITS BUSINESS OR CORPORATE STRUCTURE OR MANAGEMENT.

13 (5) THE NUMBER OF SHARES OF ANY SECURITY REFERRED TO IN
14 SUBSECTION (A) WHICH EACH ACQUIRING PARTY PROPOSES TO ACQUIRE,
15 AND THE TERMS OF THE OFFER, REQUEST, INVITATION, AGREEMENT OR
16 ACQUISITION REFERRED TO IN SUBSECTION (A), AND A STATEMENT AS TO
17 THE METHOD BY WHICH THE FAIRNESS OF THE PROPOSAL WAS ARRIVED.

18 (6) THE AMOUNT OF EACH CLASS OF ANY SECURITY REFERRED TO IN
19 SUBSECTION (A) WHICH IS BENEFICIALLY OWNED OR CONCERNING WHICH
20 THERE IS A RIGHT TO ACQUIRE BENEFICIAL OWNERSHIP BY EACH
21 ACQUIRING PARTY.

22 (7) A FULL DESCRIPTION OF ANY CONTRACTS, ARRANGEMENTS OR
23 UNDERSTANDINGS WITH RESPECT TO ANY SECURITY REFERRED TO IN
24 SUBSECTION (A) IN WHICH ANY ACQUIRING PARTY IS INVOLVED,
25 INCLUDING, BUT NOT LIMITED TO, TRANSFER OF ANY OF THE
26 SECURITIES, JOINT VENTURES, LOAN OR OPTION ARRANGEMENTS, PUTS OR
27 CALLS, GUARANTEES OF LOANS, GUARANTEES AGAINST LOSS OR
28 GUARANTEES OF PROFITS, DIVISION OF LOSSES OR PROFITS, OR THE
29 GIVING OR WITHHOLDING OF PROXIES. SUCH DESCRIPTION SHALL
30 IDENTIFY THE PERSONS WITH WHOM SUCH CONTRACTS, ARRANGEMENTS OR

1 UNDERSTANDINGS HAVE BEEN ENTERED INTO.

2 (8) A DESCRIPTION OF THE PURCHASE OF ANY SECURITY REFERRED
3 TO IN SUBSECTION (A) DURING THE TWELVE CALENDAR MONTHS PRECEDING
4 THE FILING OF THE STATEMENT, BY ANY ACQUIRING PARTY, INCLUDING
5 THE DATES OF PURCHASE, NAMES OF THE PURCHASERS AND CONSIDERATION
6 PAID OR AGREED TO BE PAID THEREFOR.

7 (9) A DESCRIPTION OF ANY RECOMMENDATIONS TO PURCHASE ANY
8 SECURITY REFERRED TO IN SUBSECTION (A) MADE DURING THE TWELVE
9 CALENDAR MONTHS PRECEDING THE FILING OF THE STATEMENT, BY ANY
10 ACQUIRING PARTY, OR BY ANYONE BASED UPON INTERVIEWS OR AT THE
11 SUGGESTION OF SUCH ACQUIRING PARTY.

12 (10) COPIES OF ALL TENDER OFFERS FOR, REQUESTS OR
13 INVITATIONS FOR TENDERS OF, EXCHANGE OFFERS FOR AND AGREEMENTS
14 TO ACQUIRE OR EXCHANGE ANY SECURITIES REFERRED TO IN SUBSECTION
15 (A) AND, IF DISTRIBUTED, OF ADDITIONAL SOLICITING MATERIAL
16 RELATING THERETO.

17 (11) THE TERM OF ANY AGREEMENT, CONTRACT OR UNDERSTANDING
18 MADE WITH OR PROPOSED TO BE MADE WITH ANY BROKER-DEALER AS TO
19 SOLICITATION OF SECURITIES REFERRED TO IN SUBSECTION (A) FOR
20 TENDER AND THE AMOUNT OF ANY FEES, COMMISSIONS OR OTHER
21 COMPENSATION TO BE PAID TO BROKER-DEALERS WITH REGARD THERETO.

22 (12) SUCH ADDITIONAL INFORMATION AS THE DEPARTMENT MAY BY
23 RULE OR REGULATION PRESCRIBE AS NECESSARY OR APPROPRIATE FOR THE
24 PROTECTION OF POLICYHOLDERS OF THE INSURER OR IN THE PUBLIC
25 INTEREST.

26 (C) IF THE PERSON REQUIRED TO FILE THE STATEMENT REFERRED TO
27 IN SUBSECTION (A) IS A PARTNERSHIP, LIMITED PARTNERSHIP,
28 SYNDICATE OR OTHER GROUP, THE DEPARTMENT MAY REQUIRE THAT THE
29 INFORMATION CALLED FOR BY SUBSECTION (B)(1) THROUGH (12) SHALL
30 BE GIVEN WITH RESPECT TO EACH PARTNER OF SUCH PARTNERSHIP OR

1 LIMITED PARTNERSHIP, EACH MEMBER OF SUCH SYNDICATE OR GROUP AND
2 EACH PERSON WHO CONTROLS SUCH PARTNER OR MEMBER. IF ANY SUCH
3 PARTNER, MEMBER OR PERSON IS A CORPORATION OR THE PERSON
4 REQUIRED TO FILE THE STATEMENT REFERRED TO IN SUBSECTION (A) IS
5 A CORPORATION, THE DEPARTMENT MAY REQUIRE THAT THE INFORMATION
6 CALLED FOR BY SUBSECTION (B)(1) THROUGH (12) SHALL BE GIVEN WITH
7 RESPECT TO SUCH CORPORATION, EACH OFFICER AND DIRECTOR OF SUCH
8 CORPORATION AND EACH PERSON WHO IS DIRECTLY OR INDIRECTLY THE
9 BENEFICIAL OWNER OF MORE THAN TEN PER CENTUM (10%) OF THE
10 OUTSTANDING VOTING SECURITIES OF SUCH CORPORATION.

11 (D) IF ANY MATERIAL CHANGE OCCURS IN THE FACTS SET FORTH IN
12 THE STATEMENT FILED WITH THE DEPARTMENT AND SENT TO SUCH INSURER
13 PURSUANT TO THIS SECTION, AN AMENDMENT SETTING FORTH SUCH
14 CHANGE, TOGETHER WITH COPIES OF ALL DOCUMENTS AND OTHER MATERIAL
15 RELEVANT TO SUCH CHANGE, SHALL BE FILED WITH THE DEPARTMENT AND
16 SENT TO SUCH INSURER WITHIN TWO (2) BUSINESS DAYS AFTER THE
17 PERSON LEARNS OF SUCH CHANGE.

18 (E) IF ANY OFFER, REQUEST, INVITATION, AGREEMENT OR
19 ACQUISITION REFERRED TO IN SUBSECTION (A) IS PROPOSED TO BE MADE
20 BY MEANS OF A REGISTRATION STATEMENT UNDER THE SECURITIES ACT OF
21 1933 (48 STAT. 74, 15 U.S.C. § 77A ET SEQ.), OR IN CIRCUMSTANCES
22 REQUIRING THE DISCLOSURE OF SIMILAR INFORMATION UNDER THE
23 SECURITIES EXCHANGE ACT OF 1934 (48 STAT. 881, 15 U.S.C. § 78A
24 ET SEQ.), OR UNDER A STATE LAW REQUIRING SIMILAR REGISTRATION OR
25 DISCLOSURE, THE PERSON REQUIRED TO FILE THE STATEMENT REFERRED
26 TO IN SUBSECTION (A) MAY UTILIZE SUCH DOCUMENTS IN FURNISHING
27 THE INFORMATION CALLED FOR BY THAT STATEMENT.

28 (F) (1) THE DEPARTMENT SHALL APPROVE ANY MERGER,
29 CONSOLIDATION OR OTHER ACQUISITION OF CONTROL REFERRED TO IN
30 SUBSECTION (A) UNLESS IT FINDS ANY OF THE FOLLOWING:

1 (I) AFTER THE [CHANGE] MERGER, CONSOLIDATION OR OTHER
2 ACQUISITION OF CONTROL, THE DOMESTIC INSURER REFERRED TO IN
3 SUBSECTION (A) WOULD NOT BE ABLE TO SATISFY THE REQUIREMENTS FOR
4 THE ISSUANCE OF A LICENSE TO WRITE THE LINE OR LINES OF
5 INSURANCE FOR WHICH IT IS PRESENTLY LICENSED.

6 (II) THE EFFECT OF THE MERGER, CONSOLIDATION OR OTHER
7 ACQUISITION OF CONTROL WOULD BE TO SUBSTANTIALLY LESSEN
8 COMPETITION IN INSURANCE IN THIS COMMONWEALTH OR TEND TO CREATE
9 A MONOPOLY THEREIN. IN APPLYING THE COMPETITIVE STANDARD IN THIS
10 SUBPARAGRAPH:

11 (A) THE INFORMATIONAL REQUIREMENTS OF SECTION 1403(C)(2) AND
12 THE STANDARDS OF SECTION 1403(D)(2) SHALL APPLY;

13 (B) THE MERGER, CONSOLIDATION OR OTHER ACQUISITION OF
14 CONTROL SHALL NOT BE DISAPPROVED IF THE DEPARTMENT FINDS THAT
15 ANY OF THE SITUATIONS MEETING THE CRITERIA PROVIDED BY SECTION
16 1403(D)(3) EXIST; AND

17 (C) THE DEPARTMENT MAY CONDITION THE APPROVAL OF THE MERGER,
18 CONSOLIDATION OR OTHER ACQUISITION OF CONTROL ON THE REMOVAL OF
19 THE BASIS OF DISAPPROVAL WITHIN A SPECIFIED PERIOD OF TIME.

20 (III) THE FINANCIAL CONDITION OF ANY ACQUIRING PARTY IS SUCH
21 AS MIGHT JEOPARDIZE THE FINANCIAL STABILITY OF THE INSURER OR
22 PREJUDICE THE INTEREST OF ITS POLICYHOLDERS.

23 (IV) THE PLANS OR PROPOSALS WHICH THE ACQUIRING PARTY HAS TO
24 LIQUIDATE THE INSURER, SELL ITS ASSETS OR CONSOLIDATE OR MERGE
25 IT WITH ANY PERSON, OR TO MAKE ANY OTHER MATERIAL CHANGE IN ITS
26 BUSINESS OR CORPORATE STRUCTURE OR MANAGEMENT, ARE UNFAIR AND
27 UNREASONABLE TO POLICYHOLDERS OF THE INSURER AND NOT IN THE
28 PUBLIC INTEREST.

29 (V) THE COMPETENCE, EXPERIENCE AND INTEGRITY OF THOSE
30 PERSONS WHO WOULD CONTROL THE OPERATION OF THE INSURER ARE SUCH

1 THAT IT WOULD NOT BE IN THE INTEREST OF POLICYHOLDERS OF THE
2 INSURER AND OF THE PUBLIC TO PERMIT THE MERGER, CONSOLIDATION OR
3 OTHER ACQUISITION OF CONTROL.

4 (VI) THE [ACQUISITION] MERGER, CONSOLIDATION OR OTHER
5 ACQUISITION OF CONTROL IS LIKELY TO BE HAZARDOUS OR PREJUDICIAL
6 TO THE INSURANCE BUYING PUBLIC.

7 (VII) THE MERGER, CONSOLIDATION OR OTHER ACQUISITION OF
8 CONTROL IS NOT IN COMPLIANCE WITH THE LAWS OF THIS COMMONWEALTH,
9 INCLUDING ARTICLE VIII-A.

10 (2) IF THE MERGER, CONSOLIDATION OR OTHER ACQUISITION OF
11 CONTROL IS APPROVED, THE DEPARTMENT SHALL SO NOTIFY THE PERSON
12 FILING THE STATEMENT AND THE INSURER [WHOSE STOCK] THAT IS
13 PROPOSED TO BE ACQUIRED, AND SUCH A DETERMINATION IS HEREAFTER
14 REFERRED TO AS AN APPROVING DETERMINATION. NOTICE SHALL ALSO BE
15 GIVEN BY THE DEPARTMENT OF ANY DETERMINATION WHICH IS NOT AN
16 APPROVING DETERMINATION. IF AN APPROVING DETERMINATION IS MADE
17 BY THE DEPARTMENT AND NOT OTHERWISE, THE PROPOSED OFFER AND
18 ACQUISITION MAY THEREAFTER BE MADE AND CONSUMMATED ON THE TERMS
19 AND CONDITIONS AND IN THE MANNER DESCRIBED IN THE STATEMENT AND
20 SUBJECT TO SUCH CONDITIONS AS MAY BE PRESCRIBED BY THE
21 DEPARTMENT AS HEREINAFTER PROVIDED. AN APPROVING DETERMINATION
22 BY THE DEPARTMENT SHALL BE DEEMED TO EXTEND TO OFFERS OR
23 ACQUISITIONS MADE PURSUANT THERETO WITHIN ONE YEAR FOLLOWING THE
24 DATE OF DETERMINATION. THE DEPARTMENT MAY, AS A CONDITION OF ITS
25 APPROVING DETERMINATION, REQUIRE THE INCLUSION IN ANY OFFER OF
26 PROVISIONS REQUIRING THE OFFER TO REMAIN OPEN A SPECIFIED
27 MINIMUM LENGTH OF TIME, PERMITTING WITHDRAWAL OF SHARES
28 DEPOSITED PRIOR TO THE TIME THE OFFEROR BECOMES BOUND TO
29 CONSUMMATE THE ACQUISITION AND REQUIRING PRO RATA ACCEPTANCE OF
30 ANY SHARES DEPOSITED PURSUANT TO THE OFFER. THE DEPARTMENT SHALL

1 HOLD A HEARING BEFORE MAKING THE DETERMINATION REQUIRED BY THIS
2 SUBSECTION IF, WITHIN TEN (10) DAYS FOLLOWING THE FILING WITH
3 THE DEPARTMENT OF THE STATEMENT, WRITTEN REQUEST FOR THE HOLDING
4 OF SUCH HEARING IS MADE EITHER BY THE PERSON PROPOSING TO MAKE
5 THE ACQUISITION, BY THE INSURER [WHOSE STOCK] THAT IS PROPOSED
6 TO BE ACQUIRED OR, IF [SUCH] THE ISSUER OF STOCK PROPOSED TO BE
7 ACQUIRED IS NOT AN INSURER, BY THE [INSURANCE COMPANY] INSURER
8 CONTROLLED BY SUCH ISSUER. OTHERWISE, THE DEPARTMENT SHALL
9 DETERMINE IN ITS DISCRETION WHETHER SUCH A HEARING SHALL BE
10 HELD. THIRTY (30) DAYS' NOTICE OF ANY SUCH HEARING SHALL BE
11 GIVEN TO THE PERSON PROPOSING TO MAKE THE ACQUISITION, TO THE
12 ISSUER WHOSE STOCK IS PROPOSED TO BE ACQUIRED AND, IF SUCH
13 ISSUER IS NOT AN INSURER, TO THE INSURANCE COMPANY CONTROLLED BY
14 SUCH ISSUER. NOTICE OF ANY SUCH HEARING SHALL ALSO BE GIVEN TO
15 SUCH OTHER PERSONS, IF ANY, AS THE DEPARTMENT MAY DETERMINE.

16 (3) THE DEPARTMENT MAY RETAIN AT THE ACQUIRING PERSON'S
17 EXPENSE ANY ATTORNEYS, ACTUARIES, ACCOUNTANTS AND OTHER EXPERTS
18 NOT OTHERWISE A PART OF THE DEPARTMENT'S STAFF AS MAY BE
19 REASONABLY NECESSARY TO ASSIST THE DEPARTMENT IN REVIEWING THE
20 PROPOSED ACQUISITION OF CONTROL.

21 (G) THE PROVISIONS OF THIS SECTION SHALL NOT APPLY TO ANY
22 OFFER, REQUEST, INVITATION, AGREEMENT OR ACQUISITION WHICH THE
23 DEPARTMENT BY ORDER SHALL EXEMPT THEREFROM AS:

24 (1) NOT HAVING BEEN MADE OR ENTERED INTO FOR THE PURPOSE AND
25 NOT HAVING THE EFFECT OF CHANGING OR INFLUENCING THE CONTROL OF
26 A DOMESTIC INSURER; OR

27 (2) AS OTHERWISE NOT COMPREHENDED WITHIN THE PURPOSES OF
28 THIS SECTION.

29 (H) THE FOLLOWING SHALL CONSTITUTE A VIOLATION OF THIS
30 SECTION:

1 (1) THE FAILURE TO FILE ANY STATEMENT, AMENDMENT OR OTHER
2 MATERIAL REQUIRED TO BE FILED PURSUANT TO SUBSECTION (A) OR (B);

3 (2) THE EFFECTUATION OR ANY ATTEMPT TO EFFECTUATE AN
4 ACQUISITION OF CONTROL OF OR MERGER OR CONSOLIDATION WITH A
5 DOMESTIC INSURER UNLESS THE DEPARTMENT HAS GIVEN ITS APPROVAL
6 THERETO; OR

7 (3) A VIOLATION OF SECTION 819-A.

8 (I) THE DEPARTMENT SHALL, WITHIN SEVENTY-TWO HOURS OF
9 RECEIVING A STATEMENT FILED UNDER THIS SECTION, PROVIDE
10 NOTIFICATION TO THE OFFICE OF ATTORNEY GENERAL THAT THE FILING
11 WAS RECEIVED.

12 (J) AS USED IN THIS SECTION, THE TERM "ANNUAL STATEMENT"
13 SHALL MEAN THE ANNUAL REPORT OF THE FINANCIAL CONDITION REQUIRED
14 TO BE FILED UNDER 40 PA.C.S. § 6331 (RELATING TO REPORTS AND
15 EXAMINATIONS).

16 SECTION 6. SECTION 1403(A), (B) AND (D), ADDED DECEMBER 18,
17 1992 (P.L.1519, NO.178), ARE AMENDED TO READ:

18 SECTION 1403. ACQUISITIONS INVOLVING INSURERS NOT OTHERWISE
19 COVERED.--(A) AS USED IN THIS SECTION THE FOLLOWING WORDS AND
20 PHRASES SHALL HAVE THE MEANINGS GIVEN TO THEM IN THIS
21 SUBSECTION:

22 "ACQUISITION." ANY AGREEMENT, ARRANGEMENT OR ACTIVITY THE
23 CONSUMMATION OF WHICH RESULTS IN A PERSON ACQUIRING, DIRECTLY OR
24 INDIRECTLY, THE CONTROL OF ANOTHER PERSON AND INCLUDES, BUT IS
25 NOT LIMITED TO, THE ACQUISITION OF VOTING SECURITIES, THE
26 ACQUISITION OF ASSETS, BULK REINSURANCE [AND], MERGERS AND
27 CONSOLIDATIONS.

28 "INVOLVED INSURER." INCLUDES AN INSURER WHICH EITHER
29 ACQUIRES OR IS ACQUIRED, IS AFFILIATED WITH AN ACQUIRER OR
30 ACQUIRED OR IS THE RESULT OF A MERGER OR CONSOLIDATION.

1 (B) (1) EXCEPT AS EXEMPTED IN PARAGRAPH (2), THIS SECTION
2 APPLIES TO ANY ACQUISITION IN WHICH THERE IS A CHANGE IN CONTROL
3 OF AN INSURER AUTHORIZED TO DO BUSINESS IN THIS COMMONWEALTH.

4 (2) THIS SECTION SHALL NOT APPLY TO ANY OF THE FOLLOWING:

5 (I) AN ACQUISITION SUBJECT TO APPROVAL OR DISAPPROVAL BY THE
6 DEPARTMENT PURSUANT TO SECTION 1402.

7 (II) A PURCHASE OF SECURITIES SOLELY FOR INVESTMENT PURPOSES
8 SO LONG AS SUCH SECURITIES ARE NOT USED BY VOTING OR OTHERWISE
9 TO CAUSE OR ATTEMPT TO CAUSE THE SUBSTANTIAL LESSENING OF
10 COMPETITION IN ANY INSURANCE MARKET IN THIS COMMONWEALTH. IF A
11 PURCHASE OF SECURITIES RESULTS IN A PRESUMPTION OF CONTROL AS
12 DESCRIBED IN THE DEFINITION OF "CONTROL" IN SECTION [1301] 1401,
13 IT IS NOT SOLELY FOR INVESTMENT PURPOSES UNLESS THE INSURANCE
14 DEPARTMENT OF THE INSURER'S STATE OF DOMICILE ACCEPTS A
15 DISCLAIMER OF CONTROL OR AFFIRMATIVELY FINDS THAT CONTROL DOES
16 NOT EXIST AND SUCH DISCLAIMER ACTION OR AFFIRMATIVE FINDING IS
17 COMMUNICATED BY THE DOMICILIARY INSURANCE DEPARTMENT TO THE
18 INSURANCE DEPARTMENT OF THE COMMONWEALTH.

19 (III) THE ACQUISITION OF A PERSON BY ANOTHER PERSON WHEN
20 BOTH PERSONS ARE NEITHER DIRECTLY NOR THROUGH AFFILIATES
21 PRIMARILY ENGAGED IN THE BUSINESS OF INSURANCE, IF
22 PREACQUISITION NOTIFICATION IS FILED WITH THE DEPARTMENT IN
23 ACCORDANCE WITH SUBSECTION (C)(2) THIRTY (30) DAYS PRIOR TO THE
24 PROPOSED EFFECTIVE DATE OF THE ACQUISITION. HOWEVER, SUCH
25 PREACQUISITION NOTIFICATION IS NOT REQUIRED FOR EXCLUSION FROM
26 THIS SECTION IF THE ACQUISITION WOULD OTHERWISE BE EXCLUDED FROM
27 THIS SECTION BY THIS PARAGRAPH.

28 (IV) THE ACQUISITION OF ALREADY AFFILIATED PERSONS.

29 (V) AN ACQUISITION IF, AS AN IMMEDIATE RESULT OF THE
30 ACQUISITION:

1 (A) IN NO MARKET WOULD THE COMBINED MARKET SHARE OF THE
2 INVOLVED INSURERS EXCEED FIVE PER CENTUM (5%) OF THE TOTAL
3 MARKET;

4 (B) THERE WOULD BE NO INCREASE IN ANY MARKET SHARE; OR

5 (C) IN NO MARKET WOULD:

6 (I) THE COMBINED MARKET SHARE OF THE INVOLVED INSURERS
7 EXCEEDS TWELVE PER CENTUM (12%) OF THE TOTAL MARKET; AND

8 (II) THE MARKET SHARE INCREASES BY MORE THAN TWO PER CENTUM
9 (2%) OF THE TOTAL MARKET.

10 FOR THE PURPOSE OF THIS SUBPARAGRAPH, A MARKET MEANS DIRECT
11 WRITTEN INSURANCE PREMIUM IN THIS COMMONWEALTH FOR A LINE OF
12 BUSINESS AS CONTAINED IN THE ANNUAL STATEMENT REQUIRED TO BE
13 FILED BY INSURERS LICENSED TO DO BUSINESS IN THIS COMMONWEALTH.

14 (VI) AN ACQUISITION FOR WHICH A PREACQUISITION NOTIFICATION
15 WOULD BE REQUIRED PURSUANT TO THIS SECTION DUE SOLELY TO THE
16 RESULTING EFFECT ON THE OCEAN MARINE INSURANCE LINE OF BUSINESS.

17 (VII) AN ACQUISITION OF AN INSURER WHOSE DOMICILIARY
18 INSURANCE DEPARTMENT AFFIRMATIVELY FINDS THAT SUCH INSURER IS IN
19 FAILING CONDITION; THERE IS A LACK OF FEASIBLE ALTERNATIVE TO
20 IMPROVING SUCH CONDITION; THE PUBLIC BENEFITS OF IMPROVING SUCH
21 INSURER'S CONDITION THROUGH THE ACQUISITION EXCEED THE PUBLIC
22 BENEFITS THAT WOULD ARISE FROM NOT LESSENING COMPETITION; AND
23 SUCH FINDINGS ARE COMMUNICATED BY THE DOMICILIARY INSURANCE
24 DEPARTMENT TO THE INSURANCE DEPARTMENT OF THE COMMONWEALTH.

25 (3) SECTIONS 1409(B) AND (C) AND 1411 SHALL NOT APPLY TO
26 ACQUISITIONS PROVIDED FOR IN THIS SUBSECTION.

27 * * *

28 (D) (1) THE DEPARTMENT MAY ENTER AN ORDER UNDER SUBSECTION
29 (E)(1) WITH RESPECT TO AN ACQUISITION IF THERE IS SUBSTANTIAL
30 EVIDENCE THAT THE EFFECT OF THE ACQUISITION MAY BE SUBSTANTIALLY

1 TO LESSEN COMPETITION IN ANY LINE OF INSURANCE IN THIS
2 COMMONWEALTH OR TEND TO CREATE A MONOPOLY THEREIN OR IF THE
3 INSURER FAILS TO FILE ADEQUATE INFORMATION IN COMPLIANCE WITH
4 SUBSECTION (C).

5 (2) IN DETERMINING WHETHER A PROPOSED ACQUISITION WOULD
6 VIOLATE THE COMPETITIVE STANDARD OF PARAGRAPH (1), THE
7 DEPARTMENT SHALL CONSIDER THE FOLLOWING:

8 (I) ANY ACQUISITION COVERED UNDER SUBSECTION (B) INVOLVING
9 TWO OR MORE INSURERS COMPETING IN THE SAME MARKET IS PRIMA FACIE
10 EVIDENCE OF VIOLATION OF THE COMPETITIVE STANDARDS AS FOLLOWS:

11 (A) IF THE MARKET IS HIGHLY CONCENTRATED AND THE INVOLVED
12 INSURERS POSSESS THE FOLLOWING SHARES OF THE MARKET:

13	INSURER A	INSURER B
14	4%	4% OR MORE
15	10%	2% OR MORE
16	15%	1% OR MORE; OR

17 (B) IF THE MARKET IS NOT HIGHLY CONCENTRATED AND THE
18 INVOLVED INSURERS POSSESS THE FOLLOWING SHARES OF THE MARKET:

19	INSURER A	INSURER B
20	5%	5% OR MORE
21	10%	4% OR MORE
22	15%	3% OR MORE
23	19%	1% OR MORE.

24 A HIGHLY CONCENTRATED MARKET IS ONE IN WHICH THE SHARE OF THE
25 FOUR LARGEST INSURERS IS SEVENTY-FIVE PER CENTUM (75%) OR MORE
26 OF THE MARKET. PERCENTAGES NOT SHOWN IN THE TABLES ARE
27 INTERPOLATED PROPORTIONATELY TO THE PERCENTAGES THAT ARE SHOWN.
28 IF MORE THAN TWO INSURERS ARE INVOLVED, EXCEEDING THE TOTAL OF
29 THE TWO COLUMNS IN THE TABLE IS PRIMA FACIE EVIDENCE OF
30 VIOLATION OF THE COMPETITIVE STANDARD IN PARAGRAPH (1). FOR THE

1 PURPOSE OF THIS SUBPARAGRAPH, THE INSURER WITH THE LARGEST SHARE
2 OF THE MARKET SHALL BE DEEMED TO BE INSURER A.

3 (II) THERE IS A SIGNIFICANT TREND TOWARD INCREASED
4 CONCENTRATION WHEN THE AGGREGATE MARKET SHARE OF ANY GROUPING OF
5 THE LARGEST INSURERS IN THE MARKET, FROM THE TWO LARGEST TO THE
6 EIGHT LARGEST, HAS INCREASED BY SEVEN PER CENTUM (7%) OR MORE OF
7 THE MARKET OVER A PERIOD OF TIME EXTENDING FROM ANY BASE YEAR
8 FIVE (5) TO TEN (10) YEARS PRIOR TO THE ACQUISITION UP TO THE
9 TIME OF THE ACQUISITION. ANY ACQUISITION [OR MERGER], MERGER OR
10 CONSOLIDATION COVERED UNDER SUBSECTION (B) INVOLVING TWO OR MORE
11 INSURERS COMPETING IN THE SAME MARKET IS PRIMA FACIE EVIDENCE OF
12 VIOLATION OF THE COMPETITIVE STANDARD IN PARAGRAPH (1) IF:

13 (A) THERE IS A SIGNIFICANT TREND TOWARD INCREASED
14 CONCENTRATION IN THE MARKET;

15 (B) ONE OF THE INSURERS INVOLVED IS ONE OF THE INSURERS IN A
16 GROUPING OF SUCH LARGE INSURERS SHOWING THE REQUISITE INCREASE
17 IN THE MARKET SHARE; AND

18 (C) ANOTHER INVOLVED INSURER'S MARKET IS TWO PER CENTUM (2%)
19 OR MORE.

20 (III) FOR THE PURPOSES OF THIS PARAGRAPH:

21 (A) THE TERM "INSURER" INCLUDES ANY COMPANY OR GROUP OF
22 COMPANIES UNDER COMMON MANAGEMENT, OWNERSHIP OR CONTROL.

23 (B) THE TERM "MARKET" MEANS THE RELEVANT PRODUCT AND
24 GEOGRAPHICAL MARKETS. IN DETERMINING THE RELEVANT PRODUCT AND
25 GEOGRAPHICAL MARKETS, THE DEPARTMENT SHALL GIVE DUE
26 CONSIDERATION TO, AMONG OTHER THINGS, THE DEFINITIONS OR
27 GUIDELINES, IF ANY, PROMULGATED BY THE NAIC AND TO INFORMATION,
28 IF ANY, SUBMITTED BY PARTIES TO THE ACQUISITION. IN THE ABSENCE
29 OF SUFFICIENT INFORMATION TO THE CONTRARY, THE RELEVANT PRODUCT
30 MARKET IS ASSUMED TO BE THE DIRECT WRITTEN INSURANCE PREMIUM FOR

1 A LINE OF BUSINESS, SUCH LINE BEING THAT USED IN THE ANNUAL
2 STATEMENT REQUIRED TO BE FILED BY INSURERS DOING BUSINESS IN
3 THIS COMMONWEALTH AND THE RELEVANT GEOGRAPHICAL MARKET IS
4 ASSUMED TO BE THIS COMMONWEALTH.

5 (C) THE BURDEN OF SHOWING PRIMA FACIE EVIDENCE OF VIOLATION
6 OF THE COMPETITIVE STANDARD RESTS UPON THE COMMISSIONER.

7 (IV) EVEN THOUGH AN ACQUISITION IS NOT PRIMA FACIE VIOLATIVE
8 OF THE COMPETITIVE STANDARD UNDER SUBPARAGRAPHS (I) AND (II),
9 THE DEPARTMENT MAY ESTABLISH THE REQUISITE ANTICOMPETITIVE
10 EFFECT BASED UPON OTHER SUBSTANTIAL EVIDENCE. EVEN THOUGH AN
11 ACQUISITION IS PRIMA FACIE VIOLATIVE OF THE COMPETITIVE STANDARD
12 UNDER SUBPARAGRAPHS (I) AND (II), A PARTY MAY ESTABLISH THE
13 ABSENCE OF THE REQUISITE ANTICOMPETITIVE EFFECT BASED UPON OTHER
14 SUBSTANTIAL EVIDENCE. RELEVANT FACTORS IN MAKING A DETERMINATION
15 UNDER THIS PARAGRAPH INCLUDE, BUT ARE NOT LIMITED TO, THE
16 FOLLOWING: MARKET SHARES, VOLATILITY OF RANKING OF MARKET
17 LEADERS, NUMBER OF COMPETITORS, CONCENTRATION, TREND OF
18 CONCENTRATION IN THE INDUSTRY AND EASE OF ENTRY AND EXIT INTO
19 THE MARKET.

20 (3) AN ORDER MAY NOT BE ENTERED UNDER SUBSECTION (E)(1) IF:

21 (I) THE ACQUISITION WILL YIELD SUBSTANTIAL ECONOMIES OF
22 SCALE OR ECONOMIES IN RESOURCE UTILIZATION THAT CANNOT BE
23 FEASIBLY ACHIEVED IN ANY OTHER WAY, AND THE PUBLIC BENEFITS
24 WHICH WOULD ARISE FROM SUCH ECONOMIES EXCEED THE PUBLIC BENEFITS
25 WHICH WOULD ARISE FROM NOT LESSENING COMPETITION; OR

26 (II) THE ACQUISITION WILL SUBSTANTIALLY INCREASE THE
27 AVAILABILITY OF INSURANCE, AND THE PUBLIC BENEFITS OF SUCH
28 INCREASE EXCEED THE PUBLIC BENEFITS WHICH WOULD ARISE FROM NOT
29 LESSENING COMPETITION.

30 * * *

1 SECTION 7. THE ACT IS AMENDED BY ADDING SECTIONS TO READ:
2 SECTION 1403.1. COMMITTEE REVIEW.--(A) THE BANKING AND
3 INSURANCE COMMITTEE OF THE SENATE AND THE INSURANCE COMMITTEE OF
4 THE HOUSE OF REPRESENTATIVES MAY REVIEW AN APPLICATION OR
5 STATEMENT SUBMITTED BY A HOSPITAL PLAN CORPORATION OR
6 PROFESSIONAL HEALTH SERVICES PLAN CORPORATION SEEKING THE
7 APPROVAL OF A MERGER, CONSOLIDATION OR OTHER ACQUISITION OF
8 CONTROL OF A HOSPITAL PLAN CORPORATION OR PROFESSIONAL HEALTH
9 SERVICES PLAN CORPORATION UNDER THIS ACT.

10 (B) THE BANKING AND INSURANCE COMMITTEE OF THE SENATE AND
11 THE INSURANCE COMMITTEE OF THE HOUSE OF REPRESENTATIVES SHALL
12 HAVE THE FOLLOWING POWERS AND DUTIES:

13 (1) TO CONVENE THE COMMITTEE FOR PURPOSES OF REVIEWING AN
14 APPLICATION FOR APPROVAL OF A MERGER, CONSOLIDATION OR OTHER
15 ACQUISITION OF CONTROL UNDER THIS SECTION.

16 (2) TO RECEIVE AND REVIEW ALL FILINGS SUBMITTED TO THE
17 DEPARTMENT RELATING TO THE MERGER, CONSOLIDATION OR OTHER
18 ACQUISITION OF CONTROL AND ALL ACCOMPANYING DATA AND OTHER
19 INFORMATION. THIS PARAGRAPH SHALL NOT APPLY TO INFORMATION
20 DEEMED CONFIDENTIAL OR PROPRIETARY BY THE DEPARTMENT.

21 (3) TO CONSULT EXPERTS, HOLD HEARINGS AND OBTAIN ADDITIONAL
22 INFORMATION RELATING TO THE MERGER, CONSOLIDATION OR OTHER
23 ACQUISITION OF CONTROL.

24 (4) TO DEVELOP WRITTEN COMMENTS AND RECOMMENDATIONS ON THE
25 MERGER, CONSOLIDATION OR ACQUISITION OF CONTROL AND SUBMIT THEM
26 TO THE DEPARTMENT WITHIN FORTY-FIVE (45) DAYS OF THE CLOSE OF
27 THE PUBLIC COMMENT PERIOD ESTABLISHED UNDER THIS PARAGRAPH,
28 DEVELOPED BY THE DEPARTMENT ON THE MERGER, CONSOLIDATION OR
29 OTHER ACQUISITION OF CONTROL. THE DEPARTMENT SHALL PUBLISH THE
30 DATE OF THE CLOSE OF THE PUBLIC COMMENT PERIOD IN THE

1 PENNSYLVANIA BULLETIN PRIOR TO FINAL CLOSURE OF THE RECORD. THE
2 DEPARTMENT MAY ISSUE A FINAL ORDER AND DETERMINATION ON OR AFTER
3 ONE HUNDRED FIVE (105) DAYS FOLLOWING THE PUBLIC COMMENT PERIOD.

4 (C) THE COMMISSIONER, THE DEPARTMENT AND ITS ATTORNEYS AND
5 EXPERTS, INCLUDING EXPERTS EMPLOYED OR RETAINED BY THE
6 DEPARTMENT, SHALL BE AVAILABLE TO PROVIDE TESTIMONY TO EACH
7 COMMITTEE RELATING TO THE MERGER, CONSOLIDATION OR OTHER
8 ACQUISITION OF CONTROL. NOTHING IN THIS ACT SHALL AFFECT ANY
9 PRIVILEGES OR IMMUNITIES OF THE DEPARTMENT OR ITS ATTORNEYS,
10 EXPERTS OR CONSULTANTS. THE DEPARTMENT OR ITS ATTORNEYS, EXPERTS
11 OR CONSULTANTS SHALL NOT BE REQUIRED TO APPEAR BEFORE EITHER
12 COMMITTEE WITHIN THIRTY (30) DAYS FOLLOWING THE DEPARTMENT'S
13 ISSUANCE OF A FINAL ORDER AND DETERMINATION.

14 (D) THE DEPARTMENT SHALL PROVIDE A DETAILED WRITTEN RESPONSE
15 TO EACH COMMENT AND RECOMMENDATION SUBMITTED BY THE BANKING AND
16 INSURANCE COMMITTEE OF THE SENATE OR THE INSURANCE COMMITTEE OF
17 THE HOUSE OF REPRESENTATIVES IN ITS FINAL ORDER. THE ORDER AND
18 DETERMINATION SHALL NOT BE ISSUED BEFORE SIXTY (60) DAYS HAVE
19 ELAPSED FOLLOWING RECEIPT OF THE COMMENTS AND RECOMMENDATIONS
20 UNDER SUBSECTION (B)(4).

21 (E) IN ORDER TO APPROVE A MERGER, CONSOLIDATION OR OTHER
22 ACQUISITION OF CONTROL OF A HOSPITAL PLAN CORPORATION OR
23 PROFESSIONAL HEALTH SERVICE PLAN CORPORATION, THE ORDER AND
24 DETERMINATION OF THE DEPARTMENT MUST FIND THAT POLICYHOLDERS AND
25 CERTIFICATE HOLDERS AND SUBSCRIBERS SHALL RECEIVE A SUSTAINED
26 BENEFIT FROM THE MERGER, CONSOLIDATION OR OTHER ACQUISITION OF
27 CONTROL. IF NO COMMENTS AND RECOMMENDATIONS ARE RECEIVED UNDER
28 SUBSECTION (B)(4), THE DEPARTMENT MAY ISSUE A FINAL ORDER AND
29 DETERMINATION ON OR AFTER ONE HUNDRED FIVE (105) DAYS FOLLOWING
30 THE CLOSE OF THE PUBLIC COMMENT PERIOD.

1 SECTION 1403.2. INSURANCE RESTRUCTURING RESTRICTED RECEIPT
2 ACCOUNT.--(A) THERE IS ESTABLISHED IN THE STATE TREASURY A
3 RESTRICTED RECEIPT ACCOUNT TO BE KNOWN AS THE INSURANCE
4 RESTRUCTURING RESTRICTED RECEIPT ACCOUNT. INTEREST EARNED ON
5 MONEY IN THE ACCOUNT SHALL BE DEPOSITED INTO THE ACCOUNT.

6 (B) ALL NET ECONOMIC BENEFITS, INCLUDING PROCEEDS, SAVINGS,
7 FUNDS OR MONEYS DIRECTLY DERIVED FROM AND PAID TO THE
8 COMMONWEALTH OR A COMMONWEALTH PROGRAM FROM THE MERGER,
9 CONSOLIDATION OR OTHER ACQUISITION OF CONTROL OF A HOSPITAL PLAN
10 CORPORATION OR PROFESSIONAL HEALTH SERVICES PLAN CORPORATION
11 SHALL BE DEPOSITED INTO THE ACCOUNT FOR PURPOSES AS DETERMINED
12 BY THE GENERAL ASSEMBLY.

13 (C) NO CONTRACT OR WRITTEN AGREEMENT BETWEEN A HOSPITAL PLAN
14 CORPORATION OR PROFESSIONAL HEALTH SERVICES PLAN CORPORATION AND
15 THE COMMONWEALTH OR ANY OTHER ENTITY RELATING TO THE
16 DISBURSEMENT OR SPENDING OF MONEY IN THE ACCOUNT MAY BE ENTERED
17 INTO UNTIL MONEYS IN THE ACCOUNT ARE APPROPRIATED BY THE GENERAL
18 ASSEMBLY.

19 (D) NO MONEYS OR FUNDS MAY BE TRANSFERRED OR PAID FROM THE
20 ACCOUNT UNLESS APPROPRIATED BY THE GENERAL ASSEMBLY.

21 SECTION 8. SECTION 1405(C) OF THE ACT, AMENDED FEBRUARY 17,
22 1994 (P.L.92, NO.9), IS AMENDED TO READ:

23 SECTION 1405. STANDARDS AND MANAGEMENT OF AN INSURER WITHIN
24 A HOLDING COMPANY SYSTEM.--* * *

25 (C) (1) NOTWITHSTANDING THE CONTROL OF A DOMESTIC INSURER
26 BY ANY PERSON, THE OFFICERS AND DIRECTORS OF THE INSURER SHALL
27 NOT THEREBY BE RELIEVED OF ANY OBLIGATION OR LIABILITY TO WHICH
28 THEY WOULD OTHERWISE BE SUBJECT BY LAW, AND THE INSURER SHALL BE
29 MANAGED SO AS TO ASSURE ITS SEPARATE OPERATING IDENTITY
30 CONSISTENT WITH THIS ARTICLE.

1 (2) NOTHING HEREIN SHALL PRECLUDE A DOMESTIC INSURER FROM
2 HAVING OR SHARING A COMMON MANAGEMENT OR COOPERATIVE OR JOINT
3 USE OF PERSONNEL, PROPERTY OR SERVICES WITH ONE OR MORE OTHER
4 PERSONS UNDER ARRANGEMENTS MEETING THE STANDARDS OF SUBSECTION
5 (A)(1).

6 (3) (I) NOT LESS THAN ONE-THIRD OF THE DIRECTORS OF A
7 DOMESTIC INSURER [AND NOT LESS THAN ONE-THIRD OF THE MEMBERS OF
8 EACH COMMITTEE OF THE BOARD OF DIRECTORS OF ANY DOMESTIC
9 INSURER] SHALL BE PERSONS WHO ARE NOT OFFICERS OR EMPLOYES OF
10 SUCH INSURER OR OF ANY ENTITY CONTROLLING, CONTROLLED BY OR
11 UNDER COMMON CONTROL WITH SUCH INSURER AND WHO ARE NOT
12 BENEFICIAL OWNERS OF A CONTROLLING INTEREST IN THE VOTING STOCK
13 OF SUCH INSURER OR ANY SUCH ENTITY. AT LEAST ONE SUCH PERSON
14 MUST BE INCLUDED IN ANY QUORUM FOR THE TRANSACTION OF BUSINESS
15 AT ANY MEETING OF THE BOARD OF DIRECTORS [OR ANY COMMITTEE
16 THEREOF].

17 (II) NOT LESS THAN ONE-THIRD OF THE MEMBERS OF EACH
18 COMMITTEE OF THE BOARD OF DIRECTORS OF ANY DOMESTIC INSURER
19 SHALL BE PERSONS WHO ARE NOT OFFICERS OR EMPLOYES OF SUCH
20 INSURER OR OF ANY ENTITY CONTROLLING, CONTROLLED BY OR UNDER
21 COMMON CONTROL WITH SUCH INSURER. AT LEAST ONE SUCH PERSON MUST
22 BE INCLUDED IN ANY QUORUM FOR THE TRANSACTION OF BUSINESS AT ANY
23 MEETING OF EACH COMMITTEE.

24 (4) THE BOARD OF DIRECTORS OF A DOMESTIC INSURER SHALL
25 ESTABLISH [ONE OR MORE COMMITTEES] A COMMITTEE COMPRISED SOLELY
26 OF DIRECTORS WHO ARE NOT OFFICERS OR EMPLOYES OF THE INSURER OR
27 OF ANY ENTITY CONTROLLING, CONTROLLED BY OR UNDER COMMON CONTROL
28 WITH THE INSURER AND WHO ARE NOT BENEFICIAL OWNERS OF A
29 CONTROLLING INTEREST IN THE VOTING STOCK OF THE INSURER OR ANY
30 SUCH ENTITY. THE COMMITTEE [OR COMMITTEES] SHALL HAVE

1 RESPONSIBILITY FOR RECOMMENDING THE SELECTION OF INDEPENDENT
2 CERTIFIED PUBLIC ACCOUNTANTS[,] AND REVIEWING THE INSURER'S
3 FINANCIAL CONDITION, THE SCOPE AND RESULTS OF THE INDEPENDENT
4 AUDIT AND ANY INTERNAL AUDIT[, NOMINATING CANDIDATES FOR
5 DIRECTOR FOR ELECTION BY SHAREHOLDERS OR POLICYHOLDERS,
6 EVALUATING THE PERFORMANCE OF OFFICERS DEEMED TO BE PRINCIPAL
7 OFFICERS OF THE INSURER AND RECOMMENDING TO THE BOARD OF
8 DIRECTORS THE SELECTION AND COMPENSATION OF THE PRINCIPAL
9 OFFICERS]. THE COMMITTEE MAY ALSO HAVE THE RESPONSIBILITIES
10 DESCRIBED IN PARAGRAPH (4.1) IF ONE OR MORE COMMITTEES DESCRIBED
11 IN PARAGRAPH (4.1) ARE NOT SEPARATELY ESTABLISHED.

12 (4.1) THE BOARD OF DIRECTORS OF A DOMESTIC INSURER SHALL
13 ESTABLISH ONE OR MORE COMMITTEES COMPRISED SOLELY OF DIRECTORS
14 WHO ARE NOT OFFICERS OR EMPLOYES OF THE INSURER OR OF ANY ENTITY
15 CONTROLLING, CONTROLLED BY OR UNDER COMMON CONTROL WITH THE
16 INSURER. THE COMMITTEE OR COMMITTEES SHALL HAVE RESPONSIBILITY
17 FOR RECOMMENDING CANDIDATES TO BE NOMINATED BY THE BOARD OF
18 DIRECTORS, IN ADDITION TO ANY OTHER NOMINATIONS BY VOTING
19 SHAREHOLDERS OR POLICYHOLDERS, FOR ELECTION AS DIRECTORS BY
20 VOTING SHAREHOLDERS OR POLICYHOLDERS, EVALUATING THE PERFORMANCE
21 OF OFFICERS DEEMED TO BE PRINCIPAL OFFICERS OF THE INSURER AND
22 RECOMMENDING TO THE BOARD OF DIRECTORS THE SELECTION AND
23 COMPENSATION OF THE PRINCIPAL OFFICERS.

24 (5) THE PROVISIONS OF PARAGRAPHS (3) [AND], (4) AND (4.1)
25 SHALL NOT APPLY TO A DOMESTIC INSURER IF THE PERSON CONTROLLING
26 SUCH INSURER IS AN INSURER OR [A PUBLICLY HELD CORPORATION]
27 ANOTHER BUSINESS ENTITY HAVING A BOARD OF DIRECTORS AND
28 COMMITTEES THEREOF WHICH ALREADY MEET THE REQUIREMENTS OF
29 PARAGRAPHS (3) [AND (4)], (4) AND (4.1).

30 * * *

1 SECTION 9. THE ACT IS AMENDED BY ADDING AN ARTICLE TO READ:

2 ARTICLE XXV

3 COMMUNITY HEALTH REINVESTMENT

4 SECTION 2501. DEFINITIONS.

5 THE FOLLOWING WORDS AND PHRASES WHEN USED IN THIS ARTICLE
6 SHALL HAVE THE MEANINGS GIVEN TO THEM IN THIS SECTION UNLESS THE
7 CONTEXT CLEARLY INDICATES OTHERWISE:

8 "COMMUNITY HEALTH REINVESTMENT ACTIVITY." COMMUNITY HEALTH
9 SERVICES AND PROJECTS THAT IMPROVE HEALTH CARE OR MAKE HEALTH
10 CARE MORE ACCESSIBLE. THE TERM INCLUDES FUNDING, SUBSIDIZATION
11 OR PROVISION OF THE FOLLOWING:

12 (1) HEALTH CARE COVERAGE FOR PERSONS WHO ARE DETERMINED
13 BY RECOGNIZED STANDARDS AS DETERMINED BY THE INSURANCE
14 DEPARTMENT TO BE UNABLE TO PAY FOR COVERAGE.

15 (2) HEALTH CARE SERVICES FOR PERSONS WHO ARE DETERMINED
16 BY RECOGNIZED STANDARDS TO BE UNINSURED AND UNABLE TO PAY FOR
17 SERVICES.

18 (3) PROGRAMS FOR THE PREVENTION AND TREATMENT OF DISEASE
19 OR INJURY, INCLUDING MENTAL RETARDATION, MENTAL DISORDERS,
20 MENTAL HEALTH COUNSELING OR THE PROMOTION OF HEALTH OR
21 WELLNESS.

22 THE TERM SHALL NOT INCLUDE EXPENDITURES FOR ADVERTISING, PUBLIC
23 RELATIONS, SPONSORSHIPS, BAD DEBT, THE COST OF ADMINISTERING
24 STATE HEALTH CARE PROGRAMS, PROGRAMS PROVIDED AS AN EMPLOYEE
25 BENEFIT, USE OF FACILITIES FOR MEETINGS HELD BY COMMUNITY GROUPS
26 OR EXPENSES FOR IN-SERVICE TRAINING, CONTINUING EDUCATION,
27 ORIENTATION OR MENTORING OF EMPLOYEES.

28 "DEPARTMENT." THE INSURANCE DEPARTMENT OF THE COMMONWEALTH.

29 "PLAN." A HOSPITAL PLAN CORPORATION AS DEFINED IN 40 PA.C.S.
30 CH. 61 (RELATING TO HOSPITAL PLAN CORPORATIONS) OR PROFESSIONAL

1 HEALTH SERVICES PLAN CORPORATION AS DEFINED IN 40 PA.C.S. CH. 63
2 (RELATING TO PROFESSIONAL HEALTH SERVICES PLAN CORPORATIONS).
3 SECTION 2502. DUTIES OF PLAN AND DEPARTMENT.

4 (A) PLAN DUTIES.--A PLAN SHALL HAVE THE FOLLOWING DUTIES:

5 (1) TO SUBMIT A PROPOSAL TO THE DEPARTMENT ON OR BEFORE
6 MARCH 30 OF EACH YEAR SETTING FORTH THE MANNER IN WHICH THE
7 PLAN WILL PROVIDE PROPOSED COMMUNITY HEALTH REINVESTMENT
8 ACTIVITIES CONDUCTED OR PROVIDED BY THE PLAN DURING THE NEXT
9 FISCAL YEAR.

10 (2) TO ANNUALLY PROVIDE TO THE DEPARTMENT, THE BANKING
11 AND INSURANCE COMMITTEE OF THE SENATE AND THE INSURANCE
12 COMMITTEE OF THE HOUSE OF REPRESENTATIVES THE NAME AND
13 ADDRESS OF EACH OFFICER, DIRECTOR OR EMPLOYEE WHO SERVES ON
14 THE BOARD OF DIRECTORS OF A HOSPITAL OR OTHER HEALTH CARE
15 FACILITY AS DEFINED IN SECTION 802.1 OF THE ACT OF JULY 19,
16 1979 (P.L.130, NO.48), KNOWN AS THE HEALTH CARE FACILITIES
17 ACT, OR ON THE BOARD OF AN ENTITY THAT OWNS, OPERATES OR
18 MANAGES A HOSPITAL OR OTHER HEALTH CARE FACILITY. THIS
19 PARAGRAPH SHALL APPLY TO A NONPROFIT OR FOR-PROFIT SUBSIDIARY
20 OR AFFILIATE OF A HOSPITAL PLAN CORPORATION OR PROFESSIONAL
21 HEALTH SERVICES PLAN CORPORATION. THE INFORMATION SHALL BE
22 SUBMITTED BY JANUARY 31 FOR THE IMMEDIATELY PRECEDING YEAR.

23 (B) DEPARTMENT DUTIES.--THE DEPARTMENT SHALL HAVE THE
24 FOLLOWING DUTIES:

25 (1) TO DEVELOP A FORM WHICH SHALL BE USED BY EACH PLAN
26 FOR THE SUBMISSION OF THE PROPOSAL UNDER SUBSECTION (A)(1).
27 THE FORM SHALL REQUIRE THE ITEMIZATION OF INDIVIDUAL
28 COMMUNITY HEALTH REINVESTMENT ACTIVITIES AND THE COST OF EACH
29 ACTIVITY. THE PROPOSAL SHALL BE ON A FORM PUBLISHED BY THE
30 DEPARTMENT IN THE PENNSYLVANIA BULLETIN.

1 (2) TO APPROVE OR DISAPPROVE THE EXPENDITURES IN THE
2 PROPOSAL SUBMITTED UNDER SUBSECTION (A)(1).

3 SECTION 2503. PUBLIC RECORD.

4 ALL PROPOSALS SUBMITTED UNDER SECTION 2502 SHALL BE PUBLIC
5 RECORDS.

6 SECTION 2504. REGULATIONS.

7 THE DEPARTMENT MAY PROMULGATE REGULATIONS AS NECESSARY FOR
8 THE ADMINISTRATION OF THIS ARTICLE.

9 SECTION 10. REPEALS ARE AS FOLLOWS:

10 (1) THE GENERAL ASSEMBLY DECLARES THE REPEAL UNDER
11 PARAGRAPH (2) IS NECESSARY TO EFFECTUATE THE ADDITION OF
12 SECTION 1403.2 OF THE ACT.

13 (2) SECTION 1716.1-E OF THE ACT OF APRIL 9, 1929
14 (P.L.343, NO.176), KNOWN AS THE FISCAL CODE, IS REPEALED.

15 (3) THE ACT OF DECEMBER 19, 1990 (P.L.834, NO.198),
16 KNOWN AS THE GAA AMENDMENTS ACT OF 1990, IS REPEALED INsofar
17 AS IT IS INCONSISTENT WITH THIS ACT.

18 SECTION 11. THIS ACT SHALL NOT APPLY TO ANY MERGER,
19 CONSOLIDATION OR OTHER ACQUISITION OF CONTROL COMPLETED OR
20 CONSUMMATED PRIOR TO THE EFFECTIVE DATE OF THIS SECTION AND, IF
21 REQUIRED, FOLLOWING THE ISSUANCE OF AN APPROVING DETERMINATION.

22 SECTION 12. THIS ACT SHALL APPLY TO ANY APPLICATION,
23 STATEMENT OR OTHER PLAN OR PROPOSAL RELATING TO A MERGER,
24 CONSOLIDATION OR OTHER ACQUISITION OF CONTROL FILED WITH THE
25 INSURANCE DEPARTMENT ON OR AFTER JANUARY 1, 2007.

26 SECTION 13. THIS ACT SHALL TAKE EFFECT AS FOLLOWS:

27 (1) THE AMENDMENT OR ADDITION OF SECTION 405.2(C), 635.3
28 AND 1405(C) OF THE ACT SHALL TAKE EFFECT IN 60 DAYS.

29 (2) THE REMAINDER OF THIS ACT SHALL TAKE EFFECT
30 IMMEDIATELY.