THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL No. 2026 Session of 2007

INTRODUCED BY PICKETT, BOYD, CUTLER, J. EVANS, KENNEY, KILLION, MUSTIO, REICHLEY, STERN, TURZAI, WATSON, MILNE, BAKER, R. STEVENSON, SCAVELLO, CAPPELLI, MOUL, GOODMAN, HERSHEY, HESS, SURRA, GEIST, SAYLOR, SIPTROTH, GINGRICH, CARROLL, HELM, WANSACZ, GRELL, MENSCH, MARSHALL, MCILHATTAN, O'NEILL, RUBLEY, M. KELLER, SONNEY, MANDERINO, MOYER, LEACH, PHILLIPS, MAJOR, SCHRODER, YOUNGBLOOD, FLECK, HORNAMAN AND MCILVAINE SMITH, DECEMBER 6, 2007

AS REPORTED FROM COMMITTEE ON INSURANCE, HOUSE OF REPRESENTATIVES, AS AMENDED, FEBRUARY 12, 2008

AN ACT

- Amending the act of May 17, 1921 (P.L.682, No.284), entitled "An act relating to insurance; amending, revising, and 3 consolidating the law providing for the incorporation of insurance companies, and the regulation, supervision, and 5 protection of home and foreign insurance companies, Lloyds 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," in health and accident insurance, 12 providing for group health policies to continue for period of 13 time after termination of employment or membership in health 14 maintenance organizations.
- 15 The General Assembly of the Commonwealth of Pennsylvania
- 16 hereby enacts as follows:
- 17 Section 1. The act of May 17, 1921 (P.L.682, No.284), known
- 18 as The Insurance Company Law of 1921, is amended by adding a
- 19 section to read:
- 20 Section 635.2. Mini-COBRA Small Employer Group Health

- 1 Policies. -- (a) A group policy delivered or issued for delivery
- 2 <u>in this Commonwealth after the effective date of this section by</u>
- 3 an insurer which insures employes or members and their eliqible
- 4 <u>dependents for hospital, surgical or major medical insurance on <--</u>
- 5 <u>an expense incurred or service basis, other than for specific</u>
- 6 <u>diseases or for accidental injuries only, shall provide that</u>
- 7 <u>employes or members whose coverage under the group policy, which</u>
- 8 includes coverage for their eligible dependents, would otherwise
- 9 <u>terminate because of termination of employment or membership</u>
- 10 SHALL PROVIDE THAT COVERED EMPLOYES OR ELIGIBLE DEPENDENTS WHOSE <-
- 11 COVERAGE UNDER THE GROUP POLICY WOULD OTHERWISE TERMINATE
- 12 BECAUSE OF A QUALIFYING EVENT shall be entitled to continue
- 13 <u>their hospital, surgical or major medical coverage, including</u> <-
- 14 coverage for their eligible dependents, under that group policy
- 15 <u>subject to the following terms and conditions:</u>
- 16 (1) Continuation shall only be available to an A COVERED <-
- 17 employe or member ELIGIBLE DEPENDENT who has been continuously
- 18 insured under the group policy, and for similar benefits under
- 19 any group policy which it replaced, during the entire three-
- 20 month period ending with such termination. If employment is
- 21 reinstated during the continuation period, then coverage under
- 22 the group policy must be reinstated for the employe and any
- 23 COVERED EMPLOYE AND ANY ELIGIBLE dependents who were covered <-
- 24 <u>under continuation</u>.
- 25 (2) Continuation shall not be available for any person
- 26 <u>covered under the group policy who:</u>
- 27 (i) is covered or is eliqible for coverage under Medicare;
- 28 (ii) is covered or is eliqible for coverage under Medicaid;
- 29 (iii) fails to verify that he is ineligible for employer-
- 30 based group health insurance as an eligible dependent; or

- 1 (iv) is or could be covered by any other insured or
- 2 <u>uninsured arrangement which provides hospital</u>, surgical or major
- 3 medical coverage for individuals in a group and under which the
- 4 person was not covered immediately prior to such termination,
- 5 EXCLUDING THE MEDICAL ASSISTANCE PROGRAM ESTABLISHED UNDER THE
- 6 ACT OF JUNE 13, 1967 (P.L.31, NO.21), KNOWN AS THE "PUBLIC
- 7 WELFARE CODE."
- 8 (3) Continuation need not include dental, vision care or
- 9 prescription drug benefits or any other benefits provided under
- 10 the group policy in addition to its hospital, surgical or major
- 11 medical benefits, but continuation must include any benefits
- 12 mandated under this OR ANY OTHER act if those benefits are
- 13 provided under the group policy.
- 14 (4) (i) The employe or member must request the continuation <-

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- 15 in writing within thirty one days of the date coverage would
- 16 otherwise terminate and
- 17 (4) (I) THE GROUP POLICY SHALL PROVIDE, AT THE TIME OF
- 18 COMMENCEMENT OF COVERAGE UNDER THE PLAN, WRITTEN NOTICE TO EACH
- 19 COVERED EMPLOYE AND ADULT ELIGIBLE DEPENDENT OF THE EMPLOYE, IF
- 20 ANY, OF THE RIGHTS PROVIDED UNDER THIS SECTION.
- 21 (II) THE EMPLOYER OF A COVERED EMPLOYE UNDER A PLAN MUST
- 22 NOTIFY THE ADMINISTRATOR OF A QUALIFYING EVENT WITHIN THIRTY
- 23 DAYS OF THE DATE OF THE QUALIFYING EVENT.
- 24 (III) EACH COVERED EMPLOYE OR ELIGIBLE DEPENDENT IS
- 25 RESPONSIBLE FOR NOTIFYING THE ADMINISTRATOR OF THE OCCURRENCE OF
- 26 ANY QUALIFYING EVENT WITHIN SIXTY DAYS AFTER THE DATE OF THE
- 27 QUALIFYING EVENT AND EACH ELIGIBLE DEPENDENT WHO IS DETERMINED,
- 28 UNDER TITLE II OR XVI OF THE SOCIAL SECURITY ACT (49 STAT. 620,
- 29 <u>42 U.S.C. § 301 ET SEQ.), TO HAVE BEEN DISABLED AT ANY TIME</u>
- 30 <u>DURING THE FIRST SIXTY DAYS OF CONTINUATION COVERAGE UNDER THIS</u>

- 1 SECTION IS RESPONSIBLE FOR NOTIFYING THE PLAN ADMINISTRATOR OF
- 2 SUCH DETERMINATION WITHIN SIXTY DAYS AFTER THE DATE OF THE
- 3 <u>DETERMINATION AND FOR NOTIFYING THE PLAN ADMINISTRATOR WITHIN</u>
- 4 THIRTY DAYS AFTER THE DATE OF ANY FINAL DETERMINATION UNDER
- 5 TITLE II OR XVI OF THE SOCIAL SECURITY ACT THAT THE ELIGIBLE
- 6 <u>DEPENDENT IS NO LONGER DISABLED.</u>
- 7 (IV) THE ADMINISTRATOR SHALL NOTIFY, (A) IN THE CASE OF A
- 8 QUALIFYING EVENT DESCRIBED IN SUBSECTION (E)(5)(I), (II), (IV)
- 9 OR (VI), ANY ELIGIBLE DEPENDENT WITH RESPECT TO SUCH EVENT, AND
- 10 (B) IN THE CASE OF A QUALIFYING EVENT DESCRIBED IN SUBPARAGRAPH
- 11 (III) OR (V) OF THE DEFINITION OF "QUALIFYING EVENT" IN
- 12 SUBSECTION (E) WHERE THE COVERED EMPLOYE NOTIFIES THE
- 13 ADMINISTRATOR UNDER SUBPARAGRAPH (III), ANY ELIGIBLE DEPENDENT
- 14 WITH RESPECT TO SUCH EVENT, OF SUCH DEPENDENT'S RIGHTS UNDER
- 15 THIS SECTION.
- (V) FOR PURPOSES OF SUBPARAGRAPH (IV), ANY NOTIFICATION
- 17 SHALL BE MADE WITHIN FOURTEEN DAYS OF THE DATE ON WHICH THE
- 18 ADMINISTRATOR IS NOTIFIED UNDER SUBPARAGRAPH (II) OR (III),
- 19 WHICHEVER IS APPLICABLE, AND ANY SUCH NOTIFICATION TO AN
- 20 ELIGIBLE DEPENDENT WHO IS THE PARENT OR GUARDIAN OF ONE OR MORE
- 21 ELIGIBLE DEPENDENTS SHALL BE TREATED AS NOTIFICATION TO ALL
- 22 OTHER ELIGIBLE DEPENDENTS RESIDING WITH SUCH PARENT OR GUARDIAN
- 23 AT THE TIME SUCH NOTIFICATION IS MADE.
- 24 (VI) EXCEPT AS OTHERWISE SPECIFIED IN AN ELECTION, ANY
- 25 ELECTION OF CONTINUATION COVERAGE BY AN ELIGIBLE DEPENDENT SHALL
- 26 BE DEEMED TO INCLUDE AN ELECTION OF CONTINUATION COVERAGE ON
- 27 BEHALF OF ANY OTHER ELIGIBLE DEPENDENT WHO WOULD LOSE COVERAGE
- 28 UNDER THE PLAN BY REASON OF THE QUALIFYING EVENT. IF THERE IS A
- 29 CHOICE AMONG TYPES OF COVERAGE UNDER THE PLAN, EACH ELIGIBLE
- 30 DEPENDENT IS ENTITLED TO MAKE A SEPARATE SELECTION AMONG SUCH

- 1 TYPES OF COVERAGE.
- 2 (5) (I) THE COVERED EMPLOYE OR ELIGIBLE DEPENDENT
- 3 REQUESTING THE CONTINUATION OF COVERAGE must pay to the group
- 4 policyholder, on a monthly basis, the amount of contribution
- 5 required to continue the coverage.
- 6 (ii) The premium contribution may not be more than one
- 7 hundred two FIVE percent of the group rate of the insurance
- 8 being continued on the due date of each payment; but, if any
- 9 benefits are omitted as provided by paragraph (3), the premium
- 10 contribution shall be reduced accordingly.
- 11 (iii) Nothing in this section shall require the employer to
- 12 contribute to the deductible of the employe holding an HSA as
- 13 <u>defined in the Internal Revenue Code of 1986 (Public Law 99-514,</u>
- 14 26 U.S.C. § 223(d)) as a component of the group policy after the

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- 15 <u>termination date as long as scheduled payments have been made.</u>
- 16 (iv) The employe's or member's written request for
- 17 continuation, together with the first required premium
- 18 contribution, must be given to the group policyholder within
- 19 thirty one days of the date the coverage would otherwise
- 20 <u>terminate</u>.
- 21 <u>(v) An employer shall notify its employes and members in</u>
- 22 writing of the duties of the employes and members under this
- 23 section no later than the date on which coverage would otherwise
- 24 <u>terminate</u>.
- 25 (5) (6) Continuation of coverage under the group policy for <-
- 26 any covered person EMPLOYE OR ELIGIBLE DEPENDENT shall terminate <-
- 27 upon failure to satisfy paragraph (2) or, if earlier, at the
- 28 <u>first to occur of the following:</u>
- (i) the date nine months after the date the COVERED
- 30 <u>employe's or member's ELIGIBLE DEPENDENT'S coverage under the</u>

1 group would have terminated because of termination of employment or membership A QUALIFYING EVENT; 2 3 (ii) if the employe or member fails to make timely payment 4 of a required premium contribution, the end of the period for 5 which contributions were made; (iii) the date on which the group policy is terminated. 6 7 (b) The spouse of an employe or member whose coverage under the group policy would otherwise terminate due to dissolution of 8 9 marriage or death of the employe or member shall have the same 10 continuation privilege accorded under this section to the 11 employe or member upon termination of employment or membership. 12 (c) An (B) A COVERED employe shall be entitled to obtain a 13 conversion policy as stated in section 1009 A 621.2. The right 14 to a converted policy pursuant to this act for an employe or 15 member A COVERED EMPLOYE OR ELIGIBLE DEPENDENT entitled to 16 continuation of coverage under this act shall commence upon 17 termination of the continued coverage provided for under this 18 act. 19 (C) COVERAGE AS REQUIRED BY THIS SECTION MAY NOT BE 20 CONDITIONED UPON, OR DISCRIMINATED ON, THE BASIS OF LACK OF 21 EVIDENCE OR INSURABILITY. (d) This section shall only apply to those persons who 22 23 satisfy both of the following criteria: 24 (1) Persons who are not subject to the continuation and 25 conversion provisions set forth in Title 1, Subtitle B, Part 6 26 of the Employment Retirement Income Security Act of 1974 (Public 27 Law 93-406, 88 Stat. 829) or Title XXII of the Public Health 28 Service Act (58 Stat. 682, 42 U.S.C. § 201 et seq.). 29 (2) Persons, AND THE ELIGIBLE DEPENDENTS OF SUCH PERSONS, who are employed by an employer that employs NORMALLY EMPLOYED 30

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1 between two and nineteen employes and the eligible dependents of <-

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- 2 such persons ON A TYPICAL BUSINESS DAY DURING THE PRECEDING
- 3 YEAR.
- 4 (E) FOR PURPOSES OF THIS SECTION, THE FOLLOWING WORDS AND <-
- 5 PHRASES SHALL HAVE THE MEANINGS GIVEN TO THEM IN THIS SUBSECTION
- 6 UNLESS THE CONTEXT CLEARLY INDICATES OTHERWISE:
- 7 (1) "COVERED EMPLOYE" MEANS AN INDIVIDUAL WAS IS OR WAS
- 8 PROVIDED COVERAGE UNDER A GROUP POLICY BY VIRTUE OF THE
- 9 PERFORMANCE OF SERVICES BY THE INDIVIDUAL FOR ONE OR MORE
- 10 PERSONS MAINTAINING THE POLICY, INCLUDING AS AN EMPLOYE DEFINED
- 11 IN SECTION 401(C)(1) OF THE INTERNAL REVENUE CODE OF 1986
- 12 (PUBLIC LAW 99-514, 26 U.S.C. § 1 ET SEQ.). SUCH TERM INCLUDES
- 13 EMPLOYES AND MEMBERS AS THOSE TERMS ARE USED IN SECTION 621.2.
- 14 (2) "ELECTION PERIOD" MEANS THE PERIOD WHICH:
- 15 (I) BEGINS NOT LATER THAN THE DATE ON WHICH COVERAGE
- 16 TERMINATES UNDER THE PLAN BY REASON OF A QUALIFYING EVENT;
- 17 (II) IS OF AT LEAST SIXTY DAYS' DURATION; AND
- 18 (III) ENDS NOT EARLIER THAN SIXTY DAYS AFTER THE LATER OF:
- (A) THE DATE DESCRIBED IN SUBPARAGRAPH (I); OR
- 20 (B) IN THE CASE OF ANY ELIGIBLE DEPENDENT WHO RECEIVES
- 21 NOTICE UNDER SUBSECTION (A)(4)(IV), THE DATE OF SUCH NOTICE.
- 22 (3) "GROUP POLICY" MEANS ANY GROUP HEALTH INSURANCE POLICY,
- 23 SUBSCRIBER CONTRACT, CERTIFICATE OR PLAN WHICH PROVIDES HEALTH
- 24 OR SICKNESS AND ACCIDENT COVERAGE WHICH IS OFFERED BY AN
- 25 <u>INSURER. THE TERM SHALL NOT INCLUDE ANY OF THE FOLLOWING:</u>
- 26 <u>(I) AN ACCIDENT ONLY POLICY.</u>
- 27 (II) A CREDIT ONLY POLICY.
- 28 (III) A LONG-TERM OR DISABILITY INCOME POLICY.
- 29 <u>(IV) A SPECIFIED DISEASE POLICY.</u>
- 30 <u>(V) A MEDICARE SUPPLEMENT POLICY.</u>

- 1 (VI) A CIVILIAN HEALTH AND MEDICAL PROGRAM OF THE UNIFORMED
- 2 <u>SERVICES (CHAMPUS) SUPPLEMENT POLICY.</u>
- 3 (VII) A FIXED INDEMNITY POLICY.
- 4 (VIII) A DENTAL ONLY POLICY.
- 5 (IX) A VISION ONLY POLICY.
- 6 (X) A WORKERS' COMPENSATION POLICY.
- 7 (XI) AN AUTOMOBILE MEDICAL PAYMENT POLICY UNDER 75 PA.C.S.
- 8 (RELATING TO VEHICLES).
- 9 (XII) ANY OTHER SIMILAR POLICIES PROVIDING FOR LIMITED
- 10 BENEFITS.
- 11 (4) "INSURER" MEANS A COMPANY OR HEALTH INSURANCE ENTITY
- 12 LICENSED IN THIS COMMONWEALTH TO ISSUE ANY HEALTH, SICKNESS OR
- 13 ACCIDENT POLICY OR SUBSCRIBER CONTRACT OR CERTIFICATE OR PLAN
- 14 THAT PROVIDES MEDICAL OR HEALTH CARE COVERAGE BY A HEALTH CARE
- 15 FACILITY OR LICENSED HEALTH CARE PROVIDER THAT IS OFFERED OR
- 16 GOVERNED UNDER THIS ACT OR ANY OF THE FOLLOWING:
- 17 (I) THE ACT OF DECEMBER 29, 1972 (P.L.1701, NO.364), KNOWN
- 18 AS THE "HEALTH MAINTENANCE ORGANIZATION ACT."
- 19 (II) THE ACT OF MAY 18, 1976 (P.L.123, NO.54), KNOWN AS THE
- 20 <u>INDIVIDUAL ACCIDENT AND SICKNESS INSURANCE MINIMUM STANDARDS</u>
- 21 ACT.
- 22 (III) 40 PA.C.S. CH. 61 (RELATING TO HOSPITAL PLAN
- 23 CORPORATIONS) OR 63 (RELATING TO PROFESSIONAL HEALTH SERVICES
- 24 PLAN CORPORATIONS).
- 25 (5) "QUALIFYING EVENT" MEANS, WITH RESPECT TO ANY COVERED
- 26 EMPLOYE, ANY OF THE FOLLOWING EVENTS WHICH, BUT FOR THE
- 27 CONTINUATION OF COVERAGE REQUIRED UNDER THIS SECTION, WOULD
- 28 RESULT IN THE LOSS OF COVERAGE OF AN ELIGIBLE DEPENDENT:
- 29 (I) THE DEATH OF A COVERED EMPLOYE.
- 30 (II) THE TERMINATION, OTHER THAN BY REASON OF SUCH EMPLOYE'S

- 1 GROSS MISCONDUCT, OR REDUCTION OF HOURS OF THE COVERED EMPLOYE'S
- 2 EMPLOYMENT.
- 3 (III) THE DIVORCE OR LEGAL SEPARATION OF THE COVERED EMPLOYE
- 4 FROM AN ELIGIBLE DEPENDENT.
- 5 (IV) THE COVERED EMPLOYE BECOMING ENTITLED TO BENEFITS UNDER
- TITLE XVIII OF THE SOCIAL SECURITY ACT (49 STAT. 620, 42 U.S.C. 6
- 7 § 301 ET SEQ.).
- 8 (V) A DEPENDENT CHILD CEASING TO BE A DEPENDENT CHILD UNDER
- 9 THE GENERALLY APPLICABLE REQUIREMENTS OF THE PLAN.
- 10 (VI) A PROCEEDING IN A CASE UNDER 11 U.S.C. (RELATING TO
- 11 BANKRUPTCY), WITH RESPECT TO THE EMPLOYER FROM WHOSE EMPLOYMENT
- 12 THE COVERED EMPLOYE RETIRED AT ANY TIME. IN THE CASE OF AN EVENT
- 13 DESCRIBED IN THIS SUBPARAGRAPH, A LOSS OF COVERAGE INCLUDES A
- 14 SUBSTANTIAL ELIMINATION OF COVERAGE WITH RESPECT TO AN ELIGIBLE
- 15 DEPENDENT WITHIN ONE YEAR BEFORE OR AFTER THE DATE OF
- 16 COMMENCEMENT OF THE PROCEEDING.
- 17 (F) THE DEPARTMENT MAY PROMULGATE REGULATIONS AS NECESSARY
- 18 FOR THE IMPLEMENTATION AND ADMINISTRATION OF THIS SECTION.
- 19 Section 2. This act shall take effect in 60 days.