

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 1344 Session of
2011

INTRODUCED BY O'NEILL, DIGIROLAMO, SANTARSIERO, BARRAR, BOYD, BRIGGS, V. BROWN, CALTAGIRONE, CAUSER, CLYMER, P. COSTA, COX, CUTLER, DAVIS, DENLINGER, EVERETT, FABRIZIO, GEIST, GILLESPIE, GINGRICH, GOODMAN, HESS, HORNAMAN, HUTCHINSON, M. K. KELLER, KULA, LONGIETTI, MAHONEY, MARSHALL, MASSER, METZGAR, MILLARD, MILLER, MUNDY, MUSTIO, PASHINSKI, QUINN, READSHAW, REICHLEY, ROAE, SCHRODER, SONNEY, SWANGER, TALLMAN, VEREB, VULAKOVICH, WAGNER, WATSON, GRELL, KORTZ, FARRY, MOUL, MURT AND SACCONI, APRIL 13, 2011

AS REPORTED FROM COMMITTEE ON VETERANS AFFAIRS AND EMERGENCY PREPAREDNESS, HOUSE OF REPRESENTATIVES, AS AMENDED, JUNE 15, 2011

AN ACT

1 Amending Title 35 (Health and Safety) of the Pennsylvania
2 Consolidated Statutes, providing for emergency service system
3 billing.

4 The General Assembly of the Commonwealth of Pennsylvania
5 hereby enacts as follows:

6 Section 1. Section 8103 of Title 35 of the Pennsylvania
7 Consolidated Statutes is amended by adding a definition to read:

8 § 8103. Definitions.

9 The following words and phrases when used in this chapter
10 shall have the meanings given to them in this section unless the
11 context clearly indicates otherwise:

12 * * *

13 "Insurer." As follows:

14 (1) An entity that is responsible for providing or

1 paying for all or part of the cost of ambulance services
2 covered by an insurance policy, contract or plan. The term
3 includes an entity subject to:

4 (i) the act of May 17, 1921 (P.L.682, No.284), known
5 as The Insurance Company Law of 1921;

6 (ii) the act of December 29, 1972 (P.L.1701,
7 No.364), known as the Health Maintenance Organization
8 Act; or

9 (iii) 40 Pa.C.S. Ch. 61 (relating to hospital plan
10 corporations) or 63 (relating to professional health
11 services plan corporations).

12 (2) The term does not include an entity that is
13 responsible for providing or paying under an insurance
14 policy, contract or plan which meets any of the following:

15 (i) Is a homeowner's insurance policy.

16 (ii) Provides any of the following types of
17 insurance:

18 (A) Accident only.

19 (B) Fixed indemnity.

20 (C) Limited benefit.

21 (D) Credit.

22 (D) Dental.

23 (E) Vision.

24 (F) Specified disease.

25 (G) Medicare supplement.

26 (H) Civilian Health and Medical Program of the
27 Uniformed Services (CHAMPUS) supplement.

28 (I) Long-term care.

29 (J) Disability income.

30 (K) Workers' compensation.

1 (L) Automobile medical payment insurance.

2 * * *

3 Section 2. Title 35 is amended by adding a section to read:

4 § 8158. Billing.

5 (a) ~~Volunteer ambulance service. If volunteer ambulance~~ ←

6 ~~service~~ EMERGENCY MEDICAL SERVICES AGENCY.--IF AN EMERGENCY ←

7 MEDICAL SERVICES AGENCY is properly dispatched by a public

8 safety answering point as defined in section 5302 (relating to

9 definitions), AND PROVIDES MEDICALLY NECESSARY EMERGENCY CARE, a ←

10 payment made by an insurer for a claim covered under a health

11 insurance policy for a service performed by the ~~volunteer~~ ←

12 ~~ambulance service~~ EMERGENCY MEDICAL SERVICES AGENCY during the ←

13 call shall be paid directly to the ~~volunteer ambulance service,~~ ←

14 ~~regardless of whether the ambulance service is a participating~~

15 ~~provider with the insurer.~~ EMERGENCY MEDICAL SERVICES AGENCY ←

16 UNDER SUBSECTION (B).

17 (b) Emergency medical services.--

18 (1) An insured may, through the assignment of benefits,

19 assign to a ~~willing~~ provider of emergency medical services ←

20 the ~~insurer's~~ INSURED'S right to receive reimbursement for ←

21 service performed by an emergency medical services agency.

22 (2) An emergency medical services agency must submit a

23 copy of the assignment under paragraph (1) or provide a

24 notice of the assignment of benefits on a form and in a

25 manner prescribed by the ~~department~~ INSURANCE DEPARTMENT to ←

26 the insurer with a claim for payment for emergency medical

27 services performed by the emergency medical services agency.

28 THE INSURANCE DEPARTMENT SHALL DEVELOP A STANDARDIZED ←

29 ASSIGNMENT OF BENEFITS FORM THAT SHALL BE USED BY EMERGENCY

30 MEDICAL SERVICES AGENCIES.

1 (3) The insurer, upon the notice and claim under
2 paragraph (2), shall remit payment of the claim directly to
3 the emergency medical services agency within the time frame
4 established by section 2166 of the act of May 17, 1921
5 (P.L.682, No.284), known as The Insurance Company Law of
6 1921.

7 (4) If there is compliance with paragraphs (1) and (2)
8 but the insurer remits payment of the claim to the insured,
9 the claim shall not be considered paid. The insurer shall,
10 notwithstanding the incorrect payment of the claim to the
11 insured, remain liable for remitting payment of the claim to
12 the emergency medical services agency pursuant to the
13 assignment of benefits.

14 (5) IF AN ASSIGNMENT OF BENEFITS IS OFFERED BY AN
15 EMERGENCY MEDICAL SERVICES AGENCY AND ASSIGNED BY THE
16 INSURED, THE EMERGENCY MEDICAL SERVICES MAY NOT BILL THE
17 BALANCE TO THE INSURED.

18 (6) AN EMERGENCY MEDICAL SERVICES AGENCY MAY NOT SUBMIT
19 SEPARATELY A CLAIM FOR REIMBURSEMENT AND AN ASSIGNMENT OF
20 BENEFITS FOR REIMBURSEMENT.

21 Section 3. This act shall take effect in 60 days.

