

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,
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REICHLEY, ROAE, SCHRODER, SONNEY, SWANGER, TALLMAN, VEREB,
VULAKOVICH, WAGNER, WATSON, GRELL, KORTZ, FARRY, MOUL, MURT,
SACCONE, DELOZIER, BOBACK AND MALONEY, APRIL 13, 2011

AS AMENDED ON SECOND CONSIDERATION, HOUSE OF REPRESENTATIVES,
OCTOBER 31, 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 EMERGENCY
2 MEDICAL services covered by an insurance policy, contract or
3 plan. The term 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) Emergency medical services agency. If an emergency~~
6 ~~medical services agency is properly dispatched by a public~~
7 ~~safety answering point as defined in section 5302 (relating to~~
8 ~~definitions), and provides medically necessary emergency care, a~~
9 ~~payment made by an insurer for a claim covered under a health~~
10 ~~insurance policy for a service performed by the emergency~~
11 ~~medical services agency during the call shall be paid directly~~
12 ~~to the emergency medical services agency under subsection (b).~~

13 ~~(b) Emergency medical services.~~

14 ~~(1) An insured may, through the assignment of benefits,~~
15 ~~assign to a provider of emergency medical services the~~
16 ~~insured's right to receive reimbursement for service~~
17 ~~performed by an emergency medical services agency.~~

18 ~~(2) An emergency medical services agency must submit a~~
19 ~~copy of the assignment under paragraph (1) or provide a~~
20 ~~notice of the assignment of benefits on a form and in a~~
21 ~~manner prescribed by the Insurance Department to the insurer~~
22 ~~with a claim for payment for emergency medical services~~
23 ~~performed by the emergency medical services agency. The~~
24 ~~Insurance Department shall develop a standardized assignment~~
25 ~~of benefits form that shall be used by emergency medical~~
26 ~~services agencies.~~

27 ~~(3) The insurer, upon the notice and claim under~~
28 ~~paragraph (2), shall remit payment of the claim directly to~~
29 ~~the emergency medical services agency within the time frame~~
30 ~~established by section 2166 of the act of May 17, 1921~~

1 ~~(P.L.682, No.284), known as The Insurance Company Law of~~
2 ~~1921.~~

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

10 ~~(5) If an assignment of benefits is offered by an~~
11 ~~emergency medical services agency and assigned by the~~
12 ~~insured, the emergency medical services may not bill the~~
13 ~~balance to the insured.~~

14 ~~(6) An emergency medical services agency may not submit~~
15 ~~separately a claim for reimbursement and an assignment of~~
16 ~~benefits for reimbursement.~~

17 § 8158. BILLING.

18 (A) GENERAL RULE.--WHEN AN EMERGENCY MEDICAL SERVICES AGENCY
19 IS PROPERLY DISPATCHED BY A PUBLIC SAFETY ANSWERING POINT AS
20 DEFINED IN SECTION 5302 (RELATING TO DEFINITIONS) AND PROVIDES
21 MEDICALLY NECESSARY EMERGENCY CARE, A PAYMENT MADE BY AN INSURER
22 FOR A CLAIM COVERED UNDER A HEALTH INSURANCE POLICY FOR A
23 SERVICE PERFORMED BY THE EMERGENCY MEDICAL SERVICES AGENCY
24 DURING THE CALL SHALL BE PAID DIRECTLY TO THE EMERGENCY MEDICAL
25 SERVICES AGENCY.

26 (B) APPLICATION.--THIS SECTION SHALL BE CONSTRUED TO APPLY
27 ONLY TO EMERGENCY MEDICAL SERVICES AGENCIES THAT ARE NONNETWORK
28 PROVIDERS.

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