

THE GENERAL ASSEMBLY OF PENNSYLVANIA

SENATE BILL

No. 429 Session of  
2011

INTRODUCED BY LEACH, FONTANA, TARTAGLIONE, WILLIAMS AND FERLO,  
FEBRUARY 7, 2011

REFERRED TO BANKING AND INSURANCE, FEBRUARY 7, 2011

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 for coverage for eating  
12 disorder treatment.

13 The General Assembly of the Commonwealth of Pennsylvania  
14 hereby enacts as follows:

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

18 Section 635.6. Coverage for Eating Disorder Treatment.--(a)  
19 All health insurance policies as defined in this section shall  
20 provide coverage for treatment of eating disorders, including  
21 coverage for residential treatment of eating disorders, if such  
22 treatment is medically necessary in accordance with the practice  
23 guidelines for the treatment of patients with eating disorders,

1 as most recently published by the American Psychiatric  
2 Association.

3 (b) A health insurance policy and an insurer shall not:

4 (1) deny to an individual eligibility, or continued  
5 eligibility, to enroll or to renew coverage under the terms of  
6 the health insurance policy, solely for the purpose of avoiding  
7 the requirement of this section;

8 (2) provide monetary payments, rebates or other benefits to  
9 an individual to encourage the individual to accept less than  
10 the minimum protections available under this section;

11 (3) penalize or otherwise reduce or limit the reimbursement  
12 of a provider because the provider provided care to an  
13 individual participant or beneficiary in accordance with this  
14 section;

15 (4) provide incentives, monetary or otherwise, to a provider  
16 to induce the provider to provide care to an individual  
17 participant or beneficiary in a manner inconsistent with this  
18 section; or

19 (5) deny to an individual participant or beneficiary  
20 continued eligibility to enroll or to renew coverage under the  
21 terms of the policy solely because the individual was previously  
22 found to have an eating disorder or to have received treatment  
23 for an eating disorder.

24 (c) Nothing in this section may be construed as preventing a  
25 health insurance policy from imposing deductibles, coinsurance  
26 or other cost-sharing in relation to treatment for eating  
27 disorders, except that the deductibles, coinsurance or other  
28 cost-sharing shall not be greater than the deductibles,  
29 coinsurance or other cost-sharing imposed on other comparable  
30 medical or surgical services covered under the policy.

1     (d) For the purpose of this section:

2     (1) "Eating disorder" means anorexia nervosa, bulimia  
3 nervosa and eating disorders not otherwise specified, including  
4 binge eating disorder, as defined in the most recent edition of  
5 Diagnostic and Statistical Manual of Mental Disorders.

6     (2) "Health insurance policy" means any group health,  
7 sickness or accident policy or subscriber contract or  
8 certificate offered to groups of fifty-one (51) or more employes  
9 issued by an entity subject to any one of the following:

10     (i) This act.

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

13     (iii) 40 Pa.C.S. Ch. 61 (relating to hospital plan  
14 corporations) or 63 (relating to professional health services  
15 plan corporations).

16 The term does not include accident only, fixed indemnity,  
17 limited benefit, credit, dental, vision, specified disease,  
18 Medicare supplement, Civilian Health and Medical Program of the  
19 Uniformed Services (CHAMPUS) supplement, long-term care or  
20 disability income, workers' compensation or automobile medical  
21 payment insurance.

22     (3) "Insurer" means any entity offering a health insurance  
23 policy as defined in this section.

24     Section 2. This act shall take effect in 60 days.