

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 1695 Session of 2013

INTRODUCED BY DeLUCA, CARROLL, BISHOP, DAVIS, FRANKEL, KULA, LONGIETTI, NEILSON, CALTAGIRONE, SNYDER, SCHREIBER, MUNDY, MCNEILL, HAGGERTY, SAMUELSON, YOUNGBLOOD, O'BRIEN, McGEEHAN, KIM, READSHAW, KOTIK, DERMODY, BROWNLEE, PETRARCA, HARKINS, COHEN, MURT AND GOODMAN, SEPTEMBER 23, 2013

REFERRED TO COMMITTEE ON INSURANCE, SEPTEMBER 23, 2013

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," further providing for the
 12 definition of "uninsured period" and for children's health
 13 care.

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

16 Section 1. The definition of "uninsured period" in section
 17 2303 of the act of May 17, 1921 (P.L.682, No.284), known as The
 18 Insurance Company Law of 1921, amended November 2, 2006
 19 (P.L.1314, No.136), is amended to read:

20 Section 2303. Definitions.--As used in this article, the
 21 following words and phrases shall have the meanings given to

1 them in this section:

2 * * *

3 ["Uninsured period." Except for children two years of age or
4 less, a continuous period of time of not less than six (6)
5 consecutive months immediately preceding enrollment during which
6 a child has been without health care insurance coverage in
7 accordance with the requirements of this article.]

8 * * *

9 Section 2. Section 2311(c), (f.1) and (l) of the act,
10 amended November 2, 2006 (P.L.1314, No.136), are amended to
11 read:

12 Section 2311. Children's Health Care.--* * *

13 (c) (1) Any insurer receiving funds from the department to
14 provide coverage of health care services shall enroll, to the
15 extent that funds are available, any child who meets all of the
16 following:

17 (i) Is a resident of this Commonwealth.

18 (ii) Is not covered by a health insurance plan, a self-
19 insurance plan or a self-funded plan or is not eligible for or
20 covered by medical assistance, including the Healthy Beginnings
21 Program.

22 (iii) Is qualified based on income under subsection (d) or
23 (e).

24 (iv) Meets the citizenship requirements of Title XXI of the
25 Social Security Act (49 Stat. 620, 42 U.S.C. § 1397aa et seq.).

26 (1.1) Beginning January 1, 2007, and subject to the
27 provisions of section 2314, any insurer receiving funds from the
28 department to provide coverage of health care services under
29 this section shall enroll, to the extent that funds are
30 available, any child who meets all of the following:

1 (i) Is a resident of this Commonwealth.

2 (ii) Is not covered by a health insurance plan, a self-
3 insurance plan or a self-funded plan, or is not provided access
4 to health care coverage by court order, or is not eligible for
5 or covered by a medical assistance program administered by the
6 Department of Public Welfare, including the Healthy Beginnings
7 Program.

8 (iii) Is qualified based on income under subsection (d),
9 (e.1), (e.2), (e.3) or (e.4) [and meets the uninsured period
10 requirements as provided in subsection (f.1)].

11 (iv) Meets the citizenship requirements of Title XXI of the
12 Social Security Act.

13 (2) Enrollment may not be denied on the basis of a
14 preexisting condition, nor may diagnosis or treatment for the
15 condition be excluded based on the condition's preexistence.

16 * * *

17 (f.1) [To be eligible for coverage under subsections (e.1),
18 (e.2), (e.3) and (e.4), a child over two (2) years of age must
19 have been uninsured for the uninsured period unless:

20 (1) the child's parent is eligible to receive benefits
21 pursuant to the act of December 5, 1936 (2nd Sp.Sess., 1937
22 P.L.2897, No.1), known as the "Unemployment Compensation Law";

23 (2) the child's parent was covered by a health insurance
24 plan, a self-insurance plan or a self-funded plan but, at the
25 time of application for coverage, is no longer employed and is
26 ineligible to receive benefits under the "Unemployment
27 Compensation Law"; or

28 (3) a child is transferring from one government-subsidized
29 health care program to another.] (Reserved).

30 * * *

1 (1) A contractor with whom the department enters into a
2 contract shall do the following:

3 (1) Ensure to the maximum extent possible that eligible
4 children have access to primary health care physicians and nurse
5 practitioners within the contractor's service area.

6 (2) Contract with qualified, cost-effective providers, which
7 may include primary health care physicians, nurse practitioners,
8 clinics and health maintenance organizations, to provide primary
9 and preventive health care for enrollees on a basis best
10 calculated to manage the costs of the services, including, but
11 not limited to, using managed health care techniques and other
12 appropriate medical cost-management methods.

13 (3) Ensure that the family of a child who may be eligible
14 for medical assistance receives assistance in applying for
15 medical assistance.

16 (4) Maintain waiting lists of children financially eligible
17 for benefits who have applied for benefits but who were not
18 enrolled due to lack of funds.

19 (4.1) Notify families of children who are paying a premium
20 of any changes in such premium or copayment requirements.

21 (4.2) Collect such premiums or copayments from the family of
22 any child receiving benefits as may be required.

23 (4.3) Cancel policies for nonpayment of premium, in
24 accordance with all other applicable insurance laws.

25 (5) Strongly encourage all providers who provide primary
26 care to eligible children to participate in medical assistance
27 as qualified EPSDT providers and to continue to provide care to
28 children who become ineligible for coverage under the provisions
29 of this article but who qualify for medical assistance.

30 (6) Subject to any necessary Federal approval, provide the

1 following minimum benefit package for eligible children:

2 (i) Preventive care. This subparagraph includes well-child
3 care visits in accordance with the schedule established by the
4 American Academy of Pediatrics and the services related to those
5 visits, including, but not limited to, immunizations, health
6 education, tuberculosis testing and developmental screening in
7 accordance with routine schedule of well-child visits. Care
8 shall also include a comprehensive physical examination,
9 including X-rays if necessary, for any child exhibiting symptoms
10 of possible child abuse.

11 (ii) Diagnosis and treatment of illness or injury, including
12 all medically necessary services related to the diagnosis and
13 treatment of sickness and injury and other conditions provided
14 on an ambulatory basis, such as laboratory tests, wound dressing
15 and casting to immobilize fractures.

16 (iii) Injections and medications provided at the time of the
17 office visit or therapy and outpatient surgery performed in the
18 office, a hospital or freestanding ambulatory service center,
19 including anesthesia provided in conjunction with such service
20 or during emergency medical service.

21 (iv) Emergency accident and emergency medical care.

22 (v) Prescription drugs.

23 (vi) Emergency, preventive and routine dental care. This
24 subparagraph does not include orthodontia or cosmetic surgery.

25 (vii) Emergency, preventive and routine vision care,
26 including the cost of corrective lenses and frames, not to
27 exceed two prescriptions per year.

28 (viii) Emergency, preventive and routine hearing care.

29 (ix) Inpatient hospitalization up to ninety (90) days per
30 year for eligible children.

1 (6.1) The department shall implement a premium assistance
2 program permitted under Federal regulations and as permitted
3 through Federal waiver or State plan amendment made pursuant to
4 this article. Notwithstanding any other law to the contrary, in
5 the event it is more cost effective to purchase health care from
6 a parent's employer-based program and the employer-based program
7 meets the minimum coverage requirements, employer-based coverage
8 may be purchased in place of enrollment in the health insurance
9 program established under this subdivision. An insurer shall
10 honor a request for enrollment and purchase of employe group
11 health insurance requested on behalf of an individual applying
12 for coverage under this article if that individual:

13 (i) is a resident of this Commonwealth;

14 (ii) is qualified based on income under section 2311(d),
15 (e.1), (e.2) or (e.3);

16 [(iii) meets the uninsured period, except that any delay due
17 to an enrollment restriction, which may not exceed ninety (90)
18 days, or due to the length of the department's cost
19 effectiveness determination shall be counted towards calculating
20 the uninsured period;] and

21 [(iv)] (iii) meets the citizenship requirements of section
22 2311(c)(1.1)(iv).

23 (6.2) The department shall have the authority to review,
24 audit and approve annual administrative expenses incurred by
25 contractors pursuant to this section.

26 (7) Except for children covered under paragraph (6.1), each
27 contractor shall provide an insurance identification card to
28 each eligible child covered under contracts executed under this
29 article. The card must not specifically identify the holder as
30 low income.

1 * * *

2 Section 3. This act shall take effect immediately.