THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL No. 294 Session of 2015

INTRODUCED BY DELUCA, DAVIS, THOMAS, DEASY, KORTZ, MURT, BARRAR, D. MILLER, COHEN, D. COSTA, READSHAW AND HARHAI, FEBRUARY 2, 2015

REFERRED TO COMMITTEE ON INSURANCE, FEBRUARY 2, 2015

AN ACT

1 2 3	Amending Title 40 (Insurance) of the Pennsylvania Consolidated Statutes, providing for nondiscrimination by payers in health care benefit plans.
4	The General Assembly of the Commonwealth of Pennsylvania
5	hereby enacts as follows:
6	Section 1. Part III of Title 40 of the Pennsylvania
7	Consolidated Statutes is amended by adding an article to read:
8	<u>ARTICLE M</u>
9	MISCELLANEOUS PROVISIONS
10	<u>Chapter</u>
11	91. Nondiscrimination by Payers in Health Care Benefit Plans
12	<u>CHAPTER 91</u>
13	NONDISCRIMINATION BY PAYERS
14	IN HEALTH CARE BENEFIT PLANS
15	<u>Sec.</u>
16	9101. Definitions.
17	9102. Discrimination against willing providers prohibited.
18	9103. Construction and application of chapter.

1 <u>§ 9101. Definitions.</u>

2	The following words and phrases when used in this chapter	
3	shall have the meanings given to them in this section unless the	
4	context clearly indicates otherwise:	
5	"Health care benefit plan." An insurance policy, contract or	
6	plan that provides health care to participants or beneficiaries	
7	directly or through insurance, reimbursement or otherwise.	
8	"Health care payer." An individual or entity that is	
9	responsible for providing or paying for all or part of the cost	
10	of health care services covered by a health care benefit plan.	
11	The term includes, but is not limited to, an entity subject to:	
12	(1) Chapter 61 (relating to hospital plan corporations)	
13	or 63 (relating to professional health services plan_	
14	<pre>corporations);</pre>	
15	(2) the act of May 17, 1921 (P.L.682, No.284), known as	
16	The Insurance Company Law of 1921, including:	
17	(i) a preferred provider organization subject to	
18	section 630 of The Insurance Company Law of 1921; or	
19	(ii) a fraternal benefit society subject to Article	
20	XXIV of The Insurance Company Law of 1921;	
21	(3) the act of December 29, 1972 (P.L.1701, No.364),	
22	known as the Health Maintenance Organization Act;	
23	(4) an agreement by a self-insured employer or self-	
24	insured multiple employer trust to provide health care	
25	benefits to employees and their dependents.	
26	§ 9102. Discrimination against willing providers prohibited.	
27	<u>A health care payer shall be required to contract with and to</u>	
28	accept as a health care benefit plan participant any willing	
29	provider of health care services. A health care payer may not	
30	discriminate against a provider of health care services who:	
201	20150HB0294PN0293 - 2 -	

1	(1) agrees to accept the health care payer's standard
2	payment levels; and
3	(2) meets and agrees to adhere to quality standards
4	established by the health care payer.
5	§ 9103. Construction and application of chapter.
6	(a) ConstructionThis chapter may not be construed to
7	prohibit a health care payer from negotiating and paying rates
8	higher than the health care payer's standard payment levels to
9	<u>one or more providers.</u>
10	(b) ApplicationThis chapter:
11	(1) shall apply to all health care benefit plans that
12	compensate providers on a fee-for-service basis, per diem or
13	other nonrisk basis; and
14	(2) may not be applied to health care benefit plans
15	regarding products that compensate providers on a capitated
16	basis or under which providers accept significant financial
17	risk in a formal arrangement approved by Federal or State
18	authorities.
19	Section 2. The provisions of this act are severable. If any
20	provision of this act or its application to any person or
21	circumstance is held invalid, the invalidity may not affect
22	other provisions or applications of this act that can be given
23	effect without the invalid provision or application.
24	Section 3. This act shall take effect in 60 days.

- 3 -