

THE GENERAL ASSEMBLY OF PENNSYLVANIA

SENATE BILL

No. 958 Session of 2017

INTRODUCED BY HUGHES, FONTANA, BLAKE, TARTAGLIONE, COSTA,
FARNESE, BROWNE AND LEACH, NOVEMBER 15, 2017

REFERRED TO BANKING AND INSURANCE, NOVEMBER 15, 2017

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," in health and accident insurance,
12 prohibiting exclusions for preexisting conditions.

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 635.8. Exclusions For Preexisting Conditions.--(a)
19 A health insurer shall be prohibited from discriminating against
20 a qualified individual or a qualified group based on a
21 preexisting medical condition.

22 (b) Methods of discriminating based on preexisting medical
23 conditions shall include:

1 (1) refusing to sell, offer or issue a health insurance
2 policy to a qualified individual or a qualified group due to a
3 preexisting medical condition;

4 (2) selling, offering or issuing a health insurance policy
5 to a qualified individual or a qualified group that excludes
6 coverage for a preexisting medical condition;

7 (3) considering a qualified individual's or qualified
8 group's prior medical history in the medical underwriting
9 process;

10 (4) requiring or requesting a qualified individual or a
11 qualified group to provide information regarding prior medical
12 history as part of the health insurer's application or
13 enrollment process; or

14 (5) any other method or action of a health insurer that the
15 Insurance Commissioner deems a limitation or exclusion of
16 benefits based on the fact that a preexisting medical condition
17 was present before the effective date of coverage, or, if
18 coverage is denied, the date of the denial, under a qualified
19 individual's or a qualified group's health insurance policy.

20 (c) This section shall apply as follows:

21 (1) For health insurance policies for which either rates or
22 forms are required to be filed with the Insurance Department or
23 the Federal Government, this section shall apply to any policy
24 for which a form or rate is first filed on or after the
25 effective date of this section.

26 (2) For health insurance policies for which neither rates
27 nor forms are required to be filed with the Insurance Department
28 or the Federal Government, this section shall apply to any
29 policy issued or renewed on or after 180 days after the
30 effective date of this section.

1 (d) As used in this section, the following words and phrases
2 shall have the meanings given to them in this subsection unless
3 the context clearly indicates otherwise:

4 "Government program." Any of the following:

5 (1) The Commonwealth's medical assistance program
6 established under the act of June 13, 1967 (P.L.31, No.21),
7 known as the "Human Services Code."

8 (2) A program under Article XXIII-A.

9 "Health insurance policy." Any individual or group health,
10 sickness or accident policy, or subscriber contract or
11 certificate offered, issued or renewed by a health insurer. The
12 term does not include any of the following types of insurance:

13 (1) Accident only.

14 (2) Fixed indemnity.

15 (3) Limited benefit.

16 (4) Credit.

17 (5) Dental.

18 (6) Vision.

19 (7) Specified disease.

20 (8) Medicare supplement.

21 (9) Civilian Health and Medical Program of the Uniformed
22 Services (CHAMPUS) supplement.

23 (10) Long-term care or disability income.

24 (11) Workers' compensation.

25 (12) Automobile medical payment.

26 "Health insurer." An entity that issues a health insurance
27 policy and is subject to any of the following:

28 (1) This act, including, but not limited to, section 630 and
29 Article XXIV.

30 (2) The act of December 29, 1972 (P.L.1701, No.364), known

1 as the "Health Maintenance Organization Act"; or
2 (3) 40 Pa.C.S. Ch. 61 (relating to hospital plan
3 corporations) or 63 (relating to professional health services
4 plan corporations).

5 "Preexisting medical condition." A physical or mental
6 condition, including, but not limited to, a disease, an illness,
7 an injury, pregnancy or a genetic defect for which medical
8 advice, diagnosis, care or treatment has been recommended or
9 received prior to the effective date of coverage.

10 "Qualified group." Any of the following:

11 (1) A group of qualified individuals covered or applying for
12 coverage under the same health insurance policy.

13 (2) A group of individuals covered under an employer
14 sponsored group health insurance policy.

15 "Qualified individual." Any of the following:

16 (1) An individual who is less than nineteen (19) years of
17 age.

18 (2) An individual who:

19 (i) is covered or applying for coverage under a health
20 insurance policy; and

21 (ii) has had health coverage under a health insurance policy
22 or government program for at least nine (9) months of the twelve
23 (12) consecutive month period immediately preceding the date of
24 application or enrollment.

25 Section 2. This act shall take effect in 30 days.