

## THE GENERAL ASSEMBLY OF PENNSYLVANIA

**SENATE BILL**No. **1003** Session of  
2017

INTRODUCED BY WHITE, DECEMBER 12, 2017

SENATOR WHITE, BANKING AND INSURANCE, AS AMENDED,  
DECEMBER 13, 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 quality health care  
12 accountability and protection, further providing for  
13 emergency services.

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

16 Section 1. Section 2116 of the act of May 17, 1921 (P.L.682,  
17 No.284), known as The Insurance Company Law of 1921, is amended  
18 to read:

19 Section 2116. Emergency Services.--[If] (a) Except as  
20 provided in subsection (b), if an enrollee seeks emergency  
21 services and the emergency health care provider determines that  
22 emergency services are necessary, the emergency health care  
23 provider shall initiate necessary intervention to evaluate and,

1 if necessary, stabilize the condition of the enrollee without  
2 seeking or receiving authorization from the managed care plan.  
3 [The managed care plan shall pay all reasonably necessary costs  
4 associated with the emergency services provided during the  
5 period of the emergency.] The managed care plan shall pay any  
6 reasonably necessary costs associated with medically necessary  
7 emergency services provided during the period of emergency,  
8 subject to any copayment, coinsurance or deductible as specified  
9 in the health insurance policy and consistent with the managed  
10 care plan's medical policies. When processing a reimbursement  
11 claim for emergency services, a managed care plan shall consider  
12 both the presenting symptoms and the services provided. The  
13 emergency health care provider shall notify the enrollee's  
14 managed care plan of the provision of emergency services and the  
15 condition of the enrollee. If an enrollee's condition has  
16 stabilized and the enrollee can be transported without suffering  
17 detrimental consequences or aggravating the enrollee's  
18 condition, the enrollee may be relocated to another facility to  
19 receive continued care and treatment as necessary.

20 (b) For emergency services provided to an enrollee by an  
21 emergency medical services agency, the managed care plan shall  
22 pay any reasonably necessary costs associated with medically  
23 necessary emergency services provided during the period of  
24 emergency, subject to any copayment, coinsurance or deductible  
25 as specified in the health insurance policy and consistent with  
26 the managed care plan's medical policies. The managed care plan  
27 shall pay ~~only~~ FOR SERVICES RENDERED BY licensed emergency  
28 medical services agencies that have the ability to transport  
29 patients or are providing and billing for services under an  
30 agreement with an agency which has that ability. The managed

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1 care plan may not deny a claim for payment of costs solely  
2 because the enrollee did not require transport or refused to be  
3 transported.

4 (c) The provisions of subsection (b) shall apply to the same  
5 services provided to recipients of medical assistance under  
6 Article IV of the act of June 13, 1967 (P.L.31, No.21), known as  
7 the Human Services Code. Sufficient funds shall be appropriated  
8 each fiscal year for payment of the services.

9 (D) THE PROVISIONS OF SUBSECTION (B) SHALL APPLY TO ALL <--  
10 GROUP AND INDIVIDUAL MAJOR MEDICAL HEALTH INSURANCE POLICIES.

11 Section 2. The amendment of section 2116 of the act shall  
12 apply as follows:

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

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

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