
THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 1679 Session of
2019

INTRODUCED BY FREEMAN, SCHLOSSBERG, McNEILL, HILL-EVANS, KORTZ,
FITZGERALD, PASHINSKI, KINSEY, HOHENSTEIN AND WEBSTER,
JUNE 26, 2019

REFERRED TO COMMITTEE ON LABOR AND INDUSTRY, JUNE 26, 2019

AN ACT

1 Authorizing the State Workers' Insurance Board to make available
2 health insurance policies for purchase by the general public;
3 providing for premiums; and authorizing a loan from the State
4 Workers' Insurance Fund.

5 The General Assembly of the Commonwealth of Pennsylvania
6 hereby enacts as follows:

7 Section 1. Short title.

8 This act shall be known and may be cited as the State
9 Workers' Insurance Board Health Insurance Program Act.

10 Section 2. Definitions.

11 The following words and phrases when used in this act shall
12 have the meanings given to them in this section unless the
13 context clearly indicates otherwise:

14 "Ancillary health service provider." A clinical laboratory
15 permittee under the act of September 26, 1951 (P.L.1539,
16 No.389), known as The Clinical Laboratory Act, authorized under
17 the laws of this Commonwealth to provide ancillary health
18 services.

1 "Ancillary health services." The general and usual services
2 rendered and care administered by ancillary health service
3 providers.

4 "Board." The State Workers' Insurance Board continued under
5 section 1502 of the act of June 2, 1915 (P.L.736, No.338), known
6 as the Workers' Compensation Act.

7 "Chiropractic services." The general and usual services
8 rendered and care administered by a chiropractor, as defined in
9 section 102 of the act of December 16, 1986 (P.L.1646, No.188),
10 known as the Chiropractic Practice Act.

11 "Fund." The State Workers' Insurance Fund established under
12 section 1504 of the Workers' Compensation Act.

13 "Medical services." The general and usual services rendered
14 and care administered by doctors of medicine under the act of
15 December 20, 1985 (P.L.457, No.112), known as the Medical
16 Practice Act of 1985.

17 "Osteopathic services." The general and usual services
18 rendered and care administered by doctors of osteopathy under
19 the act of October 5, 1978 (P.L.1109, No.261), known as the
20 Osteopathic Medical Practice Act.

21 "Physical therapy services." The general and usual services
22 rendered and care administered by licensed physical therapists,
23 as defined as "physical therapy" in section 2 of the act of
24 October 10, 1975 (P.L.383, No.110), known as the Physical
25 Therapy Practice Act.

26 "Podiatry services." The general and usual services rendered
27 and care administered by doctors of podiatry under the act of
28 March 2, 1956 (1955 P.L.1206, No.375), known as the Podiatry
29 Practice Act.

30 "Program." The program established by the board under

1 section 3(a).

2 Section 3. Program.

3 (a) General rule.--In addition to any other powers and
4 duties imposed by law, the board shall have the power and may
5 establish, implement and administer a program which provides for
6 the sale of health insurance coverage to individuals, businesses
7 or other entities in a form and at premiums as the board shall,
8 from time to time, determine.

9 (b) Loan from fund.--After considering all other
10 expenditures from the fund, the board may borrow from the fund
11 in the form of a repayable loan amounts as may be necessary to
12 provide for the payment of claims and administrative expenses
13 that may arise from the program. A loan made from the fund shall
14 not exceed 40% of the fund's current ending balance for the
15 latest completed fiscal year. The board may invest the proceeds
16 of the loan in the same manner and subject to the same
17 restrictions as govern investments of the fund. All earnings
18 from investments of the loan proceeds shall be used for the
19 administration of this act.

20 (c) Repayments from premiums.--The board shall designate a
21 portion of each periodic premium payment for loan repayment.

22 (d) Minimum coverage.--The board, at a minimum, shall
23 provide coverage under the program for at least the following:

- 24 (1) Inpatient hospitalization.
- 25 (2) Outpatient hospitalization.
- 26 (3) Emergency care.
- 27 (4) Preventive care.
- 28 (5) Professional services, including:
 - 29 (i) Medical services.
 - 30 (ii) Osteopathic services.

1 (iii) Chiropractic services.
2 (iv) Podiatry services.
3 (v) Physical therapy services.
4 (vi) Services provided by:
5 (A) Certified registered nurse anesthetists.
6 (B) Certified registered nurse practitioners.
7 (C) Certified enterostomal therapy nurses.
8 (6) Laboratory tests, x-rays, scans, wound dressings,
9 castings and other ancillary health services.
10 (e) Additional coverage.--The board may offer coverage under
11 the program for the following:
12 (1) Dental benefits.
13 (2) Vision care benefits.
14 (3) Prescription drug benefits.
15 (f) Claim forms.--The board shall use the standard medical
16 claim form prescribed under section 1202 of the act of May 17,
17 1921 (P.L.682, No.284), known as The Insurance Company Law of
18 1921.
19 (g) Marketing.--The health insurance coverage provided
20 through the program shall be sold directly by the board and
21 independent insurance agents as determined by the board.
22 (h) Regulations.--The board shall promulgate regulations
23 necessary to implement and administer the provisions of this
24 act.
25 Section 4. Effective date.
26 This act shall take effect January 1, 2020, or immediately,
27 whichever is later.