

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 470 Session of 2019

INTRODUCED BY FRANKEL AND DeLUCA, FEBRUARY 11, 2019

REFERRED TO COMMITTEE ON INSURANCE, FEBRUARY 11, 2019

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 casualty insurance, providing
 12 for prohibition on lifetime and annual limits on essential
 13 health benefits.

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

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

19 Section 635.8. Prohibition on Lifetime and Annual Limits on
 20 Essential Health Benefits.--(a) A health insurance policy
 21 offered, issued or renewed in this Commonwealth shall not
 22 establish a lifetime limit or annual limit of the dollar amount
 23 on essential health benefits for an individual.

24 (b) Notwithstanding any other provision of law, the

1 provisions of this section providing greater protections to
2 individuals insured under a health insurance policy shall be
3 construed to supersede any law relating to a requirement of the
4 Patient Protection and Affordable Care Act (Public Law 111-148,
5 124 Stat. 119), except to the extent this section prevents the
6 application of a requirement of the Patient Protection and
7 Affordable Care Act.

8 (c) This act shall apply as follows:

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

14 (2) For health insurance policies for which neither rates
15 nor forms are required to be filed with the Insurance Department
16 or the Federal Government, this act shall apply to any policy
17 issued or renewed on or after one hundred eighty days after the
18 effective date of this section.

19 (d) The Insurance Department may promulgate regulations
20 necessary for the implementation and administration of this
21 section.

22 (e) As used in this section, the following words and phrases
23 shall have the meanings given to them in this subsection unless
24 the context clearly indicates otherwise:

25 "Essential health benefits." Health care services and
26 benefits in the following categories:

27 (1) Ambulatory patient services.

28 (2) Emergency services.

29 (3) Hospitalization.

30 (4) Maternity and newborn health care.

1 (5) Mental health and substance use disorder services,
2 including, but not limited to, behavioral health treatment.

3 (6) Prescription drugs.

4 (7) Rehabilitative and habilitative services and devices.

5 (8) Laboratory services.

6 (9) Preventive and wellness services and chronic disease
7 management.

8 (10) Pediatric services, including, but not limited to, oral
9 and vision care.

10 "Health insurance policy." A policy, subscriber contract,
11 certificate or plan issued by an insurer that provides medical
12 or health care coverage. The term does not include any of the
13 following policies:

14 (1) Accident only.

15 (2) Credit only.

16 (3) Long-term care or disability income.

17 (4) Specified disease.

18 (5) Medicare supplement.

19 (6) Tricare, including a Civilian Health and Medical Program
20 of the Uniformed Services (CHAMPUS) supplement.

21 (7) Fixed indemnity.

22 (8) Dental only.

23 (9) Vision only.

24 (10) Workers' compensation.

25 (11) Automobile medical payment under 75 Pa.C.S. (relating
26 to vehicles).

27 "Health insurer." An entity licensed by the Insurance
28 Department with accident and health authority to issue a policy,
29 subscriber contract, certificate or plan that provides medical
30 or health care coverage that is offered or governed under any of

1 the following:

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

4 (2) The act of December 29, 1972 (P.L.1701, No.364), known
5 as the "Health Maintenance Organization Act."

6 (3) 40 Pa.C.S. Ch. 61 (relating to hospital plan
7 corporations) or 63 (relating to professional health services
8 plan corporations).

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