

THE GENERAL ASSEMBLY OF PENNSYLVANIA

SENATE BILL

No. 51 Session of 2019

INTRODUCED BY HUGHES, KEARNEY, COSTA, BLAKE, BOSCOLA, BREWSTER, COLLETT, DINNIMAN, FARNESE, FONTANA, HAYWOOD, LEACH, MUTH, SABATINA, SANTARSIERO, SCHWANK, STREET, TARTAGLIONE, A. WILLIAMS, L. WILLIAMS AND YUDICHAK, MARCH 4, 2019

REFERRED TO BANKING AND INSURANCE, MARCH 4, 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 coverage for essential health benefits.

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. Coverage for Essential Health Benefits.--(a)  
 19 A health insurance policy offered, issued or renewed in this  
 20 Commonwealth shall include coverage for essential health  
 21 benefits.

22 (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 department may promulgate regulations necessary for  
20 the implementation and administration of this section.

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

24 "Essential health benefits" means health care services and  
25 benefits in the following categories:

26 (1) Ambulatory patient services.

27 (2) Emergency services.

28 (3) Hospitalization.

29 (4) Maternity and newborn health care.

30 (5) Mental health and substance use disorder services,

1 including, but not limited to, behavioral health treatment.

2 (6) Prescription drugs.

3 (7) Rehabilitative and habilitative services and devices.

4 (8) Laboratory services.

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

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

9 "Health insurance policy" means an individual or group  
10 health, 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 policies:

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) CHAMPUS (Civilian Health and Medical Program of the  
22 Uniformed Services) supplement;

23 (10) long-term care or disability income;

24 (11) workers' compensation; or

25 (12) automobile medical payment.

26 "Health insurer" means an entity that issues a health  
27 insurance policy or subscriber contract and is subject to:

28 (1) this act;

29 (2) the act of December 29, 1972 (P.L.1701, No.364), known  
30 as the "Health Maintenance Organization Act"; or

1       (3) 40 Pa.C.S. Ch. 61 (relating to hospital plan  
2 corporations) or 63 (relating to professional health services  
3 plan corporations).

4       Section 2. This act shall take effect in 60 days.