
THE GENERAL ASSEMBLY OF PENNSYLVANIA

SENATE BILL

No. 939 Session of
2019

INTRODUCED BY IOVINO, HUGHES, FARNESE, LEACH, FONTANA, COLLETT,
SANTARSIERO, TARTAGLIONE, SCHWANK, COSTA AND BREWSTER,
NOVEMBER 12, 2019

REFERRED TO BANKING AND INSURANCE, NOVEMBER 12, 2019

AN ACT

1 Providing for health care insurance coverage protections, for
2 duties of the Insurance Department and the Insurance
3 Commissioner, for regulations, for enforcement and for
4 penalties.

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 Health
9 Insurance Protection Against Limitations 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 "Commissioner." The Insurance Commissioner of the
15 Commonwealth.

16 "Department." The Insurance Department of the Commonwealth.

17 "Enrollee." A policyholder, subscriber, covered person or
18 other individual who is entitled to receive health care services

1 under a health insurance policy.

2 "Group health insurance policy." A policy, subscriber
3 contract, certificate or plan issued by an insurer that provides
4 medical or health care coverage on an annual basis to
5 individuals who obtain health insurance coverage through a
6 group.

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

- 11 (1) An accident only policy.
- 12 (2) A credit only policy.
- 13 (3) A long-term care or disability income policy.
- 14 (4) A specified disease policy.
- 15 (5) A Medicare supplement policy.
- 16 (6) A fixed indemnity policy.
- 17 (7) A dental only policy.
- 18 (8) A vision only policy.
- 19 (9) A workers' compensation policy.
- 20 (10) An automobile medical payment policy.
- 21 (11) A policy under which benefits are provided by the
22 Federal Government to active or former military personnel and
23 their dependents.
- 24 (12) Any other similar policies providing for limited
25 benefits.

26 "Individual health insurance policy." A policy, subscriber
27 contract, certificate or plan issued by an insurer that provides
28 medical or health care coverage on an annual basis to an
29 individual other than in connection with a group.

30 "In-network provider." A provider who contracts with an

1 insurer to provide health care services to an enrollee under a
2 health insurance policy.

3 "Insurer." An entity that offers, issues or renews an
4 individual or group health insurance policy that provides
5 medical or health care coverage by a health care facility or
6 licensed health care provider and that is governed under any of
7 the following:

8 (1) The act of May 17, 1921 (P.L.682, No.284), known as
9 The Insurance Company Law of 1921, including section 630 and
10 Article XXIV of The Insurance Company Law of 1921.

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

13 (3) 40 Pa.C.S. Ch. 61 (relating to hospital plan
14 corporations).

15 (4) 40 Pa.C.S. Ch. 63 (relating to professional health
16 services plan corporations).

17 "Out-of-network provider." A provider who does not contract
18 with an insurer to provide health care services to an enrollee
19 under a health insurance policy.

20 Section 3. Limitation on annual and lifetime limits.

21 (a) Generally.--Except as otherwise provided in this
22 section, an insurer offering, issuing or renewing an individual
23 or group health insurance policy may not establish, on either an
24 annual or lifetime basis, a limit on the dollar value of any
25 core benefit for an enrollee, whether provided by an in-network
26 or out-of-network provider.

27 (b) Core benefit.--For purposes of this section, a core
28 benefit shall include:

29 (1) A benefit for which no annual or lifetime per
30 enrollee limit was permitted to be included in an individual

1 or small group policy first offered or issued in this
2 Commonwealth in 2018.

3 (2) A benefit hereafter specified by the department by
4 regulation.

5 (c) Benefits not subject to limitation.--The Commissioner
6 may promulgate regulations to exempt a benefit from the
7 definition of core benefit under subsection (b) for the purposes
8 of the limitation prohibitions under this section.

9 (d) No coverage requirement.--This section shall not be
10 construed to require coverage of any specific benefit.

11 Section 4. Regulations.

12 (a) Authority to promulgate.--The department may promulgate
13 regulations as may be necessary and appropriate to carry out the
14 provisions of this act.

15 (b) Temporary regulations.--

16 (1) Notwithstanding any other provision of law, in order
17 to facilitate the prompt implementation of this act, the
18 department may issue temporary regulations which shall expire
19 no later than two years following publication of the
20 temporary regulations in the Pennsylvania Bulletin. The
21 temporary regulations shall be exempt from the following:

22 (i) Sections 201, 202, 203, 204 and 205 of the act
23 of July 31, 1968 (P.L.769, No.240), referred to as the
24 Commonwealth Documents Law.

25 (ii) Section 204(b) of the act of October 15, 1980
26 (P.L.950, No.164), known as the Commonwealth Attorneys
27 Act.

28 (iii) The act of June 25, 1982 (P.L.633, No.181),
29 known as the Regulatory Review Act.

30 (iv) Section 612 of the act of April 9, 1929

1 (P.L.177, No.175), known as The Administrative Code of
2 1929.

3 (2) The authority of the department to issue temporary
4 regulations under this subsection shall expire two years from
5 the effective date of this section. Regulations adopted after
6 the two-year period shall be promulgated as provided by
7 statute.

8 Section 5. Enforcement.

9 (a) General rule.--Upon satisfactory evidence of the
10 violation of any section of this act by an insurer or any other
11 person, one or more of the following penalties may be imposed at
12 the commissioner's discretion:

13 (1) Suspension or revocation of the license of the
14 offending insurer or other person.

15 (2) Refusal, for a period not to exceed one year, to
16 issue a new license to the offending insurer or other person.

17 (3) A fine of not more than \$5,000 for each violation of
18 this act.

19 (4) A fine of not more than \$10,000 for each willful
20 violation of this act.

21 (b) Limitation.--

22 (1) Fines imposed against an individual insurer under
23 this act may not exceed \$500,000 in the aggregate during a
24 single calendar year.

25 (2) Fines imposed against any other person under this
26 act may not exceed \$100,000 in the aggregate during a single
27 calendar year.

28 (c) Additional remedies.--The enforcement remedies imposed
29 under this section are in addition to any other remedies or
30 penalties that may be imposed under any other applicable law of

1 this Commonwealth, including:

2 (1) The act of July 22, 1974 (P.L.589, No.205), known as
3 the Unfair Insurance Practices Act. Violations of this act
4 shall be deemed to be an unfair method of competition and an
5 unfair or deceptive act or practice under the Unfair
6 Insurance Practices Act.

7 (2) The act of December 18, 1996 (P.L.1066, No.159),
8 known as the Accident and Health Filing Reform Act.

9 (3) The act of June 25, 1997 (P.L.295, No.29), known as
10 the Pennsylvania Health Care Insurance Portability Act.

11 (d) Administrative procedure.--The administrative provisions
12 of this section shall be subject to 2 Pa.C.S. Ch. 5 Subch. A
13 (relating to practice and procedure of Commonwealth agencies).
14 A party against whom penalties are assessed in an administrative
15 action may appeal to Commonwealth Court as provided in 2 Pa.C.S.
16 Ch. 7 Subch. A (relating to judicial review of Commonwealth
17 Agency action).

18 Section 6. Applicability.

19 This act shall apply as follows:

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

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

30 Section 7. Repeals.

1 All acts and parts of acts are repealed insofar as they are
2 inconsistent with this act.
3 Section 8. Effective date.
4 This act shall take effect immediately.