

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 130 Session of 2019

INTRODUCED BY D. MILLER, A. DAVIS, ISAACSON, SCHLOSSBERG, SOLOMON, STURLA, YOUNGBLOOD, CIRESI, NEILSON, DeLUCA, OTTEN, SIMS, HILL-EVANS, KORTZ, CALTAGIRONE AND McCLINTON, JANUARY 28, 2019

REFERRED TO COMMITTEE ON INSURANCE, JANUARY 28, 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 billing eligible insureds for services by out-of-network  
 13 provider.

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 617.2. Billing Eligible Insureds for Services by  
 20 Out-of-Network Provider.--(A) An out-of-network provider that  
 21 renders mental health care, substance use disorder treatment or  
 22 treatment for a disability to an eligible insured in this

1 Commonwealth is prohibited from billing an eligible insured for  
2 any amount in excess of the cost-sharing amounts that would have  
3 been imposed if the mental health care, substance use disorder  
4 treatment or treatment for a disability had been rendered by an  
5 in-network provider.

6 (B) The Insurance Commissioner may promulgate rules and  
7 regulations necessary to implement and administer this section.

8 (C) For the purposes of this section:

9 "Cost-sharing" means a copayment, coinsurance, deductible or  
10 similar charge. The term does not include premiums or the cost  
11 of noncovered services.

12 "Disability" means:

13 (1) A physical or mental impairment which substantially  
14 limits one or more of a person's major life activities.

15 (2) A record of having an impairment under paragraph (1).

16 (3) Being regarded as having an impairment under paragraph  
17 (1).

18 (4) The term does not include the current, illegal use of or  
19 addiction to a controlled substance, as defined in section 102  
20 of the Controlled Substances Act (Public Law 91-513, 84 Stat.  
21 1236).

22 "Eligible insured" means an individual twenty-one years of  
23 age or younger who is insured under a health insurance policy.

24 "Health care provider" means a person, corporation, facility,  
25 institution or other entity licensed, certified or approved by  
26 the Commonwealth to provide health care or professional medical  
27 services. The term includes, but is not limited to, a physician,  
28 a professional nurse, a certified nurse-midwife, a podiatrist, a  
29 hospital, an ambulatory surgical center or a birth center.

30 "Health insurance policy" means an individual or group

1 health, sickness or accident policy, or subscriber contract or  
2 certificate offered, issued or renewed by an entity subject to  
3 one of the following:

4 (1) This act.

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

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

10 (4) The term does not include accident only, fixed  
11 indemnity, limited benefit, credit, dental, vision, specified  
12 disease, Medicare supplement, Civilian Health and Medical  
13 Program of the Uniformed Services (CHAMPUS) supplement, long-  
14 term care or disability income, workers' compensation or  
15 automobile medical payment insurance.

16 "In-network provider" means a health care provider that  
17 contracts with an insurer to provide health care services to an  
18 insured under a managed care plan.

19 "Mental health care" means any care, treatment, service or  
20 procedure to maintain, diagnose, treat or provide for mental  
21 health, including a medication program and therapeutic  
22 treatment.

23 "Out-of-network provider" means a health care provider that  
24 does not contract with an insurer to provide health care  
25 services to an insured under the insured's managed care plan.

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