

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 2552 Session of 2018

INTRODUCED BY SCHWEYER, DeLUCA, HARKINS, MURT, DEAN, SIMS,  
 DONATUCCI, RABB, STURLA, CALTAGIRONE, A. DAVIS, KORTZ,  
 SCHLOSSBERG, CHARLTON, DAVIS, J. McNEILL, BIZZARRO, GOODMAN,  
 RAVENSTAHL, YOUNGBLOOD, TAI, D. MILLER, ROEBUCK, FREEMAN,  
 DRISCOLL, DAVIDSON AND DALEY, JULY 10, 2018

REFERRED TO COMMITTEE ON INSURANCE, JULY 10, 2018

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 health and accident insurance,  
 12 prohibiting exclusions for preexisting conditions.

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. Exclusions For Preexisting Conditions.--(a)  
 19 A health insurer shall be prohibited from discriminating against  
 20 a qualified individual or a qualified group based on a  
 21 preexisting medical condition.

1 (b) Methods of discriminating based on preexisting medical  
2 conditions shall include:

3 (1) refusing to sell, offer or issue a health insurance  
4 policy to a qualified individual or a qualified group due to a  
5 preexisting medical condition;

6 (2) selling, offering or issuing a health insurance policy  
7 to a qualified individual or a qualified group that excludes  
8 coverage for a preexisting medical condition;

9 (3) considering a qualified individual's or qualified  
10 group's prior medical history in the medical underwriting  
11 process;

12 (4) requiring or requesting a qualified individual or a  
13 qualified group to provide information regarding prior medical  
14 history as part of the health insurer's application or  
15 enrollment process; or

16 (5) any other method or action of a health insurer that the  
17 Insurance Commissioner deems a limitation or exclusion of  
18 benefits based on the fact that a preexisting medical condition  
19 was present before the effective date of coverage, or, if  
20 coverage is denied, the date of the denial, under a qualified  
21 individual's or a qualified group's health insurance policy.

22 (c) This section shall apply as follows:

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

28 (2) For health insurance policies for which neither rates  
29 nor forms are required to be filed with the Insurance Department  
30 or the Federal Government, this section shall apply to any

1 policy issued or renewed on or after 180 days after the  
2 effective date of this section.

3 (d) As used in this section, the following words and phrases  
4 shall have the meanings given to them in this subsection unless  
5 the context clearly indicates otherwise:

6 "Government program." Any of the following:

7 (1) The Commonwealth's medical assistance program  
8 established under the act of June 13, 1967 (P.L.31, No.21),  
9 known as the "Human Services Code."

10 (2) A program under Article XXIII-A.

11 "Health insurance policy." Any individual or group health,  
12 sickness or accident policy, or subscriber contract or  
13 certificate offered, issued or renewed by a health insurer. The  
14 term does not include any of the following types of insurance:

15 (1) Accident only.

16 (2) Fixed indemnity.

17 (3) Limited benefit.

18 (4) Credit.

19 (5) Dental.

20 (6) Vision.

21 (7) Specified disease.

22 (8) Medicare supplement.

23 (9) Civilian Health and Medical Program of the Uniformed  
24 Services (CHAMPUS) supplement.

25 (10) Long-term care or disability income.

26 (11) Workers' compensation.

27 (12) Automobile medical payment.

28 "Health insurer." An entity that issues a health insurance  
29 policy and is subject to the following:

30 (1) this act, including, but not limited to, section 630 and

1 Article XXIV;

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

4 (3) 40 Pa.C.S. Ch. 61 (relating to hospital plan  
5 corporations) or 63 (relating to professional health services  
6 plan corporations).

7 "Preexisting medical condition." A physical or mental  
8 condition, including, but not limited to, a disease, an illness,  
9 an injury, pregnancy or a genetic defect for which medical  
10 advice, diagnosis, care or treatment has been recommended or  
11 received prior to the effective date of coverage.

12 "Qualified group." Any of the following:

13 (1) A group of qualified individuals covered or applying for  
14 coverage under the same health insurance policy.

15 (2) A group of individuals covered under an employer  
16 sponsored group health insurance policy.

17 "Qualified individual." Any of the following:

18 (1) An individual who is less than nineteen (19) years of  
19 age.

20 (2) An individual who:

21 (i) is covered or applying for coverage under a health  
22 insurance policy; and

23 (ii) has had health coverage under a health insurance policy  
24 or government program for at least nine months of the twelve  
25 consecutive month period immediately preceding the date of  
26 application or enrollment.

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