THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 648

Session of 2013

INTRODUCED BY MURT, MCGEEHAN, PICKETT, FREEMAN, DAVIDSON, HARPER, HARKINS, V. BROWN, RAPP AND KORTZ, FEBRUARY 11, 2013

REFERRED TO COMMITEE ON INSURANCE, FEBRUARY 11, 2013

AN ACT

Amending the act of May 17, 1921 (P.L.682, No.284), entitled "An act relating to insurance; amending, revising, and consolidating the law providing for the incorporation of 3 insurance companies, and the regulation, supervision, and 4 protection of home and foreign insurance companies, Lloyds associations, reciprocal and inter-insurance exchanges, and fire insurance rating bureaus, and the regulation and 7 supervision of insurance carried by such companies, 8 associations, and exchanges, including insurance carried by 9 the State Workmen's Insurance Fund; providing penalties; and 10 repealing existing laws," providing for acquired brain injury 11 12 disclosure. 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 635.7. Acquired Brain Injury Disclosure. -- (a) Every 19 insurer shall supply each insured and enrollee and each 20 prospective insured and enrollee with the following written 21 information upon request. The information shall be easily 22 understandable by the layperson and shall include all of the

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following:

- 1 (1) A description of coverage which includes the following:
- 2 (i) Behavioral optometry or vision therapy.
- 3 (ii) Case management.
- 4 (iii) Cognitive communication therapy.
- 5 <u>(iv) Cognitive rehabilitation therapy.</u>
- 6 (v) Cognitive remediation.
- 7 (vi) Community integration therapy.
- 8 (vii) Family education and counseling.
- 9 <u>(viii) Hyperbaric oxygen therapy.</u>
- 10 (ix) Neurobehavioral testing.
- 11 (x) Evaluation and treatment.
- 12 (xi) Neurocognitive therapy and rehabilitation.
- 13 (xii) Neuropsychological testing, evaluation and treatment.
- 14 (xiii) Neuropsychiatric evaluation and treatment.
- 15 (xiv) Neurofeedback therapy.
- 16 (xv) Occupational therapy.
- 17 (xvi) Physical therapy.
- 18 (xvii) Post-acute transition services.
- 19 (xviii) Speech and language therapy.
- 20 (xix) Vision biofeedback.
- 21 (2) A description of coverage, benefits and benefit maximums
- 22 related to an acquired brain injury treatment and
- 23 rehabilitation, including benefit limitations and exclusions of
- 24 coverage, health care services and the definition of medical
- 25 necessity used by the plan in determining whether these benefits
- 26 will be covered.
- 27 (3) A description of all necessary prior authorizations.
- 28 (4) A description of an insurer's personnel responsible for
- 29 <u>case management and prior authorizations of an insured or</u>
- 30 enrollee with an acquired brain injury.

- 1 (5) Other information as may be required by the department.
- 2 (b) The department, in consultation with the Department of
- 3 Health's Traumatic Brain Injury Advisory Board, shall promulgate
- 4 regulations concerning the specific contents and wording of the
- 5 notice required under this section.
- 6 (c) For purposes of this section, the following words and
- 7 phrases shall have the meanings given to them in this subsection
- 8 <u>unless the context clearly indicates otherwise:</u>
- 9 "Acquired brain injury" means the cognitive, intellectual,
- 10 emotional, behavioral and physical effects of a traumatic or
- 11 <u>nontraumatic injury to the brain. The term does not include</u>
- 12 inherited, congenital or degenerative conditions.
- 13 "Department" means the Insurance Department of the
- 14 Commonwealth.
- "Health insurance policy" as follows:
- 16 (1) Any group health, sickness or accident policy or
- 17 subscriber contract or certificate issued by an entity subject
- 18 to any of the following:
- 19 (i) This act.
- 20 (ii) The act of December 29, 1972 (P.L.1701, No.364), known
- 21 as the "Health Maintenance Organization Act."
- 22 (iii) 40 Pa.C.S. Ch. 61 (relating to hospital plan
- 23 corporations) or 63 (relating to professional health services
- 24 plan corporations).
- 25 (2) The term shall not include the following types of
- 26 insurance or any combination of the following types of
- 27 <u>insurance:</u>
- 28 (i) Accident only.
- 29 <u>(ii) Fixed indemnity.</u>
- 30 (iii) Limited benefit.

- 1 <u>(iv) Credit.</u>
- 2 (v) Dental.
- 3 <u>(vi) Vision.</u>
- 4 <u>(vii) Specified disease.</u>
- 5 <u>(viii) Medicare supplement.</u>
- 6 (ix) CHAMPUS (Civilian Health and Medical Program of the
- 7 <u>Uniformed Services</u>) <u>supplement</u>.
- 8 (x) Long-term care or disability income.
- 9 <u>(xi) Workers' compensation.</u>
- 10 (xii) Automobile medical payment.
- 11 "Insurer" means any entity that issues an individual or group
- 12 health insurance policy, contract or plan described under the
- 13 definition of health insurance policy.
- 14 Section 2. This act shall take effect in 60 days.