
THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 2724 Session of
2018

INTRODUCED BY D. MILLER, CALTAGIRONE, MURT, YOUNGBLOOD, SOLOMON,
KIRKLAND, DALEY, ROEBUCK AND ROZZI, OCTOBER 16, 2018

REFERRED TO COMMITTEE ON INSURANCE, OCTOBER 16, 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 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
23 Commonwealth is prohibited from billing an eligible insured for

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

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

7 (c) For the purposes of this section:

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

11 "Disability" means:

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

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

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

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

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

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

29 "Health insurance policy" means an individual or group
30 health, sickness or accident policy, or subscriber contract or

1 certificate offered, issued or renewed by an entity subject to
2 one of the following:

3 (1) This act.

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

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

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

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

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

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

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