

THE GENERAL ASSEMBLY OF PENNSYLVANIA

SENATE BILL

No. 1432 Session of
2014

INTRODUCED BY McILHINNEY, JUNE 17, 2014

REFERRED TO BANKING AND INSURANCE, JUNE 17, 2014

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," providing for limits on copayments
12 and coinsurances for insured medical services provided by a
13 physical therapist, chiropractor or occupational therapist.

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 an
18 article to read:

19 ARTICLE X-B.

20 FAIRNESS IN MULTIPLE COPAYMENTS.

21 Section 1001-B. Declaration of intent.

22 The general purpose of this article is to provide fairness
23 for persons seeking appropriate physical therapy, chiropractic
24 and occupational therapy who are sharing the cost of the care

1 pursuant to a health insurance policy by prohibiting the
2 imposition of multiple copayments and coinsurance for licensed
3 physical therapy, chiropractic and occupational therapy
4 services.

5 Section 1002-B. Definitions.

6 The following words and phrases when used in this article
7 shall have the meanings given to them in this section unless the
8 context clearly indicates otherwise:

9 "Chiropractic." As defined in section 102 of the act of
10 December 16, 1986 (P.L.1646, No.188), known as the Chiropractic
11 Practice Act.

12 "Coinsurance." A percentage of the contractual fee schedule
13 of the provider that a covered person must pay for covered
14 services and supplies rendered by the provider under a health
15 insurance policy.

16 "Copayment." A specific dollar amount a covered person must
17 pay for services rendered by a provider under a health benefit
18 plan.

19 "Health insurance policy." As follows:

20 (1) An individual or group health insurance policy,
21 contract or plan that provides medical or health care
22 coverage by a health care facility or licensed health care
23 provider that is offered by or is governed under any of the
24 following:

25 (i) This act.

26 (ii) The act of December 29, 1972 (P.L.1701,
27 No.364), known as the Health Maintenance Organization
28 Act.

29 (iii) 40 Pa.C.S. Ch. 61 (relating to hospital plan
30 corporations).

1 (iv) 40 Pa.C.S. Ch. 63 (relating to professional
2 health services plan corporations).

3 (2) The term does not include accident only, fixed
4 indemnity, limited benefit, credit, dental, vision, specified
5 disease, Medicare supplement, Civilian Health and Medical
6 Program of the Uniformed Services (CHAMPUS) supplement, long-
7 term care or disability income, workers' compensation or
8 automobile medical payment insurance.

9 "Occupational therapy." As defined in section 3 of the act
10 of June 15, 1982 (P.L.502, No.140), known as the Occupational
11 Therapy Practice Act.

12 "Physical therapy." As defined in section 2 of the act of
13 October 10, 1975 (P.L.383, No.110), known as the Physical
14 Therapy Practice Act.

15 Section 1003-B. Limits on copayments.

16 A health insurance policy that is delivered, issued for
17 delivery, renewed, extended or modified in this Commonwealth by
18 a health care insurer may not subject an insured to more than
19 one copayment or coinsurance amount per visit or deplete more
20 than one visit for services provided by a licensed physical
21 therapist, chiropractor or occupational therapist provider on a
22 given date.

23 Section 1004-B. Applicability.

24 This article shall apply as follows:

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

30 (2) For health insurance policies for which neither

1 rates nor forms are required to be filed with the Insurance
2 Department or the Federal Government, this article shall
3 apply to any policy issued or renewed on or after 180 days
4 after the effective date of this section.

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