

THE GENERAL ASSEMBLY OF PENNSYLVANIA

SENATE BILL

No. 1003 Session of 2017

INTRODUCED BY WHITE, DECEMBER 12, 2017

REFERRED TO BANKING AND INSURANCE, DECEMBER 12, 2017

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 quality health care
 12 accountability and protection, further providing for
 13 emergency services.

14 The General Assembly of the Commonwealth of Pennsylvania
 15 hereby enacts as follows:

16 Section 1. Section 2116 of the act of May 17, 1921 (P.L.682,
 17 No.284), known as The Insurance Company Law of 1921, is amended
 18 to read:

19 Section 2116. Emergency Services.--[If] (a) Except as
 20 provided in subsection (b), if an enrollee seeks emergency
 21 services and the emergency health care provider determines that
 22 emergency services are necessary, the emergency health care
 23 provider shall initiate necessary intervention to evaluate and,
 24 if necessary, stabilize the condition of the enrollee without

1 seeking or receiving authorization from the managed care plan.
2 [The managed care plan shall pay all reasonably necessary costs
3 associated with the emergency services provided during the
4 period of the emergency.] The managed care plan shall pay any
5 reasonably necessary costs associated with medically necessary
6 emergency services provided during the period of emergency,
7 subject to any copayment, coinsurance or deductible as specified
8 in the health insurance policy and consistent with the managed
9 care plan's medical policies. When processing a reimbursement
10 claim for emergency services, a managed care plan shall consider
11 both the presenting symptoms and the services provided. The
12 emergency health care provider shall notify the enrollee's
13 managed care plan of the provision of emergency services and the
14 condition of the enrollee. If an enrollee's condition has
15 stabilized and the enrollee can be transported without suffering
16 detrimental consequences or aggravating the enrollee's
17 condition, the enrollee may be relocated to another facility to
18 receive continued care and treatment as necessary.

19 (b) For emergency services provided to an enrollee by an
20 emergency medical services agency, the managed care plan shall
21 pay any reasonably necessary costs associated with medically
22 necessary emergency services provided during the period of
23 emergency, subject to any copayment, coinsurance or deductible
24 as specified in the health insurance policy and consistent with
25 the managed care plan's medical policies. The managed care plan
26 shall pay only licensed emergency medical services agencies that
27 have the ability to transport patients or are providing and
28 billing for services under an agreement with an agency which has
29 that ability. The managed care plan may not deny a claim for
30 payment of costs solely because the enrollee did not require

1 transport or refused to be transported.

2 (c) The provisions of subsection (b) shall apply to the same
3 services provided to recipients of medical assistance under
4 Article IV of the act of June 13, 1967 (P.L.31, No.21), known as
5 the Human Services Code. Sufficient funds shall be appropriated
6 each fiscal year for payment of the services.

7 Section 2. The amendment of section 2116 of the act shall
8 apply as follows:

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

14 (2) For health insurance policies for which neither
15 rates nor forms are required to be filed with the Federal
16 Government or the Insurance Department, this section shall
17 apply to any policy issued or renewed on or after 180 days
18 after the effective date of this section.

19 Section 3. This act shall take effect in 60 days.