

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 347 Session of 2015

INTRODUCED BY O'NEILL, READSHAW, BAKER, BARRAR, CAUSER, COHEN, D. COSTA, CUTLER, DAVIS, DAY, DEASY, DIGIROLAMO, DUSH, GABLER, GILLEN, HARHART, HARPER, A. HARRIS, JAMES, KAUFFMAN, M. K. KELLER, KORTZ, LAWRENCE, MALONEY, MARSHALL, MASSER, MILLARD, MILNE, RADER, SONNEY, TALLMAN, TRUITT, WATSON, WHEATLEY, FEE, MENTZER, MURT, ROZZI, FARRY, EVERETT, MOUL, HEFFLEY, GIBBONS, M. DALEY, SANTARSIERO AND MICCARELLI, FEBRUARY 5, 2015

AS AMENDED ON SECOND CONSIDERATION, HOUSE OF REPRESENTATIVES, JUNE 9, 2015

AN ACT

1 Amending Title 35 (Health and Safety) of the Pennsylvania
2 Consolidated Statutes, in emergency medical services system,
3 providing for emergency service system billing.

4 The General Assembly of the Commonwealth of Pennsylvania
5 hereby enacts as follows:

6 Section 1. Section 8103 of Title 35 of the Pennsylvania
7 Consolidated Statutes is amended by adding a definition to read:

8 § 8103. Definitions.

9 The following words and phrases when used in this chapter
10 shall have the meanings given to them in this section unless the
11 context clearly indicates otherwise:

12 * * *

13 "Insurer." As follows:

14 (1) An entity that is responsible for providing or
15 paying for all or part of the cost of emergency medical

1 services covered by an insurance policy, contract or plan.

2 The term includes an entity subject to:

3 (i) the act of May 17, 1921 (P.L.682, No.284), known
4 as The Insurance Company Law of 1921;

5 (ii) the act of December 29, 1972 (P.L.1701,
6 No.364), known as the Health Maintenance Organization
7 Act; or

8 (iii) 40 Pa.C.S. Ch. 61 (relating to hospital plan
9 corporations) or 63 (relating to professional health
10 services plan corporations).

11 (2) The term does not include an entity that is
12 responsible for providing or paying under an insurance
13 policy, contract or plan which meets any of the following:

14 (i) Is a homeowner's insurance policy.

15 (ii) Provides any of the following types of
16 insurance:

17 (A) Accident only.

18 (B) Fixed indemnity.

19 (C) Limited benefit.

20 (D) Credit.

21 (E) Dental.

22 (F) Vision.

23 (G) Specified disease.

24 (H) Medicare supplement.

25 (I) Civilian Health and Medical Program of the
26 Uniformed Services (CHAMPUS) supplement.

27 (J) Long-term care.

28 (K) Disability income.

29 (L) Workers' compensation.

30 (M) Automobile medical payment insurance.

1 * * *

2 Section 2. Title 35 is amended by adding a section to read:

3 § 8158. Billing.

4 (a) General rule.--When an ~~emergency medical services~~ EMS <--
5 agency is ~~properly~~ dispatched by a public safety answering point <--
6 as defined in section 5302 (relating to definitions) and
7 provides medically necessary emergency care, a payment made by
8 an insurer for a claim covered under AND IN ACCORDANCE WITH a <--
9 health insurance policy for a service performed by the ~~emergency~~ <--
10 ~~medical services~~ EMS agency during the call shall be paid <--
11 directly to the ~~emergency medical services~~ EMS agency. <--

12 ~~(b) Application. This section shall be construed to apply <--~~
13 ~~only to emergency medical services agencies that are nonnetwork~~
14 ~~providers.~~

15 (B) REIMBURSEMENT.--AN INSURER MUST REIMBURSE A NONNETWORK <--
16 EMS AGENCY UNDER THE FOLLOWING CONDITIONS:

17 (1) THE EMS AGENCY HAS SUBMITTED A COMPLETED
18 STANDARDIZED FORM TO THE DEPARTMENT REQUESTING NONNETWORK
19 DIRECT REIMBURSEMENT FROM AN INSURER AN EMS AGENCY HAS
20 IDENTIFIED. THE FORM MUST BE SUBMITTED TO THE DEPARTMENT
21 ANNUALLY BY OCTOBER 15. THE FORM SHALL DECLARE THE EMS
22 AGENCY'S INTENTION TO RECEIVE DIRECT PAYMENT FROM AN INSURER
23 IDENTIFIED ON THE FORM FOR THE NEXT CALENDAR YEAR. THE
24 DEPARTMENT SHALL DEVELOP A STANDARDIZED FORM, USING AN EMS
25 AGENCY'S ASSIGNED LICENSE NUMBER, TO BE USED BY AN EMS AGENCY
26 THAT MEETS THE CONDITIONS ESTABLISHED UNDER THIS SECTION.
27 THE DEPARTMENT SHALL DEVELOP AND MAINTAIN A PUBLICLY
28 ACCESSIBLE REGISTRY THAT INDICATES WHICH EMS AGENCY HAS
29 REQUESTED NONNETWORK DIRECT REIMBURSEMENT FROM AN INSURER
30 IDENTIFIED ON THE FORM.

1 (2) AN EMS AGENCY HAS PROVIDED NOTIFICATION TO THE
2 INSURER UPON SUBMITTING A CLAIM FOR REIMBURSEMENT THAT THE
3 EMS AGENCY IS REGISTERED WITH THE DEPARTMENT TO RECEIVE
4 DIRECT REIMBURSEMENT AS PROVIDED FOR UNDER THIS SECTION.

5 (C) PERIODIC AUDIT.--AN EMS AGENCY MAY BE SUBJECT TO
6 PERIODIC AUDITS BY AN INSURER TO EXAMINE CLAIMS FOR DIRECT
7 REIMBURSEMENT UNDER THIS CHAPTER. IF, THROUGH THE AUDIT, THE
8 PAYER IDENTIFIES AN IMPROPER PAYMENT, THE PAYER MAY DEDUCT THE
9 IMPROPER PAYMENT FROM FUTURE REIMBURSEMENTS. THE INSURER MUST
10 FORWARD THE INSURER'S FINDINGS TO THE DEPARTMENT.

11 (D) INSURED.--AN EMS AGENCY PAID BY AN INSURER UNDER THIS
12 SECTION MAY NOT BILL THE INSURED DIRECTLY OR INDIRECTLY OR
13 OTHERWISE ATTEMPT TO COLLECT FROM THE INSURED FOR THE SERVICE
14 PROVIDED, EXCEPT FOR A BILLING TO RECOVER A COPAYMENT,
15 COINSURANCE OR DEDUCTIBLE AS SPECIFIED IN THE HEALTH INSURANCE
16 POLICY.

17 (E) DONATIONS, ETC.--

18 (1) AN EMS AGENCY THAT SUBMITS A FORM UNDER THIS SECTION
19 MAY SOLICIT DONATIONS, MEMBERSHIPS OR CONDUCT FUNDRAISING,
20 EXCEPT THAT AN EMS AGENCY MAY NOT PROMISE, SUGGEST OR INFER
21 TO DONORS THAT A DONATION WILL RESULT IN THE DONOR NOT BEING
22 BILLED DIRECTLY FOR ANY PAYMENT AS PROVIDED UNDER THIS
23 SECTION. NOTWITHSTANDING THIS PARAGRAPH, AN EMS AGENCY MAY
24 BILL IN ACCORDANCE WITH SUBSECTION (D).

25 (2) MATERIAL USED FOR SOLICITING FOR DONATIONS OR
26 MEMBERSHIPS MUST STATE SUBSTANTIALLY THAT A DONATION OR
27 MEMBERSHIP MAY POTENTIALLY LIMIT OUT-OF-POCKET EXPENSES. A
28 VIOLATION OF THIS SECTION SHALL BE CONSIDERED A VIOLATION OF
29 THE ACT OF DECEMBER 17, 1968 (P.L.1224, NO.387), KNOWN AS THE
30 UNFAIR TRADE PRACTICES AND CONSUMER PROTECTION LAW.

1 (F) CLEAN CLAIM.--AN INSURER MUST REMIT PAYMENT OF A CLEAN
2 CLAIM DIRECTLY TO THE EMS AGENCY IN ACCORDANCE WITH SECTION 2166
3 OF THE ACT OF MAY 17, 1921 (P.L.682, NO.284), KNOWN AS THE
4 INSURANCE COMPANY LAW OF 1921. A PAYMENT TO AN INSURED SHALL NOT
5 CONSTITUTE COMPLIANCE WITH THIS SECTION.

6 (G) APPLICATION.--THIS SECTION SHALL APPLY ONLY TO AN EMS
7 AGENCY THAT IS A NONNETWORK PROVIDER AND PROVIDES 911 EMERGENCY
8 CARE.

9 Section 3. This act shall take effect ~~in 60 days~~ JANUARY 1, <--
10 2016.