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THE GENERAL ASSEMBLY OF PENNSYLVANIA

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HOUSE BILL

No. 1966 Session of  
2017

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INTRODUCED BY FREEMAN, MILLARD, GAINNEY, CALTAGIRONE AND THOMAS,  
DECEMBER 13, 2017

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REFERRED TO COMMITTEE ON INSURANCE, DECEMBER 13, 2017

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AN ACT

1 Authorizing the State Workers' Insurance Board to make available  
2 health insurance policies for purchase by the general public;  
3 providing for premiums; and authorizing a loan from the State  
4 Workers' Insurance Fund.

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

7 Section 1. Short title.

8 This act shall be known and may be cited as the the State  
9 Workers' Insurance Board Health Insurance Program Act.

10 Section 2. Definitions.

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

14 "Ancillary health service provider." A clinical laboratory  
15 permittee under the act of September 26, 1951 (P.L.1539,  
16 No.389), known as The Clinical Laboratory Act, authorized under  
17 the laws of this Commonwealth to provide ancillary health  
18 services.

19 "Ancillary health services." The general and usual services

1 rendered and care administered by ancillary health service  
2 providers.

3 "Board." The State Workers' Insurance Board continued under  
4 section 1502 of the act of June 2, 1915 (P.L.736, No.338), known  
5 as the Workers' Compensation Act.

6 "Chiropractic services." The general and usual services  
7 rendered and care administered by a chiropractor, as defined in  
8 section 102 of the act of December 16, 1986 (P.L.1646, No.188),  
9 known as the Chiropractic Practice Act.

10 "Fund." The State Workers' Insurance Fund established under  
11 section 1504 of the Workers' Compensation Act.

12 "Medical services." The general and usual services rendered  
13 and care administered by doctors of medicine under the act of  
14 December 20, 1985 (P.L.457, No.112), known as the Medical  
15 Practice Act of 1985.

16 "Osteopathic services." The general and usual services  
17 rendered and care administered by doctors of osteopathy under  
18 the act of October 5, 1978 (P.L.1109, No.261), known as the  
19 Osteopathic Medical Practice Act.

20 "Physical therapy services." The general and usual services  
21 rendered and care administered by licensed physical therapists,  
22 as defined as "physical therapy" in section 2 of the act of  
23 October 10, 1975 (P.L.383, No.110), known as the Physical  
24 Therapy Practice Act.

25 "Podiatry services." The general and usual services rendered  
26 and care administered by doctors of podiatry under the act of  
27 March 2, 1956 (1955 P.L.1206, No.375), known as the Podiatry  
28 Practice Act.

29 "Program." The program established by the board under  
30 section 3(a).

1 Section 3. Program.

2 (a) General rule.--In addition to any other powers and  
3 duties imposed by law, the board shall have the power and may  
4 establish, implement and administer a program which provides for  
5 the sale of health insurance coverage to individuals, businesses  
6 or other entities in a form and at premiums as the board shall,  
7 from time to time, determine.

8 (b) Loan from fund.--After considering all other  
9 expenditures from the fund, the board may borrow from the fund  
10 in the form of a repayable loan amounts as may be necessary to  
11 provide for the payment of claims and administrative expenses  
12 that may arise from the program. A loan made from the fund shall  
13 not exceed 40% of the fund's current ending balance for the  
14 latest completed fiscal year. The board may invest the proceeds  
15 of the loan in the same manner and subject to the same  
16 restrictions as govern investments of the fund. All earnings  
17 from investments of the loan proceeds shall be used for the  
18 administration of this act.

19 (c) Repayments from premiums.--The board shall designate a  
20 portion of each periodic premium payment for loan repayment.

21 (d) Minimum coverage.--The board, at a minimum, shall  
22 provide coverage under the program for at least the following:

- 23 (1) Inpatient hospitalization.
- 24 (2) Outpatient hospitalization.
- 25 (3) Emergency care.
- 26 (4) Preventive care.
- 27 (5) Professional services, including:
  - 28 (i) Medical services.
  - 29 (ii) Osteopathic services.
  - 30 (iii) Chiropractic services.

1 (iv) Podiatry services.

2 (v) Physical therapy services.

3 (vi) Services provided by:

4 (A) Certified registered nurse anesthetists.

5 (B) Certified registered nurse practitioners.

6 (C) Certified enterostomal therapy nurses.

7 (6) Laboratory tests, x-rays, scans, wound dressings,  
8 castings and other ancillary services.

9 (e) Additional coverage.--The board may offer coverage under  
10 the program for the following:

11 (1) Dental benefits.

12 (2) Vision care benefits.

13 (3) Prescription drug benefits.

14 (f) Claim forms.--The board shall use the standard medical  
15 claim form prescribed under section 1202 of the act of May 17,  
16 1921 (P.L.682, No.284), known as The Insurance Company Law of  
17 1921.

18 (g) Marketing.--The health insurance coverage provided  
19 through the program shall be sold directly by the board and  
20 independent insurance agents as determined by the board.

21 (h) Regulations.--The board shall promulgate regulations  
22 necessary to implement and administer the provisions of this  
23 act.

24 Section 4. Effective date.

25 This act shall take effect January 1, 2018, or immediately,  
26 whichever is later.