
THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 2268 Session of
2024

INTRODUCED BY MARKOSEK, HARKINS, McNEILL, DONAHUE, PISCIOTTANO,
MULLINS, ABNEY, SANCHEZ, DELLOSO, SCHLOSSBERG, KINSEY,
CONKLIN, MALAGARI, MERCURI AND DEASY, MAY 3, 2024

REFERRED TO COMMITTEE ON INSURANCE, MAY 3, 2024

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 speech therapy for stuttering.

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

15 Section 1. The act of May 17, 1921 (P.L.682, No.284), known
16 as The Insurance Company Law of 1921, is amended by adding a
17 section to read:

18 Section 635.9. Speech Therapy for Stuttering.--(a) An
19 insurer or MA or CHIP managed care plan shall make available
20 coverage of both habilitative speech therapy treatment and
21 rehabilitative speech therapy treatment for childhood stuttering
22 and neurological stuttering.

1 (b) The coverage required under this section:

2 (1) Shall not be subject to any maximum annual benefit
3 limit, including any limit on the number of visits that an
4 insured individual may make to a speech-language pathologist.

5 (2) Shall not be limited based on the type of disease,
6 injury, disorder or other medical condition that resulted in
7 stuttering.

8 (3) Shall not be limited to cases of childhood stuttering.

9 (4) Shall not be subject to utilization review requirements,
10 including prior authorization.

11 (5) Shall include both in-person and telehealth speech
12 therapy treatment.

13 (c) If the secretary determines that a waiver or other
14 authorization from a Federal agency is necessary to implement
15 coverage required under this section, the secretary shall
16 request the waiver or other authorization within ninety days
17 after the effective date of this subsection. Implementation of
18 this section shall only be delayed by the requirement for the
19 secretary to secure the necessary waiver or other authorization.

20 (d) As used in this section:

21 "Childhood stuttering" means a speech disorder characterized
22 by repetition of sounds, syllables or words, prolongation of
23 sounds and interruptions in speech developed between two and six
24 years of age.

25 "Habilitative speech therapy treatment" means speech therapy
26 that helps an individual to keep, learn or improve skills and
27 functioning for daily living.

28 "Health insurance policy" means a policy, subscriber
29 contract, certificate or plan issued by an insurer that provides
30 medical or health care coverage. The term does not include any

1 of the following:

2 (1) An accident only policy.

3 (2) A credit only policy.

4 (3) A long-term care or disability income policy.

5 (4) A specified disease policy.

6 (5) A Medicare supplement policy.

7 (6) A TRICARE policy, including a Civilian Health and

8 Medical Program of the Uniformed Services (CHAMPUS) supplement

9 policy.

10 (7) A fixed indemnity policy.

11 (8) A hospital indemnity policy.

12 (9) A dental only policy.

13 (10) A vision only policy.

14 (11) A workers' compensation policy.

15 (12) An automobile medical payment policy under 75 Pa.C.S.

16 (relating to vehicles).

17 (13) A homeowners' insurance policy.

18 (14) Any other similar policy providing for limited

19 benefits.

20 "Insurer" means as follows:

21 (1) An entity licensed by the Insurance Department that

22 offers, issues or renews an individual or group health insurance

23 policy that is offered or governed under any of the following:

24 (i) This act, including section 630 and Article XXIV.

25 (ii) The act of December 29, 1972 (P.L.1701, No.364), known

26 as the "Health Maintenance Organization Act."

27 (iii) 40 Pa.C.S. Ch. 61 (relating to hospital plan

28 corporations) or 63 (relating to professional health services

29 plan corporations).

30 (2) The term does not include an entity operating as an MA

1 or CHIP managed care plan.

2 "MA or CHIP managed care plan" means a health care plan that
3 uses a gatekeeper to manage the utilization of health care
4 services by medical assistance or children's health insurance
5 program enrollees and integrates the financing and delivery of
6 health care services.

7 "Neurological stuttering" means a speech disorder
8 characterized by repetition of sounds, syllables or words,
9 prolongation of sounds and interruptions in speech developed as
10 a result of a stroke, head trauma or other type of brain injury.

11 "Prior authorization" means a prospective utilization review,
12 performed by an insurer or MA or CHIP managed care plan or by a
13 utilization review entity acting on behalf of an insurer or MA
14 or CHIP managed care plan, of all reasonably necessary
15 supporting information that occurs prior to the delivery or
16 provision of a health care service and results in a decision to
17 approve or deny payment for the health care service. The term
18 includes step therapy and step therapy exception requests.

19 "Rehabilitative speech therapy treatment" means speech
20 therapy that helps an individual restore or improve skills and
21 functioning for daily living that have been lost or impaired.

22 "Secretary" means the Secretary of Human Services of the
23 Commonwealth.

24 "Speech therapy" means the therapeutic care provided to an
25 individual for treatment administered by a licensed speech-
26 language pathologist.

27 "Telehealth" means the application of telecommunication
28 technology to deliver speech therapy services at a distance for
29 assessment, intervention or consultation.

30 "Utilization review" means a set of formal techniques

1 designed to monitor the use of or evaluate the medical
2 necessity, appropriateness, efficacy or efficiency of health
3 care services, procedures or settings, including prior
4 authorization, second opinion, certification, concurrent review,
5 case management, discharge planning or retrospective review, in
6 order to make a determination regarding coverage of the service
7 under the terms of a health insurance policy or an agreement
8 with the Department of Human Services.

9 Section 2. This act shall apply as follows:

10 (1) For health insurance policies for which either rates
11 or forms are required to be filed with the Federal Government
12 or the Insurance Department, this act shall apply to any
13 policy for which a form or rate is first filed on or after
14 180 days after the effective date of this paragraph.

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

20 Section 3. This act shall take effect in 90 days.