

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 2385 Session of 2024

INTRODUCED BY POWELL, HILL-EVANS, GIRAL, CONKLIN, SANCHEZ AND DONAHUE, JUNE 5, 2024

REFERRED TO COMMITTEE ON INSURANCE, JUNE 5, 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 coverage for interprofessional consultation.

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. Coverage for Interprofessional
 19 Consultation.--(a) Except to the extent already covered under
 20 another policy, a health insurance policy offered, issued or
 21 renewed in this Commonwealth shall provide coverage for an
 22 interprofessional consultation performed by a consulting
 23 provider for the benefit of a patient if the following

1 requirements are satisfied:

2 (1) The health care provider performing the
3 interprofessional consultation shall use a technology platform
4 that is compliant with the Health Insurance Portability and
5 Accountability Act of 1996 and the Health Information Technology
6 for Economic and Clinical Health Act.

7 (2) The interprofessional consultation services shall be
8 performed consistent with the standard of care.

9 (b) The coverage required under this section shall be
10 subject to the annual deductibles, copayments or coinsurance
11 requirements.

12 (c) MA or CHIP managed care plan payments shall be made on
13 behalf of eligible individuals for interprofessional
14 consultations, consistent with Federal law, as specified under
15 this act.

16 (d) (1) The term "asynchronous health record consultation
17 services" when used in this section means an exchange of
18 information between a treating health care provider and a
19 consulting provider that does not occur in real time, including
20 the secure collection and transmission of a patient's medical
21 information, clinical data, clinical images, laboratory results,
22 self-reported medical history, diagnosis advice or treatment
23 advice.

24 (2) The term "consulting provider" when used in this section
25 means a health care provider who offers expert advice, guidance
26 or information in their field of specialty to a treating health
27 care provider via an interprofessional consultation.

28 (3) The term "health care provider" when used in this
29 section means a person, corporation, facility, institution or
30 other entity licensed, certified or approved by the Commonwealth

1 to provide health care or professional medical services. The
2 term includes, but is not limited to, a physician, a
3 professional nurse, a certified nurse-midwife, podiatrist,
4 hospital, nursing home, ambulatory surgical center or birth
5 center.

6 (4) The term "health insurance policy" when used in this
7 section means a policy, subscriber contract, certificate or plan
8 issued by a health insurer that provides medical or health care
9 coverage. The term does not include any of the following:

10 (i) An accident only policy.

11 (ii) A credit only policy.

12 (iii) A long-term care or disability income policy.

13 (iv) A specified disease policy.

14 (v) A Medicare supplement policy.

15 (vi) A policy under which benefits are provided by the
16 Federal Government to active or former military personnel and
17 their dependents.

18 (vii) A fixed indemnity policy.

19 (viii) A hospital indemnity policy.

20 (ix) A dental only policy.

21 (x) A vision only policy.

22 (xi) A workers' compensation policy.

23 (xii) An automobile medical payment policy under 75 Pa.C.S.
24 (relating to vehicles).

25 (xiii) Any other similar policies providing for limited
26 benefits.

27 (5) The term "Health Information Technology for Economic and
28 Clinical Health Act" when used in this section means the Health
29 Information Technology for Economic and Clinical Health Act
30 (Public Law 111-5, 123 Stat. 226-279 and 467-496).

1 (6) The term "Health Insurance Portability and
2 Accountability Act of 1996" when used in this section means the
3 Health Insurance Portability and Accountability Act of 1996
4 (Public Law 104-191, 110 Stat. 1936).

5 (7) The term "health insurer" when used in this section
6 means an entity licensed by the department that offers, issues
7 or renews an individual or group health insurance policy that is
8 offered or governed under any of the following:

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

10 (ii) The act of December 29, 1972 (P.L.1701, No.364), known
11 as the "Health Maintenance Organization Act."

12 (iii) 40 Pa.C.S. Ch. 61 (relating to hospital plan
13 corporations) or 63 (relating to professional health services
14 plan corporations).

15 (8) The term "interprofessional consultation" when used in
16 this section means asynchronous health record consultation
17 services that provide an assessment and management services in
18 which the patient's treating health care provider requests the
19 treatment advice of a consulting provider with specialty
20 expertise to assist in the diagnosis or management of the
21 patient's health care needs without the patient's face-to-face
22 contact with the consulting provider.

23 (9) The term "MA or CHIP managed care plan" when used in
24 this section means a health care plan that uses a gatekeeper to
25 manage the utilization of health care services by medical
26 assistance or children's health insurance program enrollees and
27 integrates the financing and delivery of health care services.

28 (10) The term "treating health care provider" when used in
29 this section means an attending or primary health care provider
30 that provides health care services to a patient.

1 Section 2. This act shall apply as follows:

2 (1) For a health insurance policy for which either rates
3 or forms are required to be filed with the Federal Government
4 or the Insurance Department, this act shall apply to a policy
5 for which a form or rate is first filed on or after 180 days
6 after the effective date of this section.

7 (2) For a health insurance policy for which neither
8 rates nor forms are required to be filed with the Federal
9 Government or the Insurance Department, this act shall apply
10 to a policy issued or renewed on or after 180 days after the
11 effective date of this section.

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