
THE GENERAL ASSEMBLY OF PENNSYLVANIA

SENATE BILL

No. 1003 Session of
2017

INTRODUCED BY WHITE, DECEMBER 12, 2017

AS REPORTED FROM COMMITTEE ON INSURANCE, HOUSE OF
REPRESENTATIVES, AS AMENDED, SEPTEMBER 24, 2018

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

1 provider shall initiate necessary intervention to evaluate and,
2 if necessary, stabilize the condition of the enrollee without
3 seeking or receiving authorization from the managed care plan.
4 [The managed care plan shall pay all reasonably necessary costs
5 associated with the emergency services provided during the
6 period of the emergency.] The managed care plan shall pay all
7 reasonably necessary costs associated with emergency services
8 provided during the period of emergency, subject to all
9 copayments, coinsurances or deductibles. When processing a
10 reimbursement claim for emergency services, a managed care plan
11 shall consider both the presenting symptoms and the services
12 provided. The emergency health care provider shall notify the
13 enrollee's managed care plan of the provision of emergency
14 services and the condition of the enrollee. If an enrollee's
15 condition has stabilized and the enrollee can be transported
16 without suffering detrimental consequences or aggravating the
17 enrollee's condition, the enrollee may be relocated to another
18 facility to 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 all reasonably necessary costs associated with emergency~~
22 ~~services provided during the period of emergency, subject to all~~
23 ~~copayments, coinsurances or deductibles. The managed care plan~~
24 ~~shall pay for services rendered by licensed emergency medical~~
25 ~~services agencies that have the ability to transport patients or~~
26 ~~are providing and billing for services under an agreement with~~
27 ~~an agency which has that ability. The managed care plan may not~~
28 ~~deny a claim for payment of costs solely because the enrollee~~
29 ~~did not require transport or refused to be transported.~~

30 (B) FOR EMERGENCY SERVICES RENDERED BY A LICENSED EMERGENCY <--

1 MEDICAL SERVICES AGENCY, AS DEFINED IN 35 PA.C.S. § 8103
2 (RELATING TO DEFINITIONS), THAT HAS THE ABILITY TO TRANSPORT
3 PATIENTS OR IS PROVIDING AND BILLING FOR EMERGENCY SERVICES
4 UNDER AN AGREEMENT WITH AN EMERGENCY MEDICAL SERVICES AGENCY
5 THAT HAS THAT ABILITY, THE MANAGED CARE PLAN MAY NOT DENY A
6 CLAIM FOR PAYMENT SOLELY BECAUSE THE ENROLLEE DID NOT REQUIRE
7 TRANSPORT OR REFUSED TO BE TRANSPORTED.

8 (c) For emergency services provided to Medicaid recipients,
9 the following provisions shall apply:

10 (1) The provisions of subsection (b) shall apply to the same
11 services provided to recipients of medical assistance under
12 Article IV of the act of June 13, 1967 (P.L.31, No.21), known as
13 the Human Services Code.

14 (2) Payment for the services shall be in accordance with the
15 current Medicaid fee schedule or current managed care contracted <--
16 rates.

17 (3) Sufficient funds shall be appropriated each fiscal year
18 for payment of the services.

19 (d) The provisions of subsection (b) shall apply to all
20 group and individual major medical health insurance policies
21 ISSUED BY A LICENSED HEALTH INSURER. <--

22 Section 2. The amendment of section 2116 of the act shall
23 apply as follows:

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

29 (2) For health insurance policies for which neither
30 rates nor forms are required to be filed with the Federal

1 Government or the Insurance Department, this section shall
2 apply to any policy issued or renewed on or after 180 days
3 after the effective date of this section.

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