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THE GENERAL ASSEMBLY OF PENNSYLVANIA

# HOUSE BILL

## No. 755 Session of 2025

INTRODUCED BY WARREN, PIELLI, VENKAT, OTTEN, SANCHEZ, KHAN, PROKOPIAK, GIRAL, FREEMAN, HANBIDGE, HOHENSTEIN, DONAHUE, GALLAGHER, SCHLOSSBERG, HOWARD, SHUSTERMAN, DALEY, DEASY, FIEDLER, MADDEN AND MALAGARI, MARCH 3, 2025

REFERRED TO COMMITTEE ON INSURANCE, MARCH 3, 2025

AN ACT

Providing for health care insurance preventive services coverage protections; conferring authority on the Insurance Department and the Insurance Commissioner; and providing for regulations, for enforcement and for penalties.

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

Section 1. Short title.

This act shall be known and may be cited as the Health Insurance Preventive Services Coverage Act.

Section 2. Definitions.

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

"Commissioner." The Insurance Commissioner of the Commonwealth.

"Cost sharing." The share of health care costs covered by an insurance policy that an enrollee pays out-of-pocket. The term includes deductibles, coinsurance, copayments and similar

charges. The term does not include a premium, a balance billed amount from an out-of-network provider or the cost of a noncovered service.

"Department." The Insurance Department of the Commonwealth.

"Enrollee." A policyholder, subscriber, covered person or other individual who is entitled to receive health care services under a health insurance policy.

"Grandfathered health care plan." Individual or group health insurance coverage in which an individual was enrolled prior to March 23, 2010, or as specified in 42 U.S.C. § 18011 (relating to preservation of right to maintain existing coverage).

"Health insurance policy." A policy, subscriber contract, certificate or plan issued by an insurer that provides medical or health care coverage. The term does not include any of the following:

(1) An accident only policy.

(2) A credit only policy.

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

(4) A specified disease policy.

(5) A Medicare supplement policy.

(6) A fixed indemnity policy.

(7) A dental only policy.

(8) A vision only policy.

(9) A workers' compensation policy.

(10) An automobile medical payment policy.

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

(12) A hospital indemnity policy.

(13) Any other similar policy providing for limited

benefits.

"Insurer." An entity that offers, issues or renews a health insurance policy that provides medical or health care coverage by a health care facility or licensed health care provider and that is governed under any of the following:

(1) The act of May 17, 1921 (P.L.682, No.284), known as The Insurance Company Law of 1921, including section 630 and Article XXIV of that act.

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

(3) 40 Pa.C.S. Ch. 61 (relating to hospital plan corporations).

(4) 40 Pa.C.S. Ch. 63 (relating to professional health services plan corporations).

"Out-of-network provider." A provider who does not contract with an insurer to provide health care services to an enrollee under a health insurance policy.

"Preventive service." A health care service that is on the preventive services list.

"Preventive services list." A list of health care services compiled by the department that includes:

(1) Health care services required to be covered by an individual health insurance policy approved to be offered or issued in this Commonwealth on January 1, 2025, as a preventive service in accordance with 42 U.S.C. § 300gg-13 (relating to coverage of preventive health services), other than any health care service exempted by the department under the modification process under section 4.

(2) Health care services added by the department under the modification process under section 4.

Section 3. Preventive services coverage requirement.

An insurer offering, issuing or renewing a health insurance policy other than a grandfathered health care plan shall provide coverage and may not impose any cost-sharing requirements for services on the preventive services list.

Section 4. Modification of preventive services list.

(a) Additions and exemptions.--The department may add or exempt one or more preventive services from the preventive services list in accordance with the requirements of this section.

(b) Notice and comment requirements.--Prior to adopting an addition to or exemption from the preventive services list, the department shall:

(1) Transmit a notice to the Legislative Reference Bureau for publication in the next available issue of the Pennsylvania Bulletin requesting public comments. The public comment period shall be for not less than 15 business days following the date of publication.

(2) Post the notice on the department's publicly accessible Internet website.

(3) Electronically send the notice to the chairperson and minority chairperson of the Banking and Insurance Committee of the Senate and the chairperson and minority chairperson of the Insurance Committee of the House of Representatives.

(c) Evaluation standards.--

(1) The department may add a service to the preventive service list if the department finds that the service is then-currently:

(i) An evidence-based item or service that has in

effect a rating of "A" or "B" by the United States Preventive Services Task Force.

(ii) A recommended immunization by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention.

(iii) A preventive care or screening for women, infants, children or adolescents provided for in the comprehensive guidelines supported by the United States Health Resources and Services Administration.

(2) The department may exempt a service from the preventive services list if the service no longer meets the requirements of paragraph (1).

(3) In addition to the requirements of paragraphs (1) and (2), prior to adopting an addition or exemption of a service from the preventive services list, the department shall consider:

(i) Each public comment received in response to the notice under subsection (b).

(ii) The potential escalation of the cost of health care services.

(iii) The accessibility and cost of the preventive service and of health care services likely to be avoided by the preventive service.

(iv) Changes in medical evidence or scientific advancement.

(v) The potential for discrimination against individuals by reason of:

(A) Health status-related factors listed under 42 U.S.C. § 300gg-4 (relating to prohibiting discrimination against individual participants and

beneficiaries based on health status).

(B) The factors specified in section 5(a)(7)(iii) of the act of July 22, 1974 (P.L.589, No.205), known as the Unfair Insurance Practices Act.

(C) The expected length of life, present or predicted disability, degree of medical dependency or quality of life.

(d) Maintenance of list.--Each time a benefit is added or exempted from the preventive services list, the department shall transmit notice of the addition or exemption to the Legislative Reference Bureau for publication in the next available issue of the Pennsylvania Bulletin and shall post and transmit the notice in the same manner as the preliminary notice under subsection (b)(2) and (3). The department shall maintain a current preventive services list on the department's publicly accessible Internet website.

(e) Applicability.--An addition or exemption under subsection (a) shall apply as follows:

(1) For a health insurance policy for which either rates or forms are required to be filed with the department, to a policy for which a form or rate is first filed on or after the notice.

(2) For a health insurance policy for which neither rates nor forms are required to be filed with the department, to a policy issued or renewed 180 days after the publication of the notice.

(3) For an exemption of a service on the grounds of a potential danger to patients, on a case-by-case basis, at a time established by the department within the time provided in paragraphs (1) and (2).

(f) Administrative procedure.--An addition or exemption by the department is appealable to the commissioner under 1 Pa. Code 35.20 (relating to appeals from actions of the staff) and shall be subject to 2 Pa.C.S. Ch. 5 Subch. A (relating to practice and procedure of Commonwealth agencies). A party may appeal the commissioner's adjudication to Commonwealth Court as provided in 2 Pa.C.S. Ch. 7 Subch. A (relating to judicial review of Commonwealth agency action).

Section 5. Construction.

(a) Construction.--Nothing in this act shall be construed to prohibit an insurer from:

(1) Providing coverage for preventive services in addition to those on the preventive services list.

(2) Denying coverage for preventive services not on the preventive services list.

(3) Using value-based insurance designs.

(4) Using reasonable medical management techniques to determine the frequency, method, treatment or setting for a preventive service, based on relevant clinical evidence, to the extent not specified in the relevant recommendation or guideline.

(5) Diminish any other law that limits cost sharing for a health care service.

(b) Insurers.--For an insurer that uses a network of providers to provide services under a health insurance policy:

(1) Subject to paragraph (2), nothing in this act shall be construed to:

(i) Require the insurer to provide coverage for services on the preventive services list that are delivered by an out-of-network provider.

(ii) Preclude the insurer from imposing cost-sharing requirements for services on the preventive services list that are delivered by an out-of-network provider.

(2) If an insurer does not have in its network a provider who can provide an item or service on the preventive services list, the insurer shall cover the item or service when performed by an out-of-network provider and may not impose cost-sharing with respect to the item or service.

(c) Health insurance policies.--Nothing in this act shall require a health insurance policy to cover a preventive service if the enrollee is exempt by the exercise of its constitutional protections of religious freedom under the act of December 9, 2002 (P.L.1701, No.214), known as the Religious Freedom Protection Act, or 42 U.S.C. Ch. 21B (relating to religious freedom restoration).

Section 6. Regulations.

The department may promulgate regulations as may be necessary and appropriate to carry out the provisions of this act.

Section 7. Enforcement.

(a) Penalties.--Upon satisfactory evidence of the violation of any section of this act by an insurer or any other person, one or more of the following penalties may be imposed at the commissioner's discretion:

(1) Suspension or revocation of the license of the offending insurer or other person.

(2) Refusal, for a period not to exceed one year, to issue a new license to the offending insurer or other person.

(3) A fine of not more than $5,000 for each violation of this act.

(4) A fine of not more than $10,000 for each willful

violation of this act.

(b) Limitations.--

(1) Fines imposed against an individual insurer under this act may not exceed $500,000 in the aggregate during a single calendar year.

(2) Fines imposed against any other person under this act may not exceed $100,000 in the aggregate during a single calendar year.

(c) Additional remedies.--The enforcement remedies imposed under this subsection are in addition to any other remedies or penalties that may be imposed under any other applicable law of this Commonwealth, including:

(1) The act of July 22, 1974 (P.L.589, No.205), known as the Unfair Insurance Practices Act. Violations of this act shall be deemed to be an unfair method of competition and an unfair or deceptive act or practice under the Unfair Insurance Practices Act.

(2) The act of December 18, 1996 (P.L.1066, No.159), known as the Accident and Health Filing Reform Act.

(3) The act of June 25, 1997 (P.L.295, No.29), known as the Pennsylvania Health Care Insurance Portability Act.

(d) Administrative procedure.--The administrative provisions of this section shall be subject to 2 Pa.C.S. Ch. 5 Subch. A (relating to practice and procedure of Commonwealth agencies). A party against whom penalties are assessed in an administrative action may appeal to Commonwealth Court as provided in 2 Pa.C.S. Ch. 7 Subch. A (relating to judicial review of Commonwealth agency action).

Section 8. Repeals.

All acts and parts of acts are repealed insofar as they are

inconsistent with this act.

Section 9. Implementation notice.

The commissioner shall transmit notice to the Legislative Reference Bureau for publication in the next available issue of the Pennsylvania Bulletin if any of the following occur:

(1) The Congress of the United States repeals, in whole or in part, 42 U.S.C. § 300gg-13 (relating to coverage of preventive health services).

(2) A court of the United States with competent jurisdiction abrogates, vacates or invalidates, in whole or in part, 42 U.S.C. § 300gg-13.

(3) The executive branch of the United States refuses to enforce, or repeals a regulation implementing, in whole or in part, 42 U.S.C. § 300gg-13.

Section 10. Implementation.

The implementation of this act shall be limited to the provisions necessary to achieve a substitute coverage requirement for the portion or portions of 42 U.S.C. § 300gg-13 (relating to coverage of preventive health services) that are impacted by the occurrence of any of the events described in section 9.

Section 11. Effective date.

This act shall take effect as follows:

(1) The following shall take effect immediately:

Section 9.

Section 10.

This section.

(2) The remainder of this act shall take effect upon publication of the implementation notice in section 9.