

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 2087 Session of
2024

INTRODUCED BY T. DAVIS, JOZWIAK, MUNROE, KHAN, SANCHEZ, McNEILL,
KINSEY, MADDEN, BOROWSKI, ZIMMERMAN, GILLEN, DONAHUE, DALEY,
WARREN, COOPER, D. MILLER, CEPEDA-FREYTIZ, GAYDOS, CERRATO
AND D. WILLIAMS, MARCH 6, 2024

REFERRED TO COMMITTEE ON INSURANCE, MARCH 6, 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 treatment of pediatric autoimmune
13 neuropsychiatric disorders associated with streptococcal
14 infections and pediatric acute onset neuropsychiatric
15 syndrome.

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

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

21 Section 635.9. Coverage for Treatment of Pediatric
22 Autoimmune Neuropsychiatric Disorders Associated with
23 Streptococcal Infections and Pediatric Acute Onset

1 Neuropsychiatric Syndrome.--(a) A health insurance policy that
2 is offered after the effective date of this section shall
3 provide coverage for treatment of pediatric autoimmune
4 neuropsychiatric disorders associated with streptococcal
5 infection and pediatric acute onset neuropsychiatric syndrome,
6 including the use of intravenous immunoglobulin therapy.

7 (b) As used in this section:

8 (1) "Health insurance policy" means a policy, subscriber
9 contract, certificate or plan issued by a health insurer that
10 provides medical or health care coverage. The term does not
11 include:

12 (i) An accident only policy.

13 (ii) A dental only policy.

14 (iii) A vision only policy.

15 (iv) A credit only policy.

16 (v) A long-term care policy.

17 (vi) A disability income policy.

18 (vii) A specified disease policy.

19 (viii) A Medicare supplement policy.

20 (ix) A fixed indemnity policy.

21 (x) A workers' compensation policy.

22 (xi) An automobile medical payment policy.

23 (xii) A policy under which benefits are provided by the
24 Federal government to active or former military personnel and
25 their dependents.

26 (xiii) A homeowner's insurance policy.

27 (xiv) Any other policy providing for limited benefits.

28 (2) "Health insurer" means an entity that offers, issues or
29 renews an individual or group health insurance policy that is
30 offered or governed under any of the following:

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

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

4 (iii) 40 Pa.C.S. Chs. 61 (relating to hospital plan
5 corporations) and 63 (relating to professional health services
6 plan corporations).

7 (3) "Pediatric acute onset neuropsychiatric syndrome" means
8 a clinical diagnosis given to children who have a sudden onset
9 of neuropsychiatric symptoms, including obsessive-compulsive
10 disorder and restricted food intake.

11 (4) "Pediatric autoimmune neuropsychiatric disorders
12 associated with streptococcal infections" means a clinical
13 diagnosis given to children who develop a sudden onset of
14 obsessive-compulsive disorder or involuntary purposeless
15 movements as a result of a streptococcal infection.

16 Section 2. This section shall apply as follows:

17 (1) For a health insurance policy for which either rates
18 or forms are required to be filed with the Federal Government
19 or the Insurance Department, this act shall apply to any
20 policy for which a form or rate is first permitted to be used
21 180 days after the effective date of this paragraph.

22 (2) For a health insurance policy for which neither
23 rates nor forms are required to be filed with the Federal
24 Government or the Insurance Department, this act shall apply
25 to any policy issued or renewed on or after 180 days after
26 the effective date of this paragraph.

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