

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 1445 Session of  
2025

INTRODUCED BY WARREN, BRENNAN, MALAGARI, HILL-EVANS, SANCHEZ,  
VITALI, PIELLI, HOHENSTEIN, SCHLOSSBERG, NEILSON, MERSKI AND  
D. WILLIAMS, JUNE 10, 2025

REFERRED TO COMMITTEE ON INSURANCE, JUNE 10, 2025

AN ACT

1 Amending Title 40 (Insurance) of the Pennsylvania Consolidated  
2 Statutes, providing for school-based services; and, in  
3 telemedicine, further providing for insurance coverage of  
4 telemedicine.

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

7 Section 1. Title 40 of the Pennsylvania Consolidated  
8 Statutes is amended by adding a chapter to read:

9 CHAPTER 44

10 SCHOOL-BASED SERVICES

11 Sec.

12 4401. Legislative findings and intent.

13 4402. Definitions.

14 4403. Insurance coverage for health care service in school  
15 setting.

16 4404. Permitted exclusions.

17 4405. Coordination of benefits.

18 4406. Construction.

1 4407. Regulations.

2 4408. Penalties.

3 4409. Administrative procedures.

4 § 4401. Legislative findings and intent.

5 (a) Legislative findings.--The General Assembly finds and  
6 declares as follows:

7 (1) Health care services, including mental health  
8 services, may be available to students in a school setting.

9 (2) Educational opportunities for students will be  
10 maximized if students are able to access health care services  
11 without leaving their school setting.

12 (b) Intent.--The intent of this chapter is to maximize  
13 educational opportunities for students by establishing  
14 limitations on when health insurance coverage for health care  
15 services provided in a school setting may be excluded or denied.

16 § 4402. Definitions.

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

20 "Administrative policy." A written document or collection of  
21 documents reflecting the terms of the contractual or operating  
22 relationship between an insurer and a health care provider.

23 "Clinical review criteria." The set of written screening  
24 procedures, decision abstracts, clinical protocols and practice  
25 guidelines used by an insurer to determine the necessity and  
26 appropriateness of health care services.

27 "Commissioner." The Insurance Commissioner of the  
28 Commonwealth.

29 "Covered person." A policyholder, subscriber or other  
30 individual who is entitled to receive health care services under

1 a health insurance policy.

2 "Habilitative speech therapy." Speech therapy that helps an  
3 individual to keep, learn or improve skills and function for  
4 daily living.

5 "Health care provider." A person that is licensed,  
6 certified, registered or otherwise permitted by law or  
7 regulation to provide health care services under the laws of  
8 this Commonwealth.

9 "Health care service." A treatment, procedure, medical  
10 supply or other service prescribed or otherwise provided or  
11 proposed to be provided by a health care provider to a covered  
12 person for any of the following:

- 13 (1) mental health;  
14 (2) behavioral health; or  
15 (3) speech therapy.

16 "Health insurance policy." As follows:

17 (1) A policy, subscriber contract, certificate or plan  
18 issued by an insurer that provides medical or health care  
19 coverage.

20 (2) The term does not include:

- 21 (i) An accident only policy.  
22 (ii) A credit only policy.  
23 (iii) A long-term care or disability income policy.  
24 (iv) A specified disease policy.  
25 (v) A Medicare supplement policy.  
26 (vi) A policy under which benefits are provided by  
27 the Federal Government to active or former military  
28 personnel and their dependents, including a Tricare  
29 policy or a Civilian Health And Medical Program of the  
30 Uniformed Services (CHAMPUS) supplement policy.

1           (vii) A fixed indemnity policy.

2           (viii) A hospital indemnity policy.

3           (ix) A dental only policy.

4           (x) A vision only policy.

5           (xi) A workers' compensation policy.

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

8           (xiii) A homeowner's insurance policy.

9           (xiv) Any other similar policies providing for  
10          limited benefits.

11          "Insurer." An entity licensed by the department that offers,  
12          issues or renews an individual or group health insurance policy  
13          that is offered or governed under any of the following:

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

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

19               (3) Chapter 61 (relating to hospital plan corporations)  
20               or 63 (relating to professional health services plan  
21               corporations).

22          "Medical policy." A written document adopted, maintained and  
23          applied by an insurer that combines the clinical review criteria  
24          and any additional administrative policy, as applicable,  
25          necessary to articulate the insurer's standards for coverage of  
26          a given health care service or set of health care services under  
27          the terms of a health insurance policy.

28          "Participating network provider." A health care provider  
29          that has entered into a contractual or operating relationship  
30          with an insurer to participate in one or more designated

1 networks of the insurer and to provide health care services to  
2 covered persons under the terms of the insurer's administrative  
3 policy.

4 "Rehabilitative speech therapy." Speech therapy that helps  
5 an individual restore or improve skills and functioning for  
6 daily living that have been lost or impaired.

7 "School entity." As follows:

8 (1) A public school, including a charter school or cyber  
9 charter school, private school, nonpublic school,  
10 intermediate unit or area career and technical school.

11 (2) The term does not include a postsecondary  
12 educational institution.

13 "School entity facility." A school entity building, whether  
14 permanent or temporary, including a mobile unit.

15 "Speech therapy." Therapeutic care provided to an individual  
16 for treatment administered by a licensed speech-language  
17 pathologist. The term includes both habilitative speech therapy  
18 and rehabilitative speech therapy.

19 § 4403. Insurance coverage for health care service in school  
20 setting.

21 (a) Prohibition.--A health insurance policy offered, issued  
22 or renewed in this Commonwealth may not exclude coverage for a  
23 medically necessary health care service because the health care  
24 service is provided in a school setting, whether through an  
25 explicit school setting exclusion or a general place of service  
26 exclusion.

27 (b) School setting.--A health care service is provided in a  
28 school setting if it is provided in a school entity facility by  
29 a health care provider that is:

30 (1) an employee of the school entity;

1       (2) a contractor of the school entity; or  
2       (3) otherwise authorized by the school entity to provide  
3       the health care service in the school entity facility.

4   § 4404. Permitted exclusions.

5       Notwithstanding section 4403, an insurer may exclude coverage  
6       for a health care service provided to a covered person in a  
7       school setting for any of the following reasons:

8       (1) The health care service is provided by an individual  
9       who:

10           (i) is not a health care provider; or  
11           (ii) is practicing outside of the individual's scope  
12           of practice.

13       (2) The health care service is not medically necessary  
14       under the terms of the insurer's medical policies.

15       (3) The provision of the health care service does not  
16       comply with the insurer's administrative policies.

17       (4) A school entity or government entity, as defined in  
18       2 Pa.C.S. § 101 (relating to definitions), is obligated under  
19       Federal or State law to provide the health care service in  
20       accordance with an individualized education program or  
21       section 504 of the Rehabilitation Act of 1973 (Public Law 93-  
22       122, 29 U.S.C. § 794).

23   § 4405. Coordination of benefits.

24       (a) Coordination.--Consistent with Federal or State law and  
25       upon consent of the parent or guardian, if a covered person has  
26       an individualized education program or a section 504 plan, an  
27       insurer may coordinate a medically necessary health care service  
28       provided in a school setting with any service included in an  
29       individualized education program or section 504 plan.

30       (b) Claim.--A health care provider may not submit a claim to

1 an insurer for a health care service that is provided to a  
2 covered person as part of an individualized education program or  
3 a section 504 plan.

4 (c) Costs and reimbursements.--A school entity may not shift  
5 costs onto or otherwise seek reimbursement from an insurer for  
6 health care services that a school entity is required to provide  
7 as part of free appropriate public education under the  
8 Individuals with Disabilities Education Act (Public Law 91-230,  
9 20 U.S.C. § 1400 et seq.).  
10 § 4406. Construction.

11 This chapter may not be construed to limit the application of  
12 a health insurance policy's terms and conditions, including:

13 (1) Prohibiting an insurer from paying or reimbursing  
14 health care providers for other covered health care services  
15 provided in a school setting.

16 (2) Prohibiting an insurer from imposing cost-sharing  
17 that is consistent with the terms and conditions of the  
18 health insurance policy.

19 (3) Requiring an insurer to cover a health care service  
20 provided in a school setting by an out-of-network provider  
21 unless otherwise required by network adequacy standards.

22 (4) Requiring an insurer to pay or reimburse a  
23 participating network provider if the provision of the health  
24 care service in a school setting would be inconsistent with  
25 the standard of care.

26 (5) Requiring an insurer to pay or reimburse a health  
27 care provider for a health care service for which the health  
28 care provider receives or is entitled to receive compensation  
29 from a school entity as part of an employment arrangement or  
30 contract.

1 § 4407. Regulations.

2 The department may promulgate regulations as necessary and  
3 appropriate to carry out the provisions of this chapter.

4 § 4408. Penalties.

5 (a) Authority of commissioner.--Subject to subsection (b),  
6 upon satisfactory evidence of a violation of this chapter by an  
7 insurer, the commissioner may, in the commissioner's discretion,  
8 pursue any of the following courses of action:

9 (1) Suspend, revoke or refuse to renew the license of  
10 the offending person.

11 (2) Enter a cease and desist order.

12 (3) Impose a civil penalty of not more than \$5,000 for  
13 each action in violation of this chapter.

14 (4) Impose a civil penalty of not more than \$10,000 for  
15 each action in willful violation of this chapter.

16 (b) Limitation.--Penalties imposed against an insurer under  
17 this section may not exceed \$500,000 in the aggregate during a  
18 single calendar year.

19 (c) Nonexclusive remedies.--

20 (1) The enforcement remedies imposed under this chapter  
21 are in addition to any other remedies or penalties that may  
22 be imposed under any other applicable law of this  
23 Commonwealth, including the act of July 22, 1974 (P.L.589,  
24 No.205), known as the Unfair Insurance Practices Act.

25 (2) A violation of this chapter by an insurer shall be  
26 deemed to be an unfair method of competition and an unfair or  
27 deceptive act or practice under the Unfair Insurance  
28 Practices Act.

29 § 4409. Administrative procedures.

30 (a) Procedures generally.--The administrative provisions of



this chapter shall be subject to 2 Pa.C.S. Ch. 5 Subch. A  
(relating to practice and procedure of Commonwealth agencies).

(b) Appeals.--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 2. Section 4803(a)(1) of Title 40, added July 3,  
2024 (P.L.516, No.42), is amended and subsection (c) is amended  
by adding a paragraph to read:

§ 4803. Insurance coverage of telemedicine.

(a) General rule.--

(1) A health insurance policy offered, issued or renewed  
in this Commonwealth shall provide coverage for medically  
necessary health care services provided through telemedicine  
and delivered by a participating network provider who  
provides a covered health care service through telemedicine  
consistent with the insurer's medical policies. A health  
insurance policy may not exclude a health care service from  
coverage solely because the health care service is provided  
through telemedicine, whether explicitly or through a place  
of service exclusion.

\* \* \*

(c) Construction.--This section may not be construed to:

\* \* \*

(4) Require an insurer to pay or reimburse for a health  
care service that is required by Federal or State law to be  
provided by a school entity, including a health care service  
provided in accordance with an individualized education  
program or section 504 of the Rehabilitation Act of 1973  
(Public Law 93-122, 29 U.S.C. § 794).

1 Section 3. This act shall apply as follows:

2 (1) For health insurance policies 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 any  
5 policy for which a form or rate is first filed on or after  
6 the effective date of this section.

7 (2) For health insurance policies 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 any policy issued or renewed on or after 180 days after  
11 the effective date of this section.

12 Section 4. This act shall take effect immediately.