

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 1664 Session of 2023

INTRODUCED BY SCOTT, PIELLI, MADDEN, SANCHEZ, HILL-EVANS, BENHAM, PISCIOTTANO, DALEY, BOROWSKI, CERRATO, CONKLIN, GREEN, KHAN AND SHUSTERMAN, SEPTEMBER 12, 2023

SENATOR DISANTO, BANKING AND INSURANCE, IN SENATE, AS AMENDED, JUNE 11, 2024

AN ACT

1 Amending Title 40 (Insurance) of the Pennsylvania Consolidated
2 Statutes, in regulation of insurers and related persons
3 generally, providing for payment choice AND FOR ELECTRONIC <--
4 NOTICE OF INSURANCE PRACTICES; AND IMPOSING PENALTIES.

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 CHAPTERS to read: <--

CHAPTER 47

PAYMENT CHOICE

11 Sec.

12 4701. Definitions.

13 4702. Payment.

14 4703. Regulations.

15 4704. Enforcement.

16 § 4701. Definitions.

17 The following words and phrases when used in this chapter

1 shall have the meanings given to them in this section unless the
2 context clearly indicates otherwise:

3 "Commissioner." The Insurance Commissioner of the
4 Commonwealth.

5 "COVERED PERSON." A POLICYHOLDER, SUBSCRIBER OR OTHER <--
6 INDIVIDUAL WHO IS ENTITLED TO RECEIVE HEALTH CARE SERVICES UNDER
7 A HEALTH INSURANCE POLICY.

8 "Credit card payment." A type of electronic funds transfer
9 in which a dental insurer or its contracted vendor issues a
10 single-use series of numbers associated with the payment of
11 covered dental services performed by a dentist and chargeable at
12 a predetermined rate for which the dentist is responsible for
13 processing the payment by a credit card terminal or Internet
14 portal. The term includes virtual or online credit card payments
15 for which no physical card is presented to the dentist and the
16 single-use credit card expires upon payment processing.

17 "Dental insurance policy." An insurance policy that pays or
18 provides dental expense benefits for covered dental services and
19 is delivered or issued for delivery by, or through a dental
20 insurer. The term includes coverage for dental benefits issued
21 either on a stand-alone basis or integrated, or otherwise
22 incorporated into the terms and coverage of a health benefits
23 plan.

24 "Dental insurer." An entity that offers, issues or renews a
25 dental insurance policy that covers dental services provided by
26 a dentist and that is governed under any of the following:

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

30 (2) The act of December 29, 1972 (P.L.1701, No.364),

1 known as the Health Maintenance Organization Act.

2 (3) Chapter 61 (relating to hospital plan corporations).

3 (4) Chapter 63 (relating to professional health services
4 plan corporations).

5 "Dentist." A person licensed by the State Board of Dentistry
6 to provide dental services. The term does not include a dental
7 hygienist as defined in section 2 of the act of May 1, 1933
8 (P.L.216, No.76), known as The Dental Law.

9 "Dentist agent." A person who establishes a contractual <--
10 arrangement with a dentist to process bills for services
11 provided by the dentist under terms and conditions established
12 between the agent and dentist. The contracts may permit the
13 dentist agent to submit bills, request reconsideration and
14 receive reimbursements.

15 "Electronic funds transfer." A payment of any method of
16 electronic funds transfer other than through the Automated
17 Clearing House Network, as codified in 45 CFR 162.1601 (relating
18 to health care electronic funds transfers (EFT) and remittance
19 advice transaction) and 162.1602 (relating to Standards for
20 health care electronic funds transfers (EFT) and remittance
21 advice transaction).

22 "Merchant servicer." Any of the following, as defined in 26
23 U.S.C. § 6050W(b) (relating to returns relating to payments made
24 in settlement of payment card and third party network
25 transactions):

26 (1) A payment settlement entity.

27 (2) A merchant acquiring entity.

28 (3) A third party settlement organization.

29 § 4702. Payment.

30 (a) Payment. A dental insurer or its contracted vendor may

1 ~~not restrict the method of payment to a dentist so that the~~
2 ~~exclusive payment method is a credit card payment.~~

3 ~~(b) Changing payment. If initiating or changing payments to~~
4 ~~a dentist using electronic funds transfer payments, including~~
5 ~~credit card payments, a dental insurer or its contracted vendor~~
6 ~~shall:~~

7 ~~(1) Advise the dentist of all available payment methods.~~

8 ~~(2) Notify the dentist that fees imposed by the dental~~
9 ~~insurer or its contracted vendor may apply to electronic~~
10 ~~funds transfer payments or credit card payments and provide~~
11 ~~instructions and contact information so that the dentist may~~
12 ~~obtain the exact amount of the fees. Fees charged by a~~
13 ~~financial institution or merchant servicer chosen by the~~
14 ~~dentist shall not be included for the purposes of this~~
15 ~~paragraph.~~

16 ~~(3) Provide clear instructions to the dentist for the~~
17 ~~process of selecting a payment method.~~

18 ~~(4) Not charge a fee solely to transmit the payment to~~
19 ~~the dentist, unless the dentist has consented to the fee.~~

20 ~~(c) Fees.~~

21 ~~(1) A dental insurer or its contracted vendor that~~
22 ~~initiates or changes payments to a dentist through the~~
23 ~~Automated Clearing House Network, as defined in 45 CFR~~
24 ~~162.1601 (relating to health care electronic funds transfers~~
25 ~~(EFT) and remittance advice transaction) and 162.1602~~
26 ~~(relating to Standards for health care electronic funds~~
27 ~~transfers (EFT) and remittance advice transaction), shall not~~
28 ~~charge a fee solely to transmit the payment to the dentist~~
29 ~~unless the dentist has consented to the fee.~~

30 ~~(2) A dentist agent may charge reasonable fees to a~~

~~dentist for Automated Clearing House Network payments related to transaction management, data management, portal services and other value added services in addition to the bank transmittal.~~

~~(d) Waiver prohibited. The provisions of this section may not be waived by contract, and any contractual clause in conflict with the provisions of this section or that purport to waive any requirements of this section are void.~~

~~§ 4703. Regulations.~~

~~The department may promulgate necessary and appropriate regulations to implement this chapter.~~

~~§ 4704. Enforcement.~~

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

~~(1) A fine of not more than \$5,000 for each violation of this chapter.~~

~~(2) A fine of not more than \$10,000 for each willful violation of this chapter.~~

~~(b) Limitations.~~

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

~~(2) Fines imposed against any other person under this chapter 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~~

1 ~~this Commonwealth, including:~~

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

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

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

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

17 ~~Section 2. This act shall apply to contracts offered,~~
18 ~~entered, issued or renewed after the effective date of this~~
19 ~~section.~~

20 ~~Section 3. This act shall take effect in 60 days.~~

21 ~~"ELECTRONIC FUNDS TRANSFER." A PAYMENT OF ANY METHOD OF~~ <--
22 ~~ELECTRONIC FUNDS TRANSFER AS CODIFIED IN 45 CFR 162.1601~~
23 ~~(RELATING TO HEALTH CARE ELECTRONIC FUNDS TRANSFERS (EFT) AND~~
24 ~~REMITTANCE ADVICE TRANSACTION) AND 162.1602 (RELATING TO~~
25 ~~STANDARDS FOR HEALTH CARE ELECTRONIC FUNDS TRANSFERS (EFT) AND~~
26 ~~REMITTANCE ADVICE TRANSACTION).~~

27 ~~"HEALTH CARE PROVIDER." A LICENSED HOSPITAL OR HEALTH CARE~~
28 ~~FACILITY, MEDICAL EQUIPMENT SUPPLIER OR PERSON WHO IS LICENSED,~~
29 ~~CERTIFIED OR OTHERWISE REGULATED TO PROVIDE HEALTH CARE SERVICES~~
30 ~~UNDER THE LAWS OF THIS COMMONWEALTH, INCLUDING A PHYSICIAN,~~

1 PODIATRIST, OPTOMETRIST, PSYCHOLOGIST, PHYSICAL THERAPIST,
2 CERTIFIED NURSE PRACTITIONER, REGISTERED NURSE, NURSE MIDWIFE,
3 PHYSICIAN'S ASSISTANT, CHIROPRACTOR, PHARMACIST OR AN INDIVIDUAL
4 ACCREDITED OR CERTIFIED TO PROVIDE BEHAVIORAL HEALTH SERVICES.
5 THE TERM INCLUDES AN INDIVIDUAL PROVIDING EMERGENCY SERVICES
6 UNDER A LICENSED EMERGENCY MEDICAL SERVICES AGENCY AS DEFINED IN
7 35 PA.C.S. § 8103 (RELATING TO DEFINITIONS).

8 "HEALTH CARE SERVICE." A COVERED TREATMENT, ADMISSION,
9 PROCEDURE, MEDICAL SUPPLIES AND EQUIPMENT OR OTHER SERVICE,
10 INCLUDING BEHAVIORAL HEALTH, PRESCRIBED OR OTHERWISE PROVIDED OR
11 PROPOSED TO BE PROVIDED BY A HEALTH CARE PROVIDER TO A COVERED
12 PERSON FOR THE DIAGNOSIS, PREVENTION, TREATMENT, CURE OR RELIEF
13 OF A HEALTH CONDITION, ILLNESS, INJURY OR DISEASE UNDER THE
14 TERMS OF HEALTH INSURANCE POLICY.

15 "HEALTH INSURANCE POLICY." A POLICY, SUBSCRIBER CONTRACT,
16 CERTIFICATE OR PLAN ISSUED BY AN INSURER THAT PROVIDES MEDICAL
17 OR HEALTH CARE COVERAGE, INCLUDING A DENTAL INSURANCE POLICY.
18 THE TERM DOES NOT INCLUDE ANY OF THE FOLLOWING:

- 19 (1) AN ACCIDENT ONLY POLICY.
- 20 (2) A CREDIT ONLY POLICY.
- 21 (3) A LONG-TERM CARE OR DISABILITY INCOME POLICY.
- 22 (4) A SPECIFIED DISEASE POLICY.
- 23 (5) A MEDICARE SUPPLEMENT POLICY.
- 24 (6) A TRICARE POLICY, INCLUDING A CIVILIAN HEALTH AND
25 MEDICAL PROGRAM OF THE UNIFORMED SERVICES (CHAMPUS)
26 SUPPLEMENT POLICY.
- 27 (7) A FIXED INDEMNITY POLICY.
- 28 (8) A HOSPITAL INDEMNITY POLICY.
- 29 (9) A WORKERS' COMPENSATION POLICY.
- 30 (10) AN AUTOMOBILE MEDICAL PAYMENT POLICY UNDER 75

1 PA.C.S. (RELATING TO VEHICLES).

2 (11) A HOMEOWNER'S INSURANCE POLICY.

3 (12) ANY OTHER SIMILAR POLICIES PROVIDING FOR LIMITED
4 BENEFITS.

5 "HEALTH INSURER." AN ENTITY, INCLUDING A DENTAL INSURER,
6 THAT OFFERS, ISSUES OR RENEWS A HEALTH INSURANCE POLICY THAT IS
7 OFFERED OR GOVERNED UNDER ANY OF THE FOLLOWING:

8 (1) THE ACT OF MAY 17, 1921 (P.L.682, NO.284), KNOWN AS
9 THE INSURANCE COMPANY LAW OF 1921, INCLUDING SECTION 630 AND
10 ARTICLE XXIV.

11 (2) THE ACT OF DECEMBER 29, 1972 (P.L.1701, NO.364),
12 KNOWN AS THE HEALTH MAINTENANCE ORGANIZATION ACT.

13 (3) CHAPTER 61 (RELATING TO HOSPITAL PLAN CORPORATIONS).

14 (4) CHAPTER 63 (RELATING TO PROFESSIONAL HEALTH SERVICES
15 PLAN CORPORATIONS).

16 "MERCHANT SERVICER." ANY OF THE FOLLOWING, AS DEFINED IN 26
17 U.S.C. § 6050W(B) (RELATING TO RETURNS RELATING TO PAYMENTS MADE
18 IN SETTLEMENT OF PAYMENT CARD AND THIRD PARTY NETWORK
19 TRANSACTIONS):

20 (1) A PAYMENT SETTLEMENT ENTITY.

21 (2) A MERCHANT ACQUIRING ENTITY.

22 (3) A THIRD-PARTY SETTLEMENT ORGANIZATION.

23 "PARTICIPATING HEALTH CARE PROVIDER." A HEALTH CARE PROVIDER
24 THAT HAS ENTERED INTO A CONTRACTUAL OR OPERATING RELATIONSHIP
25 WITH A HEALTH INSURER TO PARTICIPATE IN ONE OR MORE DESIGNATED
26 NETWORKS OF THE HEALTH INSURER AND TO PROVIDE HEALTH CARE
27 SERVICES TO COVERED PERSONS UNDER THE TERMS OF THE HEALTH
28 INSURER'S ADMINISTRATIVE POLICY.

29 § 4702. PAYMENT.

30 (A) PAYMENT.--A HEALTH INSURER OR ITS CONTRACTED VENDOR MAY

1 NOT RESTRICT THE METHOD OF PAYMENT TO A DENTIST OR PARTICIPATING
2 HEALTH CARE PROVIDER SO THAT THE EXCLUSIVE PAYMENT METHOD IS A
3 CREDIT CARD PAYMENT.

4 (B) CHANGING PAYMENT.--IF INITIATING OR CHANGING PAYMENTS TO
5 A DENTIST OR PARTICIPATING HEALTH CARE PROVIDER USING ELECTRONIC
6 FUNDS TRANSFER PAYMENTS, INCLUDING CREDIT CARD PAYMENTS, A
7 HEALTH INSURER OR ITS CONTRACTED VENDOR SHALL:

8 (1) ADVISE THE HEALTH CARE PROVIDER OF ALL AVAILABLE
9 PAYMENT METHODS.

10 (2) NOTIFY THE HEALTH CARE PROVIDER THAT FEES IMPOSED BY
11 THE HEALTH INSURER OR ITS CONTRACTED VENDOR MAY APPLY TO
12 ELECTRONIC FUNDS TRANSFER PAYMENTS, INCLUDING CREDIT CARD
13 PAYMENTS, AND PROVIDE INSTRUCTIONS AND CONTACT INFORMATION SO
14 THAT THE HEALTH CARE PROVIDER MAY OBTAIN THE EXACT AMOUNT OF
15 THE FEES. FEES CHARGED BY A FINANCIAL INSTITUTION OR MERCHANT
16 SERVICER CHOSEN BY THE HEALTH CARE PROVIDER SHALL NOT BE
17 INCLUDED FOR THE PURPOSES OF THIS PARAGRAPH.

18 (3) PROVIDE CLEAR INSTRUCTIONS TO THE HEALTH CARE
19 PROVIDER FOR THE PROCESS OF SELECTING A PAYMENT METHOD.

20 (4) NOT CHARGE A FEE SOLELY TO TRANSMIT THE PAYMENT TO
21 THE HEALTH CARE PROVIDER, UNLESS THE HEALTH CARE PROVIDER HAS
22 CONSENTED TO THE FEE.

23 (C) WAIVER PROHIBITED.--THE PROVISIONS OF THIS SECTION MAY
24 NOT BE WAIVED BY CONTRACT, AND ANY CONTRACTUAL CLAUSE IN
25 CONFLICT WITH THE PROVISIONS OF THIS SECTION OR THAT PURPORT TO
26 WAIVE ANY REQUIREMENTS OF THIS SECTION ARE VOID.

27 § 4703. REGULATIONS.

28 THE DEPARTMENT MAY PROMULGATE REGULATIONS NECESSARY TO
29 IMPLEMENT THIS CHAPTER.

30 § 4704. ENFORCEMENT.

1 (A) PENALTIES.--UPON SATISFACTORY EVIDENCE OF THE VIOLATION
2 OF THIS CHAPTER BY A HEALTH INSURER OR ANY OTHER PERSON, ONE OR
3 MORE OF THE FOLLOWING PENALTIES MAY BE IMPOSED AT THE
4 COMMISSIONER'S DISCRETION:

5 (1) A FINE OF NOT MORE THAN \$5,000 FOR EACH VIOLATION OF
6 THIS CHAPTER.

7 (2) A FINE OF NOT MORE THAN \$10,000 FOR EACH WILLFUL
8 VIOLATION OF THIS CHAPTER.

9 (B) LIMITATIONS.--

10 (1) FINES IMPOSED AGAINST AN INDIVIDUAL INSURER UNDER
11 THIS CHAPTER MAY NOT EXCEED \$500,000 IN THE AGGREGATE DURING
12 A SINGLE CALENDAR YEAR.

13 (2) FINES IMPOSED AGAINST ANY OTHER PERSON UNDER THIS
14 CHAPTER MAY NOT EXCEED \$100,000 IN THE AGGREGATE DURING A
15 SINGLE CALENDAR YEAR.

16 (C) ADDITIONAL REMEDIES.--THE ENFORCEMENT REMEDIES IMPOSED
17 UNDER THIS SECTION ARE IN ADDITION TO ANY OTHER REMEDIES OR
18 PENALTIES THAT MAY BE IMPOSED UNDER ANY OTHER APPLICABLE LAW OF
19 THIS COMMONWEALTH, INCLUDING:

20 (1) THE ACT OF JULY 22, 1974 (P.L.589, NO.205), KNOWN AS
21 THE UNFAIR INSURANCE PRACTICES ACT. VIOLATIONS OF THIS
22 CHAPTER SHALL BE DEEMED TO BE AN UNFAIR METHOD OF COMPETITION
23 AND AN UNFAIR OR DECEPTIVE ACT OR PRACTICE UNDER THAT ACT.

24 (2) THE ACT OF DECEMBER 18, 1996 (P.L.1066, NO.159),
25 KNOWN AS THE ACCIDENT AND HEALTH FILING REFORM ACT.

26 (3) THE ACT OF JUNE 25, 1997 (P.L.295, NO.29), KNOWN AS
27 THE PENNSYLVANIA HEALTH CARE INSURANCE PORTABILITY ACT.

28 (D) ADMINISTRATIVE PROCEDURE.--THE ADMINISTRATIVE PROVISIONS
29 OF THIS SECTION SHALL BE SUBJECT TO 2 PA.C.S. CH. 5 SUBCH. A
30 (RELATING TO PRACTICE AND PROCEDURE OF COMMONWEALTH AGENCIES). A

1 PARTY AGAINST WHOM PENALTIES ARE ASSESSED IN AN ADMINISTRATIVE
2 ACTION MAY APPEAL TO COMMONWEALTH COURT AS PROVIDED IN 2 PA.C.S.
3 CH. 7 SUBCH. A (RELATING TO JUDICIAL REVIEW OF COMMONWEALTH
4 AGENCY ACTION).

5 CHAPTER 49

6 ELECTRONIC NOTICE OF INSURANCE PRACTICES

7 SEC.

8 4901. SCOPE OF CHAPTER.

9 4902. DEFINITIONS.

10 4903. ELECTRONIC DELIVERY OF INSURANCE NOTICES OR DOCUMENTS.

11 4904. CHANGES IN HARDWARE OR SOFTWARE REQUIREMENTS.

12 4905. AFFECT, VALIDITY AND ENFORCEABILITY OF INSURANCE NOTICES
13 OR DOCUMENTS.

14 4906. WITHDRAWAL OF CONSENT.

15 4907. PRIOR CONSENT FOR ELECTRONIC DELIVERY OF INSURANCE
16 NOTICES OR DOCUMENTS.

17 4908. ALTERNATIVE METHODS OF DELIVERY.

18 4909. LIMITATION ON CIVIL LIABILITY.

19 4910. DELIVERY OF INSURANCE POLICIES AND ENDORSEMENTS.

20 4911. CONSTRUCTION.

21 § 4901. SCOPE OF CHAPTER.

22 THIS CHAPTER RELATES TO ELECTRONIC NOTICE OF INSURANCE
23 PRACTICES.

24 § 4902. DEFINITIONS.

25 THE FOLLOWING WORDS AND PHRASES WHEN USED IN THIS CHAPTER
26 SHALL HAVE THE MEANINGS GIVEN TO THEM IN THIS SECTION UNLESS THE
27 CONTEXT CLEARLY INDICATES OTHERWISE:

28 "COVERED PERSON." AN INDIVIDUAL WHO IS ENTITLED TO RECEIVE
29 HEALTH CARE SERVICES UNDER A HEALTH BENEFIT PLAN.

30 "DELIVER BY ELECTRONIC MEANS." ANY OF THE FOLLOWING:

1 (1) THE DELIVERY TO AN EMAIL ADDRESS AT WHICH A COVERED
2 PERSON HAS CONSENTED TO RECEIVE A NOTICE OR DOCUMENT FROM AN
3 INSURER.

4 (2) A POST ON AN ELECTRONIC NETWORK OR WEBSITE
5 ACCESSIBLE VIA THE INTERNET, MOBILE DEVICE OR APPLICATION,
6 TABLET OR ANY OTHER ELECTRONIC DEVICE, INCLUDING A SEPARATE
7 NOTICE OF THE POST BY DELIVERY TO AN EMAIL ADDRESS AT WHICH A
8 COVERED PERSON HAS CONSENTED TO RECEIVE A NOTICE OR DOCUMENT
9 OR BY ANY OTHER DELIVERY METHOD THAT HAS BEEN CONSENTED BY
10 THE COVERED PERSON, WHICH CONTAINS THE INTERNET ADDRESS AT
11 WHICH THE NOTICE OR DOCUMENT IS POSTED. FOR PURPOSES OF THIS
12 DEFINITION, DELIVERY SHALL BE EFFECTIVE UPON THE POST OR
13 ACTUAL DELIVERY OF THE SEPARATE NOTICE OF THE POST AS
14 SPECIFIED UNDER THIS PARAGRAPH.

15 "ERISA." EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974
16 (PUBLIC LAW 93-406, 88 STAT. 829).

17 "HEALTH BENEFIT PLAN." A POLICY, CONTRACT, CERTIFICATE OR
18 AGREEMENT ENTERED INTO, OFFERED BY OR ISSUED BY AN INSURER TO
19 PROVIDE, DELIVER OR ARRANGE FOR, PAY FOR OR REIMBURSE ANY OF THE
20 COSTS OF HEALTH CARE SERVICES, INCLUDING A VISION OR DENTAL
21 BENEFIT PLAN OR A SELF-INSURED PLAN NOT SUBJECT TO ERISA.

22 "INSURER." AN INSURANCE COMPANY, ASSOCIATION OR EXCHANGE OR
23 ANY OTHER ENTITY SUBJECT TO THE JURISDICTION OF THE DEPARTMENT.

24 "PLAN SPONSOR." A PERSON OR ENTITY WHO ESTABLISHES, ADOPTS
25 OR MAINTAINS A HEALTH BENEFIT PLAN ON BEHALF OF A COVERED
26 PERSON.

27 § 4903. ELECTRONIC DELIVERY OF INSURANCE NOTICES OR DOCUMENTS.

28 (A) TRANSACTIONS.--SUBJECT TO THE REQUIREMENTS OF THIS
29 SECTION, AN INSURER MAY DELIVER BY ELECTRONIC MEANS A NOTICE TO
30 A COVERED PERSON OR ANY DOCUMENT REQUIRED BY FEDERAL OR STATE

1 LAW IN A TRANSACTION WITH THE INSURER OR IN A MANNER THAT SERVES
2 AS EVIDENCE OF INSURANCE COVERAGE IN ACCORDANCE WITH THE ACT OF
3 DECEMBER 16, 1999 (P.L.971, NO.69), KNOWN AS THE ELECTRONIC
4 TRANSACTIONS ACT.

5 (B) EFFECT OF DELIVERY.--THE DELIVERY OF A NOTICE OR
6 DOCUMENT IN ACCORDANCE WITH THIS SECTION SHALL BE CONSIDERED THE
7 EQUIVALENT TO AND HAVING THE SAME EFFECT AS A DELIVERY METHOD
8 REQUIRED BY FEDERAL OR STATE LAW, INCLUDING DELIVERY BY FIRST
9 CLASS MAIL, FIRST CLASS MAIL WITH POSTAGE PREPAID, CERTIFIED
10 MAIL, CERTIFICATE OF MAIL OR CERTIFICATE MAILING.

11 (C) CONSENT FROM COVERED PERSONS.--AN INSURER MAY DELIVER BY
12 ELECTRONIC MEANS A NOTICE OR DOCUMENT TO A COVERED PERSON IN
13 ACCORDANCE WITH THIS SECTION IF ALL OF THE FOLLOWING APPLY:

14 (1) THE COVERED PERSON HAS AFFIRMATIVELY CONSENTED
15 ELECTRONICALLY OR CONFIRMED CONSENT ELECTRONICALLY IN A
16 MANNER THAT REASONABLY DEMONSTRATES THAT THE COVERED PERSON
17 CAN ACCESS INFORMATION IN THE ELECTRONIC FORM THAT WILL BE
18 USED FOR A NOTICE OR DOCUMENT DELIVERED BY ELECTRONIC MEANS,
19 AND THE COVERED PERSON HAS NOT WITHDRAWN THE CONSENT.

20 (2) BEFORE THE COVERED PERSON GIVES THE CONSENT REQUIRED
21 UNDER PARAGRAPH (1), THE INSURER PROVIDES THE COVERED PERSON
22 WITH A CLEAR AND CONSPICUOUS STATEMENT INFORMING THE COVERED
23 PERSON OF ALL OF THE FOLLOWING:

24 (I) THE HARDWARE AND SOFTWARE REQUIREMENTS FOR
25 ACCESS TO AND RETENTION OF A NOTICE OR DOCUMENT DELIVERED
26 BY ELECTRONIC MEANS.

27 (II) THE TYPES OF NOTICES AND DOCUMENTS FOR WHICH
28 THE COVERED PERSON MAY CONSENT TO RECEIVE BY DELIVERY BY
29 ELECTRONIC MEANS.

30 (III) THE RIGHT OF THE COVERED PERSON TO WITHDRAW

1 CONSENT TO HAVING A NOTICE OR DOCUMENT DELIVERED BY
2 ELECTRONIC MEANS AT ANY TIME AND THE CONDITIONS OR
3 CONSEQUENCES IMPOSED IN THE EVENT CONSENT IS WITHDRAWN.

4 (IV) THE PROCEDURES NECESSARY FOR THE COVERED PERSON
5 TO WITHDRAW CONSENT TO HAVING A NOTICE OR DOCUMENT
6 DELIVERED BY ELECTRONIC MEANS, WHICH SHALL BE NO MORE
7 BURDENSOME THAN THE PROCEDURES REQUIRED TO PROVIDE
8 CONSENT UNDER PARAGRAPH (1), AND THE MANNER IN WHICH THE
9 COVERED PERSON CAN UPDATE THE COVERED PERSON'S EMAIL
10 ADDRESS FOR THE PURPOSES OF THIS SUBSECTION.

11 (V) THE RIGHT OF A COVERED PERSON TO HAVE A NOTICE
12 OR DOCUMENT DELIVERED BY THE INSURER UPON REQUEST IN
13 PAPER FORM.

14 (VI) THE RIGHT OF A COVERED PERSON TO REQUEST
15 PERSONAL HEALTH INFORMATION TO BE TREATED AND
16 COMMUNICATED CONFIDENTIALLY AND THE PROCESS BY WHICH A
17 COVERED PERSON MAY RECEIVE CONFIDENTIAL COMMUNICATION OF
18 PERSONAL HEALTH INFORMATION DELIVERED BY ELECTRONIC
19 MEANS.

20 (D) CONSENT FROM PLAN SPONSORS.--A PLAN SPONSOR MAY, ON
21 BEHALF OF EACH COVERED PERSON, PROVIDE CONSENT TO THE DELIVERY
22 BY ELECTRONIC MEANS OF COMMUNICATIONS RELATED TO THE PLAN FROM
23 AN INSURER.

24 (E) DUTIES OF PLAN SPONSORS.--BEFORE CONSENTING ON BEHALF OF
25 A COVERED PERSON UNDER SUBSECTION (D), A PLAN SPONSOR SHALL HAVE
26 THE FOLLOWING DUTIES:

27 (1) TO THE EXTENT APPLICABLE, CONFIRM THAT THE COVERED
28 PERSON ROUTINELY USES ELECTRONIC COMMUNICATIONS DURING THE
29 NORMAL COURSE OF EMPLOYMENT AND IS ABLE TO ACCESS AND RETAIN
30 ELECTRONIC COMMUNICATIONS THAT MAY BE DELIVERED BY AN INSURER

1 TO A PERSONAL EMAIL ADDRESS USED BY A COVERED PERSON.

2 (2) INFORM THE COVERED PERSON THAT THE CONSENT WILL BE
3 PROVIDED AND A NOTICE OR DOCUMENT RELATED TO THE HEALTH
4 BENEFIT PLAN MAY BE DELIVERED BY ELECTRONIC MEANS UNLESS THE
5 COVERED PERSON AFFIRMATIVELY OPTS OUT OF DELIVERY BY
6 ELECTRONIC MEANS OR PROVIDES AN ALTERNATIVE EMAIL ADDRESS.

7 (F) DUTIES OF INSURERS FOR HEALTH BENEFIT PLANS.--BEFORE
8 PROVIDING DELIVERY BY ELECTRONIC MEANS OF A NOTICE OR DOCUMENT
9 RELATED TO A HEALTH INSURANCE PLAN, AN INSURER FOR THE PLAN
10 SHALL HAVE THE FOLLOWING DUTIES:

11 (1) PROVIDE A CLEAR AND CONSPICUOUS STATEMENT INFORMING
12 A COVERED PERSON ENROLLED IN THE PLAN OF ALL OF THE
13 FOLLOWING:

14 (I) THE TYPES OF NOTICES AND DOCUMENTS THAT MAY BE
15 DELIVERED BY ELECTRONIC MEANS TO THE COVERED PERSON.

16 (II) THE RIGHT OF THE COVERED PERSON TO WITHDRAW
17 CONSENT TO HAVING A NOTICE OR DOCUMENT DELIVERED BY
18 ELECTRONIC MEANS AT ANY TIME WITHOUT CHARGE.

19 (III) THE PROCEDURES NECESSARY FOR THE COVERED
20 PERSON TO WITHDRAW CONSENT TO HAVING A NOTICE OR DOCUMENT
21 DELIVERED BY ELECTRONIC MEANS AND THE MANNER IN WHICH THE
22 COVERED PERSON CAN UPDATE THE COVERED PERSON'S EMAIL
23 ADDRESS FOR THE PURPOSES OF THIS SUBSECTION.

24 (IV) THE RIGHT OF THE COVERED PERSON TO HAVE A
25 NOTICE OR DOCUMENT DELIVERED BY THE INSURER UPON REQUEST
26 IN PAPER FORM WITHOUT CHARGE.

27 (2) PROVIDE AN OPPORTUNITY FOR A COVERED PERSON ENROLLED
28 IN THE PLAN TO OPT OUT OF DELIVERY BY ELECTRONIC MEANS.

29 (3) CERTIFY THAT THE INSURER IS COMPLYING WITH THE
30 APPLICABLE PROVISIONS OF THIS CHAPTER, THE ELECTRONIC

1 TRANSACTIONS ACT, 45 CFR 164.530(C) (RELATING TO
2 ADMINISTRATIVE REQUIREMENTS) AND OTHER APPLICABLE PROVISIONS
3 OF FEDERAL LAW REGARDING TECHNICAL SAFEGUARDS SUCH AS
4 ENCRYPTION.

5 § 4904. CHANGES IN HARDWARE OR SOFTWARE REQUIREMENTS.

6 AFTER A COVERED PERSON PROVIDES CONSENT IN ACCORDANCE WITH
7 SECTION 4903 (RELATING TO ELECTRONIC DELIVERY OF INSURANCE
8 NOTICES OR DOCUMENTS), IF A CHANGE IN THE HARDWARE OR SOFTWARE
9 REQUIREMENTS NECESSARY TO ACCESS OR RETAIN A NOTICE OR DOCUMENT
10 TO BE DELIVERED BY ELECTRONIC MEANS CREATES A MATERIAL RISK SUCH
11 THAT THE COVERED PERSON WILL NOT BE ABLE TO ACCESS OR RETAIN THE
12 NOTICE OR DOCUMENT FOR WHICH THE CONSENT APPLIES, AN INSURER MAY
13 NOT DELIVER BY ELECTRONIC MEANS A NOTICE OR DOCUMENT TO THE
14 COVERED PERSON UNLESS THE INSURER COMPLIES WITH THE REQUIREMENTS
15 OF SECTION 4903 AND PROVIDES THE COVERED PERSON WITH A STATEMENT
16 THAT DESCRIBES ALL OF THE FOLLOWING:

17 (1) THE REVISED HARDWARE AND SOFTWARE REQUIREMENTS FOR
18 ACCESS TO AND RETENTION OF A DOCUMENT DELIVERED BY ELECTRONIC
19 MEANS.

20 (2) THE RIGHT OF THE COVERED PERSON TO WITHDRAW CONSENT
21 WITHOUT THE IMPOSITION OF A CONDITION OR CONSEQUENCE THAT WAS
22 NOT DISCLOSED AT THE TIME OF INITIAL CONSENT.

23 § 4905. AFFECT, VALIDITY AND ENFORCEABILITY OF INSURANCE
24 NOTICES OR DOCUMENTS.

25 (A) CONTENT OF NOTICES OR DOCUMENTS.--NOTHING IN THIS
26 CHAPTER SHALL BE CONSTRUED TO AFFECT REQUIREMENTS RELATED TO
27 CONTENT OF AN INSURANCE NOTICE OR DOCUMENT OR THE TIMING RELATED
28 TO THE NOTICE OR DOCUMENT REQUIRED UNDER ANY OTHER PROVISION OF
29 FEDERAL OR STATE LAW.

30 (B) CONFIRMATION RECEIPTS.--IF ANY OTHER APPLICABLE FEDERAL

1 OR STATE LAW REQUIRES CONFIRMATION OF THE RECEIPT OF A NOTICE OR
2 DOCUMENT FROM A COVERED PERSON OR PLAN SPONSOR OF A HEALTH
3 BENEFIT PLAN, AN INSURER SHALL ONLY DELIVER BY ELECTRONIC MEANS
4 A NOTICE OR DOCUMENT IF THE METHOD FOR DELIVERY PROVIDES FOR AN
5 ACTIVE CONFIRMATION RECEIPT BY THE COVERED PERSON OR PLAN
6 SPONSOR.

7 (C) PRIOR CONSENT.--THIS CHAPTER SHALL NOT APPLY TO A NOTICE
8 OR DOCUMENT DELIVERED BY ELECTRONIC MEANS BY AN INSURER BEFORE
9 THE EFFECTIVE DATE OF THIS SUBSECTION TO A COVERED PERSON WHO,
10 PRIOR TO THE EFFECTIVE DATE OF THIS SUBSECTION, PROVIDED CONSENT
11 TO THE INSURER TO RECEIVE A NOTICE OR DOCUMENT DELIVERED BY
12 ELECTRONIC MEANS FROM THE INSURER.

13 (D) VALIDITY OR ENFORCEABILITY.--THE VALIDITY OR
14 ENFORCEABILITY OF A CONTRACT OR POLICY OF AN INSURER EXECUTED BY
15 A COVERED PERSON SHALL NOT BE DENIED SOLELY BECAUSE OF THE
16 FAILURE OF THE INSURER TO OBTAIN ELECTRONIC CONSENT OR
17 CONFIRMATION OF CONSENT OF THE COVERED PERSON IN ACCORDANCE WITH
18 THIS CHAPTER IF THE NOTICE OR DOCUMENT IS DELIVERED IN PAPER
19 FORM.

20 § 4906. WITHDRAWAL OF CONSENT.

21 (A) PROCEDURES.--NO LATER THAN 30 DAYS AFTER THE EFFECTIVE
22 DATE OF THIS SUBSECTION, AN INSURER SHALL DEVELOP PROCEDURES BY
23 WHICH A COVERED PERSON MAY WITHDRAW CONSENT TO RECEIVE A NOTICE
24 OR DOCUMENTS DELIVERED BY ELECTRONIC MEANS.

25 (B) LEGALITY.--WITHDRAWAL OF CONSENT BY A COVERED PERSON TO
26 RECEIVE A NOTICE OR DOCUMENT DELIVERED BY ELECTRONIC MEANS FROM
27 AN INSURER SHALL NOT AFFECT THE LEGALITY OR ENFORCEABILITY OF A
28 NOTICE OR DOCUMENT DELIVERED BY ELECTRONIC MEANS TO THE COVERED
29 PERSON BEFORE THE WITHDRAWAL OF CONSENT TAKES EFFECT.

30 (C) EFFECT.--WITHDRAWAL OF CONSENT BY A COVERED PERSON TO

1 RECEIVE A NOTICE OR DOCUMENT DELIVERED BY ELECTRONIC MEANS FROM
2 AN INSURER SHALL TAKE EFFECT WITHIN A REASONABLE PERIOD OF TIME
3 AFTER THE INSURER RECEIVES NOTICE OF THE COVERED PERSON'S
4 WITHDRAWAL.

5 (D) NONCOMPLIANCE.--FAILURE BY AN INSURER TO COMPLY WITH ANY
6 PROVISION OF SECTION 4903 (RELATING TO ELECTRONIC DELIVERY OF
7 INSURANCE NOTICES OR DOCUMENTS) OR 4904 (RELATING TO CHANGES IN
8 HARDWARE OR SOFTWARE REQUIREMENTS) MAY BE TREATED AT THE
9 ELECTION OF A COVERED PERSON AS A WITHDRAWAL OF CONSENT FOR
10 PURPOSES OF THIS CHAPTER.

11 § 4907. PRIOR CONSENT FOR ELECTRONIC DELIVERY OF INSURANCE
12 NOTICES OR DOCUMENTS.

13 IF AN INSURER HAS A DOCUMENTED RECORD FROM A COVERED PERSON
14 INDICATING APPROVAL BY THE COVERED PERSON FOR A NOTICE OR
15 DOCUMENT TO BE DELIVERED BY ELECTRONIC MEANS FROM THE INSURER
16 BEFORE THE EFFECTIVE DATE OF THIS SECTION AND THE INSURER
17 INTENDS TO DELIVER BY ELECTRONIC MEANS AN ADDITIONAL NOTICE OR
18 DOCUMENT UNDER THIS CHAPTER, PRIOR TO PROVIDING THE ADDITIONAL
19 NOTICE OR DOCUMENT FOR DELIVERY BY ELECTRONIC MEANS, THE INSURER
20 SHALL COMPLY WITH SECTIONS 4903 (RELATING TO ELECTRONIC DELIVERY
21 OF INSURANCE NOTICES OR DOCUMENTS) AND 4904 (RELATING TO CHANGES
22 IN HARDWARE OR SOFTWARE REQUIREMENTS) AND PROVIDE THE COVERED
23 PERSON WITH A STATEMENT THAT DESCRIBES THE FOLLOWING:

24 (1) A LIST OF EACH NOTICE OR DOCUMENT THAT WILL BE
25 DELIVERED BY ELECTRONIC MEANS THAT WAS NOT PREVIOUSLY
26 DELIVERED BY ELECTRONIC MEANS.

27 (2) THE COVERED PERSON'S RIGHT TO WITHDRAW CONSENT FOR
28 THE DELIVERY BY ELECTRONIC MEANS OF A NOTICE OR DOCUMENT
29 WITHOUT IMPOSITION OF A CONDITION OR CONSEQUENCE THAT WAS NOT
30 PREVIOUSLY DISCLOSED TO THE COVERED PERSON.

1 § 4908. ALTERNATIVE METHODS OF DELIVERY.

2 (A) ALTERNATIVE METHODS.--AN INSURER SHALL DELIVER A NOTICE
3 OR DOCUMENT TO A COVERED PERSON BY ANY OTHER METHOD THAT WAS
4 AUTHORIZED BY FEDERAL OR STATE LAW BEFORE THE EFFECTIVE DATE OF
5 THIS SUBSECTION OTHER THAN DELIVERY BY ELECTRONIC MEANS IF
6 EITHER OF THE FOLLOWING OCCURS:

7 (1) THE INSURER ATTEMPTS TO DELIVER THE NOTICE OR
8 DOCUMENT BY ELECTRONIC MEANS AND HAS A REASONABLE BASIS FOR
9 BELIEVING THAT THE NOTICE OR DOCUMENT HAS NOT BEEN RECEIVED
10 BY THE COVERED PERSON.

11 (2) THE INSURER BECOMES AWARE THAT THE EMAIL ADDRESS
12 PROVIDED BY THE COVERED PERSON TO THE INSURER IS NO LONGER
13 VALID.

14 (B) CONFIDENTIALITY.--NOTHING IN THIS CHAPTER SHALL BE
15 CONSTRUED TO PRECLUDE THE ABILITY OF A COVERED PERSON TO REQUEST
16 CONFIDENTIAL COMMUNICATION OF THE COVERED PERSON'S PROTECTED
17 HEALTH INFORMATION AS PERMITTED BY THE HEALTH INSURANCE
18 PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (PUBLIC LAW 104-191,
19 110 STAT. 1936).

20 (C) CONSTRUCTION.--NOTHING IN THIS CHAPTER SHALL BE
21 CONSTRUED TO PRECLUDE THE ABILITY OF AN INSURER TO DELIVER A
22 NOTICE OR DOCUMENT TO A COVERED PERSON BY ANY METHOD AUTHORIZED
23 BY FEDERAL OR STATE LAW.

24 § 4909. LIMITATION ON CIVIL LIABILITY.

25 AN INSURER SHALL NOT BE CIVILLY LIABLE FOR ANY HARM OR INJURY
26 THAT OCCURS DUE TO A COVERED PERSON ELECTING TO RECEIVE A NOTICE
27 OR DOCUMENT FOR DELIVERY BY ELECTRONIC MEANS OR DUE TO ANY OF
28 THE FOLLOWING:

29 (1) THE INSURER'S FAILURE TO DELIVER BY ELECTRONIC MEANS
30 A NOTICE OR DOCUMENT IF THE INSURER HAS A REASONABLE BELIEF

1 THAT THE COVERED PERSON DOES NOT REQUIRE AN ALTERNATIVE
2 METHOD OF DELIVERY UNDER SECTION 4908 (RELATING TO
3 ALTERNATIVE METHODS OF DELIVERY).

4 (2) THE COVERED PERSON'S FAILURE TO RECEIVE A NOTICE OR
5 DOCUMENT DELIVERED BY ELECTRONIC MEANS.

6 § 4910. DELIVERY OF INSURANCE POLICIES AND ENDORSEMENTS.

7 (A) AUTHORIZATION.--AN INSURER MAY MAIL, DELIVER OR, IF THE
8 THE INSURER OBTAINS A SEPARATE SPECIFIC CONSENT, POST ON THE
9 INSURER'S PUBLICLY ACCESSIBLE INTERNET WEBSITE AN INSURANCE
10 POLICY AND ENDORSEMENT THAT DOES NOT CONTAIN ANY PERSONALLY
11 IDENTIFIABLE INFORMATION.

12 (B) INTERNET WEBSITE POSTING REQUIREMENTS.--IF AN INSURER
13 ELECTS TO POST AN INSURANCE POLICY AND ENDORSEMENT ON THE
14 INSURER'S PUBLICLY ACCESSIBLE INTERNET WEBSITE, IN LIEU OF
15 MAILING OR DELIVERING THE POLICY AND ENDORSEMENT TO THE PLAN
16 SPONSOR, THE INSURER SHALL HAVE THE FOLLOWING DUTIES:

17 (1) THE INSURER SHALL ENSURE THAT THE POLICY AND
18 ENDORSEMENT ARE ACCESSIBLE TO THE PLAN SPONSOR AND PRODUCER
19 OF RECORD AND REMAINS ACCESSIBLE WHILE THE POLICY IS IN
20 EFFECT.

21 (2) AFTER THE EXPIRATION OF THE POLICY, THE INSURER
22 SHALL DO ONE OF THE FOLLOWING:

23 (I) MAKE THE EXPIRED POLICY AND ENDORSEMENT
24 AVAILABLE UPON REQUEST FOR A PERIOD OF NO LESS THAN FIVE
25 YEARS.

26 (II) IF THE INSURER CONTINUES TO MAKE THE EXPIRED
27 POLICY OR ENDORSEMENT AVAILABLE ON THE INSURER'S PUBLICLY
28 ACCESSIBLE INTERNET WEBSITE, KEEP THE PLAN SPONSOR'S USER
29 IDENTIFICATION ACTIVE FOR A PERIOD OF NO LESS THAN FIVE
30 YEARS.

1 (C) PRINTABLE FORMAT.--IF AN INSURER ELECTS TO POST AN
2 INSURANCE POLICY AND ENDORSEMENT ON THE INSURER'S PUBLICLY
3 ACCESSIBLE INTERNET WEBSITE IN LIEU OF MAILING OR DELIVERING THE
4 POLICY AND ENDORSEMENT TO THE COVERED PERSON, THE INSURER SHALL
5 POST THE POLICY AND ENDORSEMENT IN A MANNER THAT ENABLES THE
6 PLAN SPONSOR AND PRODUCER OF RECORD TO PRINT AND SAVE THE POLICY
7 AND ENDORSEMENT USING A PROGRAM OR APPLICATION THAT IS WIDELY
8 AVAILABLE ON THE INTERNET AND FREE TO USE.

9 (D) DESCRIPTION.--THE INSURER SHALL PROVIDE THE FOLLOWING
10 INFORMATION TO THE PLAN SPONSOR IN OR SIMULTANEOUS WITH EACH
11 DECLARATION PAGE PROVIDED AT THE TIME OF ISSUANCE OF AN INITIAL
12 INSURANCE POLICY AND EACH RENEWAL OF THE POLICY:

13 (1) A DESCRIPTION OF THE EXACT POLICY AND ENDORSEMENT
14 FORM PURCHASED BY THE PLAN SPONSOR.

15 (2) A DESCRIPTION OF THE PLAN SPONSOR'S RIGHT TO RECEIVE
16 UPON REQUEST AND WITHOUT CHARGE AN ELECTRONIC OR PAPER COPY
17 OF THE POLICY AND ENDORSEMENT.

18 (3) THE PUBLICLY ACCESSIBLE INTERNET WEBSITE AT WHICH
19 THE POLICY AND ENDORSEMENT ARE POSTED BY THE INSURER.

20 (E) PAPER COPIES.--UPON REQUEST BY THE PLAN SPONSOR, THE
21 INSURER SHALL MAIL A PAPER COPY OF THE PLAN SPONSOR'S INSURANCE
22 POLICY AND ENDORSEMENT. THE INSURER SHALL MAIL THE FIRST PAPER
23 COPY OF THE INSURANCE POLICY AND ENDORSEMENT TO THE PLAN SPONSOR
24 WITHOUT CHARGE, BUT MAY IMPOSE A FEE ON EACH SUBSEQUENT REQUEST
25 FOR A PAPER COPY.

26 (F) NOTICE OF CHANGE.--AN INSURER SHALL PROVIDE A NOTICE,
27 VIA ELECTRONIC MEANS OR IN WRITING AT THE PLAN SPONSOR'S OPTION,
28 OF ALL OF THE FOLLOWING TO THE PLAN SPONSOR:

29 (1) A CHANGE TO THE INSURANCE POLICY AND ENDORSEMENT.

30 (2) THE PLAN SPONSOR'S RIGHT TO OBTAIN, UPON REQUEST AND

1 WITHOUT CHARGE AFTER RECEIPT OF THE INITIAL COPY, A PAPER
2 COPY OF THE INSURANCE POLICY AND ENDORSEMENT AND THE PUBLICLY
3 ACCESSIBLE INTERNET WEBSITE AT WHICH THE POLICY AND
4 ENDORSEMENT ARE POSTED.

5 (G) CONSTRUCTION.--NOTHING IN THIS SECTION SHALL BE
6 CONSTRUED TO AFFECT OR CHANGE ANY OF THE FOLLOWING PERTAINING TO
7 THE TIME OR CONTENT OF A DISCLOSURE OR DOCUMENT REQUIRED TO BE
8 PROVIDED TO A PLAN SPONSOR UNDER FEDERAL OR STATE LAW.

9 § 4911. CONSTRUCTION.

10 NOTHING IN THIS CHAPTER SHALL BE CONSTRUED AS A REQUIREMENT
11 ON HEALTH BENEFIT PLANS SUBJECT TO ERISA.

12 SECTION 2. THIS ACT SHALL APPLY TO CONTRACTS OFFERED,
13 ENTERED, ISSUED OR RENEWED AFTER THE EFFECTIVE DATE OF THIS
14 SECTION.

15 SECTION 3. THIS ACT SHALL TAKE EFFECT IN 60 DAYS.