

HB 548 -- OCCUPATIONAL THERAPY SERVICES

SPONSOR: Rowden

This bill specifies that a health carrier or health benefit plan is prohibited from imposing a co-payment or coinsurance percentage charged to the insured for services rendered for each date of service by a licensed occupational therapist for services that require a prescription, that is greater than the co-payment or coinsurance percentage charged to the insured for the services of a licensed primary care physician for an office visit.

A health carrier or health benefit plan is required to clearly state the availability of occupational therapy coverage under its plan and all related limitations, conditions, and exclusions.

The bill specifies that beginning September 1, 2015, the Oversight Division of Joint Committee on Legislative Research must perform an actuarial analysis of the cost impact to health carriers, insureds with a health benefit plan, and other private and public payers if the provisions of this section regarding occupational therapy coverage are enacted.