

SS SCS SB 159 -- INSURANCE COVERAGE FOR PHYSICAL THERAPY SERVICES

SPONSOR: Schmitt (Scharnhorst)

COMMITTEE ACTION: Voted "Do Pass" by the Committee on General Laws by a vote of 14 to 0.

This substitute prohibits a health carrier from imposing greater copayments or coinsurance percentages to insureds for prescribed covered services provided by a licensed physical therapist than those charged for the same covered services provided by a licensed primary care physician. A health carrier or benefit plan must clearly state the availability of physical therapy coverage under its plan and all related limitations, conditions, and exclusions.

Beginning September 1 2013, the Oversight Division of the 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 these provisions were enacted. By December 31, 2013, the division director must submit a report of the actuarial findings to the Speaker, the President Pro Tem, and the chairpersons of the House of Representatives and Senate standing committees having jurisdiction over health insurance matters. If the fiscal note cost estimation is less than the cost of an actuarial analysis, the actuarial analysis requirement must be waived.

PROPOSERS: Supporters say that the bill allows for individuals who are receiving physical therapy services to not pay the inflated specialty rate when obtaining these needed services. Currently, the copay to visit a primary care physician is about half the amount to receive physical therapy services because these services are classified as a specialty. Physical therapy visits can become highly expensive for those who need it to make a full recovery because of these increased copay amounts.

Testifying for the bill were Senator Schmitt; Chris Marsh, Missouri Physical Therapy Association; and American Physical Therapy.

OPPONENTS: Those who oppose the bill say that the bill will have a large impact on health insurers. The effective date of the bill is the main issue for insurance companies. Insurers will not have sufficient time to adjust their plans to meet the bill's requirements.

Testifying against the bill were Blue Cross and Blue Shield of Kansas City; Coventry Health Care; America's Health Insurance Plans (AHIP); and Missouri Insurance Coalition.

OTHERS: Others testifying on the bill say that the actuarial analysis required by the bill will allow for a much-needed study to determine what the actual costs will be. Also, information was presented that occupational therapists should be included within the purview of the bill as a patient may need one or the other, or a combination of both therapies, to make a full recovery.

Testifying on the bill were United Healthcare Services, Incorporated; and Diana Baldwin, Missouri Occupational Therapy Association.