

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

This bill prohibits a health carrier or health benefit plan from imposing a greater copayment or coinsurance percentage to an insured 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 of the House of Representatives, the President Pro Tem of the Senate, and the chairpersons of the standing committees of the House of Representatives and Senate 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.