SECOND REGULAR SESSION

HOUSE BILL NO. 2678

100TH GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVE STEPHENS (128)

5620H.01I DANA RADEMAN MILLER, Chief Clerk

AN ACT

To repeal section 376.1235, RSMo, and to enact in lieu thereof two new sections relating to insurance coverage for health services.

Be it enacted by the General Assembly of the state of Missouri, as follows:

Section A. Section 376.1235, RSMo, is repealed and two new sections enacted in lieu thereof, to be known as sections 376.408 and 376.1235, to read as follows:

376.408. 1. As used in this section, the following terms shall mean:

(1) "Athletic trainer", the same meaning as is ascribed to such term in section 334.702, except that for purposes of this section, such term shall not include a physical therapist as defined in section 334.500;

(2) "Health care provider", the same meaning as is ascribed to such term in section 376.1350;

(3) "Health care service", the same meaning as is ascribed to such term in section 376.1350;

(4) "Health carrier", the same meaning as is ascribed to such term in section 376.1350.

2. No health carrier shall deny reimbursement of a claim for a health care service on the basis that the service was provided by an athletic trainer if the service was provided within the scope of the athletic trainer's licensed practice. Reimbursement of the claim may be subject to reasonable deductible, co-payment, and co-insurance amounts, reasonable fee or benefit limits, or utilization reviews consistent with applicable rules adopted by the department; provided that the amounts, limits, and reviews shall not function to direct treatment in a manner that arbitrarily discriminates against services

EXPLANATION — Matter enclosed in bold-faced brackets **[**thus**]** in the above bill is not enacted and is intended to be omitted from the law. Matter in **bold-face** type in the above bill is proposed language.

provided by athletic trainers, including with regard to practice patterns, and collectively shall be no more restrictive than those applicable to other health care providers under the same policy for comparable health care services.

376.1235. 1. No health carrier or health benefit plan, as defined in section 376.1350, shall impose a co-payment or coinsurance percentage charged to the insured for services rendered for each date of service by a physical therapist licensed under chapter 334 or an occupational therapist licensed under chapter 324, 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 primary care physician licensed under chapter 334 for an office visit.

2. A health carrier or health benefit plan shall clearly state the availability of physical therapy and occupational therapy coverage under its plan and all related limitations, conditions, and exclusions**, and no health carrier shall count a visit to, or services provided by, a health care professional as defined in section 376.1350, other than a physical therapist as defined in section 334.500, toward any coverage limitation specifying a maximum number of visits to, or services provided by, a physical therapist**.

3. Beginning September 1, 2016, the oversight division of the joint committee on legislative research shall 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 were enacted. By December 31, 2016, the director of the oversight division of the joint committee on legislative research shall submit a report of the actuarial findings prescribed by this section to the speaker, the president pro tem, and the chairpersons of both 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 shall be waived.

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