

SENATE BILL NO. 613

101ST GENERAL ASSEMBLY

INTRODUCED BY SENATOR CRAWFORD.

2737S.01H

ADRIANE D. CROUSE, Secretary

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Section A. Section 376.1235, RSMo, is repealed and two new sections enacted in lieu thereof, to be known as sections 376.408 and 376.1235, to read as follows: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

19 insurance amounts, reasonable fee or benefit limits, or
20 utilization reviews consistent with applicable rules adopted
21 by the department; provided that the amounts, limits, and
22 reviews shall not function to direct treatment in a manner
23 that arbitrarily discriminates against services provided by
24 athletic trainers, including with regard to practice
25 patterns, and collectively shall be no more restrictive than
26 those applicable to other health care providers under the
27 same policy for comparable health care services.

376.1235. 1. No health carrier or health benefit
2 plan, as defined in section 376.1350, shall impose a co-
3 payment or coinsurance percentage charged to the insured for
4 services rendered for each date of service by a physical
5 therapist licensed under chapter 334 or an occupational
6 therapist licensed under chapter 324, for services that
7 require a prescription, that is greater than the co-payment
8 or coinsurance percentage charged to the insured for the
9 services of a primary care physician licensed under chapter
10 334 for an office visit.

11 2. A health carrier or health benefit plan shall
12 clearly state the availability of physical therapy and
13 occupational therapy coverage under its plan and all related
14 limitations, conditions, and exclusions, **and no health**
15 **carrier shall count a visit to, or services provided by, a**
16 **health care professional as defined in section 376.1350,**
17 **other than a physical therapist as defined in section**
18 **334.500, toward any coverage limitation specifying a maximum**
19 **number of visits to, or services provided by, a physical**
20 **therapist.**

21 3. Beginning September 1, 2016, the oversight division
22 of the joint committee on legislative research shall perform
23 an actuarial analysis of the cost impact to health carriers,

24 insureds with a health benefit plan, and other private and
25 public payers if the provisions of this section regarding
26 occupational therapy coverage were enacted. By December 31,
27 2016, the director of the oversight division of the joint
28 committee on legislative research shall submit a report of
29 the actuarial findings prescribed by this section to the
30 speaker, the president pro tem, and the chairpersons of both
31 the house of representatives and senate standing committees
32 having jurisdiction over health insurance matters. If the
33 fiscal note cost estimation is less than the cost of an
34 actuarial analysis, the actuarial analysis requirement shall
35 be waived.

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