

HCS HB 30 -- INSURANCE COVERAGE FOR PHYSICAL THERAPY SERVICES  
(Scharnhorst)

COMMITTEE OF ORIGIN: Committee on Health Insurance

This substitute prohibits a health carrier or health benefit plan from imposing a greater copayment, coinsurance, or deductible amount to the insured for services requiring a prescription by a licensed physical therapist than that charged for services provided by a licensed primary care physician for an office visit. A health carrier or health 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 substitute requires the Oversight Division of the Joint Committee on Legislative Research to perform an actuarial analysis of the cost impact to health carriers, insureds with a health benefit plan, and other public and private payers if the legislation was enacted. A report of the actuarial findings must be submitted to the Speaker of the House of Representatives, the Speaker Pro Tem of the Senate, and the Chairperson of the House Committee on Health Insurance by December 31, 2013. The actuarial analysis requirement must be waived if the fiscal note cost estimation is less than the cost of the actuarial analysis.