

House _____ Amendment NO. _____

Offered By

1 AMEND House Committee Substitute for Senate Substitute for Senate Committee Substitute for
2 Senate Bill No. 354, Page 23, Section 324.001, Line 181, by inserting after all of said section and
3 line the following:

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

11 2. A health carrier or health benefit plan shall clearly state the availability of physical
12 therapy and occupational therapy coverage under its plan and all related limitations, conditions, and
13 exclusions.

14 3. Beginning September 1, [2013] 2015, the oversight division of the joint committee on
15 legislative research shall perform an actuarial analysis of the cost impact to health carriers, insureds
16 with a health benefit plan, and other private and public payers if the provisions of this section
17 regarding occupational therapy coverage were enacted. By December 31, [2013] 2015, the director
18 of the oversight division of the joint committee on legislative research shall submit a report of the
19 actuarial findings prescribed by this section to the speaker, the president pro tem, and the
20 chairpersons of both the house of representatives and senate standing committees having jurisdiction
21 over health insurance matters. If the fiscal note cost estimation is less than the cost of an actuarial
22 analysis, the actuarial analysis requirement shall be waived."; and

23
24 Further amend said bill by amending the title, enacting clause, and intersectional references
25 accordingly.
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Action Taken _____ Date _____

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