FIRST REGULAR SESSION

[TRULY AGREED TO AND FINALLY PASSED**]**

SENATE SUBSTITUTE FOR

SENATE COMMITTEE SUBSTITUTE FOR

SENATE BILL NO. 159

97TH GENERAL ASSEMBLY

2013

0202S.04T

AN ACT

To amend chapter 376, RSMo, by adding thereto one new section relating to insurance coverage for physical therapy services.

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

Section A. Chapter 376, RSMo, is amended by adding thereto one new section, to be known as section 376.1235, to read as follows:

376.1235. 1. No health carrier or health benefit plan, as defined in section 376.1350, shall impose a co-payment or co-insurance percentage charged to the insured for services rendered for each date of service by a physical therapist licensed under chapter 334, for services that require a prescription, that is greater than the co-payment or co-insurance 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 coverage under its plan and all related limitations, conditions, and exclusions.

3. Beginning September 1, 2013, 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 were enacted. By December 31, 2013, 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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