

1 H.724

2 Introduced by Representative Ode of Burlington

3 Referred to Committee on

4 Date:

5 Subject: Health; health insurance; physical therapy; visit limits

6 Statement of purpose of bill as introduced: This bill proposes to prohibit  
7 insurance plans from counting any physical therapy visits required by the plan  
8 in advance of an MRI or surgery against any applicable visit limits if the  
9 patient needs post-surgical rehabilitative physical therapy services. It would  
10 also require health insurance plans to waive any requirement that a beneficiary  
11 undergo physical therapy prior to having an MRI or surgery if the treating  
12 physical therapist certifies that physical therapy is unlikely to improve the  
13 beneficiary's underlying diagnosis or health concern.

14 An act relating to health insurance requirements and limitations regarding  
15 physical therapy services

16 It is hereby enacted by the General Assembly of the State of Vermont:

17 Sec. 1. 8 V.S.A. § 4088k is amended to read:

18 § 4088k. ~~PHYSICAL THERAPY CO-PAYMENTS FOR CERTAIN PLANS~~  
19 SERVICES

1       (a) As used in this section, “health insurance plan” means any individual or  
2       group health insurance policy, any hospital or medical service corporation or  
3       health maintenance organization subscriber contract, or any other health  
4       benefit plan offered, issued, or renewed for any person in this State by a health  
5       insurer, as defined in 18 V.S.A. § 9402. The term shall not include benefit  
6       plans providing coverage for specific disease or other limited benefit coverage.

7       (b)(1) If a health insurance plan requires a beneficiary to undergo physical  
8       therapy prior to having a magnetic resonance imaging scan (MRI) or surgery,  
9       the plan shall not count those physical therapy visits against any physical  
10       therapy visit limits applicable under the plan in the event the beneficiary  
11       requires medically necessary, post-surgical rehabilitative physical therapy  
12       services.

13       (2) A health insurance plan shall waive any requirement that a  
14       beneficiary undergo physical therapy prior to having an MRI or surgery if the  
15       treating physical therapist certifies that physical therapy is unlikely to improve  
16       the beneficiary's underlying diagnosis or health concern.

17       (c) For silver- and bronze-level qualified health benefit plans and any  
18       reflective health benefit plans offered at the silver or bronze level pursuant to  
19       33 V.S.A. chapter 18, subchapter 1, health care services provided by a licensed  
20       physical therapist may be subject to a co-payment requirement, provided that  
21       any required co-payment amount shall be between 125 and 150 percent of the

1 amount of the co-payment applicable to care and services provided by a  
2 primary care provider under the plan.

3 Sec. 2. EFFECTIVE DATE

4 This act shall take effect on January 1, 2021 and shall apply to all health  
5 insurance plans issued on and after January 1, 2021 on such date as a health  
6 insurer offers, issues, or renews the health insurance plan, but in no event later  
7 than January 1, 2022.