

SECOND REGULAR SESSION

SENATE BILL NO. 916

100TH GENERAL ASSEMBLY

INTRODUCED BY SENATOR CRAWFORD.

Read 1st time January 22, 2020, and ordered printed.

ADRIANE D. CROUSE, Secretary.

5040S.01I

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Section A. Section 376.1235, RSMo, is repealed and two new sections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

**376.408. 1. As used in this section, the following terms shall
2 mean:**

3 (1) "Athletic trainer", the same meaning as is ascribed to such
4 term in section 334.702, except that for purposes of this section, such
5 term shall not include a physical therapist as defined in section 334.500;

6 (2) "Health care provider", the same meaning as is ascribed to
7 such term in section 376.1350;

8 (3) "Health care service", the same meaning as is ascribed to such
9 term in section 376.1350;

10 (4) "Health carrier", the same meaning as is ascribed to such term
11 in section 376.1350.

12 2. No health carrier shall deny reimbursement of a claim for a
13 health care service on the basis that the service was provided by an
14 athletic trainer if the service was provided within the scope of the
15 athletic trainer's licensed practice. Reimbursement of the claim may
16 be subject to reasonable deductible, co-payment, and co-insurance
17 amounts, reasonable fee or benefit limits, or utilization reviews
18 consistent with applicable rules adopted by the department; provided
19 that the amounts, limits, and reviews shall not function to direct
20 treatment in a manner that arbitrarily discriminates against services

21 **provided by athletic trainers, including with regard to practice**
22 **patterns, and collectively shall be no more restrictive than those**
23 **applicable to other health care providers under the same policy for**
24 **comparable health care services.**

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

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

16 3. Beginning September 1, 2016, the oversight division of the joint
17 committee on legislative research shall perform an actuarial analysis of the cost
18 impact to health carriers, insureds with a health benefit plan, and other private
19 and public payers if the provisions of this section regarding occupational therapy
20 coverage were enacted. By December 31, 2016, the director of the oversight
21 division of the joint committee on legislative research shall submit a report of the
22 actuarial findings prescribed by this section to the speaker, the president pro tem,
23 and the chairpersons of both the house of representatives and senate standing
24 committees having jurisdiction over health insurance matters. If the fiscal note
25 cost estimation is less than the cost of an actuarial analysis, the actuarial
26 analysis requirement shall be waived.

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