

187--A

2011-2012 Regular Sessions

I N   A S S E M B L Y

(PREFILED)

January 5, 2011

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Introduced by M. of A. CAHILL, BENEDETTO, PERRY, CAMARA, WEISENBERG, GABRYSZAK, SCHIMEL, JAFFEE, GUNTHER, LIFTON, ENGLEBRIGHT, GALEF, RAMOS, CYMBROWITZ, KELLNER, P. RIVERA, SCARBOROUGH, RUSSELL, ROSENTHAL, REILLY, BOYLAND, WEPRIN, KAVANAGH, BARRON -- Multi-Sponsored by -- M. of A. ABBATE, ABINANTI, BOYLE, BRENNAN, BROOK-KRASNY, BURLING, CERETTO, COLTON, CORWIN, CUSICK, HAWLEY, HEVESI, JACOBS, LATIMER, LAVINE, LENTOL, LUPARDO, MARKEY, McDONOUGH, McENENY, PAULIN, PRETLOW, RAI, SAYWARD, SWEENEY, ZEBROWSKI -- read once and referred to the Committee on Insurance -- recommitted to the Committee on Insurance in accordance with Assembly Rule 3, sec. 2 -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee

AN ACT to amend the insurance law, in relation to physical therapy services

THE PEOPLE OF THE STATE OF NEW YORK, REPRESENTED IN SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

1     Section 1. Paragraph 23 of subsection (i) of section 3216 of the  
2 insurance law, as added by chapter 593 of the laws of 2000, is amended  
3 to read as follows:  
4     (23) If a policy provides for reimbursement for physical and occupa-  
5 tional therapy service which is within the lawful scope of practice of a  
6 duly licensed physical or occupational therapist, an insured shall be  
7 entitled to reimbursement for such service whether the said service is  
8 performed by a physician or through a duly licensed physical or occupa-  
9 tional therapist, provided however, that nothing contained herein shall  
10 be construed to impair any terms of such policy including appropriate  
11 utilization review and the requirement that said service be performed  
12 pursuant to a medical order, or a similar or related service of a physi-  
13 cian PROVIDED THAT SUCH TERMS SHALL NOT IMPOSE CO-PAYMENTS IN EXCESS OF  
14 TWENTY PERCENT OF THE TOTAL REIMBURSEMENT TO THE PROVIDER OF CARE.

EXPLANATION--Matter in ITALICS (underscored) is new; matter in brackets  
[ ] is old law to be omitted.

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1 S 2. Subparagraph (A) of paragraph 1 of subsection (f) of section 4235  
2 of the insurance law, as amended by chapter 219 of the laws of 2011, is  
3 amended to read as follows:

4 (A) Any policy of group accident, group health or group accident and  
5 health insurance may include provisions for the payment by the insurer  
6 of benefits for expenses incurred on account of hospital, medical or  
7 surgical care or physical and occupational therapy by licensed physical  
8 and occupational therapists upon the prescription or referral of a  
9 physician for the employee or other member of the insured group, the  
10 employee's or member's spouse, the employee's or member's child or chil-  
11 dren, or other persons chiefly dependent upon the employee or member for  
12 support and maintenance; provided that:

13 (i) a policy of hospital, medical, surgical, or prescription drug  
14 expense insurance that provides coverage for children shall provide such  
15 coverage to a married or unmarried child until attainment of age twen-  
16 ty-six, without regard to financial dependence, residency with the  
17 employee or member, student status, or employment, except a policy that  
18 is a grandfathered health plan may, for plan years beginning before  
19 January first, two thousand fourteen, exclude coverage of an adult child  
20 under age twenty-six who is eligible to enroll in an employer-sponsored  
21 health plan other than a group health plan of a parent. For purposes of  
22 this item, "grandfathered health plan" means coverage provided by an  
23 insurer in which an individual was enrolled on March twenty-third, two  
24 thousand ten for as long as the coverage maintains grandfathered status  
25 in accordance with section 1251(e) of the Affordable Care Act, 42 U.S.C.  
26 S 18011(e); and

27 (ii) a policy under which coverage terminates at a specified age shall  
28 not so terminate with respect to an unmarried child who is incapable of  
29 self-sustaining employment by reason of mental illness, developmental  
30 disability, mental retardation, as defined in the mental hygiene law, or  
31 physical handicap and who became so incapable prior to attainment of the  
32 age at which coverage would otherwise terminate and who is chiefly  
33 dependent upon such employee or member for support and maintenance,  
34 while the insurance of the employee or member remains in force and the  
35 child remains in such condition, if the insured employee or member has  
36 within thirty-one days of such child's attainment of the termination age  
37 submitted proof of such child's incapacity as described herein. NO  
38 POLICY OF GROUP ACCIDENT, GROUP HEALTH OR GROUP ACCIDENT AND HEALTH  
39 INSURANCE SHALL IMPOSE CO-PAYMENTS IN EXCESS OF TWENTY PERCENT OF THE  
40 TOTAL REIMBURSEMENT TO THE PROVIDER OF CARE.

41 S 3. Subparagraph (A) of paragraph 4 of subsection (f) of section 4235  
42 of the insurance law, as amended by chapter 593 of the laws of 2000, is  
43 amended to read as follows:

44 (A) any physical and occupational therapy service which is within the  
45 lawful scope of practice of a licensed physical and occupational thera-  
46 pist, a subscriber to such policy shall be entitled to reimbursement for  
47 such service, whether the said service is performed by a physician or  
48 licensed physical and occupational therapist pursuant to prescription or  
49 referral by a physician; AND A POLICY OF GROUP ACCIDENT, GROUP HEALTH OR  
50 GROUP ACCIDENT AND HEALTH INSURANCE SHALL NOT IMPOSE CO-PAYMENTS IN  
51 EXCESS OF TWENTY PERCENT OF THE TOTAL REIMBURSEMENT TO THE PROVIDER OF  
52 CARE;

53 S 4. Subparagraph (G) of paragraph 1 of subsection (b) of section 4301  
54 of the insurance law, as amended by chapter 593 of the laws of 2000, is  
55 amended to read as follows:

1 (G) physical and occupational therapy care provided through licensed  
2 physical and occupational therapists upon the prescription of a physi-  
3 cian AND ANY CO-PAYMENTS RELATED TO REIMBURSEMENT FOR PHYSICAL THERAPY  
4 SERVICES SHALL NOT EXCEED TWENTY PERCENT OF THE TOTAL REIMBURSEMENT TO  
5 THE PROVIDER OF CARE,

6 S 5. Paragraph 13 of subsection (b) of section 4322 of the insurance  
7 law, as added by chapter 504 of the laws of 1995, is amended to read as  
8 follows:

9 (13) Outpatient physical therapy up to ninety visits per condition per  
10 calendar year AND ANY CO-PAYMENTS RELATED TO REIMBURSEMENT FOR PHYSICAL  
11 THERAPY SERVICES SHALL NOT EXCEED TWENTY PERCENT OF THE TOTAL REIMBURSE-  
12 MENT TO THE PROVIDER OF CARE.

13 S 6. This act shall take effect on the one hundred eightieth day after  
14 it shall have become a law.