

2319--A

2013-2014 Regular Sessions

I N S E N A T E

January 15, 2013

Introduced by Sens. DeFRANCISCO, ADDABBO, AVELLA, BOYLE, GIPSON, GRISANTI, HANNON, KENNEDY, LANZA, LATIMER, LIBOUS, MARCHIONE, MARTINS, MAZIARZ, PARKER, PERKINS, RANZENHOFER, RITCHIE, ROBACH, SAMPSON, SMITH, STAVISKY, TKACZYK, VALESKY, YOUNG -- read twice and ordered printed, and when printed to be committed to the Committee on Insurance -- recommitted to the Committee on Insurance in accordance with Senate Rule 6, sec. 8 -- 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.

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

18 (A) Any policy of group accident, group health or group accident and
19 health insurance may include provisions for the payment by the insurer

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

LBD03730-03-4

1 of benefits for expenses incurred on account of hospital, medical or
2 surgical care or physical and occupational therapy by licensed physical
3 and occupational therapists upon the prescription or referral of a
4 physician for the employee or other member of the insured group, the
5 employee's or member's spouse, the employee's or member's child or chil-
6 dren, or other persons chiefly dependent upon the employee or member for
7 support and maintenance; provided that:

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

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

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

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

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

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

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

4 (13) Outpatient physical therapy up to ninety visits per condition per
5 calendar year AND ANY CO-PAYMENTS RELATED TO REIMBURSEMENT FOR SUCH
6 SERVICES SHALL NOT EXCEED TWENTY PERCENT OF THE TOTAL REIMBURSEMENT TO
7 THE PROVIDER OF CARE.

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