

STATE OF NEW YORK

8747

IN SENATE

March 6, 2024

Introduced by Sen. ADDABBO -- read twice and ordered printed, and when printed to be committed to the Committee on Insurance

AN ACT to amend the insurance law, in relation to health insurance coverage of physical and occupational therapy services

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

Section 1. Paragraph 23 of subsection (i) of section 3216 of the insurance law, as added by chapter 593 of the laws of 2000, is amended to read as follows:

(23) If a policy provides for reimbursement for physical and occupational therapy service which is within the lawful scope of practice of a duly licensed physical or occupational therapist, an insured shall be entitled to reimbursement for such service whether the said service is performed by a physician or through a duly licensed physical or occupational therapist, provided however, that nothing contained herein shall be construed to impair any terms of such policy including appropriate utilization review and the requirement that said service be performed pursuant to a medical order, or a similar or related service of a physician, provided, further, that such terms shall not impose co-payments in excess of twenty percent of the total reimbursement to the provider of care.

§ 2. Subparagraph (A) of paragraph 1 of subsection (f) of section 4235 of the insurance law, as amended by chapter 219 of the laws of 2011, item (ii) as amended by chapter 479 of the laws of 2022, is amended to read as follows:

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

(i) a policy of hospital, medical, surgical, or prescription drug expense insurance that provides coverage for children shall provide such coverage to a married or unmarried child until attainment of age twenty.

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

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1 ty-six, without regard to financial dependence, residency with the
2 employee or member, student status, or employment, except a policy that
3 is a grandfathered health plan may, for plan years beginning before
4 January first, two thousand fourteen, exclude coverage of an adult child
5 under age twenty-six who is eligible to enroll in an employer-sponsored
6 health plan other than a group health plan of a parent. For purposes of
7 this item, "grandfathered health plan" means coverage provided by an
8 insurer in which an individual was enrolled on March twenty-third, two
9 thousand ten for as long as the coverage maintains grandfathered status
10 in accordance with section 1251(e) of the Affordable Care Act, 42 U.S.C.
11 § 18011(e); ~~[and]~~

12 (ii) a policy under which coverage terminates at a specified age shall
13 not so terminate with respect to an unmarried child who is incapable of
14 self-sustaining employment by reason of mental illness, developmental
15 disability, as defined in the mental hygiene law, or physical handicap
16 and who became so incapable prior to attainment of the age at which
17 coverage would otherwise terminate and who is chiefly dependent upon
18 such employee or member for support and maintenance, while the insurance
19 of the employee or member remains in force and the child remains in such
20 condition, if the insured employee or member has within thirty-one days
21 of such child's attainment of the termination age submitted proof of
22 such child's incapacity as described herein~~[-]~~; and

23 (iii) no policy of group accident, group health or group accident and
24 health insurance shall impose co-payments in excess of twenty
25 percent of the total reimbursement to the provider of care.

26 § 3. Subparagraph (A) of paragraph 4 of subsection (f) of section 4235
27 of the insurance law, as amended by chapter 593 of the laws of 2000, is
28 amended to read as follows:

29 (A) any physical and occupational therapy service which is within the
30 lawful scope of practice of a licensed physical and occupational thera-
31 pist, a subscriber to such policy shall be entitled to reimbursement for
32 such service, whether the said service is performed by a physician or
33 licensed physical and occupational therapist pursuant to prescription or
34 referral by a physician, provided however, that no policy of group acci-
35 dent, group health or group accident and health insurance shall impose
36 co-payments in excess of twenty percent of the total reimbursement to
37 the provider of care;

38 § 4. Subparagraph (G) of paragraph 1 of subsection (b) of section 4301
39 of the insurance law, as amended by chapter 593 of the laws of 2000, is
40 amended to read as follows:

41 (G) physical and occupational therapy care provided through licensed
42 physical and occupational therapists upon the prescription of a physi-
43 cian. Co-payments related to reimbursement for such services shall not
44 exceed twenty percent of the total reimbursement to the provider of
45 care,

46 § 5. Paragraph 13 of subsection (b) of section 4322 of the insurance
47 law, as added by chapter 504 of the laws of 1995, is amended to read as
48 follows:

49 (13) Outpatient physical therapy up to ninety visits per condition per
50 calendar year. Any co-payments related to reimbursement for physical
51 therapy services shall not exceed twenty percent of the total reimburse-
52 ment to the provider of care.

53 § 6. This act shall take effect on the one hundred eightieth day after
54 it shall have become a law.