SENATE BILL 725

By: Senator McCray
Introduced and read first time: February 7, 2022
Assigned to: Finance

A BILL ENTITLED

1 AN ACT concerning

2 Health Insurance – Physical Therapy – Copayments, Coinsurance, and Deductibles

3 FOR the purpose of prohibiting insurers, nonprofit health service plans, and health maintenance organizations from imposing a copayment, coinsurance, or deductible for covered physical therapy services that is greater than the copayment, coinsurance, or deductible imposed for a primary care visit under the same plan or contract; requiring insurers, nonprofit health service plans, and health maintenance organizations to state in each plan or contract the coverage requirements, limitations, conditions, and exclusions for the provision of physical therapy services; and generally relating to health insurance and physical therapy services.

12 BY adding to
13 Article – Insurance
14 Section 15–856
15 Annotated Code of Maryland
16 (2017 Replacement Volume and 2021 Supplement)

17 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,
18 That the Laws of Maryland read as follows:

19 Article – Insurance

20 15–856.

21 (A) IN THIS SECTION, “PHYSICAL THERAPY SERVICES” MEANS SERVICES PROVIDED TO A PATIENT WITHIN THE SCOPE OF PRACTICE OF A PHYSICAL THERAPIST WHO IS LICENSED BY THE STATE BOARD OF PHYSICAL THERAPY EXAMINERS TO PRACTICE PHYSICAL THERAPY UNDER THE HEALTH OCCUPATIONS ARTICLE.
(B) This section applies to:

(1) Insurers and nonprofit health service plans that provide coverage for both physical therapy and primary care services under individual, group, or blanket health insurance policies or contracts that are issued or delivered in the State; and

(2) Health maintenance organizations that provide coverage for both physical therapy and primary care services under individual or group contracts that are issued or delivered in the State.

(C) For each date covered physical therapy services are provided, an entity subject to this section may not impose a copayment, coinsurance, or deductible amount for the physical therapy services that is greater than the copayment, coinsurance, or deductible amount imposed for a primary care visit under the same plan or contract.

(D) An entity subject to this section shall clearly state in each plan or contract the coverage requirements, limitations, conditions, and exclusions for the provision of physical therapy services.

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall apply to all policies, contracts, and health benefit plans issued, delivered, or renewed in the State on or after January 1, 2023.

SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect January 1, 2023.