

H. B. 4426

(By Delegates Manchin, Ferns, Swartzmiller, Hartman, Morgan, Miley,
White, Givens, Ferro, Skaff and Perry)

[Introduced February 6, 2012; referred to the
Committee on Banking and Insurance then the Judiciary.]

A BILL to amend the Code of West Virginia, 1931, as amended, by adding thereto a new section, designated §5-16-7f; to amend said code by adding thereto a new section, designated §33-15-22; to amend said code by adding thereto a new section, designated §33-16-18; and to amend said code by adding thereto a new section, designated §33-16D-17, all relating to insurance copayments; and requiring a copayment to a physical therapist and an occupational therapist be the same as a physician or osteopath.

Be it enacted by the Legislature of West Virginia:

That the Code of West Virginia, 1931, as amended, be amended by adding thereto a new section, designated §5-16-7F; to amend said code by adding thereto a new section, designated §33-15-22; to amend said code by adding thereto a new section designated §33-16-18; and to amend said code by adding thereto a new section, designated §33-16D-17, all to read as

follows:

**CHAPTER 5. GENERAL POWERS AND AUTHORITY OF THE GOVERNOR,
SECRETARY OF STATE AND ATTORNEY GENERAL; BOARD
OF PUBLIC WORKS; MISCELLANEOUS AGENCIES,
COMMISSIONS, OFFICES, PROGRAMS, ETC.**

ARTICLE 16. WEST VIRGINIA PUBLIC EMPLOYEES INSURANCE ACT.

§5-16-7f. Copayments.

(a) A policy, provision, contract, plan or agreement under this article may not impose a copayment or coinsurance amount charged to the insured for services rendered for each date of service by an occupational therapist licensed under article twenty, chapter thirty of this code or a physical therapist licensed under article twenty, chapter thirty of this code that is greater than \$10 per visit, the office visit deductible, copayment or coinsurance amount charged to the insured for the services of a primary care physician or an osteopath licensed under chapter thirty of this code for an office visit.

(b) A policy, provision, contract, plan or agreement shall clearly state the availability of occupational and physical therapy coverage under the policy, provision contract, plan or agreement and all related limitations, conditions and exclusion.

CHAPTER 33. INSURANCE.

ARTICLE 15. ACCIDENT AND SICKNESS INSURANCE.

§33-15-22. Copayments.

(a) An insurer may not impose a copayment or coinsurance amount charged to the insured for services rendered for each date of service by an occupational therapist licensed under article twenty, chapter thirty of this code or a physical therapist licensed under article twenty, chapter thirty of this code that is greater than \$10 per visit, the office visit deductible, copayment or coinsurance amount charged to the insured for the services of a primary care physician or an osteopath licensed under chapter thirty of this code for an office visit.

(b) An insurer shall clearly state the availability of occupational and physical therapy coverage under its plan and all related limitations, conditions and exclusion.

ARTICLE 16. GROUP ACCIDENT AND SICKNESS INSURANCE.

§33-16-18. Copayments.

(a) A group health plan, health benefit plan or network plan may not impose a copayment or coinsurance amount charged to the insured for services rendered for each date of service by an occupational therapist licensed under article twenty, chapter

thirty of this code or a physical therapist licensed under article twenty, chapter thirty of this code that is greater than \$10 per visit, the office visit deductible, copayment or coinsurance amount charged to the insured for the services of a primary care physician or an osteopath licensed under chapter thirty of this code for an office visit.

(b) A group health plan, health benefit plan or network plan shall clearly state the availability of occupational and physical therapy coverage under its plan and all related limitations, conditions and exclusion.

**ARTICLE 16D. MARKETING AND RATE PRACTICES FOR SMALL EMPLOYER
ACCIDENT AND SICKNESS INSURANCE POLICIES.**

§33-16D-17. Copayments.

(a) A group health plan, health benefit plan or network plan may not impose a copayment or coinsurance amount charged to the insured for services rendered for each date of service by an occupational therapist licensed under article twenty, chapter thirty of this code or a physical therapist licensed under article twenty, chapter thirty of this code that is greater than \$10 per visit, the office visit deductible, copayment or coinsurance amount charged to the insured for the services of a

primary care physician or an osteopath licensed under chapter thirty of this code for an office visit.

(b) A group health plan, health benefit plan or network plan shall clearly state the availability of occupational and physical therapy coverage under its plan and all related limitations, conditions and exclusion.

NOTE: The purpose of this bill is to require a copayment to a physical therapist and a occupational therapist be the same as a physician or osteopath.

§5-16-7f, §33-15-22, §33-16-18 and §33-16D-17 are new; therefore, each section have been completely underscored.