Senate Bill 236

Sponsored by Senators BURDICK, RILEY (at the request of Timothy Brinker) (Presession filed.)

SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure **as introduced.**

Prohibits policy or certificate of health insurance from requiring prior authorization for coverage of specified treatment by participating physical or occupational therapist if treatment is medically necessary and falls within quantitative treatment limits of policy or certificate.

A BILL FOR AN ACT

- 2 Relating to prior authorization for insurance reimbursement of rehabilitative services.
- 3 Be It Enacted by the People of the State of Oregon:
 - SECTION 1. Section 2 of this 2019 Act is added to and made a part of the Insurance Code.
 - <u>SECTION 2.</u> (1) As used in this section, "new episode of care" means a course of treatment prescribed by a physical or occupational therapist for a new or recurrent condition for which a beneficiary of a policy or certificate of health insurance:
 - (a) Has not been treated by the therapist within the previous 90-day period; and
 - (b) Is not receiving treatment from another physical or occupational therapist.
 - (2) An individual or group policy or certificate of health insurance offered in this state that reimburses the cost of physical therapy or occupational therapy may not require prior authorization for an initial evaluation by a participating therapist, and six subsequent treatment visits with the therapist, for a new episode of care if the evaluation and treatment visits are:
 - (a) Medically necessary; and
 - (b) Within the quantitative treatment limits specified in the terms and conditions of the policy or certificate.
 - SECTION 3. Section 2 of this 2019 Act applies to policies and certificates of health insurance issued or renewed on or after the effective date of this 2019 Act.

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