



**Kara Brogan, OTR/L**

*Treasurer, Ohio Occupational Therapy Association*

Senate Insurance Committee

**Proponent Testimony – House Bill 141 (Copay Fairness)**

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Chairman Hackett, Vice Chair Lang, Ranking Member Craig, and Members of the Senate Insurance Committee, thank you for the opportunity to provide testimony in support of House Bill 141, sponsored by State Representatives Jeff LaRe and Monica Robb Blasdel. My name is Kara Brogan, and I am here today on behalf of the members of the Ohio Occupational Therapy Association.

Occupational therapy is a healthcare practice that focuses on helping individuals young and old through the therapeutic use of everyday activities, or occupations. You can find occupational therapy providers in schools, hospitals, nursing homes, and throughout your community. As it relates to health insurance coverage, occupational therapy providers will often provide services to individuals recovering from an injury as well as those with a development disability or other impairment impacting an activity of daily living.

House Bill 141 would align the amount of a copay charged to a patient for an occupational therapy, physical therapy, or chiropractic visit to the amount charged for an outpatient office visit. Several states have enacted similar bills, which are dubbed ‘copay fairness’ laws. The goal is fairness for patients by lowering the cost of services.

Copays are a common feature in many health insurance plans and are a form of cost sharing between patients and health plans. Typically, copays represent a small portion of the total cost of a service and are tied to the level of acuity of that service. Services that are more invasive and expensive will often have higher copays than routine visits.

HB 141 would limit the copay amount for occupational therapy or physical therapy to the amount charged for a standard primary care visit. For most health plans, this would be \$10 to \$15 per visit. Many health plans currently classify occupational therapy as a ‘specialty service’ and require patients to pay a much higher copay. Specialist copays can range from \$50 to \$200 for a visit.

When patients are referred to occupational therapy it is often for a series of treatments. As a result, the copays can add up quickly. This can create a financial hardship for the patient as well as a disincentive for following through with therapy. Patients who do not complete their therapy are at higher risk for reinjury or another adverse health event.

Reducing copays for occupational therapy, physical therapy and chiropractic services will lower barriers to care and encourage more patients to seek these services. Further, these services have been shown to be effective alternatives to prescription drugs for pain management, however copays for prescription drugs can be less than copays for these services. Lowering the copay for certain services will remove cost as a factor when deciding a course of treatment related to pain.

It is also important to note that copays are intended to represent a small portion of the overall cost of a visit. However, given that most OT, PT, and chiropractic sessions last between 30 minutes and an hour and the total cost of that service is less than \$100, charging the patient a specialist copay means the patient is often paying for the majority of the cost of the service. This runs contrary to other situations where the copay represents a small portion of the cost.

In closing, this legislation is pro-patient and will create a fairer situation for occupational therapists across the state and the Ohioans they serve. Thank you for your consideration.