

§4320-O. Coverage for services provided by a physician associate

1. Services provided by a physician associate. A carrier offering a health plan in this State shall provide coverage for health care services performed by a physician associate licensed under Title 32, section 2594-E or 3270-E when those services are covered services under the health plan when performed by any other health care provider and when those services are within the lawful scope of practice of the physician associate.

[PL 2019, c. 627, Pt. A, §2 (NEW); PL 2019, c. 627, Pt. A, §3 (AFF); PL 2025, c. 316, §3 (REV).]

2. Limits; deductible; copayment; coinsurance. A carrier may offer a health plan containing a provision for a deductible, copayment or coinsurance requirement for a health care service provided by a physician associate as long as the deductible, copayment or coinsurance does not exceed the deductible, copayment or coinsurance applicable to the same service provided by other health care providers.

[PL 2019, c. 627, Pt. A, §2 (NEW); PL 2019, c. 627, Pt. A, §3 (AFF); PL 2025, c. 316, §3 (REV).]

3. Network participation. A carrier shall demonstrate that the carrier's provider network includes reasonable access, in accordance with section 4303, to all covered services that are within the lawful scope of practice of a physician associate. A carrier may not exclude a provider from participation in the carrier's provider network solely because the provider is a physician associate as long as the provider is willing to meet the same terms and conditions as other participating providers. This subsection does not require a carrier to contract with all physician associates or require a carrier to provide coverage under a health plan for any service provided by a participating physician associate that is not within the health plan's scope of coverage.

[PL 2019, c. 627, Pt. A, §2 (NEW); PL 2019, c. 627, Pt. A, §3 (AFF); PL 2025, c. 316, §3 (REV).]

4. Billing. A carrier shall authorize a physician associate to bill the carrier and receive direct payment for a medically necessary service the physician associate provides to an enrollee and identify the physician associate as provider in the billing and claims process for payment of the service. A carrier may not impose on a physician associate a practice, education or collaboration requirement that is inconsistent with or more restrictive than a requirement of state law or board or agency rules.

[PL 2019, c. 627, Pt. A, §2 (NEW); PL 2019, c. 627, Pt. A, §3 (AFF); PL 2025, c. 316, §3 (REV).]

SECTION HISTORY

PL 2019, c. 627, Pt. A, §2 (NEW). PL 2019, c. 627, Pt. A, §3 (AFF). PL 2025, c. 316, §3 (REV).

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