

1 S.224

2 Introduced by Senators Sirotkin and Ashe

3 Referred to Committee on Health and Welfare

4 Date: January 3, 2018

5 Subject: Health; health insurance; cost-sharing; chiropractors

6 Statement of purpose of bill as introduced: This bill proposes to require health  
7 insurance plans to limit the co-payment for certain visits to a chiropractor to  
8 not more than the co-payment for a visit to a primary care physician.

9 An act relating to co-payment limits for visits to chiropractors

10 It is hereby enacted by the General Assembly of the State of Vermont:

11 ~~Sec. 1. 8 V.S.A. § 4088a is amended to read:~~

12 ~~§ 4088a. CHIROPRACTIC SERVICES~~

13 ~~(a)(1) A health insurance plan shall provide coverage for clinically~~  
14 ~~necessary health care services provided by a chiropractic physician licensed in~~  
15 ~~this State for treatment within the scope of practice described in 26 V.S.A.~~  
16 ~~chapter 10, but limiting adjunctive therapies to physiotherapy modalities and~~  
17 ~~rehabilitative exercises. A health insurance plan does not have to provide~~  
18 ~~coverage for the treatment of any visceral condition arising from problems or~~  
19 ~~dysfunctions of the abdominal or thoracic organs.~~

1       ~~(2) A health insurer may require that the chiropractic services be~~  
2 provided by a licensed chiropractic physician under contract with the insurer  
3 or upon referral from a health care provider under contract with the insurer.

4       ~~(3)(A) Health care services provided by chiropractic physicians may be~~  
5 subject to reasonable deductibles, co-payment and co-insurance amounts, fee  
6 or benefit limits, practice parameters, and utilization review consistent with  
7 any applicable regulations published by the Department of Financial  
8 Regulation; provided that any such amounts, limits, and review shall not  
9 function to direct treatment in a manner unfairly discriminative against  
10 chiropractic care, and collectively shall be no more restrictive than those  
11 applicable under the same policy to care or services provided by other health  
12 care providers but allowing for the management of the benefit consistent with  
13 variations in practice patterns and treatment modalities among different types  
14 of health care providers.

15       ~~(B) It shall be considered unfairly discriminative against chiropractic~~  
16 ~~care for a health insurance plan to require a co-payment amount for care and~~  
17 ~~services delivered by a chiropractic physician that is greater than the amount of~~  
18 ~~the co-payment applicable to care and services provided by a primary care~~  
19 ~~provider under the health insurance plan for care and services billed as one or~~  
20 ~~more of the following:~~

21       ~~(1) a new patient office visit,~~

1 ~~(ii) an established patient office visit;~~

2 ~~(iii) a new or established patient consultation; or~~

3 ~~(iv) self-care and home management training.~~

4 (4) Nothing herein contained in this section shall be construed as  
5 impeding or preventing either the provision or coverage of health care services  
6 by licensed chiropractic physicians, within the lawful scope of chiropractic  
7 practice, in hospital facilities on a staff or employee basis.

8 \* \* \*

9 Sec. 2. EFFECTIVE DATE

10 This act shall take effect on October 1, 2018 and shall apply to all health  
11 insurance plans issued on and after October 1, 2018 on such date as a health  
12 insurer offers, issues, or renews the health insurance plan, but in no event later  
13 than October 1, 2019.

*Sec. 1. 8 V.S.A. § 4088a is amended to read:*

*§ 4088a. CHIROPRACTIC SERVICES*

*(a)(1) A health insurance plan shall provide coverage for clinically necessary health care services provided by a chiropractic physician licensed in this State for treatment within the scope of practice described in 26 V.S.A. chapter 10, but limiting adjunctive therapies to physiotherapy modalities and rehabilitative exercises. A health insurance plan does not have to provide coverage for the treatment of any visceral condition arising from problems or dysfunctions of the abdominal or thoracic organs.*

*(2) A health insurer may require that the chiropractic services be provided by a licensed chiropractic physician under contract with the insurer or upon referral from a health care provider under contract with the insurer.*

*(3) Health care services provided by chiropractic physicians may be subject to reasonable deductibles, co-payment and co-insurance amounts, fee*

*or benefit limits, practice parameters, and utilization review consistent with any applicable regulations published by the Department of Financial Regulation; provided that any such amounts, limits, and review shall not function to direct treatment in a manner unfairly discriminative against chiropractic care, and collectively shall be no more restrictive than those applicable under the same policy to care or services provided by other health care providers but allowing for the management of the benefit consistent with variations in practice patterns and treatment modalities among different types of health care providers.*

*(4) For qualified health benefit plans offered pursuant to 33 V.S.A. chapter 18, subchapter 1, health care services provided by a chiropractic physician may be subject to a co-payment requirement as long as the required co-payment amount is not greater than the amount of the co-payment applicable to care and services provided by a primary care provider under the plan.*

*(5) Nothing ~~herein~~ contained in this section shall be construed as impeding or preventing either the provision or coverage of health care services by licensed chiropractic physicians, within the lawful scope of chiropractic practice, in hospital facilities on a staff or employee basis.*

\* \* \*

*Sec. 2. CHIROPRACTIC CO-PAYMENT LIMITS; PROSPECTIVE  
REPEAL*

*8 V.S.A. § 4088a(a)(4) (co-payment amounts for qualified health benefit plans) is repealed on January 1, 2022.*

*Sec. 3. CHIROPRACTIC CO-PAYMENT LIMITS; IMPACT REPORT*

*On or before January 15, 2021, the Green Mountain Care Board shall submit a report, to be prepared in consultation with the Department of Vermont Health Access and the health insurance carriers offering qualified health benefit plans on the Vermont Health Benefit Exchange, to the House Committee on Health Care and the Senate Committee on Finance regarding the impact of the chiropractic co-payment limits for qualified health benefit plans required by Sec. 1 of this act on utilization of chiropractic services, on the plans' premium rates, on the plans' actuarial values, and on plan designs, including any impacts on the cost-sharing levels and amounts for other health care services.*

*Sec. 4. HEALTH INSURANCE RATE FILINGS; COMPLIANCE WITH  
CHIROPRACTIC CO-PAYMENT LIMITS*

*In conjunction with their qualified health benefit plan premium rate filings*

for plan years 2019, 2020, and 2021, each health insurance carrier shall provide information to the Green Mountain Care Board regarding any modifications to their proposed rates that are attributable to a plan's compliance with the co-payment limits for chiropractic care required by Sec. 1 of this act.

*Sec. 5. EFFECTIVE DATES*

(a) Sec. 1 (8 V.S.A. § 4088a) shall take effect on January 1, 2019 and shall apply to all health insurance plans issued on and after January 1, 2019 on such date as a health insurer offers, issues, or renews the health insurance plan, but in no event later than January 1, 2020.

(b) The remaining sections shall take effect on passage.