
This act summary is provided for the convenience of the public and members of the General Assembly. It is intended to provide a general summary of the act and may not be exhaustive. It has been prepared by the staff of the Office of Legislative Council without input from members of the General Assembly. It is not intended to aid in the interpretation of legislation or to serve as a source of legislative intent.

SPECIAL SESSION

Act No. 7 (S.1) (Special Session). Health; health insurance; co-payments; chiropractic care; physical therapy

An act relating to co-payment limits for chiropractic care and physical therapy

This act establishes limits on the amount of the co-payment requirement that certain health benefit plans can impose for chiropractic care and physical therapy services. For plan year 2019 only, the act limits the amount of the co-payment requirement that silver- and bronze-level plans offered through the Vermont Health Benefit Exchange (Exchange), and reflective silver plans offered outside the Exchange, may impose for chiropractic services to the amount of the co-payment requirement for primary care services under the plan. Beginning in plan year 2020, the act limits the amount of the co-payment requirement that silver- and bronze-level Exchange plans and reflective silver plans may impose for chiropractic care and physical therapy services to between 125 and 150 percent of the co-payment requirement for primary care services under the plan.

The act requires the Department of Vermont Health Access (DVHA) and the insurers offering plans through the Exchange to report to the General Assembly and the Green Mountain Care Board (GMCB) by January 1, 2019 on the projected impact of the chiropractic co-payment limit for plan year 2019 on the plans' premium rates and actuarial values and on plan designs. It directs DVHA and the Exchange insurers to report to the General Assembly and the GMCB by January 1, 2020 on the projected impacts of the co-payment limits for chiropractic care and physical therapy services in effect beginning in the 2020 plan year on the plans' premium rates and actuarial values and on plan designs. It also requires DVHA and the Exchange insurers to report to the General Assembly and the GMCB by November 15, 2021 on the impact of the chiropractic and physical therapy co-payment limits on utilization of chiropractic care and physical therapy services.

The act requires DVHA to convene a working group to develop recommendations regarding insurance coverage for nonopioid approaches, including nonpharmacological approaches, to treating and managing pain. The working group must provide its recommendations to the General Assembly by January 15, 2019.

Multiple effective dates, beginning on June 25, 2018