

S.281 Woodward chiropractic language

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

§ 4088a. CHIROPRACTIC SERVICES

(a) 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. 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. Health care services provided by chiropractic physicians may be subject to reasonable deductibles, co-payment and co-insurance amounts, fee or benefit limits, consistent with those applicable to other physician-level providers providing the same or similar services, as well as 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

S.281 - Woodward chiropractic

4/23/14 - JGC - 2.1

treatment modalities among different types of health care providers. Nothing herein contained 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.

(b) A health insurance plan shall provide to a physician licensed pursuant to 26 V.S.A. chapter 23, an osteopathic physician licensed pursuant to 26 V.S.A. chapter 33, a chiropractic physician licensed pursuant to 26 V.S.A. chapter 10, **a physical therapist licensed pursuant to 26 V.S.A. chapter 38,** or a naturopathic physician licensed pursuant to 26 V.S.A. chapter 81 the same level of reimbursement or other compensation for providing **a the same covered service within ~~his or her~~ the provider's** scope of practice, regardless of whether the provider is a physician, osteopathic physician, chiropractic physician, **physical therapist,** or naturopathic physician.

(c) As used in this section, "health insurance plan" means any individual or group health insurance policy, any hospital or medical service corporation or health maintenance organization subscriber contract or any other health benefit plan offered, issued or renewed for any person in this State by a health insurer, as defined by 18 V.S.A. § 9402. The term shall not include benefit plans providing coverage for specific disease or other limited benefit coverage.