

Suggested Changes to S. 243

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April 13, 2016

1) Add H.573 to the bill:

H.573

Introduced by Representatives Pearson of Burlington and Grad of Moretown

Statement of purpose of bill as introduced: This bill proposes to require private insurance coverage for certain medically necessary health care services when delivered by a licensed acupuncturist. It does not include Medicaid.

An act relating to insurance coverage for medically necessary services delivered by acupuncturists

It is hereby enacted by the General Assembly of the State of Vermont: Sec. 1. 8 V.S.A. § 4088k is added to read:

§ 4088k. COVERAGE FOR COVERED SERVICES PROVIDED BY

ACUPUNCTURISTS (a) To the extent a health insurance plan provides coverage for medically necessary diagnosis and treatment related to pain management, anxiety and post-traumatic stress disorder, substance use disorder, and nausea, an acupuncturist licensed pursuant to 26 V.S.A. chapter 75 who acts within his or her authorized scope of practice shall not be denied reimbursement by the health insurer for providing those covered services if the health insurer would reimburse another health care provider for providing the services. (b) A health insurer may require that the services be provided by a licensed acupuncturist under contract with the insurer. Services provided by an acupuncturist may be subject to reasonable deductibles, co-payment and coinsurance amounts, fee or benefit limits, practice parameters, and utilization review consistent with applicable rules adopted by the Department of Financial Regulation; provided that the amounts, limits, and review shall not function to direct treatment in a manner that unfairly discriminates against acupuncture care, and collectively shall be no more restrictive than those applicable under the same policy for 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.

(c) As used in this section:

(1) “Health insurance plan” means an individual or group health insurance policy, a hospital or medical service corporation or health maintenance organization subscriber contract, or another health benefit plan offered, issued, or renewed for a person in this State by a health insurer. The term does not include benefit plans providing coverage for a specific disease or other limited benefit coverage.

(2) “Health insurer” shall have the same meaning as in 18 V.S.A. § 9402.

Sec. 2. EFFECTIVE DATE

This act shall take effect on October 1, 2016 and shall apply to health insurance plans on or after October 1, 2016 on such date as a health insurer issues, offers, or renews the health insurance plan, but in no event later than October 1, 2017.

2) Revisions to Sec. 15 as follows:

* * * Acupuncture * * *

Sec. 15. ACUPUNCTURE AS ALTERNATIVE TREATMENT FOR PAIN MANAGEMENT AND SUBSTANCE USE DISORDER; REPORTS

(a) The Director of Health Care Reform in the Agency of Administration, in consultation with the Departments of Health and of Human Resources and the Vermont Acupuncture Association, shall conduct a literature review to ascertain the effectiveness of utilizing acupuncture as an alternative treatment for pain, PTSD, anxiety, nausea, smoking cessation, migraine prophylaxis, and substance use disorders. Additionally, The Director of Health Care Reform in the Agency of Administration, in consultation with the Departments of Health and of Human Resources and the Vermont Acupuncture Association, shall review Vermont State employees’ experience with acupuncture for treatment of pain and compare outcomes and patient satisfaction related to pain treatment involving acupuncture (including the use of acupuncture along with other treatment) as compared to other pain treatment. On or before December 1, 2016, the Director shall report his or her findings to the House Committees on Health Care and on Human Services and the Senate Committee on Health and Welfare.

(b) Each nonprofit hospital and medical service corporation licensed to do

business in this State and providing coverage for pain management shall evaluate the evidence and data supporting related to the use of acupuncture as a modality for treating pain, and a modality for managing pain, and as an alternative therapy when paired with with other pain management or treatment modalities in its enrollees, including the experience of other states in which acupuncture is or was covered by health insurance plans and information available from the National Institutes of Health and World Health Organization. On or before January 15, 2017, each such corporation shall report to the House Committees on Health Care and on Human Services and the Senate Committee on Health and Welfare ~~its assessment~~ a summary of the data and evidence evaluated and indicating whether acupuncture appears comparably effective or cost-effective when compared to other pain management and treatment modalities.

(c) On or before January 15, 2017, the Department of Health, Division of Alcohol and Drug Abuse Programs, in consultation with the Vermont Acupuncture Association, shall make available to its preferred provider network evidence-based best practices related to the use of acupuncture to treat substance use disorders.

3) Revisions to Sec. 15a as follows:

Sec. 15a. ACUPUNCTURE; MEDICAID PILOT PROJECT

(a) The Department of Vermont Health Access, in consultation with the Vermont Acupuncture Association, shall develop a pilot project to offer acupuncture services to Medicaid-eligible Vermonters with a diagnosis of acute or chronic pain. In developing the pilot, DVHA shall review comparable projects considered or implemented in other states. The project ~~would~~ will provide acupuncture services for a defined period of time to determine if acupuncture treatment as an alternative or adjunctive to prescribing opioids is as effective or more effective than opioids alone for

returning individuals to social, occupational, and psychological function. The project shall include:

- (1) an advisory group of pain management specialists and acupuncture providers, including licensed acupuncturists, familiar with the current science on evidence-based use of acupuncture to treat or manage acute or chronic pain;
- (2) specific patient eligibility requirements regarding the specific cause or site of acute or chronic pain for which the evidence indicates acupuncture may be an appropriate treatment; and
- (3) input and involvement from the Department of Health to promote consistency with other State policy initiatives designed to reduce the reliance on opioid medications in treating or managing acute or chronic pain.

(b) On or before January 15, 2017, the Department of Vermont Health Access shall provide a progress report on the pilot project to the House Committees on Health Care and on Human Services and the Senate Committee

on Health and Welfare that includes an implementation plan for the pilot project described in this section. In addition, the Department shall consider any appropriate role for acupuncture in treating substance use disorders s or Post Traumatic Stress Disorder (PTSD), including consulting with health care providers using acupuncture to treat or complement treatment of these conditions ~~in this manner~~, and shall ~~make recommendations~~ document provider and patient outcomes and experiences in its progress report regarding the use of acupuncture in treating Medicaid beneficiaries with substance use disorders s or PTSD.