

1 SPECIAL SESSION

2 S.1

3 Introduced by Committee on Rules

4 Date: May 23, 2018

5 Subject: Health; health insurance; chiropractic care; physical therapy;

6 Department of Vermont Health Access

7 Statement of purpose of bill as introduced: This bill proposes to limit the co-
8 payment amounts for chiropractic care and physical therapy services in certain
9 health insurance plans. It would require the Department of Vermont Health
10 Access to report on the impacts of the co-payment limits on health insurance
11 premiums, actuarial values, and plan designs, and on the utilization of
12 chiropractic care and physical therapy services. The bill would also direct the
13 Department of Vermont Health Access to convene a working group to develop
14 recommendations related to insurance coverage for non-opioid approaches to
15 treating and managing pain.

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

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

Sec. 1. CO-PAYMENT LIMIT FOR CHIROPRACTIC PLANS FOR PLAN
1 YEAR 2019 ONLY

2 For plan year 2019 only, for silver- and bronze-level qualified health benefit
3 plans and reflective silver plans offered pursuant to 33 V.S.A. chapter 18,
4 subchapter 1, health care services provided by a chiropractic physician may be
5 subject to a co-payment requirement, provided that any required co-payment
6 amount shall be equal to the amount of the co-payment applicable to care and
7 services provided by a primary care provider under the plan.

8 Sec. 2. 8 V.S.A. § 4088a is amended to read:

9 § 4088a. CHIROPRACTIC SERVICES

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

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

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

12 (4) For silver- and bronze-level qualified health benefit plans and
13 reflective silver plans offered pursuant to 33 V.S.A. chapter 18, subchapter 1,
14 health care services provided by a chiropractic physician may be subject to a
15 co-payment requirement, provided that any required co-payment amount shall
16 be between 125 and 150 percent of the amount of the co-payment applicable to
17 care and services provided by a primary care provider under the plan, up to a
18 maximum of 50 percent of the total reimbursement amount to the chiropractic
19 physician for providing the services.

20 (5) Nothing herein contained in this section shall be construed as
21 impeding or preventing either the provision or coverage of health care services

1 by licensed chiropractic physicians, within the lawful scope of chiropractic
2 practice, in hospital facilities on a staff or employee basis.

3 * * *

4 Sec. 3. 8 V.S.A. § 4088k is added to read:

5 § 4088k. PHYSICAL THERAPY CO-PAYMENTS FOR CERTAIN PLANS

6 For silver- and bronze-level qualified health benefit plans and reflective
7 silver plans offered pursuant to 33 V.S.A. chapter 18, subchapter 1, health care
8 services provided by a licensed physical therapist may be subject to a co-
9 payment requirement, provided that any required co-payment amount shall be
10 between 125 and 150 percent of the amount of the co-payment applicable to
11 care and services provided by a primary care provider under the plan, ~~up to a~~
12 ~~maximum of 50 percent of the total reimbursement amount to the physical~~
13 ~~therapist for providing the services.~~

14 Sec. 4. CHIROPRACTIC AND PHYSICAL THERAPY CO-PAYMENT

15 LIMITS; IMPACT REPORTS

16 (a) On or before January 1, 2019, the Department of Vermont Health
17 Access and the health insurance carriers offering qualified health benefit plans
18 on the Vermont Health Benefit Exchange shall submit a report to the House
19 Committee on Health Care, the Senate Committees on Health and Welfare and
20 on Finance, and the Green Mountain Care Board regarding the projected
21 impact of the chiropractic co-payment limit for qualified health benefit plans

1 and reflective silver plans for plan year 2019 as required by Sec. 1 of this act
2 on the plans' premium rates, on the plans' actuarial values, and on plan
3 designs, including any impacts on the cost-sharing levels and amounts for
4 other health care services.

5 (b) On or before January 1, 2020, the Department of Vermont Health
6 Access and the health insurance carriers offering qualified health benefit plans
7 on the Vermont Health Benefit Exchange shall submit a report to the House
8 Committee on Health Care, the Senate Committees on Health and Welfare and
9 on Finance, and the Green Mountain Care Board regarding the projected
10 impact of the chiropractic and physical therapy co-payment limits for qualified
11 health benefit plans and reflective silver plans required by Secs. 2 and 3 of this
12 act on the plans' premium rates, on the plans' actuarial values, and on plan
13 designs, including any impacts on the cost-sharing levels and amounts for
14 other health care services. The information shall be reported separately for
15 each provider type.

16 (c) On or before November 15, 2021, the Department of Vermont Health
17 Access and the health insurance carriers offering qualified health benefit plans
18 on the Vermont Health Benefit Exchange shall submit a report to the House
19 Committee on Health Care, the Senate Committees on Health and Welfare and
20 on Finance, and the Green Mountain Care Board regarding the impact of the
21 chiropractic and physical therapy co-payment limits for qualified health

1 benefit plans and reflective silver plans on utilization of chiropractic and
2 physical therapy services. The information shall be reported separately for
3 each provider type.

4 Sec. 5. HEALTH INSURANCE COVERAGE FOR NON-OPIOID

5 APPROACHES TO TREATING AND MANAGING PAIN; REPORT

6 (a) The Department of Vermont Health Access shall convene a working
7 group to develop recommendations related to insurance coverage for non-
8 opioid approaches, including nonpharmacological approaches, to treating and
9 managing pain. The working group shall be composed of the following
10 members:

11 (1) the Commissioner of Financial Regulation or designee;

12 (2) one representative of each health insurance carrier offering qualified
13 health benefit plans on the Vermont Health Benefit Exchange;

14 (3) the Chief Health Care Advocate or designee; and

15 (4) a pain management clinician selected by the Vermont Medical
16 Society.

17 (b) The Department of Vermont Health Access shall provide the working
18 group with the clinical approaches to non-opioid treatments for pain that the
19 Department is developing with stakeholders. Using the model being
20 developed by the Department, the working group shall consider issues related
21 to health insurance coverage for non-opioid approaches, including

1 nonpharmacological approaches, to treating and managing pain, including:

2 (1) whether health insurance plans should cover certain non-opioid
3 approaches, including nonpharmacological approaches, to treating and
4 managing pain;

5 (2) an appropriate level of cost-sharing that should apply to chiropractic
6 care, physical therapy, and any other non-opioid or nonpharmacological
7 modalities for treating and managing pain that the working group recommends
8 for insurance coverage; and

(3) the proper proportional relationship between the amount of the
co-payment and the amount of the total charge *or reimbursement*
for services for chiropractic care, physical therapy, and other non-opioid
or nonpharmacological modalities for treating and managing pain.

9 (c) On or before January 15, 2019, the working group shall provide its
10 recommendations to the House Committees on Health Care and on Human
11 Services and the Senate Committees on Health and Welfare and on Finance.

12 Sec. 6. EFFECTIVE DATES

13 (a) Sec. 2 (8 V.S.A. § 4088a) shall take effect on January 1, 2020 and shall
14 apply to all health insurance plans issued on and after January 1, 2020 on such
15 date as a health insurer offers, issues, or renews the health insurance plan, but
16 in no event later than January 1, 2021.

1 (b) Sec. 3 (8 V.S.A. § 4088k) shall take effect on January 1, 2020 and shall
2 apply to all health insurance plans issued on and after January 1, 2020 on such
3 date as a health insurer offers, issues, or renews the health insurance plan, but
4 in no event later than January 1, 2021.

5 (c) The remaining sections shall take effect on passage.