SPECIAL SESSION

S.1

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

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

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

For plan year 2019 only, for silver- and bronze-level qualified health benefit plans and reflective silver 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, provided that any required co-payment amount shall be equal to the amount of the co-payment applicable to care and services provided by a primary care provider under the plan.

Sec. 2. 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 silver- and bronze-level qualified health benefit plans and reflective silver 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, provided that any required co-payment amount shall be between 125 and 150 percent of 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.

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

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

For silver- and bronze-level qualified health benefit plans and reflective silver plans offered pursuant to 33 V.S.A. chapter 18, subchapter 1, health care services provided by a licensed physical therapist may be subject to a co-payment requirement, provided that any required co-payment amount shall be between 125 and 150 percent of the amount of the co-payment applicable to care and services provided by a primary care provider under the plan.

Sec. 4. CHIROPRACTIC AND PHYSICAL THERAPY CO-PAYMENT LIMITS; IMPACT REPORTS

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

and reflective silver plans for plan year 2019 as required by Sec. 1 of this act 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.

(b) On or before January 1, 2020, the Department of Vermont Health Access and the health insurance carriers offering qualified health benefit plans on the Vermont Health Benefit Exchange shall submit a report to the House Committee on Health Care, the Senate Committees on Health and Welfare and on Finance, and the Green Mountain Care Board regarding the projected impact of the chiropractic and physical therapy co-payment limits for qualified health benefit plans and reflective silver plans required by Secs. 2 and 3 of this act 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. The information shall be reported separately for each provider type.

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

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

Sec. 5. HEALTH INSURANCE COVERAGE FOR NON-OPIOID APPROACHES TO TREATING AND MANAGING PAIN; REPORT

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

(1) the Commissioner of Financial Regulation or designee;

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

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

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

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

insurance coverage for non-opioid approaches, including nonpharmacological approaches, to treating and managing pain, including:

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

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

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

Sec. 6. EFFECTIVE DATES

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

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

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