

1 TO THE HOUSE OF REPRESENTATIVES:

2 The Committee on Health Care to which was referred Senate Bill No. 224
3 entitled “An act relating to co-payment limits for visits to chiropractors”
4 respectfully reports that it has considered the same and recommends that the
5 House propose to the Senate that the bill be amended by striking out all after
6 the enacting clause and inserting in lieu thereof the following:

7 Sec. 1. 8 V.S.A. § 4088a is amended to read:

8 § 4088a. CHIROPRACTIC SERVICES

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

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

19 (3) Health care services provided by chiropractic physicians may be
20 subject to reasonable deductibles, co-payment and co-insurance amounts, fee
21 or benefit limits, practice parameters, and utilization review consistent with

1 any applicable regulations published by the Department of Financial
2 Regulation; provided that any such amounts, limits, and review shall not
3 function to direct treatment in a manner unfairly discriminative against
4 chiropractic care; and collectively shall be no more restrictive than those
5 applicable under the same policy to care or services provided by other health
6 care providers but allowing for the management of the benefit consistent with
7 variations in practice patterns and treatment modalities among different types
8 of health care providers.

9 (4) For qualified health benefit plans offered pursuant to 33 V.S.A.
10 chapter 18, subchapter 1, health care services provided by a chiropractic
11 physician may be subject to a co-payment requirement as long as the required
12 co-payment amount is not more than 150 percent of the amount of the co-
13 payment applicable to care and services provided by a primary care provider
14 under the plan.

15 (5) Nothing herein contained in this section shall be construed as
16 impeding or preventing either the provision or coverage of health care services
17 by licensed chiropractic physicians, within the lawful scope of chiropractic
18 practice, in hospital facilities on a staff or employee basis.

19 * * *

1 Sec. 2. CHIROPRACTIC CO-PAYMENT LIMITS; PROSPECTIVE

2 REPEAL

3 8 V.S.A. § 4088a(a)(4) and (co-payment amounts for qualified health
4 benefit plans) is repealed on January 1, 2023.

5 Sec. 3. PHYSICAL THERAPY CO-PAYMENTS; EXCHANGE PLANS

6 For qualified health benefit plans offered pursuant to 33 V.S.A. chapter 18,
7 subchapter 1 for plan years 2020, 2021, and 2022, health care services
8 provided by a licensed physical therapist may be subject to a co-payment
9 requirement as long as the required co-payment amount is not more than 150
10 percent of the amount of the co-payment applicable to care and services
11 provided by a primary care provider under the plan.

12 Sec. 4. CHIROPRACTIC AND PHYSICAL THERAPY CO-PAYMENT
13 LIMITS; IMPACT REPORT

14 On or before November 15, 2021, the Green Mountain Care Board shall
15 submit a report, to be prepared in consultation with the Department of Vermont
16 Health Access and the health insurance carriers offering qualified health
17 benefit plans on the Vermont Health Benefit Exchange, to the House
18 Committee on Health Care and the Senate Committee on Finance regarding the
19 impact of the chiropractic and physical therapy co-payment limits for qualified
20 health benefit plans required by Secs. 1 and 3 of this act on utilization of
21 chiropractic and physical therapy services, on the plans' premium rates, on the

1 plans' actuarial values, and on plan designs, including any impacts on the cost-
2 sharing levels and amounts for other health care services.

3 Sec. 5. HEALTH INSURANCE RATE FILINGS; COMPLIANCE WITH
4 CHIROPRACTIC AND PHYSICAL THERAPY CO-PAYMENT
5 LIMITS

6 In conjunction with their qualified health benefit plan premium rate filings
7 for plan years 2020, 2021, and 2022, each health insurance carrier shall
8 provide information to the Green Mountain Care Board regarding any
9 modifications to their proposed rates that are attributable to a plan's
10 compliance with the co-payment limits for chiropractic care and physical
11 therapy required by Secs. 1 and 3 of this act.

12 Sec. 6. HEALTH INSURANCE COVERAGE FOR NON-OPIOID
13 APPROACHES TO TREATING PAIN; REPORT

14 (a) The Department of Financial Regulation shall convene a working group
15 to develop recommendations related to insurance coverage for non-opioid
16 approaches to treating pain. The working group shall be composed of the
17 following members:

18 (1) the Commissioner of Vermont Health Access or designee;

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

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

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

3 (b) The working group shall consider issues related to health insurance
4 coverage for non-opioid approaches to treating pain, including whether health
5 insurance plans should cover certain non-opioid approaches to treating pain
6 and an appropriate level of cost-sharing that should apply to chiropractic care,
7 physical therapy, and any other non-opioid approaches that the working group
8 recommends for insurance coverage.

9 (c) On or before December 1, 2018, the working group shall provide its
10 findings and recommendations to the House Committees on Health Care and
11 on Human Services and the Senate Committees on Health and Welfare and on
12 Finance.

13 Sec. 7. EFFECTIVE DATES

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

18 (b) The remaining sections shall take effect on passage.

1 (Committee vote: _____)

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Representative _____

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FOR THE COMMITTEE