

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

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

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1 Sec. 2. **8 V.S.A. § 4088k is added to read:**

2 **§ 4088k. PHYSICAL THERAPY CO-PAYMENTS FOR CERTAIN**
3 **PLANS**

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

12 Sec. 3. CHIROPRACTIC AND PHYSICAL THERAPY CO-PAYMENT
13 LIMITS; IMPACT REPORT

14 On or before **November 15, 2021 January 1, 2019**, **the Green Mountain**
15 **Care Board shall submit a report, to be prepared in consultation with** the
16 Department of Vermont Health Access and the health insurance carriers
17 offering qualified health benefit plans on the Vermont Health Benefit
18 Exchange, **shall submit a report** to the House Committee on Health Care and
19 the Senate Committee on Finance regarding the impact of the chiropractic and
20 physical therapy co-payment limits for qualified health benefit plans required
21 by Secs. 1 and 2 of this act **on utilization of chiropractic and physical**

1 therapy services, on the plans' premium rates, on the plans' actuarial values,
2 and on plan designs, including any impacts on the cost-sharing levels and
3 amounts for other health care services. **The information shall be reported**
4 **separately for each provider type.**

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

8 In conjunction with their qualified health benefit plan premium rate filings
9 for plan years 2020, 2021, and 2022, each health insurance carrier shall
10 provide information to the Green Mountain Care Board regarding any
11 modifications to their proposed rates that are attributable to a plan's
12 compliance with the co-payment limits for chiropractic care and physical
13 therapy required by Secs. 1 and 2 of this act.

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

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

20 (1) the Commissioner of Vermont Health Access Financial
21 Regulation or designee;

- 1 (2) one representative of each health insurance carrier offering qualified
2 health benefit plans on the Vermont Health Benefit Exchange;
3 (3) the Chief Health Care Advocate or designee; and
4 (4) a pain management clinician selected by the Vermont Medical
5 Society.

6 (b) The **Department of Vermont Health Access shall provide the**
7 **working group with the clinical approach to non-opioid treatments for**
8 **pain that the Department is developing with stakeholders. Using the**
9 **model being developed by the Department, the** working group shall
10 consider issues related to health insurance coverage for non-opioid approaches
11 to treating pain, including whether health insurance plans should cover certain
12 non-opioid approaches to treating pain and an appropriate level of cost-sharing
13 that should apply to chiropractic care, physical therapy, and any other non-
14 opioid approaches that the working group recommends for insurance coverage.

15 (c) On or before **December 1, 2018 January 15, 2019**, the working group
16 shall provide its **findings and** recommendations to the House Committees on
17 Health Care and on Human Services and the Senate Committees on Health and
18 Welfare and on Finance.

19 Sec. 6. EFFECTIVE DATES

20 (a) Sec. 1 (8 V.S.A. § 4088a) shall take effect on January 1, 2020 and shall
21 apply to all health insurance plans issued on and after January 1, 2020 on such

1 date as a health insurer offers, issues, or renews the health insurance plan, but
2 in no event later than January 1, 2021.

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

4 and that after passage the title of the bill be amended to read: “An act relating
5 to co-payment limits for chiropractic care and physical therapy”

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18 (Committee vote: _____)

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Representative _____

FOR THE COMMITTEE