

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, provided that any required co-payment amount shall  
13 be between 140 and 160 percent of the amount of the co-payment applicable to  
14 care and services provided by a primary care provider 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.

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

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

3 For silver- and bronze-level qualified health benefit plans and reflective  
4 silver plans offered pursuant to 33 V.S.A. chapter 18, subchapter 1, health care  
5 services provided by a licensed physical therapist may be subject to a co-  
6 payment requirement, provided that any required co-payment amount shall be  
7 between 140 and 160 percent of the amount of the co-payment applicable to  
8 care and services provided by a primary care provider under the plan.

9 Sec. 3. CHIROPRACTIC AND PHYSICAL THERAPY CO-PAYMENT

10 LIMITS; IMPACT REPORTS

11 (a) On or before January 1, 2019, the Department of Vermont Health  
12 Access and the health insurance carriers offering qualified health benefit plans  
13 on the Vermont Health Benefit Exchange shall submit a report to the House  
14 Committee on Health Care, the Senate Committees on Health and Welfare and  
15 on Finance, and the Green Mountain Care Board regarding the projected  
16 impact of the chiropractic and physical therapy co-payment limits for qualified  
17 health benefit plans and reflective silver plans required by Secs. 1 and 2 of this  
18 act on the plans' premium rates, on the plans' actuarial values, and on plan  
19 designs, including any impacts on the cost-sharing levels and amounts for  
20 other health care services. The information shall be reported separately for  
21 each provider type.

1        (b) On or before November 15, 2021, the Department of Vermont Health  
2        Access and the health insurance carriers offering qualified health benefit plans  
3        on the Vermont Health Benefit Exchange shall submit a report to the House  
4        Committee on Health Care, the Senate Committees on Health and Welfare and  
5        on Finance, and the Green Mountain Care Board regarding the impact of the  
6        chiropractic and physical therapy co-payment limits for qualified health benefit  
7        plans and reflective silver plans on utilization of chiropractic and physical  
8        therapy services. The information shall be reported separately for each  
9        provider type.

10        Sec. 4. HEALTH INSURANCE COVERAGE FOR NON-OPIOID  
11                APPROACHES TO TREATING AND MANAGING PAIN;  
12                REPORT

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

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

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

18           Sec. 5. EFFECTIVE DATES

19           (a) Secs. 1 (8 V.S.A. § 4088a) and 2 (8 V.S.A. § 4088k) shall take effect on  
20           January 1, 2020 and shall apply to all health insurance plans issued on and

1 after January 1, 2020 on such date as a health insurer offers, issues, or renews  
2 the health insurance plan, but 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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17 (Committee vote: \_\_\_\_\_)

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Representative \_\_\_\_\_

FOR THE COMMITTEE