

NO. 16

NO. 16. AN ACT RELATING TO HEALTH INSURANCE AND CHIROPRACTIC SERVICES.

(H.351)

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

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

§ 4088a. CHIROPRACTIC SERVICES

(a) 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 chapter 10 of Title 26, 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. 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. 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 banking, insurance, securities, and health care administration; 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. Nothing herein contained 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.

(b) As used in this section, "health insurance plan" means any individual or group health insurance policy, any hospital or medical service corporation or health maintenance organization subscriber contract or any other health benefit plan offered, issued or renewed for any person in this state by a health insurer, as defined by 18 V.S.A. § 9402(7). The term shall not include benefit plans providing coverage for specific disease or other limited benefit coverage.

Sec. 2. APPLICABILITY AND EFFECTIVE DATE

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This act shall take effect on July 1, 1999, and shall apply to all health benefit plans on and after October 1, 1999 on such date as a plan is offered, issued or renewed, but in no event later than October 1, 2000.

Approved: May 11, 1999

NO. 17. AN ACT RELATING TO CONFIDENTIALITY OF HIV REPORTING.

(H.451)

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

Sec. 1. FINDINGS

The General Assembly finds that:

(1) Improved monitoring of the incidents of human immunodeficiency virus (HIV) infection will enhance state and local efforts to plan for future health care and social service needs, to develop HIV prevention strategies and to create resources to fight the spread of HIV infection.

(2) Effective HIV public health prevention strategies are dependent, in large part, on voluntary individual testing. A system that protects the confidentiality of individuals promotes participation in any testing program, enhances education and increases the distribution of information about preventing the spread of HIV.

(3) A system of HIV reporting that uses the individual's name is a major deterrent for a person's willingness to be tested or to seek medical care for HIV. This deterrent is even higher for those people at the highest risk for HIV infection. Therefore, a system that reports individual HIV cases using a unique identifier, rather than the participant's name, promotes prevention and the accumulation of important data.

(4) Providing anonymous HIV antibody testing increases the number of individuals who seek HIV testing by guaranteeing the privacy of test results. A successful and useful HIV surveillance system must ensure continued funding, anonymity and accessibility of HIV testing sites.

Sec. 2. 18 V.S.A. § 1001 is amended to read:

§ 1001. REPORTS TO COMMISSIONER OF HEALTH

(a) When a physician, health care provider, administrator of a hospital, health care facility, health maintenance organization or managed care organization, or the administrator's designee, town health officer, nurse practitioner, nurse, physician's assistant or school health official has reason to

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