

1 TO THE HONORABLE SENATE:

2 The Committee on Finance 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 bill be amended by striking out all after the enacting clause and inserting in  
6 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 greater than the amount of the co-payment  
13 applicable to care and services provided by a primary care provider under the  
14 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. CHIROPRACTIC CO-PAYMENT LIMITS; PROSPECTIVE

2               REPEAL

3               8 V.S.A. § 4088a(a)(4) (co-payment amounts for qualified health benefit  
4 plans) is repealed on January 1, 2022.

5       Sec. 3. CHIROPRACTIC CO-PAYMENT LIMITS; IMPACT REPORT

6               On or before January 15, 2021, the Green Mountain Care Board shall  
7 submit a report, to be prepared in consultation with the Department of Vermont  
8 Health Access and the health insurance carriers offering qualified health  
9 benefit plans on the Vermont Health Benefit Exchange, to the House  
10 Committee on Health Care and the Senate Committee on Finance regarding the  
11 impact of the chiropractic co-payment limits for qualified health benefit plans  
12 required by Sec. 1 of this act on utilization of chiropractic services, on the  
13 plans' premium rates, on the plans' actuarial values, and on plan designs,  
14 including any impacts on the cost-sharing levels and amounts for other health  
15 care services.

16       Sec. 4. HEALTH INSURANCE RATE FILINGS; COMPLIANCE WITH  
17               CHIROPRACTIC CO-PAYMENT LIMITS

18               In conjunction with their qualified health benefit plan premium rate filings  
19 for plan years 2019, 2020, and 2021, each health insurance carrier shall  
20 provide information to the Green Mountain Care Board regarding any  
21 modifications to their proposed rates that are attributable to a plan's

1 compliance with the co-payment limits for chiropractic care required by Sec. 1  
2 of this act.

3 Sec. 5. EFFECTIVE DATES

4 (a) Sec. 1 (8 V.S.A. § 4088a) shall take effect on January 1, 2019 and shall  
5 apply to all health insurance plans issued on and after January 1, 2019 on such  
6 date as a health insurer offers, issues, or renews the health insurance plan, but  
7 in no event later than January 1, 2020.

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

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11 (Committee vote: \_\_\_\_\_)

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Senator \_\_\_\_\_

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FOR THE COMMITTEE