

S.224 - Senator Lyons' proposal

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

§ 4088a. CHIROPRACTIC SERVICES

(a)(1) 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 26 V.S.A. chapter 10, 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.

(2) 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.

(3)(A) 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 subdivision (B) of this subdivision (3) and any applicable regulations published by the Department of Financial Regulation; 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.

(B) It shall be considered unfairly discriminative against chiropractic care for a health insurance plan to require a co-payment amount for care and services delivered by a chiropractic physician that is greater than 150 percent of the amount of the co-payment applicable to care and services provided by a primary care provider under the health insurance plan for fewer than six visits to a chiropractic physicians annually for care and services billed as one or more of the following:

- (i) a new patient office visit;
- (ii) an established patient office visit;
- (iii) a new or established patient consultation; or
- (iv) self-care and home management training.

(4) Nothing herein contained in this section 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.

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Sec. 2. EFFECTIVE DATE

This act shall take effect on October 1, 2018 and shall apply to all health insurance plans issued on and after October 1, 2018 on such date as a health insurer offers, issues, or renews the health insurance plan, but in no event later than October 1, 2019.