

1 TO THE HOUSE OF REPRESENTATIVES:

2 The Committee on Health and Welfare to which was referred Senate Bill  
3 No. 202 entitled “An act relating to limiting the co-payment amount for  
4 chiropractic services in certain health insurance plans” respectfully reports that  
5 it has considered the same and recommends that the bill be amended by  
6 striking out all after the enacting clause and inserting in lieu thereof the  
7 following:

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

9 § 4088a. CHIROPRACTIC SERVICES

10 (a)(1) A health insurance plan shall provide coverage for clinically  
11 necessary health care services provided by a chiropractic physician licensed in  
12 this State for treatment within the scope of practice described in 26 V.S.A.  
13 chapter 10, but limiting adjunctive therapies to physiotherapy modalities and  
14 rehabilitative exercises. A health insurance plan does not have to provide  
15 coverage for the treatment of any visceral condition arising from problems or  
16 dysfunctions of the abdominal or thoracic organs.

17 \* \* \*

18 (4) For silver- and bronze-level qualified health benefit plans and any  
19 reflective health benefit plans offered at the silver or bronze level pursuant to  
20 33 V.S.A. chapter 18, subchapter 1, health care services provided by a  
21 chiropractic physician may be subject to a co-payment requirement, provided

1 that any required co-payment amount shall ~~be between 125 and 150~~ not exceed  
2 125 percent of the amount of the co-payment applicable to care and services  
3 provided by a primary care provider under the plan.

4 \* \* \*

5 Sec. 2. 8 V.S.A. § 4088k is amended to read:

6 § 4088k. PHYSICAL THERAPY CO-PAYMENTS FOR CERTAIN PLANS

7 For silver- and bronze-level qualified health benefit plans and any reflective  
8 health benefit plans offered at the silver or bronze level pursuant to 33 V.S.A.  
9 chapter 18, subchapter 1, health care services provided by a licensed physical  
10 therapist may be subject to a co-payment requirement, provided that any  
11 required co-payment amount shall ~~be between 125 and 150~~ not exceed 125  
12 percent of the amount of the co-payment applicable to care and services  
13 provided by a primary care provider under the plan.

14 Sec. 3. EFFECTIVE DATE

15 This act shall take effect on passage and shall apply to qualified and  
16 reflective silver- and bronze-level plans beginning with the 2021 plan year.

17 and that after passage the title of the bill be amended to read: “An act  
18 relating to limiting the co-payment amount for chiropractic and physical  
19 therapy services in certain health insurance plans”

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

\_\_\_\_\_

Representative \_\_\_\_\_

FOR THE COMMITTEE