Introduced by Senators Sirotkin and Lyons

Referred to Committee on

Date:

Subject: Health; health insurance; chiropractic services

Statement of purpose of bill as introduced: This bill proposes to limit the co-payment amount for chiropractic services in silver- and bronze-level qualified and reflective health benefit plans to not more than 125 percent of the amount of the co-payment applicable to care and services provided by a primary care provider under the same plan.

An act relating to limiting the co-payment amount for chiropractic services in certain health insurance plans

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

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.

* * *

(4) For silver- and bronze-level qualified health benefit plans and any
reflective health benefit plans offered at the silver or bronze level pursuant to
33 V.S.A. chapter 18, subchapter 1, health care services provided by a
chiropractic physician may be subject to a co-payment requirement, provided
that any required co-payment amount shall be between 125 and not exceed
125 percent of the amount of the co-payment applicable to care and services
provided by a primary care provider under the plan.

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Sec. 2. EFFECTIVE DATE

This act shall take effect on passage and shall apply to qualified and
reflective silver- and bronze-level plans beginning with the 2022 plan year.