

1 H.384

2 Introduced by Representatives Woodward of Johnson, Dame of Essex,  
3 Donahue of Northfield, Gage of Rutland City, Martin of  
4 Wolcott, Partridge of Windham, Patt of Worcester, Poirier of  
5 Barre City, Townsend of South Burlington, and Troiano of  
6 Stannard

7 Referred to Committee on

8 Date:

9 Subject: Health; health insurance; chiropractor

10 Statement of purpose of bill as introduced: This bill proposes to require health  
11 insurance plans to reimburse health care professionals the same amount for the  
12 same services whether provided by a chiropractor, a physician licensed to  
13 practice medicine, or an osteopathic physician.

14 An act relating to equal reimbursement for chiropractic physicians

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

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

17 § 4088a. CHIROPRACTIC SERVICES

18 (a) A health insurance plan shall provide coverage for clinically necessary  
19 health care services provided by a chiropractic physician licensed in this State  
20 for treatment within the scope of practice described in 26 V.S.A. chapter 10,

1 but limiting adjunctive therapies to physiotherapy modalities and rehabilitative  
2 exercises. A health insurance plan does not have to provide coverage for the  
3 treatment of any visceral condition arising from problems or dysfunctions of  
4 the abdominal or thoracic organs. A health insurer may require that the  
5 chiropractic services be provided by a licensed chiropractic physician under  
6 contract with the insurer or upon referral from a health care provider under  
7 contract with the insurer. Health care services provided by chiropractic  
8 physicians may be subject to reasonable deductibles, co-payment and  
9 co-insurance amounts, fee or benefit limits, practice parameters, and utilization  
10 review consistent with any applicable regulations published by the Department  
11 of Financial Regulation; provided that any such amounts, limits, and review  
12 shall not function to direct treatment in a manner unfairly discriminative  
13 against chiropractic care, and collectively shall be no more restrictive than  
14 those applicable under the same policy to care or services provided by other  
15 health care providers but allowing for the management of the benefit consistent  
16 with variations in practice patterns and treatment modalities among different  
17 types of health care providers. Nothing ~~herein contained~~ in this section shall  
18 be construed as impeding or preventing either the provision or coverage of  
19 health care services by licensed chiropractic physicians, within the lawful  
20 scope of chiropractic practice, in hospital facilities on a staff or employee  
21 basis.

1           (b) A health insurance plan shall provide to a licensed chiropractic  
2           physician acting within his or her scope of practice and performing a covered  
3           service the same level of reimbursement or other compensation as the plan  
4           provides for performing the same covered service to a physician licensed  
5           pursuant to 26 V.S.A. chapter 23 or 33.

6           (c) As used in this section:

7           (1) “Covered service” means services for which reimbursement from a  
8           health insurance plan is provided by a member’s or subscriber’s plan contract,  
9           or for which a reimbursement would be available but for application of the  
10           deductible, co-payment, or co-insurance requirements under the member’s or  
11           subscriber’s health insurance plan.

12           (2) ~~“health~~ Health insurance plan” means any individual or group health  
13           insurance policy, any hospital or medical service corporation or health  
14           maintenance organization subscriber contract, or any other health benefit plan  
15           offered, issued, or renewed for any person in this State by a health insurer, as  
16           defined by 18 V.S.A. § 9402. The term ~~shall~~ does not include Medicaid,  
17           benefit plans providing coverage for specific disease, or other limited benefit  
18           coverage.

19           Sec. 2. EFFECTIVE DATE

20           This act shall take effect on July 1, 2015.