SECOND REGULAR SESSION

SENATE BILL NO. 1319

92ND GENERAL ASSEMBLY

INTRODUCED BY SENATOR SHIELDS.

Read 1st time February 26, 2004, and ordered printed.

TERRY L. SPIELER, Secretary.

4771S.01I

AN ACT

To repeal section 376.1230, RSMo, and to enact in lieu thereof one new section relating to health benefits for chiropractic care.

Be it enacted by the General Assembly of the State of Missouri, as follows:

Section A. Section 376.1230, RSMo, is repealed and one new section enacted in lieu thereof, to be known as section 376.1230, to read as follows:

376.1230. 1. Every **[**policy**]** **health benefit plan** issued by a health carrier, as **those terms are** defined in section 376.1350, shall provide coverage for chiropractic care delivered by a licensed chiropractor acting within the scope of his or her practice as defined in chapter 331, RSMo**[**. The coverage shall include initial diagnosis and clinically appropriate and medically necessary services and supplies required to treat the diagnosed disorder, subject to the terms and conditions of the policy. The coverage may be limited to chiropractors within the health carrier's network, and nothing in this section shall be construed to require a health carrier to contract with a chiropractor not in the carrier's network nor shall a carrier be required to reimburse for services rendered by a nonnetwork chiropractor unless prior approval has been obtained from the carrier by the enrollee. An enrollee may access chiropractic care within the network for a total of twenty-six chiropractic physician office visits per policy period, but may be required to provide the health carrier with notice prior to any additional visit as a condition of coverage. A health carrier may require prior authorization or notification before any follow-up diagnostic tests are ordered by a chiropractor or for any office visits for treatment in excess of twenty-six in any policy period. The certificate of coverage for any health benefit plan issued by a health carrier shall clearly state the availability of chiropractic coverage under the policy and any limitations, conditions, and exclusions**]**, **and any rules promulgated thereto. At a minimum, such coverage shall:**

EXPLANATION--Matter enclosed in bold-faced brackets [thus] in this bill is not enacted and is intended to be omitted in the law.

(1) Allow an enrollee direct access to a participating chiropractor of the enrollee's choice within the health carrier's network;

(2) Provide coverage for an initial diagnosis and any clinically appropriate and medically necessary services and supplies required to treat the diagnosed disorder for up to twenty-six chiropractic physician office visits per diagnosed disorder per plan year. A health carrier shall not require an enrollee or chiropractor to provide prior notice or request prior authorization as a condition to receiving coverage for any of the first twenty-six chiropractic physician office visits per diagnosed disorder per plan year. Clinically appropriate and medically necessary chiropractic physician office visits in excess of twenty-six per diagnosed disorder per plan year shall also be covered, but the health carrier may require the enrollee or chiropractor to provide prior notice or request prior authorization as a condition of coverage for any additional diagnostic procedures or additional visits; and

(3) Clearly disclose in the health benefit plan documents provided to the enrollee the availability of chiropractic care benefits under the plan and any limitations, conditions, and exclusions to which the chiropractic care benefits are subject.

2. A health benefit plan shall provide coverage for **[**treatment of a**]** chiropractic care **[**condition**]** and shall not establish any rate, term, or condition that places a greater financial burden on an **[**insured**]** **enrollee** for access to **[**treatment for a**]** chiropractic care **[**condition**]** than for access to treatment for **[**another physical health condition**]** **other out-patient primary health care, including but not limited to the following:**

(1) A health benefit plan shall not impose any greater deductible, copayment, or coinsurance for chiropractic care than for other out-patient primary health care; and

(2) A health benefit plan shall not impose any dollar limits for chiropractic care that differ from the dollar limits for other out-patient primary health care.

3. The provisions of this section shall not apply to any health **benefit** plan or contract that is individually underwritten.

4. The provisions of this section shall not apply to benefits provided under the Medicaid program.

5. The provisions of this section shall not apply to a supplemental insurance policy, including a life care contract, accident-only policy, specified disease policy, hospital policy providing a fixed daily benefit only, Medicare supplement policy, long-term care policy, short-term major medical policy of six months' or less duration, or any other similar supplemental policy.