

SECOND REGULAR SESSION
HOUSE COMMITTEE SUBSTITUTE FOR
HOUSE BILL NO. 1509
92ND GENERAL ASSEMBLY

Reported from the Committee on Financial Services April 15, 2004, with recommendation that the House Committee Substitute for House Bill No. 1509 Do Pass.

STEPHEN S. DAVIS, Chief Clerk

4686L.04C

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Section A. Section 376.1230, RSMo, is repealed and one new section enacted in lieu thereof, to be known as section 376.1230, to read as follows: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 **within the health carrier's network** 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] **shall have direct access to** chiropractic care within the network for [a total of] **at least** 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] **visits** 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

EXPLANATION — Matter enclosed in bold faced brackets [thus] in this bill is not enacted and is intended to be omitted in the law. Matter in boldface type in the above law is proposed language.

16 in any policy period, **except that a health carrier shall not deny medically necessary and**
17 **clinically appropriate chiropractic care for additional diagnostic tests or treatment**
18 **provided the attending chiropractic physician submits documentations supporting**
19 **necessity for additional tests or continued treatment.** The certificate of coverage for any
20 health benefit plan issued by a health carrier shall clearly state the availability of chiropractic
21 coverage under the policy and any limitations, conditions, and exclusions.

22 2. A health benefit plan shall provide coverage for [treatment of a] chiropractic care
23 [condition] and shall not establish any rate, term, or condition that places a greater financial
24 burden on an insured for access to [treatment for a] chiropractic care [condition] than for access
25 to treatment for [another] **any other** physical health condition.

26 3. The provisions of this section shall not apply to [any] **a health benefit** plan or contract
27 that is individually underwritten **unless such individually written coverage is issued by a**
28 **health maintenance organization.**

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

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