

HB 1509 -- Health Insurance for Chiropractic Care

Sponsor: Portwood

This bill changes the laws regarding health insurance coverage for chiropractic care. In its main provisions, the bill:

- (1) Requires every health benefit plan to provide coverage for chiropractic care delivered by a licensed chiropractor;
- (2) Requires the coverage to allow an enrollee direct access to a participating chiropractor of the enrollee's choice within the health carrier's network;
- (3) Requires coverage for initial diagnosis and clinically appropriate and medically necessary services and supplies. Up to 26 office visits for chiropractic health care per diagnosed disorder per plan year are covered;
- (4) Prohibits a health carrier from requiring an enrollee or chiropractor to provide prior notice or to request prior authorization as a condition of coverage for the first 26 office visits for chiropractic health care;
- (5) Allows a health carrier to require the enrollee or chiropractor to provide prior notice or request prior authorization as a condition of coverage for chiropractic office visits in excess of the 26 office visits per diagnosed disorder per plan year. The excess office visits which are clinically appropriate and medically necessary will be covered;
- (6) Requires the coverage to clearly disclose to enrollees the availability of chiropractic health care benefits and any limitations or exclusions in coverage;
- (7) Prohibits any health benefit plan from imposing greater deductibles and co-insurance or establishing different dollar limits for chiropractic health care than for other out-patient primary health care; and
- (8) Exempts certain health insurance policies from providing coverage for chiropractic health care.