

FIRST REGULAR SESSION

SENATE BILL NO. 444

92ND GENERAL ASSEMBLY

INTRODUCED BY SENATORS SHIELDS AND STEELMAN.

Read 1st time February 6, 2003, and 1,000 copies ordered printed.

TERRY L. SPIELER, Secretary.

1509S.011

AN ACT

To amend chapter 376, RSMo, by adding thereto two new sections relating to health insurance coverage for chiropractic care.

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

Section A. Chapter 376, RSMo, is amended by adding thereto two new sections, to be known as sections 376.1230 and 376.1231, to read as follows:

376.1230. 1. Every policy issued by a health carrier, as defined in section 376.1350, that includes coverage for physician services in the physician's office and every policy that provides major medical or similar comprehensive coverage, including managed care organizations, shall provide chiropractic care, as defined in chapter 331, RSMo, as part of basic health care services for covered conditions.

(1) For plans offered by all health carriers, as defined in section 376.1350, including managed care organizations, a covered enrollee shall be provided chiropractic care by a chiropractic physician of his or her choice from within the provider network when requested without a referral or prior authorization. A referral or prior authorization clause, if applicable, shall apply equally to every provider in the network.

(2) A covered enrollee shall be provided clinically necessary and appropriate initial and follow-up chiropractic care and referrals for diagnostic testing related to chiropractic care. The chiropractic care given shall be within the scope of practice of the selected chiropractic physician and shall be subject to the terms and conditions of the policy.

2. No health carrier utilizing a gatekeeper shall permit such gatekeeper to

misinform or fail to inform a covered enrollee of the availability of chiropractic care benefits under the enrollee's plan.

3. Nothing in this section shall be construed to limit the health carrier's ability to credential providers or be deemed as an any willing provider provision.

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

5. The provisions of this section shall be subject to the terms and conditions of the policy.

376.1231. 1. For purposes of this section, "health care provider" or "provider" means a chiropractic physician licensed pursuant to chapter 331, RSMo, or a medical physician or surgeon licensed pursuant to chapter 334, RSMo. Any health carrier, as defined in section 376.1350, including managed care organizations, shall apply equally to every in-network health care provider acting within his or her scope of practice the same deductibles, copayment, and coinsurance amounts, fees, benefit limits, practice parameters, and utilization review.

2. Any health carrier, as defined in section 376.1350, including managed care organizations, shall not discriminate against any health care provider or group of providers based on licensure, or unfairly limit or restrict the diagnosis, treatment, management of, or reimbursement for, the same or similar condition, injury, complaint, disorder, or ailment, even if differing nomenclature is used to describe the condition, injury, complaint, disorder, or ailment.

3. The provisions of this section shall be subject to the terms and conditions of the policy.

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