Dynamic Chiropractic

Harkin-Hatch Amendment Requires "Out of Network" Care

ACA LEGISLATIVE TEAM LINED UP AMENDMENT'S CO-SPONSORS

Editorial Staff

Senate Majority Leader George Mitchell's (D-Maine) proposed health bill provides a standard benefits package that covers "health professional services," a vague and broad enough definition to include coverage of DCs. But the main thrust of the bill is a choice of three types of health plans: a fee-for-service plan (unlimited choice of providers); a managed care plan (restrict choice); and a "point-of-service" plan (allows enrollees to receive "out-of-network" care at an additional cost).

As an amendment to the Mitchell bill, according to ACA Legislative Commission Chairman Kurt Hegetschweiler, DC, the ACA lined up Senators Tom Harkin (D-Iowa) and Orrin Hatch (R-Utah) to sponsor a "consumer-friendly" legislative clause that requires all managed care plans, including HMOs, to cover treatment and services of "out-of-network" health care providers. Under the amendment, every American, regardless of the type of health care plan they select, would have the ability to receive "out-of-network" care from the health care provider of their choice. A similar provision has been included in the health reform bill of the House Ways and Means Committee.

The Harkin-Hatch amendment allows enrollees to exercise the out-of-network option at their sole discretion, overriding interference from "gatekeepers." Enrollees can determine the type of care they think best meets their needs.

An appeals process would be established for enrollees to challenge a health plan's denial of both in-network and out-of-network health care services. The appeals board would consist of consumers, plan administrators, and health providers with expertise in the field of the treatment provided.

Supporters claim that without this amendment, millions of low and middle-income Americans enrolled in low-cost HMOs will have their choice of provider limited to a restricted network. The concern is that a two-tiered health care system will result, with only the most affluent able to afford health care choices.

Historically, managed care health plans have not included non-MD providers in their networks. In fact, only 16 percent of HMOs offered chiropractic services in 1993. Approximately 20 million Americans seek care from DCs every year. This amendment would provide freedom to choose a chiropractor regardless of the type of health care plan in which one is enrolled.

The amendment is also seen as a quality assurance measure. If a health plan's network providers deliver adequate health care services, enrollees will not find it necessary to exercise the out-of-network option. If not, the enrollee may choose the option and may feel justified in paying the additional fee. Thus, this option could provide a strong incentive for plans to improve and preserve their quality to satisfy customer demand.

This bipartisan amendment has the support of over 150 consumer and health care provider organizations including the American Chiropractic Association. Dr. Hegetschweiler characterized the ACA's involvement at this high legislative level as "unpresidented."

Dr. Hegetschweiler added: "Thanks to the work of our legislative team, everyone in Washington D.C. involved in health care reform now knows the chiropractic profession is a serious player."

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