

Missouri Governor Signs Chiropractic Insurance Coverage Bill

Editorial Staff

With all the recent bad news concerning chiropractic and Medicaid coverage, it's encouraging to know that in some parts of the country, the profession is still making progress. Such is the case in Missouri, where a new law will expand chiropractic's reach to tens of thousands of people. In June, Governor Bob Holden signed House Bill (HB) 121, requires health insurers in Missouri to cover services for all conditions delivered by a licensed chiropractor that are within chiropractic scope of practice, and ensures that patients will not pay undue costs for treatment.

"Chiropractic care has become an essential type of medical treatment, and as such, it should receive the same health insurance coverage as other medical care," commented Gov. Holden.¹

Under the new law, coverage of chiropractic services will include the initial diagnosis made by a DC, along with other "medically necessary" supplies and services. Each enrollee can access chiropractic care for up to 26 visits per policy period, and may continue to see a DC for additional visits with proper authorization.

Specifically, the bill states:

"Every policy issued by a health carrier ... shall provide coverage for chiropractic care delivered by a licensed chiropractor acting within the scope of his or her practice. ... 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 this policy.

"... 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.

"... 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 for access to treatment for a chiropractic care condition than for access to treatment for another physical health condition."

After passing the Missouri House and Senate by a combined vote of 188-0 (with one abstention), Gov. Holden signed the bill before an enthusiastic crowd at Logan College of Chiropractic. Also on hand was Representative Dr. Charles Portwood (R-Ballwin), a 1991 Logan graduate who introduced HB 121 and played a vital role in the bill's passage.

"There has not been a governor in the history of Missouri who has cared more about chiropractic than this governor," said Dr. Portwood. "HB 121 is about freedom of choice in health care. It is about giving the public access to health care that works in a more cost-effective way and

accomplishes more in certain cases."²

With the country still struggling to emerge from its economic malaise, lawmakers in nearly every state have been forced to make tough choices regarding the health and welfare of their constituents. Faced with fiscal problems not seen since the beginning of World War II, legislators are leaving no stones unturned in an attempt to balance budgets.

Chiropractic has felt the sting of the budget crunch perhaps more than any other health care profession. Last November, Vermont invoked an emergency rule that prohibited Medicare beneficiaries over the age of 21 from receiving coverage for chiropractic.³ This January, chiropractic services were cut from MassHealth, Massachusetts' version of Medicaid, and while chiropractic appears to be off the chopping block for now in California, at least one state budget proposal has called for the elimination of chiropractic from Medi-Cal.⁴

Altogether, at least nine states have considered eliminating chiropractic care as an optional Medicaid benefit in the past year.⁵ Other states have proposed lowering the number of covered visits to chiropractors; raising copayments for chiropractic visits; reducing payment to providers; limiting the number of people eligible for Medicaid benefits; or a combination of all four.

References

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