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Substitute Bill Comparative Synopsis

Sub. H.B. 102

133rd General Assembly

House Health

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This table summarizes how the latest substitute version of the bill differs from the immediately preceding version. It addresses only the topics on which the two versions differ substantively. It does not list topics on which the two bills are substantively the same.

Previous Version (As Introduced)	Latest Version (I_133_0099-2)
Scope of services	
Requires the Medicaid program to cover services provided by a licensed chiropractor if the chiropractor is acting within the chiropractic scope of practice (<i>R.C. 5164.061(B)(1)</i>).	Instead, requires the Medicaid program to cover evaluation and management services provided by a licensed chiropractor.
No provision.	Permits the Medicaid Director, through rulemaking, to cover other services provided by a chiropractor under the Medicaid program (<i>R.C. 5164.061(B)(2)</i>).
Provider agreements	
Permits any licensed chiropractor to enter into a provider agreement with the Department of Medicaid to provide chiropractic services under the Medicaid program (<i>R.C. 5164.061(C)</i>).	No provision.
Coverage of services	
Requires the Medicaid program to cover at least 20 visits for services provided by a chiropractor (<i>R.C. 5164.061(B)(2)(a)</i>).	No provision.

Previous Version (As Introduced)	Latest Version (I_133_0099-2)
Requires the Medicaid program to cover services provided by a chiropractor for each condition or event for which the Medicaid recipient seeks services (<i>R.C. 5164.061(B)(2)(b)</i>).	No provision.