As Reported by the House Health Committee

133rd General Assembly
Regular Session
2019-2020

H. B. No. 102

Representative Lipps
Cosponsor: Representative West

A BILL

To amend section 5162.06 and to enact sections 5164.061 and 5167.15 of the Revised Code regarding Medicaid coverage of chiropractic services. 1 2 3 4

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF OHIO:

Section 1. That section 5162.06 be amended and sections 5164.061 and 5167.15 of the Revised Code be enacted to read as follows: 5 6 7

Sec. 5162.06. (A) Notwithstanding any other state statute <u>except for section 5164.061 of the Revised Code</u>, no component, or aspect of a component, of the medicaid program shall be implemented without all of the following: 8 9 10 11

(1) Subject to division (B) of this section, if the component, or aspect of the component, requires federal approval, receipt of the federal approval; 12 13 14

(2) Sufficient federal financial participation for the component or aspect of the component; 15 16

(3) Sufficient nonfederal funds for the component or 17

aspect of the component that qualify as funds needed to obtain the federal financial participation. 18 19

(B) A component, or aspect of a component, of the medicaid program that requires federal approval may begin to be implemented before receipt of the federal approval if federal law authorizes implementation to begin before receipt of the federal approval. Implementation shall cease if the federal approval is ultimately denied. 20 21 22 23 24 25

Sec. 5164.061. (A) As used in this section: 26

(1) "Prescriber" has the same meaning as in section 4729.01 of the Revised Code, but does not include a dentist, optometrist, or veterinarian. 27 28 29

(2) "Prior authorization requirement" means any practice in which coverage of a health care service, device, or drug is dependent upon a recipient or health care practitioner obtaining approval from the medicaid program prior to the service, device, or drug being performed, received, or prescribed, as applicable. 30 31 32 33 34

(B)(1) The medicaid program shall cover services provided by a chiropractor if both of the following are the case: 35 36

(a) The chiropractor is licensed to practice chiropractic under Chapter 4734. of the Revised Code. 37 38

(b) The chiropractor is acting within the scope of practice as described in section 4734.15 of the Revised Code. 39 40

(2) With respect to the coverage described in this section, all of the following apply: 41 42

(a) The medicaid program shall cover not less than twenty visits for services provided by a chiropractor. 43 44

(b) The medicaid program shall cover services provided by a chiropractor for each condition or event for which the medicaid recipient seeks the services. 45 46 47

(c) A chiropractor may provide covered services in any location, including a hospital or nursing facility. 48 49

(d) The medicaid program shall not impose a prior authorization requirement on covered services. 50 51

(e) The medicaid program shall not make coverage contingent upon the medicaid recipient first receiving a referral, prescription, or treatment from a prescriber. 52 53 54

(C) Any chiropractor licensed under Chapter 4734. of the Revised Code may enter into a provider agreement with the department of medicaid to provide chiropractic services under the medicaid program. 55 56 57 58

(D) If a service described in this section could be provided by either a chiropractor licensed under Chapter 4734. of the Revised Code or a licensed health professional other than a chiropractor, the medicaid program shall pay the chiropractor the same amount for the service that it pays the licensed health professional. 59 60 61 62 63 64

Sec. 5167.15. When contracting under section 5167.10 of the Revised Code with a medicaid managed care organization, the department of medicaid shall require the organization to comply with section 5164.061 of the Revised Code as if the organization were the department. 65 66 67 68 69

This section does not limit the authority of a medicaid managed care organization to implement measures designed to improve quality and reduce costs. 70 71 72

Section 2. That existing section 5162.06 of the Revised Code is hereby repealed. 73 74