As Reported by the Senate Health Committee

134th General Assembly

Regular Session 2021-2022

H. B. No. 136

Representative Lipps

Cosponsors: Representatives Russo, Cutrona, Lepore-Hagan, Carfagna, Carruthers, Crossman, Edwards, Fraizer, Galonski, Ghanbari, Ginter, Hillyer, Koehler, Leland, Miller, J., O'Brien, Oelslager, Pavliga, Riedel, Roemer, Sheehy, Troy, Weinstein, West, White, Young, T., Speaker Cupp

A BILL

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

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

| Section 1. That section 5162.06 be amended and sections | 5 |
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| 5164.061 and 5167.15 of the Revised Code be enacted to read as | 6 |
| follows: | 7 |
| Sec. 5162.06. (A) Notwithstanding any other state statute | 8 |
| except for section 5164.061 of the Revised Code, no component, | 9 |
| or aspect of a component, of the medicaid program shall be | 10 |
| implemented without all of the following: | |
| (1) Subject to division (B) of this section, if the | 12 |
| component, or aspect of the component, requires federal | 13 |
| approval, receipt of the federal approval; | 14 |
| (2) Sufficient federal financial participation for the | 15 |

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| (a) A chiropractor may provide covered services in any | 44 | |
| location, including a hospital or nursing facility. | 45 | |
| (b) The medicaid program shall not impose a prior | 46 | |
| authorization requirement on covered services. | 47 | |
| (c) The medicaid program shall not make coverage | 48 | |
| contingent upon the medicaid recipient first receiving a | 49 | |
| referral, prescription, or treatment from a prescriber. | 50 | |
| (C) If a service described in this section could be | 51 | |
| provided by either a chiropractor licensed under Chapter 4734. | 52 | |
| of the Revised Code or a licensed health professional other than | 53 | |
| a chiropractor, the medicaid program shall pay the chiropractor | 54 | |
| the same amount for the service that it pays the licensed health | 55 | |
| professional. | 56 | |
| Sec. 5167.15. When contracting under section 5167.10 of | 57 | |
| the Revised Code with a medicaid managed care organization, the | 58 | |
| department of medicaid shall require the organization to comply | 59 | |
| with section 5164.061 of the Revised Code as if the organization | 60 | |
| were the department. | 61 | |
| This section does not limit the authority of a medicaid | 62 | |
| managed care organization to implement measures designed to | 63 | |
| improve quality and reduce costs. | 64 | |
| Section 2. That existing section 5162.06 of the Revised | 65 | |
| Code is hereby repealed. | 66 | |