

January 29, 2009

H 14. CHIROPRACTIC SERVICES/INSURANCE. Filed 1/29/09. *TO REENACT A LAW CONCERNING HEALTH BENEFIT PLAN CO-PAYMENTS FOR CHIROPRACTIC SERVICES.*

Amends GS 58-50-30(a3) to prohibit an insurer from imposing, as a limitation on treatment or level of coverage, a co-payment amount for chiropractic services that is higher than the co-payment amount charged for the services of a primary care physician for a comparable medically necessary treatment or condition. Effective October 1, 2009, and applies to policies issued or renewed on or after that date. Specifies that renewal of a health benefit plan is presumed to occur on each anniversary of the date when coverage was first effective.

Intro. by Tarleton.

GS 58

May 7, 2009

H 14. CHIROPRACTIC SERVICES/INSURANCE. Filed 1/29/09. House committee substitute makes the following changes to 1st edition. Changes the title to *AN ACT TO AMEND THE LAW CONCERNING HEALTH BENEFIT PLAN CO-PAYMENTS FOR CHIROPRACTIC, OCCUPATIONAL THERAPY, AND PHYSICAL THERAPY SERVICES.* Provides that an insurer must not impose as a limitation on treatment or level of coverage a co-payment amount charged to the insured for chiropractic services that is higher than the co-payment amount charged under the State Health Plan for Teachers and State Employees (in 1st edition, insurers prohibited from imposing as a limitation on treatment or level of coverage a co-payment amount charged to the insured for chiropractic services that is higher than the co-payment amount charged to the insured for the services of a duly licensed primary care physician for a comparable medically necessary treatment or condition). Adds a new subsection GS 58-50-30(a4), which provides that whenever any health benefit plan, subscriber contract, or policy of insurance issued by a health maintenance organization, hospital or medical service corporation, or insurer governed by Articles 1 through 67 of GS Chapter 58 provides coverage for medically necessary treatment, the insurer must not impose as a limitation on treatment or level of coverage a co-payment amount for services performed by a duly licensed occupational therapist acting within the scope of practice authorized under GS 90-270.67 or by a duly licensed physical therapist acting within the scope of practice authorized under GS 90-270.24 that is higher than the co-payment amount charged to the insured for occupational therapy or physical therapy under the State Health Plan for Teachers and State Employees.