OHIO LEGISLATIVE SERVICE COMMISSION

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Office of Research and Drafting

Legislative Budget Office

H.B. 102
133rd General Assembly

Bill Analysis

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Version: As Re-Referred by House Rules and Reference

Primary Sponsor: Rep. Lipps

Jason Hoskins, Attorney

SUMMARY

- Expands the Medicaid program's coverage of chiropractic services to include all services within the chiropractic scope of practice that are provided by a licensed chiropractor.

DETAILED ANALYSIS

Medicaid coverage of chiropractic services

Scope of services

The bill requires the Medicaid program to cover chiropractic services if the services are provided by a chiropractor licensed under Ohio law and the chiropractor is acting within the scope of practice established by Ohio chiropractic law.[1] The practice of chiropractic refers to using the relationship between the musculo-skeletal structures of the body, the spinal column, and the nervous system in the restoration and maintenance of health, including vertebral adjustment and manipulation of the joints and adjacent tissues of the body.[2] A chiropractor's scope of practice includes the authority to examine, diagnose, and assume responsibility for the care of patients.[3] At present, and consistent with federal law governing the Medicaid program, administrative rules adopted by the Department of Medicaid limit Medicaid coverage of chiropractic services to spinal manipulation for the correction of a misalignment of the vertebrae.[4]

[1] R.C. 5164.061(B)(1).

[2] R.C. 4734.01, not in the bill.

[3] R.C. 4734.15, not in the bill.

[4] Ohio Administrative Code 5160-8-11(C)(1).

Under the bill, the Medicaid program is required to cover at least 20 service visits to a chiropractor per benefit year. It must cover services provided by a chiropractor for each condition or event for which a Medicaid recipient is seeking the services. The bill permits a chiropractor to provide these services in any location, including a hospital or nursing facility.

The Medicaid program is prohibited from imposing any prior authorization requirements on chiropractic services. A prior authorization requirement is any practice under which a Medicaid recipient must first obtain approval from the Department of Medicaid before receiving chiropractic services. The bill also prohibits the Medicaid program from making coverage of chiropractic services contingent upon the Medicaid recipient first receiving a referral, prescription, or treatment from another licensed health professional.[5]

The bill authorizes any licensed chiropractor to enter into a provider agreement with the Department of Medicaid to provide chiropractic services under the Medicaid program.[6]

If a service provided by a chiropractor can also be provided by another licensed health professional, the bill requires the Medicaid program to reimburse the chiropractor the same amount it would reimburse another licensed health professional for the service provided.[7]

The bill applies to both fee-for-service and Medicaid managed care.[8]

Federal Medicaid limitations on chiropractic coverage

Under the Medicaid program, the state Medicaid agency pays the provider based upon the state's Medicaid rate for the particular service. The federal government pays the state for a portion of that payment. The federal payment is known as federal financial participation (FFP). Current federal law limits coverage for chiropractic services to treatment by means of spinal manipulation.[9] This means that other chiropractic services that the bill requires the Medicaid program to cover are not eligible for FFP absent a waiver from the U.S. Centers for Medicare and Medicaid Services.

In general, Ohio law prohibits a component of the Medicaid program from being implemented without (1) federal approval if the component requires federal approval, (2) sufficient FFP for the component, and (3) sufficient nonfederal funds for the component that qualify as funds needed to obtain the FFP. The bill exempts the chiropractic services that it requires the Medicaid program to cover from these limitations and requires the Medicaid program to cover chiropractic services in the absence of sufficient FFP.[10]

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[5] R.C. 5164.061(B)(2).

[6] R.C. 5164.061(C).

[7] R.C. 5164.061(D).

[8] R.C. 5167.15.

[9] 42 Code of Federal Regulations 440.60.

[10] R.C. 5162.06.

HISTORY

Action	Date
Introduced	02-26-19
Reported, H. Health	05-20-20
Re-Referred by H. Rules & Reference	05-27-20

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