

**As Introduced**

**133rd General Assembly  
Regular Session  
2019-2020**

**H. B. No. 102**

**Representative Lipps**

---

**A BILL**

To amend section 5162.06 and to enact sections 1  
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  
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: 11

(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  
component or aspect of the component; 16

(3) Sufficient nonfederal funds for the component or 17  
aspect of the component that qualify as funds needed to obtain 18

the federal financial participation. 19

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

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

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

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

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

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

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

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

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

(b) The medicaid program shall cover services provided by 45

a chiropractor for each condition or event for which the 46  
medicaid recipient seeks the services. 47

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

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

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

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

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

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

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

**Section 2.** That existing section 5162.06 of the Revised 73

Code is hereby repealed.