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H.282

Introduced by Representatives Grad of Moretown and Burditt of West Rutland  
Referred to Committee on  
Date:  
Subject: Health; health insurance; acupuncture  
Statement of purpose of bill as introduced: This bill proposes to require health insurance plans to cover acupuncture.

An act relating to health insurance coverage for acupuncture

It is hereby enacted by the General Assembly of the State of Vermont:

Sec. 1. 8 V.S.A. § 4088k is added to read:

§ 4088k. COVERAGE FOR ACUPUNCTURE

(a) As used in this section:

(1) “Health insurance plan” means an individual or group health insurance policy, a hospital or medical service corporation or health maintenance organization subscriber contract, or another health benefit plan offered, issued, or renewed for a person in this State by a health insurer. The term does not include benefit plans providing coverage for a specific disease or other limited benefit coverage.

(2) “Health insurer” shall have the same meaning as in 18 V.S.A.

§ 9402.

1       (b)(1) A health insurance plan shall provide coverage for medically  
2       necessary health care services delivered by an acupuncturist licensed pursuant  
3       to 26 V.S.A. chapter 75 and acting within his or her scope of practice.

4       (2) A health insurer may elect either to require that the services be  
5       provided by a licensed acupuncturist under contract with the insurer or to cover  
6       the services in a manner consistent with its out-of-network provider  
7       reimbursement practices; provided, however, that nothing in this subdivision  
8       shall relieve a health insurance plan from its obligation to comply with  
9       applicable network adequacy requirements adopted by the Department of  
10       Financial Regulation by rule.

11       (3) Services provided by an acupuncturist may be subject to reasonable  
12       deductibles, co-payment and coinsurance amounts, fee or benefit limits,  
13       practice parameters, and utilization review consistent with applicable rules  
14       adopted by the Department of Financial Regulation; provided that the amounts,  
15       limits, and review shall not function to direct treatment in a manner that  
16       unfairly discriminates against acupuncture, and collectively shall be no more  
17       restrictive than those applicable under the same plan for care or services  
18       provided by other health care providers, but may allow for variations in  
19       practice patterns and treatment modalities among different types of health care  
20       providers.

1       Sec. 2. EFFECTIVE DATE

2           This act shall take effect on October 1, 2017 and shall apply to health  
3           insurance plans on or after October 1, 2017 on such date as a health insurer  
4           issues, offers, or renews the health insurance plan, but in no event later than  
5           October 1, 2018.