

As Passed by the House

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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

To amend section 5162.06 and to enact sections
5164.061 and 5167.15 of the Revised Code
regarding Medicaid coverage of chiropractic
services.

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

Section 1. That section 5162.06 be amended and sections
5164.061 and 5167.15 of the Revised Code be enacted to read as
follows:

Sec. 5162.06. (A) Notwithstanding any other state statute
except for section 5164.061 of the Revised Code, no component,
or aspect of a component, of the medicaid program shall be
implemented without all of the following:

(1) Subject to division (B) of this section, if the
component, or aspect of the component, requires federal
approval, receipt of the federal approval;

(2) Sufficient federal financial participation for the

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 evaluation and 35
management services provided by a chiropractor if the 36
chiropractor is licensed to practice chiropractic under Chapter 37
4734. of the Revised Code. 38

(2) The medicaid director may adopt rules under section 39
5164.02 of the Revised Code to cover other services provided by 40
a chiropractor under the medicaid program. 41

(3) With respect to the coverage described in this 42
section, all of the following apply: 43

(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