

HOUSE BILL No. 1417

DIGEST OF INTRODUCED BILL

Citations Affected: IC 12-15-44.2-4.

Synopsis: Indiana check-up plan chiropractor services. Requires the Indiana check-up plan to include coverage of chiropractor services. Provides that the Indiana check-up plan may not permit treatment limitations or impose financial requirements on the coverage of chiropractor office services if similar limitations are not imposed on the coverage of services provided by a physician.

Effective: July 1, 2013.

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January 22, 2013, read first time and referred to Committee on Public Health.

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First Regular Session 118th General Assembly (2013)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in **this style type**, and deletions will appear in ~~this style type~~.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or ~~this style type~~ reconciles conflicts between statutes enacted by the 2012 Regular Session of the General Assembly.

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HOUSE BILL No. 1417



A BILL FOR AN ACT to amend the Indiana Code concerning human services.

Be it enacted by the General Assembly of the State of Indiana:

- 1 SECTION 1. IC 12-15-44.2-4, AS AMENDED BY P.L.160-2011,
- 2 SECTION 7, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
- 3 JULY 1, 2013]: Sec. 4. (a) The plan must include the following in a
- 4 manner and to the extent determined by the office:
- 5 (1) Mental health care services.
- 6 (2) Inpatient hospital services.
- 7 (3) Prescription drug coverage.
- 8 (4) Emergency room services.
- 9 (5) Physician office services.
- 10 (6) Diagnostic services.
- 11 (7) Outpatient services, including therapy services.
- 12 (8) Comprehensive disease management.
- 13 (9) Home health services, including case management.
- 14 (10) Urgent care center services.
- 15 (11) Preventative care services.
- 16 (12) Family planning services:
- 17 (A) including contraceptives and sexually transmitted disease



- 1 testing, as described in federal Medicaid law (42 U.S.C. 1396
 2 et seq.); and
 3 (B) not including abortion or abortifacients.
 4 (13) Hospice services.
 5 (14) Substance abuse services.
 6 (15) A service determined by the secretary to be required by
 7 federal law as a benchmark service under the federal Patient
 8 Protection and Affordable Care Act.
 9 **(16) Chiropractor services.**
 10 (b) The plan may do the following:
 11 (1) Offer coverage for dental and vision services to an individual
 12 who participates in the plan.
 13 (2) Pay at least fifty percent (50%) of the premium cost of dental
 14 and vision services coverage described in subdivision (1).
 15 (c) An individual who receives the dental or vision coverage offered
 16 under subsection (b) shall pay an amount determined by the office for
 17 the coverage. The office shall limit the payment to not more than five
 18 percent (5%) of the individual's annual household income. The
 19 payment required under this subsection is in addition to the payment
 20 required under section 11(b)(2) of this chapter for coverage under the
 21 plan.
 22 (d) Vision services offered by the plan must include services
 23 provided by an optometrist.
 24 (e) The plan must comply with any coverage requirements that
 25 apply to an accident and sickness insurance policy issued in Indiana.
 26 (f) The plan may not permit treatment limitations or financial
 27 requirements on the coverage of mental health care services or
 28 substance abuse services if similar limitations or requirements are not
 29 imposed on the coverage of services for other medical or surgical
 30 conditions.
 31 **(g) The plan may not permit treatment limitations or impose**
 32 **financial requirements on the coverage of chiropractor office**
 33 **services if similar limitations or requirements are not imposed on**
 34 **the coverage of services provided by a physician.**

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