

Chiropractic Access Act

Title.

This Chapter shall be known as the Chiropractic Providers Access Act.

Purpose and applicability.

The General Assembly finds that Chiropractic services are an essential service to the people of this State and the broadest possible access to such services should be mandated and therefore finds that this chapter shall apply to all health benefit plans providing Chiropractic services benefits.

Definitions.

For the purposes of this chapter, definitions of the following terms and phrases shall be as follows:

Section 1. A chiropractor shall be a doctor of chiropractic licensed by the State to independently practice providing chiropractic services in the State of Delaware.

Access and prohibitions.

- (a) Any person in the State of Delaware may select the chiropractor of his/her choice as long as the chiropractor has agreed to participate in the plan according to the terms offered by the insurer.
- (b) Any chiropractor has the right to participate as a contract provider under a plan or policy if the chiropractor agrees to accept the terms and reimbursement set forth by the insurer.
- (c) No insurer shall impose on a beneficiary any co-payment or condition that is not equally imposed on all providers the beneficiary may utilize.
- (d) No insurer shall require a beneficiary, as a condition of payment or reimbursement, to obtain chiropractic services exclusively through Chiropractic Provider Network.
- (e) A chiropractor shall not interfere with the control of overutilization or plan's covered services and may not waive, discount, rebate or distort in any way the designed co-payment of any insurer plan or patient's co-insurance portion of chiropractic coverage plan.
- (f) At least 60 days before the effective date of any health benefit plan or renewal of any plan which provides for chiropractic coverage to Delaware residents, and restricts chiropractic providers

participation, the entity providing the health benefit shall notify in writing all chiropractors within the geographical coverage area of the health benefit plan and offer to the chiropractic providers the opportunity to participate in the health benefit plan. All chiropractic providers in the area shall be eligible to participate under identical reimbursement terms for providing chiropractic services. The health benefits insurer shall inform the plan beneficiaries of the names and locations of chiropractic professionals that are participating in the plan as providers of chiropractic.

- (g) If public relations or marketing incentives are offered to chiropractors (or any other providing entities) providing services under a health benefit plan, these incentives shall be offered on an equal basis to all chiropractors providing under a health benefit plan.
- (h) Any provision in a health benefit plan which is executed, delivered or renewed, or otherwise contracted for in this State that is contrary to any provision of this section shall to the extent of the conflict, be void.
- (i) It shall be a violation of this section for any insurer of any person to provide any health benefit plan that provides for chiropractic services to residents of the State that does not conform to the provisions of this section.

Section 2. If any provision of this act or the application thereof to any person or circumstance is held invalid, such invalidity shall not affect other provisions or applications of the act which can be given effect without the invalid provisions or application, and to this and the provisions of this act or declared to be severable.

Section 3. This Act shall become effective in 90 days after its enactment.

SYNOPSIS

This Act creates the Chiropractic Access Act and preserves the rights of Delaware citizens to choose the chiropractor of their choice.

Employers constantly change healthcare insurance companies; consequently patients are bounced from one chiropractic provider to another. Frequently, the geographic distribution and access to chiropractors in closed networks prohibits patients from receiving a minimal standard of care.

This act would allow a patient to keep their existing chiropractor as long as that chiropractor accepted fully the terms, conditions, and reimbursement set forth by the insurance company. The insurance company would continue to be the "gatekeepers" controlling all parameters of utilization and reimbursement. In turn, the patient is allowed their most fundamental democratic right, the right to choose who will continue his/her care.