



www.lsc.ohio.gov

OHIO LEGISLATIVE SERVICE COMMISSION

Office of Research
and Drafting

Legislative Budget
Office

H.B. 136
134th General Assembly

Bill Analysis

[Click here for H.B. 136's Fiscal Note](#)

Version: As Reported by Senate Health

Primary Sponsor: Rep. Lipps

Jason Hoskins, Attorney

SUMMARY

- Expands the Medicaid program's coverage of chiropractic services to include evaluation and management services provided by a licensed chiropractor.
- Permits the Medicaid Director to adopt rules to cover other services provided by a chiropractor.
- Prohibits the Medicaid program from imposing a prior authorization requirement on the covered services or making the coverage contingent upon receiving a referral, prescription, or treatment from another licensed health professional.
- Requires the Medicaid program to pay a chiropractor the same amount for a service that it pays another licensed health professional authorized to provide the service.

DETAILED ANALYSIS

Medicaid coverage of chiropractic services

The bill requires the Medicaid program to cover evaluation and management services provided by a chiropractor licensed under Ohio law.¹ It permits a chiropractor to provide those services in any location, including a hospital or nursing facility. It also permits the Medicaid Director to adopt rules, in accordance with the Administrative Procedure Act (Chapter 119 of the Revised Code), to cover other services provided by a chiropractor under the Medicaid program.²

¹ R.C. 5164.061(B)(1).

² R.C. 5164.061(B)(2).

The practice of chiropractic, performed by a licensed chiropractor, refers to using the relationship between the musculo-skeletal structures of the body, the spinal column, and the nervous system in the restoration and maintenance of health, including vertebral adjustment and manipulation of the joints and adjacent tissues of the body.³ At present, and consistent with federal law governing the Medicaid program, administrative rules adopted by the Department of Medicaid limit Medicaid coverage of chiropractic services to spinal manipulation for the correction of a misalignment of the vertebrae.⁴

The bill prohibits the Medicaid program from imposing any prior authorization requirements on the covered chiropractic services. A prior authorization requirement is any practice under which a Medicaid recipient must first obtain approval from the Department before receiving chiropractic services. The bill also prohibits the Medicaid program from making coverage of chiropractic services contingent upon the Medicaid recipient first receiving a referral, prescription, or treatment from another licensed health professional.⁵

If a service provided by a chiropractor can also be provided by another licensed health professional, the bill requires the Medicaid program to reimburse the chiropractor the same amount it would reimburse another licensed health professional for the service provided.⁶

The bill applies to both fee-for-service and Medicaid managed care.⁷

Federal Medicaid limitations on chiropractic coverage

Under the Medicaid program, the state Medicaid agency pays the provider based upon the state's Medicaid rate for the particular service. The federal government pays the state a portion of that payment. The federal payment is known as federal financial participation (FFP). Current federal law limits coverage for chiropractic services to treatment by means of spinal manipulation.⁸ This means that any other chiropractic services that the bill requires the Medicaid program to cover are not eligible for FFP absent a waiver from the U.S. Centers for Medicare and Medicaid Services.

In general, Ohio law prohibits a component of the Medicaid program from being implemented without (1) federal approval if the component requires federal approval, (2) sufficient FFP for the component, and (3) sufficient nonfederal funds for the component that qualify as funds needed to obtain the FFP. The bill exempts the chiropractic services that it

³ R.C. 4734.01, not in the bill.

⁴ Ohio Administrative Code 5160-8-11(C)(1).

⁵ R.C. 5164.061(B)(3).

⁶ R.C. 5164.061(C).

⁷ R.C. 5167.15.

⁸ 42 Code of Federal Regulations 440.60.

requires the Medicaid program to cover from these limitations and requires the Medicaid program to cover chiropractic services in the absence of sufficient FFP.⁹

HISTORY

Action	Date
Introduced	02-18-21
Reported, H. Health	03-16-21
Passed House (91-3)	05-12-21
Reported, S. Health	01-26-22

H0136-RS-134/ar

⁹ R.C. 5162.06.