An act to add Section 1373.122 to the Health and Safety Code, and to add Section 10127.6 to the Insurance Code, relating to health care coverage.

LEGISLATIVE COUNSEL'S DIGEST

AB 1185, as introduced, Koretz. Chiropractic services.

Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a violation of the act a crime. Existing law also provides for the licensure and regulation of health insurers by the Department of Insurance. Under existing law, a health care service plan and a health insurer are required to provide coverage for certain health care treatments.

This bill would require a health care service plan contract and a health insurance policy to provide coverage for chiropractic services. The bill would make these services available to an enrollee or subscriber without a referral from the primary care physician and would require that a sufficient number of chiropractors be available to provide meaningful access to chiropractic services under the plan contract or policy.

Because the bill would specify additional requirements for health care service plans, the violation of which would be a crime, it would impose a state-mandated local program.
The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.


The people of the State of California do enact as follows:

SECTION 1. Section 1373.122 is added to the Health and Safety Code, to read:

1373.122. (a) A health care service plan contract, except a specialized health care service plan contract, that is issued, amended, delivered, or renewed on or after January 1, 2006, shall include coverage for chiropractic services, as described in the Chiropractic Act. The health care service plan shall contract with a sufficient number of chiropractors in its service area to provide enrollees meaningful access to chiropractic services. The plan shall include those chiropractors on the list it is required to prepare pursuant to Section 1367.26.

(b) The health care service plan shall not require a referral from the primary care physician in order for the enrollee or subscriber to obtain chiropractic services under the plan contract.

SEC. 2. Section 10127.6 is added to the Insurance Code, to read:

10127.6. Every individual and group policy of health insurance issued, amended, renewed, or delivered on or after January 1, 2006, shall provide coverage for chiropractic services, as described in the Chiropractic Act. The health insurer shall make a sufficient number of chiropractors available under the policy in order to provide an insured meaningful access to chiropractic services. If the health insurer provides a list of providers to its insureds or policyholders, it shall include the name and address of all chiropractors who provide services covered under its policy.

SEC. 3. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school
district will be incurred because this act creates a new crime or
infraction, eliminates a crime or infraction, or changes the
penalty for a crime or infraction, within the meaning of Section
17556 of the Government Code, or changes the definition of a
crime within the meaning of Section 6 of Article XIII B of the
California Constitution.