HOUSE RESEARCH =

Bill Summary =

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Version: As introduced

Authors: Clark and others

Subject: Health insurance coverage of acupuncture

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Overview

This bill requires health insurance coverage to provide access to licensed acupuncture practitioners in a similar manner required by existing law for certain other non-physician health care providers. Sections 1 and 2 apply to for-profit insurers and Blue Cross Blue Shield of Minnesota. Section 3 applies to health maintenance organizations.

Section

- **Acupuncture services.** (a) Provides that this bill is to be cited as the Equal Access to Acupuncture Act and as a memorial to Edith K. Davis.
 - (b) Requires that, if health insurance covers acupuncture performed by a physician, it must cover acupuncture the same way if performed by a licensed acupuncture practitioner, if the services provided are within the scope of practice of a licensed acupuncture practitioner. Seems to require direct access to an acupuncture practitioner (without a referral from a physician). Says the subdivision is not intended to change the benefits provided.
- **Denial of benefits.** (a) Adds licensed acupuncture practitioners to a list of non-physician health care providers who are protected from denial of claims on the basis that the provider is not a physician. (The phrase "to employees in this state" appears in existing law in this paragraph because the statute being amended here applies only to employee group coverage, and not to individual coverage. This bill does not change that.)
 - (c) When an insurer denies a claim for acupuncture services provided by a licensed acupuncture practitioner, for reasons of appropriateness, quality, or utilization, requires that the insurer's decision, if made by a health professional, be made by, under the direction of, or subject to the review of, a licensed acupuncture practitioner.
- **Equal access to acupuncture services.** This section applies to health maintenance organizations (HMOs).

- **Subd. 1.** Coverage. Very similar to paragraph (b) in section 1 above, but applies only to HMOs.
- **Subd. 2. Denial of benefits.** Very similar to paragraphs (a) and (c) of section 2 above, but applies only to HMOs. Paragraph (a) here lacks the existing language in paragraph (a) in section 2, limiting it to employee group coverage.