

ACT No. 2008-502

1 HB472
2 99005-3
3 By Representatives Gordon, Moore (M), Thomas (J), Howard,
4 Dunn, Boyd, Kennedy, Rogers, Scott, Warren, Bandy, Baker (L)
5 and England
6 RFD: Health
7 First Read: 19-FEB-08



1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

ENROLLED, An Act,

To require that the various individual or group insurance organizations providing protection, indemnity, or insurance against hospital, medical, or surgical expenses, and health maintenance organizations offer coverage for chiropractic, and to amend Sections 10-4-115 and 27-21A-23, Code of Alabama 1975, relating to the applicability of insurance laws to certain health service plans.

BE IT ENACTED BY THE LEGISLATURE OF ALABAMA:

Section 1. As used in this act, the following terms shall have the following meanings:

(1) HEALTH BENEFIT PLAN. Any individual or group plan, employee welfare benefit plan, policy, or contract for health care services issued, delivered, issued for delivery, or renewed in this state by a health care insurer, health maintenance organization, accident and sickness insurer, fraternal benefit society, nonprofit hospital service corporation, nonprofit medical service corporation, health care service plan, or any other person, firm, corporation, joint venture, or other similar business entity that pays for insureds or beneficiaries in this state. The term includes, but is not limited to, entities created pursuant to Article 6, Chapter 4, Title 10, Code of Alabama 1975. A health benefit plan located or domiciled outside of the State of Alabama is

1 deemed to be subject to this act if it receives, processes,
2 adjudicates, pays, or denies claims for health care services
3 submitted by or on behalf of patients, insureds, or
4 beneficiaries who reside in Alabama. Provided, however, the
5 term shall not include accident-only, specified disease,
6 hospital indemnity, Medicare supplement, long-term care,
7 disability income, or other limited benefit health insurance
8 policies.

9 (2) CHIROPRACTIC. The same meaning as in Chapter 24,
10 Title 34, Code of Alabama 1975.

11 Section 2. On and after October 1, 2008, each health
12 benefit plan shall offer, together with identification of
13 associated costs, policies, and contracts, coverage for
14 chiropractic. ~~The coverage shall provide benefits for~~
15 ~~chiropractic, that, at a minimum, equals the coverage provided~~
16 ~~for under the federal Medicare Program pursuant to 42 U.S.C.~~
17 ~~Sections 1395k, 1395l, and 1395m and 42 CFR 414.202, 414.210,~~
18 ~~414.228, and 410.100.~~

19 Section 3. (a) The benefits provided in this act
20 shall be subject to the same annual deductible or co-insurance
21 established for all covered benefits within a given policy.
22 Private third party payors may not reduce or eliminate
23 coverage due to the requirements of this act.

24 (b) A health benefit plan subject to this act may
25 not terminate services, reduce capitation payment, or

1 otherwise penalize an attending physician or health care
2 provider who orders medical care consistent with this act.

3 (c) Nothing in this act is intended to expand the
4 list of designations of covered providers as specified in any
5 health benefit plan.

6 Section 4. Sections 10-4-115 and 27-21A-23, Code of
7 Alabama 1975, are amended to read as follows:

8 "§10-4-115.

9 "(a) No statute of this state applying to insurance
10 companies shall be applicable to any corporation organized
11 under the provisions of this article and amendments thereto or
12 to any contract made by the corporation unless expressly
13 mentioned in this article and made applicable; except as
14 follows:

15 "(1) The corporation shall be subject to the
16 provisions regarding annual premium tax to be paid by insurers
17 on insurance premiums.

18 "(2) The corporation shall be subject to the
19 provisions of Chapter 55, Title 27, regarding the prohibition
20 of unfair discriminatory acts by insurers on the basis of an
21 applicant's or insured's abuse status.

22 "(3) The corporation shall be subject to the
23 provisions regarding Medicare Supplement Minimum Standards set
24 forth in Article 2 of Chapter 19 of Title 27, and Long-Term

1 Care Insurance Policy Minimum Standards set forth in Article 3
2 of Chapter 19 of Title 27.

3 "(4) The corporation shall be subject to Section
4 27-1-17, requiring insurers and health plans to pay health
5 care providers in a timely manner.

6 "(5) The corporation shall be subject to the
7 provisions of Chapter 56 of Title 27, regarding the Access to
8 Eye Care Act.

9 "(6) The corporation shall be subject to the
10 regulations promulgated by the Commissioner of Insurance
11 pursuant to Sections 27-7-43 and 27-7-44.

12 "(7) The corporation shall be subject to the
13 provisions of Chapter 54 of Title 27.

14 "(8) The corporation shall be subject to the
15 provisions of Chapter 57 of Title 27, requiring coverage to be
16 offered for the payment of colorectal cancer examinations for
17 covered persons who are 50 years of age or older, or for
18 covered persons who are less than 50 years of age and at high
19 risk for colorectal cancer according to current American
20 Cancer Society colorectal cancer screening guidelines.

21 "(9) The corporation shall be subject to Chapter 58
22 of Title 27, requiring that policies and contracts including
23 coverage for prostate cancer early detection be offered,
24 together with identification of associated costs.

1 "(10) The corporation shall be subject to the
2 provisions of Sections 1 to 3, inclusive, of Act 2008- ,
3 requiring that policies and contracts including coverage for
4 chiropractic be offered, together with identification of
5 associated costs.

6 (b) The provisions in subsection (a) that require
7 specific types of coverage to be offered or provided shall not
8 apply when the corporation is administering a self-funded
9 benefit plan or similar plan, fund, or program that it does
10 not insure.

11 "\$27-21A-23.

12 "(a) Except as otherwise provided in this chapter,
13 provisions of the insurance law and provisions of health care
14 service plan laws shall not be applicable to any health
15 maintenance organization granted a certificate of authority
16 under this chapter. This provision shall not apply to an
17 insurer or health care service plan licensed and regulated
18 pursuant to the insurance law or the health care service plan
19 laws of this state except with respect to its health
20 maintenance organization activities authorized and regulated
21 pursuant to this chapter.

22 "(b) Solicitation of enrollees by a health
23 maintenance organization granted a certificate of authority
24 shall not be construed to violate any provision of law

1 relating to solicitation or advertising by health
2 professionals.

3 "(c) Any health maintenance organization authorized
4 under this chapter shall not be deemed to be practicing
5 medicine and shall be exempt from the provisions of Section
6 34-24-310, et seq., relating to the practice of medicine.

7 "(d) No person participating in the arrangements of
8 a health maintenance organization other than the actual
9 provider of health care services or supplies directly to
10 enrollees and their families shall be liable for negligence,
11 misfeasance, nonfeasance, or malpractice in connection with
12 the furnishing of such services and supplies.

13 "(e) Nothing in this chapter shall be construed in
14 any way to repeal or conflict with any provision of the
15 certificate of need law.

16 "(f) Notwithstanding the provisions of subsection
17 (a), a health maintenance organization shall be subject to
18 Section 27-1-17.

19 "(g) Notwithstanding the provisions of subsection
20 (a), a health maintenance organization shall be subject to the
21 provisions of Chapter 56 of this title, regarding the Access
22 to Eye Care Act.

23 "(h) Notwithstanding the provisions of subsection
24 (a), a health maintenance organization shall be subject to the
25 provisions of Chapter 54 of this title.

1 "(i) Notwithstanding the provisions of subsection
2 (a), a health maintenance organization shall be subject to the
3 provisions of Chapter 57 of this title, requiring coverage to
4 be offered for the payment of colorectal cancer examinations
5 for covered persons who are 50 years of age or older, or for
6 covered persons who are less than 50 years of age and at high
7 risk for colorectal cancer according to current American
8 Cancer Society colorectal cancer screening guidelines.

9 "(j) Notwithstanding the provisions of subsection
10 (a), a health maintenance organization shall be subject to
11 Chapter 58 of Title 27, requiring that policies and contracts
12 including coverage for prostate cancer early detection be
13 offered, together with identification of associated costs.

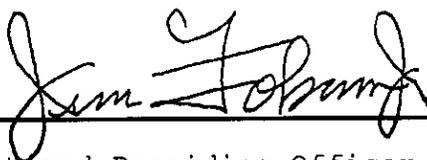
14 "(k) Notwithstanding the provisions of subsection
15 (a), a health maintenance organization shall be subject to the
16 provisions of Sections 1 to 3, inclusive, of Act 2008-___,
17 requiring that policies and contracts including coverage for
18 chiropractic be offered, together with identification of
19 associated costs."

20 Section 5. This act shall become effective on
21 October 1, 2008, following its passage and approval by the
22 Governor, or its otherwise becoming law.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17



Speaker of the House of Representatives



President and Presiding Officer of the Senate

House of Representatives

I hereby certify that the within Act originated in and was passed by the House 25-MAR-08, as amended.

Greg Pappas
Clerk

Senate	08-MAY-08	Amended and Passed
House	19-MAY-08	Concurred in Senate Amendment

APPROVED May 29, 2008
 TIME 4:12 p.m.
Bob Riley
 GOVERNOR

Alabama Secretary Of State

Act Num....: 2008-502
Bill Num....: H-472