

**HOUSE . . . . . No. 967**

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**The Commonwealth of Massachusetts**

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PRESENTED BY:

***Kathi-Anne Reinstein***

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*To the Honorable Senate and House of Representatives of the Commonwealth of Massachusetts in General Court assembled:*

The undersigned legislators and/or citizens respectfully petition for the adoption of the accompanying bill:

**An Act further regulating insurance benefits..**

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PETITION OF:

NAME:

*Kathi-Anne Reinstein*

DISTRICT/ADDRESS:

*16th Suffolk*

**HOUSE . . . . . No. 967**

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By Ms. Reinstein of Revere, a petition (accompanied by bill, House, No. 967) of Kathi-Anne Reinstein for legislation to further regulate insurance benefits for chiropractic services under the law relative to health maintenance organizations. Financial Services.

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[SIMILAR MATTER FILED IN PREVIOUS SESSION  
SEE HOUSE, NO. 316 OF 2011-2012.]

**The Commonwealth of Massachusetts**

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**In the Year Two Thousand Thirteen**  
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An Act further regulating insurance benefits..

*Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:*

1 SECTION 1. Section 1 of chapter 176G of the General Laws, as appearing in the 2008  
2 Official Edition, is hereby amended by striking out the definition of “Health services” in lines 78  
3 to 81 and inserting in place thereof the following definition:—

4 “Health Services”, at least reasonably comprehensive physician services on a  
5 nondiscriminatory basis, inpatient and outpatient services, emergency health services,  
6 chiropractic and podiatric services.

7 SECTION 2. Said section 1 of said chapter is hereby further amended by striking out the  
8 definition of “Nondiscriminatory” in lines 95 to 100 and inserting in place thereof the following  
9 definition:-

10 “Nondiscriminatory,” any individual who has entered into a group health maintenance  
11 contract that provides for any chiropractic, podiatric, medical or surgical service which is within  
12 the lawful scope of practice of a licensed podiatrist, or chiropractor shall be entitled to such  
13 services whether the service is performed by a physician, chiropractor or licensed podiatrist  
14 including authorized referral services on a nondiscriminatory basis.

15 SECTION 3. Chapter 176G of the General Laws, as appearing in the 2004 Official  
16 Edition, and amended by section 11 of chapter 172 of the acts of 2006, is hereby further  
17 amended by adding the following new sections: —

18 Section 4S. Every registered chiropractor shall have the right, on complying with such  
19 rules and regulations the organization may make, to enter into written agreement with a health  
20 maintenance organization, doing business in the city or town where the chiropractor resides or  
21 has a usual place of business, to perform chiropractic services. No restrictions shall be placed by  
22 any such health maintenance organization upon its participating chiropractors as to methods of  
23 diagnosis or treatment. No officer, agent or employee of a health maintenance organization shall  
24 influence or attempt to influence a subscriber or a covered dependent in the choice of a  
25 participating chiropractor. Nothing in this section shall be construed to prohibit any health  
26 maintenance organization from entering into written agreements with its subscribers and with  
27 participating chiropractors to furnish chiropractic services to subscribers and covered dependents  
28 or from including chiropractic services in its health services plan nor shall any health  
29 maintenance organization discriminate in any way against participating chiropractors in the  
30 furnishing of chiropractic services to its subscribers and covered dependents.

31 Section 4T. Upon the request of a subscriber or covered dependent for chiropractic  
32 services, the health maintenance organization shall refer the subscriber or covered dependent to a  
33 participating doctor of chiropractic in the geographical area nearest to the subscriber's or covered  
34 dependent's residence. Benefit levels for health care services rendered by non-participating  
35 providers shall be at least 80% of the benefit levels for services rendered by participating  
36 providers.