

**SUBJECT:** Business arrangements between physicians and chiropractors.

**COMMITTEE:** Licensing and Administrative Procedures — committee substitute recommended

**VOTE:** 9 ayes — Hamilton, Quintanilla, Driver, Geren, Gutierrez, Harless, Kuempel, Menendez, Thompson  
0 nays

**SENATE VOTE:** On final passage, April 14 — 30-0

**WITNESSES:** No public hearing

**DIGEST:** CSSB 1001 would authorize physicians and chiropractors to collaborate with each other to provide services as long as each person performed only those services that they were authorized by law to do. The bill also would authorize them to use objective or subjective means to evaluate the condition of a client for the purpose of providing care or referring the client to an appropriate health care provider.

CSSB 1001 would authorize physicians and chiropractors to form partnerships, professional associations, or professional limited liability companies. The authority of each practitioner would be limited by that practitioner’s scope of practice, and one practitioner could not exercise control over another practitioner’s clinical authority. Physicians would be required to report to the Texas Medical Board the formation of the professional entity and any material change in agreements, bylaws, or other arrangements no later than the 30th day after the entity was formed or the material change occurred. A chiropractor could use the same billing codes as a physical therapist if the codes described services that the chiropractor was authorized by the state to provide.

If health insurance policies covered physical modalities and procedures within the scope of practice of a chiropractor and one or more other practitioners, the insurer would have to allow patients to select a chiropractor for the care. The insurance policy issuer could not deny payment or reimbursement for these procedures if the chiropractor

provided them in strict compliance with his or her license to practice. The health insurance issuer also could not make payment contingent on treatment or examination by a practitioner who was not a chiropractor or establish other limitations. These provisions would not apply to workers' compensation insurance coverage, self-insured employee welfare benefit plans, the Children's Health Insurance Program (CHIP), or a Medicaid program.

The bill would take effect September 1, 2011, and the changes in law would apply only to health insurance policies issued or renewed on or after the bill's effective date.

**SUPPORTERS  
SAY:**

CSSB 1001 is needed to allow chiropractors and doctors the same free market ability to form a collaborative business arrangement as other businesses and even other health care providers now have. Such professional partnerships would help provide patient-focused care and contain health care costs. The bill also would ensure equity in treatment by insurers for reimbursing for services within a chiropractor's scope of practice that were also reimbursable within a physical therapist's scope of practice.

Currently, podiatrists and optometrists can form partnerships with physicians. This bill simply would allow chiropractors and doctors the same option, and protect the physician's authority in rendering medical care by requiring them to report to the Texas Medical Board the formation of such a collaboration and by specifying that the physician and chiropractor could provide services only within their scope of practice.

Patient-centered care would be fostered by these multidisciplinary partnerships, because the co-location of chiropractors and physicians would mean the two providers could render care appropriate to the patient's needs within one office setting. For example, a patient with back pain may need chiropractic assistance with problems associated with occupational stress or injury but need the assistance of a physician to determine whether there were any underlying or additional causes of the pain.

These partnerships would help contain health care costs by allowing two practitioners to share administrative and overhead expenses.

OPPONENTS  
SAY:

No apparent opposition.

NOTES:

The committee substitute differs from the Senate-passed version most significantly by adding CHIP and Medicaid as programs for which the health insurance provisions would not apply.