Section 1. Arkansas Code § 20-77-134(b), concerning direct access to chiropractic physicians by Medicaid beneficiaries, is amended to read as follows:

(b) Rules adopted under this section shall:

(1) Allow a Medicaid recipient to receive diagnosis and treatment from a chiropractic physician without a referral from a primary care physician;

(2) Direct the Division of Medical Services of the Department of Human Services to develop a process for reporting diagnosis, treatment, costs of services, and cost-savings benefits under this section; and

(3) Specify that a chiropractic physician who provides diagnosis or treatment, or both, under this section shall receive the same reimbursement as if the Medicaid recipient had been referred to the chiropractic physician by a primary care physician; and
(4) Limit access to a chiropractic physician to thirty (30) visits per year unless a Medicaid recipient has received prior authorization based on medical necessity for additional visits to a chiropractic physician.

Referred by Representative Dotson
Prepared by: JMB/JMB