

Amend CSSB 1001 (senate committee printing) as follows:

(1) In SECTION 1 of the bill, strike added Sec. 60.002, Occupations Code, on page 1, lines 20-26, and renumber subsequent sections appropriately.

(2) On page 1, strike lines 27-31, and substitute the following:

Sec. 60.003. COLLABORATION BETWEEN PHYSICIANS AND CHIROPRACTORS. A person licensed under Subtitle B, Title 3, and a person licensed under Chapter 201 are authorized to:

(1) collaborate with each other in providing services to a client if

(3) On page 1, strike lines 44-48, and substitute the following:

ASSOCIATIONS. (a) A person licensed under Subtitle B, Title 3, and a person licensed under Chapter 201 of this code may form a partnership, professional association, or professional limited liability company according to the requirements of this section and any other applicable law.

(b) When persons licensed under Chapter 201 of this code form a professional entity with persons licensed under Subtitle B, Title 3 of this code, as provided by this section, the authority of each practitioner is limited by that practitioner's scope of practice, and a practitioner may not exercise control over another practitioner's clinical authority granted by the other practitioner's license, either through agreements, bylaws, directives, financial incentives, or other arrangements that would assert control over treatment decisions made by the practitioner.

(c) The state agencies exercising regulatory control over professions to which this section applies continue to exercise regulatory authority over their respective licenses.

(d) A person licensed under Subtitle B, Title 3 of this code, who forms a professional entity under this section shall report the formation of the entity and any material change in agreements, bylaws, directives, financial incentives, or other arrangements related to the operation of the entity to the Texas Medical Board no later than the 30th day after the entity is formed or the material change is made.

(4) On page 1, line 50, strike "Title 3" and substitute "Chapter 201".

(5) Strike page 1, line 54 through page 2, line 11, and substitute the following:

(b) If physical modalities and procedures are covered services under a health benefit plan and within the scope of the license of a chiropractor and one or more other type of practitioner, a health benefit plan issuer may not:

(1) deny payment or reimbursement for physical modalities and procedures provided by a chiropractor if:

(A) the chiropractor provides the modalities and procedures in strict compliance with laws and rules relating to a chiropractor's license; and

(B) the health benefit plan issuer allows payment or reimbursement for the same physical modalities and procedures performed by another type of practitioner;

(2) make payment or reimbursement for particular covered physical modalities and procedures within the scope of a chiropractor's practice contingent on treatment or examination by a practitioner that is not a chiropractor; or

(3) establish other limitations on the provision of covered physical modalities and procedures that would prohibit a covered person from seeking the covered physical modalities and procedures from a chiropractor to the same extent that the covered person may obtain covered physical modalities and procedures from another type of practitioner.