

Senator John L. Valentine proposes the following substitute bill:

PROSTHETIC LIMB HEALTH INSURANCE

PARITY

2009 GENERAL SESSION

STATE OF UTAH

Chief Sponsor: David Litvack

Senate Sponsor: _____

LONG TITLE

General Description:

This bill amends the Insurance Code to require an insurer that provides a health benefit plan to offer coverage for prosthetic devices.

Highlighted Provisions:

This bill:

- defines terms;
- requires an insurer that provides a health benefit plan to offer at least one plan that provides coverage for prosthetic devices; and
- establishes the terms of coverage and the minimum requirements for access to providers relating to the coverage described in this bill.

Monies Appropriated in this Bill:

None

Other Special Clauses:

None

Utah Code Sections Affected:

ENACTS:

31A-22-636, Utah Code Annotated 1953



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Be it enacted by the Legislature of the state of Utah:

Section 1. Section **31A-22-636** is enacted to read:

31A-22-636. Coverage for prosthetic devices.

(1) For purposes of this section:

(a) "Orthotic device" means a rigid or semirigid device supporting a weak or deformed leg, foot, arm, hand, back, or neck, or restricting or eliminating motion in a diseased or injured leg, foot, arm, hand, back, or neck.

(b) (i) "Prosthetic device" means an artificial limb device or appliance designed to replace in whole or in part an arm or a leg.

(ii) "Prosthetic device" does not include an orthotic device.

(2) (a) Beginning July 1, 2009, an insurer, other than an insurer described in Subsection (2)(b), that provides a health benefit plan shall offer at least one plan that provides coverage for benefits for prosthetics that:

(i) at a minimum, equals the coverage provided for under the federal Medicare program pursuant to 42 U.S.C. Secs. 1395k, 1395l, and 1395m and 42 C.F.R 414.202, 414.210, and 414.228 as applicable to this section; and

(ii) includes:

(A) all services and supplies necessary for the effective use of a prosthetic device, including:

(I) formulating its design;

(II) fabrication;

(III) material and component selection;

(IV) measurements and fittings;

(V) static and dynamic alignments; and

(VI) instructing the patient in the use of the device;

(B) all materials and components necessary to use the device; and

(C) any repair or replacement of a prosthetic device that is determined medically necessary to restore or maintain the ability to complete activities of daily living or essential job-related activities and that is not solely for comfort or convenience.

(b) Beginning July 1, 2009, an insurer that is subject to Title 49, Chapter 20, Public

57 Employees' Benefit and Insurance Program Act, shall offer to a covered employer at least one
58 plan that provides coverage for prosthetics that complies with Subsections (2)(a)(i) and (ii).

59 (3) The coverage described in this section:

60 (a) may, except as otherwise provided in this section, be made subject to cost-sharing
61 provisions, including dollar limits, deductibles, and co-insurance, that are not less favorable to
62 the insured than the cost-sharing provisions of the health benefit plan that apply to physical
63 illness generally;

64 (b) may impose a copayment and coinsurance amounts on a prosthetic device, not to
65 exceed the copayment or coinsurance amounts imposed under Part B of the Medicare
66 fee-for-service program; and

67 (c) shall reimburse for a prosthetic device at no less than the fee schedule amount for
68 the prosthetic device under the federal Medicare reimbursement schedule.

69 (4) If the coverage describe in this section is provided through a managed care plan,
70 offered under Chapter 8, Health Maintenance Organizations and Limited Health Plans, or
71 under a preferred provider plan under this chapter, the insured shall have access to medically
72 necessary clinical care and to prosthetic devices and technology from not less than two distinct
73 Utah prosthetic providers in the managed care plan's provider network.