PROSTHETIC LIMB HEALTH INSURANCE														
PARITY 2010 GENERAL SESSION STATE OF UTAH Chief Sponsor: David Litvack														
							Senate Sponsor: John L. Valentine							
							LON	IG TITLE						
							Gene	eral Description:						
	This bill amends the Insurance Code to require an insurer that provides a health benefit													
plan	to offer coverage for prosthetic devices.													
High	lighted Provisions:													
	This bill:													
	defines terms;													
	• requires an insurer that provides a health benefit plan to offer at least one plan that													
provi	ides coverage for prosthetic devices; and													
	 establishes terms of coverage and minimum requirements for access to 													
	providers.													
Mon	ies Appropriated in this Bill:													
None														
Othe	er Special Clauses:													
None														
Utah	Code Sections Affected:													
ENA	CTS:													
	31A-22-638 , Utah Code Annotated 1953													



H.B. 66 12-17-09 2:01 PM

28	Section 1. Section 31A-22-638 is enacted to read:				
29	31A-22-638. Coverage for prosthetic devices.				
30	(1) For purposes of this section:				
31	(a) "Orthotic device" means a rigid or semirigid device supporting a weak or deformed				
32	leg, foot, arm, hand, back, or neck, or restricting or eliminating motion in a diseased or injured				
33	leg, foot, arm, hand, back, or neck.				
34	(b) (i) "Prosthetic device" means an artificial limb device or appliance designed to				
35	replace in whole or in part an arm or a leg.				
36	(ii) "Prosthetic device" does not include an orthotic device.				
37	(2) (a) Beginning July 1, 2010, an insurer, other than an insurer described in				
38	Subsection (2)(b), that provides a health benefit plan shall offer at least one plan that provides				
39	coverage for benefits for prosthetics that:				
40	(i) at a minimum, equals the coverage provided for under the federal Medicare program				
41	pursuant to 42 U.S.C. Secs. 1395k, 1395l, and 1395m and 42 C.F.R 414.202, 414.210, and				
42	414.228 as applicable to this section; and				
43	(ii) includes:				
44	(A) all services and supplies necessary for the effective use of a prosthetic device,				
45	including:				
46	(I) formulating its design;				
47	(II) fabrication;				
48	(III) material and component selection;				
49	(IV) measurements and fittings:				
50	(V) static and dynamic alignments; and				
51	(VI) instructing the patient in the use of the device;				
52	(B) all materials and components necessary to use the device; and				
53	(C) any repair or replacement of a prosthetic device that is determined medically				
54	necessary to restore or maintain the ability to complete activities of daily living or essential				
55	job-related activities and that is not solely for comfort or convenience.				
56	(b) Beginning July 1, 2010, 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).				

12-17-09 2:01 PM H.B. 66

39	(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 described 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.

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Office of Legislative Research and General Counsel