

## HB0066S01 compared with HB0066

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Senator John L. Valentine proposes the following substitute bill:

### PROSTHETIC LIMB HEALTH INSURANCE

#### PARITY

2010 GENERAL SESSION

STATE OF UTAH

**Chief Sponsor: David Litvack**

Senate Sponsor: {                    } John L. Valentine

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#### 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 terms of coverage and minimum requirements ~~{for access}~~ relating to {  
                    providers} the coverage described in this bill.

##### Monies Appropriated in this Bill:

None

##### Other Special Clauses:

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None

### Utah Code Sections Affected:

ENACTS:

31A-22-638, Utah Code Annotated 1953

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

Section 1. Section 31A-22-638 is enacted to read:

#### **31A-22-638. 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~~ January 1, ~~2010~~ 2011, an insurer, other than an insurer described in Subsection (2)(b), that provides a health benefit plan shall offer at least one plan, ~~in each market where the insurer offers a health benefit 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) includes:~~

~~(i) a prosthetic device;~~

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

~~(~~II~~A) formulating its design;~~

~~(~~III~~B) fabrication;~~

~~(~~III~~C) material and component selection;~~

~~(~~IV~~D) measurements and fittings;~~

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~~(v)~~E static and dynamic alignments; and

~~(vi)~~F instructing the patient in the use of the prosthetic device;

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

~~(C)~~iv 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~~January 1, ~~2010~~2011, an insurer that is subject to Title 49, Chapter 20, Public Employees' Benefit and Insurance Program Act, shall offer to a covered employer at least one plan that provides coverage for prosthetics that complies with Subsections (2)(a)(i) ~~and (ii)~~:

~~through (iv)~~.

(c) At least one of the plans with the prosthetic benefits described in Subsections (2)(a) and (b) that is offered by an insurer described in this Subsection (2) shall have a coinsurance rate, that applies to physical injury generally and to prosthetics, of 80% to be paid by the insurer and 20% to be paid by the insured, if the prosthetic benefit is obtained from a person that the insurer contracts with or approves.

(3) The coverage described in this section:

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

~~— (b) may impose a copayment and coinsurance amounts on a } and~~

(b) may, except as provided in Subsection (4), limit coverage for obtaining a new or replacement prosthetic device {, not to exceed the copayment or coinsurance amounts imposed under Part B of the Medicare fee-for-service program; and

~~— (c) shall reimburse for } that contains a microprocessor component to no more often than every three years.~~

(4) The limitation described in Subsection (3)(b) does not apply to replacement of a prosthetic device {at no less than the fee schedule amount for}if:

(a) the replacement:

(i) is medically necessary;

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(ii) is for the purpose of:

(A) replacing a lost or stolen prosthetic device;

(B) replacing a prosthetic device that is damaged or worn to the point where repair of the prosthetic device ~~under the federal Medicare reimbursement schedule.~~

~~(4)~~is not a reasonable alternative to replacement of the prosthetic device; or

(C) replacing a prosthetic device that no longer fits the person due to a change, whether surgical or natural, in the person's body, including growth, disease, illness, weight loss, weight gain, or a medical procedure; and

(iii) restores the person to the level of functioning that the person experienced before the event, described in Subsection (4)(a)(ii)(A) through (C), requiring replacement of the prosthetic device, occurred; or

(b) (i) the only replacement of the prosthetic device that the person received during the three-year limitation period was for a replacement described in Subsection (4)(a); and

(ii) the replacement is medically necessary.

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

### Legislative Review Note

~~as of 9-30-09 3:56 PM~~

~~Office of Legislative Research and General Counsel~~