

1 State of Arkansas  
2 88th General Assembly  
3 Regular Session, 2011  
4

As Engrossed: H3/16/11 S3/29/11

# A Bill

HOUSE BILL 1915

5 By: Representative Tyler  
6 By: Senator Rapert  
7

## For An Act To Be Entitled

9 AN ACT TO REQUIRE HEALTH INSURANCE PLANS TO PROVIDE  
10 COVERAGE FOR GASTRIC PACEMAKERS; AND FOR OTHER  
11 PURPOSES.  
12  
13

## Subtitle

15 AN ACT TO REQUIRE HEALTH INSURANCE PLANS  
16 TO PROVIDE COVERAGE FOR GASTRIC  
17 PACEMAKERS.  
18  
19

20 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:  
21

22 *SECTION 1. Arkansas Code Title 23, Chapter 99, Subchapter 4 is amended*  
23 *to add an additional section to read as follows:*

24 *23-99-418. Gastric pacemakers.*

25 *(a) As used in this section:*

26 *(1) "Gastric pacemaker" means a medical device that:*

27 *(A) Uses an external programmer and implanted electrical*  
28 *leads to the stomach; and*

29 *(B) Transmits low-frequency, high-energy electrical*  
30 *stimulation to the stomach to entrain and pace the gastric slow waves to*  
31 *treat gastroparesis; AND*

32 *(2)(A) "Gastroparesis" means a neuromuscular stomach disorder in*  
33 *which food empties from the stomach more slowly than normal.*

34 *(B) In most people, undigested food moves from the stomach*  
35 *into the duodenum and small intestine within two (2) to four (4) hours after*  
36 *eating.*



1 (C) In contrast, a patients who has gastroparesis will  
2 retain a significant amount of food in his or her stomach hours after eating.

3 (D) A Patient with gastroparesis experiences a variety of  
4 upper gastrointestinal symptoms that prevents him or her from eating normally  
5 and that may lead to dehydration, weight loss, and eventually life  
6 threatening electrolyte imbalances and malnutrition.

7 (E) Moreover, delayed stomach emptying interferes with  
8 oral drug absorption and, in patients with diabetes mellitus, prevents  
9 effective control of blood glucose levels.

10 (F) The Enterra Therapy for gastroparesis received  
11 Humanitarian Device Exemption approval from the Food and Drug Administration  
12 in March 2000.

13 (G) The Humanitarian Device Exemption authorizes Medtronic  
14 to market Enterra Therapy for the treatment of chronic intractable, drug-  
15 refractory, nausea and vomiting secondary to gastroparesis of diabetic or  
16 idiopathic etiology.

17 (H) The effectiveness of Enterra Therapy for this use has  
18 not been demonstrated.

19 (I) Enterra Therapy may be used only in medical centers in  
20 which an institutional review board has approved use of the device.

21 (J)(i) When the battery in a neurostimulator runs down,  
22 the physician will obtain prior authorization from the health insurance  
23 company and approval for a replacement surgery and then schedule a procedure.

24 (ii) During the surgery, the physician will remove  
25 the neurostimulator and implant a new one.

26 (iii) The implanted leads will also be checked to  
27 make sure they are working properly.

28 (iv) If the leads are working properly, the new  
29 neurostimulator will be connected to the leads that are already in place.

30 (v) If the leads are not working as they should be,  
31 they will also be replaced.

32 (b) Except as provided under subsection (c) or subsection (d) of this  
33 section, a health benefit plan that is issued for delivery, delivered,  
34 renewed, or otherwise contracted for in this state shall provide coverage for  
35 gastric pacemakers.

36 (c) Eligible charges and limits of or exclusions from coverage under

1 subsection (b) of this section shall be based on medical necessity or the  
2 health benefit plan's coverage criteria for other medical services.

3 (d) A health benefit plan may:

4 (1) Require prior authorization for a gastric pacemaker in the  
5 same manner that prior authorization is required for any other covered  
6 benefit; and

7 (2) Impose copayments, deductibles, or coinsurance amounts for a  
8 gastric pacemaker if the amounts are no greater than the copayments,  
9 deductibles, or coinsurance amounts that apply to other benefits under the  
10 health benefit plan.

11  
12 /s/Tyler

13  
14  
15 **APPROVED: 04/01/2011**  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36