

1 State of Arkansas  
2 94th General Assembly  
3 Regular Session, 2023  
4

As Engrossed: H3/16/23

# A Bill

HOUSE BILL 1252

5 By: Representative L. Johnson  
6 By: Senator Irvin  
7

## For An Act To Be Entitled

9 AN ACT TO MODIFY THE ARKANSAS HEALTH CARE CONSUMER  
10 ACT; TO IMPROVE OUTCOMES FOR INDIVIDUALS WITH LIMB  
11 LOSS; TO REQUIRE COVERAGE FOR PROSTHETIC DEVICES FOR  
12 ATHLETICS OR RECREATION AND PROSTHETIC DEVICES FOR  
13 SHOWERING OR BATHING; AND FOR OTHER PURPOSES.  
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## Subtitle

16 TO MODIFY THE ARKANSAS HEALTH CARE  
17 CONSUMER ACT; AND TO REQUIRE COVERAGE FOR  
18 PROSTHETIC DEVICES FOR ATHLETICS OR  
19 RECREATION AND PROSTHETIC DEVICES FOR  
20 SHOWERING OR BATHING.  
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24 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:  
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26 SECTION 1. Arkansas Code § 23-99-417 is amended to read as follows:

27 23-99-417. Coverage required for orthotic devices, orthotic services,  
28 prosthetic devices, and prosthetic services.

29 (a)(1) Subject to subdivision (a)(2) of this section and subsections  
30 (b) and (c) of this section, a health benefit plan that is issued for  
31 delivery, delivered, renewed, or otherwise contracted for in this state shall  
32 provide coverage for eligible charges within limits of coverage that are no  
33 less than eighty percent (80%) of Medicare allowable as defined by the  
34 Centers for Medicare ~~and~~ & Medicaid Services, Healthcare Common Procedure  
35 Coding System as of January 1, 2009, or as of a later date if adopted by rule  
36 of the Insurance Commissioner for:



- 1 (A) An orthotic device;  
 2 (B) An orthotic service;  
 3 (C) A prosthetic device; ~~and~~  
 4 (D) A prosthetic service;  
 5 (E) A prosthetic device for athletics or recreation; and  
 6 (F) A prosthetic device for showering or bathing.

7 (2) This section does not require coverage for an orthotic  
 8 device, an orthotic service, a prosthetic device, ~~or a prosthetic service, a~~  
 9 prosthetic device for athletics or recreation, or a prosthetic device for  
 10 showering or bathing for a replacement that occurs more frequently than one  
 11 (1) time every three (3) years unless medically necessary ~~or indicated by~~  
 12 ~~other coverage criteria.~~

13 (b)(1) Eligible charges ~~and limits of or exclusions from~~ for coverage  
 14 under subsection (a) of this section shall be based on medical necessity ~~or~~  
 15 ~~the health benefit plan's coverage criteria for other medical services,~~ which  
 16 may include without limitation:

17 (A) The information and recommendation from the treating  
 18 physician in consultation with the insured and a prosthetic provider  
 19 regarding the most appropriate model that adequately meets the medical and  
 20 recreational needs of the covered person; and

21 (B) The results of a functional ~~limit~~ outcomes test.

22 (2) As used in this section:

23 (A) "Functional limit "Functional outcomes test" includes  
 24 without limitation the insured's:

25 ~~(A)(i)~~ Medical history, including prior use of  
 26 orthotic devices, ~~or prosthetic devices, or prosthetic devices for athletics~~  
 27 or recreation if applicable;

28 ~~(B)(ii)~~ Current condition, including the status of  
 29 the musculoskeletal system and the nature of other medical problems; and

30 ~~(C)(iii)~~ Desire to:

31 ~~(i)(a)~~ Ambulate or recreate with respect to  
 32 lower-limb orthotic devices, ~~or prosthetic devices, or prosthetic devices for~~  
 33 athletics or recreation; or

34 ~~(ii)(b)~~ Maximize upper-limb function with  
 35 respect to upper-limb orthotic devices, ~~or prosthetic devices, or prosthetic~~  
 36 devices for athletics or recreation; and

1                    (B) "Prosthetic device for athletics or recreation" means  
2 a device that provides an individual with the ability or potential for  
3 prosthesis ambulation that exceeds basic ambulation skills, exhibiting high  
4 impact, stress, or energy levels.

5                    (3) A denial or limitation of coverage based on lack of medical  
6 necessity is subject to external review under State Insurance Department Rule  
7 76, the Arkansas External Review Regulation.

8                    (c) A health benefit plan:

9                    (1) May require prior authorization for an orthotic device, an  
10 orthotic service, a prosthetic device, ~~or a prosthetic service,~~ a prosthetic  
11 device for athletics or recreation, or a prosthetic device for showering or  
12 bathing in the same manner that prior authorization is required for any other  
13 covered benefit;

14                   (2) May impose copayments, deductibles, or coinsurance amounts  
15 for an orthotic device, an orthotic service, a prosthetic device, ~~or a~~  
16 prosthetic service, a prosthetic device for athletics or recreation, or a  
17 prosthetic device for showering or bathing if the amounts are no greater than  
18 the copayments, deductibles, or coinsurance amounts that apply to other  
19 benefits under the health benefit plan;

20                   (3) When the replacement or repair is necessitated by anatomical  
21 change or normal use, shall cover the necessary repair and necessary  
22 replacement of an orthotic device, ~~or a prosthetic device,~~ a prosthetic  
23 device for athletics or recreation, or a prosthetic device for showering or  
24 bathing subject to copayments, coinsurance, and deductibles that are no more  
25 restrictive than the copayments, coinsurance, and deductibles that apply to  
26 other benefits under the health benefit plan, unless the repair or  
27 replacement is necessitated by misuse or loss; and

28                   (4) Shall include a requirement that an orthotic device, an  
29 orthotic service, a prosthetic device, ~~or a prosthetic service,~~ a prosthetic  
30 device for athletics or recreation, or a prosthetic device for showering or  
31 bathing be prescribed by a licensed doctor of medicine, doctor of osteopathy,  
32 or doctor of podiatric medicine and provided by a doctor of medicine, a  
33 doctor of osteopathy, a doctor of podiatric medicine, an orthotist, or a  
34 prosthetist licensed by the State of Arkansas.

35                   (d) Coverage of an orthotic device, an orthotic service, a prosthetic  
36 device, ~~or a prosthetic service,~~ a prosthetic device for athletics or

1 recreation, or a prosthetic device for showering or bathing may be made  
2 subject to but no more restrictive than the provisions of the health benefit  
3 plan that apply to other benefits under the health benefit plan.

4 (e) The ~~commissioner~~ Insurance Commissioner may+

5 ~~(1) Issue a rule governing payment standards for health benefit~~  
6 ~~plans under subdivision (a)(1) of this section; and~~

7 ~~(2) Adopt~~ adopt necessary rules to enforce this section.

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9 /s/L. Johnson  
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