

**ARKANSAS SENATE**  
89th General Assembly - Regular Session, 2013  
**Amendment Form**

---

**Subtitle of Senate Bill No. 455**

TO CLARIFY THE HEALTH INSURANCE PAYMENT PROCESS FOR ORTHOTIC DEVICES AND  
PROSTHETIC SERVICES.

---

**Amendment No. 1 to Senate Bill No. 455**

Amend Senate Bill No. 455 as originally introduced:

Delete everything after the enacting clause and substitute the following:

"SECTION 1. Arkansas Code § 23-99-417(a)(1), concerning insurance coverage required for orthotic devices and prosthetic services, is amended to read as follows:

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

- (A) An orthotic device;
- (B) An orthotic service;
- (C) A prosthetic device; and
- (D) A prosthetic service.

SECTION 2. Arkansas Code § 23-99-417, concerning insurance coverage required for orthotic devices and prosthetic services, is amended to add an additional subsection to read as follows:

(e) The commissioner may:

- (1) Issue a rule governing payment standards for health benefit plans under subdivision (a)(1) of this section; and
- (2) Adopt necessary rules to enforce this section."



The Amendment was read the first time, rules suspended and read the second time and \_\_\_\_\_

By: Senator Maloch

MGF/NJR - 03-21-2013 15:46:17

MGF526

\_\_\_\_\_  
Secretary