

State of Arkansas
88th General Assembly
Regular Session, 2011

As Engrossed: H3/16/11

A Bill

HOUSE BILL 1915

By: Representative Tyler

For An Act To Be Entitled

AN ACT TO REQUIRE HEALTH INSURANCE PLANS TO PROVIDE
COVERAGE FOR GASTRIC PACEMAKERS; AND FOR OTHER
PURPOSES.

Subtitle

AN ACT TO REQUIRE HEALTH INSURANCE PLANS
TO PROVIDE COVERAGE FOR GASTRIC
PACEMAKERS.

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

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

23-99-418. Gastric pacemakers.

(a) As used in this section:

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

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

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

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

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

(C) In contrast, a patients who has gastroparesis will



1 retain a significant amount of food in his or her stomach hours after eating.

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

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

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

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

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

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

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

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

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

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

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

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

35 (c) Eligible charges and limits of or exclusions from coverage under
36 subsection (b) of this section shall be based on medical necessity or the

1 health benefit plan's coverage criteria for other medical services.

2 (d) A health benefit plan may:

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

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

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11 /s/Tyler
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