1	State of Arkansas	As Engrossed: H3/16/11 S3/29/11	
2	88th General Assembly	A Bill	
3	Regular Session, 2011	HOUSE BILL 1915	
4			
5	By: Representative Tyler		
6	By: Senator Rapert		
7			
8		For An Act To Be Entitled	
9	AN ACT TO	REQUIRE HEALTH INSURANCE PLANS TO PROVIDE	
10	COVERAGE F	OR GASTRIC PACEMAKERS; AND FOR OTHER	
11	PURPOSES.		
12			
13			
14		Subtitle	
15	AN A	T TO REQUIRE HEALTH INSURANCE PLANS	
16	TO PI	OVIDE COVERAGE FOR GASTRIC	
17	PACE	AKERS.	
18			
19			
20	BE IT ENACTED BY THE G	ENERAL ASSEMBLY OF THE STATE OF ARKANSAS:	
21			
22		nsas Code Title 23, Chapter 99, Subchapter 4 is amended	
23		ection to read as follows:	
24	<u>23-99-418. Gast</u>	-	
25	(a) As used in		
26		ric pacemaker" means a medical device that:	
27	(A)		
28	<u>leads to the stomach;</u>		
29	(B)		
30		mach to entrain and pace the gastric slow waves to	
31 32	treat gastroparesis; A		
32 33	(2)(A) "Gastroparesis" means a neuromuscular stomach disorder i. which food empties from the stomach more slowly than normal.		
34	Which room empties from		
35		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 normal.	
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	<u>in March 2000.</u>	
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.
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12	/s/Tyler
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