1 2	State of Arkansas 94th General Assembly	A Bill		
3	Regular Session, 2023		HOUSE BILL 1252	
4				
5	By: Representative L. Johns	son		
6				
7		For An Act To Be Entitled		
8	AN ACT TO MODIFY THE ARKANSAS HEALTH CARE CONSUMER			
9	ACT; TO IMPROVE OUTCOMES FOR INDIVIDUALS WITH LIMB			
10	LOSS; TO	REQUIRE COVERAGE FOR PROSTHETIC DEVICE	ES FOR	
11	ATHLETICS	S OR RECREATION AND PROSTHETIC DEVICES	FOR	
12	SHOWERING	G OR BATHING; AND FOR OTHER PURPOSES.		
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15		Subtitle		
16	ТО	MODIFY THE ARKANSAS HEALTH CARE		
17	CON	SUMER ACT; AND TO REQUIRE COVERAGE FOR	3	
18	PRO	STHETIC DEVICES FOR ATHLETICS OR		
19	REC	REATION AND PROSTHETIC DEVICES FOR		
20	SHO	WERING OR BATHING.		
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23	BE IT ENACTED BY THE	GENERAL ASSEMBLY OF THE STATE OF ARKA	NSAS:	
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25		kansas Code § 23-99-417 is amended to		
26		overage required for orthotic devices,	orthotic services,	
27	-	and prosthetic services.		
28	_	t to subdivision (a)(2) of this section		
29		section, a health benefit plan that is		
30	• .	renewed, or otherwise contracted for		
31		eligible charges within limits of cov	3	
32		cent (80%) of Medicare allowable as de	•	
33		and & Medicaid Services, Healthcare C		
34		January 1, 2009, or as of a later date	it adopted by rule	
35	of the Insurance Com			
36	(A)) An orthotic device;		

1	(B) An orthotic service;		
2	(C) A prosthetic device; and		
3	(D) A prosthetic service;		
4	(E) A prosthetic device for athletics or recreation; and		
5	(F) A prosthetic device for showering or bathing.		
6	(2) This section does not require coverage for an orthotic		
7	device, an orthotic service, a prosthetic device, $\frac{\partial}{\partial x}$ a prosthetic service, a		
8	prosthetic device for athletics or recreation, or a prosthetic device for		
9	showering or bathing for a replacement that occurs more frequently than one		
10	(1) time every three (3) years unless medically necessary or indicated by		
11	other coverage criteria.		
12	(b)(1) Eligible charges and limits of or exclusions from for coverage		
13	under subsection (a) of this section shall be based on medical necessity $\frac{\partial \mathbf{r}}{\partial \mathbf{r}}$		
14	the health benefit plan's coverage criteria for other medical services, which		
15	may include without limitation:		
16	(A) The information and recommendation from the treating		
17	physician in consultation with the insured and a prosthetic provider		
18	regarding the most appropriate model that adequately meets the medical and		
19	recreational needs of the covered person; and		
20	(B) The results of a functional limit outcomes test.		
21	(2) As used in this section;:		
22	(A) "functional limit "Functional outcomes test" includes		
23	without limitation the insured's:		
24	$\frac{(A)(i)}{(A)}$ Medical history, including prior use of		
25	orthotic devices, or prosthetic devices, or prosthetic devices for athletics		
26	or recreation if applicable;		
27	(B)(ii) Current condition, including the status of		
28	the musculoskeletal system and the nature of other medical problems; and		
29	(C)(iii) Desire to:		
30	(i)(a) Ambulate or recreate with respect to		
31	lower-limb orthotic devices, or prosthetic devices, or prosthetic devices for		
32	athletics or recreation; or		
33	(ii)(b) Maximize upper-limb function with		
34	respect to upper-limb orthotic devices, $\frac{\partial}{\partial x}$ prosthetic devices, or prosthetic		
35	devices for athletics or recreation; and		
36	(R) "Prosthetic device for athletics or recreation" means		

- 1 a device that provides an individual with the ability or potential for
- 2 prosthesis ambulation that exceeds basic ambulation skills, exhibiting high
- 3 impact, stress, or energy levels.
- 4 (3) A denial or limitation of coverage based on lack of medical
- 5 necessity is subject to external review under State Insurance Department Rule
- 6 76, the Arkansas External Review Regulation.
 - (c) A health benefit plan:
- 8 (1) May require prior authorization for an orthotic device, an
- 9 orthotic service, a prosthetic device, or a prosthetic service, a prosthetic
- 10 device for athletics or recreation, or a prosthetic device for showering or
- 11 <u>bathing</u> in the same manner that prior authorization is required for any other
- 12 covered benefit;

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- 13 (2) May impose copayments, deductibles, or coinsurance amounts
- 14 for an orthotic device, an orthotic service, a prosthetic device, or a
- 15 prosthetic service, a prosthetic device for athletics or recreation, or a
- 16 prosthetic device for showering or bathing if the amounts are no greater than
- 17 the copayments, deductibles, or coinsurance amounts that apply to other
- 18 benefits under the health benefit plan;
- 19 (3) When the replacement or repair is necessitated by anatomical
- 20 change or normal use, shall cover the necessary repair and necessary
- 21 replacement of an orthotic device, ex a prosthetic device, a prosthetic
- 22 device for athletics or recreation, or a prosthetic device for showering or
- 23 bathing subject to copayments, coinsurance, and deductibles that are no more
- 24 restrictive than the copayments, coinsurance, and deductibles that apply to
- 25 other benefits under the health benefit plan, unless the repair or
- 26 replacement is necessitated by misuse or loss; and
- 27 (4) Shall include a requirement that an orthotic device, an
- 28 orthotic service, a prosthetic device, or a prosthetic service, a prosthetic
- 29 device for athletics or recreation, or a prosthetic device for showering or
- 30 <u>bathing</u> be prescribed by a licensed doctor of medicine, doctor of osteopathy,
- 31 or doctor of podiatric medicine and provided by a doctor of medicine, a
- 32 doctor of osteopathy, a doctor of podiatric medicine, an orthotist, or a
- 33 prosthetist licensed by the State of Arkansas.
- 34 (d) Coverage of an orthotic device, an orthotic service, a prosthetic
- device, or a prosthetic service, a prosthetic device for athletics or
- 36 <u>recreation</u>, or a prosthetic device for showering or bathing may be made

1	subject to but no more restrictive than the provisions of the health benefit
2	plan that apply to other benefits under the health benefit plan.
3	(e) The commissioner <u>Insurance Commissioner</u> may+
4	(1) Issue a rule governing payment standards for health benefit
5	plans under subdivision (a)(1) of this section; and
6	(2) Adopt adopt necessary rules to enforce this section.
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