



General Assembly

Substitute Bill No. 5093

January Session, 2009

* HB05093APP 041609 *

AN ACT CONCERNING PROSTHETIC PARITY.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. (NEW) (*Effective January 1, 2010*) (a) As used in this
2 section:

3 (1) "Health insurance policy" means any individual health insurance
4 policy or medical or health care benefit plan that is delivered, issued
5 for delivery, renewed, amended or continued in this state by an
6 insurer, health care center, hospital service corporation, medical
7 service corporation, fraternal benefit society, or governmental entity
8 that provides medical benefits to Medicaid, HUSKY Plan, Charter Oak
9 Health Plan or state-administered assistance recipients.

10 (2) "Prosthetic device" means an artificial limb device to replace, in
11 whole or in part, an arm or a leg, except that it does not include a
12 device that contains a microprocessor or that is designed exclusively
13 for athletic purposes.

14 (b) (1) Each individual health insurance policy providing coverage
15 of the types specified in subdivisions (1), (2), (4), (11) and (12) of
16 section 38a-469 of the general statutes shall provide coverage for
17 prosthetic devices that is at least equivalent to that provided under
18 Medicare. Such coverage may be limited to a prosthetic device that is
19 determined by the insured's or enrollee's health care provider to be the

20 most appropriate to meet the medical needs of the insured or enrollee.
21 Such prosthetic device shall not be considered durable medical
22 equipment under such policy.

23 (2) Such policy shall provide coverage for the medically necessary
24 repair or replacement of a prosthetic device, as determined by the
25 insured's or enrollee's health care provider, unless such repair or
26 replacement is necessitated by misuse or loss.

27 (3) No such policy shall impose a coinsurance, copayment,
28 deductible or other out-of-pocket expense for a prosthetic device that is
29 more restrictive than that imposed on substantially all other benefits
30 provided under such policy, except that a high deductible health plan,
31 as that term is used in subsection (f) of section 38a-520 of the general
32 statutes, shall not be subject to the deductible limits set forth in this
33 subdivision or under Medicare pursuant to subdivision (1) of this
34 subsection.

35 (c) An individual health insurance policy may require prior
36 authorization for prosthetic devices, provided it is required in the
37 same manner and to the same extent as is required for other covered
38 benefits under such policy.

39 (d) An insured or enrollee may appeal a denial of coverage for or
40 repair or replacement of a prosthetic device to the Insurance
41 Commissioner for an external, independent review pursuant to section
42 38a-478n of the general statutes.

43 Sec. 2. (NEW) (*Effective January 1, 2010*) (a) As used in this section:

44 (1) "Health insurance policy" means any group health insurance
45 policy or medical or health care benefit plan that is delivered, issued
46 for delivery, renewed, amended or continued in this state by an
47 insurer, health care center, hospital service corporation, medical
48 service corporation, fraternal benefit society, or governmental entity
49 that provides medical benefits to Medicaid, HUSKY Plan, Charter Oak
50 Health Plan or state-administered assistance recipients.

51 (2) "Prosthetic device" means an artificial limb device to replace, in
52 whole or in part, an arm or a leg, except that it does not include a
53 device that contains a microprocessor or that is designed exclusively
54 for athletic purposes.

55 (b) (1) Each group health insurance policy providing coverage of the
56 types specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-
57 469 of the general statutes shall provide coverage for prosthetic devices
58 that is at least equivalent to that provided under Medicare. Such
59 coverage may be limited to a prosthetic device that is determined by
60 the insured's or enrollee's health care provider to be the most
61 appropriate to meet the medical needs of the insured or enrollee. Such
62 prosthetic device shall not be considered durable medical equipment
63 under such policy.

64 (2) Such policy shall provide coverage for the medically necessary
65 repair or replacement of a prosthetic device, as determined by the
66 insured's or enrollee's health care provider, unless such repair or
67 replacement is necessitated by misuse or loss.

68 (3) No such policy shall impose a coinsurance, copayment,
69 deductible or other out-of-pocket expense for a prosthetic device that is
70 more restrictive than that imposed on substantially all other benefits
71 provided under such policy, except that a high deductible health plan,
72 as that term is used in subsection (f) of section 38a-520 of the general
73 statutes, shall not be subject to the deductible limits set forth in this
74 subdivision or subdivision (1) of this subsection.

75 (c) A group health insurance policy may require prior authorization
76 for prosthetic devices, provided it is required in the same manner and
77 to the same extent as is required for other covered benefits under such
78 policy.

79 (d) An insured or enrollee may appeal a denial of coverage for or
80 repair or replacement of a prosthetic device to the Insurance
81 Commissioner for an external, independent review pursuant to section
82 38a-478n of the general statutes.

This act shall take effect as follows and shall amend the following sections:

Section 1	<i>January 1, 2010</i>	New section
Sec. 2	<i>January 1, 2010</i>	New section

INS *Joint Favorable Subst.*

APP *Joint Favorable*