



General Assembly

**Amendment**

January Session, 2009

LCO No. 9286

**\*HB0667809286HRO\***

Offered by:

REP. CARSON, 108<sup>th</sup> Dist.

REP. GIEGLER, 138<sup>th</sup> Dist.

To: Subst. House Bill No. 6678

File No. 616

Cal. No. 404

**"AN ACT CONCERNING REVISIONS TO DEPARTMENT OF  
PUBLIC HEALTH LICENSING STATUTES."**

1 After the last section, add the following and renumber sections and  
2 internal references accordingly:

3 "Sec. 501. (NEW) (*Effective January 1, 2010*) (a) As used in this  
4 section, "prosthetic device" means an artificial limb device to replace,  
5 in whole or in part, an arm or a leg, including a device that contains a  
6 microprocessor if such microprocessor-equipped device is determined  
7 by the insured's or enrollee's health care provider to be medically  
8 necessary. "Prosthetic device" does not include a device that is  
9 designed exclusively for athletic purposes.

10 (b) (1) Each individual health insurance policy providing coverage  
11 of the types specified in subdivisions (1), (2), (4), (11) and (12) of  
12 section 38a-469 of the general statutes delivered, issued for delivery,  
13 renewed, amended or continued in this state shall provide coverage

14 for prosthetic devices that is at least equivalent to that provided under  
15 Medicare. Such coverage may be limited to a prosthetic device that is  
16 determined by the insured's or enrollee's health care provider to be the  
17 most appropriate to meet the medical needs of the insured or enrollee.  
18 Such prosthetic device shall not be considered durable medical  
19 equipment under such policy.

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

24 (3) No such policy shall impose a coinsurance, copayment,  
25 deductible or other out-of-pocket expense for a prosthetic device that is  
26 more restrictive than that imposed on substantially all other benefits  
27 provided under such policy, except that a high deductible health plan,  
28 as that term is used in subsection (f) of section 38a-493 of the general  
29 statutes, shall not be subject to the deductible limits set forth in this  
30 subdivision or under Medicare pursuant to subdivision (1) of this  
31 subsection.

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

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

40 Sec. 502. (NEW) (*Effective January 1, 2010*) (a) As used in this section,  
41 "prosthetic device" means an artificial limb device to replace, in whole  
42 or in part, an arm or a leg, including a device that contains a  
43 microprocessor if such microprocessor-equipped device is determined  
44 by the insured's or enrollee's health care provider to be medically

45 necessary. "Prosthetic device" does not include a device that is  
46 designed exclusively for athletic purposes.

47 (b) (1) Each group health insurance policy providing coverage of the  
48 types specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-  
49 469 of the general statutes delivered, issued for delivery, renewed,  
50 amended or continued in this state shall provide coverage for  
51 prosthetic devices that is at least equivalent to that provided under  
52 Medicare. Such coverage may be limited to a prosthetic device that is  
53 determined by the insured's or enrollee's health care provider to be the  
54 most appropriate to meet the medical needs of the insured or enrollee.  
55 Such prosthetic device shall not be considered durable medical  
56 equipment under such policy.

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

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

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

72 (d) An insured or enrollee may appeal a denial of coverage for or  
73 repair or replacement of a prosthetic device to the Insurance  
74 Commissioner for an external, independent review pursuant to section  
75 38a-478n of the general statutes."