



General Assembly

**Raised Bill No. 376**

February Session, 2018

LCO No. 1718



Referred to Committee on INSURANCE AND REAL ESTATE

Introduced by:  
(INS)

**AN ACT CONCERNING HEALTH INSURANCE COVERAGE FOR PROSTHETIC DEVICES.**

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

1 Section 1. (NEW) (*Effective January 1, 2019*) (a) As used in this  
2 section, "prosthetic device" means an artificial limb device to replace,  
3 in whole or in part, an arm or a leg, including a device that contains a  
4 microprocessor if such microprocessor-equipped device is determined  
5 by the insured's or enrollee's health care provider to be medically  
6 necessary. "Prosthetic device" does not include a device that is  
7 designed exclusively for athletic purposes.

8 (b) (1) Each individual health insurance policy providing coverage  
9 of the types specified in subdivisions (1), (2), (4), (11) and (12) of  
10 section 38a-469 of the general statutes delivered, issued for delivery,  
11 renewed, amended or continued in this state shall provide coverage  
12 for prosthetic devices that is at least equivalent to that provided under  
13 Medicare. Such coverage may be limited to a prosthetic device that is  
14 determined by the insured's or enrollee's health care provider to be the  
15 most appropriate to meet the medical needs of the insured or enrollee.

16 Such prosthetic device shall not be considered durable medical  
17 equipment under such policy.

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

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

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

33 Sec. 2. (NEW) (*Effective January 1, 2019*) (a) As used in this section,  
34 "prosthetic device" means an artificial limb device to replace, in whole  
35 or in part, an arm or a leg, including a device that contains a  
36 microprocessor if such microprocessor-equipped device is determined  
37 by the insured's or enrollee's health care provider to be medically  
38 necessary. "Prosthetic device" does not include a device that is  
39 designed exclusively for athletic purposes.

40 (b) (1) Each group health insurance policy providing coverage of the  
41 types specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-  
42 469 of the general statutes delivered, issued for delivery, renewed,  
43 amended or continued in this state shall provide coverage for  
44 prosthetic devices that is at least equivalent to that provided under  
45 Medicare. Such coverage may be limited to a prosthetic device that is  
46 determined by the insured's or enrollee's health care provider to be the

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

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

54 (3) No such policy shall impose a coinsurance, copayment,  
55 deductible or other out-of-pocket expense for a prosthetic device that is  
56 more restrictive than that imposed on substantially all other benefits  
57 provided under such policy, except that a high deductible plan, as that  
58 term is used in subsection (f) of section 38a-520 of the general statutes,  
59 shall not be subject to the deductible limits set forth in this subdivision  
60 or under Medicare pursuant to subdivision (1) of this subsection.

61 (c) A group health insurance policy may require prior authorization  
62 for prosthetic devices, provided such authorization is required in the  
63 same manner and to the same extent as is required for other covered  
64 benefits under such policy.

This act shall take effect as follows and shall amend the following sections:		
Section 1	January 1, 2019	New section
Sec. 2	January 1, 2019	New section

**INS**      *Joint Favorable*