



## Insurance Fairness for Amputees: Model Bill Language

All individual and group health insurance policies providing coverage for hospital, medical or surgical expenses shall provide coverage for benefits for prosthetics and orthotics that are at least equivalent to that currently provided by the federal Medicare program, and no less favorable than the terms and conditions for the medical and surgical benefits in the policy.

(a) 'Orthotic device' means a rigid or semirigid device supporting a weak or deformed leg, foot, arm, hand, back or neck, or restricting or eliminating motion in a diseased or injured leg, foot, arm, hand, back or neck.

(b) 'Prosthetic device' means an artificial limb device or appliance designed to replace in whole or in part an arm or a leg.

The policy shall cover the most appropriate device that is determined to be medically necessary by the treating physician to restore functionality to optimal levels. The coverage required includes all services and supplies necessary for the effective use of a prosthetic or orthotic device, including formulating its design, fabrication, material and component selection, measurements, fittings, static and dynamic alignments, and instructing the patient in the use of the device. This includes all materials and components necessary to use the device.

The reimbursement rate for prosthetic and orthotic devices in all health plans must be at least equivalent to that currently provided by the federal Medicare program and no more restrictive than other benefits in the policy and shall be comparable to coverage of restorative internal devices without arbitrary caps or lifetime restrictions.

The coverage required shall include any repair or replacement of a prosthetic or orthotic device that is determined medically necessary to restore or maintain the ability to complete activities of daily living or essential job-related activities and that is not solely for comfort or convenience.

Prosthetic and orthotic benefits may not be subject to separate financial requirements that are applicable only with respect to such benefits. A health benefit plan may impose copayment and/or coinsurance amounts on prosthetics however any financial requirements applicable to such benefits may be no more restrictive than the financial requirements applicable to the plan's medical and surgical benefits, including those for internal devices.

A health plan may limit the benefits for or alter the financial requirements for out of network coverage of prosthetic and orthotic devices, however the restrictions and requirements applicable to such benefits may be no more restrictive than the financial requirements applicable to the out of network coverage for the plan's medical and surgical benefits.

The requirements of this section shall apply separately with respect to benefits provided under the plan (or coverage) on an in-network basis and benefits provided under the plan (or coverage) on an out-of-network basis.

A health benefit plan shall not impose any annual or lifetime dollar maximum on coverage for prosthetics other than an annual or lifetime dollar maximum that applies in the aggregate to all terms and services covered under the policy.

If coverage is provided through a managed care plan, the insured shall have access to medically necessary clinical care and to prosthetic and orthotic devices and technology from not less than two distinct **[INSERT STATE]** prosthetic and orthotic providers in the managed care plan's provider network.



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