

COMMITTEE REPORT

MADAM PRESIDENT:

The Senate Committee on Health and Provider Services, to which was referred Senate Bill No. 269, has had the same under consideration and begs leave to report the same back to the Senate with the recommendation that said bill be AMENDED as follows:

- 1 Page 1, line 6, after "(b)" insert "**As used in this section, "orthotic**
2 **device" means a custom fabricated brace or support that is**
3 **designed based on medical necessity.**
4 **(c)".**
5 Page 1, line 7, delete "medical device that is not surgically
6 implanted and that" and insert "**leg or arm."**
7 Page 1, delete lines 8 through 15.
8 Page 1, line 16, delete "(c)" and insert "**(d)".**
9 Page 2, line 6, delete "(d)" and insert "**(e)".**
10 Page 2, line 6, delete "the" and insert "**coverage for orthotic**
11 **devices and prosthetic devices, including repair or replacement of**
12 **an orthotic device or a prosthetic device that:**
13 **(1) is performed by a licensed orthotist or prosthetist or a**
14 **certified pedorthist;**
15 **(2) is determined by the covered individual's physician to be**
16 **medically necessary to restore or maintain the covered**
17 **individual's ability to perform activities of daily living or**
18 **essential job related activities; and**
19 **(3) is not solely for comfort or convenience.**
20 **(f) The coverage required under subsection (e) must be equal to**
21 **the coverage that is provided for the same device, repair, or**

- 1 replacement under the federal Medicare reimbursement schedule,
 2 unless:
- 3 (1) otherwise limited by this section; or
 4 (2) a different reimbursement rate is negotiated.
- 5 (g) Except as provided in subsection (h), the coverage required
 6 under this section:
- 7 (1) may be subject to; and
 8 (2) may not be more restrictive than;
 9 the provisions that apply to other benefits under the state employee
 10 health plan.
- 11 (h) The coverage required under this section may be subject to
 12 utilization review, including periodic review, of the continued
 13 medical necessity of the benefit."
- 14 Page 2, delete lines 7 through 19.
- 15 Page 3, line 2, after "(a)" insert "As used in this chapter, "orthotic
 16 device" means a custom fabricated brace or support that is
 17 designed based on medical necessity.
 18 (b)".
- 19 Page 3, line 3, delete "medical device that is not surgically
 20 implanted and that" and insert "leg or arm."
- 21 Page 3, delete lines 4 through 12.
- 22 Page 3, line 13, after "provide" insert "coverage for orthotic
 23 devices and prosthetic devices, including repair or replacement of
 24 an orthotic device or a prosthetic device that:
- 25 (1) is performed by a licensed orthotist or prosthetist or a
 26 certified pedorthist;
 27 (2) is determined by the insured's physician to be medically
 28 necessary to restore or maintain the insured's ability to
 29 perform activities of daily living or essential job related
 30 activities; and
 31 (3) is not solely for comfort or convenience.
- 32 Sec. 5. The coverage required under section 4 of this chapter
 33 must be equal to the coverage that is provided for the same device,
 34 repair, or replacement under the federal Medicare reimbursement
 35 schedule, unless:
- 36 (1) otherwise limited by this chapter; or
 37 (2) a different reimbursement rate is negotiated.
- 38 Sec. 6. Except as provided in section 7 of this chapter, the
 39 coverage required under section 4 of this chapter:
- 40 (1) may be subject to; and
 41 (2) may not be more restrictive than;
 42 the provisions that apply to other benefits under the policy of

1 **accident and sickness insurance.**

2 **Sec. 7. The coverage required under section 4 of this chapter**
 3 **may be subject to utilization review, including periodic review, of**
 4 **the continued medical necessity of the benefit."**

5 Page 3, delete lines 14 through 25.

6 Page 3, line 28, after "(a)" insert "**As used in this section, "orthotic**
 7 **device" means a custom fabricated brace or support that is**
 8 **designed based on medical necessity.**

9 **(b)".**

10 Page 3, line 29, delete "medical device that is not surgically
 11 implanted" and insert "**leg or arm."**

12 Page 3, delete lines 30 through 38.

13 Page 3, line 39, delete "the" and insert "**coverage for orthotic**
 14 **devices and prosthetic devices, including repair or replacement of**
 15 **an orthotic device or a prosthetic device that:**

16 **(1) is performed by a licensed orthotist or prosthetist or a**
 17 **certified pedorthist;**

18 **(2) is determined by the enrollee's physician to be medically**
 19 **necessary to restore or maintain the enrollee's ability to**
 20 **perform activities of daily living or essential job related**
 21 **activities; and**

22 **(3) is not solely for comfort or convenience.**

23 **(d) Except as provided in subsection (e), the coverage required**
 24 **under subsection (c):**

25 **(1) may be subject to; and**

26 **(2) may not be more restrictive than;**

27 **the provisions that apply to other benefits under the group**
 28 **contract or individual contract.**

29 **(e) The coverage required under this section may be subject to**
 30 **utilization review, including periodic review, of the continued**

- 1 **medical necessity of the benefit."**
- 2 Page 3, delete lines 40 through 42.
- 3 Page 4, delete lines 1 through 9.
(Reference is to SB 269 as introduced.)

and when so amended that said bill do pass .

Committee Vote: Yeas 11, Nays 0.

Senator Miller, Chairperson