

# House Bill 2517

Sponsored by Representative BUCKLEY, Senator BATES; Representative ESQUIVEL

## SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure **as introduced**.

Requires coverage under health insurance policy for prosthetic and orthotic devices.

## A BILL FOR AN ACT

1  
2 Relating to medical devices.

3 **Be It Enacted by the People of the State of Oregon:**

4 **SECTION 1. (1) All individual and group health insurance policies providing coverage for**  
5 **hospital, medical or surgical expenses shall include coverage for prosthetic and orthotic de-**  
6 **vices considered necessary for adjunctive treatment.**

7 **(2) As used in this section:**

8 **(a) "Orthotic device" includes, but is not limited to:**

9 **(A) Leg, arm, back and neck braces; and**

10 **(B) Other orthopedic devices that support or align, prevent or correct deformities of, or**  
11 **improve functioning of movable parts of the body.**

12 **(b) "Prosthetic device" means any artificial device or appliance designed to support or**  
13 **take the place of a part of the body or to increase the acuity of a sense organ.**

14 **(3) The coverage required by subsection (1) of this section may be made subject to pro-**  
15 **visions of a health insurance policy that apply to other benefits under the policy, including,**  
16 **but not limited to, provisions relating to deductibles, coinsurance and prior authorization.**

17 **(4) A health benefit plan may impose a copayment or coinsurance amount on a prosthetic**  
18 **or orthotic device that does not exceed the copayment or coinsurance limit set by the Di-**  
19 **rector of the Department of Consumer and Business Services or the director's designee.**

20 **(5) The director shall set by rule the maximum copayment or coinsurance amount a**  
21 **health benefit plan may impose on prosthetic and orthotic devices. The maximum amount**  
22 **established by the director may not exceed the copayment or coinsurance amounts estab-**  
23 **lished under applicable federal law or rule set by the United States Secretary of Health and**  
24 **Human Services.**

25 **(6) The coverage required by subsection (1) of this section shall include any repair or**  
26 **replacement of prosthetic and orthotic devices that is determined appropriate by the benefi-**  
27 **ciary's treating physician in consultation with the prosthetist or orthotist.**

28 **(7) The reasonable useful lifetime of prosthetic and orthotic devices is determined by in-**  
29 **structions developed by either the manufacturer or the beneficiary's treating physician in**  
30 **consultation with the prosthetist or orthotist.**

31 **(8) A health benefit plan may not impose any annual or lifetime maximum on benefits for**  
32 **prosthetic or orthotic devices other than an annual or lifetime maximum that applies in the**

**NOTE:** Matter in **boldfaced** type in an amended section is new; matter [*italic and bracketed*] is existing law to be omitted. New sections are in **boldfaced** type.

1 aggregate to all terms and services covered under the policy.

2 (9) If coverage under subsection (1) of this section is provided through a managed care  
3 plan, the insured shall have access to medically necessary clinical care and to prosthetic and  
4 orthotic devices and technology from any prosthetist or orthotist to whom the insured is  
5 referred by the insured's primary care physician, if such physician has a contract with the  
6 managed care plan. Fees for such services may not be less than the fee schedule amount for  
7 prosthetics and orthotics under the Medicare Physician Fee Schedule.

8 (10) The Department of Consumer and Business Services may adopt rules for the purpose  
9 of setting fee and payment schedules under this section that are not inconsistent with the  
10 Medicare Physician Fee Schedule.

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