

SECOND REGULAR SESSION

HOUSE BILL NO. 1658

103RD GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVE STEINMEYER.

3995H.011

JOSEPH ENGLER, Chief Clerk

AN ACT

To repeal section 376.1232, RSMo, and to enact in lieu thereof one new section relating to insurance coverage of orthotic devices.

Be it enacted by the General Assembly of the state of Missouri, as follows:

Section A. Section 376.1232, RSMo, is repealed and one new section enacted in lieu thereof, to be known as section 376.1232, to read as follows:

376.1232. 1. Each health carrier or health benefit plan that offers or issues health benefit plans which are delivered, issued for delivery, continued, or renewed in this state on or after January 1, 2010, shall offer coverage for **orthotic and** prosthetic devices and services, including original and replacement devices, as prescribed by a physician acting within the scope of his or her practice.

2. For the purposes of this section, "health carrier" and "health benefit plan" shall have the same meaning as defined in section 376.1350.

3. The amount of the benefit for **orthotic and** prosthetic devices and services under this section shall be no less than the annual and lifetime benefit maximums applicable to the basic health care services required to be provided under the health benefit plan. If the health benefit plan does not include any annual or lifetime maximums applicable to basic health care services, the amount of the benefit for **orthotic and** prosthetic devices and services shall not be subject to an annual or lifetime maximum benefit level. Any co-payment, coinsurance, deductible, and maximum out-of-pocket amount applied to the benefit for **orthotic and** prosthetic devices and services shall be no more than the most common amounts applied to the basic health care services required to be provided under the health benefit plan.

EXPLANATION — Matter enclosed in bold-faced brackets **[thus]** in the above bill is not enacted and is intended to be omitted from the law. Matter in **bold-face** type in the above bill is proposed language.

17 4. The provisions of this section shall not apply to a supplemental insurance policy,
18 including a life care contract, accident-only policy, specified disease policy, hospital policy
19 providing a fixed daily benefit only, Medicare supplement policy, long-term care policy,
20 short-term major medical policies of six months or less duration, or any other supplemental
21 policy as determined by the director of the department of commerce and insurance.

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