

HCS HB 2034 -- INSURANCE COVERAGE FOR CERTAIN DEVICES

SPONSOR: Caton

COMMITTEE ACTION: Voted "Do Pass with HCS" by the Standing Committee on Health and Mental Health by a vote of 15 to 0.

The following is a summary of the House Committee Substitute for HB 2034.

This bill requires the MO HealthNet program to cover orthotic, prosthetic, and complex rehabilitation technology devices, supplies, and services. This includes:

- (1) For orthotic and prosthetic devices, coverage of devices intended for primary or daily use; and
- (2) For complex rehabilitation technology devices, one wheelchair for daily use and one wheelchair for backup use.

The bill requires coverage of devices for showering or bathing. The bill also specifies what conditions must be met for the coverage of a complex rehabilitation technology device. Coverage includes repair and replacement. Prior authorization can be required, and utilization review determinations must be rendered in a nondiscriminatory manner.

This bill requires health carriers and health benefit plans to provide coverage for orthotic, prosthetic, and complex rehabilitation technology devices, supplies, and services, including repair and replacement.

A health carrier or health benefit plan may limit the benefits for, or alter the financial requirements for, out-of-network coverage of such devices, but these restrictions will not be more restrictive than the financial requirements that apply to the out-of-network coverage for basic health care services provided under the health benefit plan.

The bill requires the MO HealthNet program, health carriers, and health benefit plans to cover at least the following for an enrollee entitled to coverage of prostheses or orthoses:

- (1) One prosthesis or orthosis for daily use;
- (2) One prosthesis or orthosis designed for physical activity; and

(3) One prosthesis or orthosis for showering or bathing.

This bill requires the MO Healthnet program, health carriers, and health benefit plans to cover at least the following for an enrollee entitled to coverage of complex rehabilitation technology devices:

(1) One wheelchair for daily use that meets the needs for mobility and positioning;

(2) One wheelchair for backup use; and

(3) One high-performance wheelchair if medically necessary to enable the enrollee to engage in physical activities, as applicable, including, but not limited to, running, biking, swimming, and strength training, and to maximize the enrollee's whole-body health and lower or upper limb function.

The provisions of the bill will not apply to a supplemental insurance policy, including a life care contract, accident-only policy, specified disease policy, hospital policy providing a fixed daily benefit only, long-term care policy, short-term major medical policies of six months or less duration, or any other supplemental policy as determined by the director of the Department of Commerce and Insurance, but will apply to a Medicare supplement policy.

Health carriers or health benefit plans must render utilization review determinations in a nondiscriminatory manner and are prohibited from denying coverage for habilitative or rehabilitative benefits solely on the basis of an enrollee's actual or perceived disability. Health carriers or health benefit plans are prohibited from denying a prosthetic, orthotic, or complex rehabilitation technology benefit for an individual with a disability or complex medical condition that would otherwise be covered for a nondisabled person seeking intervention to restore or maintain the ability to perform the same activities.

Health carriers or health benefit plans providing coverage for prosthetic, orthotic, or complex rehabilitation technology services must ensure access to medically necessary clinical care and to prosthetic, custom orthotic, and complex rehabilitation technology devices from at least three accredited facilities or providers in the plan's provider network. If services are not available from an in-network provider, the health carrier or

health benefit plan must provide processes to refer a member to an out-of-network provider, who must be properly reimbursed.

The bill requires, before October 1, 2027, each health carrier issuing a health benefit plan providing coverage of orthotic, prosthetic, and complex rehabilitation technology devices, supplies, and services to report to the director of the Department of Commerce and Insurance on its experience with the coverage requirements described in this bill for the first year following the bill's effective date. The report will be in a form prescribed by the director and will include the number of claims and the total amount of claims paid in the State for the required services. The director will then aggregate the data in a report and submit such report to the House of Representatives and Senate committees with jurisdiction over matters of health insurance before December 1, 2027.

The following is a summary of the public testimony from the committee hearing. The testimony was based on the introduced version of the bill.

**PROPONENTS:** Supporters say that this is about ensuring activity-based prostheses, orthotics, and other devices are covered by insurance, for those who want the chance to be as normal as possible. These people are asking for the same opportunity as other people. Without appropriate devices, secondary medical problems can develop. Individuals with limb loss often need more than one device to safely participate in life. Thirteen other states have passed similar legislation.

Testifying in person for the bill were Representative Caton; Allison Gordon; Deborah Graham; Mitchell Dobson; Elijah Schultz; Sam Schaefer; Matthew Stone; Amaris Vazquez Collazo; Denise Hoffmann; Tobin Schultz; Arnie Dienoff; Missouri Chapter of The American Academy of Pediatrics; and Phoenix Home Care.

**OPPONENTS:** Those who oppose the bill say that less than 30% of the state's enrollees will be affected by this bill's passage, and that current law requires coverage for prosthetics and that this bill would expand the current law's requirements. When states impose mandates, states should pay for those mandates, and the State is experiencing long-term budget concerns.

Testifying in person against the bill were America's Health Insurance Plans; and Missouri Insurance Coalition.

Written testimony has been submitted for this bill. The full written testimony and witnesses testifying online can be found under Testimony on the bill page on the House website.