

MAINE STATE LEGISLATURE

The following document is provided by the
LAW AND LEGISLATIVE DIGITAL LIBRARY
at the Maine State Law and Legislative Reference Library
<http://legislature.maine.gov/lawlib>



Reproduced from scanned originals with text recognition applied
(searchable text may contain some errors and/or omissions)



121st MAINE LEGISLATURE

FIRST REGULAR SESSION-2003

Legislative Document

No. 125

S.P. 48

In Senate, January 21, 2003

An Act to Promote Fairness and Opportunity for Working Amputees

Reference to the Committee on Insurance and Financial Services suggested and ordered printed.

A handwritten signature in cursive script that reads "Joy J. O'Brien".

JOY J. O'BRIEN
Secretary of the Senate

Presented by Senator MAYO of Sagadahoc.
Cosponsored by Representative O'NEIL of Saco and
Senators: BROMLEY of Cumberland, President DAGGETT of Kennebec, GAGNON of
Kennebec, Representatives: BULL of Freeport, DUDLEY of Portland, FLETCHER of
Winslow, PERRY of Calais, SNOWE-MELLO of Poland.

2 Be it enacted by the People of the State of Maine as follows:

4 Sec. 1. 24-A MRSA §4315 is enacted to read:

6 **§4315. Coverage of prosthetic devices**

8 **1. Definition.** As used in this section, "prosthetic
10 device" means an artificial device to replace, in whole or in
12 part, an arm or a leg.

14 **2. Required coverage.** A carrier shall provide coverage for
16 prosthetic devices in all health plans that, at a minimum, equals
18 the coverage and payment for prosthetic devices provided under
20 federal laws and regulations for the aged and disabled pursuant
to 42 United States Code, Sections 1395k, 1395l and 1395m and 42
Code of Federal Regulations, Sections 414.202, 414.210, 414.228
and 410.100. Covered benefits must be provided for a prosthetic
device determined by the enrollee's provider to be the most
appropriate model that adequately meets the medical needs of the
enrollee.

22 **3. Prior authorization.** A carrier may require prior
24 authorization for prosthetic devices in the same manner as prior
authorization is required for any other covered benefit.

26 **4. Repair or replacement.** Coverage under this section must
28 also be provided for repair or replacement of a prosthetic device
if repair or replacement is determined appropriate by the
enrollee's provider.

30 **5. Coverage under managed care plan.** If coverage under
32 this section is provided through a managed care plan, a carrier
34 may require that prosthetic services be rendered by a provider
who contracts with the carrier and that a prosthetic device be
provided by a vendor designated by the carrier.

36 **Sec. 2. Application.** The requirements of this Act apply to
38 all policies, contracts and certificates executed, delivered,
40 issued for delivery, continued or renewed in this State on or
42 after January 1, 2004. For purposes of this Act, all contracts
are deemed to be renewed no later than the next yearly
anniversary of the contract date.

44 **SUMMARY**

46 This bill requires carriers to provide coverage for
48 prosthetic devices in all health plans, except those providing
supplemental coverage for a specific disease or other limited
50 benefits. Benefits for coverage of prosthetic devices must be

2 equal to those benefits provided under federal Medicare law.
3 Currently, Medicare provides coverage for 80% of the actual
4 charge or the amount recognized as the purchase price for the
5 device, whichever is less.

6 The requirements apply to all health plan policies issued or
7 renewed on or after January 1, 2004.