

LEGISLATURE OF NEBRASKA
ONE HUNDREDTH LEGISLATURE
SECOND SESSION

LEGISLATIVE BILL 969

Introduced by Pankonin, 2.

Read first time January 15, 2008

Committee: Banking, Commerce and Insurance

A BILL

1 FOR AN ACT relating to insurance; to require coverage for
2 prosthetics.
3 Be it enacted by the people of the State of Nebraska,

1 Section 1. (1) Notwithstanding section 44-3,131, (a)
2 any individual or group sickness and accident insurance policy,
3 certificate, or subscriber contract delivered, issued for delivery,
4 or renewed in this state and any hospital, medical, or surgical
5 expense-incurred policy, except for short-term major medical
6 policies of six months or less duration and policies that provide
7 coverage for a specified disease or other limited-benefit coverage,
8 and (b) any self-funded employee benefit plan to the extent not
9 preempted by federal law shall include coverage for prosthetics
10 that, at a minimum, equals the coverage provided under the federal
11 Medicare program pursuant to 42 U.S.C. 1395k, 1395l, and 1395m and
12 42 C.F.R. 410.100, 414.202, 414.210, and 414.228, as such sections
13 and regulations existed on January 1, 2008. Such coverage may be
14 limited to the most appropriate prosthetic that is deemed medically
15 necessary by the covered person's treating physician, including
16 repair or replacement of prosthetics if repair or replacement
17 is determined appropriate by the treating physician. If coverage
18 under this section is provided through an insurance policy or
19 expense-incurred policy, such policy may require that prosthetics
20 be furnished by a prosthetist with which the insurer has a
21 contract, but the covered person shall have access to medically
22 necessary clinical care, prosthetic services, and prosthetic
23 components or technology from a nonparticipating prosthetist to the
24 same extent that the policy provides for out-of-network services
25 for other covered benefits.

1 (2) This section does not prevent application of
2 deductible or copayment provisions contained in the policy,
3 certificate, contract, or employee benefit plan or require that
4 such coverage be extended to any other procedures. Any copayment
5 shall not exceed the copayment imposed under Part B of the Medicare
6 fee-for-service program, and providers shall be reimbursed for
7 prosthetics at no less than the fee schedule amount for prosthetics
8 under the federal Medicare reimbursement schedule. The policy,
9 certificate, contract, or employee benefit plan shall not impose
10 any annual or lifetime dollar maximum on coverage for prosthetics
11 other than an annual or lifetime dollar maximum that applies in the
12 aggregate to all other terms and services covered.

13 (3) For purposes of this section, prosthetic means
14 artificial legs and arms and associated components, including
15 replacements if required because of a change in the patient's
16 physical condition.