
HOUSE BILL 1612

State of Washington

62nd Legislature

2011 Regular Session

By Representatives Johnson, Green, Hope, Dickerson, Walsh, Appleton, Maxwell, Van De Wege, and Kenney

Read first time 01/27/11. Referred to Committee on Health Care & Wellness.

1 AN ACT Relating to insurance coverage of prosthetics and orthotics;
2 and adding a new section to chapter 48.43 RCW.

3 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

4 NEW SECTION. **Sec. 1.** A new section is added to chapter 48.43 RCW
5 to read as follows:

6 (1) Each individual and group health plan that is issued or renewed
7 on or after January 1, 2012, that provides coverage for hospital or
8 medical expenses shall provide coverage for benefits for prosthetics
9 and orthotics that are at least equivalent to the coverage provided by
10 the federal medicare program, and no less favorable than the terms and
11 conditions for the medical and surgical benefits in the policy.

12 (a) "Orthotic device" means a rigid or semirigid device supporting
13 a weak or deformed leg, foot, arm, hand, back, or neck, or restricting
14 or eliminating motion in a diseased or injured leg, foot, arm, hand,
15 back, or neck.

16 (b) "Prosthetic device" means an artificial limb device or
17 appliance designed to replace in whole or in part an arm or a leg.

18 (2) Coverage required under this section includes all services and
19 supplies determined medically necessary by the treating physician to

1 restore functionality to optimal levels. The coverage includes all
2 services and supplies necessary for the effective use of a prosthetic
3 or orthotic device, including formulating its design, fabrication,
4 material and component selection, measurements, fittings, static and
5 dynamic alignments, and instructing the patient in the use of the
6 device. The coverage includes all materials and components necessary
7 to use the device.

8 (3) The reimbursement rate for prosthetic and orthotic devices must
9 be at least equivalent to that currently provided by the federal
10 medicare program and no more restrictive than other benefits in the
11 policy and must be comparable to coverage of restorative internal
12 devices without arbitrary caps or lifetime restrictions.

13 (4) The coverage must include any repair or replacement of a
14 prosthetic or orthotic device that is determined medically necessary to
15 restore or maintain the ability to complete activities of daily living
16 or essential job-related activities and that is not solely for comfort
17 or convenience.

18 (5) Prosthetic and orthotic benefits may not be subject to separate
19 financial requirements or limitations. A health plan may impose
20 copayment or coinsurance amounts on prosthetics, however financial
21 requirements may be no more restrictive than the financial requirements
22 applicable to the medical and surgical benefits, including those for
23 internal devices.

24 (6) A health plan may limit the benefits or alter the financial
25 requirements for out-of-network coverage of prosthetic and orthotic
26 devices. However, the restrictions and requirements applicable to the
27 benefits may be no more restrictive than the financial requirements
28 applicable to the out-of-network coverage for the medical and surgical
29 benefits.

30 (7) A health plan may not impose any annual or lifetime dollar
31 maximum on coverage for prosthetics other than an annual or lifetime
32 dollar maximum that applies in the aggregate to all terms and services
33 covered under the policy.

34 (8) If coverage is provided through a managed care plan, the
35 insured must have access to medically necessary clinical care and to
36 prosthetic and orthotic devices and technology from not less than two

1 distinct prosthetic and orthotic providers in the plan's provider
2 network.

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