

STATE OF MAINE

—
IN THE YEAR OF OUR LORD
TWO THOUSAND TWENTY-TWO

—
H.P. 741 - L.D. 1003

An Act To Improve Outcomes for Persons with Limb Loss

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

Sec. 1. 24-A MRSA §4315, sub-§2, as amended by PL 2003, c. 688, Pt. I, §1, is further amended to read:

2. Required coverage. A carrier shall provide coverage for prosthetic devices in all health plans that, at a minimum, equals, except as provided in subsection 8, the coverage and payment for prosthetic devices provided under 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, in accordance with section 4301-A, subsection 10-A, to be the most appropriate model that adequately meets the medical needs of the enrollee.~~

A. A prosthetic device determined by the enrollee's provider, in accordance with section 4301-A, subsection 10-A, to be the most appropriate model that adequately meets the medical needs of the enrollee; and

B. With respect to an enrollee under 18 years of age, in addition to coverage of a prosthetic device required by paragraph A, a prosthetic device determined by the enrollee's provider, in accordance with section 4301-A, subsection 10-A, to be the most appropriate model that meets the medical needs of the enrollee for recreational purposes, as applicable, to maximize the enrollee's ability to ambulate, run, bike and swim and to maximize upper limb function.

Sec. 2. 24-A MRSA §4315, sub-§6, as amended by PL 2009, c. 603, §1 and affected by §2, is further amended to read:

6. Exclusions. Coverage Except as provided in subsection 2, paragraph B for an enrollee under 18 years of age, coverage is not required pursuant to this section for a prosthetic device that is designed exclusively for an athletic purposes purpose.

Sec. 3. 24-A MRSA §4315, sub-§9 is enacted to read:

9. Report. No later than June 30, 2028, each carrier that issues a health plan subject to this section shall report to the superintendent on its experience pursuant to this section

for plan years 2024, 2025, 2026 and 2027. The report must be in a form prescribed by the superintendent and must include the number of claims and the total amount of claims paid in this State for the services required by this section. The superintendent shall aggregate this data by plan year in a report and submit the report to the joint standing committee of the Legislature having jurisdiction over health coverage and insurance matters no later than November 1, 2028.

Sec. 4. No addition to State's essential health benefits; legislative finding.

The Legislature finds that the requirements of this Act do not constitute an addition to the State's essential health benefits that requires defrayal of costs by the State pursuant to 42 United States Code, Section 18031(d)(3)(B) because the requirements clarify that the law requiring a health insurance carrier to provide coverage for prosthetic devices to meet the medical needs of an enrollee under 18 years of age includes a prosthetic device designed to meet the enrollee's medical needs for recreational purposes.

Sec. 5. Application. The requirements of this Act apply to all policies, contracts and certificates executed, delivered, issued for delivery, continued or renewed in this State on or after January 1, 2024. For purposes of this Act, all contracts are deemed to be renewed no later than the next yearly anniversary of the contract date.