

ALASKA STATE LEGISLATURE

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HB 272: Activity-Specific Prosthetics and Orthotics

SECTIONAL ANALYSIS

“An act relating to insurance coverage for prosthetic and orthotic devices; relating to medical assistance for prosthetic and orthotic devices; and providing for an effective date”

Section 1 amends AS 21.42 to add section 21.42.445, which introduces requirements for prosthetic and orthotic coverage.

Paragraph (a) specifies that insurance providers must provide coverage for prosthetic and orthotic devices to at least the level required by Medicare.

Paragraph (b) requires that the coverage include all such devices determined by a health care provider to be most appropriate to meet the covered person’s medical needs for a range of exercise and personal hygiene activities.

Paragraph (c) specifies conditions for coverage of repair or replacement deemed necessary by a health care provider.

Paragraph (d) addresses classifications needed to meet state or federal requirements of essential health benefits.

Paragraph (e) requires that device coverage be covered to the same extent that medical or surgical intervention would be covered for a nondisabled person seeking to perform the same physical activity.

Paragraph (f) addresses availability of in-network and out-of-network providers.

Paragraph (g) forbids financial requirements that apply only to prosthetic and orthotic coverage and requires that cost-sharing requirements for prosthetics and orthotic devices be no more restrictive than the requirements for inpatient physician and surgical services.

Paragraph (h) specifies requirements for notifying a covered person of their rights and providing written, detailed information on the reasons for denial of a claim.

Section 2 amends AS 47.07.030(b) to add orthotic devices and replacement devices to the list of optional Medicaid services provided by the State of Alaska.

Section 3 contains reporting requirements for private insurers and state Medicaid.

Section 4 amends uncodified law of the State of Alaska to specify that Section 1 applies to plans issued or renewed after the effective date.

Section 5 requires the Department of Health to submit an update to the state plan to the US Dept of Health & Human Services.

Section 6 sets an effective date of January 1, 2027, conditional on the changes to the state plan being approved or deemed unnecessary.

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