

LEGISLATURE OF NEBRASKA
ONE HUNDRED EIGHTH LEGISLATURE
SECOND SESSION

LEGISLATIVE BILL 1274

Introduced by Cavanaugh, J., 9.

Read first time January 16, 2024

Committee:

- 1 A BILL FOR AN ACT relating to insurance; to require coverage of
- 2 prosthetics and orthotics as prescribed; and to define terms.
- 3 Be it enacted by the people of the State of Nebraska,

1 Section 1. (1) Notwithstanding section 44-3,131, (a) any individual
2 or group sickness and accident insurance policy, certificate, or
3 subscriber contract delivered, issued for delivery, or renewed in this
4 state and any hospital, medical, or surgical expense-incurred policy,
5 except for short-term major medical policies of six months or less
6 duration and policies that provide coverage for a specified disease or
7 other limited-benefit coverage, and (b) any self-funded employee benefit
8 plan, to the extent not preempted by federal law, shall include coverage
9 for prosthetics and orthotics that, at a minimum, equals the coverage
10 provided under the federal medicare program pursuant to 42 U.S.C. 1395k,
11 1395l, and 1395m and 42 C.F.R. 410.100, 414.202, 414.210, and 414.228, as
12 such sections and regulations existed on January 1, 2024. Such coverage
13 may be limited to the most appropriate prosthetic or orthotic that is
14 deemed medically necessary by the covered individual's treating
15 physician, including repair or replacement of prosthetics and orthotics
16 if repair or replacement is determined appropriate by the treating
17 physician. If coverage under this section is provided through an
18 insurance policy or expense-incurred policy, such policy may require that
19 prosthetics and orthotics be furnished by a prosthetist with which the
20 insurer has a contract, but the covered individual shall have access to
21 medically necessary clinical care, prosthetic and orthotic services, and
22 prosthetic and orthotic components or technology from a nonparticipating
23 prosthetist to the same extent that the policy provides for out-of-
24 network services for other covered benefits.

25 (2) This section does not prevent application of deductible or
26 copayment provisions contained in the policy, certificate, contract, or
27 employee benefit plan or require that such coverage be extended to any
28 other procedures. Any copayment shall not exceed the copayment imposed
29 under Part B of the medicare fee-for-service program, and providers shall
30 be reimbursed for prosthetics and orthotics at no less than the fee
31 schedule amount for prosthetics and orthotics under the federal medicare

1 reimbursement schedule. The policy, certificate, contract, or employee
2 benefit plan shall not impose any annual or lifetime dollar maximum on
3 coverage for prosthetics and orthotics other than an annual or lifetime
4 dollar maximum that applies in the aggregate to all other terms and
5 services covered.

6 (3) For purposes of this section, (a) prosthetic means artificial
7 legs and arms and associated components, including replacements if
8 required, as a result of a change in the patient's physical condition and
9 (b) orthotic means a custom-fitted or custom-fabricated medical device
10 that is applied to a part of the human body to correct a deformity,
11 improve function, or relieve symptoms of a disease.