## SENATE BILL No. 518

By Committee on Ways and Means

2-15

AN ACT concerning insurance; relating to complex rehabilitation technology; establishing coverage and reimbursement therefor; providing for the formation of a complex rehabilitation technology reimbursement task force; creating the complex rehabilitation technology coverage act; directing the commissioner of insurance to adopt rules and regulations.

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Be it enacted by the Legislature of the State of Kansas:

Section 1. (a) Sections 1 through 4, and amendments thereto, shall be known and may be cited as the complex rehabilitation technology coverage act.

- (b) As used in this act:
- (1) "Act" means the complex rehabilitation technology coverage act.
- (2) "Commissioner" means the commissioner of insurance.
- (3) "Complex rehabilitation technology" means items classified within medicare as durable medical equipment that are individually configured for individuals to meet their specific and unique medical, physical and functional needs and capacities for basic and instrumental activities of daily living identified as medically necessary and includes options and accessories related to such items.
- (4) "Complex rehabilitation technology patient" means an individual with a diagnosis or medical condition that results in significant physical impairment or functional limitation.
  - (5) "Department" means the Kansas insurance department.
- (6) "Health benefit plan" means the same as defined in K.S.A. 40-4602, and amendments thereto. "Health benefit plan" includes the Kansas plan for medical assistance and the state children's insurance plan, as provided for in K.S.A. 38-2001 et seq., and amendments thereto.
- (7) "Health insurer" means the same as defined in K.S.A. 40-4602, and amendments thereto.
- (8) "Individually configured" means having a combination of sizes, features, adjustments or modifications that a qualified complex rehabilitation technology supplier can customize to the specific individual by measuring, fitting, programming, adjusting or adapting as appropriate, so that the device operates in accordance with an assessment or evaluation of the individual by a qualified healthcare professional and corresponds to

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the individual's medical condition, physical and functional needs and capacities, body size, period of need and intended use.

- (9) "Qualified complex rehabilitation technology supplier" means a company or entity that:
- (A) Is accredited by a recognized accrediting organization as a supplier of complex rehabilitation technology;
- (B) is an enrolled supplier for purposes of medicare reimbursement that meets the supplier and quality standards established for durable medical equipment suppliers, including those for complex rehabilitation technology under medicare;
- (C) is an employer of at least one qualified complex rehabilitation technology professional to analyze the needs and capacities of the complex rehabilitation technology patient in consultation with qualified healthcare professionals, participate in the selection of appropriate complex rehabilitation technology for such needs and capacities of the complex rehabilitation technology patient and provide training in the proper use of the complex rehabilitation technology;
- (D) requires a qualified complex rehabilitation technology professional to be physically present for the evaluation and determination of appropriate complex rehabilitation technology for a complex rehabilitation technology patient;
- (E) has the capability to provide service and repair by qualified technicians for all complex rehabilitation technology that it sells; and
- provides written information on the complex rehabilitation technology to the complex rehabilitation technology patient at the time of delivery, stating how the complex needs patient may receive service and repair for the complex rehabilitation technology.
- (10) "Oualified complex rehabilitation technology professional" means an individual who is certified as an assistive technology professional by the rehabilitation engineering and assistive technology society of North America and registered with the national registry of rehabilitation technology suppliers (NRRTS).
- "Qualified healthcare professional" means any of the following authorized prescribers of complex rehabilitation technology:
- (A) A person licensed by the state board of healing arts to practice medicine and surgery or osteopathic medicine and surgery;
- (B) a mid-level practitioner as defined in K.S.A. 65-1626, and amendments thereto:
- 39 (C) an occupational therapist licensed to practice occupational 40 therapy pursuant to the occupational therapy practice act; or
- 41 (D) a physical therapist licensed to practice physical therapy pursuant to the physical therapy practice act. 42 43
  - Sec. 2. (a) Any health insurer that offers a health benefit plan and any

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 health benefit plan that offers health insurance coverage for complex rehabilitation therapy shall:

- (1) Not consider the location where the complex rehabilitation technology will be evaluated or used when making a determination of medical necessity; and
- (2) offer covered persons a prior authorization process that reviews billable codes and provides coverage determinations for complex rehabilitation technology.
- (b) If a covered individual receives prior authorization stating that the individual's complex rehabilitation technology will be covered under such individual's health benefit plan and the individual remains covered under the policy or contract at the time the complex rehabilitation technology is delivered to the individual, the health insurer shall:
- (1) Pay 100% of the amount approved in the prior authorization, subject to applicable copayment, coinsurance or deductible requirements as provided in the policy; and
- (2) be prohibited from seeking payment or reimbursement from the covered person's complex rehabilitation technology supplier or another party involved with the sale or delivery of the complex rehabilitation technology.
- (c) Any health benefit plan that offers health insurance coverage for complex rehabilitation technology shall not require a prior authorization or medical necessity documentation for repairs of such technology or equipment unless:
- (1) The cost of the repairs exceeds the cost to replace the complex rehabilitation technology; or
- (2) the complex rehabilitation technology in need of repair is subject to replacement because the age of the complex rehabilitation technology exceeds or is within one year of the expiration of the recommended lifespan of the complex rehabilitation technology.
- (d) No managed care organization shall require a participant in the Kansas medical assistance program to obtain and submit a prior authorization or medical necessity documentation for repairing complex rehabilitation technology unless:
- (1) The cost of the repairs exceeds the cost to replace the complex rehabilitation technology wheelchair; or
- (2) the complex rehabilitation technology in need of repair is subject to replacement because the age of the complex rehabilitation technology or manual wheelchair exceeds or is within one year of the expiration of the recommended lifespan of the complex rehabilitation technology.
- Sec. 3. (a) Every health insurer and managed care organization providing state medicaid services under the Kansas program for medical assistance shall provide coverage and reimbursement for travel time,

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evaluation time and diagnostic time for suppliers of complex rehabilitation technology for any repairs and replacement of parts on covered complex rehabilitation technology equipment provided to those covered by the health insurer or managed care organization.

- (b) (1) The department shall appoint a task force to determine an appropriate rate of reimbursement. The members of the task force shall include:
  - (A) The commissioner or the commissioner's designee;
  - (B) the director or the director's designee;
- (C) two representatives from Kansas-based qualified complex rehabilitation technology suppliers;
- (D) two Kansas-based qualified complex rehabilitation technology professionals;
  - (E) two patients or the patients' representatives; and
  - (F) two representatives of third-party payors.
  - (2) Members of the complex rehabilitation technology task force attending meetings authorized by the task force shall be paid amounts provided in K.S.A. 75-3223(e), and amendments thereto, except that task force members who are employed by a state agency shall be reimbursed by such state agency.
  - Sec. 4. (a) A qualified complex rehabilitation technology wheelchair supplier that provides equipment to a consumer may offer annual preventative maintenance on the complex rehabilitation technology wheelchair according to manufacturer guidelines.
  - (b) All preventative maintenance shall be performed by a qualified technician who is an employee of the qualified complex rehabilitation technology supplier.
  - (c) A health insurer and a managed care organization providing state medicaid services under the Kansas medicaid assistance program shall provide coverage and payment for complex rehabilitation technology preventative maintenance services at least annually, including, but limited to, labor, parts, diagnostic services, evaluations, travel and other related costs
  - (d) A health insurer and a managed care organization providing state medicaid services under the Kansas medical assistance program shall cover and pay for preventative maintenance services without requiring prior authorization or medical necessity documentation.
  - (e) Documentation of all preventative maintenance services performed by a qualified complex rehabilitation technology supplier pursuant to this section shall be maintained by the qualified supplier.
  - Sec. 5. This act shall take effect and be in force from and after January 1, 2025, and its publication in the statute book.