
HOUSE BILL 2700

State of Washington

66th Legislature

2020 Regular Session

By Representatives Mosbrucker, Chapman, Chandler, Hoff, Sells,
Goehner, Eslick, Dent, Davis, and Pollet

Read first time 01/20/20. Referred to Committee on Health Care &
Wellness.

1 AN ACT Relating to insurance coverage of prosthetics and
2 orthotics; 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
5 RCW to read as follows:

6 (1) Health plans issued or renewed on or after January 1, 2021,
7 must provide coverage for benefits for prosthetics and orthotics that
8 are at least equivalent to the coverage provided by the federal
9 medicare program, and no less favorable than the terms and conditions
10 for the medical and surgical benefits in the policy.

11 (2) Coverage required under this section includes all services
12 and supplies determined medically necessary by the treating provider
13 acting within the scope of his or her license, including services and
14 supplies necessary for the effective use of a prosthetic or orthotic
15 device, and materials and components necessary to use the device.

16 (3) The reimbursement rate for prosthetic and orthotic devices
17 must be at least equivalent to the medicare rate for the same or
18 similar covered device.

19 (4) Coverage required under this section must include any repair
20 or replacement of a prosthetic or orthotic device that is determined
21 medically necessary by the treating provider to restore or maintain

1 the ability to complete activities of daily living or essential job-
2 related activities and that is not solely for comfort or convenience.

3 (5) If the health plan imposes any deductible, prosthetic and
4 orthotic benefits must be included with medical and surgical services
5 for the purpose of meeting the deductible requirement. A health plan
6 may subject coverage of prosthetic and orthotic devices to copayment
7 or coinsurance requirements.

8 (6) A health plan may limit the benefits or alter the financial
9 requirements for out-of-network coverage of prosthetic and orthotic
10 devices. Restrictions and requirements applicable to the benefits may
11 be no more restrictive than the financial requirements applicable to
12 the out-of-network coverage for the medical and surgical benefits.

13 (7) A health plan may not impose annual or lifetime dollar limits
14 on coverage for prosthetic and orthotic devices.

15 (8) The definitions in this subsection apply throughout this
16 section unless the context clearly requires otherwise.

17 (a) "Orthotic device" means a corrective or supportive device
18 that prevents or corrects physical deformity or malfunction, or
19 supports a weak or deformed portion of the body.

20 (b) "Prosthetic device" means an artificial limb device to
21 replace in whole or in part an arm or a leg.

22 (9) The commissioner may adopt rules to implement this section.

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