Washington State
House of Representatives
Office of Program Research

BILL ANALYSIS

Health Care & Wellness Committee

HB 1669

Brief Description: Concerning coverage requirements for prosthetic limbs and custom orthotic braces.

Sponsors: Representatives Stonier, Caldier, Davis, Berry, Low, Shavers, Nance, Doglio, Lekanoff, Reed and Parshley.

Brief Summary of Bill

- Expands insurance coverage requirements for prosthetic limbs and custom orthotic braces.

Hearing Date: 2/11/25

Staff: Jim Morishima (786-7191).

Background:

The federal Affordable Care Act (ACA) requires most individual and small group market plans to cover 10 categories of essential health benefits. The ACA allows states to choose a benchmark plan and supplement that plan to ensure that all 10 categories of benefits are covered. Washington has designated the largest small group market plan in the state as the benchmark plan.

For purposes of the "rehabilitative and habilitative services" essential health benefits category, Washington's benchmark plan includes braces, splints, prostheses, orthopedic appliances and orthotic devices, supplies or apparatus used to support, align or correct deformities or to improve the function of moving parts.

Medically necessary orthotic braces and prosthetic limbs are also included in other types of

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coverage, including the Uniform Medical Plan and Medicare Part B.

Summary of Bill:

A health plan, including coverage issued to public employees, issued or renewed on or after January 1, 2026, must include coverage for one or more prostheses per limb and custom orthotic braces per limb when medically necessary to participate in:

- completing activities of daily living or essential job-related activities; and
- performing physical activities for maximizing the enrollee's limb function, including running, biking, swimming, and strength training.

The coverage must also include:

- materials, components, and related services necessary to use the devices for their intended purposes;
- instructions on how to use the device; and
- reasonable repair or replacement of the device or any part of the device.

The health plan must provide repair or replacement coverage without regard to continuous use or useful lifetime restrictions if medically necessary because of a change in the physiological condition of the patient, an irreparable change in the condition of the device or a part of the device, or repairs that would cost more than 60 percent of the cost of a replacement device or the part being replaced. The health plan may require confirmation from the prescribing provider if the prosthetic limb, custom orthotic brace, or part being replaced is less than three years old.

The health plan may not deny coverage for a prosthetic limb or custom orthotic brace for an enrollee with a disability if health care services would otherwise be covered for a nondisabled person seeking a medical or surgical intervention to restore or maintain the ability to perform the same physical activity.

The health plan may apply normal utilization management and prior authorization practices, but any denial of coverage must be issued in writing with an explanation for determining that the coverage was not medically necessary.

The health plan must provide payment for coverage that is at least equal to the coverage provided by Medicare Part B.

No later than July 1, 2028, a carrier that issues the coverage for prosthetic limbs and custom orthotic braces must report to the Office of the Insurance Commissioner (OIC) the number of claims and the total amount of claims paid for the services in plan years 2026 and 2027. The OIC must aggregate these data by plan year and report to the Legislature by December 1, 2028.

Appropriation: None.

Fiscal Note: Requested on February 7, 2025.

Effective Date: The bill takes effect 90 days after adjournment of the session in which the bill is passed.