

HOUSE BILL REPORT

HB 1669

As Reported by House Committee On:
Health Care & Wellness

Title: An act relating to coverage requirements for prosthetic limbs and custom orthotic braces.

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 History:

Committee Activity:

Health Care & Wellness: 2/11/25, 2/21/25 [DPS].

Brief Summary of Substitute Bill

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

HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 16 members: Representatives Bronoske, Chair; Lekanoff, Vice Chair; Caldier, Assistant Ranking Minority Member; Marshall, Assistant Ranking Minority Member; Davis, Low, Macri, Manjarrez, Obras, Parshley, Shavers, Simmons, Stonier, Stuebe, Thai and Tharinger.

Minority Report: Do not pass. Signed by 2 members: Representatives Schmick, Ranking Minority Member; Engell.

Staff: Jim Morishima (786-7191).

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not part of the legislation nor does it constitute a statement of legislative intent.

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

Summary of Substitute Bill:

A small group or large group health plan 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.

The required coverage requirements do not apply to health plans offered in the individual market or to self-insured or fully-insured large group health plans offered to public employees and school employees.

Substitute Bill Compared to Original Bill:

The substitute bill exempts the following types of plans from the prosthetics and orthotics coverage requirements:

- individual market plans; and
- self-insured or fully-insured large group plans offered to public employees and school employees.

Appropriation: None.

Fiscal Note: Available.

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

Staff Summary of Public Testimony:

(In support) Washington residents should have full access to the world around them. People should be able to experience a healthy, full lifestyle, not just the minimum necessary for mobility. Costs arising from health problems caused by lack of exercise outweigh the costs of prosthetic limbs and orthotic braces. Separate prosthetic limbs are often required for different activities. Lack of access to prosthetic limbs keeps people from achieving their fitness goals. Prosthetic limbs often wear out or break and force people to sacrifice comfort for an active lifestyle. Lack of adequate insurance coverage denies people from experiencing the joys of life. A quality prosthetic limb can change a person's life. Insurers

who deny coverage are saying that people who have lost limbs are not as deserving as others to run or swim. Lack of insurance coverage forces people to either be financially privileged or beg for charity.

(Opposed) None.

Persons Testifying: Representative Monica Jurado Stonier, prime sponsor; Glenn Andrews; Nicole Ver Kuilen; Shane Solomon, citizen; Addie Yake; and Dillen Maurer.

Persons Signed In To Testify But Not Testifying: None.