

SENATE BILL REPORT

SHB 1669

As of March 20, 2025

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: House Committee on Health Care & Wellness (originally sponsored by Representatives Stonier, Caldier, Davis, Berry, Low, Shavers, Nance, Doglio, Lekanoff, Reed and Parshley).

Brief History: Passed House: 3/12/25, 80-17.

Committee Activity: Health & Long-Term Care: 3/20/25.

Brief Summary of Bill

- Requires group health plans, except those offered to public employees, to provide expanded coverage for prosthetic limbs and custom orthotic devices.

SENATE COMMITTEE ON HEALTH & LONG-TERM CARE

Staff: Greg Attanasio (786-7410)

Background: The Affordable Care Act requires coverage of rehabilitative and habilitative services and devices as an essential health benefit. Rehabilitative and habilitative services and devices are services and devices to gain or recover mental and physical skills for people with injuries, disabilities, or chronic conditions. Washington's benchmark plan includes coverage for 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

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.

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

Summary of Bill: A small group or large group health plan, except plans offered 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. OIC must aggregate these data by plan year and report to the Legislature by December 1, 2028.

Appropriation: None.

Fiscal Note: Requested on March 15, 2025.

Creates Committee/Commission/Task Force that includes Legislative members: No.

Effective Date: Ninety days after adjournment of session in which bill is passed.

Staff Summary of Public Testimony: PRO: This bill represents a small but important step toward improving coverage for prosthetics and orthotics. These devices are medically necessary and should be covered by insurance.

Persons Testifying: PRO: Representative Monica Jurado Stonier, Prime Sponsor; Nicole Ver Kuilen; Shane Solomon.

Persons Signed In To Testify But Not Testifying: No one.