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HOUSE BILL 1669

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State of Washington

69th Legislature

2025 Regular Session

**By** Representatives Stonier, Caldier, Davis, Berry, Low, Shavers, Nance, Doglio, Lekanoff, Reed, and Parshley

Read first time 01/28/25. Referred to Committee on Health Care & Wellness.

1 AN ACT Relating to coverage requirements for prosthetic limbs and  
2 custom orthotic braces; reenacting and amending RCW 41.05.017; and  
3 adding a new section to chapter 48.43 RCW.

4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

5 NEW SECTION. **Sec. 1.** A new section is added to chapter 48.43  
6 RCW to read as follows:

7 (1) A health plan issued or renewed on or after January 1, 2026,  
8 must include coverage for one or more prostheses per limb and custom  
9 orthotic braces per limb when medically necessary for the enrollee to  
10 participate in any of the following:

11 (a) Completing activities of daily living or essential job-  
12 related activities; and

13 (b) Performing physical activities, including but not limited to  
14 running, biking, swimming, and strength training, for maximizing the  
15 enrollee's lower limb function, upper limb function, or both.

16 (2) The coverage required under this section must also include  
17 coverage for:

18 (a) Materials, components, and related services necessary to use  
19 the devices for their intended purposes;

20 (b) Instruction to the enrollee on using the devices; and

21 (c) Reasonable repair or replacement of the devices.

1 (3) (a) Coverage under this section includes coverage for the  
2 replacement or repair of a prosthetic limb or custom orthotic brace  
3 or for the replacement or repair of any part of such devices, without  
4 regard to continuous use or useful lifetime restrictions, if  
5 medically necessary because:

6 (i) Of a change in the physiological condition of the patient;

7 (ii) Of an irreparable change in the condition of the device or a  
8 part of the device; or

9 (iii) The device, or any part of the device, requires repairs and  
10 the cost of such repairs would be more than 60 percent of the cost of  
11 a replacement device or of the part being replaced.

12 (b) Confirmation from the prescribing health care provider may be  
13 required if the prosthetic limb or custom orthotic brace or part  
14 being replaced is less than three years old.

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

20 (5) For coverage under this section, a health plan may apply  
21 normal utilization management and prior authorization practices. Any  
22 denial of coverage must be issued in writing with an explanation for  
23 determining coverage was not medically necessary.

24 (6) A health plan shall provide payment for coverage under this  
25 section that is at least equal to the payment and coverage for  
26 prosthetic limbs and custom orthotic braces provided under federal  
27 laws and regulations for the aged and disabled pursuant to 42 U.S.C.  
28 Sec. 1395k, 1395l, and 1395m and 42 C.F.R. Sec. 414.202, 414.210,  
29 414.228, and 410.100.

30 (7) No later than July 1, 2028, each carrier that issues a health  
31 plan subject to this section shall report to the office of the  
32 insurance commissioner, in a form and manner determined by the  
33 commissioner, the number of claims and the total amount of claims  
34 paid in the state for the services required by this section for plan  
35 years 2026 and 2027. The commissioner shall aggregate this data by  
36 plan year in a report and submit the report to the relevant  
37 committees of the legislature by December 1, 2028.

38 (8) For the purposes of this section:

39 (a) "Prosthetic limb" or "prosthesis" means an external medical  
40 device that is used to replace or restore a missing limb or portion

1 of a limb and is deemed medically necessary for an individual with a  
2 mobility impairing health condition or disability.

3 (b) "Custom orthotic brace" means an external medical device that  
4 is custom-fabricated or custom-fitted to support, correct, or  
5 alleviate neuromuscular or musculoskeletal dysfunction, disease,  
6 injury, or deformity, is needed to improve the safety and efficiency  
7 of functional mobility, is patient-specific based on the patient's  
8 unique physical condition, and is deemed medically necessary for  
9 individuals with a mobility impairing health condition or disability.

10 **Sec. 2.** RCW 41.05.017 and 2024 c 251 s 5 and 2024 c 242 s 10 are  
11 each reenacted and amended to read as follows:

12 Each health plan that provides medical insurance offered under  
13 this chapter, including plans created by insuring entities, plans not  
14 subject to the provisions of Title 48 RCW, and plans created under  
15 RCW 41.05.140, are subject to the provisions of RCW 48.43.500,  
16 70.02.045, 48.43.505 through 48.43.535, 48.43.537, 48.43.545,  
17 48.43.550, 70.02.110, 70.02.900, 48.43.190, 48.43.083, 48.43.0128,  
18 48.43.780, 48.43.435, 48.43.815, 48.200.020 through 48.200.280,  
19 48.200.300 through 48.200.320, 48.43.440, section 1 of this act, and  
20 chapter 48.49 RCW.

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