

CERTIFICATION OF ENROLLMENT

SUBSTITUTE HOUSE BILL 1669

69th Legislature
2025 Regular Session

Passed by the House March 12, 2025
Yeas 80 Nays 17

**Speaker of the House of
Representatives**

Passed by the Senate April 10, 2025
Yeas 41 Nays 8

President of the Senate

Approved

Governor of the State of Washington

CERTIFICATE

I, Bernard Dean, Chief Clerk of the House of Representatives of the State of Washington, do hereby certify that the attached is **SUBSTITUTE HOUSE BILL 1669** as passed by the House of Representatives and the Senate on the dates hereon set forth.

Chief Clerk

FILED

**Secretary of State
State of Washington**

SUBSTITUTE HOUSE BILL 1669

Passed Legislature - 2025 Regular Session

State of Washington 69th Legislature 2025 Regular Session

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

READ FIRST TIME 02/21/25.

1 AN ACT Relating to coverage requirements for prosthetic limbs and
2 custom orthotic braces; and adding a new section to chapter 48.43
3 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) Except as provided in subsection (9) of this section, a
8 health plan offered in the large group or small group market that is
9 issued or renewed on or after January 1, 2026, must include coverage
10 for one or more prostheses per limb and custom orthotic braces per
11 limb when medically necessary for the enrollee to participate in any
12 of the following:

13 (a) Completing activities of daily living or essential job-
14 related activities; and

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

18 (2) The coverage required under this section must also include
19 coverage for:

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

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

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

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

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

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

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

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

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

23 (5) For coverage under this section, a health plan offered in the
24 large group or small group market may apply normal utilization
25 management and prior authorization practices. Any denial of coverage
26 must be issued in writing with an explanation for determining
27 coverage was not medically necessary.

28 (6) A health plan offered in the large group or small group
29 market shall provide payment for coverage under this section that is
30 at least equal to the payment and coverage for prosthetic limbs and
31 custom orthotic braces provided under federal laws and regulations
32 for the aged and disabled pursuant to 42 U.S.C. Sec. 1395k, 1395l,
33 and 1395m and 42 C.F.R. Sec. 414.202, 414.210, 414.228, and 410.100.

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

1 plan year in a report and submit the report to the relevant
2 committees of the legislature by December 1, 2028.

3 (8) For the purposes of this section:

4 (a) "Prosthetic limb" or "prosthesis" means an external medical
5 device that is used to replace or restore a missing limb or portion
6 of a limb and is deemed medically necessary for an individual with a
7 mobility impairing health condition or disability.

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

15 (9) This section does not apply to health plans offered in the
16 individual market or to self-insured or fully insured large group
17 health plans offered to public employees and school employees under
18 chapter 41.05 RCW.

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