

By Senator Collins

14-00538-24

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1                   A bill to be entitled  
2       An act relating to coverage for orthotics and  
3       prosthetics services; amending s. 409.906, F.S.;  
4       authorizing the Agency for Health Care Administration  
5       to pay for specified orthotics and prosthetics  
6       services for Medicaid recipients; requiring the agency  
7       to seek federal approval and amend contracts as  
8       necessary to implement the act; creating ss.  
9       627.64085, 627.6614, and 641.31079, F.S.; requiring  
10      individual health insurance policies, group, blanket,  
11      and franchise health insurance policies, and health  
12      maintenance contracts, respectively, to provide  
13      coverage for specified orthotics and prosthetics  
14      services; prohibiting health insurers and health  
15      maintenance organizations from denying claims under  
16      certain circumstances; requiring health insurers and  
17      health maintenance organizations to submit annual  
18      reports of specified information to the Office of  
19      Insurance Regulation; providing an effective date.  
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21 Be It Enacted by the Legislature of the State of Florida:  
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23       Section 1. Subsection (10) of section 409.906, Florida  
24       Statutes, is amended to read:

25       409.906 Optional Medicaid services.—Subject to specific  
26       appropriations, the agency may make payments for services which  
27       are optional to the state under Title XIX of the Social Security  
28       Act and are furnished by Medicaid providers to recipients who  
29       are determined to be eligible on the dates on which the services

14-00538-24

2024828\_\_

30 were provided. Any optional service that is provided shall be  
31 provided only when medically necessary and in accordance with  
32 state and federal law. Optional services rendered by providers  
33 in mobile units to Medicaid recipients may be restricted or  
34 prohibited by the agency. Nothing in this section shall be  
35 construed to prevent or limit the agency from adjusting fees,  
36 reimbursement rates, lengths of stay, number of visits, or  
37 number of services, or making any other adjustments necessary to  
38 comply with the availability of moneys and any limitations or  
39 directions provided for in the General Appropriations Act or  
40 chapter 216. If necessary to safeguard the state's systems of  
41 providing services to elderly and disabled persons and subject  
42 to the notice and review provisions of s. 216.177, the Governor  
43 may direct the Agency for Health Care Administration to amend  
44 the Medicaid state plan to delete the optional Medicaid service  
45 known as "Intermediate Care Facilities for the Developmentally  
46 Disabled." Optional services may include:

47 (10) DURABLE MEDICAL EQUIPMENT.—

48 (a) The agency may authorize and pay for certain durable  
49 medical equipment and supplies provided to a Medicaid recipient  
50 as medically necessary.

51 (b) The agency may authorize and pay for all of the  
52 following orthotics and prosthetics services:

53 1. Orthoses and prostheses as those terms are defined in s.  
54 468.80. Coverage must include payment for the model of an  
55 orthosis or a prosthesis which is deemed by the recipient's  
56 provider to be the most appropriate to meet the medical needs of  
57 the recipient to perform activities of daily living, essential  
58 job-related activities, and physical recreational activities

14-00538-24

2024828\_\_

59 that maximize the recipient's full body health and lower and  
60 upper limb function.

61 2. All materials and components necessary to use the  
62 orthosis or prosthesis.

63 3. Instruction on the use of the orthosis or prosthesis.

64 4. Any necessary repairs or replacement of the orthosis or  
65 prosthesis.

66 Section 2. The Agency for Health Care Administration shall  
67 seek federal approval and amend contracts as necessary to  
68 implement the changes made to s. 409.906, Florida Statutes, by  
69 this act.

70 Section 3. Section 627.64085, Florida Statutes, is created  
71 to read:

72 627.64085 Orthotics and prosthetics services.-

73 (1) A health insurance policy issued, amended, delivered,  
74 or renewed in this state on or after July 1, 2024, must provide  
75 coverage for all of the following:

76 (a) Orthoses and prostheses as those terms are defined in  
77 s. 468.80 if the insured's provider determines that an orthosis  
78 or a prosthesis is medically necessary for the insured to  
79 perform activities of daily living, essential job-related  
80 activities, and physical recreational activities, such as  
81 running, biking, swimming, strength training, and other  
82 activities that maximize the insured's full body health and  
83 lower and upper limb function.

84 (b) Any replacement of the orthosis or prosthesis, or part  
85 thereof, without regard to continuous use or useful lifetime  
86 restrictions, if the insured's provider determines that it is  
87 medically necessary due to any of the following:

14-00538-24

2024828\_\_

88 1. A change in the physiological condition of the insured.

89 2. An irreparable change in the condition of the orthosis  
90 or prosthesis, or part thereof.

91 3. The condition of the device, or part thereof, requires  
92 repairs and the cost of the repairs would be more than 60  
93 percent of the cost of a replacement orthosis or prosthesis or  
94 of the part thereof requiring replacement.

95  
96 A health insurer may require supporting documentation from an  
97 insured's provider to confirm the need for a replacement for an  
98 orthosis or a prosthesis that is less than 3 years old.

99 (2) A health insurer may not deny a claim for an orthosis  
100 or a prosthesis for an insured with limb loss or limb absence  
101 which would otherwise be covered for a nondisabled person  
102 seeking medical or surgical intervention to restore or maintain  
103 the ability to perform the same type of physical function  
104 affected.

105 (3) Beginning July 1, 2025, and annually thereafter, each  
106 health insurer subject to this section shall submit a report to  
107 the office of the total number of claims submitted for orthoses  
108 and prostheses services in the previous plan year and the total  
109 number of such claims that were paid, including the amount paid.

110 Section 4. Section 627.6614, Florida Statutes, is created  
111 to read:

112 627.6614 Orthotics and prosthetics services.—

113 (1) A group, blanket, or franchise health insurance policy  
114 issued, amended, delivered, or renewed in this state on or after  
115 July 1, 2024, must provide coverage for all of the following:

116 (a) Orthoses and prostheses as those terms are defined in

14-00538-24

2024828\_\_

117 s. 468.80 if the insured's provider determines that an orthosis  
118 or a prosthesis is medically necessary for the insured to  
119 perform activities of daily living, essential job-related  
120 activities, and physical recreational activities, such as  
121 running, biking, swimming, strength training, and other  
122 activities that maximize the insured's full body health and  
123 lower and upper limb function.

124 (b) Any replacement of the orthosis or prosthesis, or part  
125 thereof, without regard to continuous use or useful lifetime  
126 restrictions, if the insured's provider determines that it is  
127 medically necessary due to any of the following:

128 1. A change in the physiological condition of the insured.

129 2. An irreparable change in the condition of the orthosis  
130 or prosthesis, or part thereof.

131 3. The condition of the device, or part thereof, requires  
132 repairs and the cost of the repairs would be more than 60  
133 percent of the cost of a replacement orthosis or prosthesis or  
134 of the part thereof requiring replacement.

135  
136 A health insurer may require supporting documentation from an  
137 insured's provider to confirm the need for a replacement for an  
138 orthosis or a prosthesis that is less than 3 years old.

139 (2) A health insurer may not deny a claim for an orthosis  
140 or a prosthesis for an insured with limb loss or limb absence  
141 which would otherwise be covered for a nondisabled person  
142 seeking medical or surgical intervention to restore or maintain  
143 the ability to perform the same type of physical function  
144 affected.

145 (3) Beginning July 1, 2025, and annually thereafter, each

14-00538-24

2024828\_\_

146 health insurer subject to this section shall submit a report to  
147 the office of the total number of claims submitted for orthoses  
148 and prostheses services in the previous plan year and the total  
149 number of such claims that were paid, including the amount paid.

150 Section 5. Section 641.31079, Florida Statutes, is created  
151 to read:

152 641.31079 Orthotics and prosthetics services.-

153 (1) A health maintenance contract issued, amended,  
154 delivered, or renewed in this state on or after July 1, 2024,  
155 must provide coverage for all of the following:

156 (a) Orthoses and prostheses as those terms are defined in  
157 s. 468.80 if the subscriber's provider determines that an  
158 orthosis or a prosthesis is medically necessary for the  
159 subscriber to perform activities of daily living, essential job-  
160 related activities, and physical recreational activities, such  
161 as running, biking, swimming, strength training, and other  
162 activities that maximize the subscriber's full body health and  
163 lower and upper limb function.

164 (b) Any replacement of the orthosis or prosthesis, or part  
165 thereof, without regard to continuous use or useful lifetime  
166 restrictions, if the subscriber's provider determines that it is  
167 medically necessary due to any of the following:

168 1. A change in the physiological condition of the  
169 subscriber.

170 2. An irreparable change in the condition of the orthosis  
171 or prosthesis, or part thereof.

172 3. The condition of the device, or part thereof, requires  
173 repairs and the cost of the repairs would be more than 60  
174 percent of the cost of a replacement orthosis or prosthesis or

14-00538-24

2024828\_\_

175 of the part thereof requiring replacement.

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177 A health maintenance organization may require supporting  
178 documentation from a subscriber's provider to confirm the need  
179 for a replacement for an orthosis or a prosthesis that is less  
180 than 3 years old.

181 (2) A health maintenance organization may not deny a claim  
182 for an orthosis or a prosthesis for a subscriber with limb loss  
183 or limb absence which would otherwise be covered for a  
184 nondisabled person seeking medical or surgical intervention to  
185 restore or maintain the ability to perform the same type of  
186 physical function affected.

187 (3) Beginning July 1, 2025, and annually thereafter, each  
188 health maintenance organization subject to this section shall  
189 submit a report to the office of the total number of claims  
190 submitted for orthoses and prostheses services in the previous  
191 plan year and the total number of such claims that were paid,  
192 including the amount paid.

193 Section 6. This act shall take effect July 1, 2024.