



277724

LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
02/11/2026	.	
	.	
	.	
	.	

---

The Committee on Banking and Insurance (Truenow) recommended the following:

**Senate Amendment (with title amendment)**

Delete everything after the enacting clause  
and insert:

Section 1. Subsection (10) of section 409.906, Florida  
Statutes, is amended to read:

409.906 Optional Medicaid services.—Subject to specific  
appropriations, the agency may make payments for services which  
are optional to the state under Title XIX of the Social Security  
Act and are furnished by Medicaid providers to recipients who



277724

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

(10) DURABLE MEDICAL EQUIPMENT.—

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

(b)1. As used in this paragraph, the term "eligible individual" means a Medicaid recipient who is:

- a. A child younger than 18 years of age;
- b. A dependent child as specified in s. 627.6562;
- c. An individual 26 years of age or younger who remains covered under a parent's health insurance policy pursuant to s. 627.6562; or



277724

d. An individual with a developmental disability as defined in s. 393.063.

2. The agency may authorize and pay for all of the following orthotics and prosthetics services for eligible individuals:

a. Orthoses and prostheses as those terms are defined in s. 468.80. Coverage must include payment for:

(I) The model of an orthosis or a prosthesis which is deemed by the eligible individual's provider to be the most appropriate to meet the medical needs of the eligible individual to perform activities of daily living and essential job-related activities; and

(II) When medically necessary, an orthosis or a prosthesis designed for physical or recreational activities that maximize the eligible individual's full body health and lower and upper limb function.

b. All materials and components necessary to use the orthosis or prosthesis.

c. Instruction on the use of the orthosis or prosthesis.

d. Any necessary repairs or replacement of the orthosis or prosthesis.

3. This paragraph may not be construed to require Medicaid coverage of orthotics and prosthetics services specified herein for a Medicaid recipient who is not an eligible individual.

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

Section 3. Section 627.64085, Florida Statutes, is created



277724

to read:

627.64085 Orthotics and prosthetics services.—

(1) As used in this section, the term "eligible individual"  
means an insured who is:

a. A child younger than 18 years of age;

b. A dependent child as defined in s. 627.6562;

c. An individual 26 years of age or younger who remains  
covered under a parent's health insurance policy pursuant to s.  
627.6562; or

d. An individual with a developmental disability as defined  
in s. 393.063.

(2) A health insurance policy issued, amended, delivered,  
or renewed in this state on or after July 1, 2026, must provide  
coverage of all of the following for eligible individuals:

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

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

1. A change in the physiological condition of the eligible  
individual.

2. An irreparable change in the condition of the orthosis



277724

or prosthesis, or part thereof.

3. A change in the condition of the orthosis or prosthesis, or part thereof, requires repairs that would cost more than 60 percent of the cost of a replacement orthosis or prosthesis or of the part thereof requiring replacement.

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

(3) A health insurer may not deny a claim for an orthosis or a prosthesis as a medically necessary intervention to restore physical function for an eligible individual with a disability which would otherwise be covered for a nondisabled person seeking medical or surgical intervention to restore or maintain the ability to perform the same type of physical function affected.

(4) Beginning July 1, 2027, and annually thereafter, each health insurer subject to this section shall submit a report to the Office of Insurance Regulation detailing the total number of claims submitted for orthotics and prosthetics services in the previous plan year and the total number of such claims that were paid, including the amount paid.

(5) This section may not be construed to require coverage of orthotics or prosthetics services for an insured who is not an eligible individual.

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

627.6614 Orthotics and prosthetics services.—



277724

(1) As used in this section, the term "eligible individual" means an insured who is:

- a. A child younger than 18 years of age;
- b. A dependent child as defined in s. 627.6562;
- c. An individual 26 years of age or younger who remains covered under a parent's health insurance policy pursuant to s. 627.6562; or
- d. An individual with a developmental disability as defined in s. 393.063.

(2) A group, blanket, or franchise health insurance policy issued, amended, delivered, or renewed in this state on or after July 1, 2026, must provide coverage of all of the following for eligible individuals:

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

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

1. A change in the physiological condition of the eligible individual.

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



277724

3. A change in the condition of the orthosis or prosthesis, or part thereof, requires repairs that would cost more than 60 percent of the cost of a replacement orthosis or prosthesis or of the part thereof requiring replacement.

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

(3) A health insurer may not deny a claim for an orthosis or a prosthesis as a medically necessary intervention to restore physical function for an eligible individual with a disability which would otherwise be covered for a nondisabled person seeking medical or surgical intervention to restore or maintain the ability to perform the same type of physical function affected.

(4) Beginning July 1, 2027, and annually thereafter, each health insurer subject to this section shall submit a report to the Office of Insurance Regulation detailing the total number of claims submitted for orthotics and prosthetics services in the previous plan year and the total number of such claims that were paid, including the amount paid.

(5) This section may not be construed to require coverage of orthotics or prosthetics services for an insured who is not an eligible individual.

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

641.31079 Orthotics and prosthetics services.—

(1) As used in this section, the term "eligible individual"



277724

means a subscriber who is:

a. A child younger than 18 years of age;

b. A dependent child as defined in s. 627.6562;

c. An individual 26 years of age or younger who remains covered under a parent's health insurance policy pursuant to s. 627.6562; or

d. An individual with a developmental disability as defined in s. 393.063.

(2) A health maintenance contract issued, amended, delivered, or renewed in this state on or after July 1, 2026, must provide coverage of all of the following for eligible individuals:

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

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

1. A change in the physiological condition of the eligible individual.

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

3. A change in the condition of the orthosis or prosthesis,





277724

or part thereof, requires repairs that would cost more than 60 percent of the cost of a replacement orthosis or prosthesis or of the part thereof requiring replacement.

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

(3) A health maintenance organization may not deny a claim for an orthosis or a prosthesis as a medically necessary intervention to restore physical function for an eligible individual with a disability which would otherwise be covered for a nondisabled person seeking medical or surgical intervention to restore or maintain the ability to perform the same type of physical function affected.

(4) Beginning July 1, 2027, and annually thereafter, each health maintenance organization subject to this section shall submit a report to the Office of Insurance Regulation detailing the total number of claims submitted for orthotics and prosthetics services in the previous plan year and the total number of such claims that were paid, including the amount paid.

(5) This section may not be construed to require coverage of orthotics or prosthetics services for a subscriber who is not an eligible individual.

Section 6. This act shall take effect July 1, 2026.

===== T I T L E   A M E N D M E N T =====

And the title is amended as follows:

Delete everything before the enacting clause



277724

and insert:

A bill to be entitled

An act relating to coverage for orthotics and prosthetics services; amending s. 409.906, F.S.; defining the term "eligible individual"; authorizing the Agency for Health Care Administration to authorize and pay for specified orthotics and prosthetics services for Medicaid recipients who are eligible individuals; providing construction; requiring the agency to seek federal approval and amend contracts as necessary to implement the act; creating ss. 627.64085, 627.6614, and 641.31079, F.S.; defining the term "eligible individual"; requiring individual health insurance policies; group, blanket, and franchise health insurance policies; and health maintenance contracts, respectively, to provide coverage for specified orthotics and prosthetics services for eligible individuals; authorizing health insurers and health maintenance organizations to require certain supporting documentation; prohibiting health insurers and health maintenance organizations from denying claims under certain circumstances; requiring health insurers and health maintenance organizations to submit annual reports of specified information to the Office of Insurance Regulation; providing construction; providing an effective date.