

By Senator Truenow

13-00237A-26

20261110__

A bill to be entitled
An act relating to coverage for orthotics and
prosthetics services; amending s. 409.906, F.S.;
authorizing the Agency for Health Care Administration
to authorize and pay for specified orthotics and
prosthetics services for Medicaid recipients;
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.;
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; 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 an effective date.

Be It Enacted by the Legislature of the State of Florida:

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
are determined to be eligible on the dates on which the services

13-00237A-26

20261110__

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

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

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

13-00237A-26

20261110__

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

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

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

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

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 to read:

627.64085 Orthotics and prosthetics services.—

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

(a) Orthoses and prostheses as those terms are defined in s. 468.80 if the insured's provider determines that an orthosis or a prosthesis is medically necessary for the insured 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 insured'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

13-00237A-26

20261110__

88 restrictions, if the insured's provider determines that it is
89 medically necessary due to any of the following:

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

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

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

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

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

107 (3) Beginning July 1, 2027, and annually thereafter, each
108 health insurer subject to this section shall submit a report to
109 the office detailing the total number of claims submitted for
110 orthotics and prosthetics services in the previous plan year and
111 the total number of such claims that were paid, including the
112 amount paid.

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

115 627.6614 Orthotics and prosthetics services.—

116 (1) A group, blanket, or franchise health insurance policy

13-00237A-26

20261110__

117 issued, amended, delivered, or renewed in this state on or after
118 July 1, 2026, must provide coverage for all of the following:

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

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

- 131 1. A change in the physiological condition of the insured.
132 2. An irreparable change in the condition of the orthosis
133 or prosthesis, or part thereof.
134 3. A change in the condition of the orthosis or prosthesis,
135 or part thereof, requires repairs that would cost more than 60
136 percent of the cost of a replacement orthosis or prosthesis or
137 of the part thereof requiring replacement.

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

142 (2) A health insurer may not deny a claim for an orthosis
143 or a prosthesis as a medically necessary intervention to restore
144 physical function for an insured with a disability which would
145 otherwise be covered for a nondisabled person seeking medical or

13-00237A-26

20261110__

surgical intervention to restore or maintain the ability to perform the same type of physical function affected.

(3) Beginning July 1, 2027, and annually thereafter, each health insurer subject to this section shall submit a report to the office 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.

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

641.31079 Orthotics and prosthetics services.—

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

(a) Orthoses and prostheses as those terms are defined in s. 468.80 if the subscriber's provider determines that an orthosis or a prosthesis is medically necessary for the subscriber 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 subscriber'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 subscriber.

2. An irreparable change in the condition of the orthosis

13-00237A-26

20261110__

175 or prosthesis, or part thereof.

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

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

185 (2) A health maintenance organization may not deny a claim
186 for an orthosis or a prosthesis as a medically necessary
187 intervention to restore physical function for a subscriber with
188 a disability which would otherwise be covered for a nondisabled
189 person seeking medical or surgical intervention to restore or
190 maintain the ability to perform the same type of physical
191 function affected.

192 (3) Beginning July 1, 2027, and annually thereafter, each
193 health maintenance organization subject to this section shall
194 submit a report to the office detailing the total number of
195 claims submitted for orthotics and prosthetics services in the
196 previous plan year and the total number of such claims that were
197 paid, including the amount paid.

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