

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 authorize and pay for specified orthotics and  
6       prosthetics services for Medicaid recipients;  
7       requiring the agency to seek federal approval and  
8       amend contracts as necessary to implement the act;  
9       creating ss. 627.64085, 627.6614, and 641.31079, F.S.;  
10      requiring individual health insurance policies; group,  
11      blanket, and franchise health insurance policies; and  
12      health 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  
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  
54 s. 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,  
59 such as running, biking, swimming, strength training, and other  
60 activities that maximize the recipient's full body health and  
61 lower and upper limb function.

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

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

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

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

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

73        627.64085 Orthotics and prosthetics services.—

74        (1) A health insurance policy issued, amended, delivered,  
75 or renewed in this state on or after July 1, 2026, must provide

76 coverage for all of the following:

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

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

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

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

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

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

100 (2) A health insurer may not deny a claim for an orthosis

or a prosthesis for an insured with limb loss or limb absence  
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.

(3) Beginning July 1, 2027, and annually thereafter, each  
health insurer subject to this section shall submit a report to  
the office of 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 4. Section 627.6614, Florida Statutes, is created**  
**to read:**

627.6614 Orthotics and prosthetics services.—

(1) 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 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

126 thereof, without regard to continuous use or useful lifetime  
127 restrictions, if the insured's provider determines that it is  
128 medically necessary due to any of the following:

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

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

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

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

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

146 (3) Beginning July 1, 2027, and annually thereafter, each  
147 health insurer subject to this section shall submit a report to  
148 the office of the total number of claims submitted for orthotics  
149 and prosthetics services in the previous plan year and the total  
150 number of such claims that were paid, including the amount paid.

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

153       641.31079 Orthotics and prosthetics services.—

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

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

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

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

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

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

176 prosthesis or of the part thereof requiring replacement.

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

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

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

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