

HB 1301

2026

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

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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

101 or a prosthesis for an insured with limb loss or limb absence
102 which would otherwise be covered for a nondisabled person
103 seeking medical or surgical intervention to restore or maintain
104 the ability to perform the same type of physical function
105 affected.

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

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

113 627.6614 Orthotics and prosthetics services.—

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

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

125 (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
or prosthesis, or part thereof.
- 132 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.

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.