

House Bill 87

By: Representatives Clark of the 100<sup>th</sup>, Wiedower of the 121<sup>st</sup>, Mathiak of the 82<sup>nd</sup>, Williams of the 148<sup>th</sup>, Schofield of the 63<sup>rd</sup>, and others

A BILL TO BE ENTITLED  
AN ACT

1 To amend Title 33 of the Official Code of Georgia Annotated, relating to insurance, so as to  
2 require health benefit policy coverage for medically necessary orthotic devices and prosthetic  
3 devices and their materials and components; to provide for definitions; to provide for  
4 requirements; to provide for reporting; to provide for related matters; to repeal conflicting  
5 laws; and for other purposes.

6 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

7 **SECTION 1.**

8 Title 33 of the Official Code of Georgia Annotated, relating to insurance, is amended in  
9 Chapter 24, relating to insurance generally, by adding a new Code section to read as follows:  
10 "33-24-59.34.

11 (a) As used in this Code section, the term:

12 (1) 'Cost-sharing requirement' shall have the same meaning as provided in Code  
13 Section 33-24-59.32.

14 (2) 'Covered person' means an individual covered under a health benefit policy.

15 (3) 'Health benefit policy' shall have the same meaning as provided in Code  
16 Section 33-24-59.21.

17 (4) 'Health insurer' means any person, corporation, or other entity authorized to provide  
18 health benefit policies under this title.

19 (5) 'Orthotic device' and 'orthosis' means a custom fabricated or custom fitted device that  
20 is designed, fabricated, modified, or fitted to correct, support, or compensate for a  
21 neuromusculoskeletal disorder or acquired condition for the purpose of stabilizing,  
22 stretching, or immobilizing a body part, improving alignment, preventing deformities,  
23 protecting against injury, or assisting with motion or function, and is worn on the outside  
24 of the body to help with such structural or functional problems. Such term does not  
25 include fabric or elastic supports, corsets, arch supports, low-temperature plastic splints,  
26 trusses, elastic hoses, canes, crutches, soft cervical collars, dental appliances, or other  
27 similar devices that are carried in stock and sold as over-the-counter items by a drug  
28 store, department store, corset shop, or surgical supply facility.

29 (6) 'Prosthetic device' and 'prosthesis' means a custom designed, fabricated, fitted,  
30 modified, or fitted and modified device to replace an absent external body part for  
31 purposes of restoring physiological function or cosmesis or both. Such term does not  
32 include artificial eyes or ears; dental appliances; cosmetic devices such as artificial  
33 breasts, eyelashes, or wigs; or other devices that do not have a significant impact on  
34 mobility or the musculoskeletal functions of the body.

35 (7) 'Treating physician' means a doctor of medicine licensed to practice medicine or  
36 surgery in this state under Chapter 34 of Title 43.

37 (b) All health benefit policies renewed or issued on or after January 1, 2026, shall include  
38 coverage for orthotic devices and prosthetic devices determined by the covered person's  
39 treating physician to be medically necessary for:

40 (1) Activities of daily living;

41 (2) Essential job related activities;

42 (3) Personal hygiene related activities, including, but not limited to, showering, bathing,  
43 and toileting; or

44 (4) Physical activities, including, but not limited to, running, biking, swimming, and  
45 strength training, so as to maximize the covered person's whole body health and both  
46 upper and lower limb function.

47 (c) Unless deemed medically necessary for replacement, the coverage provided for in  
48 subsection (b) of this Code section shall include no more than three orthotic devices or  
49 prosthetic devices per affected limb per covered person during any three-year period and  
50 shall include:

51 (1) All materials and components when determined by a covered person's treating  
52 physician to be medically necessary for the use of the orthotic device or prosthetic device,  
53 including:

54 (A) The orthosis or prosthesis;

55 (B) Structural components such as the socket;

56 (C) Suspension mechanisms such as the pin, lock, suction, and elevated vacuum;

57 (D) Hip joint, knee joint, foot, alignable parts, and terminal device;

58 (E) Connective components such as pads, bands, and cushions; and

59 (F) Consumable items such as socks, sleeves, and liners;

60 (2) Formulation of the device's design, fabrication, measurements and fittings;

61 (3) Education and training on using and maintaining such device;

62 (4) The repair of such device and its components; and

63 (5) The replacement of such device and its components, if the covered person's treating  
64 physician determines that replacement is medically necessary due to any of the following:

65 (A) A change in the physiological condition of the covered person;

66 (B) An irreparable change in the condition of the device or any of its components; or

67 (C) The condition of the device or a component of the device requires repairs and the  
68 cost of such repairs would be more than 60 percent of the cost of the device.

69 (d) A socket replacement is considered reasonable and necessary if there is adequate  
70 documentation of medical necessity and functional or physiological need, including, but

71 not limited to, changes in the residual limb, functional need changes, irreparable damage,  
72 or wear and tear due to excessive weight of a covered person or physical demands of an  
73 active covered person.

74 (e) A health insurer may require confirmation of the determination of medical necessity  
75 as provided for in paragraph (5) of subsection (c) of this Code section from a covered  
76 person's treating physician if the orthotic device or prosthetic device being replaced is less  
77 than three years old. A health insurer shall not be required to replace or repair an orthotic  
78 device or prosthetic device due to misuse, malicious damage, gross neglect, loss, or theft.

79 (f) The coverage provided for in subsections (b) and (c) of this Code section:

80 (1) Shall be considered as habilitative or rehabilitative benefits for purposes of any state  
81 or federal requirements for coverage of essential health benefits;

82 (2) Shall be comparable to coverage for other medical and surgical benefits under the  
83 health benefit policy, including restorative internal devices;

84 (3) May be subject to the same cost-sharing requirements that apply to other medical  
85 devices and services covered by the health benefit policy; provided, however, that such  
86 requirements shall not be solely applicable to such coverage; and

87 (4) May be limited, or the cost-sharing requirements for such coverage may be altered  
88 for out-of-network providers; provided, however, that any limitations shall not be more  
89 restrictive than the restrictions and requirements applicable to the out-of-network  
90 coverage for the policy's medical or surgical coverage.

91 (g) A managed care plan issuing or renewing a health benefit policy providing coverage  
92 as required under this Code section shall ensure the availability of healthcare providers  
93 licensed to practice in the area of orthotics and prosthetics under Chapter 34 of Title 43 and  
94 at least two distinct healthcare professionals that provide devices and services covered  
95 under this Code section.

96 (h) Nothing in this Code section shall be construed to prohibit a health insurer from issuing  
97 or renewing a health benefit policy which provides benefits greater than the minimum

98 benefits required under this Code section or from issuing or renewing a policy which  
99 provides benefits which are generally more favorable to the covered person than those  
100 required under this Code section.  
101 (i) By July 1, 2032, the Commissioner shall submit a report to the House Committee on  
102 Insurance and the Senate Insurance and Labor Committee regarding the implementation  
103 of the coverage required under this Code section. All health insurers issuing or renewing  
104 health benefit policies subject to the provisions of this Code section shall provide the  
105 department with all data requested by the department for inclusion in such report,  
106 including, but limited to, the total number of claims submitted, the total number of claims  
107 paid, and the total amount of claims paid for the coverage provided for by this Code section  
108 for policy years from 2026 to 2030."

109

**SECTION 2.**

110 All laws and parts of laws in conflict with this Act are repealed.