

House Bill 87 (COMMITTEE SUBSTITUTE)

By: Representatives Clark of the 100th, Wiedower of the 121st, Mathiak of the 82nd, Williams of the 148th, Schofield of the 63rd, 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 rules and regulations; to provide for
5 related matters; to provide for an effective date and appropriations; to repeal conflicting laws;
6 and for other purposes.

7 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

8 **SECTION 1.**

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

11 "33-24-59.34.

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

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

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

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

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

20 (5) 'Medically necessary' shall have the same meaning as set forth in Code
21 Section 33-46-4 and shall be in accordance with nationally recognized clinical practice
22 guidelines.

23 (6) 'Nationally recognized clinical practice guidelines' means evidence based clinical
24 practice guidelines developed by independent organizations or medical professional
25 societies utilizing a transparent methodology and reporting structure and with a conflict
26 of interest policy. Such guidelines establish standards of care informed by a systematic
27 review of evidence and an assessment of the benefits and risks of alternative care options
28 and include recommendations intended to optimize patient care.

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

39 (8) 'Prosthetic device' or 'prosthesis' means a custom designed, fabricated, fitted,
40 modified, or fitted and modified device to replace an absent external body part for
41 purposes of restoring physiological function or cosmesis or both. Such term does not
42 include artificial eyes or ears; dental appliances; cosmetic devices such as artificial

43 breasts, eyelashes, or wigs; or other devices that do not have a significant impact on
44 mobility or the musculoskeletal functions of the body.

45 (b) All health benefit policies renewed or issued on or after January 1, 2026, shall include
46 coverage for orthotic devices and prosthetic devices that are medically necessary for:

47 (1) Activities of daily living;

48 (2) Essential job related activities;

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

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

54 (c) The coverage provided for in this Code section shall include no more than three
55 orthotic devices or prosthetic devices per affected limb per covered person during any
56 three-year period. Such coverage shall include:

57 (1) All materials and components for the use of the orthotic device or prosthetic device,
58 including:

59 (A) The orthosis or prosthesis;

60 (B) Structural components such as the socket;

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

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

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

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

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

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

67 (4) The repair of such device and its components.

68 (d)(1) The replacement of an orthotic device or prosthetic device and its materials and
69 components when such device is less than three years old shall be medically necessary

70 if there is adequate documentation of a change in the physiological condition of the
71 covered person, an irreparable change in the condition of the device or any of its
72 components, or the condition of the device or a component of the device requires repairs
73 and the cost of such repairs would be more than 60 percent of the cost of the device.

74 (2) A socket replacement shall be medically necessary if there is adequate documentation
75 of a physiological need, including, but not limited to, a change in the residual limb, a
76 functional need change, irreparable damage, or wear and tear due to excessive weight of
77 a covered person or physical demands of an active covered person.

78 (e) A health insurer shall not be required to replace or repair an orthotic device or
79 prosthetic device due to misuse, malicious damage, gross neglect, loss, or theft.

80 (f) The coverage provided for in this Code section:

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

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

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

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

92 (g) Nothing in this Code section shall be construed to prohibit a health insurer from issuing
93 or renewing a health benefit policy which provides benefits greater than the minimum
94 benefits required under this Code section or from issuing or renewing a policy which
95 provides benefits which are generally more favorable to the covered person than those
96 required under this Code section.

97 (h) By July 1, 2032, the Commissioner shall submit a report to the House Committee on
98 Insurance and the Senate Insurance and Labor Committee regarding the implementation
99 of the coverage required under this Code section. All health insurers issuing or renewing
100 health benefit policies subject to the provisions of this Code section shall provide the
101 department with all data requested by the department for inclusion in such report,
102 including, but limited to, the total number of claims submitted, the total number of claims
103 paid, and the total amount of claims paid for the coverage provided for by this Code section
104 for policy years from 2026 to 2030.
105 (i) The Commissioner shall promulgate rules and regulations necessary to implement the
106 provisions of this Code section."

107 **SECTION 2.**

108 This Act shall become effective upon its approval by the Governor or upon its becoming law
109 without such approval, except that any coverage provided under a contract executed by this
110 state shall be subject to appropriations.

111 **SECTION 3.**

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