

Senate Bill 699

Sponsored by Senator REYNOLDS, Representative PHAM H; Senators GELSER BLOUIN, SOLLMAN, WEBER, Representatives ELMER, GAMBA, GOMBERG, GRAYBER, HELM, HUDSON, LEVY B, LIVELY, NELSON, RUIZ, WALTERS, WRIGHT (Presession filed.)

SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure **as introduced**. The statement includes a measure digest written in compliance with applicable readability standards.

Digest: This Act tells health insurance to cover devices for more patients. (Flesch Readability Score: 72.6).

Expands the health insurance coverage of prosthetic and orthotic devices.
Declares an emergency, effective on passage.

A BILL FOR AN ACT

1
2 Relating to medical devices; creating new provisions; amending ORS 743A.145; and declaring an
3 emergency.

4 **Be It Enacted by the People of the State of Oregon:**

5 **SECTION 1.** ORS 743A.145 is amended to read:

6 743A.145. (1) As used in this section:

7 (a) "Orthotic device" means a rigid or semirigid device supporting a weak or deformed leg, foot,
8 arm, hand, back or neck, or restricting or eliminating motion in a diseased or injured leg, foot, arm,
9 hand, back or neck.

10 (b) "Prosthetic device" means an artificial limb device or appliance designed to replace in whole
11 or in part an arm or a leg.

12 (2) All individual and group health insurance policies providing coverage for the expenses of
13 hospital, medical or surgical services or supplies shall provide coverage for prosthetic and orthotic
14 devices. [*that are medically necessary to restore or maintain the ability to complete activities of daily*
15 *living or essential job-related activities and that are not solely for comfort or convenience.*] The cover-
16 age required by this subsection includes:

17 (a) **Devices that are determined by the insured's health care provider to be medically**
18 **necessary to restore or maintain the ability to complete activities of daily living or essential**
19 **job-related activities.**

20 (b) **Devices that are determined by the insured's health care provider to be medically**
21 **necessary and the most appropriate model that meets the medical needs of the insured for**
22 **purposes of performing physical activities, including but not limited to running, biking,**
23 **swimming and strength training, and that maximizes the insured's whole-body health, in-**
24 **cluding lower and upper limb function.**

25 (c) All services and supplies medically necessary for the effective use of a prosthetic or orthotic
26 device, including design formulation, fabrication, material and component selection, measurements,
27 fittings, static and dynamic alignments and patient instruction in the use of the device.

28 (3) The Director of the Department of Consumer and Business Services shall adopt and annually

NOTE: Matter in **boldfaced** type in an amended section is new; matter [*italic and bracketed*] is existing law to be omitted.
New sections are in **boldfaced** type.

1 update rules listing the prosthetic and orthotic devices covered under this section. The list shall be
 2 no more restrictive than the list of prosthetic and orthotic devices and supplies in the Medicare fee
 3 schedule for Durable Medical Equipment, Prosthetics, Orthotics and Supplies, but only to the extent
 4 consistent with this section.

5 (4) The coverage required by subsection (2) of this section may be made subject to, and no more
 6 restrictive than, the provisions of a health insurance policy that apply to other benefits under the
 7 policy.

8 (5) The coverage required by subsection (2) of this section shall include any repair or replace-
 9 ment of a prosthetic or orthotic device that is [*determined medically necessary to restore or maintain*
 10 *the ability to complete activities of daily living or essential job-related activities and that is not solely*
 11 *for comfort or convenience*] **described in subsection (2)(a) or (b) of this section.**

12 (6) If the coverage under subsection (2) of this section is provided through a managed care or-
 13 ganization, the insured shall have access to medically necessary clinical care and to prosthetic and
 14 orthotic devices and technology from not fewer than two distinct Oregon prosthetic and orthotic
 15 providers in the managed care organization’s provider network.

16 **(7) An individual or group health plan may not deny a prosthetic or orthotic benefit for**
 17 **an insured with limb loss or absence to restore or maintain the ability to perform a physical**
 18 **activity if a benefit would be covered for medical or surgical intervention for a person with-**
 19 **out limb loss or absence to restore or maintain the ability to perform the same physical ac-**
 20 **tivity.**

21 [(7)] (8) This section is exempt from ORS 743A.001.

22 **SECTION 2. The amendments to ORS 743A.145 by section 1 of this 2025 Act apply to**
 23 **policies or certificates of health insurance issued, renewed or extended on or after the ef-**
 24 **fective date of this 2025 Act.**

25 **SECTION 3. This 2025 Act being necessary for the immediate preservation of the public**
 26 **peace, health and safety, an emergency is declared to exist, and this 2025 Act takes effect**
 27 **on its passage.**