

SB 699-4
(LC 1089)
3/25/25 (EKJ/ps)

Requested by Senator REYNOLDS

**PROPOSED AMENDMENTS TO
SENATE BILL 699**

On page 1 of the printed bill, line 2, after the second semicolon delete the rest of the line and line 3 and insert “and amending ORS 743A.145.”.

Delete lines 5 through 28 and delete page 2 and insert:

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

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

“(a) ‘Device’ means:

“(A) An orthotic device.

“(B) A prosthetic device.

“[(a)] (b) ‘Orthotic device’ means a rigid or semirigid device supporting a weak or deformed leg, foot, arm, hand, back or neck, or restricting or eliminating motion in a diseased or injured leg, foot, arm, hand, back or neck.

“[(b)] (c) ‘Prosthetic device’ means an artificial limb device or appliance designed to replace in whole or in part an arm or a leg.

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

“(a) Devices that are determined to be medically necessary to re-

1 store or maintain the ability to complete activities of daily living or
2 essential job-related activities.

3 “(b) Devices that are determined to be medically necessary and the
4 most appropriate model that meets the medical needs of the insured
5 for purposes of performing physical activities, including but not lim-
6 ited to running, biking, swimming and strength training, and that
7 maximizes the insured’s whole-body health, including lower and upper
8 limb function.

9 “(c) All services and supplies medically necessary for the effective use
10 of a [*prosthetic or orthotic*] device, including design formulation, fabrication,
11 material and component selection, measurements, fittings, static and dynamic
12 alignments and patient instruction in the use of the device.

13 “(d) Replacement of a device or any part of a device, if the re-
14 placement is determined to be medically necessary, based on:

15 “(A) A change in the physiological condition of the insured;

16 “(B) An irreparable change in the condition of the device or part
17 of the device; or

18 “(C) The device, or a part of the device, requires repair and the cost
19 of the repair would be more than 60 percent of the cost of the re-
20 placement device or replacement part of the device.

21 “(e) Repair of a device or any part of a device, if the repair is de-
22 termined to be medically necessary, based on:

23 “(A) A change in the physiological condition of the insured; or

24 “(B) A change in the condition of the device or part of the device.

25 “(3) The Director of the Department of Consumer and Business Services
26 shall adopt and annually update rules listing the [*prosthetic and orthotic*]
27 devices covered under this section. The list shall be no more restrictive than
28 the list of [*prosthetic and orthotic*] devices and supplies in the Medicare fee
29 schedule for Durable Medical Equipment, Prosthetics, Orthotics and Sup-
30 plies, but only to the extent consistent with this section.

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

4 “[~~(5)~~] *The coverage required by subsection (2) of this section shall include*
5 *any repair or replacement of a prosthetic or orthotic device that is determined*
6 *medically necessary to restore or maintain the ability to complete activities of*
7 *daily living or essential job-related activities and that is not solely for comfort*
8 *or convenience.*]

9 “[~~(6)~~] **(5)** If the coverage under subsection (2) of this section is provided
10 through a managed care organization, the insured shall have access to med-
11 ically necessary clinical care and to [*prosthetic and orthotic*] devices and
12 technology from not fewer than two distinct Oregon prosthetic and orthotic
13 providers in the managed care organization’s provider network.

14 **“(6) An individual or group health plan may not deny coverage for**
15 **a prosthetic or orthotic benefit for an insured with limb loss, impair-**
16 **ment or absence to restore or maintain the ability to perform a phys-**
17 **ical activity if a benefit would be covered for medical or surgical**
18 **intervention for a person without limb loss, impairment or absence to**
19 **restore or maintain the ability to perform the same physical activity.**

20 **“(7) For coverage described in subsection (2)(d) of this section, an**
21 **insurer may require confirmation from the prescribing health care**
22 **provider that the coverage is medically necessary if the device, or any**
23 **part of the device, requires replacement and is less than three years**
24 **old.**

25 “[~~(7)~~] **(8)** This section is exempt from ORS 743A.001.

26 **“SECTION 2. The amendments to ORS 743A.145 by section 1 of this**
27 **2025 Act apply to policies or certificates of health insurance issued,**
28 **renewed or extended on or after January 1, 2026.”.**