

Requested by Senator REYNOLDS

**PROPOSED AMENDMENTS TO
SENATE BILL 699**

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

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

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

5 “743A.145. (1) As used in this section:

6 **“(a) ‘Device’ means:**

7 **“(A) An orthotic device.**

8 **“(B) A prosthetic device.**

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

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

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

21 **“(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 and that are not solely for comfort or**
3 **convenience.**

4 **“(b) All services and supplies medically necessary for the effective use**
5 **of a [*prosthetic or orthotic*] device, including design formulation, fabrication,**
6 **material and component selection, measurements, fittings, static and dynamic**
7 **alignments and patient instruction in the use of the device.**

8 **“(c) Replacement of a device or any part of a device, if the re-**
9 **placement is determined to be medically necessary, based on:**

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

11 **“(B) An irreparable change in the condition of the device or part**
12 **of the device; or**

13 **“(C) The device, or a part of the device, requiring repair and the**
14 **cost of the repair would be more than 60 percent of the cost of the**
15 **replacement device or replacement part of the device.**

16 **“(d) Repair of a device or any part of a device, if the repair is de-**
17 **termined to be medically necessary, based on:**

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

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

20 **“(e) Devices that are determined to be medically necessary and the**
21 **most appropriate model that meets the medical needs of the insured**
22 **for purposes of performing physical activities, including but not lim-**
23 **ited to running, biking, swimming and strength training, and that**
24 **maximizes the insured’s whole-body health, including lower and upper**
25 **limb function.**

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

1 plies, but only to the extent consistent with this section.

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

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

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

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

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

26 “[~~(7)~~] **(8)** This section is exempt from ORS 743A.001.

27 “**(9) The coverage requirements described in subsections (2)(e), (6)**
28 **and (7) of this section do not apply to a health benefit plan offered by**
29 **the Public Employees’ Benefit Board or the Oregon Educators Benefit**
30 **Board, unless the plans offered by the Public Employees’ Benefit Board**

1 or the Oregon Educators Benefit Board elect to provide the coverage
2 and provide notice to the Department of Consumer and Business Ser-
3 vices in the form and manner described by the department by rule.

4 **“SECTION 2. The amendments to ORS 743A.145 by section 1 of this**
5 **2025 Act apply to policies or certificates of health insurance issued,**
6 **renewed or extended on or after January 1, 2026.”.**

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