

1 **Heath Insurance Prosthetic Amendments**

2025 GENERAL SESSION

STATE OF UTAH

Chief Sponsor: Doug Owens

Senate Sponsor:

2 **LONG TITLE**

3 **General Description:**

4 This bill amends provisions related to health insurance.

5 **Highlighted Provisions:**

6 This bill:

7 ▸ requires a health benefit plan to offer an additional prosthetic device or orthotic device to
8 assist in enabling physical activity.

9 **Money Appropriated in this Bill:**

10 None

11 **Other Special Clauses:**

12 None

13 **Utah Code Sections Affected:**

14 AMENDS:

15 **31A-22-638**, as last amended by Laws of Utah 2019, Chapter 193

16 *Be it enacted by the Legislature of the state of Utah:*

17 Section 1. Section **31A-22-638** is amended to read:

18 **31A-22-638 . Coverage for prosthetic devices.**

19 (1) For purposes of this section:

20 (a)(i) "Orthotic device" means a rigid or semirigid device supporting a weak or
21 deformed leg, foot, arm, hand, back, or neck, or restricting or eliminating motion
22 in a diseased or injured leg, foot, arm, hand, back, or neck.

23 (ii) "Orthotic device" does not include an orthopedic shoe or insert unless the
24 orthopedic shoe or insert is an integral part of a brace.

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

27 (ii) "Prosthetic device" does not include an orthotic device.

28 (2)(a) Beginning January 1, 2011, an insurer, other than an insurer described in
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- 31 Subsection (2)(b), that provides a health benefit plan shall offer at least one plan, in
32 each market where the insurer offers a health benefit plan, that provides coverage for
33 benefits for prosthetics that includes:
- 34 (i) a prosthetic device;
 - 35 (ii) all services and supplies necessary for the effective use of a prosthetic device,
36 including:
 - 37 (A) formulating its design;
 - 38 (B) fabrication;
 - 39 (C) material and component selection;
 - 40 (D) measurements and fittings;
 - 41 (E) static and dynamic alignments; and
 - 42 (F) instructing the patient in the use of the prosthetic device;
 - 43 (iii) all materials and components necessary to use the prosthetic device; and
 - 44 (iv) any repair or replacement of a prosthetic device that is determined medically
45 necessary to restore or maintain the ability to complete activities of daily living or
46 essential job-related activities and that is not solely for comfort or convenience.
- 47 (b) Beginning January 1, 2011, an insurer that is subject to Title 49, Chapter 20, Public
48 Employees' Benefit and Insurance Program Act, shall offer to a covered employer at
49 least one plan that:
- 50 (i) provides coverage for prosthetics that complies with Subsections (2)(a)(i) through
51 (iv); and
 - 52 (ii) requires an employee who elects to purchase the coverage described in
53 Subsection (2)(b)(i) to pay an increased premium to pay the costs of obtaining that
54 coverage.
- 55 (c) At least one of the plans with the prosthetic benefits described in Subsections (2)(a)
56 and (b) that is offered by an insurer described in this Subsection (2) shall have a
57 coinsurance rate, that applies to physical injury generally and to prosthetics, of 80%
58 to be paid by the insurer and 20% to be paid by the insured, if the prosthetic benefit is
59 obtained from a person that the insurer contracts with or approves.
- 60 (d) For policies issued on or after July 1, 2010 until July 1, 2015, an insurer is exempt
61 from the 30% index rating restrictions in Section 31A-30-106.1, and for the first year
62 only that coverage under this section is chosen, the 15% annual adjustment restriction
63 in Section 31A-30-106.1, for any small employer with 20 or less enrolled employees
64 who chooses coverage that meets or exceeds the coverage under this section.

- 65 (3) The coverage described in this section:
66 (a) shall, except as otherwise provided in this section, be made subject to cost-sharing
67 provisions, including dollar limits, deductibles, copayments, and co-insurance, that
68 are not less favorable to the insured than the cost-sharing provisions of the health
69 benefit plan that apply to physical illness generally; and
70 (b) may limit coverage for the purchase, repair, or replacement of a microprocessor
71 component for a prosthetic device to \$30,000, per limb, every three years.
- 72 (4) If the coverage described in this section is provided through a managed care plan,
73 offered under Chapter 45, Managed Care Organizations, the insured shall have access to
74 medically necessary prosthetic clinical care, and to prosthetic devices and technology,
75 from one or more prosthetic providers in the managed care plan's provider network.
- 76 (5)(a) A health benefit plan that provides coverage under this section shall include an
77 additional prosthetic device or orthotic device as a covered benefit to an enrollee if
78 the enrollee's treating physician determines that the additional prosthetic device or
79 orthotic device is necessary to enable an enrollee to engage in physical and
80 recreational activity, which may include running, bicycling, swimming, climbing,
81 skiing, snowboarding, and other team and individual sports.
- 82 (b) A health benefit plan providing a prosthetic device under this Subsection (5) shall
83 include services and items described in Subsections (2)(a)(ii) through (iv).
- 84 (c) This Subsection (5) applies to a health benefit plan contract entered into or renewed
85 after July 1, 2026.

86 Section 2. **Effective Date.**

87 This bill takes effect on May 7, 2025.