MN HOUSE RESEARCH

Bill Summary

H.F. 3339

First engrossment

Subject	Coverage of Orthotic and Prosthetic Devices
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Overview

This bill requires private sector health coverage to cover orthotic and prosthetic devices, supplies, and services. The bill also requires medical assistance (MA) coverage of these items and services to meet many of the requirements that apply to private sector coverage.

Summary

Section	Description
1	**Coverage for orthotic and prosthetic devices.** Adds § 62Q.665. **Subd. 1. Definitions.** Defines the following terms: accredited facility, orthosis, orthotics, prosthesis, and prosthetics. **Subd. 2. Coverage.** (a) Requires a health plan to provide coverage for orthotic and prosthetic devices, supplies, and services, including repair and replacement, at least equal to that provided under Medicare, to the extent consistent with this section. (b) Prohibits a health plan from subjecting this coverage to separate financial requirements, and requires any cost-sharing to not be more restrictive than that applied to medical and surgical benefits. (c) Requires any benefit restrictions or financial requirements related to out-of-network coverage to not be more restrictive than those applied to medical and surgical benefits. (d) Requires a health plan to cover orthoses and prostheses upon an order by a prescriber, and requires coverage to include devices, systems, supplies, accessories, and services that are customized to the covered individual's needs.

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(e) Requires a health plan to cover orthoses and prostheses determined by the enrollee's provider to be the most appropriate model that meets the medical needs of the enrollees related to performing physical activities.

(f) Requires coverage of orthoses and prostheses for showering or bathing.

Subd. 3. Prior authorization. Allows a health plan to require prior authorization for orthotic and prosthetic devices, supplies, and services in the same manner and to the same extent as is required for any other covered benefit.

States that this section is effective August 1, 2023, and applies to health plans offered, issued, or renewed on or after that date.

2 **Medical necessity and nondiscrimination standards for coverage of prosthetics or orthotics.**

Adds § 62Q.666. Sets requirements related to coverage and nondiscrimination standards for prosthetic or orthotic benefits.

(a) Requires a health plan company to apply the most recent version of evidence-based treatment and fit criteria, when performing a utilization review.

(b) Requires utilization review determinations to be rendered in a nondiscriminatory manner.

(c) Prohibits denial of a prosthetic or orthotic benefit for an individual with limb loss or absence, if it would otherwise be covered for a nondisabled person as part of medical or surgical intervention.

(d) Requires the evidence of coverage and any benefit denial letters to include language related to enrollee rights pursuant to paragraphs (b) and (c).

(e) Requires a health plan to ensure access to medically necessary clinical care and to devices and technology from not less than two in-network prosthetic and orthotic providers located in Minnesota. Specifies requirements related to out-of-network coverage.

(f) Specifies requirements related to the replacement of prosthetic and orthotic devices.

(g) Allows confirmation from a prescribing health care provider to be required if the prosthetic or custom orthotic device or part being replaced is less than three years old.

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3	**Eyeglasses and dentures.** Amends § 256B.0625, subd. 12. Strikes language related to MA coverage of prosthetic and orthotic devices (the bill establishes a separate section related to MA coverage of these devices). States that this section is effective January 1, 2025.
4	**Orthotic and prosthetic devices.** Amends § 256B.0625, by adding subd. 72. States that MA covers orthotic and prosthetic devices, supplies, and services, according to section 256B.066. States that this section is effective January 1, 2025.
5	**Orthotic and prosthetic devices, supplies, and services.** Adds § 256B.066. Specifies requirements related to MA coverage for orthotic and prosthetic devices, supplies, and services. Many of the requirements are identical to or similar to those that apply to private sector health plan coverage, as specified in sections 62Q.665 and 62Q.666. **Subd. 1. Definitions.** Provides that the definitions in section 62Q.665, subdivision 1, apply to this section. **Subd. 2. Coverage requirements.** (a) Requires MA to cover orthoses and prostheses: (1) upon an order by a prescriber, and requires coverage to include devices, systems, supplies, accessories, and services that are customized to the enrollee's needs; (2) determined by the enrollee's provider to be the most appropriate model that meets the medical needs of the enrollees related to performing physical activities; or (3) for showering or bathing. (b) Provides that the coverage in paragraph (a) includes the repair and replacement of orthotic and prosthetic devices, supplies, and services. (c) Prohibits denial of a prosthetic or orthotic benefit for an individual with limb loss or absence, if it would otherwise be covered for a nondisabled person as part of medical or surgical intervention. (d) Specifies requirements related to the replacement of prosthetic and orthotic devices. **Subd. 3. Restrictions on coverage.** (a) Allows prior authorization to be required for orthotic and prosthetic devices, supplies, and services. (b) Requires the most recent version of evidence-based treatment and fit criteria to be applied when performing a utilization review.

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(c) Requires utilization review determinations to be rendered in a nondiscriminatory manner.

(d) Requires the evidence of coverage and any benefit denial letters to include language related to enrollee rights pursuant to paragraphs (b) and (c).

(e) Allows MA to require confirmation from a prescribing health care provider if the prosthetic or custom orthotic device or part being replaced is less than three years old.

Subd. 4. Managed care plan access to care. (a) Requires managed care and county-based purchasing plans to ensure access to medically necessary clinical care and to devices and technology from not less than two in-network prosthetic and orthotic providers located in Minnesota.

(b) Specifies requirements related to out-of-network coverage.

States that this section is effective January 1, 2025.