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LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
02/12/2026	.	
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The Committee on Banking and Insurance (Truenow) recommended the following:

Senate Amendment (with title amendment)

Delete everything after the enacting clause
and insert:

Section 1. Subsection (10) of section 409.906, Florida
Statutes, is amended to read:

409.906 Optional Medicaid services.—Subject to specific
appropriations, the agency may make payments for services which
are optional to the state under Title XIX of the Social Security
Act and are furnished by Medicaid providers to recipients who



11 are determined to be eligible on the dates on which the services
12 were provided. Any optional service that is provided shall be
13 provided only when medically necessary and in accordance with
14 state and federal law. Optional services rendered by providers
15 in mobile units to Medicaid recipients may be restricted or
16 prohibited by the agency. Nothing in this section shall be
17 construed to prevent or limit the agency from adjusting fees,
18 reimbursement rates, lengths of stay, number of visits, or
19 number of services, or making any other adjustments necessary to
20 comply with the availability of moneys and any limitations or
21 directions provided for in the General Appropriations Act or
22 chapter 216. If necessary to safeguard the state's systems of
23 providing services to elderly and disabled persons and subject
24 to the notice and review provisions of s. 216.177, the Governor
25 may direct the Agency for Health Care Administration to amend
26 the Medicaid state plan to delete the optional Medicaid service
27 known as "Intermediate Care Facilities for the Developmentally
28 Disabled." Optional services may include:

29 (10) DURABLE MEDICAL EQUIPMENT.—

30 (a) The agency may authorize and pay for certain durable
31 medical equipment and supplies provided to a Medicaid recipient
32 as medically necessary.

33 (b)1. As used in this paragraph, the term "eligible
34 individual" means a Medicaid recipient who is:

35 a. A child younger than 18 years of age;

36 b. A dependent child as specified in s. 627.6562;

37 c. An individual 26 years of age or younger who remains
38 covered under a parent's health insurance policy pursuant to s.
39 627.6562; or



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40 d. An individual with a developmental disability as defined
41 in s. 393.063.

42 2. The agency may authorize and pay for all of the
43 following orthotics and prosthetics services for eligible
44 individuals:

45 a. Orthoses and prostheses as those terms are defined in s.
46 468.80. Coverage must include payment for:

47 (I) The model of an orthosis or a prosthesis which is
48 deemed by the eligible individual's provider to be the most
49 appropriate to meet the medical needs of the eligible individual
50 to perform activities of daily living and essential job-related
51 activities; and

52 (II) When medically necessary, an orthosis or a prosthesis
53 designed for physical or recreational activities that maximize
54 the eligible individual's full body health and lower and upper
55 limb function.

56 b. All materials and components necessary to use the
57 orthosis or prosthesis.

58 c. Instruction on the use of the orthosis or prosthesis.

59 d. Any necessary repairs or replacement of the orthosis or
60 prosthesis.

61 3. This paragraph may not be construed to require Medicaid
62 coverage of orthotics and prosthetics services specified herein
63 for a Medicaid recipient who is not an eligible individual.

64 Section 2. The Agency for Health Care Administration shall
65 seek federal approval and amend contracts as necessary to
66 implement the changes made to s. 409.906, Florida Statutes, by
67 this act.

68 Section 3. Section 627.64085, Florida Statutes, is created



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69 to read:

70 627.64085 Orthotics and prosthetics services.—

71 (1) As used in this section, the term "eligible individual"
72 means an insured who is:

73 a. A child younger than 18 years of age;

74 b. A dependent child as defined in s. 627.6562;

75 c. An individual 26 years of age or younger who remains
76 covered under a parent's health insurance policy pursuant to s.
77 627.6562; or

78 d. An individual with a developmental disability as defined
79 in s. 393.063.

80 (2) A health insurance policy issued, amended, delivered,
81 or renewed in this state on or after July 1, 2026, must provide
82 coverage of all of the following for eligible individuals:

83 (a) Orthoses and prostheses as those terms are defined in
84 s. 468.80 if the eligible individual's provider determines that
85 an orthosis or a prosthesis is medically necessary for the
86 eligible individual to perform activities of daily living,
87 essential job-related activities, and physical recreational
88 activities, such as running, biking, swimming, strength
89 training, and other activities that maximize the eligible
90 individual's full body health and lower and upper limb function.

91 (b) Any replacement of the orthosis or prosthesis, or part
92 thereof, without regard to continuous use or useful lifetime
93 restrictions, if the eligible individual's provider determines
94 that it is medically necessary due to any of the following:

95 1. A change in the physiological condition of the eligible
96 individual.

97 2. An irreparable change in the condition of the orthosis



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98 or prosthesis, or part thereof.

99 3. A change in the condition of the orthosis or prosthesis,
100 or part thereof, requires repairs that would cost more than 60
101 percent of the cost of a replacement orthosis or prosthesis or
102 of the part thereof requiring replacement.

103
104 A health insurer may require supporting documentation from an
105 eligible individual's provider to confirm the need for a
106 replacement for an orthosis or a prosthesis that is less than 3
107 years old.

108 (3) A health insurer may not deny a claim for an orthosis
109 or a prosthesis as a medically necessary intervention to restore
110 physical function for an eligible individual with a disability
111 which would otherwise be covered for a nondisabled person
112 seeking medical or surgical intervention to restore or maintain
113 the ability to perform the same type of physical function
114 affected.

115 (4) Beginning July 1, 2027, and annually thereafter, each
116 health insurer subject to this section shall submit a report to
117 the Office of Insurance Regulation detailing the total number of
118 claims submitted for orthotics and prosthetics services in the
119 previous plan year and the total number of such claims that were
120 paid, including the amount paid.

121 (5) This section may not be construed to require coverage
122 of orthotics or prosthetics services for an insured who is not
123 an eligible individual.

124 Section 4. Section 627.6614, Florida Statutes, is created
125 to read:

126 627.6614 Orthotics and prosthetics services.-



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127 (1) As used in this section, the term "eligible individual"
128 means an insured who is:

129 a. A child younger than 18 years of age;

130 b. A dependent child as defined in s. 627.6562;

131 c. An individual 26 years of age or younger who remains
132 covered under a parent's health insurance policy pursuant to s.
133 627.6562; or

134 d. An individual with a developmental disability as defined
135 in s. 393.063.

136 (2) A group, blanket, or franchise health insurance policy
137 issued, amended, delivered, or renewed in this state on or after
138 July 1, 2026, must provide coverage of all of the following for
139 eligible individuals:

140 (a) Orthoses and prostheses as those terms are defined in
141 s. 468.80 if the eligible individual's provider determines that
142 an orthosis or a prosthesis is medically necessary for the
143 eligible individual to perform activities of daily living,
144 essential job-related activities, and physical recreational
145 activities, such as running, biking, swimming, strength
146 training, and other activities that maximize the eligible
147 individual's full body health and lower and upper limb function.

148 (b) Any replacement of the orthosis or prosthesis, or part
149 thereof, without regard to continuous use or useful lifetime
150 restrictions, if the eligible individual's provider determines
151 that it is medically necessary due to any of the following:

152 1. A change in the physiological condition of the eligible
153 individual.

154 2. An irreparable change in the condition of the orthosis
155 or prosthesis, or part thereof.



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156 3. A change in the condition of the orthosis or prosthesis,
157 or part thereof, requires repairs that would cost more than 60
158 percent of the cost of a replacement orthosis or prosthesis or
159 of the part thereof requiring replacement.

160
161 A health insurer may require supporting documentation from an
162 eligible individual's provider to confirm the need for a
163 replacement for an orthosis or a prosthesis that is less than 3
164 years old.

165 (3) A health insurer may not deny a claim for an orthosis
166 or a prosthesis as a medically necessary intervention to restore
167 physical function for an eligible individual with a disability
168 which would otherwise be covered for a nondisabled person
169 seeking medical or surgical intervention to restore or maintain
170 the ability to perform the same type of physical function
171 affected.

172 (4) Beginning July 1, 2027, and annually thereafter, each
173 health insurer subject to this section shall submit a report to
174 the Office of Insurance Regulation detailing the total number of
175 claims submitted for orthotics and prosthetics services in the
176 previous plan year and the total number of such claims that were
177 paid, including the amount paid.

178 (5) This section may not be construed to require coverage
179 of orthotics or prosthetics services for an insured who is not
180 an eligible individual.

181 Section 5. Section 641.31079, Florida Statutes, is created
182 to read:

183 641.31079 Orthotics and prosthetics services.—

184 (1) As used in this section, the term "eligible individual"



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185 means a subscriber who is:
186 a. A child younger than 18 years of age;
187 b. A dependent child as defined in s. 627.6562;
188 c. An individual 26 years of age or younger who remains
189 covered under a parent's health insurance policy pursuant to s.
190 627.6562; or
191 d. An individual with a developmental disability as defined
192 in s. 393.063.
193 (2) A health maintenance contract issued, amended,
194 delivered, or renewed in this state on or after July 1, 2026,
195 must provide coverage of all of the following for eligible
196 individuals:
197 (a) Orthoses and prostheses as those terms are defined in
198 s. 468.80 if the eligible individual's provider determines that
199 an orthosis or a prosthesis is medically necessary for the
200 eligible individual to perform activities of daily living,
201 essential job-related activities, and physical recreational
202 activities, such as running, biking, swimming, strength
203 training, and other activities that maximize the eligible
204 individual's full body health and lower and upper limb function.
205 (b) Any replacement of the orthosis or prosthesis, or part
206 thereof, without regard to continuous use or useful lifetime
207 restrictions, if the subscriber's provider determines that it is
208 medically necessary due to any of the following:
209 1. A change in the physiological condition of the eligible
210 individual.
211 2. An irreparable change in the condition of the orthosis
212 or prosthesis, or part thereof.
213 3. A change in the condition of the orthosis or prosthesis,



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214 or part thereof, requires repairs that would cost more than 60
215 percent of the cost of a replacement orthosis or prosthesis or
216 of the part thereof requiring replacement.

217
218 A health maintenance organization may require supporting
219 documentation from an eligible individual's provider to confirm
220 the need for a replacement for an orthosis or a prosthesis that
221 is less than 3 years old.

222 (3) A health maintenance organization may not deny a claim
223 for an orthosis or a prosthesis as a medically necessary
224 intervention to restore physical function for an eligible
225 individual with a disability which would otherwise be covered
226 for a nondisabled person seeking medical or surgical
227 intervention to restore or maintain the ability to perform the
228 same type of physical function affected.

229 (4) Beginning July 1, 2027, and annually thereafter, each
230 health maintenance organization subject to this section shall
231 submit a report to the Office of Insurance Regulation detailing
232 the total number of claims submitted for orthotics and
233 prosthetics services in the previous plan year and the total
234 number of such claims that were paid, including the amount paid.

235 (5) This section may not be construed to require coverage
236 of orthotics or prosthetics services for a subscriber who is not
237 an eligible individual.

238 Section 6. This act shall take effect July 1, 2026.

239
240 ===== T I T L E A M E N D M E N T =====

241 And the title is amended as follows:

242 Delete everything before the enacting clause



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243 and insert:

244 A bill to be entitled
245 An act relating to coverage for orthotics and
246 prosthetics services; amending s. 409.906, F.S.;
247 defining the term "eligible individual"; authorizing
248 the Agency for Health Care Administration to authorize
249 and pay for specified orthotics and prosthetics
250 services for Medicaid recipients who are eligible
251 individuals; providing construction; requiring the
252 agency to seek federal approval and amend contracts as
253 necessary to implement the act; creating ss.
254 627.64085, 627.6614, and 641.31079, F.S.; defining the
255 term "eligible individual"; requiring individual
256 health insurance policies; group, blanket, and
257 franchise health insurance policies; and health
258 maintenance contracts, respectively, to provide
259 coverage for specified orthotics and prosthetics
260 services for eligible individuals; authorizing health
261 insurers and health maintenance organizations to
262 require certain supporting documentation; prohibiting
263 health insurers and health maintenance organizations
264 from denying claims under certain circumstances;
265 requiring health insurers and health maintenance
266 organizations to submit annual reports of specified
267 information to the Office of Insurance Regulation;
268 providing construction; providing an effective date.