

# HOUSE . . . . . No. 4549

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## The Commonwealth of Massachusetts

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HOUSE OF REPRESENTATIVES, September 29, 2025.

The committee on Financial Services, to whom was referred the petition (accompanied by bill, House, No. 1178) of Carlos González, Joanne M. Comerford and Jacob R. Oliveira for legislation to authorize insurance coverage for prosthetic devices and orthotic devices, reports recommending that the accompanying bill (House, No. 4549) ought to pass.

For the committee,

JAMES M. MURPHY.

**HOUSE . . . . . No. 4549**

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**The Commonwealth of Massachusetts**

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**In the One Hundred and Ninety-Fourth General Court  
(2025-2026)**  
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An Act to improve outcomes for persons with limb loss and limb difference.

*Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:*

1           SECTION 1. Section 17I of chapter 32A of the General Laws, as appearing in the 2022  
2 Official Edition, is hereby amended by striking out subsection (b) and inserting in place thereof  
3 the following subsection:-

4           (b) For the purposes of this section the following words shall, unless the context clearly  
5 requires otherwise, have the following meanings:

6           “Orthosis”, a device: (i) used to support, align, correct or prevent deformities of the body,  
7 which may be used to eliminate, control or assist motion at a joint or body part; and (ii)  
8 appropriately used in a person’s home or any setting in which normal life activities take place in  
9 the community.

10           “Prosthetic device”, an artificial limb device to replace, in whole or in part, an arm or leg  
11 including a device that is designed specifically for physical activities.

12 SECTION 2. Subsection (f) of said section 17I of said chapter 32A, as so appearing, is  
13 hereby amended by inserting after the word “devices” the following words:-

14 but must do so in a nondiscriminatory manner and shall not deny coverage for habilitative  
15 or rehabilitative benefits, including prosthetics or orthotics, solely on the basis of an insured’s  
16 actual or perceived disability.

17 SECTION 3. Section 17I of chapter 32A of the General Laws, as appearing in the 2022  
18 Official Edition, is hereby further amended by adding the following subsections:-

19 (g) In addition to primary prosthetic and orthotic devices for daily use, the commission  
20 shall provide coverage for prosthetic devices and orthotic devices designed, custom-built or  
21 fitted for a specific enrollee for the performance of physical activities, including devices  
22 specifically designed for showering and bathing, as applicable, to maximize the enrollee’s ability  
23 to ambulate, run, bike and swim and to maximize upper limb function. The coverage required  
24 pursuant to this subsection shall include the repair or replacement of a prosthetic or orthotic  
25 device for the performance of physical activities.

26 (h)(1) The division shall consider these benefits habilitative or rehabilitative for purposes  
27 of any state or federal requirement for coverage of essential health benefits.

28 (2) An insurer shall render utilization determinations in a nondiscriminatory manner and  
29 shall not deny coverage for habilitative or rehabilitative benefits, including prosthetics or  
30 orthotics, solely on the basis of an insured’s actual or perceived disability.

31 (3) An insurer shall not deny a prosthetic or orthotic benefit for an individual with limb  
32 loss or absence that would otherwise be covered for a non-disabled person seeking medical or  
33 surgical intervention to restore or maintain the ability to perform the same physical activity.

34 (4) Prosthetic and custom orthotic device coverage shall not be subject to separate  
35 financial requirements that are applicable only with respect to that coverage, An individual  
36 health plan may impose cost-sharing on prosthetic or custom orthotic devices provided that any  
37 cost-sharing requirements shall not be more restrictive than the cost-sharing requirements  
38 applicable to the plan's coverage for inpatient physician and surgical services.

39 (5) A health plan that provides coverage for prosthetic or orthotic services shall ensure  
40 access to medically necessary clinical care and to prosthetic and custom orthotic devices and  
41 technology from not less than two distinct prosthetic and custom orthotic providers in the  
42 managed care plan's provider network located in the state. In the event that medically necessary  
43 covered orthotics and prosthetics are not available from an in-network provider, the insurer shall  
44 provide processes to refer a member to an out-of-network provider and shall fully reimburse the  
45 out-of-network provider at a mutually agreed upon rate less member cost-sharing determined on  
46 an in-network basis.

47 (6) If coverage for prosthetic or custom orthotic devices is provided, payment shall be  
48 made for the replacement of a prosthetic or custom orthotic device or for the replacement of any  
49 part of such devices, without regard to continuous use or useful lifetime restrictions, if an  
50 ordering health care provider determines that the provision of a replacement device, or a  
51 replacement part of such a device, is necessary for reasons which shall include, but not be limited  
52 to: (i) a change in the physiological condition of the patient; (ii) an irreparable change in the

53 condition of the device or in a part of the device; or (iii) the condition of the device, or the part of  
54 the devices requires repairs and the cost of such repairs would be more than sixty percent of the  
55 cost of a replacement device or of the part being replaced.

56 Confirmation from a prescribing health care provider may be required if the prosthetic or  
57 custom orthotic device or part being replaced is less than three years old.

58 SECTION 4. Chapter 118E of the General Laws, as so appearing, is hereby amended by  
59 inserting after section 10Z the following section:-

60 Section 10AA. (a) For the purposes of this section the following words shall, unless the  
61 context clearly requires otherwise, have the following meanings:

62 “Orthotic device”, a device: (i) used to support, align, correct or prevent deformities of  
63 the body, which may be used to eliminate, control or assist motion at a joint or body part; and (ii)  
64 appropriately used in a person’s home or any setting in which normal life activities take place in  
65 the community.

66 “Prosthetic device”, an artificial limb device to replace, in whole or in part, an arm or leg  
67 including a device that is designed specifically for physical activities.

68 (b)(1) The division shall provide coverage for prosthetic and orthotic devices including  
69 the repair or replacement of prosthetic or orthotic devices to eligible MassHealth members under  
70 the same terms and conditions that apply to other durable medical equipment. The coverage  
71 required by this section shall be subject to the terms and conditions applicable to other benefits.

72 (2) The division shall consider these benefits habilitative or rehabilitative for purposes of  
73 any state or federal requirement for coverage of essential health benefits.

74 (3) An insurer shall render utilization determinations in a nondiscriminatory manner and  
75 shall not deny coverage for habilitative or rehabilitative benefits, including prosthetics or  
76 orthotics, solely on the basis of an insured's actual or perceived disability.

77 (4) An insurer shall not deny a prosthetic or orthotic benefit for an individual with limb  
78 loss or absence that would otherwise be covered for a non-disabled person seeking medical or  
79 surgical intervention to restore or maintain the ability to perform the same physical activity.

80 (5) Prosthetic and custom orthotic device coverage shall not be subject to separate  
81 financial requirements that are applicable only with respect to that coverage, An individual  
82 health plan may impose cost-sharing on prosthetic or custom orthotic devices provided that any  
83 cost-sharing requirements shall not be more restrictive than the cost-sharing requirements  
84 applicable to the plan's coverage for inpatient physician and surgical services.

85 (6) A health plan that provides coverage for prosthetic or orthotic services shall ensure  
86 access to medically necessary clinical care and to prosthetic and custom orthotic devices and  
87 technology from not less than two distinct prosthetic and custom orthotic providers in the  
88 managed care plan's provider network located in the state. In the event that medically necessary  
89 covered orthotics and prosthetics are not available from an in-network provider, the insurer shall  
90 provide processes to refer a member to an out-of-network provider and shall fully reimburse the  
91 out-of-network provider at a mutually agreed upon rate less member cost-sharing determined on  
92 an in-network basis.

93 (7) If coverage for prosthetic or custom orthotic devices is provided, payment shall be  
94 made for the replacement of a prosthetic or custom orthotic device or for the replacement of any  
95 part of such devices, without regard to continuous use or useful lifetime restrictions, if an

96 ordering health care provider determines that the provision of a replacement device, or a  
97 replacement part of such a device, is necessary for reasons which shall include, but not be limited  
98 to: (i) a change in the physiological condition of the patient; (ii) an irreparable change in the  
99 condition of the device or in a part of the device; or (iii) the condition of the device, or the part of  
100 the devices requires repairs and the cost of such repairs would be more than sixty percent of the  
101 cost of a replacement device or of the part being replaced.

102 Confirmation from a prescribing health care provider may be required if the prosthetic or  
103 custom orthotic device or part being replaced is less than three years old.

104 (c) In addition to primary prosthetic and orthotic devices for daily use, the division shall  
105 provide coverage for prosthetic devices and orthotic devices custom-built or fitted for a specific  
106 enrollee, for the performance of physical activities including devices specifically designed for  
107 showering and bathing, as applicable, to maximize the enrollee's ability to ambulate, run, bike  
108 and swim and to maximize upper limb function. The coverage required pursuant to this  
109 subsection shall include the repair or replacement of a prosthetic or orthotic device for the  
110 performance of physical activities.

111 (d) Eligible MassHealth members shall be required to provide a written prescription  
112 signed by a licensed physician or an independent nurse practitioner. The prescription must be  
113 written on the prescriber's prescription form and must include the following information:(i) the  
114 member's name and address; (ii) the member's MassHealth identification number; (iii) specific  
115 identification of the prescribed item; (iv) medical justification for the use of the item, including  
116 the member's diagnosis; (v) the prescriber's address and telephone number; and (vi) the date on  
117 which the prescription was signed by the prescriber.

118 SECTION 5. Section 47Z of chapter 175 of the General Laws, as appearing in the 2022  
119 Official Edition, is hereby amended by striking out subsection (b) and inserting in place thereof  
120 the following subsection:-

121 (b) For the purposes of this section the following words shall, unless the context clearly  
122 requires otherwise, have the following meanings:

123 “Orthosis”, a device: (i) used to support, align, correct or prevent deformities of the body,  
124 which may be used to eliminate, control or assist motion at a joint or body part; and (ii)  
125 appropriately used in a person’s home or any setting in which normal life activities take place in  
126 the community.

127 “Prosthetic device”, an artificial limb device to replace, in whole or in part, an arm or leg  
128 including a device that is designed specifically for physical activities.

129 SECTION 6. Subsection (f) of said section 47Z of said chapter 175, as so appearing, is  
130 hereby amended by inserting after the word “devices” the following words:-

131 but must do so in a nondiscriminatory manner and shall not deny coverage for habilitative  
132 or rehabilitative benefits, including prosthetics or orthotics, solely on the basis of an insured’s  
133 actual or perceived disability.

134 SECTION 7. Section 47Z of chapter 175 of the General Laws, as appearing in the 2022  
135 Official Edition, is hereby further amended by adding the following subsection:-

136 (h)(1) Any such policy shall provide coverage for prosthetic devices and orthoses for  
137 daily use, in addition to prosthetic devices and orthoses designed, custom-built or fitted for a  
138 specific enrollee for the performance of physical activities, as applicable, to maximize the

139 enrollee's ability to ambulate, run, bike and swim and to maximize upper limb function. The  
140 coverage required pursuant to this subsection shall include the repair or replacement of a  
141 prosthetic or orthotic device for the performance of physical activities.

142 (2) The division shall consider these benefits habilitative or rehabilitative for purposes of  
143 any state or federal requirement for coverage of essential health benefits.

144 (3) An insurer shall render utilization determinations in a nondiscriminatory manner and  
145 shall not deny coverage for habilitative or rehabilitative benefits, including prosthetics or  
146 orthotics, solely on the basis of an insured's actual or perceived disability.

147 (4) An insurer shall not deny a prosthetic or orthotic benefit for an individual with limb  
148 loss or absence that would otherwise be covered for a non-disabled person seeking medical or  
149 surgical intervention to restore or maintain the ability to perform the same physical activity.

150 (5) Prosthetic and custom orthotic device coverage shall not be subject to separate  
151 financial requirements that are applicable only with respect to that coverage, An individual  
152 health plan may impose cost-sharing on prosthetic or custom orthotic devices provided that any  
153 cost-sharing requirements shall not be more restrictive than the cost-sharing requirements  
154 applicable to the plan's coverage for inpatient physician and surgical services.

155 (6) A health plan that provides coverage for prosthetic or orthotic services shall ensure  
156 access to medically necessary clinical care and to prosthetic and custom orthotic devices and  
157 technology from not less than two distinct prosthetic and custom orthotic providers in the  
158 managed care plan's provider network located in the state. In the event that medically necessary  
159 covered orthotics and prosthetics are not available from an in-network provider, the insurer shall  
160 provide processes to refer a member to an out-of-network provider and shall fully reimburse the

161 out-of-network provider at a mutually agreed upon rate less member cost-sharing determined on  
162 an in-network basis.

163 (7) If coverage for prosthetic or custom orthotic devices is provided, payment shall be  
164 made for the replacement of a prosthetic or custom orthotic device or for the replacement of any  
165 part of such devices, without regard to continuous use or useful lifetime restrictions, if an  
166 ordering health care provider determines that the provision of a replacement device, or a  
167 replacement part of such a device, is necessary for reasons which shall include, but not be limited  
168 to: (i) a change in the physiological condition of the patient; (ii) an irreparable change in the  
169 condition of the device or in a part of the device; or (iii) the condition of the device, or the part of  
170 the devices requires repairs and the cost of such repairs would be more than sixty percent of the  
171 cost of a replacement device or of the part being replaced.

172 Confirmation from a prescribing health care provider may be required if the prosthetic or  
173 custom orthotic device or part being replaced is less than three years old.

174 SECTION 8. Section 8AA of chapter 176A of the General Laws, as so appearing, is  
175 hereby amended by striking out subsection (b) and inserting in place thereof the following  
176 subsection:-

177 (b) For the purposes of this section the following words shall, unless the context clearly  
178 requires otherwise, have the following meanings:

179 “Orthosis”, a device: (i) used to support, align, correct or prevent deformities of the body,  
180 which may be used to eliminate, control or assist motion at a joint or body part; and (ii)  
181 appropriately used in a person’s home or any setting in which normal life activities take place in  
182 the community.

183           “Prosthetic device”, an artificial limb device to replace, in whole or in part, an arm or leg  
184 including a device that is designed specifically for physical activities .

185           SECTION 9. Subsection (f) of section 8AA of chapter 176A of the General Laws, as  
186 appearing in the 2022 Official Edition, is hereby amended by inserting after the word “devices”  
187 the following words:-

188           but must do so in a nondiscriminatory manner and shall not deny coverage for habilitative  
189 or rehabilitative benefits, including prosthetics or orthotics, solely on the basis of an insured’s  
190 actual or perceived disability.

191           SECTION 10. Said section 8AA of said chapter 176A, as so appearing, is hereby further  
192 amended by adding the following subsection:-

193           (h) Any such contract shall be required to provide coverage for prosthetic devices and  
194 orthotic devices for daily use in addition to those designed, custom-built or fitted for a specific  
195 enrollee for the performance of physical activities, as applicable, to maximize the enrollee’s  
196 ability to ambulate, run, bike and swim and to maximize upper limb function. The coverage  
197 required pursuant to this subsection shall include the repair or replacement of a prosthetic or  
198 orthotic device for the performance of physical activities.

199           SECTION 11. Section 4AA of chapter 176B of the General Laws, as appearing in the  
200 2022 Official Edition, is hereby amended by striking out subsection (b) and inserting in place  
201 thereof the following subsection:-

202           (b) For the purposes of this section the following words shall, unless the context clearly  
203 requires otherwise, have the following meanings:

204           “Orthosis”, a device: (i) used to support, align, correct or prevent deformities of the body,  
205 which may be used to eliminate, control or assist motion at a joint or body part; and (ii)  
206 appropriately used in a person’s home or any setting in which normal life activities take place in  
207 the community.

208           “Prosthetic device”, an artificial limb device to replace, in whole or in part, an arm or leg  
209 including a device that is designed specifically for physical activities.

210           SECTION 12. Subsection (f) of said section 4AA of said chapter 176B, as so appearing,  
211 is hereby amended by amended by inserting after the word “devices” the following words:-

212           but must do so in a nondiscriminatory manner and shall not deny coverage for habilitative  
213 or rehabilitative benefits, including prosthetics or orthotics, solely on the basis of an insured’s  
214 actual or perceived disability.

215           SECTION 13. Section 4AA of chapter 176B of the General Laws, as appearing in the  
216 2022 Official Edition, is hereby further amended by adding the following subsection:-

217           (h)(1) Any such certificate shall be required to provide coverage for prosthetic devices  
218 and orthotic devices for daily use in addition to those designed, custom-built or fitted for a  
219 specific enrollee for the performance of physical activities, as applicable, to maximize the  
220 enrollee’s ability to ambulate, run, bike and swim and to maximize upper limb function. The  
221 coverage required pursuant to this subsection shall include the repair or replacement of a  
222 prosthetic or orthotic device for the performance of physical activities.

223           (2) The division shall consider these benefits habilitative or rehabilitative for purposes of  
224 any state or federal requirement for coverage of essential health benefits.

225 (3) An insurer shall render utilization determinations in a nondiscriminatory manner and  
226 shall not deny coverage for habilitative or rehabilitative benefits, including prosthetics or  
227 orthotics, solely on the basis of an insured's actual or perceived disability.

228 (4) An insurer shall not deny a prosthetic or orthotic benefit for an individual with limb  
229 loss or absence that would otherwise be covered for a non-disabled person seeking medical or  
230 surgical intervention to restore or maintain the ability to perform the same physical activity.

231 (5) Prosthetic and custom orthotic device coverage shall not be subject to separate  
232 financial requirements that are applicable only with respect to that coverage, An individual  
233 health plan may impose cost-sharing on prosthetic or custom orthotic devices provided that any  
234 cost-sharing requirements shall not be more restrictive than the cost-sharing requirements  
235 applicable to the plan's coverage for inpatient physician and surgical services.

236 (6) A health plan that provides coverage for prosthetic or orthotic services shall ensure  
237 access to medically necessary clinical care and to prosthetic and custom orthotic devices and  
238 technology from not less than two distinct prosthetic and custom orthotic providers in the  
239 managed care plan's provider network located in the state. In the event that medically necessary  
240 covered orthotics and prosthetics are not available from an in-network provider, the insurer shall  
241 provide processes to refer a member to an out-of-network provider and shall fully reimburse the  
242 out-of-network provider at a mutually agreed upon rate less member cost-sharing determined on  
243 an in-network basis.

244 (7) If coverage for prosthetic or custom orthotic devices is provided, payment shall be  
245 made for the replacement of a prosthetic or custom orthotic device or for the replacement of any  
246 part of such devices, without regard to continuous use or useful lifetime restrictions, if an

247 ordering health care provider determines that the provision of a replacement device, or a  
248 replacement part of such a device, is necessary for reasons which shall include, but not be limited  
249 to: (i) a change in the physiological condition of the patient; (ii) an irreparable change in the  
250 condition of the device or in a part of the device; or (iii) the condition of the device, or the part of  
251 the devices requires repairs and the cost of such repairs would be more than sixty percent of the  
252 cost of a replacement device or of the part being replaced.

253 Confirmation from a prescribing health care provider may be required if the prosthetic or  
254 custom orthotic device or part being replaced is less than three years old.

255 SECTION 14. Section 4S of chapter 176G of the General Laws, as so appearing, is  
256 hereby amended by striking out subsection (b) and inserting in place thereof the following  
257 subsection:-

258 (b) For the purposes of this section the following words shall, unless the context clearly  
259 requires otherwise, have the following meanings:

260 “Orthosis”, a device: (i) used to support, align, correct or prevent deformities of the body,  
261 which may be used to eliminate, control or assist motion at a joint or body part; and (ii)  
262 appropriately used in a person’s home or any setting in which normal life activities take place in  
263 the community.

264 “Prosthetic device”, an artificial limb device to replace, in whole or in part, an arm or leg  
265 including a device that is designed specifically for physical activities.

266 SECTION 15. Subsection (f) of section 4S of said chapter 176G of the General Laws, as  
267 appearing in the 2022 Official Edition, is hereby amended by inserting after the word “devices”  
268 the following words:-

269 but must do so in a nondiscriminatory manner and shall not deny coverage for habilitative  
270 or rehabilitative benefits, including prosthetics or orthotics, solely on the basis of an insured’s  
271 actual or perceived disability.

272 SECTION 16. Said section 4S of said chapter 176G, as so appearing, is hereby further  
273 amended by adding the following subsection:-

274 (h)(1) A health maintenance contract shall be required to provide coverage for prosthetic  
275 devices and orthotic devices for daily use in addition to those designed, custom-built or fitted for  
276 a specific enrollee for the performance of physical activities, as applicable, to maximize the  
277 enrollee’s ability to ambulate, run, bike and swim and to maximize upper limb function. The  
278 coverage required pursuant to this subsection shall include the repair or replacement of a  
279 prosthetic or orthotic device for the performance of physical activities.

280 (2) The division shall consider these benefits habilitative or rehabilitative for purposes of  
281 any state or federal requirement for coverage of essential health benefits.

282 (3) An insurer shall render utilization determinations in a nondiscriminatory manner and  
283 shall not deny coverage for habilitative or rehabilitative benefits, including prosthetics or  
284 orthotics, solely on the basis of an insured’s actual or perceived disability.

285 (4) An insurer shall not deny a prosthetic or orthotic benefit for an individual with limb  
286 loss or absence that would otherwise be covered for a non-disabled person seeking medical or  
287 surgical intervention to restore or maintain the ability to perform the same physical activity.

288 (5) Prosthetic and custom orthotic device coverage shall not be subject to separate  
289 financial requirements that are applicable only with respect to that coverage, An individual  
290 health plan may impose cost-sharing on prosthetic or custom orthotic devices provided that any  
291 cost-sharing requirements shall not be more restrictive than the cost-sharing requirements  
292 applicable to the plan's coverage for inpatient physician and surgical services.

293 (6) A health plan that provides coverage for prosthetic or orthotic services shall ensure  
294 access to medically necessary clinical care and to prosthetic and custom orthotic devices and  
295 technology from not less than two distinct prosthetic and custom orthotic providers in the  
296 managed care plan's provider network located in the state. In the event that medically necessary  
297 covered orthotics and prosthetics are not available from an in-network provider, the insurer shall  
298 provide processes to refer a member to an out-of-network provider and shall fully reimburse the  
299 out-of-network provider at a mutually agreed upon rate less member cost-sharing determined on  
300 an in-network basis.

301 (7) If coverage for prosthetic or custom orthotic devices is provided, payment shall be  
302 made for the replacement of a prosthetic or custom orthotic device or for the replacement of any  
303 part of such devices, without regard to continuous use or useful lifetime restrictions, if an  
304 ordering health care provider determines that the provision of a replacement device, or a  
305 replacement part of such a device, is necessary for reasons which shall include, but not be limited  
306 to: (i) a change in the physiological condition of the patient; (ii) an irreparable change in the

307 condition of the device or in a part of the device; or (iii) the condition of the device, or the part of  
308 the devices requires repairs and the cost of such repairs would be more than sixty percent of the  
309 cost of a replacement device or of the part being replaced.

310 Confirmation from a prescribing health care provider may be required if the prosthetic or  
311 custom orthotic device or part being replaced is less than three years old.