SENATE DOCKET, NO. 1134   FILED ON: 1/15/2025

SENATE . . . . No.

The Commonwealth of Massachusetts

PRESENTED BY:

Jacob R. Oliveira

To the Honorable Senate and House of Representatives of the Commonwealth of Massachusetts in General Court assembled:

The undersigned legislators and/or citizens respectfully petition for the adoption of the accompanying bill:

An Act to improve outcomes for those with limb loss and limb difference.

PETITION OF:

NAME:	DISTRICT/ADDRESS:
Jacob R. Oliveira	*Hampden, Hampshire and Worcester*

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SENATE . . . . No.

[Pin Slip]

The Commonwealth of Massachusetts

In the One Hundred and Ninety-Fourth General Court
(2025-2026)

An Act to improve outcomes for those 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 so appearing in the
2 2022 Official Edition, is hereby amended by striking out subsection (b) and inserting in place
3 thereof 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 of the General Laws,
13 as so appearing, is 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 or
15 rehabilitative benefits, including prosthetics or orthotics, solely on the basis of an insured’s
16 actual or perceived disability.

17 SECTION 3. Said section 17I of said chapter 32A, as so appearing, is hereby further
18 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 (h)(2): An insurer shall render utilization determinations in a nondiscriminatory manner
29 and 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 (h)(3): An insurer shall not deny a prosthetic or orthotic benefit for an individual with
32 limb loss or absence that would otherwise be covered for a non-disabled person seeking medical
33 or surgical intervention to restore or maintain the ability to perform the same physical activity.

34 (h)(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 (h)(5): A health plan that provides coverage for prosthetic or orthotic services shall
40 ensure access to medically necessary clinical care and to prosthetic and custom orthotic devices
41 and 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 (h)(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 10Q the following section:-

60 Section 10R. (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 (b)(2): The division shall consider these benefits habilitative or rehabilitative for purposes
73 of any state or federal requirement for coverage of essential health benefits.

74 (b)(3): An insurer shall render utilization determinations in a nondiscriminatory manner
75 and 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 (b)(4): An insurer shall not deny a prosthetic or orthotic benefit for an individual with
78 limb loss or absence that would otherwise be covered for a non-disabled person seeking medical
79 or surgical intervention to restore or maintain the ability to perform the same physical activity.

80 (b)(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 (b)(6): A health plan that provides coverage for prosthetic or orthotic services shall
86 ensure access to medically necessary clinical care and to prosthetic and custom orthotic devices
87 and 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 (b)(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 ant
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 so appearing, is hereby
119 amended by striking out subsection (b) and inserting in place thereof the following subsection:-

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

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

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

128 SECTION 6. Subsection (f) of said section 47Z of said chapter 175 of the General Laws,
129 as so appearing, is hereby amended by inserting after the word "devices" the following words:-
130 but must do so in a nondiscriminatory manner and shall not deny coverage for habilitative or
131 rehabilitative benefits, including prosthetics or orthotics, solely on the basis of an insured's
132 actual or perceived disability.

133 SECTION 7. Said section 47Z of said chapter 175, as so appearing, is hereby further
134 amended by adding the following subsection:-

135 (h) Any such policy shall provide coverage for prosthetic devices and orthoses for daily
136 use, in addition to prosthetic devices and orthoses designed, custom-built or fitted for a specific
137 enrollee for the performance of physical activities, as applicable, to maximize the enrollee's
138 ability to ambulate, run, bike and swim and to maximize upper limb function. The coverage
139 required pursuant to this subsection shall include the repair or replacement of a prosthetic or
140 orthotic device for the performance of physical activities.

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

143 (h)(2): An insurer shall render utilization determinations in a nondiscriminatory manner
144 and shall not deny coverage for habilitative or rehabilitative benefits, including prosthetics or
145 orthotics, solely on the basis of an insured's actual or perceived disability.

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

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

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

162 (h)(6): If coverage for prosthetic or custom orthotic devices is provided, payment shall be
163 made for the replacement of a prosthetic or custom orthotic device or for the replacement of any
164 part of such devices, without regard to continuous use or useful lifetime restrictions, if an
165 ordering health care provider determines that the provision of a replacement device, or a
166 replacement part of such a device, is necessary for reasons which shall include, but not be limited
167 to: (i) a change in the physiological condition of the patient; (ii) an irreparable change in the
168 condition of the device or in a part of the device; or (iii) the condition of the device, or the part of
169 the devices requires repairs and the cost of such repairs would be more than sixty percent of the
170 cost of a replacement device or of the part being replaced.

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

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

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

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

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

184 SECTION 9. Subsection (f) of said section 8AA of said chapter 176A of the General
185 Laws, as so appearing, is hereby amended by inserting after the word "devices" the following
186 words:- but must do so in a nondiscriminatory manner and shall not deny coverage for
187 habilitative or rehabilitative benefits, including prosthetics or orthotics, solely on the basis of an
188 insured's actual or perceived disability.

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

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

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

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

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

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

208 SECTION 12. Subsection (f) of said section 4AA of said chapter 176B, as so appearing,
209 is hereby amended by amended by inserting after the word “devices” the following words:-but
210 must do so in a nondiscriminatory manner and shall not deny coverage for habilitative or
211 rehabilitative benefits, including prosthetics or orthotics, solely on the basis of an insured’s
212 actual or perceived disability.

213 SECTION 13. Said section 4AA of said chapter 176B, as so appearing, is hereby further
214 amended by adding the following subsection:-

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

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

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

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

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

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

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

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

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

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

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

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

262 "Prosthetic device", an artificial limb device to replace, in whole or in part, an arm or leg
263 including a device that is designed specifically for physical activities.

264 SECTION 15. Subsection (f) of section 4S of said chapter 176G of the General Laws, as
265 so appearing, is hereby amended by inserting after the word "devices" the following words:-but
266 must do so in a nondiscriminatory manner and shall not deny coverage for habilitative or
267 rehabilitative benefits, including prosthetics or orthotics, solely on the basis of an insured's
268 actual or perceived disability.

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

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

277 (h)(2): The division shall consider these benefits habilitative or rehabilitative for purposes
278 of any state or federal requirement for coverage of essential health benefits.

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

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

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

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

298 (h)(7): If coverage for prosthetic or custom orthotic devices is provided, payment shall be
299 made for the replacement of a prosthetic or custom orthotic device or for the replacement of any
300 part of such devices, without regard to continuous use or useful lifetime restrictions, if an
301 ordering health care provider determines that the provision of a replacement device, or a
302 replacement part of such a device, is necessary for reasons which shall include, but not be limited
303 to: (i) a change in the physiological condition of the patient; (ii) an irreparable change in the
304 condition of the device or in a part of the device; or (iii) the condition of the device, or the part of
305 the devices requires repairs and the cost of such repairs would be more than sixty percent of the
306 cost of a replacement device or of the part being replaced.

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