

Senate Bill 101

By: Senators Robertson of the 29th, Hatchett of the 50th, Payne of the 54th, Williams of the 25th, Still of the 48th and others

**AS PASSED**

A BILL TO BE ENTITLED

AN ACT

1 To amend Title 33 of the Official Code of Georgia Annotated, relating to insurance, so as to  
2 require certain health benefit policy coverage for medically necessary orthotic devices and  
3 prosthetic devices and their materials and components; to provide for definitions; to provide  
4 for requirements; to provide for reporting; to provide for rules and regulations; to provide for  
5 related matters; to provide for an effective date; to repeal conflicting laws; and for other  
6 purposes.

7 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

8 **SECTION 1.**

9 Title 33 of the Official Code of Georgia Annotated, relating to insurance, is amended in  
10 Chapter 24, relating to insurance generally, by adding a new Code section to read as follows:

11 "33-24-59.34.

12 (a) As used in this Code section, the term:

13 (1) 'Cost-sharing requirement' shall have the same meaning as set forth in Code  
14 Section 33-24-59.32.

15 (2) 'Covered person' means an individual covered under a health benefit policy.

16 (3) 'Health benefit policy' means any individual or group plan, policy, or contract for  
17 healthcare services issued, delivered, issued for delivery, or renewed in this state by an  
18 insurer that provides major medical benefits. Such term shall not include any plans,  
19 policies, or contracts executed by the state on behalf of state employees under Article 1  
20 of Chapter 18 of Title 45 and shall not apply to the provision of healthcare services  
21 pursuant to a contract entered into by an insurer and the Department of Community  
22 Health for recipients of Medicaid. Such term shall not include self-funded, employer  
23 sponsored health insurance plans subject to the exclusive jurisdiction of the federal  
24 Employee Retirement Income Security Act of 1974, as codified and amended at 29  
25 U.S.C. Section 1001, et seq.

26 (4) 'Health insurer' means any person, corporation, or other entity authorized to provide  
27 health benefit policies under this title.

28 (5) 'Medically necessary' shall have the same meaning as set forth in Code  
29 Section 33-46-4 and shall be in accordance with nationally recognized clinical practice  
30 guidelines.

31 (6) 'Nationally recognized clinical practice guidelines' means evidence based clinical  
32 practice guidelines developed by independent organizations or medical professional  
33 societies utilizing a transparent methodology and reporting structure and with a conflict  
34 of interest policy. Such guidelines establish standards of care informed by a systematic  
35 review of evidence and an assessment of the benefits and risks of alternative care options  
36 and include recommendations intended to optimize patient care.

37 (7) 'Orthotic device' or 'orthosis' means a custom fabricated or custom fitted device that  
38 is designed, fabricated, modified, or fitted to correct, support, or compensate for a  
39 neuromusculoskeletal disorder or acquired condition for the purpose of stabilizing,  
40 stretching, or immobilizing a body part, improving alignment, preventing deformities,  
41 protecting against injury, or assisting with motion or function, and is worn on the outside  
42 of the body to help with such structural or functional problems. Such term does not

include fabric or elastic supports, corsets, arch supports, low-temperature plastic splints, trusses, elastic hoses, canes, crutches, soft cervical collars, dental appliances, or other similar devices that are carried in stock and sold as over-the-counter items by a drug store, department store, corset shop, or surgical supply facility.

(8) 'Prosthetic device' or 'prosthesis' means a custom designed, fabricated, fitted, modified, or fitted and modified device to replace an absent external body part for purposes of restoring physiological function or cosmesis or both. Such term does not include artificial eyes or ears; dental appliances; cosmetic devices such as artificial breasts, eyelashes, or wigs; or other devices that do not have a significant impact on mobility or the musculoskeletal functions of the body.

(b) All health benefit policies renewed or issued on or after January 1, 2026, shall include coverage for orthotic devices and prosthetic devices that are medically necessary for:

(1) Activities of daily living;

(2) Essential job related activities;

(3) Personal hygiene related activities, including, but not limited to, showering, bathing, and toileting; or

(4) Physical activities, including, but not limited to, running, biking, swimming, and strength training, so as to maximize the covered person's whole body health and both upper and lower limb function.

(c) The coverage provided for in this Code section shall include no more than three orthotic devices or prosthetic devices per affected limb per covered person during any three-year period. Such coverage shall include:

(1) All materials and components for the use of the orthotic device or prosthetic device, including:

(A) The orthosis or prosthesis;

(B) Structural components such as the socket;

(C) Suspension mechanisms such as the pin, lock, suction, and elevated vacuum;

(D) Hip joint, knee joint, foot, alignable parts, and terminal device;

(E) Connective components such as pads, bands, and cushions; and

(F) Consumable items such as socks, sleeves, and liners;

(2) Formulation of the device's design, fabrication, measurements and fittings;

(3) Education and training on using and maintaining such device; and

(4) The repair of such device and its components.

(d)(1) The replacement of an orthotic device or prosthetic device and its materials and components when such device is less than three years old shall be medically necessary if there is adequate documentation of a change in the physiological condition of the covered person, an irreparable change in the condition of the device or any of its components, or the condition of the device or a component of the device requires repairs and the cost of such repairs would be more than 60 percent of the cost of the device.

(2) A socket replacement shall be medically necessary if there is adequate documentation of a physiological need, including, but not limited to, a change in the residual limb, a functional need change, irreparable damage, or wear and tear due to excessive weight of a covered person or physical demands of an active covered person.

(e) A health insurer shall not be required to replace or repair an orthotic device or prosthetic device due to misuse, malicious damage, gross neglect, loss, or theft.

(f) The coverage provided for in this Code section:

(1) Shall be considered as habilitative or rehabilitative benefits for purposes of any state or federal requirements for coverage of essential health benefits;

(2) Shall be comparable to coverage for other medical and surgical benefits under the health benefit policy, including restorative internal devices;

(3) May be subject to the same cost-sharing requirements that apply to other medical devices and services covered by the health benefit policy; provided, however, that such requirements shall not be solely applicable to such coverage; and

(4) May be limited, or the cost-sharing requirements for such coverage may be altered for out-of-network providers; provided, however, that any limitations shall not be more restrictive than the restrictions and requirements applicable to the out-of-network coverage for the policy's medical or surgical coverage.

(g) Nothing in this Code section shall be construed to prohibit a health insurer from issuing or renewing a health benefit policy which provides benefits greater than the minimum benefits required under this Code section or from issuing or renewing a policy which provides benefits which are generally more favorable to the covered person than those required under this Code section.

(h) By July 1, 2032, the Commissioner shall submit a report to the House Committee on Insurance and the Senate Insurance and Labor Committee regarding the implementation of the coverage required under this Code section. All health insurers issuing or renewing health benefit policies subject to the provisions of this Code section shall provide the department with all data requested by the department for inclusion in such report, including, but limited to, the total number of claims submitted, the total number of claims paid, and the total amount of claims paid for the coverage provided for by this Code section for policy years from 2026 to 2030.

(i) The Commissioner shall promulgate rules and regulations necessary to implement the provisions of this Code section."

## SECTION 2.

This Act shall become effective upon its approval by the Governor or upon its becoming law without such approval.

## SECTION 3.

All laws and parts of laws in conflict with this Act are repealed.