

1 **Heath Insurance Prosthetic Amendments**

2025 GENERAL SESSION

STATE OF UTAH

**Chief Sponsor: Doug Owens**

Senate Sponsor:

---



---

3 **LONG TITLE**

4 **General Description:**

5 This bill amends provisions related to health insurance.

6 **Highlighted Provisions:**

7 This bill:

8 ▶ requires a health benefit plan to offer an additional prosthetic device or orthotic device to  
9 assist in enabling physical activity.

10 **Money Appropriated in this Bill:**

11 None

12 **Other Special Clauses:**

13 None

14 **Utah Code Sections Affected:**

15 AMENDS:

16 **31A-22-638**, as last amended by Laws of Utah 2019, Chapter 193

---



---

18 *Be it enacted by the Legislature of the state of Utah:*

19 Section 1. Section **31A-22-638** is amended to read:

20 **31A-22-638 . Coverage for prosthetic devices.**

21 (1) For purposes of this section:

22 (a)(i) "Orthotic device" means a rigid or semirigid device supporting a weak or  
23 deformed leg, foot, arm, hand, back, or neck, or restricting or eliminating motion  
24 in a diseased or injured leg, foot, arm, hand, back, or neck.

25 (ii) "Orthotic device" does not include an orthopedic shoe or insert unless the  
26 orthopedic shoe or insert is an integral part of a brace.

27 (b)(i) "Prosthetic device" means an artificial limb device or appliance designed to  
28 replace in whole or in part an arm or a leg.

29 (ii) "Prosthetic device" does not include an orthotic device.

30 (2)(a) Beginning January 1, 2011, an insurer, other than an insurer described in

- 31 Subsection (2)(b), that provides a health benefit plan shall offer at least one plan, in  
32 each market where the insurer offers a health benefit plan, that provides coverage for  
33 benefits for prosthetics that includes:
- 34 (i) a prosthetic device;
  - 35 (ii) all services and supplies necessary for the effective use of a prosthetic device,  
36 including:
    - 37 (A) formulating its design;
    - 38 (B) fabrication;
    - 39 (C) material and component selection;
    - 40 (D) measurements and fittings;
    - 41 (E) static and dynamic alignments; and
    - 42 (F) instructing the patient in the use of the prosthetic device;
  - 43 (iii) all materials and components necessary to use the prosthetic device; and
  - 44 (iv) any repair or replacement of a prosthetic device that is determined medically  
45 necessary to restore or maintain the ability to complete activities of daily living or  
46 essential job-related activities and that is not solely for comfort or convenience.
- 47 (b) Beginning January 1, 2011, an insurer that is subject to Title 49, Chapter 20, Public  
48 Employees' Benefit and Insurance Program Act, shall offer to a covered employer at  
49 least one plan that:
- 50 (i) provides coverage for prosthetics that complies with Subsections (2)(a)(i) through  
51 (iv); and
  - 52 (ii) requires an employee who elects to purchase the coverage described in  
53 Subsection (2)(b)(i) to pay an increased premium to pay the costs of obtaining that  
54 coverage.
- 55 (c) At least one of the plans with the prosthetic benefits described in Subsections (2)(a)  
56 and (b) that is offered by an insurer described in this Subsection (2) shall have a  
57 coinsurance rate, that applies to physical injury generally and to prosthetics, of 80%  
58 to be paid by the insurer and 20% to be paid by the insured, if the prosthetic benefit is  
59 obtained from a person that the insurer contracts with or approves.
- 60 (d) For policies issued on or after July 1, 2010 until July 1, 2015, an insurer is exempt  
61 from the 30% index rating restrictions in Section 31A-30-106.1, and for the first year  
62 only that coverage under this section is chosen, the 15% annual adjustment restriction  
63 in Section 31A-30-106.1, for any small employer with 20 or less enrolled employees  
64 who chooses coverage that meets or exceeds the coverage under this section.

- 65 (3) The coverage described in this section:
- 66 (a) shall, except as otherwise provided in this section, be made subject to cost-sharing
- 67 provisions, including dollar limits, deductibles, copayments, and co-insurance, that
- 68 are not less favorable to the insured than the cost-sharing provisions of the health
- 69 benefit plan that apply to physical illness generally; and
- 70 (b) may limit coverage for the purchase, repair, or replacement of a microprocessor
- 71 component for a prosthetic device to \$30,000, per limb, every three years.
- 72 (4) If the coverage described in this section is provided through a managed care plan,
- 73 offered under Chapter 45, Managed Care Organizations, the insured shall have access to
- 74 medically necessary prosthetic clinical care, and to prosthetic devices and technology,
- 75 from one or more prosthetic providers in the managed care plan's provider network.
- 76 (5)(a) A health benefit plan that provides coverage under this section shall include an
- 77 additional prosthetic device or orthotic device as a covered benefit to an enrollee if
- 78 the enrollee's treating physician determines that the additional prosthetic device or
- 79 orthotic device is necessary to enable an enrollee to engage in physical and
- 80 recreational activity, which may include running, bicycling, swimming, climbing,
- 81 skiing, snowboarding, and other team and individual sports.
- 82 (b) A health benefit plan providing a prosthetic device under this Subsection (5) shall
- 83 include services and items described in Subsections (2)(a)(ii) through (iv).
- 84 (c) This Subsection (5) applies to a health benefit plan contract entered into or renewed
- 85 after July 1, 2026.

86 Section 2. **Effective Date.**

87 This bill takes effect on May 7, 2025.