SENATE BILL No. 72

DIGEST OF INTRODUCED BILL

Citations Affected: IC 5-10-8-14; IC 27-1-3-35.5; IC 27-8-24.2; IC 27-13-7-19.

Synopsis: Coverage of orthotic and prosthetic devices. Sets forth requirements for coverage of orthotic devices and prosthetic devices by a state employee health plan, a policy of accident and sickness insurance, and a health maintenance organization contract. Requires, not later than October 1, 2027, the state personnel department, an insurer that issues a policy of accident and sickness insurance, and a health maintenance organization to submit a report to the insurance commissioner regarding the total number of claims and the total amount of claims paid for orthotic devices and prosthetic devices during the preceding plan year. Requires the insurance commissioner to: (1) aggregate the data received in the reports regarding coverage of orthotic devices and prosthetic devices; and (2) report the aggregated data, not later than December 1, 2027, to the standing committees of the house of representatives and the senate that consider insurance matters. Makes corresponding changes.

Effective: July 1, 2026.

Hunley

December 8, 2025, read first time and referred to Committee on Insurance and Financial Institutions.



Second Regular Session of the 124th General Assembly (2026)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in this style type, and deletions will appear in this style type.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or *this style type* reconciles conflicts between statutes enacted by the 2025 Regular Session of the General Assembly.

SENATE BILL No. 72

A BILL FOR AN ACT to amend the Indiana Code concerning insurance.

Be it enacted by the General Assembly of the State of Indiana:

1	SECTION 1. IC 5-10-8-14, AS ADDED BY P.L.109-2008.
2	SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
3	JULY 1, 2026]: Sec. 14. (a) This section applies to a state employee
4	health plan that is established, entered into, amended, or renewed
5	after June 30, 2026.
6	(a) (b) As used in this section, "covered individual" means an
7	individual who is entitled to coverage under a state employee health
8	plan.
9	(b) (c) As used in this section, "orthotic device" means a medically
10	necessary custom fabricated brace or support that is designed as a
11	component of a prosthetic device.
12	(c) (d) As used in this section, "prosthetic device" means an
13	artificial leg or arm.
14	(d) (e) As used in this section, "state employee health plan" means
15	a:
16	(1) self-insurance program established under section 7(b) of this
17	chapter; or



1	(2) contract with a prepaid health care delivery plan that is
2 3	entered into or renewed under section 7(c) of this chapter; to provide group health coverage. The term does not include a dental
4	or vision plan.
5	(e) (f) A state employee health plan must provide coverage for the
6	
7	following:
8	(1) An orthotic devices and device or a prosthetic devices,
9	including repairs or replacements, device that is determined by
10	the covered individual's provider to be the most appropriate
11	model that adequately meets the medical needs of the covered individual.
12	
13	(1) are provided or performed by a person that is:
14	(A) accredited as required under 42 U.S.C. 1395m(a)(20); or
15	(B) a qualified practitioner (as defined in 42 U.S.C.
16	1395m(h)(1)(F)(iii));
	(2) are An orthotic device or a prosthetic device that is
17	determined by the covered individual's physician provider to be
18	medically necessary to restore or maintain the covered
19	individual's ability to perform activities of daily living or essential
20	job related activities; and the most appropriate model that
21	meets the medical needs of the covered individual for
22	purposes of:
23	(A) performing physical activities, as applicable, such as
24	running, biking, swimming, and strength training; and
25	(B) maximizing the covered individual's whole body health
26	and lower or upper limb function.
27	(3) are not solely for comfort or convenience. An orthotic device
28	or a prosthetic device that is determined by the covered
29	individual's provider to be the most appropriate model that
30	meets the medical needs of the covered individual for
31	purposes of showering or bathing.
32	(4) All materials and components necessary to use the orthotic
33	devices and prosthetic devices described in subdivisions (1)
34	through (3).
35	(5) Instruction to the covered individual on using the orthotic
36	devices and prosthetic devices described in subdivisions (1)
37	through (3).
38	(6) The medically necessary repair or replacement of the
39	orthotic devices and prosthetic devices described in
40	subdivisions (1) through (3).
41	(g) With respect to a covered individual who receives an
42	orthotic device or a prosthetic device under subsection (f)(1),



coverage of an additional orthotic device or prosthetic device

2	under subsection (f)(2) or (f)(3) must require the covered
2 3	individual's treating physician to determine that the additional
4	orthotic device or prosthetic device under subsection (f)(2) or (f)(3)
5	is necessary to enable the covered individual to engage in the
6	activities described in subsection $(f)(2)$ or $(f)(3)$.
7	(f) (h) The:
8	(1) coverage required under subsection (e) (f) must be equal to
9	the coverage that is provided for the same device, repair, or
10	replacement under the federal Medicare program (42 U.S.C. 1395
11	et seq.) and the regulations under 42 CFR 410.100, 42 CFR
12	414.202, 42 CFR 414.210, and 42 CFR 414.228; and
13	(2) reimbursement under the coverage required under subsection
14	(e) (f) must be equal to the reimbursement that is provided for the
15	same device, repair, or replacement under the federal Medicare
16	reimbursement schedule, unless a different reimbursement rate is
17	negotiated.
18	This subsection does not require a deductible under a state employee
19	health plan to be equal to a deductible under the federal Medicare
20	program.
21	(g) (i) Except as provided in subsections (h) and (i), subsection (k),
22	the coverage required under subsection (e): (f):
23	(1) may be subject to; and
24	(2) may not be more restrictive than;
25	the provisions that apply to other benefits under the state employee
26	health plan.
27	(j) A state employee health plan shall consider the coverage
28	required under subsection (f) to be habilitative or rehabilitative
29	benefits for purposes of any state or federal requirement for
30	coverage of essential health benefits.
31	(h) (k) The coverage required under subsection (e) (f) may be
32	subject to utilization review, including periodic review, of the
33	continued medical necessity of the benefit. A state employee health
34	plan:
35	(1) shall render utilization review determinations in a
36	nondiscriminatory manner; and
37	(2) may not deny coverage for habilitative or rehabilitative
38	benefits, including orthotic devices or prosthetic devices,
39	solely on the basis of a covered individual's actual or
40	perceived disability.
41	(l) A state employee health plan may not deny coverage for an
42	orthotic device or a prosthetic device for a covered individual with



limb loss or	absence	that wo	uld otherv	wise be	covered f	or a	covered
individual	without	a disab	oility who	seeks	medical	or s	urgical
interventio	n to resto	re or m	aintain th	e ability	y to perfo	rm tl	he same
physical ac	tivity.						

- (m) A state employee health plan shall include language describing a covered individual's rights under subsections (k) and (l) in the state employee health plan's evidence of coverage and any denial letters.
- (n) A state employee health plan shall ensure that covered individuals have access to medically necessary clinical care and orthotic devices and prosthetic devices from at least two (2) distinct orthotic device and prosthetic device providers in the state employee health plan's network. If medically necessary orthotic devices and prosthetic devices are not available from an in network provider, the state employee health plan shall:
 - (1) provide processes to refer a covered individual to an out of network provider; and
 - (2) fully reimburse the out of network provider at a mutually agreed upon rate reduced by the covered individual's cost sharing determined on an in network basis.
- (o) If a state employee health plan provides coverage for an orthotic device or prosthetic device, the state employee health plan shall provide coverage for the replacement of the orthotic device, the prosthetic device, or any part of the orthotic device or prosthetic device without regard to continuous use or useful lifetime restrictions if an ordering provider determines that the replacement device or part is necessary because of any of the following:
 - (1) A change in the physiological condition of the covered individual.
 - (2) An irreparable change in the condition of the device or part.
 - (3) The condition of the device or part requires repairs and the cost of the repairs would be more than sixty percent (60%) of the cost of a replacement device or part.

The state employee health plan may require confirmation from a prescribing provider if the device or part that is being replaced is less than three (3) years old.

- (i) Any lifetime maximum coverage limitation that applies to prosthetic devices and orthotic devices:
 - (1) must not be included in; and
 - (2) must be equal to;



the lifetime maximum coverage limitation that applies to all other items

2	and services generally under the state employee health plan.
3	(i) (p) For purposes of this subsection, "items and services" does no
4	include preventive services for which coverage is provided under a
5	high deductible health plan (as defined in 26 U.S.C. 220(c)(2) or 26
6	U.S.C. 223(c)(2)). The coverage required under subsection (e) (f) may
7	not be subject to a deductible, copayment, or coinsurance provision tha
8	is less favorable to a covered individual than the deductible
9	copayment, or coinsurance provisions that apply to other items and
10	services generally under the state employee health plan.
l 1	(q) Not later than October 1, 2027, the state personne
12	department shall submit a report to the insurance commissioner
13	regarding a state employee's health plan coverage of orthotic
14	devices and prosthetic devices. The report must:
15	(1) be on a form prescribed by the insurance commissioner
16	and
17	(2) include the total number of claims and the total amount of
18	claims paid for the services required under subsection (f
19	during the preceding plan year.
20	This subsection expires June 30, 2028.
21	SECTION 2. IC 27-1-3-35.5 IS ADDED TO THE INDIANA CODE
22	AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY
23	1, 2026]: Sec. 35.5. (a) The commissioner shall aggregate the data
23 24 25	received under:
25	(1) IC 5-10-8-14;
26	(2) IC 27-8-24.2-11; and
27	(3) IC 27-13-7-19.
28	(b) Not later than December 1, 2027, the commissioner shall
29	submit a report regarding the aggregated data under subsection (a)
30	in an electronic format under IC 5-14-6 to the standing committees
31	of the house of representatives and the senate that consider
32	insurance matters.
33	(c) This section expires June 30, 2028.
34	SECTION 3. IC 27-8-24.2-0.1, AS ADDED BY P.L.220-2011
35	SECTION 450, IS AMENDED TO READ AS FOLLOWS

[EFFECTIVE JULY 1, 2026]: Sec. 0.1. The addition of This chapter by

P.L.109-2008 applies to a policy of accident and sickness insurance

that is issued, delivered, amended, or renewed after June 30, 2008.

SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE

JULY 1, 2026]: Sec. 5. A policy of accident and sickness insurance

SECTION 4. IC 27-8-24.2-5, AS ADDED BY P.L.109-2008,



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1	must provide coverage for the following:
2	(1) An orthotic devices and device or a prosthetic devices,
3	including repairs or replacements, device that is determined by
4	the insured's provider to be the most appropriate model that
5	adequately meets the medical needs of the insured.
6	(1) are provided or performed by a person that is:
7	(A) accredited as required under 42 U.S.C. 1395m(a)(20); or
8	(B) a qualified practitioner (as defined in 42 U.S.C.
9	1395m(h)(1)(F)(iii));
10	(2) are An orthotic device or a prosthetic device that is
11	determined by the insured's physician provider to be medically
12	necessary to restore or maintain the insured's ability to perform
13	activities of daily living or essential job related activities; and the
14	most appropriate model that meets the medical needs of the
15	insured for purposes of:
16	(A) performing physical activities, as applicable, such as
17	running, biking, swimming, and strength training; and
18	(B) maximizing the insured's whole body health and lower
19	or upper limb function.
20	(3) are not solely for comfort or convenience. An orthotic device
21	or a prosthetic device that is determined by the insured's
22	provider to be the most appropriate model that meets the
23	medical needs of the insured for purposes of showering or
24	bathing.
25	(4) All materials and components necessary to use the orthotic
26	devices and prosthetic devices described in subdivisions (1)
27	through (3).
28	(5) Instruction to the insured on using the orthotic devices and
29	prosthetic devices described in subdivisions (1) through (3).
30	(6) The medically necessary repair or replacement of the
31	orthotic devices and prosthetic devices described in
32	subdivisions (1) through (3).
33	SECTION 5. IC 27-8-24.2-5.5 IS ADDED TO THE INDIANA
34	CODE AS A NEW SECTION TO READ AS FOLLOWS
35	[EFFECTIVE JULY 1, 2026]: Sec. 5.5. With respect to an insured
36	who receives an orthotic device or a prosthetic device under section
37	5(1) of this chapter, coverage of an additional orthotic device or
38	prosthetic device under section 5(2) or 5(3) of this chapter must
39	require the insured's treating physician to determine that the
40	additional orthotic device or prosthetic device under section 5(2)
41	or 5(3) of this chapter is necessary to enable the insured to engage
42	in the activities described in section 5(2) or 5(3) of this chapter.

in the activities described in section 5(2) or 5(3) of this chapter.



1	SECTION 6. IC 27-8-24.2-6, AS ADDED BY P.L.109-2008,
2	SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
3	JULY 1, 2026]: Sec. 6. The:
4	(1) coverage required under section 5 of this chapter must be
5	equal to the coverage that is provided for the same device, repair,
6	or replacement under the federal Medicare program (42 U.S.C.
7	1395 et seq.) and the regulations under 42 CFR 410.100, 42
8	CFR 414.202, 42 CFR 414.210, and 42 CFR 414.228; and
9	(2) reimbursement under the coverage required under section 5 of
10	this chapter must be equal to the reimbursement that is provided
11	for the same device, repair, or replacement under the federal
12	Medicare reimbursement schedule, unless a different
13	reimbursement rate is negotiated.
14	This section does not require a deductible under a policy of accident
15	and sickness insurance to be equal to a deductible under the federal
16	Medicare program.
17	SECTION 7. IC 27-8-24.2-7, AS ADDED BY P.L.109-2008,
18	SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
19	JULY 1, 2026]: Sec. 7. Except as provided in sections section 8 and 9
20	of this chapter, the coverage required under section 5 of this chapter:
21	(1) may be subject to; and
22	(2) may not be more restrictive than;
23	the provisions that apply to other benefits under the policy of accident
24	and sickness insurance.
25	SECTION 8. IC 27-8-24.2-7.5 IS ADDED TO THE INDIANA
26	CODE AS A NEW SECTION TO READ AS FOLLOWS
27	[EFFECTIVE JULY 1, 2026]: Sec. 7.5. A policy of accident and
28	sickness insurance shall consider the coverage required under
29	section 5 of this chapter to be habilitative or rehabilitative benefits
30	for purposes of any state or federal requirement for coverage of
31	essential health benefits.
32	SECTION 9. IC 27-8-24.2-8, AS ADDED BY P.L.109-2008,
33	SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
34	JULY 1, 2026]: Sec. 8. (a) The coverage required under section 5 of
35	this chapter may be subject to utilization review, including periodic
36	review, of the continued medical necessity of the benefit.
37	(b) A policy of accident and sickness insurance:
38	(1) shall render utilization review determinations in a
39	nondiscriminatory manner; and
40	(2) may not deny coverage for habilitative or rehabilitative
41	benefits, including orthotic devices or prosthetic devices,
42	solely on the basis of an insured's actual or perceived



disability.

SECTION 10. IC 27-8-24.2-8.3 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 8.3. A policy of accident and sickness insurance may not deny coverage for an orthotic device or a prosthetic device for an insured with limb loss or absence that would otherwise be covered for an insured without a disability who seeks medical or surgical intervention to restore or maintain the ability to perform the same physical activity.

SECTION 11. IC 27-8-24.2-8.5 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: **Sec. 8.5. A policy of accident and sickness insurance shall include language describing an insured's rights under sections 8 and 8.3 of this chapter in the policy of accident and sickness insurance's evidence of coverage and any denial letters.**

SECTION 12. IC 27-8-24.2-8.7 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 8.7. A policy of accident and sickness insurance shall ensure that insureds have access to medically necessary clinical care and orthotic devices and prosthetic devices from at least two (2) distinct orthotic device and prosthetic device providers in the policy of accident and sickness insurance's network. If medically necessary orthotic devices and prosthetic devices are not available from an in network provider, the policy of accident and sickness insurance shall:

- (1) provide processes to refer an insured to an out of network provider; and
- (2) fully reimburse the out of network provider at a mutually agreed upon rate reduced by the insured's cost sharing determined on an in network basis.

SECTION 13. IC 27-8-24.2-9 IS REPEALED [EFFECTIVE JULY 1, 2026]. Sec. 9. Any lifetime maximum coverage limitation that applies to prosthetic devices and orthotic devices:

- (1) must not be included in; and
- (2) must be equal to;

the lifetime maximum coverage limitation that applies to all other items and services generally under the policy of accident and sickness insurance.

SECTION 14. IC 27-8-24.2-9.5 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: **Sec. 9.5. If a policy of accident and**



sickness insurance provides coverage for an orthotic device or prosthetic device, the policy of accident and sickness insurance shall provide coverage for the replacement of the orthotic device, the prosthetic device, or any part of the orthotic device or prosthetic device without regard to continuous use or useful lifetime restrictions if an ordering provider determines that the replacement device or part is necessary because of any of the following:

- (1) A change in the physiological condition of the insured.
- (2) An irreparable change in the condition of the device or part.
- (3) The condition of the device or part requires repairs and the cost of the repairs would be more than sixty percent (60%) of the cost of a replacement device or part.

The policy of accident and sickness insurance may require confirmation from a prescribing provider if the device or part that is being replaced is less than three (3) years old.

SECTION 15. IC 27-8-24.2-11 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: **Sec. 11. (a) Not later than October 1, 2027, an insurer that issues a policy of accident and sickness insurance shall submit a report to the commissioner regarding the policy of accident and sickness insurance's coverage of orthotic devices and prosthetic devices. The report must:**

- (1) be on a form prescribed by the commissioner; and
- (2) include the total number of claims and the total amount of claims paid for the services required under section 5 of this chapter during the preceding plan year.
- (b) This section expires June 30, 2028.

SECTION 16. IC 27-13-7-19, AS ADDED BY P.L.109-2008, SECTION 3, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 19. (a) This section applies to an individual contract and a group contract that is entered into, delivered, amended, or renewed after June 30, 2026.

- (a) (b) As used in this section, "orthotic device" means a medically necessary custom fabricated brace or support that is designed as a component of a prosthetic device.
- (b) (c) As used in this section, "prosthetic device" means an artificial leg or arm.
- (c) (d) An individual contract or a group contract that provides coverage for basic health care services must provide coverage for **the following:**



1	(1) An orthotic devices and device or a prosthetic devices,
2	including repairs or replacements, device that is determined by
3	the enrollee's provider to be the most appropriate model that
4	adequately meets the medical needs of the enrollee.
5	(1) are provided or performed by a person that is:
6	(A) accredited as required under 42 U.S.C. 1395m(a)(20); or
7	(B) a qualified practitioner (as defined in 42 U.S.C.
8	1395m(h)(1)(F)(iii));
9	(2) are An orthotic device or a prosthetic device that is
10	determined by the enrollee's physician provider to be medically
11	necessary to restore or maintain the enrollee's ability to perform
12	activities of daily living or essential job related activities; and the
13	most appropriate model that meets the medical needs of the
14	enrollee for purposes of:
15	(A) performing physical activities, as applicable, such as
16	running, biking, swimming, and strength training; and
17	(B) maximizing the enrollee's whole body health and lower
18	or upper limb function.
19	(3) are not solely for comfort or convenience. An orthotic device
20	or a prosthetic device that is determined by the enrollee's
21	provider to be the most appropriate model that meets the
22	medical needs of the enrollee for purposes of showering or
23	bathing.
24	(4) All materials and components necessary to use the orthotic
25	devices and prosthetic devices described in subdivisions (1)
26	through (3).
27	(5) Instruction to the enrollee on using the orthotic devices
28	and prosthetic devices described in subdivisions (1) through
29	(3).
30	(6) The medically necessary repair or replacement of the
31	orthotic devices and prosthetic devices described in
32	subdivisions (1) through (3).
33	(e) With respect to an enrollee who receives an orthotic device
34	or a prosthetic device under subsection (d)(1), coverage of an
35	additional orthotic device or prosthetic device under subsection
36	(d)(2) or (d)(3) must require the enrollee's treating physician to
37	determine that the additional orthotic device or prosthetic device
38	under subsection (d)(2) or (d)(3) is necessary to enable the enrollee
39	to engage in the activities described in subsection (d)(2) or (d)(3).
40	(d) (f) The:
41	(1) coverage required under subsection (e) (d) must be equal to

the coverage that is provided for the same device, repair, or



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1	replacement under the federal Medicare program (42 U.S.C. 1395
2	et seq.) and the regulations under 42 CFR 410.100, 42 CFR
3	414.202, 42 CFR 414.210, and 42 CFR 414.228; and
4	(2) reimbursement under the coverage required under subsection
5	(e) (d) must be equal to the reimbursement that is provided for the
6	same device, repair, or replacement under the federal Medicare
7	reimbursement schedule, unless a different reimbursement rate is
8	negotiated.
9	This subsection does not require a deductible under an individual
10	contract or a group contract to be equal to a deductible under the
11	federal Medicare program.
12	(e) (g) Except as provided in subsections (f) and (g), subsection (i),
13	the coverage required under subsection (e): (d):
14	(1) may be subject to; and
15	(2) may not be more restrictive than;
16	the provisions that apply to other benefits under the individual contract
17	or group contract.
18	(h) An individual contract or a group contract shall consider the
19	coverage required under subsection (d) to be habilitative or
20	rehabilitative benefits for purposes of any state or federal
21	requirement for coverage of essential health benefits.
22	(f) (i) The coverage required under subsection (e) (d) may be
23	subject to utilization review, including periodic review, of the
24	continued medical necessity of the benefit. An individual contract or
25	a group contract:
26	(1) shall render utilization review determinations in a
27	nondiscriminatory manner; and
28	(2) may not deny coverage for habilitative or rehabilitative
29	benefits, including orthotic devices or prosthetic devices,
30	solely on the basis of an enrollee's actual or perceived
31	disability.
32	(j) An individual contract or a group contract may not deny
33	coverage for an orthotic device or a prosthetic device for an
34	enrollee with limb loss or absence that would otherwise be covered
35	for an enrollee without a disability who seeks medical or surgical
36	intervention to restore or maintain the ability to perform the same
37	physical activity.
38	(k) An individual contract or a group contract shall include
39	language describing an enrollee's rights under subsections (i) and
39 40	language describing an enrollee's rights under subsections (i) and (j) in the individual contract or group contract's evidence of
39	language describing an enrollee's rights under subsections (i) and



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- (1) provide processes to refer an enrollee to an out of network provider; and
- (2) fully reimburse the out of network provider at a mutually agreed upon rate reduced by the enrollee's cost sharing determined on an in network basis.
- (m) If an individual contract or a group contract provides coverage for an orthotic device or prosthetic device, the individual contract or group contract shall provide coverage for the replacement of the orthotic device, the prosthetic device, or any part of the orthotic device or prosthetic device without regard to continuous use or useful lifetime restrictions if an ordering provider determines that the replacement device or part is necessary because of any of the following:
 - (1) A change in the physiological condition of the enrollee.
 - (2) An irreparable change in the condition of the device or part.
 - (3) The condition of the device or part requires repairs and the cost of the repairs would be more than sixty percent (60%) of the cost of a replacement device or part.

The individual contract or group contract may require confirmation from a prescribing provider if the device or part that is being replaced is less than three (3) years old.

- (g) Any lifetime maximum coverage limitation that applies to prosthetic devices and orthotic devices:
 - (1) must not be included in; and
 - (2) must be equal to;

the lifetime maximum coverage limitation that applies to all other items and services generally under the individual contract or group contract.

(h) (n) For purposes of this subsection, "items and services" does not include preventive services for which coverage is provided under a high deductible health plan (as defined in 26 U.S.C. 220(c)(2) or 26 U.S.C. 223(c)(2)). The coverage required under subsection (c) (d) may not be subject to a deductible, copayment, or coinsurance provision that is less favorable to an enrollee than the deductible, copayment, or coinsurance provisions that apply to other items and services generally



1	under the individual contract or group contract.
2	(o) Not later than October 1, 2027, a health maintenance
3	organization that enters into an individual contract or a group
4	contract that provides coverage for basic health care services shall
5	submit a report to the commissioner regarding the individual
6	contract or group contract's coverage of orthotic devices and
7	prosthetic devices. The report must:
8	(1) be on a form prescribed by the commissioner; and
9	(2) include the total number of claims and the total amount of
10	claims paid for the services required under subsection (d)
11	during the preceding plan year.
12	This subsection expires June 30, 2028.

