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.

Introduced

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:

SECTION 1. IC 5-10-8-14, AS ADDED BY P.L.109-2008, SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 14. **(a) This section applies to a state employee health plan that is established, entered into, amended, or renewed after June 30, 2026.**

~~(a)~~ **(b)** As used in this section, "covered individual" means an individual who is entitled to coverage under a state employee health plan.

~~(b)~~ **(c)** 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.

~~(c)~~ **(d)** As used in this section, "prosthetic device" means an artificial leg or arm.

~~(d)~~ **(e)** As used in this section, "state employee health plan" means a:

(1) self-insurance program established under section 7(b) of this chapter; or

(2) contract with a prepaid health care delivery plan that is entered into or renewed under section 7(c) of this chapter;

to provide group health coverage. The term does not include a dental or vision plan.

~~(c)~~ **(f)** A state employee health plan must provide coverage for **the following:**

(1) An orthotic ~~devices and~~ **device or a** prosthetic ~~devices, including repairs or replacements,~~ **device** that **is determined by the covered individual's provider to be the most appropriate model that adequately meets the medical needs of the covered individual.**

~~(1) are provided or performed by a person that is:~~

~~(A) accredited as required under 42 U.S.C. 1395m(a)(20); or~~

~~(B) a qualified practitioner (as defined in 42 U.S.C. 1395m(h)(1)(F)(iii));~~

(2) ~~are~~ **An orthotic device or a prosthetic device that is** determined by the covered individual's ~~physician~~ **provider** to be ~~medically necessary to restore or maintain the covered individual's ability to perform activities of daily living or essential job related activities; and~~ **the most appropriate model that meets the medical needs of the covered individual for purposes of:**

(A) performing physical activities, as applicable, such as running, biking, swimming, and strength training; and

(B) maximizing the covered individual's whole body health and lower or upper limb function.

(3) ~~are not solely for comfort or convenience.~~ **An orthotic device or a prosthetic device that is determined by the covered individual's provider to be the most appropriate model that meets the medical needs of the covered individual for purposes of showering or bathing.**

(4) All materials and components necessary to use the orthotic devices and prosthetic devices described in subdivisions (1) through (3).

(5) Instruction to the covered individual on using the orthotic devices and prosthetic devices described in subdivisions (1) through (3).

(6) The medically necessary repair or replacement of the orthotic devices and prosthetic devices described in subdivisions (1) through (3).

(g) With respect to a covered individual who receives an orthotic device or a prosthetic device under subsection (f)(1),

coverage of an additional orthotic device or prosthetic device under subsection (f)(2) or (f)(3) must require the covered individual's treating physician to determine that the additional orthotic device or prosthetic device under subsection (f)(2) or (f)(3) is necessary to enable the covered individual to engage in the activities described in subsection (f)(2) or (f)(3).

~~(f)~~ **(h)** The:

(1) coverage required under subsection ~~(c)~~ **(f)** must be equal to the coverage that is provided for the same device, repair, or replacement under the federal Medicare program (42 U.S.C. 1395 et seq.) **and the regulations under 42 CFR 410.100, 42 CFR 414.202, 42 CFR 414.210, and 42 CFR 414.228;** and

(2) reimbursement under the coverage required under subsection ~~(c)~~ **(f)** must be equal to the reimbursement that is provided for the same device, repair, or replacement under the federal Medicare reimbursement schedule, unless a different reimbursement rate is negotiated.

This subsection does not require a deductible under a state employee health plan to be equal to a deductible under the federal Medicare program.

~~(g)~~ **(i)** Except as provided in ~~subsections (h) and (i),~~ **subsection (k),** the coverage required under subsection ~~(c).~~ **(f):**

(1) may be subject to; and

(2) may not be more restrictive than;

the provisions that apply to other benefits under the state employee health plan.

(j) A state employee health plan shall consider the coverage required under subsection (f) to be habilitative or rehabilitative benefits for purposes of any state or federal requirement for coverage of essential health benefits.

~~(h)~~ **(k)** The coverage required under subsection ~~(c)~~ **(f)** may be subject to utilization review, including periodic review, of the continued medical necessity of the benefit. **A state employee health plan:**

(1) shall render utilization review determinations in a nondiscriminatory manner; and

(2) may not deny coverage for habilitative or rehabilitative benefits, including orthotic devices or prosthetic devices, solely on the basis of a covered individual's actual or perceived disability.

(l) A state employee health plan may not deny coverage for an orthotic device or a prosthetic device for a covered individual with

limb loss or absence that would otherwise be covered for a covered individual without a disability who seeks medical or surgical intervention to restore or maintain the ability to perform the same physical activity.

(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 and services generally under the state employee health plan.~~

~~(j)~~ **(p)** 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)~~ **(f)** may not be subject to a deductible, copayment, or coinsurance provision that is less favorable to a covered individual than the deductible, copayment, or coinsurance provisions that apply to other items and services generally under the state employee health plan.

(q) Not later than October 1, 2027, the state personnel department shall submit a report to the insurance commissioner regarding a state employee's health plan coverage of orthotic devices and prosthetic devices. The report must:

(1) be on a form prescribed by the insurance commissioner; and

(2) include the total number of claims and the total amount of claims paid for the services required under subsection (f) during the preceding plan year.

This subsection expires June 30, 2028.

SECTION 2. IC 27-1-3-35.5 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: **Sec. 35.5. (a) The commissioner shall aggregate the data received under:**

(1) IC 5-10-8-14;

(2) IC 27-8-24.2-11; and

(3) IC 27-13-7-19.

(b) Not later than December 1, 2027, the commissioner shall submit a report regarding the aggregated data under subsection (a) in an electronic format under IC 5-14-6 to the standing committees of the house of representatives and the senate that consider insurance matters.

(c) This section expires June 30, 2028.

SECTION 3. IC 27-8-24.2-0.1, AS ADDED BY P.L.220-2011, 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.~~ **2026.**

SECTION 4. IC 27-8-24.2-5, AS ADDED BY P.L.109-2008, SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 5. A policy of accident and sickness insurance

must provide coverage for **the following:**

(1) An orthotic ~~devices and~~ **device or a** prosthetic ~~devices, including repairs or replacements,~~ **device** that **is determined by the insured's provider to be the most appropriate model that adequately meets the medical needs of the insured.**

~~(1) are provided or performed by a person that is:~~

~~(A) accredited as required under 42 U.S.C. 1395m(a)(20); or~~

~~(B) a qualified practitioner (as defined in 42 U.S.C. 1395m(h)(1)(F)(iii));~~

(2) ~~are~~ **An orthotic device or a prosthetic device that is** determined by the insured's ~~physician~~ **provider** to be ~~medically necessary to restore or maintain the insured's ability to perform activities of daily living or essential job related activities; and~~ **the most appropriate model that meets the medical needs of the insured for purposes of:**

(A) performing physical activities, as applicable, such as running, biking, swimming, and strength training; and

(B) maximizing the insured's whole body health and lower or upper limb function.

(3) ~~are not solely for comfort or convenience.~~ **An orthotic device or a prosthetic device that is determined by the insured's provider to be the most appropriate model that meets the medical needs of the insured for purposes of showering or bathing.**

(4) All materials and components necessary to use the orthotic devices and prosthetic devices described in subdivisions (1) through (3).

(5) Instruction to the insured on using the orthotic devices and prosthetic devices described in subdivisions (1) through (3).

(6) The medically necessary repair or replacement of the orthotic devices and prosthetic devices described in subdivisions (1) through (3).

SECTION 5. IC 27-8-24.2-5.5 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: **Sec. 5.5. With respect to an insured who receives an orthotic device or a prosthetic device under section 5(1) of this chapter, coverage of an additional orthotic device or prosthetic device under section 5(2) or 5(3) of this chapter must require the insured's treating physician to determine that the additional orthotic device or prosthetic device under section 5(2) or 5(3) of this chapter is necessary to enable the insured to engage in the activities described in section 5(2) or 5(3) of this chapter.**

SECTION 6. IC 27-8-24.2-6, AS ADDED BY P.L.109-2008, SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 6. The:

(1) coverage required under section 5 of this chapter must be equal to the coverage that is provided for the same device, repair, or replacement under the federal Medicare program (42 U.S.C. 1395 et seq.) **and the regulations under 42 CFR 410.100, 42 CFR 414.202, 42 CFR 414.210, and 42 CFR 414.228;** and

(2) reimbursement under the coverage required under section 5 of this chapter must be equal to the reimbursement that is provided for the same device, repair, or replacement under the federal Medicare reimbursement schedule, unless a different reimbursement rate is negotiated.

This section does not require a deductible under a policy of accident and sickness insurance to be equal to a deductible under the federal Medicare program.

SECTION 7. IC 27-8-24.2-7, AS ADDED BY P.L.109-2008, SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 7. Except as provided in ~~sections~~ **section** 8 ~~and 9~~ of this chapter, the coverage required under section 5 of this chapter:

(1) may be subject to; and

(2) may not be more restrictive than;

the provisions that apply to other benefits under the policy of accident and sickness insurance.

SECTION 8. IC 27-8-24.2-7.5 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: **Sec. 7.5. A policy of accident and sickness insurance shall consider the coverage required under section 5 of this chapter to be habilitative or rehabilitative benefits for purposes of any state or federal requirement for coverage of essential health benefits.**

SECTION 9. IC 27-8-24.2-8, AS ADDED BY P.L.109-2008, SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 8. **(a)** The coverage required under section 5 of this chapter may be subject to utilization review, including periodic review, of the continued medical necessity of the benefit.

(b) A policy of accident and sickness insurance:

(1) shall render utilization review determinations in a nondiscriminatory manner; and

(2) may not deny coverage for habilitative or rehabilitative benefits, including orthotic devices or prosthetic devices, 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) An orthotic ~~devices and~~ **device or a** prosthetic ~~devices, including repairs or replacements,~~ **device** that **is determined by the enrollee's provider to be the most appropriate model that adequately meets the medical needs of the enrollee.**

~~(1) are provided or performed by a person that is:~~

~~(A) accredited as required under 42 U.S.C. 1395m(a)(20); or~~

~~(B) a qualified practitioner (as defined in 42 U.S.C. 1395m(h)(1)(F)(iii));~~

(2) ~~are~~ **An orthotic device or a prosthetic device that is** determined by the enrollee's ~~physician~~ **provider** to be ~~medically necessary to restore or maintain the enrollee's ability to perform activities of daily living or essential job related activities; and~~ **the most appropriate model that meets the medical needs of the enrollee for purposes of:**

(A) performing physical activities, as applicable, such as running, biking, swimming, and strength training; and

(B) maximizing the enrollee's whole body health and lower or upper limb function.

(3) ~~are not solely for comfort or convenience.~~ **An orthotic device or a prosthetic device that is determined by the enrollee's provider to be the most appropriate model that meets the medical needs of the enrollee for purposes of showering or bathing.**

(4) All materials and components necessary to use the orthotic devices and prosthetic devices described in subdivisions (1) through (3).

(5) Instruction to the enrollee on using the orthotic devices and prosthetic devices described in subdivisions (1) through (3).

(6) The medically necessary repair or replacement of the orthotic devices and prosthetic devices described in subdivisions (1) through (3).

(e) With respect to an enrollee who receives an orthotic device or a prosthetic device under subsection (d)(1), coverage of an additional orthotic device or prosthetic device under subsection (d)(2) or (d)(3) must require the enrollee's treating physician to determine that the additional orthotic device or prosthetic device under subsection (d)(2) or (d)(3) is necessary to enable the enrollee to engage in the activities described in subsection (d)(2) or (d)(3).

~~(d)~~ **(f)** The:

(1) coverage required under subsection ~~(c)~~ **(d)** must be equal to the coverage that is provided for the same device, repair, or

replacement under the federal Medicare program (42 U.S.C. 1395 et seq.) **and the regulations under 42 CFR 410.100, 42 CFR 414.202, 42 CFR 414.210, and 42 CFR 414.228;** and

(2) reimbursement under the coverage required under subsection ~~(c)~~ **(d)** must be equal to the reimbursement that is provided for the same device, repair, or replacement under the federal Medicare reimbursement schedule, unless a different reimbursement rate is negotiated.

This subsection does not require a deductible under an individual contract or a group contract to be equal to a deductible under the federal Medicare program.

~~(c)~~ **(g)** Except as provided in ~~subsections (f) and (g),~~ **subsection (i),** the coverage required under subsection ~~(c).~~ **(d):**

(1) may be subject to; and

(2) may not be more restrictive than;

the provisions that apply to other benefits under the individual contract or group contract.

(h) An individual contract or a group contract shall consider the coverage required under subsection (d) to be habilitative or rehabilitative benefits for purposes of any state or federal requirement for coverage of essential health benefits.

~~(f)~~ **(i)** The coverage required under subsection ~~(c)~~ **(d)** may be subject to utilization review, including periodic review, of the continued medical necessity of the benefit. **An individual contract or a group contract:**

(1) shall render utilization review determinations in a nondiscriminatory manner; and

(2) may not deny coverage for habilitative or rehabilitative benefits, including orthotic devices or prosthetic devices, solely on the basis of an enrollee's actual or perceived disability.

(j) An individual contract or a group contract may not deny coverage for an orthotic device or a prosthetic device for an enrollee with limb loss or absence that would otherwise be covered for an enrollee without a disability who seeks medical or surgical intervention to restore or maintain the ability to perform the same physical activity.

(k) An individual contract or a group contract shall include language describing an enrollee's rights under subsections (i) and (j) in the individual contract or group contract's evidence of coverage and any denial letters.

(l) An individual contract or a group contract shall ensure that

enrollees 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 individual contract or group contract's network. If medically necessary orthotic devices and prosthetic devices are not available from an in network provider, the individual contract or group contract shall:

(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

under the individual contract or group contract.

(o) Not later than October 1, 2027, a health maintenance organization that enters into an individual contract or a group contract that provides coverage for basic health care services shall submit a report to the commissioner regarding the individual contract or group contract'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 subsection (d) during the preceding plan year.

This subsection expires June 30, 2028.