



# HOUSE BILL 906: Reagan's Law.

2025-2026 General Assembly

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<b>Committee:</b>	House Insurance. If favorable, re-refer to Rules, Calendar, and Operations of the House	<b>Date:</b>	April 30, 2025
<b>Introduced by:</b>	Reps. Bell, White, Campbell, Reives	<b>Prepared by:</b>	Amy Darden
<b>Analysis of:</b>	Second Edition		Committee Counsel

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**OVERVIEW:** *House Bill 906 would require the following: (i) health benefit plan coverage in the State for all prosthetic and orthotic devices required to be covered under federal law, including for custom devices or replacements, (ii) issuers offering a health benefit plan to report to Commissioner of the Department of Insurance (Commissioner) the number of claims and amount paid, and (iii) the Commissioner to report to the General Assembly on the number of claims and total amount of claims paid.*

## BILL ANALYSIS:

**Section 1(a)** would apply to all health benefit plans in the State, with exceptions, and require health benefit plan coverage for all prosthetic and orthotic devices required to be covered under federal law or regulation under Medicare Part B. The required coverage would include all necessary materials, components, and instruction.

Coverage would be required for all prosthetic or orthotic devices, including custom devices, determined by the insured's healthcare provider to be most appropriate to adequately complete activities of daily living or essential job-related activities. Coverage would not be limited to one prosthetic or orthotic device and would be required to meet the needs of the insured for performing physical activities and maximizing the insured's whole-body health.

An insurer would be prohibited from denying a claim for a prosthetic or orthotic device for an insured with limb loss or absence that would otherwise be covered for any insured without a disability seeking medical or surgical intervention to restore or maintain the ability to perform the same activity. Specified requirements would be placed on the replacement of prosthetic or orthotic devices.

**Section 1(b)** would instruct each issuer offering a health benefit plan to report to the Commissioner the number of claims and total amount of claims paid for benefits.

**Section 1(c)** would direct the Commissioner to report all data received under this section in a report to the Joint Legislative Oversight Committee on General Government and the Joint Legislative Committee on Health and Human Services no later than March 1, 2028.

**EFFECTIVE DATE:** This act would be effective October 1, 2025, and apply to the earlier of (i) insurance contracts issued, renewed, or amended on or after October 1, 2025, or (ii) upon the next yearly anniversary of the insurance contract date occurring after October 1, 2025.

*Jessica Boney, Legislative Analysis, substantially contributed to this summary.*

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