



HOUSE BILL 906: Reagan's Law.

**This Bill Analysis
reflects the contents
of the bill as it was
presented in
committee.**

2025-2026 General Assembly

Committee:	House Health. If favorable, re-refer to Insurance. If favorable, re-refer to Rules, Calendar, and Operations of the House	Date:	April 29, 2025
Introduced by:	Reps. Bell, White, Campbell, Reives	Prepared by:	Jessica Boney
Analysis of:	First Edition		Staff Attorney

OVERVIEW: House Bill 906 would (i) require 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) require the Commissioner of the Department of Insurance (Commissioner) to report on the number of claims and total amount of claims paid, and (iii) repeal the State Health Plan requirements to cover emergency care that are duplicative of federal law.

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.

This section 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.

Section 2 would repeal the State Health Plan requirements to cover emergency care that are duplicative of federal law and make conforming changes.

EFFECTIVE DATE: Except as otherwise provided, this act would be effective when it becomes law.

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Director



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